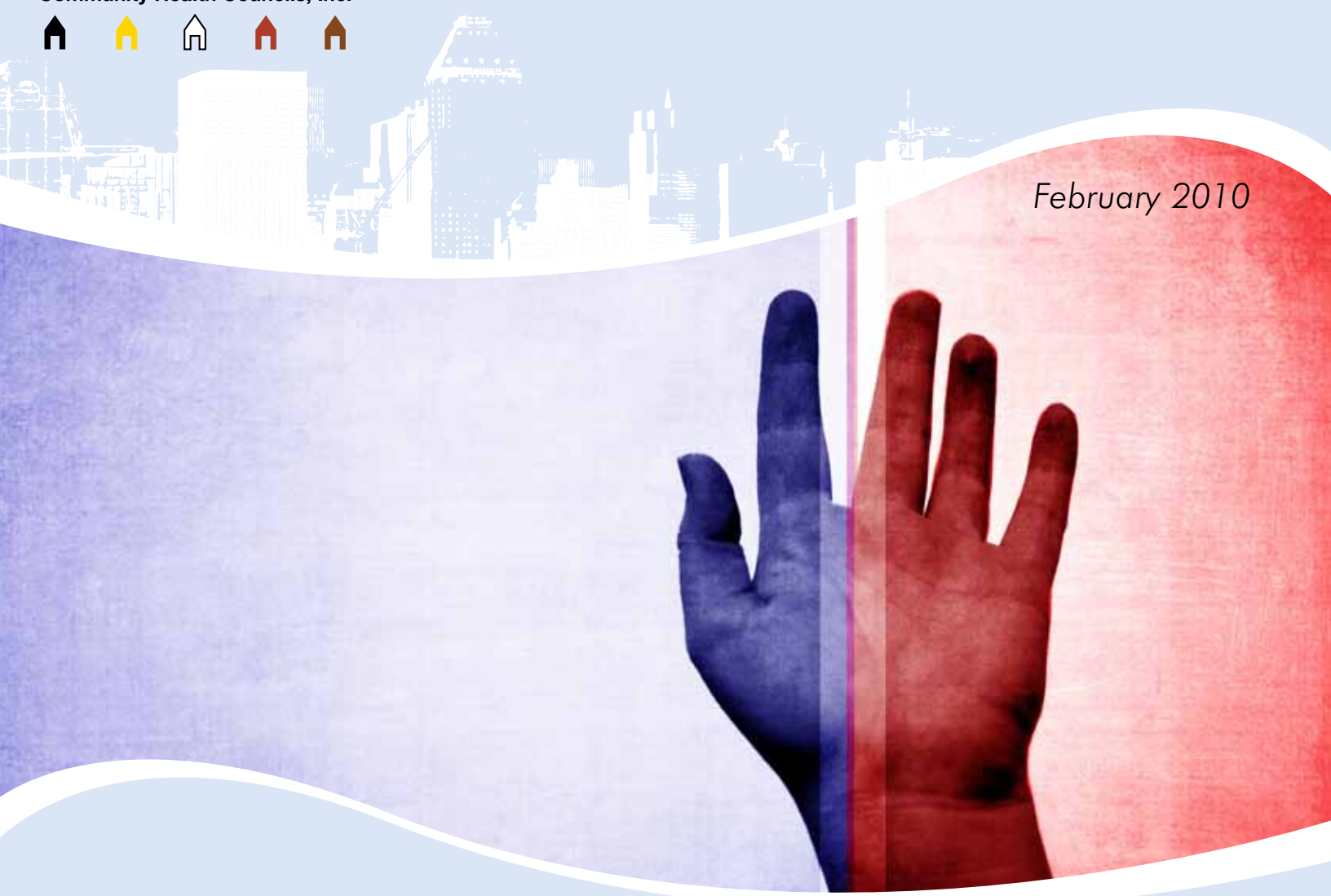


CHC

Community Health Councils, Inc.



February 2010

Bridging the Health **DIVIDE:**

California's Certified Application Assistants

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Community Health Councils (CHC) is a nonprofit, community-based health advocacy, policy and educational organization. Our mission is to improve health and increase access to quality healthcare for uninsured, under-resourced and underserved populations.

Los Angeles Access to Health Coverage is a coalition of health-based organizations throughout Los Angeles County dedicated to improving the health our communities by advancing and coordinating outreach, enrollment, retention, and utilization efforts and advocating for quality and accessibility in health coverage programs.

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EXECUTIVE SUMMARY

More than 20,000 trained individuals work as Certified Application Assistants in 3,000 California enrollment entities to help families enroll in and maintain their public healthcare coverage. Certified Application Assistants use a full range of services—Outreach, Enrollment, Retention and Utilization (OERU)—to help children and families eligible for Medi-Cal, Healthy Families, and local Healthy Kids programs. Certified Application Assistants have served over 757,000 children and families since the start of their program in 1998.¹

While the profession has grown and evolved through the years, very little is known about this dynamic workforce that acts as a bridge to ensure children and families have access to healthcare coverage and services. To assess the potential to advance the CAA profession, Community Health Councils conducted a survey in September 2008 of Certified Application Assistants in Los Angeles County. The survey included both qualitative and quantitative questions.

