Allegheny County
Department of Human Services

REQUEST FOR PROPOSALS

OPTIONS In-Home Care Services

RFP ISSUED	**March 14, 2016**
QUESTIONS AND REQUESTS FOR CLARIFICATION ACCEPTED VIA EMAIL	**Until May 13, 2016**
RESPONSES (Q & A) POSTED ON WEBPAGE	**Ongoing- Final Q&A Posted May 23, 2016**
PROPOSALS DUE	**June 3, 2016**
ESTIMATED START DATE	**October 1, 2016**

Glossary of Terms and Acronyms

1. **Aging Program Directive (APD):** An official document issued by the Pennsylvania Department of Aging (PDA) in which detailed information is presented on the operation of a specific aging services program.

2. **Agreement:** The contract negotiated between Allegheny County and a Successful Proposer to provide the Contract Services.

3. **Area Agency on Aging (AAA):** A program office of the Allegheny County Department of Human Services that receives grant funds from the PDA to provide programs and services that enable and empower adults, who are 60 years of age and older and live in Allegheny County, to lead safe, independent lives.

4. **Care Plan:** A specific, individualized plan, created by the Participant and their Care Manager, detailing the service(s) required by the Participant in order to continue living independently in the community.

5. **Contract Services:** The specific services which the Successful Proposer agrees to provide to the County in response to the RFP, as more particularly described in the Scope of Services in the Agreement.

6. **Critical Incident Management Policy:** A uniform set of procedures for reporting incidents involving Home and Community-based Services Participants.

7. **Department of Human Services (DHS):** A department of Allegheny County government that consolidates and coordinates the provision of 1,700 services to eligible county residents through five program offices and three support offices.

8. **Hard-to-Serve Participant (HTS):** A participant who has been authorized for service and has a completed service plan yet is waiting for an In-Home Provider that is able to deliver the needed services. HTS participants are waiting for a worker to provide Home Support, Personal Care, Home Health and/or Chore service. The HTS list is shared with the In-Home Service Providers on a weekly basis.

9. **Health Insurance Portability and Accountability Act (HIPAA):** A federal law that establishes privacy standards to protect patient medical records and other health information provided by Participants to health plans, hospitals, health care Providers, and long-term services and supports Providers.

10. **Home Health Agency:** An agency or organization which is primarily engaged in providing skilled nursing services and other therapeutic services; has policies established by a group of professionals (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services which it provides; and is licensed pursuant to State or local law, or has approval as meeting the standards established for licensing by the State or locality.

11. **Master Provider Enterprise Repository (MPER):** An electronic repository of key Provider demographic data for all DHS contracted Providers. DHS applications use MPER to validate contract, service, facility and rate information to facilitate documentation of service delivery information by Providers. Contracted Providers are required to maintain and update all agency information including but not limited to contacts, facilities and service offering information.

12. **OPTIONS:** Home and community-based services funded primarily through the Aging Block Grant. The services in this program are provided to eligible consumers aged 60+ to assist them in maintaining independence with the highest level of functioning in the community and delay the need for more costly care/services. OPTIONS services are not an entitlement. All other resources (individual, local, state and/or federal) must be considered and utilized before OPTIONS services are provided.

13. **OPTIONS Care Management:** Assessment and service coordination services provided to eligible Participants 60 years of age and older who are experiencing some level of physical or mental frailty that affects their daily functioning. Care Management services are designed to support Participants in identifying needs and resources, and in making decisions about home and community-based services to achieve and sustain their highest possible level of functioning. It serves as a link between identification of Participants needs and the timely provision of appropriate services to meets those needs.

14. **OPTIONS Core Services:** Required services that must be offered and provided by Area Agencies on Aging according to the description and service standards outlined in Chapter 8 of the Aging Services Policy and Procedure manual.

15. **OPTIONS Supplemental Services:** Additional services that can be offered by Area Agencies on Aging for which the funding and provision of services must be secondary to OPTIONS Core Services. Supplemental Services cannot be provided if a waiting list for Core Services exists.

16. **Participant:** An individual who has completed the OPTIONS Care Management assessment process and, as an outcome of the assessment, is determined to be eligible for OPTIONS In-Home Services. The term applies to all individuals currently receiving OPTIONS In-Home Services.

17. **Pennsylvania Department of Aging (PDA):** The state agency that coordinates and funds aging service programs provided by the 52 county or regional AAAs serving older adults in all 67 counties of the Commonwealth of Pennsylvania.

18. **Proposal:** The formal, written response to this Request for Proposals submitted by a Proposer.

19. **Proposer(s):** The entity(ies) submitting a Proposal to Allegheny County in response to the RFP.

20. **Provider:** A fully and appropriately licensed organization providing services through this program.

21. **Service Provider Choice Form (SPFC):** A form that an OPTIONS Care Management agency presents and explains to Participants at the time of the care plan or ISP development and at each subsequent re-evaluation. The SPCF will educate Participants on the concept that they may receive their care planning and choose services from different providers or from the same provider, based on their preference.

22. **Social Assistance Management System (SAMS):** The PDA's mandated, state-wide database in which all services funded and provided through the state's AAAs are recorded and participant files are maintained.

23. **RFP:** Request for Proposal.

24. **Successful Proposer:** A Proposer selected by the County to provide the Contract Services.

25. **Waiting List:** A list of Participants waiting to enroll in the OPTIONS program and current OPTIONS Participants waiting for increases or additions to their existing care plans. All Participants waiting for a Core or Supplemental Service are placed on the list in order, based upon a Functional Needs Score (FNS). Participants waiting for a Supplemental Service only cannot be served until all individuals waiting for a Core Service, or an increase in Core Service, are served.

I. General Instructions and Information

A. Purpose

The Pennsylvania Department of Aging (PDA) procurement policy for prospective Providers requires the issuance of RFPs for certain types of contracted-for services at five-year intervals to ensure quality and consistency in the provision of services. Accordingly, Allegheny County (the County), on behalf of its Department of Human Services (DHS), is soliciting proposals to provide OPTIONS In-Home Services, consisting of Personal Care, Home Support and Home Health Services (OPTIONS In-Home Services or In-Home Services), to eligible Participants throughout the County.

The County intends to enter into an Agreement with the Successful Proposer(s) to provide the In-Home Services for a term of one year starting October 1, 2016and ending June 30, 2017, with options granted to the County lasting for a period of five (5) consecutive years to extend the term of the Agreement at County's discretion for an additional one year. Proposers will submit hourly unit rates for those services on which they propose to provide in their Proposal. The number of contracts to be awarded to Successful Proposer(s) will be determined in part by the number of Providers required based on the Proposals submitted in response to this RFP. Final decisions will be made based on service need as determined in the sole discretion of the County. Once assignments to service areas are determined, a Proposer must be ready to begin providing services to Participants in their areas beginning on October 1, 2016.

Issuance of this RFP does not obligate the County to enter into an Agreement with any Proposer(s).

DHS understands that a Proposer may take different approaches to providing the services described in this RFP, and is interested in Proposals that offer creative approaches and strategies that meet state and county requirements.

About this Request for Proposal (RFP)

It is important for all Proposers to understand that the primary driving force of this RFP is to improve the quality and reliability of OPTIONS In-Home Services. The direct care worker providing a particular In-Home Service represents a critical point at which the County's Aging services system "touches" the Participant. The ability of the direct care worker to meet the individual needs of the Participant, and the relationship of trust and satisfaction that develops between Participant and worker as a result, are the key considerations or outcomes targeted in this RFP.
Accordingly, the clear emphasis in this RFP is on service and worker issues, such as attracting, retaining, training and evaluating qualified workers, and providing services that are distinguished by their reliability, high quality and Participant satisfaction.

B. Communication about this Request for Proposal

DHS is the "Issuing Office" for this RFP, and is the sole point of contact for all questions and communication regarding this RFP. All communication about the RFP, including requests for additional information or clarification, should be submitted by email to:

DHSProposals@alleghenycounty.us.

Questions submitted by March 31, 2016, will be addressed at the Pre-Proposal Conference on April 14, 2016 (described in Section V below). Following the posting of final responses to these questions on April 20, 2016, additional questions will be accepted until May 14, 2016. DHS will post responses to all post-conference questions within six (6) business days of receipt. No questions will be accepted after May 14, 2016.

All information about the RFP, including changes, clarifications and responses to Proposer questions, will be posted on the RFP website at:

http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx.

C. Proposer Eligibility

Entities eligible to submit a Proposal in response to this RFP include non-profit organizations and for-profit organizations or businesses. To be considered under this RFP, Proposers must

- Be willing and able to meet all of Allegheny County's contractual requirements. These requirements can be found at: http://alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx.

- Successfully apply to be a contracted Allegheny County DHS Provider, if not already a contracted DHS Provider. This is a separate, concurrent process from the submission of a Proposal through this RFP.

- Possess all required licensures required by the Pennsylvania Department of Health to do business as a home care agency/home care registry.

- Be in full compliance with the provisions of 28 Pennsylvania Code Chapter 51 (General Regulatory Requirements) and 28 Pennsylvania Code Chapter 611 (Home Care Agencies and Home Care Registries.) Title 28 can be found at:

  http://www.pacode.com/secure/data/028/028toc.html

- Certify and represent to the County that no monetary benefit or other items of value have been offered, conferred or agreed to be conferred in exchange for receipt of special treatment or consideration; advantaged information; and or the recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

- Certify that they have no mandatory retirement age policies for their employees.

D. Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements

The RFP contains requirements for Proposers to assist Allegheny County in meeting its M/W/DBE goal (all contracts and other business activities entered into by Allegheny County have overall goals of 13 percent participation for MBEs and 2 percent participation for WBEs). A listing of M/W/DBEs certified by Allegheny County and the Pennsylvania Unified Certification Program can be found at:

http://www.alleghenycounty.us/mwdbe/index.aspx

For more information about M/W/DBEs, please review the documents listed below.

- MWDBE Contract Specifications Manual
- MWDBE Participation Statement
- MWDBE Waiver Request

An M/W/DBE Participation Statement or Waiver Statement is **REQUIRED** with the submission of a proposal.

E. Equal Opportunity/Non-Discrimination

By submitting a Proposal, the Proposer agrees not to discriminate against any employee, applicant for employment, independent contractor, Participant or any other person on the basis of race, color, religion, national origin or ancestry, gender identity or expression, sexual orientation, disability, marital status, family status, age (40 years or over), or use of a guide or support animal because of blindness, deafness or physical disability of any individual or independent contractor, or because of the disability of an individual with whom the person is known to have an association or on any other basis prohibited by federal, state or local law.

F. HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). The successful Proposer must comply with HIPAA requirements.

G. Proposal Preparation Costs

The Proposer is responsible for all costs related to the preparation and submission of a Proposal. Allegheny County is not obligated, in any way, to pay any costs incurred.

II. Background

A. About the Department of Human Services (DHS)

DHS was created in 1997 to consolidate the provision of human services across Allegheny County. It is the largest department within Allegheny County government. In addition to its Executive Office, DHS encompasses five program offices reporting to the Executive Deputy Director of Integrated Program Services (Behavioral Health; Children, Youth and Families; Community Services, Intellectual Disability and the Area Agency on Aging) and three support offices (Administrative and Information Management Services; Community Relations; and Data Analysis, Research and Evaluation). Last year, DHS served more than 210,000 individuals (approximately one in six County residents) through an array of 1,700 distinct services.