Based on this sample of Los Angeles County Certified Application Assistants, CAAs are:

1. Educated and informed: CAA's average educational level is some college, with 41 percent reporting associates or bachelors degrees; 89 percent report taking courses beyond the state certification exam, with 72 percent participating in three or more courses.
2. Experienced: 46 percent have more than five years of experience in this field.
3. Mirrors to the communities served and target populations: 88 percent are female; 82 percent self-identify as Latino; 38 percent are 25 to 35 years old; 80 percent speak Spanish and 10 percent speak another non-English language.
4. Strategically located in target communities: 39% are connected with clinics or with providers, 29% with community-based organizations, and 7% with school-based entities — sites where families can naturally access information.

County and statewide Outreach, Enrollment, Retention and Utilization practitioners and the community should pursue the survey questions further to elevate this vocation to a profession that is supported as part of the overall Outreach, Enrollment, Retention and Utilization infrastructure. Certified Application Assistants are critical to the public healthcare system in reaching uninsured children and families in the community.

Although a relatively small workforce, CAAs have significantly decreased the uninsured population through their Outreach, Enrollment, Retention and Utilization efforts. CAAs have utilized training organizations and attended community forums and informational sessions to develop professional competencies, despite having limited resources to advance their vocational skills.

The CAA field is a growing occupation that has the potential to impact public health coverage, but it will need support to create opportunities for continued education, training and professional development. As healthcare policies and regulations change, CAAs will play a larger role in conducting outreach to the community, helping families enroll in health programs, and providing health education. With their increased participation and involvement in local coalitions and community meetings, CAAs have become the bridge between the community and healthcare administrators and will need continued support to create future opportunities for their professional development.

¹ MRMB Cumulative total processed Single Point of Entry Applications assisted from August 1998 through August 2008.

INTRODUCTION



In 1998, California expanded its Medicaid program (Medi-Cal) and created Healthy Families through the State Children’s Health Insurance Program (SCHIP). In order to receive SCHIP funding, the federal government required that states develop a plan for outreach and enrollment. The California Department of Health Care Services (CDHCS) and the Managed Risk Medical Insurance Board (MRMIB) joined efforts to educate and enroll families in Medi-Cal and Healthy Families.

One significant strategy included developing an infrastructure in addition to the Eligibility Workers employed by the Department of Public Social Services for Medi-Cal. The expanded infrastructure included application assistance fees and contracting with and training community-based organizations, schools, and other community resources to increase awareness of health coverage programs and assist with enrollments and renewals at the local level. The state assumed that entities already serving the target population would utilize current and expanded staff to take on this new role. Thus, in May 1998, California began to train and implement a statewide exam to certify individuals employed with “enrollment entities” to help families complete the joint Medi-Cal and Healthy Families application.² This certification process supported the development and skill acquisition of a specialized vocation that came to be known as Certified Application Assistants (CAAs).

The state’s expectations for a CAA are outlined in the formal agreement signed by the Enrollment Entity and the CAA (see Appendix A). These expectations include the need to abide by a code of conduct that ensures the confidentiality of all applications, records, and information received; to act professionally and courteously; and to comply with MRMIB and CDHCS fraud prevention policies.³ Any other requirements and/or expectations are solely dependent upon the employing organization.

² Enrollment entities are organizations that have formally registered with the state to provide application assistance. Application assistants must be associated with an enrollment entity.

³ CAA Reference Manual, Section 2: Certified Application Assistant.

Training for CAAs initially focused only on outreach and application assistance. As communities learned more about the challenges and barriers to obtaining coverage that families face, it became apparent that to fulfill these roles successfully, CAAs would have to go well beyond the state's expectations. CAAs and their employing entities engaged in a broad range of client services, including outreach, enrollment, retention, utilization, education, referral, advocacy, and case management activities. Outreach, Enrollment, Retention and Utilization (OERU) is a combination of policies, infrastructure, and systems to enroll, retain and ensure the effective utilization of healthcare coverage. Today, through California's efforts and additional philanthropic support, these CAAs and employing entities have become the state's OERU infrastructure. CAAs work to prevent families from falling through the cracks by facilitating the enrollment and retention of otherwise eligible but uninsured children and families in public and local coverage programs.

As the vocation and practices of CAAs evolved, the need for more training and education to ensure a knowledgeable and competent workforce became essential. California responded by providing training courses in addition to the statewide exam, such as review and update courses (e.g., refresher courses) for existing CAAs. These courses were at first delivered through a statewide in-person training program developed and conducted by an outside contractor.⁴ Over time, the state has utilized other training organizations and solicited Master Trainers from the community.⁵ The training currently provided by the state is via an on-line tutorial and exam. Many counties and training organizations have assumed the role of providing on-the-ground training to meet the educational needs of CAAs outside the scope of the statewide exam to allow CAAs to fulfill their roles and support the communities served.

There are now close to 3,000 enrollment entities in California, employing approximately 20,000 CAAs.⁶ In Los Angeles County alone there are close to 850 entities employing nearly 1,500 CAAs.⁷ While the vocation has grown and evolved over time, very little is known about this dynamic workforce that is ensuring children and families have access to healthcare coverage and services. So, who are these individuals? And, why is it important to understand this workforce?

This brief aims to shed light on these questions by sharing an assessment of CAAs from Los Angeles County to gather a better understanding of what the future could hold for maintaining and advancing professional growth. The objectives are twofold:

1. Increase our understanding of who CAAs are in the community
2. Establish a broader perspective on how we move forward to improve and create opportunities for the effective utilization of this professionalized workforce.

For this assessment, Community Health Councils (CHC) focused on those who attended the 2008 Los Angeles CAA Forum and self-identified as CAAs. Our sample size was 164 individuals. Additionally, CHC collected qualitative data from other partner organizations. It should be noted that many forum attendees and partners are associated with contracted organizations as part of the Los Angeles County Children's Health Outreach Initiative (CHOI), past grantees of The California Endowment's Los Angeles Access to Health Coverage Initiative, and/or participants in the Los Angeles Access to Health Coverage Coalition (LA Access). Thus, they are largely connected to the Los Angeles OERU community and are likely to be further advanced than those not associated with these community resources.

⁴ Ha, S., Larson, M., Pennbridge, J., Increasing Enrollment and Retention in Children's Health Insurance Statewide Programs Through Trained Assistors. National Health Foundation, January 2006.

⁵ Ibid.

⁶ MRMIB data as of March 2008.

⁷ MRMIB Los Angeles County as of October 2008.

WHAT WE DISCOVERED

Demographic Background

Those surveyed represent a diverse group and a range of ethnicity, age and gender. The ethnicity of the CAA workforce is predominately Latino, followed by Asian/Pacific Islander. Their ages ranged from 18 through 50+ with the greatest percentage in the 25-35 age group (38%). More women than men attended the forum, making up 88 percent of the surveyed workforce.

The information collected from participants was self-reported. Over three-fourths of the participants (82%) indicated their ethnicity/race as Latino followed by Asian/Pacific Islander (8%) and Caucasian (5%). As of 2007, Latinos were 33 percent of the general population in Los Angeles County and Asians 13 percent.⁸ In Los Angeles County, 63 percent of children uninsured but eligible for public health coverage are Latino.⁹

The CAA field is dominated by women: women traditionally gravitate to the helping professions and make up 45 percent of California workers.¹⁰ In California, 33 percent of working women are employed in education/health services as compared to 10 percent of males.¹¹

While the survey did not include questions on language capacity, results from a 2005 survey of community-based OERU organizations in Los Angeles County indicated that 92 percent of OERU workers were multi-lingual. Of 61 agencies, 91 percent employed individuals who spoke both English and Spanish.¹² In addition, an analysis of Los Angeles-based county-contracted organizations found that 69 percent of the applicants assisted by contracted agencies spoke Spanish, and 9 percent spoke other non-English languages.¹³

Chart 1: Ethnic/Racial Demographic Data

| Ethnic/Racial Group | CAAs (n=160) | LA County Uninsured Children Eligible ¹⁴ | LA County General Population ¹⁵ | Medicaid Enrolled ¹⁶ | Healthy Families/CHIP Enrolled ¹⁷ |
|------------------------|--------------|---|--|---------------------------------|--|
| African American/Black | 3% | 4.7% | 8.7% | 11.1% | 5.2% |
| Asian/Pacific Islander | 8% | 8.1% | 13.4% | 6.4% | 11.4% |
| Caucasian | 5% | 4.7% | 30.8% | 6.1% | 7.6% |
| Latino | 82% | 63.2% | 33.4% | 62.6% | 52.6% |
| Other | 2% | 19.2% | 13.2% | 13.7% | 22.7% |

⁸ California Health Interview Survey, 2007.

⁹ Ibid.

¹⁰ Women's Economic Status. Just the Facts. Public Policy Institute, November 2004.

¹¹ Anderson-Garcia, A., Women's Wage Gains Continue to Exceed those of Men in California. Policy Points. California Budget Project, March 2007.

¹² Wada, Eriko, Cox, Erin, Cousineau, Michael, A Profile of Outreach, Enrollment, Retention, and Utilization Activities in Los Angeles County: Results from the 2005 Survey of Community-Based Organizations, 2006.

¹³ This includes 30 organizations ranging from clinics, community-based organizations, to city/school surveyed that are part of the Children's Health Outreach Initiative (CHOI) initiative.

¹⁴ California Health Interview Survey, 2007 (Race – UCLA, CHPR 0-300% FPL, 0-19) n=234,000.

¹⁵ California Health Interview Survey, 2007 (Race – UCLA, CHPR) n=10,143,000.

¹⁶ California Health Interview Survey, 2007 (Race – UCLA, CHPR 0-300% FPL, 0-19) n=965,000.

¹⁷ California Health Interview Survey, 2007 (Race – UCLA, CHPR 0-300% FPL, 0-19) n=211,000.

EXPERIENCE & EXPERTISE

Eighty percent of those surveyed indicated they had some college, an associate’s or bachelor’s degree. Only a small percentage reported having a high school diploma or less.