DHS is responsible for providing and administering publicly funded human services to Allegheny County residents and is dedicated to meeting these human service needs, particularly for the County's most vulnerable populations, through information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including services for older adults mental health and drug and alcohol services (including 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual and/or developmental disabilities.

B. About the Area Agency on Aging (AAA)

The County's Area Agency on Aging (AAA), one of five program offices of DHS, receives grant funds from the Pennsylvania Department of Aging (PDA) to provide programs and services that enable and empower adults who are 60 years of age and older and who live in Allegheny County to continue to live safely and independently in their own home to the extent that they are able and desire to do so. It is one of 52 such agencies, based in single or multiple counties, serving the needs of older adults in all 67 counties of Pennsylvania.

This RFP pertains to OPTIONS In-Home Services, the direct, hands-on care component of the Home and Community-based Services funded by the PDA with Pennsylvania Lottery funds and provided through the AAA. The AAA serves approximately 3,048 unduplicated Participants with OPTIONS in-Home Services. All participants receive Care Management from one of three contracted Providers. Some Participants receive only one service (e.g., personal care). Others receive multiple services (e.g., adult day care and supplies). To learn more about AAA programs, go to the website at

http://www.alleghenycounty.us/Human-Services/About/Offices/Area-Agency-on-Aging.aspx

C. Reason for this RFP

This RFP for OPTIONS In-Home Services is being issued in accordance with current PDA procurement requirements and the new Aging Service Policy and Procedure Manual to address 1) service quality and accessibility needs of the program and its Participants and 2) unit service rates that have increased minimally since 2007.

This RFP is also being issued to address other long-standing, national challenges that inhibit the growth, accessibility and quality of services delivered through this program. Since the time of the last OPTIONS In-Home Services RFP in 2007, the makeup and needs of Participants has changed significantly, requiring new thinking and approaches by providers. This RFP allows Proposers to offer a unit cost that accurately reflects what it will cost to deliver quality services. Accordingly, this RFP outlines new competencies and requirements for Proposers that are designed to elevate the performance standards by which they operate and the quality of services that they deliver.

Participant Target Population and Eligibility Criteria

Eligible OPTIONS Participants must be 60 years of age or older, live in a private residence in Allegheny County and require a specific range of services to continue to live safely, comfortably and independently in the community.

All Participants experience some degree of frailty. Some will have complex, specialized needs including physical, mental, behavioral health and cognitive challenges; language barriers; hoarding behaviors; intellectual disabilities; and drug and alcohol related issues. Moreover, informal support systems (e.g., family and friends) are less available and may be unavailable to these populations.

Service Challenges

Participants live throughout Allegheny County, some in remote or otherwise difficult to reach settings. Access to services for these Participants is difficult for several reasons:

- A direct care worker may not be located in or near many of these service areas.
- Public transportation is very limited or unavailable in many areas.
- Public transportation is costly.
- Some workers cannot afford private vehicles.
- Many service plans are ordered in two-hour increments, one or two times per week, creating difficulties in schedule coordination.
- The availability of currently contracted providers does not satisfy the current high demand for services.

Workforce Challenges

Other problems related to resource limitations and staffing issues of OPTIONS In-Home Services providers include the following:

- High staff turnover makes recruitment and training costly and time-consuming.
- Many competing industries aimed at the same workforce offer the same or better pay rates and benefits.
- Workers have few opportunities for advancement.
- Work schedules are inconsistent and unpredictable, affecting wages.

III. Scope of Services Requested

On behalf of DHS, Allegheny County is soliciting Proposals from qualified Proposers to enhance the quality and accessibility of OPTIONS In-Home Services provided to Participants throughout Allegheny County: Personal Care, Home Support and Home Health Services

In their Proposal, Proposers should address their plan to provide the particular Scope of Service (Scopes of Service for Personal Care, Home Support and Home Health Services are listed in Appendix A) to the Participant Target Population described above.

All Proposers must include at least two of the three distinct geographic service areas in their Proposal.

In addition, all Proposers must include Personal Care and Home Support - Housekeeping in their Proposals. Proposers may also include Home Support - Home Maintenance (Chore) and/or Home Health Services.

A. Service Description

Personal Care Services

Personal Care is a core service that delivers hands-on assistance with the completion of activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Personal Care Services include the following: feeding and oral care; bathing and skin care; grooming, shaving and hair care; dressing; toileting; ambulation and transfer activities; meal preparation; and assistance with self-administration of medications.

Home Health Services

Home Health is a supplemental service provided by a Medicare-certified Home Health Agency on an intermittent basis and must be considered reasonable and necessary for the treatment of an illness or injury. Home health includes: skilled nursing services, home health aide services, physical therapy, speech-language therapy, occupational therapy and other therapeutic services provided to eligible, ill or disabled individuals, in their homes or places of residence.

Home Support Services

Home Support is a supplemental service that delivers assistance with basic care to Participants in the following two areas of interior and exterior care of the home:

- Housekeeping:

  Housekeeping is assistance with basic care of the home to ensure a safe and sanitary environment for Participants. Basic activities may include washing dishes and laundry; shopping list preparation and shopping; dusting; linen change; sweeping, mopping and vacuuming; meal preparation; home management guidance (e.g., maintaining an orderly living environment and proper food storage); and escorting Participants to appointments.

- Home Maintenance (Chore):

  Home Maintenance (Chore) includes the following services:

  1.) Heavy cleaning--washing walls, ceilings, floors, woodwork, baseboards and cupboards in living areas; moving furniture and large area rugs to clean underneath; shampooing carpets; removing, washing and rehanging curtains; cleaning blinds; cleaning inside windows; cleaning ground-floor outside windows; sorting through boxes to reduce clutter; refrigerator defrosting; removing rubbish, clutter or garbage accumulation because of Health Department citation; and cleaning attic, basement or other storage areas to remove fire and safety hazards.

  2.) Preparation for home extermination.

  3.) Assistance with packing and unpacking related to a move to a new residence.

Service Location

The OPTIONS In-Home Services sought in this RFP are to be provided to eligible Participants throughout Allegheny County. The County is divided into three distinct service areas for the

provision of OPTIONS In-Home Services. Maps showing the three service areas and distribution of current OPTIONS In-Home Services Participants are attached to this RFP as Appendix B.

Service Areas

In addition to be required to submit a Proposal to provide at least two of the three OPTIONS In-Home Services, Proposers must offer at least two (2) of the three geographic service areas, and indicate their primary and secondary preferences. Proposers must demonstrate that they have the necessary staff, organizational and technological capacities to serve the two service areas identified in their Proposal. Proposers also must establish that their supervisory personnel and workers will have geographic proximity and adequate transportation resources to provide ready access and regular contact to Participants whom they serve.

Proposer Requirements

All Proposers Must:

1. Fulfill ninety percent (90%) of ordered services in the first contract year.
2. Fulfill ninety-five percent (95%) of ordered services in the second year and each subsequent contract year.
3. Document that a back-up worker is offered to Participants one hundred percent (100%) of the time in cases of un/anticipated worker call-off.
4. Accept eighty percent (80%) percent of new Participant referrals in the first year.
5. Accept ninety percent (90%) percent of new Participant referrals in each subsequent contract year.
6. Service as many Participants as possible from the Hard-to-Serve list shared with active In-Home Service Providers on a weekly basis.
7. Maintain excellent communication with the Participant, with a benchmark of notification by the Successful Proposer one hundred percent (100%) of the time when the regular worker is not available for a service appointment.
8. Record 100 percent of all missed services in Social Assistance Management System (SAMS) within five (5) business days.
9. Within two (2) business days of a new referral, notify the OPTIONS Care Management agency (via email or phone) of ability to staff the Participant at one hundred percent (100%).
10. Participate in case conferences as defined by AAA.
11. Receive monthly monitoring for service delivery and compliance with regulatory requirements at least once during each contract (fiscal) year. The Successful Proposer will develop corrective action plans, as needed after monitoring.
12. Report and/or respond to all critical incidents per the Incident Management Policy/Guidelines provided in Appendix C.
13. Furnish basic cleaning supplies when requested by the OPTIONS Care Management agency.

In addition to the requirements set forth above in the section entitled "All Proposers Must," new Proposers and Proposers who currently provide services through AAA must fulfill the requirements listed below in the section entitled "New Proposers Must" to ensure that their staff are fully qualified and ready to provide services at the beginning of the contract term.

New Proposers Must:

1. Understand all processes, procedures and expectations as defined in the Scopes of Service.
2. Understand all monitoring processes.
3. Participate in an initial monitoring to ensure that all staff who will have any contact with Participants have the appropriate clearances and training.
4. Identify staff who need SAMS access and training in SAMS basics, the OPTIONS In-Home Services manual (which will be made available to Successful Proposers), billing processes, etc.
5. Identify staff who need process and procedure training (e.g., those who may not use SAMS, but need to know how to interact with AAA and care management providers, and how to manage new Participants, Participant complaints, etc.).

Proposers Who Currently Provide Services Through AAA Must:

1. Review all changes to processes and procedures.
2. Review the OPTIONS In-Home Services manual.
3. Review service and monitoring expectations.
4. Have an administrator or supervisor attend training on changes to provider processes and procedures.

Proposer Staff Competencies

Proposers must be able to meet the needs of Participants with specialized cultural and language needs by addressing the following staff competencies.

- Direct Care Worker Competency:

  The ability of the Successful Proposer to train and prepare direct care workers who understand that the health and physical status of older adults is diverse and often highly complex. In addition to basic competencies mandated through regulation, the AAA expects that the Successful Proposer will train its direct care workers in all aspects of personal care and home support that is delivered in a manner that fully maintains and fosters the Participant's highest level of functioning and independence. The Successful Proposer shall prepare the direct care worker in strategies to prevent risk and promote quality and Participant safety.

The Successful Proposer should ensure that the direct care worker understands the developmental tasks which are part of aging and that the direct care worker will provide care in a manner which respects the Participant's dignity. The direct care worker is fully prepared to recognize changes in the Participant's physical or cognitive level of functioning and to responsibly follow through on reporting changes and securing additional necessary services and supports. Most importantly, all aspects of training are delivered in a philosophical context that recognizes and respects the dignity of older adults and particularly our most frail older adults.

- Cultural Competency: The ability of individuals, as reflected in their personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

- Cultural Inclusion: The ability of providers to serve a diverse population of Participants with expertise and compassion so that Participants feel respected and well served, regardless of their ethnic or racial heritage, sexual orientation, gender identity or expression, intellectual or physical disability, English language proficiency, or life experiences.

- Linguistic Competency: The ability of an organization or individual to communicate effectively in a manner that is easily understood by diverse populations, including those with limited English proficiency, those with low literacy skills or who are illiterate, and those with disabilities requiring communication accommodations.

B. Service Amount

AAA does not guarantee any specific number of Participant referrals over any given period of time or the duration of the Agreement. All OPTIONS Care Plans are individualized, and designed to take into account each Participant's formal and informal supports. The average cost of a Care Plan for services to current OPTIONS In-Home Services Participants is approximately $300 per month.

Allocations for the current fiscal year (2015/16) are $5,512,388 ($3,363,118 for Personal Care, $2,121,963 for Home Support Services and $27,307 for Home Health Services). OPTIONS Participants freely choose their in-home provider from the Service Provider Choice Form.

C. Unit of Service Description

Personal Care, Home Support Services and Home Health Services are delivered according to the specifications in the Participant's individual care plan, as authorized by AAA. Any changes to care plans must be approved by the OPTIONS Care Management agency.

While Home Support and/or Home Health may be provided simultaneously with Personal Care during a visit, Personal Care must be the primary service during any authorized visit. Core Services must be provided before Supplemental Services can be provided.

Personal Care, Home Support Services and Home Health Services are normally ordered in one-hour (1) blocks of time, at a minimum per visit. One hour equals one unit. Partial units of service are to be recorded in quarter-hour increments (i.e., 0.25, 0.50 and 0.75 hour units). Providers may bill for a quarter hour when service is delivered for more than 7 ½ minutes of a 15-minute period. See the Scope of Service in Appendix A for additional details.

D. Assessment and Referral Process

All potential OPTIONS In-Home Services Participants seeking services through AAA undergo an initial and annual assessment of need. If determined to be eligible for these services, an individualized Care Plan is developed in which specific services are authorized and coordinated by a Care Manager.

The OPTIONS Care Management agencies will refer eligible Participants, based on Participant choice, to a Successful Proposer serving the geographic service area in which the Participants live. AAA does not guarantee any specific number of Participant referrals over any given period of time or the duration of the contract.

Each week, AAA distributes a list of Participants who have been unable to be matched with a provider. Successful Proposers are encouraged to serve as many Participants from this list as possible.

E. Data Collection

Providers are responsible for coordinating appropriate information management system training in SAMS, and the transfer of knowledge and information to current and new staff. All Participant documentation must be entered into SAMS within three (3) working days after a Participant contact or transaction. Providers must generate monthly invoices documenting service delivery for submission to AAA by the seventh working day of the month for the prior month's data (e.g., seventh working day of November for October data).

Providers must have the capacity to retrieve and submit data, information, reports and other communication through electronic Internet capabilities within one business day of receipt. Failure to receive or read AAA communications sent to provider MPER email addresses the same day does not absolve providers from knowing, responding to or complying with the directives of the communication.

Providers should have an adequate number of staff trained on SAMS so that service documentation is not disrupted by departure of SAMS-trained staff.

Minimum System Requirements: The PDA mandates the use of SAMS as the database for all OPTIONS Providers. A stand-alone installation installs a single instance of SAMS on a machine, with MSDE/SQL database components and requires the following components and capabilities:

1. Windows 7 or 8
2. PC Processor 2 GHZ or better
3. Three (3) GB RAM (minimum); Four (4) GB RAM (recommended)
4. Internet Explorer 8 or higher
5. E-mail capability
6. Latest version of Microsoft Silverlight (required for SAMS.net)

System Updates: Successful Proposers must have the capability to respond to any changes in SAMS requirements indicated by AAA or PDA during the term of the contract.

CYBER Security: A significant portion of AAA business activities and related billing carried out under this RFP is done through information management systems or tools, including e-mail. Successful Proposers should meet the minimum computer specifications indicated above and on page 14 of the *DHS Contract Specifications Manual,* available at http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx Providers should make sure that their computers, laptops and other electronic devices have sufficient security software and settings to minimize the risk of an information breach. In addition, the Proposer should have policies and procedures in place to ensure that their electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected, etc.)

F. Training

Training requirements for Proposer staff are specified in the Scopes of Service for Personal Care, Home Support Services and Home Health Services in Appendix A.

G. Evaluation

Proposers must demonstrate that they have procedures in place for measurement, evaluation and assurance of service quality. At a minimum, these procedures should enable Proposers to record data and generate accurate, detailed reports to identify and remediate specific service problems; identify and track service trends and needs; and devise and implement quality improvement measures.

H. Operating Hours

Successful Proposers must demonstrate that they will have in place the following policies and procedures related to operating hours and Participant access to staff.

1. Successful Proposers must submit to AAA, annually at the beginning of the fiscal year, a list of normal business operating hours and prescheduled closures for holidays, trainings or other events.
2. At least one professional staff member able to respond to questions and discuss service issues shall be available in the office during the provider's normal hours of operation.
3. After normal hours, a recorded phone message must be in place to advise callers of emergency or crisis intervention procedures. In addition, building signage and contact information on the web site must be provided.
4. An administrative or professional staff person must be available on call when the provider's offices are closed.
5. Successful Proposers must address the needs of Participants who require services outside of normal business hours. Holiday rates of 150% of the contract rate will apply for Personal Care Holiday Service specifically ordered by the care manager only on the following designated holidays: Fourth of July, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day and Memorial Day. There are no premium rates for evening/weekend hours.
6. Successful Proposers shall develop and maintain a detailed, written contingency plan outlining emergency operation and closure procedures, and submit annually an updated copy to AAA by the last business day of August. The contingency plans will include specific details about how communication between the providers and AAA will occur, with timelines and lines of responsibility specified.

I. Transition or Service Closure

Proposers who are awarded Agreements must work current providers who are not awarded contracts through this RFP to coordinate the transition of current and newly-referred Participants during the transition period (October 1-October 31, 2016) so that Participant services are not disrupted or delayed. The standard DHS service contract (Section 20/C, subsections 6-7) states that providers are to "arrange for the transfer and delivery of all data in accordance with Article 31B of this AGREEMENT, and take all other reasonable necessary actions to wind up the administration of the AGREEMENT in an orderly manner."

J. Roles and Responsibilities

Roles and responsibilities for providers and AAA are specified in the Scopes of Service for Personal Care, Home Support and Home Health Services in Appendix A.

K. Sub-contracting

No subcontracting of services, in whole or part, is permissible without the prior written authorization of AAA.

L. Unit Cost Proposal and Analysis

Proposers are to complete a **unit cost quote and unit cost analysis for each service that they propose to provide.** The unit cost quote and analysis form is available as an Excel file on the DHS Solicitations webpage.

The unit cost analysis is intended to justify the stated unit cost rate. Unit cost rates must be allocated clearly to the line items in the unit cost analysis. Unit cost information must be complete, accurate and consistent for the proposed cost to be considered justified. An unjustified unit cost may be cause for rejection of a proposal.

NOTE: For purposes of constructing the unit cost quote, we strongly recommend that Proposers pay direct care workers a minimum of $12 per hour (base rate), not including benefits.

NOTE: AAA assumes responsibility for providing, directly or through contracts, Participant assessments, Care Plan development, ongoing OPTIONS Care Management and coordination of services reflected in the Care Plan between the In-Home provider and the Participants. Thus, the proposed hourly unit rate is not to include Participant assessment or coordination costs. However, it should include costs for supervision of In-Home workers. The OPTIONS Care Management agencies assume responsibility for referral of Participants to In-Home service agencies, based on Participant choice.

IV. Proposal Instructions and Format

A. A complete Proposal must conform to the following guidelines. Failure to include any of the requested information or attachments may result in rejection of the Proposal. A Proposal must:

1. Include at least two of the three distinct geographic service areas as shown on the maps in Appendix B.
2. Include all of the documents and attachments as set forth in the section entitled "Required Components" in Paragraph B below.
3. Be prepared as a PDF document and submitted electronically (Budgets must be submitted as Excel spreadsheets using the forms provided). Paper copies will not be accepted.
4. Use one-inch margins, 12-point size font and numbered pages; single spacing is permissible.
5. Adhere to page limitations indicated below; only required attachments may be included in the Proposal.
6. Directly address the standards and requirements included in this RFP, and clearly demonstrate how the proposed services will meet or exceed those standards and requirements.

B. Required Components:

1. Table of Contents
2. Executive Summary (1 page)
3. Proposal narrative (Maximum length of 30 pages)
   a. Geographical Service Area Selections
   b. Responses to Narrative Questions, available on the DHS Solicitations Webpage: http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx)
4. Unit Cost and Analysis Spreadsheet (using the Excel file available on the DHS Solicitations Webpage)
5. References (1 page); include name, affiliation and contact information (phone number and email address) for three references able to speak to relevant experience with the Proposer.
6. AAA Required Attachments:

   - IRS Non-profit Determination Letter (Non-profit Organization; OR Articles of
   - Incorporation (For-profit Organization)
   - Audited Financial Statements (for past two completed fiscal years)
   - Organizational Chart
   - Resumes of Key Administrative and Supervisory Personnel
   - Job Descriptions of Key Administrative and Supervisory Personnel
   - New Employee and Continuing Education Training Curricula
   - Personnel Policies and Affirmative Action Plan
   - Organization's Licenses, Certifications and Accreditations
   - Emergency Response Plan
   - Policy on no mandatory retirement age

7. DHS Required Attachments; available on the DHS Active Solicitations Website

   - Cover Page
   - MWDBE Participation Statement Form
   - W-9
   - Vendor Creation Form

8. If not already a contracted DHS Provider, Proposers must also successfully apply to be a contracted Allegheny County DHS Provider. This is a separate, concurrent process from the submission of a Proposal through this RFP.

V. Mandatory Pre-Proposal Conference

A pre-proposal conference for this RFP will be held on Thursday, April 14, 8:30 a.m. at the AAA offices (Birmingham Towers, 2nd Floor, 2100 Wharton Street, Pittsburgh, PA 15203). Proposal preparation and submission requirements will be presented, and questions will be entertained from Proposers. **All Proposers are required to attend. Please indicate that you will attend by emailing DHSProposals@alleghenycounty.us no later than April 7, 2016 at 4:00 p.m.**

The conference will be conducted in the following manner with the following timeframes.

- March 31, 4:00 p.m.: Submission deadline for pre-conference questions to be addressed at the conference
  (Note: In some cases, preliminary answers will be provided orally at the conference for questions submitted before and during the conference. This preliminary answers should not be relied upon. Final definitive answers, including those for questions submitted after the conference, will be provided on the DHS Solicitations webpage the following week.)

- April 7, 4:00 p.m.: Email notification deadline for all Proposers planning to attend the conference.

- April 14, 8:30 a.m.: Pre-Proposal Conference held

- April 20, 5:00 p.m.: Posting of final answers to all pre-conference, conference and post-conference questions on the DHS website at: http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx

- April 21 – May 14, 4:00 p.m.: Questions accepted at DHSProposals@alleghenycounty.us. Answers will be posted on the DHS Solicitations Webpage within six business days. No questions will be accepted after May 14.

- June 3, 4:00 p.m.: Proposal submission deadline

VI. Scoring and Selection Process

A. Scoring Criteria

DHS will evaluate Proposals on a scale of 52 points based on the criteria below. Highly-rated Proposals will clearly demonstrate the Proposer's ability to meet or exceed the standards of this RFP.