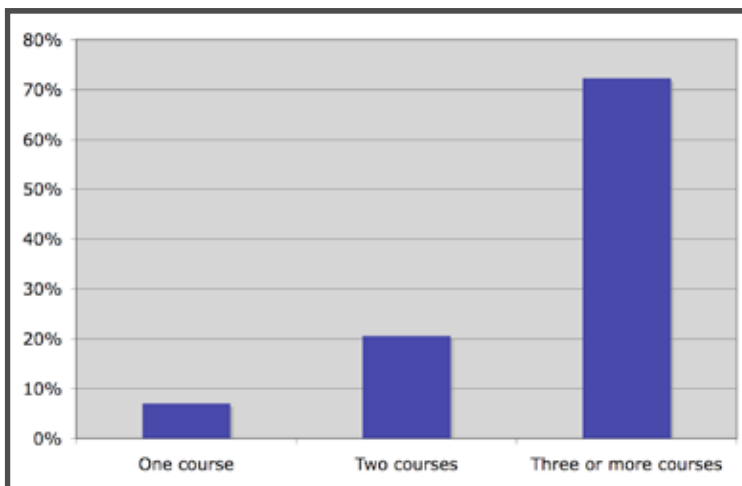
Chart 2: Formal Education Background

| Level of Education | CAAs (n=162) | LA County ¹⁸ (n=6 million) | California ¹⁹ (n=23 million) |
|------------------------------------|-----------------|--|--|
| Less Than High School | 2% | 25% | 20% |
| High School Diploma | 15% | 23% | 23% |
| Some College (No Degree) | 40% | 17% | 20% |
| Associates Degree | 14% | 7% | 8% |
| Bachelors Degree | 27% | 19% | 19% |
| Other/Graduate/Professional Degree | <2% | 10% | 11% |

This group of CAAs has educational achievements greater than the average population statewide or in Los Angeles County. Based upon 2007 census data, of those twenty-five and older in Los Angeles County, 53% percent reported having a high school degree or higher.²⁰ Workers in Los Angeles tend to have lower levels of educational attainment relative to workers in the state. More than one in every four workers (25%) in Los Angeles had not completed high school in 2007, compared to approximately one in five workers (20%) in the rest of the state.²¹ The higher educational rate of the CAAs reflects the statewide trend that women between the ages of 25-35 have higher educational attainment compared to men. Twenty-three percent of women have some college, 7 percent hold an associate’s and 21 percent a bachelor’s degree.²²

In addition to their formal education and beyond the CAA certification course, 91 percent of the respondents sought further training to expand and enhance their skills through courses offered by private, non-profit training organizations, local children’s health initiatives (CHI), and other community-based organizations. The training organizations specifically offer a range of in-person courses. These include fundamental information about public and private health coverage programs to courses covering outreach, enrollment, retention, utilization, case management, troubleshooting, strategies and refresher courses on public health coverage programs. The majority of the CAAs surveyed had taken Medi-Cal and Healthy Families update trainings and classes on retention. Chart 3 reveals that over half (72 percent) of the respondents who acknowledged taking courses beyond the training for the statewide exam had completed three or more.

Chart 3: Number of Additional Training Courses Taken by Certified Application Assistants (n=141)



¹⁸ U.S. Census Bureau. State and County Quick Facts. 2007 Data set.

¹⁹ Ibid.

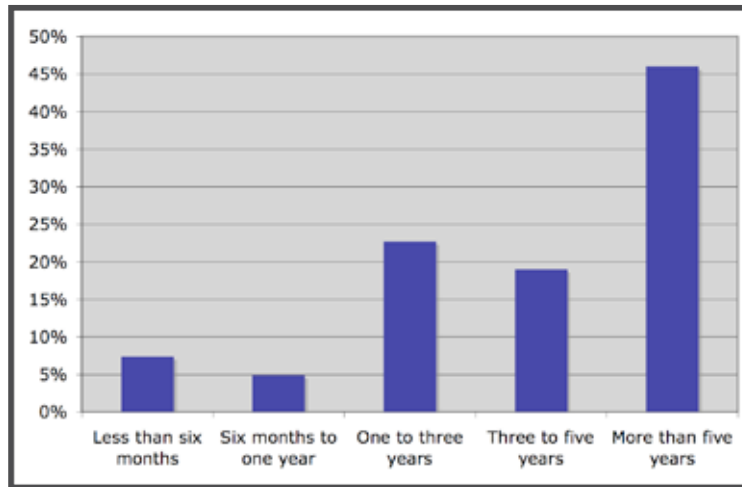
²⁰ Ibid.

²¹ Left Behind: Workers and their Families in a Changing Los Angeles. Special Report. California Budget Project, September 2006.

²² Women’s Economic Status. Just the Facts. Public Policy Institute, November 2004.

Along with their educational backgrounds and specialized CAA trainings, these individuals have a wealth of experience in the field. Over half the respondents have worked as CAAs for at least three years and 46 percent of those have five or more years of experience.