- **Narrative: 42 points (each criterion is worth a maximum of 2 points):**
  - Proposer Profile and Experience: 4 points
    - Appropriate organizational structure for providing proposed services
    - Strong experience providing in-home services to older adults
  - Management of Staffing, Training, Direct Care Worker Recruitment and Retention: 16 points
    - Strong plan for hiring quality staff
    - Strong orientation plan, including an appropriate number of classroom and electronic hours required before working with Participants and a strong focus on hands-on skills
    - Strong strategy for assessing workers' competencies before they work with Participants
    - Appropriate amount of mandatory and/or optional ongoing training to direct care workers
    - Effective strategies to recruit new direct care workers
    - Effective strategies to address worker retention, including demonstrated improvement in worker turnover rates over the last two fiscal years
    - Creative scheduling practices that contribute to worker efficiency and satisfaction
  - Management of Service Delivery: 12 points
    - Strong process to ensure accurate and timely documentation of service delivery, including verification of service delivery
    - Strong plan for serving Participants in remote geographic areas and areas that lack public transportation, including addressing the travel and transportation needs of direct care workers
    - Creative, effective strategies that have led to demonstrated improvement in service capacity in the last two years, including strategies to expand their geographic service area.
    - Strong plan to meet the required benchmarks for this program (accept 80% of new Participant referrals in the first year and 90% of new referrals in each subsequent year)
    - Effective process for addressing worker call-offs and no-shows so that a worker is available 100% of the time, including effectively communicating the information to the Participant.
    - Strong experience and/or a strong plan for meeting the needs of a culturally diverse population and those with special needs
  - Management of Communication: 4 points
    - Strong process for workers to communicate Participant status changes to supervisors, as well as to other health care and care management professionals, family members, and care givers.
    - Recent examples that demonstrate a strong communication process used to resolve problems reported by direct care workers or issues identified by Participants
  - Management of Program Quality: 6 points

    - Strong plan for measuring the quality of service delivery to Participants, including an appropriate process for handling Participant complaints
    - Effective solicitation and use of Participant feedback
    - Strong process for handling billing discrepancies
- **Unit Cost and Analysis: 10 points**

B. <u>Selection Process/Initial Screening</u>

DHS shall review Proposals using an anonymous process to assure Proposer confidentiality and reviewer impartiality. Proposers are required to generate a 6-digit individual numeric code using the following three guidelines:

- Use any single-digit number 0 through 9.
- Do not use any numbers in sequential order (e.g., 1-2-3, 4-5, 9-8-7, etc.).
- Do not use any number more than once.

The Proposer shall include this numeric code in the executive summary, narrative and unit cost sections only.
The Proposer shall include the numeric code on each page throughout the narrative and unit cost sections of the Proposal. Proposers shall not to refer to themselves by name or use other references that provide an overt indication of their identity in the executive summary, narrative or unit cost section.

Proposers should not use their numeric code in lieu of their name in the attachments to their Proposal.

DHS will perform an initial screening of all Proposals received. <u>For a Proposal to be eligible for evaluation, the Proposal must be:</u>

- Received from the Proposer by the due date and time
- Properly formatted with all required sections and forms included (including required attachments)
- Identified with the appropriate numeric code
- Free of the Proposer's name or other overt identifying information anywhere within the narrative and unit cost sections of the proposal.

Proposals that do not meet the initial screening are subject to rejection without further evaluation.

C. **<u>Selection Process/Evaluation Process</u>**

After the initial screening has been completed, the evaluation of Proposals will proceed as follows:

- DHS will designate an evaluation committee to review and evaluate all Proposals submitted in response to this RFP. The evaluation committee may consist of some or all of the following groups of individuals:
    - County employees or contractors
    - Representatives of foundations, educational institutions, community and civic organizations, businesses or non-profit organizations
    - Individuals selected for subject matter or content expertise or experience, or by virtue of other relevant experience or knowledge

- The evaluation committee will evaluate the Proposals based upon the criteria set forth in Paragraph A of Section VI above entitled "Scoring Criteria."

- The County shall have exclusive discretion to shortlist a reduced number of Proposals receiving the highest or most satisfactory evaluations for more extensive review using the same criteria outlined above. In this case, DHS may request that shortlisted Proposers make modifications to their Proposal or budget.

- At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.

D. Final Award Process

Following the evaluation process described above, the evaluation committee will tabulate and submit an award recommendation to the DHS Director. The evaluation committee reserves the right to recommend that none of the Proposals be selected. The DHS Director will then make a recommendation to the County Manager who will make the final determination about the awarding of one or more Agreement(s). Any award made under this RFP to a new Successful Proposer who is not currently providing AAA services) will be contingent upon a successful site visit to be completed by AAA staff.

Nothing herein shall be construed or interpreted in any way as obligating the County to enter into an agreement with any Proposer. The County reserves the right at all times not to award or enter into an agreement for the scope of services for any reason whatsoever. The decision and recommendation relating to contract awards through this RFP is at the sole discretion of DHS.

E. Appeals Process

After the competitive selection process has been completed and the successful Proposer(s) have been identified, DHS will notify all unsuccessful Proposers, in writing and within 30 days of identification of Successful Proposers, that they were not selected as a Provider. The communication will provide information to the unsuccessful Proposers on the time frames and process to appeal the decision, should they decide to do so. Further information on procurement

requirements followed may be found in the *Aging Policy and Procedure Manual,* Chapter 1, Administration. Information on appeals is found in Chapter II, Hearings and Appeals. Access the *Aging Policy and Procedure Manual* online at:

http://www.aging.pa.gov/publications/policy-procedure-manual/Pages/default.aspx.

F. False Information

If DHS determines that a Proposer has submitted false information in a Proposal, then DHS shall disqualify that Proposer from consideration. False information in a Proposal discovered after the awarding of contracts will be grounds for immediate rescission of the award and termination of any contract entered into by the Proposer with the County.

VII. SUBMISSION INFORMATION

Proposals must be submitted by email to DHSProposals@alleghenycounty.us, **no later than 4:00 p.m., E.S.T., on June 3, 2016**. Proposals received after this date and time will not be accepted. The County reserves the right to extend or postpone the dates and times for RFP activities. In the event of a change, the information will be posted on the DHS Solicitations Webpage at: http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx

Proposers will receive an email confirmation of receipt of their proposal. Please contact DHSProposals@alleghenycounty.us if you do not receive an email confirmation.

To be considered, Proposals must include all of the required content in the specified order. DHS may request additional information and/or conduct investigation, as needed, to determine the Proposer's ability to provide the requested services. This additional information may become part of the County's final award decision process.

All Proposals are the property of the County and may become part of any subsequent Agreement. Additionally, Successful Proposal(s) will be posted online in the DHS Solicitations Archive.

VIII. AGREEMENT TERMS AND CONDITIONS

The Successful Proposer will be expected to enter into an Agreement with the County of Allegheny, on behalf of DHS, for performance of the Scope of Services specified in this RFP and set forth in the Proposal. The services in the Proposal shall become the Contracted Services. The Successful Proposer will not enter into subcontracts for any of the services listed in the Scope of Services section of this RFP without obtaining prior approval by DHS. The Successful Proposer agrees to accept full responsibility for the quality and quantity of any work performed as part of the Scope of Services by any of its approved subcontractors. Information about contracting with the County on

behalf of DHS and the standard terms and conditions for County contracts for services for DHS which will be included in the Agreement can be found on the DHS website at: http://alleghenycounty.us/Human-Services/Resources/Doing-Business/Current-Providers.aspx.

APPENDIX A

Scopes of Service:

1. **Personal Care – OPTIONS Core Service**
2. **Home Support Services – OPTIONS Supplemental Services**
3. **Home Health Services**

FY 2016-2017

October 1, 2016

SCOPE OF SERVICE

PERSONAL CARE – OPTIONS CORE SERVICE

I. PURPOSE

A. To provide in-home community-based Personal Care services in assigned service area(s) for individuals eligible for Care Managed services. The Allegheny County Department of Human Services/Area Agency on Aging (DHS/AAA) will be the provider of last resort and provide services only when other methods of payment are unavailable or exhausted.

B. To provide services to qualified individuals in their own homes by trained, supervised workers when no family member or other responsible informal caregiver is available for or capable of providing such services, or to provide occasional relief to the person regularly providing such services. Services specifically exclude Home Health and medical care.

C. To provide services in such a way as to encourage Participants to maintain or improve their level of functioning and independence and to live with as much dignity as possible.

II. DEFINITIONS

A. Master Provider Enterprise Repository (MPER): a repository of key Provider demographic data for all contracted providers who provide services for DHS. DHS applications use MPER to validate contract, services, facilities and rate information to facilitate documentation of services rendered information by Providers. Contracted Providers are required to keep all agency information including but not limited to contacts, facilities and service offering information up to date.

B. Social Assistance Management System (SAMS): Software used to track all services provided to Participants with (ACDHS/AAA) funding.

Also, see Aging Program Directive (APD) referenced below.

III. AGING PROGRAM DIRECTIVE (APD)/FEDERAL/STATE REGULATORY REFERENCES

Organizations providing services outlined in this Scope of Service shall comply with all federal and state directives listed below:

A. Aging Policy and Procedures Manual
- Directive – Issuance of Aging Policy and Procedure Manual Chapter VIII: OPTIONS
- Chapter VIII. OPTIONS, and
- Appendix E, OPTIONS Program Service Standards.

B. Pennsylvania Code, Title 6, Chapter 15: Protective Services for Older Adults
http://www.pacode.com/secure/data/006/chapter15/chap15toc.html

C. Critical Incident Management Policy for Office of Long-Term Living Home and Community-Based Services Programs

D. Pennsylvania Code, Title 28, Subpart H, Chapter 611: Home Care Agencies and Home Care Registries General
http://www.aging.pa.gov/publications/policy-procedure-manual/Documents/Appendix%20C%20Home%20Care%20regulations.pdf

This Scope of Service is subject to change based on changes to the above directives.

IV. PERFORMANCE EVALUATION

A. Each contract year the ACDHS/AAA will inform clear expectations of acceptable performance standards to the service provider and hold the service provider accountable to them. These standards relate to compliance with applicable policies, regulatory guidelines, contract scopes, and Performance Based Contracting (PBC), where applicable, to support ongoing service quality and to best meet or exceed the participants' needs and to optimize service impact on its participants. The service provider is responsible for adhering to the timelines in reporting its compliance to the

scopes and using findings to build on its strengths and develop strategies on opportunities, through a continuous quality improvement process.

Monitoring tools outlining acceptable evidence are used in evaluating compliance with regulatory requirements, service standards, documentation, and reporting requirements. The monitoring tool applicable to this Scope of Service is:

Allegheny County Department of Human Services

Area Agency on Aging

Personal Care / Home Support Services

Monitoring Tool

V. SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

In addition to the requirements in the above referenced regulations, the following standards apply:

A. Provider will meet or exceed application and licensing requirements, and:

1. At the start of this contract Provider will have an administrative and/or supervisory office within a reasonable distance from the ACDHS/AAA office to allow for cost effective and efficient communications between the offices. This office should be able to resolve questions and problems.

2. Unit rates will be no higher than Provider's private pay fee schedule.

B. Participant Confidentiality

1. Security of Participant files will be maintained.

2. Every precaution will be pursued to maintain confidentiality of Participant information, particularly when sharing with other Providers

a. Only those portions of the care plan, which pertain to a specific service or Provider, will be communicated to the appropriate parties involved in providing service to the Participant.

b. Participant permission must be obtained in writing, in order to share this information.

C. Participant Records

Provider will maintain standardized individual files for each Participant. The record keeping system must ensure uniformity and consistency in documentation of the service provision. All entries by workers and the supervisor will be signed with their full signatures, including first and last names, and dated.

The Participant's record must contain hard copies of the following information:

1. SAMS Registration Form.

2. SAMS service order with the current prescription.

3. The written worker assignment including worker's name and start date of service.

4. Documentation of each visit made to the Participant will include the worker's daily log of service. This should indicate the arrival and departure times, specific services provided and the signature for each date of service from the participant or a family member. The worker is prohibited from signing in lieu of Participant. Documentation from an automated time tracking system can replace time slips.

5. Worker's comments and observations concerning the Participant's condition and his/her response to service, including the reporting of changes and/or problems to the supervisor (office staff may document workers' comments but the documentation must be unedited). Changes and/or problems must be acknowledged by the supervisor.

6. Statements of follow-up action taken by the supervisor, including reporting Participant changes and/or problems to the Care Manager, when indicated.

D. Initiating Service

1. Referrals for Personal Care Services are initiated by OPTIONS Care Management after the participant has been assessed and deemed eligible for services. The participant chooses provider from Provider Choice List.

Provider will communicate 100% by email within two (2) business days to the Care Manager whether they have a worker available.

Provider will accept 80% of new Participants referrals in the first contract year.

Provider will accept 90% of new Participants referrals in the subsequent contract year.

Provider will attempt to service as many Participants off of the Hard to Serve list.

2. Service volume and delivery will be adjusted at the discretion of ACDHS/AAA.

3. Service delivery will be initiated within five (5) working days of receipt of the service order.

4. In exceptional circumstances, service delivery will be expedited upon the verbal request of only the ACDHS/AAA OPTIONS Care Management, In-Home & Miscellaneous Service Supervisor or designee. A follow-up email will be sent for confirmation.

E. Hours of Operation and Service Area

1. Services will be available seven (7) days per week, as prescribed by the Care Manager, based on the Participant's input and needs. Reimbursement will be at the contracted unit cost.

2. There are three (3) specific geographic service areas in Allegheny County. ACDHS/AAA expects that a provider will anticipate the factors that need to be addressed in order to meet the needs of each Participant. The Provider's allocation statement will indicate which area(s) the Provider will serve. See Addendum 1 for map.

F. Units of Service

1. Personal Care is normally ordered in a one (1) hour minimum block of time. One (1) unit Personal Care equals one (1) hour.

2. Recording Partial Service Delivery – A unit of service = 1 hour. Partial units of service delivery are to be recorded in quarter hour increments including .25, .50 and .75

units. Provider is able to bill a quarter hour when service is delivered for more than 7½ minutes.

Example: Prescription is for 2 units / hours, service is scheduled for 10 a.m. until noon.

Start Time	End Time	Units
10:00 a.m.	11:02 a.m.	1.00
10:00 a.m.	11:08 a.m.	1.25
10:00 a.m.	11:37 a.m.	1.50
10:00 a.m.	11:40 a.m.	1.75
10:00 a.m.	11:50 a.m.	1.75
10:00 a.m.	11:58 a.m.	2.00

G. Scheduling

1. To ensure responsive delivery of services, Provider and Care Manager have specific roles and must be in close communication. The Care Manager develops the care plan specifying the level of service, the total number of hours per day, the days and times, if appropriate, for service and the tasks to be performed. All changes (increases, decreases, holds, continuations and terminations) will be authorized by the Care Manager. Provider will notify Care Managers in writing when there is a pattern of deviation from the service as ordered.

   Provider will deliver on Service Orders (participant-driven not counted)

   - Target is 95% of Ordered Services; 90% is acceptable for this Fiscal Year only.

2. At the start of the contract ACDHS/AAA will inform Provider of the dates on which premium rates will be paid for official national holidays. Reimbursement at the one hundred fifty percent (150%) rate will be paid only with prior Care Manager notification and approval for Personal Care services delivered on the following designated holidays:

   - Fourth of July

- Labor Day
- Thanksgiving Day
- Christmas Day
- New Year's Day
- Memorial Day

Prior to each designated holiday, the Care Manager will enter a service order in SAMS to authorize holiday time for Participants for whom Personal Care services will be reimbursed at the premium rate.

Note: Services provided on a holiday without a service order in SAMS specifying holiday service will be reimbursed at the regular rate.

3. Payment will be denied if service is provided in a fashion not specified in the care plan or if a worker stays longer than the prescribed time without adequate justification and Care Management approval.

H. Back-Up Services

1. Provider will have sufficient numbers of designated alternate workers to deliver service in the absence of the regular worker. To the extent possible, workers should consistently provide services to the same Participants and report regularly at the times and days agreed upon.

   The Provider will offer 100% of the time, a replacement worker to the Participant and record this action in the Participant file.

2. If Provider chooses to staff a case with a more highly skilled employee, Provider may only bill at the prescription rate.

I. Missed Services/Undelivered Hours

1. Provider will notify the Participant at least one (1) hour prior to service delivery when a different worker is assigned.

   The Provider will record this action in the Participant's electronic file.

2. Provider will notify the Participant and the Care Manager in a timely manner if services cannot be provided on the day and/or at the time prescribed and arrange for an alternative time.

3. If Provider is unable to provide alternative services for the Participant within a safe and reasonable period, not to exceed five (5) working days, Provider will notify Care Manager and services will be arranged through another provider.

4. All notification to the Participant's Care Manager regarding undelivered hours will be documented. Missed service delivery must be reported to the Care Manager by entering an Activity in SAMS within five (5) working days from when missed service delivery occurred.

5. Provider accurately records missed services in SAMS 100% of the time.

6. If Participant does not allow entry to the home when the worker arrives, Provider may bill for one (1) hour of service. Provider must notify Care Manager of recurrent refusals.

J. Emergencies

Provider will have a written contingency plan outlining emergency operation procedures.

The ACDHS/AAA Emergency Plan can be found on the Allegheny Aging Portal:

https://allegheny.agingsupportportal.com/Login.aspx

Under Information Library > Department Manuals > All Users: Emergency Documents

The plan will include the following provisions:

1. ACDHS/AAA Care Coordination Division Chief or designee will be notified by 9:00 am on those days when service will be cancelled or reduced.

2. If services cannot be delivered because of severe weather conditions, or other emergency, Provider will contact each Participant to:

   a. Assess the Participant's situation, safety, health and the availability of adequate heat and food;

   b. Reschedule service.

3. Provider will immediately notify the Care Manager of any Participant whose safety or health is jeopardized or who is without adequate heat or food.

K. Personnel

1. Policies

Provider will:

a. Notify ACDHS/AAA, in writing, of changes at the administrative level in advance, if known, or immediately upon such change.

b. Maintain sound personnel policies structured to minimize personnel turnover, which would adversely affect the delivery of service. Turnover can be minimized by providing competitive wages commensurate with the required job skills, as well as incentives in the form of bonuses and/or fringe benefits for workers who have given continuous and satisfactory performance.

c. Assure availability of a staff person to accept phone communication during normal business hours.

2. Staffing

Staff will include:

- Administrator - Overall office responsibility for ACDHS/AAA contract compliance.

- RN Supervisor - Trains, orients and is administratively responsible for the supervision of field personnel.

- Scheduler/Coordinator - Coordinates all workers' schedules to provide services as referred by ACDHS/AAA.

3. Recruitment

a. Provider will establish an effective, ongoing program of staff recruitment.

b. Workers should have good physical and mental health, good moral character and maturity of attitude toward work assignments. Every worker will have a high school diploma/G.E.D. or be able to read, write and follow simple instructions.

c. Provider will conduct a face-to-face interview with the worker.

d. Provider will obtain at least two satisfactory references for the worker affirming the ability of the worker to provide home care services. References may not be obtained from relatives of the worker.

e. Workers will receive a copy of job descriptions, personnel policies and the wage scale for workers at the time of their employment and when there is a revision or change in these policies.

4. Criminal History Record Check

a. Provider will require applicants to submit to a Pennsylvania State Police background check using the PA Access to Criminal History at https://epatch.state.pa.us. Substitute clearances are not acceptable. The report must be dated within one (1) year prior to their employment start date.

b. Applicants applying for employment as a member of the office staff and owner/owners are also required to obtain a criminal history report.

c. If an applicant supplies their own Pennsylvania State Police background check, Provider must then access and print the report from https://epatch.state.pa.us, and place it into the personnel file. The report must be dated within one (1) year prior to their employment start date.

d. In addition, applicants who have not been PA residents for the past two (2) consecutive years, without interruption and immediately preceding the date of application for employment, must obtain a Federal Bureau of Investigation (FBI) background check processed by Cogent Systems. Applicants can register online at www.pa.cogentid.com

e. Applicants must select the PA Department of Aging icon. Results from the FBI will be sent to the PA Department of Aging and the Department will send an employment determination to the facility and the applicant.

f. Any report of criminal history must be reviewed and discussed with the applicant or staff person and additionally, the review must be acknowledged in writing by the agency's management. This acknowledgement must include a statement as to how the report relates to the suitability of the applicant or staff person for his specific work assignment and that the act is not sufficient to preclude the applicant or staff person from employment.

Note: Staff may not directly work with Participants until the appropriate criminal history clearance is received and documented in their personnel file.

5. Physical Examination, Health Screen and PPD Test

a. Any staff person, who visits Participants in their homes, must comply with federal, state and local health requirements related to physical examinations and communicable disease screenings.

b. If the results of a documented PPD test are positive at any time, it shall be followed by an examination by a physician and chest x-ray (if indicated) and any appropriate treatment prescribed. An infected staff person shall receive follow-up care as required by a physician and shall not begin or resume service to Participants until discharged by the physician as no longer contagious.

c. Any staff person, who visits Participants in their homes, must have a physical examination within one (1) year prior to employment by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The report must state that the staff person is capable of completing the work of an in-home services direct care worker/supervisor and is free from communicable disease.

d. After the initial physical, any staff person, who visits Participants in their homes, must have a health screen by an RN every other year thereafter indicating the same.

e. A Mantoux Intracutaneous PPD test (the tine test is not an acceptable alternative) will be administered to any staff person, who visits Participants in their homes within twelve (12) months prior to employment. The documentation of the test must include the date administered, the date read and the results.

f. The pre-employment PPD test must be a two-step tuberculin skin test, with a second test one (1) to three (3) weeks after the first test, if the new staff person has had:

i. No previous PPD test

ii. An interval of more than twelve (12) months since his/her previous negative PPD test or

iii. A previous undocumented positive PPD test.

Following initial testing, workers must update the required TB screen at least every 12 months including documentation that the individual is free from active M. tuberculosis. However, as an alternative to annual

testing, per Center for Disease Control and Prevention (CDC) Guidelines, agencies can complete a TB Risk Assessment Worksheet to determine the risk of TB for their employees in the community. Specific information can be found at

http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

The TB Risk Assessment Worksheet can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Assessment_Worksheet.pdf

Following completion of the TB Risk Assessment Worksheet, agencies must then determine their agency risk classification using the worksheet. The risk classifications are based on CDC guidelines and can be found at http://www.pahomecare.org/_files/live/TB_Risk_Classifications.pdf

If the agency's risk is determined to be low, then in lieu of annual TB testing of workers, the agency only needs to conduct an annual health screen for TB infection on each worker. The screen must include questions related to symptoms of active M. tuberculosis and be completed by a physician or registered nurse. The TB Risk Assessment Worksheet and TB Risk Classification must be completed annually and kept on file in the agency's office along with documentation of annual TB screenings on each worker.

g. Any staff person, who visits Participants in their homes and has a previously documented positive PPD test, must be screened for signs or symptoms of the disease by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The health care professional must clear the staff person for employment and identify a follow-up plan. At a minimum, this staff person must have an annual TB screening and work clearance by a health care professional.

6. Communicable Diseases

a. When caring for Participants with communicable diseases, ACDHS/AAA expects Provider to follow procedures recommended in the (CDC) guidelines and Occupational Safety & Health Administration (OSHA) regulations. (The CDC toll free number is 1-800-232-4636.)

b. Providers are also expected to provide appropriate protective articles such as, but not limited to, aprons, gloves and masks and to have in-services on universal precautions.

c. Based on CDC guidelines, Provider will develop a written policy regarding communicable diseases.

d. Provider will notify the ACDHS/AAA Program Administrator upon determining or learning from another source that a Participant has a communicable disease.