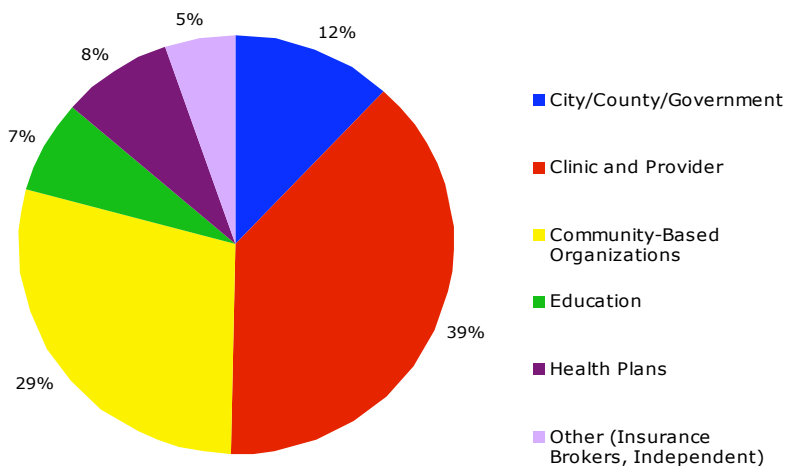
Chart 4: CAA Experience (n=163)



EMPLOYERS

As originally envisioned by the state, CAAs are more likely to be employed by public and private institutions that have historically served the target population. These employers include a broad range of clinics, providers, health plans, community-based organizations, county and government agencies.²³ Over 96% of the CAAs surveyed were employed full-time and 94% of those receive full or partial healthcare benefits.

Chart 5: CAA Employer Profile (n=159)



CAA employers are located throughout Los Angeles, which enables the CAAs to serve children and families in multiple communities.

Service Planning Areas 2, 4, 6, 7, and 8 have the highest reported areas of concentration. Of those surveyed, 59% serve one primary SPA area.²⁴

CAAs are practicing across all Service Planning Areas of Los Angeles, with 32% serving Service Planning Area 7 (East), home to 25% of the uninsured children and families below 300% of the Federal Poverty Level. It is not surprising that CAAs are concentrated in pockets of Los Angeles with high rates of uninsured eligible for public programs. LA County and foundations have made strategic

funding allocations in a concerted effort to target the highest-need areas. For example, we see a high concentration of CAAs in SPA 4 (31%). This area, which had 78,000 uninsured children in 2001, dropped to 26,000 uninsured children by 2005.²⁵ Furthermore, in a study conducted in 2006 by the University of Southern California assessing community-based outreach and enrollment activities needs in Los Angeles County, the distributions of enrollment spending in 2003-2005 from Los Angeles County Department of Public Health contracts and California Endowment grants were highest in SPA 4 (21%), SPA 6 (19%), and SPA 7 (17%), which had large percentages of uninsured.²⁶

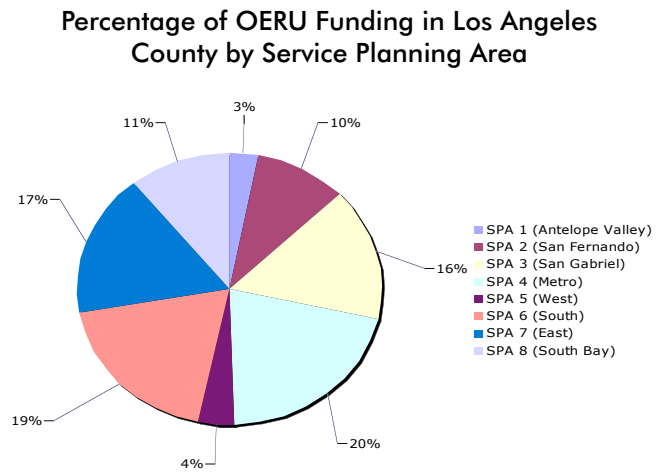
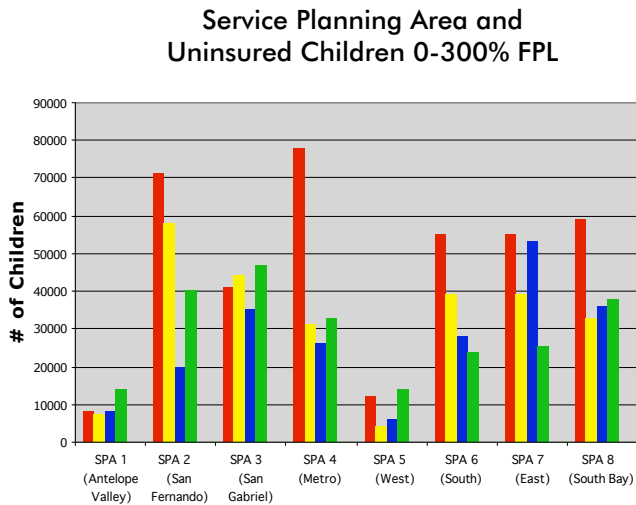
²³ Data obtained from individual registration forms for 2008 Los Angeles CAA forum.

²⁴ Los Angeles County is divided into eight "Service Planning Areas" (SPAs) for healthcare planning purposes.

²⁵ California Health Interview Survey, 2005.

²⁶ Wada, Eriko, Cousineau, Michael, Assessing Community-Based Outreach and Enrollment Activities and Outcomes Relative to Need in Los Angeles County, 2006.

Chart 6: Uninsured Children in Los Angeles County and OERU Funding by Service Planning Area



Note: Uninsured-children data are from the California Health Interview Survey (2001, 2003, 2005, 2007) for 0-19 years of age below 300% FPL. OERU Funding in Los Angeles County indicates percentages for funding from the Department of Health Services and The California Endowment only for agencies from 2003-05.



PRIMARY RESPONSIBILITIES

Depending upon the employer, CAAs are identified under a variety of job titles including outreach worker, health educator, promotora, community outreach specialist or health-care advocate. Regardless of title, CAAs often assume and share similar job responsibilities. Overwhelmingly, all CAAs reported providing services that included assistance with enrollment, post enrollment, utilization and retention. Many CAAs are also utilizing technology to support their day-to-day activities. For example, 60% reported regularly using online application tools, such as One-e-App and Health-e-App.²⁷ CAAs also track their activities on paper and conduct data entry to manage their client caseloads.

These responsibilities go well beyond the scope of work or expectations the State of California has set for CAA training. The state training prepares CAAs to assist with the enrollment and retention process by educating families and helping them complete applications. The state provides Enrollment Entities with monetary incentives only for successfully completed CAA-assisted enrollment and annual renewal applications. However, typical CAAs provide more than just application assistance: they conduct a comprehensive array of services to ensure that applicants successfully enroll in and maintain their healthcare coverage throughout the year.

CAAs provide case management services that range from an enrollment verification call, periodic phone calls, and maintenance of client contact information to troubleshooting healthcare program issues. The contact that CAAs continually have with clients and families greatly enhances their chances of reaching their clients at the 11-month interval to assist with annual renewals. CAAs provide a multitude of services and make numerous communication efforts to stay connected with families and ensure a successful application, utilization of services, and ultimately retention of coverage. All this activity is work that is not financially supported by the state, which provides reimbursement fees only for application and renewal assistance.

²⁷ One-e-App is an automated tool that can be utilized to screen for multiple publicly-funded programs via a single electronic application. Health-e-App is a web-based application for enrolling children and pregnant women in Medi-Cal or Healthy Families.



While the survey did not ask about salaries, an analysis of Los Angeles-based county-contracted organizations was conducted that provides an assessment of the compensation scale.²⁸ The organizations surveyed are predominately providing support through the Children's Health Outreach Initiative funded by First 5 Los Angeles. The overall funding to support CAA salaries varies for organizations. Other support is often garnered through additional grants for these types of services and/or assistor fees paid by the state for successful completion of applications.²⁹ ³⁰

The contracted agencies employ 171 full-time CAAs. Over 100 of these CAAs attended the forum and completed a survey. They typically perform the full spectrum of OERU services.³¹

The average annual salary among contracted organizations is \$36,753.³² Community-based organizations had an average salary of \$35,000 with clinics at a slightly higher scale of \$36,000. For CAAs employed within government agencies, the average salary was \$38,000.

CAAs at county outstations often work side-by-side with eligibility workers. Based on a county pay schedule, the salaries of an eligibility worker with one year experience and a county-contracted CAA are comparable.³³

²⁸ This includes 15 organizations that are part of the Children's Health Outreach Initiative (CHOI) initiative.

²⁹ MRMIIB provides an assistor fee of \$50 per successful application for enrollment in Medi-Cal and/or Healthy Families (\$60 for Health-e-App) and renewal applications for Healthy Families.

³⁰ Under the 2009-10 State Budget, the state adopted a proposal that would eliminate funding for application assistance. In the past, the application assistance reimbursement fees were rescinded to address a budget shortfall in 2003 and restored in 2005.

³¹ Source: Department of Public Health FTEs contracted with OERU Funds for FY 07/08.

³² Salary calculations do not include benefits. Many organizations provide medical, dental, vision, etc. at a percentage that varies from 21% to 47.5% in additional costs.

³³ County of Los Angeles Department of Public Social Services Eligibility Worker I Job Description Report, March 1, 2007.

COMMUNITY IMPACT

Assistors statewide have helped over 757,000 children and families since the beginning of the CAA program. In 2007, MRMIB Single Point of Entry Applications statewide reported that of the 298,520 applications processed in one-year, 78,993 were processed with some application assistance. Among all the applications received through Single Point of Entry in 2007, close to 87,000 applications, or 28 percent, came from Los Angeles County.³⁴ Statewide applications submitted without assistance have an 8.4% incomplete rate, compared to 1.9% for those completed with some assistance.³⁵



In Los Angeles County, we have seen the effectiveness of community-based outreach. The First 5 Los Angeles contracted agencies have demonstrated how a collective and targeted effort to reach uninsured, yet eligible children and families can support access to healthcare coverage and services. Between July 2003 and October 2008, these organizations have provided outreach services to more than 648,500 children and families. They have given application assistance for Medi-Cal, Healthy Families, Healthy Kids and other available programs to approximately 200,558 clients.