7. Training and Competency

a. No Personal Care service may be rendered to a Participant by a worker prior to demonstration of his/her competency in performing the specific service assigned. The competency training and examination must meet the requirements of Pennsylvania Code, Title 28, Subpart H, Chapter 611.55 subsections (b) and (c). http://www.aging.pa.gov/publications/policy-procedure-manual/Documents/Appendix%20C%20Home%20Care%20regulations.pdf

b. For each broad area of training, an appropriate professional shall provide instruction. Skills training in personal care techniques must be completed by an Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nurse Assistant (CNA) or Home Health Aide (HHA).

c. Twenty (20) hours of basic training must be provided with the first three months of employment. The requirement for completion of the twenty (20) hours of training may be waived if a worker provides documentation of completion of related training that includes demonstrated competency in all skilled areas.

d. Additional four (4) hours of training annually after competency training.

e. Competency is demonstrated by worker passing a written competency exam and a skills demonstration that incorporates all skill areas included in the basic training. Both the written competency exam and the observation of the skills demonstration by the training instructor must be completed and documented even if training is waived.

f. The agency must review the worker's competency at least once per year after initial competency is established through direct observation, testing, training, Participant feedback or through a combination of methods. The annual competency review must be completed within 365 calendar days.

8. Supervision

a. OPTIONS Personal Care workers may be supervised by an RN, LPN, CNA or HHA. The Certified Nurse Assistant must have one (1) year experience as a CNA. The Home Health aide must have three (3) years of experience as a HHA.

b. Supervision must occur in a Participant's residence initially, with the supervisor accompanying each worker new to Provider on his/her first home visit.

c. Subsequent to the initial supervisory visit, the worker must be supervised in a participant's home at the time of the annual competency review. The annual supervisory review must be completed within 365 calendar days.

d. In addition, the RN, LPN, CNA or HHA supervisor is required to visit each new Nursing Facility Clinically Eligible (NFCE) Participant's home with the worker present within the first two (2) weeks of service to observe the worker providing care.

e. The RN supervisor will not provide nursing care or professional services to Participants under this contract.

9. Personnel Files

Provider will maintain standardized individual files for all Personal Care staff. The record keeping system must ensure uniformity and consistency in documentation. Information documented in the personnel file must be in sufficient detail to assure compliance with all personnel requirements. The file must contain:

a. Documentation of face-to-face interview and two references;

b. Documentation of completion of orientation;

c. Copy of current job description;

d. The original report of criminal history record information from the Pennsylvania State Police and, if necessary, the FBI criminal history record with a letter of determination from the Pennsylvania Department of Aging;

e. Documentation of physical examinations, health screens and PPD results and TB screening results;

f. Copies of applicable professional licenses;

g. The results of a written competency exam and documentation of skills observation;

h. Documentation of completion of twenty (20) hours of training or waiver of training;

i. Documentation of supervision consistent with the requirements set forth for OPTIONS Participants.

L. Coordination with Care Management Providers

1. Care Managers providing services under contract with ACDHS/AAA have primary responsibility for monitoring the plan of care for each Participant.

2. Changes in Participant functioning, health or situation will be reported to the Participant's Care Manager as soon as possible, but no later than the end of the working day on which the change has been noted. Following hospitalization, services will resume only after the Care Manager's re-authorization.

3. Issues with Service Deliveries or Orders should be brought to the attention of the care management agencies for resolution prior to contacting the ACDHS/AAA.

M. Exclusions

1. It is prohibited for workers to accept gifts, bequests, loans, gratuities and emoluments from Participants. This prohibition will appear in Provider's signed agreements with staff, work rules, handbooks, training, job descriptions, and personnel policies.

2. Collection of voluntary contributions is specifically prohibited under this contract.

3. Workers will not possess keys to a Participant's home.

4. Transporting Participants in any personal vehicle is prohibited.

5. Money management such as budgeting, paying bills and cashing checks is prohibited.

Violation of these rules is cause for dismissal by Provider. Failure of Provider to enforce this prohibition is cause for termination of the contract.

N. Meetings

1. ACDHS/AAA will arrange and coordinate meetings, including case conferences with Care Management providers, as needed for efficient delivery of services under this contract.

2. Attendance at these meetings by staff responsible for administration and implementation of this contract is mandatory.

3. Participate 100% in Case Conference requests.

O. Electronic Information Management Minimum Systems Requirements. The PDA mandates the use of SAMS as the CM Participant database for the CM Program. CM Providers must utilize the SAMS database. A stand-alone installation installs a single instance of SAMS on a machine, with MSDE/SQL data base components, and requires the following:

- Windows 7 or Windows 8
- PC Processor 2 Ghz or better
- 3 GB RAM (Minimum) 4GB RAM (Recommended)
- Internet Explorer 8 or higher
- E-mail capability
- Latest version of Microsoft Silverlight (required for SAMS.net)

System Updates. CM Providers must have the capability to respond to any changes in SAMS requirements indicated by the ACDHS/AAA or PDA during the term of the contract.

1. Provider will have the capacity/ability to retrieve and submit data, information, reports and other communication through electronic internet capabilities within a timeframe specified by ACDHS/AAA. Failure to receive or read ACDHS/AAA communications sent to Provider MPER e-mail address in a timely manner does

not absolve Provider from knowing, responding to or complying with the content of that communication.

2. Provider is responsible for accurately recording all Participant service and program data into the appropriate information management system (SAMS) by the seventh (7^{th}) working day of the month for the prior month's transactions.

3. Provider is responsible for coordinating appropriate information management system training (SAMS) and the transfer of knowledge and information to existing and new staff.

4. Provider is responsible for regularly running and reviewing rosters and service order reports to ensure proper service delivery and timely/accurate billing.

VI. RESPONSIBILITIES/EXPECTATIONS OF THE PROGRAM OFFICE (ACDHS/AAA)

ACDHS/AAA will support Provider in meeting service standards and requirements by providing the following:

A. Timely communication and written correspondence regarding mandated applicable Pennsylvania Department of Aging and Allegheny County requirements, and any changes to these requirements that occur during the contract period;

B. Program monitoring and evaluation to assure compliance with Pennsylvania Department of Aging and Allegheny County requirements specified in the terms of this contract;

C. Timely communication and written correspondence regarding the outcome of program monitoring and evaluation activities;

D. Technical assistance as needed regarding program requirements;

E. Technical assistance, direction and cooperation to assist Provider in satisfactorily recording program and service data into the appropriate information management system (SAMS).

SCOPE OF SERVICE

HOME SUPPORT SERVICES – OPTIONS SUPPLEMENTAL SERVICES

Housekeeping

Home Maintenance (Chore)

I. PURPOSE

A. To provide Home Support Services for individuals eligible for care managed services. Home Support Services include:

1. Housekeeping - (for Service Standards, see Addendum 1);

2. Home Maintenance (Chore) - (for Service Standards, see Addendum 2);

B. To provide services to qualified individuals in their own homes by trained, supervised workers when no family member or other responsible informal caregiver is available for or capable of providing such services, or to provide occasional relief to the person regularly providing such services. Housekeeping and Home Maintenance services specifically exclude Home Health and Personal Care.

C. To provide services in such a way as to encourage the Participant to maintain or improve level of functioning and independence and to live with as much dignity as possible.

II. DEFINITIONS

A. Master Provider Enterprise Repository (MPER): a repository of key Provider demographic data for all contracted providers who provide services for DHS. DHS applications use MPER to validate contract, services, facilities and rate information to facilitate documentation of services rendered information by Providers. Contracted Providers are required to keep all agency information including but not limited to contacts, facilities and service offering information up to date.

B. Social Assistance Management System (SAMS): Software used to track all services provided to Participants with Allegheny County Department of Human Services/Area Agency on Aging (ACDHS/AAA) funding.

Also, see Aging Program Directive (APD) referenced below.

III. AGING PROGRAM DIRECTIVE (APD)/FEDERAL/STATE REGULATORY REFERENCES

A. Organizations providing services outlined in this Scope of Service shall comply with all federal and state directives listed below:

a. Aging Policy and Procedures Manual
- Directive – Issuance of Aging Policy and Procedure Manual Chapter VIII: OPTIONS
- Chapter VIII. OPTIONS, and
- Appendix E, OPTIONS Program Service Standards.

b. Pennsylvania Code, Title 6, Chapter 15: Protective Services for Older Adults

c. Critical Incident Management Policy for Office of Long-Term Living Home and Community-Based Services Programs

B. Organizations providing Housekeeping, Home Maintenance (Chore) shall also comply with the following state directives:

Pennsylvania Code, Title 28, Subpart H, Chapter 611: Home Care Agencies and Home Care Registries General

This Scope of Service is subject to change based on changes to the above directives.

VI. PERFORMANCE EVALUATION

Each contract year the ACDHS/AAA will inform clear expectations of acceptable performance standards to the service provider and hold the service provider accountable to them. These standards relate to compliance with applicable policies, regulatory guidelines, contract scopes, and Performance Based Contracting (PBC), where applicable, to support ongoing service quality and to best meet or exceed the participants' needs and to optimize service impact on its participants. The service provider is responsible for adhering to the timelines in reporting its compliance to the scopes and using findings to build on its strengths and develop strategies on opportunities, through a continuous quality improvement process.

Monitor tools outlining acceptable evidence are used in evaluating compliance with regulatory requirements, service standards, documentation, and reporting requirements. The monitoring tool applicable to this Scope of Service is:

Allegheny County Department of Human Services

Area Agency on Aging

Personal Care / Home Support Services

Monitoring Tool

VII. SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

In addition to the requirements in the above referenced regulations, the following standards apply:

A. Provider will meet or exceed application and licensing requirements, and:

1. At the start of this contract Provider will have an administrative and/or supervisory office within a reasonable distance from the ACDHS/AAA office to allow for cost effective and efficient communications between the offices. This office should be able to resolve questions and problems.

2. Rates for OPTIONS services will be no higher than Provider's private pay fee schedule.

B. Participant Confidentiality

1. Security of Participant files will be maintained.

2. Every precaution will be pursued to maintain confidentiality of Participant information, particularly when sharing with other agencies.

   a. Only those portions of the care plan, which pertain to a specific service or Provider, will be communicated to the appropriate parties involved in providing service to the Participant.

   b. Participant permission must be obtained in writing, in order to share this information.

C. Participant Records

Provider will maintain standardized individual files for each Participant. The record keeping system must ensure uniformity and consistency in documentation of the service provision. All entries by workers and the supervisor will be signed with their full signatures, including first and last names, and dated.

The Participant's record must contain hard copies of the following information:

1. SAMS Registration Form;

2. SAMS service order with the current prescription;

3. Documentation of each visit made to the Participant will include the worker's daily log of service. This should indicate the arrival and departure times, specific services provided and the signature for each date of service from the participant or a family member. The worker is prohibited from signing in lieu of Participant. Documentation from an automated time tracking system can replace time slips.

4. Worker's comments and observations concerning the Participant's condition and his/her response to service, including the reporting of changes and/or problems to the supervisor (office staff may document workers' comments but the documentation must be unedited). Changes and/or problems must be acknowledged by the supervisor;

5. Statements of follow-up action taken by the supervisor, including reporting to the Care Manager when indicated.

C. Initiating Service

1. Referrals for Home Support Services are initiated by OPTIONS Care Management after the participant has been assessed and deemed eligible for services. The participant chooses provider from Provider Choice List.

2. Provider will communicate 100% by email within two (2) business days to the Care Manager whether they have a worker available.