But CAAs' role is more than application assistance. CAAs intercede after applications are submitted, advocate for families denied services or enrollment, provide referral to other agencies, and actively reach out to maintain contact. CAAs have referred more than 76,456 clients to other health and social service providers. Of the 118,150 clients that have confirmed enrollment, CAAs continually follow-up and provide other services for families throughout the OERU process, helping them retain and maintain their healthcare coverage. This includes assisting more than 35,403 clients with application renewals. Children and families assisted by First 5 contracted agencies have fourteen-month retention rates as high as 88%.

These CAAs make up the county's OERU infrastructure and work to facilitate the enrollment and retention of otherwise eligible but uninsured children and families. As demonstrated, enrollment and retention in healthcare coverage have proved effective in improving the health status and reducing the financial liability of an uninsured population on both the public and private healthcare systems. To prevent families from "falling through the cracks," the types of services and activities provided by a knowledgeable and competent workforce must continue to be part of our healthcare coverage system to maintain the consistent communication needed with families to ensure enrollment, retention and utilization of public health coverage services.

³⁴ MRMIB Healthy Families Program December 2007 Enrollment Report.

³⁵ MRMIB Healthy Families Program Annual 2007 Enrollment Report. In a 12-month period, 130,821 unassisted applications were denied due to program eligibility as compared to only 23,980 with application assistance.

CONCLUSION

The need for CAA services expands with the ever-changing policies and eligibility requirements and the promise of health reform. The statewide training, exam and advanced OERU trainings have created a CAA workforce in Los Angeles County and throughout the state that is primed and ready to help children and families eligible not only for current public coverage programs, but for the potential new opportunities for healthcare coverage under national health reform for more than 6 million uninsured in California.

CAAs have proved effective in assisting families with their healthcare coverage needs. They have won the trust of their communities and are viewed as valuable resources with extensive knowledge of public coverage programs, understanding of community resources, and direct connections with hard-to-reach populations. CAAs are the vehicle for on-the-ground marketing to assist the state in reducing the number of uninsured residents in Los Angeles. With health reform now poised to change the healthcare landscape, California's CAA infrastructure will provide an invaluable tool in helping individuals and families to successfully navigate and utilize the new program just as they did when the Children's Health Insurance Program (CHIP) was first introduced in 1997. Outreach workers and CAAs will once again provide the bridge between families and health coverage.

Based on our analysis of the collected and supporting data, CAAs in Los Angeles County are:

1. Educated and informed
2. Experienced
3. Strategically located in target communities
4. Mirrors to the communities served and target populations.

As we seek to create opportunities for improving and advancing CAAs, our next step will be to expand our understanding of the role and future of CAAs by examining these questions:

- Does the current statewide certification infrastructure fulfill the needs of Certified Application Assistants, provided that many CAAs are trained independently?
- Is there adequate and sustainable funding to support longevity for Certified Application Assistants choosing this profession?
- Is our Los Angeles County sample representative of Certified Application Assistants across California?
- What role can CAAs play in helping the newly-eligible enroll in healthcare coverage under health reform?

The Los Angeles County and California outreach, enrollment, retention and utilization communities will want to examine these questions as they work to promote the status of CAAs to a profession integral to and supported by the overall OERU infrastructure. The Certified Application Assistant workforce is critical to bridging children and families to public healthcare programs as well as to implementing health reform, and we must ensure they are an enduring component of our larger healthcare system.

CAA SNAPSHOT



Maribel

As a CAA, Maribel has worked for more than eight years helping families in the community with healthcare issues. She knows first-hand the difficulties that many of her neighbors face.

Born in Guatemala, Maribel earned her bachelor's degree in Education shortly before moving to California. But she soon discovered obstacles to her career goals: the language barrier, a new environment and employers who didn't recognize the education she had received abroad. In her own community, Maribel saw others struggling not only to find a job, but confronting healthcare issues, domestic violence, crimes, and poverty. She wanted to make a difference — to take action that would not only help her own family, but her entire community.

Maribel had a friend who worked with a community-based organization as a Certified Application Assistant. The friend told Maribel about a job as an outreach specialist helping families learn about the Medi-Cal and Healthy Families programs. Maribel applied and was hired. She then received training as a healthcare advocate and later as a CAA. Maribel found the opportunity to work and bring positive change to the community a rewarding experience. As she explains, "Working for the community gives me the opportunity to be seen as a professional."

Over the last eight years, Maribel has felt herself grow professionally as a CAA. "When I first came to work as a CAA, I was really shy, not talkative, and insecure," she says. "Now I feel confident, I can lead a parent group, make presentations, work with computers and know a lot more about the programs." She is seen as a leader with experience and knowledge and continues to mentor new CAAs in her organization.

Maribel feels very fortunate about her career. She shares that many other CAAs who were professionals in their native country faced occupational barriers similar to hers. By being a healthcare advocate and a CAA, she has gained confidence and a positive self-image in the process of helping others. "I feel comfortable that I am helping people. It gives me pride and respect to be a CAA in the community."



Erika

Erika is a single mother raising a seven-year old child and currently working full-time as a Certified Application Assistant. In the evenings, she is earning her bachelors degree in social work, hoping to one day fulfill her dream to become a social worker. Erika has always been the type of person who enjoys helping and giving to others. As a Certified Application Assistant, she feels that she is gaining valuable experience working with families in different and difficult situations, and reaping great rewards in the process.

Erika has been helping families in South Los Angeles enroll in health coverage for over seven years. Before becoming a CAA, Erika worked as a receptionist in a free clinic where she learned about the profession from a CAA there. She saw how CAAs were able to help families navigate the healthcare system and connect them to resources in the community. Even more importantly, she saw the change they brought to a family's life. Erika submitted her application for an outreach position with a local community-based organization and was hired. Soon after hiring Erika, her organization sent her to receive the required training through the state certification program.

Seven years later, Erika still works for the same organization and she continues to attend yearly training activities to remain current on the many no-cost/low-cost health programs available.

In her daily work, Erika can be found at local clinics, WIC (Women, Infant, Children) Centers, provider offices, and local outreach sites helping families with health coverage services. Her outstation site provides a small desk, telephone, copier and fax machine, and Erika brings her own laptop computer. She advocates for families; she helps them overcome enrollment barriers by providing resources to assist them with healthcare needs and referrals to local county and community-based services; and she educates families about their healthcare options and how to utilize their benefits. Every day brings Erika new challenges and rewards: she works hard to help others while doing something she really enjoys. Erika's experience as a CAA brings her one step closer to her dream of becoming a social worker because she's already making a difference in her community.

APPENDIX A

Sample Certified Application Assistant Agreement

24. CERTIFIED APPLICATION ASSISTANT AGREEMENT

This document serves as an Agreement by, and code of conduct for, the Certified Application Assistant (CAA) for the Healthy Families and Medi-Cal for Families programs (HFP/MCF). As a condition of being certified as a CAA, the State will provide enrollment materials and assign a numerical Certified Application Assistant (CAA) number only to qualified enrollment participants upon successful completion of the certification training and execution of this Agreement by the participant.

The CAA must:

- Never accept money or premium payments from applicants,
- Never mail the application for the applicant,
- Never coach or suggest information to include on the application regarding income, residency, alienage and other eligibility rules,
- Act in a professional and courteous manner,
- Wear a badge that identifies the person's name and CAA number, as well as the EE name and number. The badge can NOT identify the CAA as an employee of the State of California or of the Healthy Families or Medi-Cal for Families programs,
- Ensure the confidentiality of all applications, records and information received in written, graphic, oral or other tangible forms and to perform enrollment assistance,
- Never divulge to any unauthorized person, any information obtained while assisting individuals with their applications, or information obtained in conjunction with a referral,
- Never coach or recommend one plan/provider over another,
- Never invite or influence an employee or their dependents to separate from employer-based group health coverage, or arrange for this to occur,
- Comply with Managed Risk Medical Insurance Board and Department of Health Services fraud prevention policies and safeguards against fraudulent actions,
- Ensure Section 9 of the application is complete: family signature and date, CAA signature and date, EE number (5 digits) and CAA number (9 digits). Section 9 MUST be completed correctly, using an ink pen or typewriter, and contain original signatures.

No license, expressed or implied, under any copyrights is granted hereunder to CAA.

CAAs shall act in an independent capacity and not as officers or employees or agents of the State of California in the performance of this Agreement.

25. TERMINATION AND CANCELLATION

The Department of Health Care Services, the Managed Risk Medical Insurance Board and the Program partners are not liable to any person for any harm resulting from your organization's actions. The State may terminate your participation in the program without cause immediately by a written or oral notice thereof. You acknowledge that the enrolling entity through which you provide application assistance is a business partner to the HFP/MCF programs and that neither you nor the EE have any entitlement to continue providing enrollment services or to continue being certified as an EE or CAA. All documents attached to or referenced herein, including the Application and Certification Reference Manual, the Healthy Families Program Handbook and the EE's Registration of the Invitation to Participate, are a part of this Agreement by the CAA. This Agreement shall be in effect commencing on the date signed by the CAA and shall continue unless terminated by the State.

26. RELEASE AND WAIVER OF LIABILITY

The Healthy Families and Medi-Cal for Families Application Assistance Program will be comprised of CAAs that will be assisting families in filling out the HFP/MCF application. This waiver pertains to EE representative identified below, his/her personal representatives and Certified Application Assistants. The CAA is not affiliated with the State. CAA agrees to obey all city, county, state and federal laws and assumes full responsibility for any risk, injury, death or property damage related to the HFP/MCF application assistance whether caused by CAA's negligence or otherwise. CAA hereby releases, waives, discharges and covenants not to sue the State, its originators, participants, members, volunteers, consultants, contractors and sub-contractors for liability, loss, injury, death or property damage arising out of or related to the CAA's participation in the HFP/MCF application assistance, whether caused by CAA's negligence or otherwise.

27. EE #: _____ CAA #: _____

Enrollment Entity Name

Name of Applicant Assistant (Please Print)

CAA Signature

Date

Rev: 04/2008



CHC

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