3. Provider will accept 80% of new Participants referrals in the first year.

4. Provider will accept 90% of new Participants referrals in the subsequent contract year.

5. Provider will attempt to service as many Participants off of the Hard to Serve list.

6. Service volume and delivery will be adjusted at the discretion of ACDHS/AAA.

7. Service delivery will be initiated within five (5) working days of receipt of the service request.

8. In exceptional circumstances, service delivery will be expedited upon the verbal request of only ACDHS/AAA OPTIONS Care Management, In-Home & Miscellaneous Service Supervisor or designee. A follow-up email will be sent for confirmation.

E. Hours of Operation and Service Area

1. Services will be available seven (7) days per week, as prescribed by the Care Manager, based on the Participant's input and needs. Reimbursement will be at the contracted cost.

2. There are three (3) specific geographic service areas in Allegheny County. ACDHS/AAA expects that a provider will anticipate the factors that need to be addressed in order to meet the needs of each Participant. The Provider's allocation statement will indicate which area(s) the Provider will serve.

F. Units of Service

1. Home Support is normally ordered in a one (1) hour minimum block of time. One (1) unit Home Support equals one (1) hour.

2. Recording Partial Service Delivery – A unit of service = 1 hour. Partial units of service delivery are to be recorded in quarter hour increments including .25, .50 and .75 units. Provider is able to bill a quarter hour when service is delivered for more than 7½ minutes.

Example: Prescription is for 2 units / hours, service is scheduled for 10 a.m. until noon.

Start Time	End Time	Units
10:00 a.m.	11:02 a.m.	1.00

10:00 a.m.	11:08 a.m.	1.25
10:00 a.m.	11:37 a.m.	1.50
10:00 a.m.	11:40 a.m.	1.75
10:00 a.m.	11:50 a.m.	1.75
10:00 a.m.	11:58 a.m.	2.00

G. Scheduling

3. To ensure responsive delivery of services, Provider and Care Manager have specific roles and must be in close communication. The Care Manager develops the care plan specifying the level of service, the total number of hours per day, the days and times, if appropriate, for service and the tasks to be performed. All changes (increases, decreases, holds, continuations and terminations) will be authorized by the Care Manager. Provider will notify Care Managers in writing when there is a pattern of deviation from the service as ordered.

   Provider will deliver on Service Orders (participant-driven not counted)

   Target is 95% of Ordered Services; 90% is acceptable for this Fiscal Year only.

4. Payment will be denied if service is provided in a fashion not specified in the care plan or if a worker stays longer than the prescribed time without adequate justification and Care Management approval.

H. Back-Up Services

1. Provider will have a sufficient number of designated alternate workers to deliver service in the absence of the regular worker. To the extent possible, workers should consistently provide services to the same Participants and report regularly at the times and days agreed upon.

   The Provider will offer 100% of the time, a replacement worker to the Participant and record this action in the Participant file.

2. If a Provider chooses to staff a case with a more highly skilled employee, Provider may only bill at the prescription rate.

I. Missed Services/Undelivered Hours

1. Provider will notify the Participant at least one (1) hour prior to service delivery when a different worker is assigned.

   The Provider will record this action in the Participant's electronic file.

2. Provider will notify the Participant and the Care Manager in a timely manner if services cannot be provided on the day and/or at the time prescribed and arrange for an alternative time.

3. If Provider is unable to provide alternative services for the Participant within a safe and reasonable period, not to exceed five (5) working days, Provider will notify Care Manager and services will be arranged through another provider.

4. All notification to the Participant's Care Manager regarding undelivered hours will be documented. Missed service delivery must be reported to the Care Manager by entering an Activity in SAMS within five (5) working days from when missed service delivery occurred.

   Provider accurately records missed services in SAMS 100% of the time.

5. If Participant does not allow entry to the home when the worker arrives, Provider may bill for one (1) hour of service. Provider must notify Care Manager of recurrent refusals.

J. Emergencies

Provider will have a written contingency plan outlining emergency operation procedures.

The ACDHS/AAA Emergency Plan can be found on the Allegheny Aging Portal:

https://allegheny.agingsupportportal.com/Login.aspx

Under Information Library > Department Manuals > All Users: Emergency Documents

The plan will include the following provisions:

1. ACDHS/AAA Care Coordination Division Chief or designee will be notified by 9:00 am on those days when service will be cancelled or reduced.

2. If services cannot be delivered because of severe weather or other emergency conditions, Provider will contact each Participant to:

   a. Assess the Participant's situation, safety, health and the availability of adequate heat and food;

   b. Reschedule service.

3. Provider will immediately notify the Care Manager of any Participant whose safety or health is jeopardized or who is without adequate heat or food.

J. Personnel

1. Policies

   Provider will:

   a. Notify ACDHS/AAA, in writing, of changes at the administrative level in advance, if known, or immediately upon such change.

   b. Maintain sound personnel policies structured to minimize personnel turnover, which would adversely affect the delivery of service. Turnover can be minimized by providing competitive wages commensurate with the required job skills, as well as incentives in the form of bonuses and/or fringe benefits for workers who have given continuous and satisfactory performance.

   c. Assure availability of a staff person to accept phone communication during normal business hours.

2. Staffing

   Administrator – Overall office responsibility for ACDHS/AAA contract compliance.

   Scheduler – Coordinates all workers' schedules to provide services as referred by ACDHS/AAA.

3. Recruitment

   a. Provider will establish an effective, ongoing program of staff recruitment.

b. Workers should have good physical and mental health, good moral character and maturity of attitude toward work assignments. Every worker will have a high school diploma/G.E.D. or be able to read, write and follow simple instructions.

c. Workers will receive a copy of job descriptions, personnel policies and the wage scale for workers at the time of their employment and when there is a revision or change in these policies.

4. Criminal History Record Check

a. Provider will require applicants to submit to a Pennsylvania State Police background check using the PA Access to Criminal History at https://epatch.state.pa.us. Substitute clearances are not acceptable. The report must be dated within one (1) year prior to their employment start date.

b. If an applicant supplies their own Pennsylvania State Police background check, Provider must then access and print the report from https://epatch.state.pa.us, and place it into the personnel file. The report must be dated within one (1) year prior to their employment start date.

c. In addition, applicants who have not been PA residents for the past two (2) consecutive years, without interruption and immediately preceding the date of application for employment, must obtain a Federal Bureau of Investigation (FBI) background check processed by Cogent Systems. Applicants can register online at www.pa.cogentid.com

d. Applicants must select the PA Department of Aging icon. Results from the FBI will be sent to the PA Department of Aging and the Department will send an employment determination to the facility and the applicant.

e. Any report of criminal history must be reviewed and discussed with the applicant or staff person and additionally, the review must be acknowledged in writing by the agency's management. This acknowledgement must include a statement as to how the report relates to the suitability of the applicant or staff person for his specific work assignment and that the act is not sufficient to preclude the applicant or staff person from employment.

Note: Staff may not directly work with Participants until the appropriate criminal history clearance is received and documented in their personnel file.

5. Physical Examination, Health Screen and PPD Test

h. Any staff person, who visits Participants in their homes, must comply with federal, state and local health requirements related to physical examinations and communicable disease screenings.

i. Any staff person, who visits Participants in their homes, must have a physical examination within one (1) year prior to employment by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The report must state that the staff person is capable of completing the work of an in-home services direct care worker/supervisor and is free of communicable disease.

j. After the initial physical, any staff person, who visits Participants in their homes must have a health screen by an RN every other year thereafter indicating the same.

k. A Mantoux Intracutaneous PPD test will be administered to any staff person, who visits Participants in their homes within twelve (12) months prior to employment. The documentation of the test must include the date administered, the date read and the results.

l. The pre-employment PPD test must be a two-step tuberculin skin test, with a second test one (1) to three (3) weeks after the first test, if the new staff person has had:

iv. No previous PPD test

v. An interval of more than twelve (12) months since his/her previous negative PPD test or

vi. A previous undocumented positive PPD test.

Following initial testing, workers must update the required TB screen at least every 12 months including documentation that the individual is free from active M. tuberculosis. However, as an alternative to annual testing, per Centers for Disease Control and Prevention (CDC) Guidelines, agencies can complete a TB Risk Assessment Worksheet to determine the risk of TB for their employees in the community. Specific information can be found at

http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

The TB Risk Assessment Worksheet can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Assessment_Worksheet.pdf

Following completion of the TB Risk Assessment Worksheet, agencies must then determine their agency risk classification using the worksheet. The risk classifications are based on CDC guidelines and can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Classifications.pdf

If the agency's risk is determined to be low, then in lieu of annual TB testing of workers, the agency only needs to conduct an annual health screen for TB infection on each worker. The screen must include questions related to symptoms of active M. tuberculosis and be completed by a physician or registered nurse. The TB Risk Assessment Worksheet and TB Risk Classification must be completed annually and kept on file in the agency's office along with documentation of annual worker TB screening.

m. If the results of a documented PPD test are positive at any time, it shall be followed by an examination by a physician and chest x-ray (if indicated) and any appropriate treatment prescribed. An infected staff person shall receive follow-up care as required by a physician and shall not begin or resume service to Participants until discharged by the physician as no longer contagious.

n. Any staff person, who visits Participants in their homes and has a previously documented positive PPD test, must be screened for signs or symptoms of the disease by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The health care professional must clear the staff person for employment and identify a follow-up plan. At a minimum, this staff person must have an annual TB screening and work clearance by the health care professional.

6. Communicable Diseases

a. When caring for Participants with communicable diseases, ACDHS/AAA expects Provider to follow procedures recommended in the Center for Disease Control (CDC) guidelines and Occupational Safety & Health Administration (OSHA) regulations. (The CDC toll free number is 1-800-232-4636.)

b. Providers are also expected to provide appropriate protective articles such as, but not limited to, aprons, gloves and masks and to have in-services on universal precautions.

c. Based on CDC guidelines, Provider will develop a written policy regarding communicable diseases.

d. Provider will notify the ACDHS/AAA OPTIONS Care Management, In-Home & Miscellaneous Services Supervisor upon determining or learning from another source that a Participant has a communicable disease.

7. Training and Competency

a. No Housekeeping service may be rendered to a Participant by a worker prior to demonstration of his/her competency in performing the specific service assigned. The competency training and examination must meet the requirements of Pennsylvania Code, Title 28, Subpart H, Chapter 611.55 subsection (b).

b. For each broad area of training an appropriate supervisor shall provide instruction. The training instructor shall be capable of demonstrating and teaching all housekeeping activities.

c. The agency must review the worker's competency at least once per year after initial competency is established through direct observation, testing, training, Participant feedback or through a combination of methods. The annual competency review must be completed within 365 calendar days.

d. Additional four (4) hours of training annually after competency training.

8. Provider will maintain on file records of worker training and supervision consistent with requirements set forth in the attached Service Standards.

9. Personnel Files

Provider will maintain standardized individual files for all Home Support personnel. The record keeping system must ensure uniformity and consistency in documentation. Information documented in the personnel file must be in sufficient detail to assure compliance with all personnel requirements. The file must contain:

a. Documentation of face-to-face interview and two references;

b. The results of a written competency exam and documentation of skills observation;

c. A current/updated job description;

d. The original report of criminal history record information from the Pennsylvania State Police and, if necessary, the FBI criminal history record with a letter of determination from the Pennsylvania Department of Aging;

e. Documentation of physical examinations, health screens, PPD results and TB screening results;

f. Documentation of supervision consistent with the requirements set forth for Options Participants.

K. Coordination with Care Management Providers

1. Care Managers providing services under contract with ACDHS/AAA have primary responsibility for monitoring the plan of care for each Participant.

2. Changes in Participant functioning, health or situation will be reported to the Participant's Care Manager as soon as possible, but no later than the end of the working day on which the change has been noted. Following hospitalization, services will resume only after the Care Manager's re-authorization.

L. Exclusions

1. It is prohibited for workers to accept gifts, bequests, loans, gratuities and emoluments from Participants. This prohibition will appear in Provider's signed agreements with staff, work rules, handbooks, training, job descriptions, and personnel policies.

2. Collection of voluntary contributions is specifically prohibited under this contract.

3. Workers will not possess keys to a Participant's home.

4. Transporting Participants in any personal vehicle is prohibited.

5. Money management such as budgeting, paying bills and cashing checks is prohibited.

Violation of these rules is cause for dismissal by Provider. Failure of the Provider to enforce this prohibition is cause for termination of the contract.

M. Meetings

1. ACDHS/AAA will arrange and coordinate meetings, including case conferences with Care Management providers, as needed for efficient delivery of services under this contract.

2. Attendance at these meetings by staff responsible for administration and implementation of this contract is mandatory.

3. Participate 100% in Case Conferences request.

N. Electronic Information Management Minimum Systems Requirements. The Pennsylvania Department of Aging (PDA) mandates the use of SAMS as the CM Participant database for the CM Program. CM Providers must utilize the SAMS database. A stand-alone installation installs a single instance of SAMS on a machine, with MSDE/SQL data base components, and requires the following:

- Windows 7 or Windows 8
- PC Processor 2 Ghz or better
- 3 GB RAM (Minimum) 4GB RAM (Recommended)
- Internet Explorer 8 or higher
- E-mail capability
- Latest version of Microsoft Silverlight (required for SAMS.net)

System Updates. CM Providers must have the capability to respond to any changes in SAMS requirements indicated by the ACDHS/AAA or PDA during the term of the contract.

1. Provider will have the capacity/ability to retrieve and submit data, information, reports and other communication through electronic internet capabilities within a timeframe specified by ACDHS/AAA. Failure to receive or read ACDHS/AAA communications sent to Provider MPER e-mail address in a timely manner does not absolve Provider from knowing, responding to or complying with the content of that communication.

2. Provider is responsible for accurately recording all Participant service and program data into the appropriate information management system (SAMS) by the seventh (7^{th}) working day of the month for the prior month's transactions.

3. Provider is responsible for coordinating appropriate information management system training (SAMS) and the transfer of knowledge and information to existing and new staff.

4. Provider is responsible for regularly running and reviewing rosters and service order reports to ensure proper service delivery and timely/accurate billing.

O. Cleaning Supplies and Equipment

If participant is unable to provide cleaning supplies and equipment, then provider will attempt to furnish them.

VI. RESPONSIBILITIES/EXPECTATIONS OF THE PROGRAM OFFICE (ACDHS/AAA)

ACDHS/AAA will support Provider in meeting service standards and requirements by providing the following:

A. Timely communication and written correspondence regarding mandated applicable PDA and Allegheny County requirements, and any changes to these requirements that occur during the contract period;

B. Program monitoring and evaluation to assure compliance with Pennsylvania Department of Aging and Allegheny County requirements specified in the terms of this contract;

C. Timely communication and written correspondence regarding the outcome of program monitoring and evaluation activities;

D. Technical assistance as needed regarding program requirements;

E. Technical assistance, direction and cooperation to assist Provider in satisfactorily recording program and service data into the appropriate information management system (SAMS).

Addendum 1

Housekeeping

SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

I. Housekeeping Activities

A. Dishes;

B. Dusting;

C. Laundry;

D. Linen change;

E. Sweeping, mopping or vacuuming rooms used by the Participant;

F. Instruction in home management. Home management includes such things as maintaining an orderly environment, proper food storage, preparation of shopping lists and maintaining appliances in safe working condition;

G. Shopping assistance with or without the Participant;

H. Meal preparation;

I. Escorting Participant to appointments.

II. Units of Service

Home Support – Housekeeping services are normally ordered in a one (1) hour minimum block of time and one half (1/2) or one quarter (1/4) hour increments, as stated on the care plan. One (1) unit Home Support – Housekeeping equals one (1) hour.

1. Home Support - Housekeeping are normally ordered in a one (1) hour minimum block of time. One (1) unit of Home Support - Housekeeping equals one (1) hour.

2. Recording Partial Service Delivery – A unit of service = 1 hour. Partial units of service delivery are to be recorded in quarter hour increments including .25, .50, and .75 units. Provider is able to bill a quarter hour when service is delivered for more than 7 1/2 minutes.

Example: Prescription is for 2 units / hours. Service is scheduled from 10 a.m. until noon.

Start Time	End Time	Units
10:00 a.m.	11:02 a.m.	1.00
10:00 a.m.	11:08 a.m.	1.25
10:00 a.m.	11:37 a.m.	1.50
10:00 a.m.	11:40 a.m.	1.75
10:00 a.m.	11:50 a.m.	1.75
10:00 a.m.	11:58 a.m.	2.00

III. Training Standards

Organizations providing Housekeeping, Home Maintenance (Chore) and Respite Overnight (24 Hour Respite in the Home) shall also comply with the following state directives:

IV. Supervision Standards

A. The supervision of the worker must occur in a Participant's residence initially, with the supervisor accompanying each worker new to the Provider on his/her first home visit.

B. Subsequent to the initial supervisory visit, the worker must be supervised in a participant's home at the time of the annual competency review. The annual supervisory visit must be completed within 365 calendar days.

C. Supervision and a competency review must occur more frequently than the annual requirement when disciplinary action is taken or issues related to quality of care are identified.

D. The supervisor shall be capable of demonstrating and teaching all housekeeping activities.

Addendum 2

Home Maintenance (Chore)

SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

I. Home Maintenance (Chore) Activities

A. Heavy cleaning to the extent necessary to maintain a Participant's health and safety. This may involve:

1. Washing walls, ceilings, floors, woodwork, baseboards and cupboards in the Participant's living area;

2. Moving furniture and large area rugs to clean under them;

3. Shampooing carpets;

4. Taking down, washing and re-hanging curtains or drapes;

5. Cleaning blinds;

6. Cleaning inside windows;

7. Cleaning outside windows on the ground floor only;

8. Sorting through boxes (with Participant's approval/supervision) to eliminate clutter;

9. Cleaning the interior and exterior of refrigerator and stove;

10. Defrosting refrigerator;

11. Removing rubbish or clutter and garbage accumulation (animal and human waste excluded) because of Health Department citation;

12. Cleaning the attic, basement or other storage areas to remove fire and safety hazards only.

B. Preparation for extermination

C. Assistance in packing a Participant's belongings to move to another location and assistance in unpacking at the new home.

II. Initiating Service

Service delivery will be initiated within thirty (30) days of receipt of the service request.

III. Implementing Service

The Home Maintenance (Chore) Provider will:

A. Review the service order;

B. Estimate the number of hours required to complete the task. If the prescription cannot be completed within the allotted time frame, contact the Care Manager;

C. Furnish ACDHS/AAA with time estimates and formulas for estimating the time necessary to complete common, routine tasks.

IV. Units of Service

One (1) unit of Home Support - Home Maintenance (Chore) service equals one (1) hour of Home Maintenance (Chore) service provided directly to a Participant in a Participant's home or on a Participant's property. Time spent in travel, meetings, case discussions and record keeping cannot be reported as units of service.

V. Scheduling

A. Home Maintenance (Chore) services are scheduled to accommodate Participant needs and will be completed in a single block of time unless approval for additional time has been granted by the Care Manager.

B. The Provider will notify both Participant and Care Manager if services cannot be provided when requested and arrange an alternative time.

VI. Personnel

A. Staff will include workers who are physically able to perform Home Maintenance (Chore) activities.

B. The Provider will provide training in the provision of services to the elderly and general orientation to all new workers prior to any actual service delivery by them.

October 1, 2016

SCOPE OF SERVICE

HOME HEALTH SERVICES
Home Health Aide, LPN, RN, Speech,

Occupational and Physical Therapies

I. PURPOSE

A. To provide in-home community-based home health care throughout Allegheny County for individuals with skilled nursing or rehabilitation needs who are eligible for Care Managed services. Allegheny County Department of Human Services / Area Agency on Aging (ACDHS/AAA) will be the provider of last resort and provide services only when other methods of payment are unavailable or exhausted. Home Health services include:

1. Home Health-Aide
2. Home Health-LPN Care
3. Home Health-RN Care
4. Home Health-Speech Therapy
5. Home Health-Occupational Therapy
6. Home Health-Physical Therapy

B. To provide services in such a way as to encourage Participants to maintain or improve their level of functioning and independence and to live with as much dignity as possible.

II. DEFINITIONS

A. Master Provider Enterprise Repository (MPER): a repository of key Provider demographic data for all contracted, non-contracted providers who provide services for DHS. DHS applications use MPER to validate contract, services, facilities and rate information to facilitate documentation of services rendered information by Providers. Contracted Providers are required to keep all agency information including but not limited to contacts, facilities and service offering information up to date.

B. Social Assistance Management System (SAMS): Software used to track all services provided to Participants with ACDHS/AAA funding.

Also, see Aging Program Directive (APD) referenced below.

III. AGING PROGRAM DIRECTIVE (APD)/FEDERAL/STATE REGULATORY REFERENCES

Organizations providing services outlined in this Scope of Service shall comply with all federal and state directives listed below and any others that may be issued by the ACDHS/AAA:

A. Aging Policy and Procedure Manual
- Directive – Issuance of Aging Policy and Procedure Manual Chapter VIII: OPTIONS
- Chapter VIII. OPTIONS, and
- Appendix E, OPTIONS Program Service Standards.

B. Pennsylvania Code, Title 6, Chapter 15: Protective Services for Older Adults

C. Critical Incident Management Policy for Office of Long-Term Living Home and Community-Based Services Programs

D. Centers for Medicare & Medicaid Services, Code of Federal Regulations, 42CFR484, Subpart C - Furnishing of Services

This Scope of Service is subject to change based on changes to the above directives.

IV. PERFORMANCE EVALUATION

Each contract year the ACDHS/AAA will inform clear expectations of acceptable performance standards to the service provider and hold the service provider accountable to them. These standards relate to compliance with applicable policies, regulatory guidelines, contract scopes, and Performance Based Contracting (PBC), where applicable, to support ongoing service quality and to best meet or exceed the participants' needs and to optimize service impact on its participants. The service provider is responsible for adhering to the timelines in reporting its compliance to the scopes and using findings to build on its strengths and develop strategies on opportunities, through a continuous quality improvement process.

Monitoring tools outlining acceptable evidence are used in evaluating compliance with regulatory requirements, service standards, documentation, and reporting requirements. The monitoring tool applicable to this Scope of Service is:

Allegheny County Department of Human Services

Area Agency on Aging

Home Health Services Monitoring Tool

V. SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

In addition to the requirements in the above referenced regulations, the following standards apply:

A. Provider will meet or exceed application and licensing requirements, and:

1. Provider must have current Medicare and Medicaid certification, be able to bill under regulations and accept payment from those programs for allowable services.

2. At the start of this contract, Provider will have an administrative and/or supervisory office within a reasonable distance from the ACDHS/AAA office to allow for cost effective and efficient communications between the offices. This office should be able to resolve questions and problems.

3. OPTIONS services rates will be no higher than Provider's private pay fee schedule.

B. Participant Confidentiality

1. Security of Participant files will be maintained.

2. Every precaution will be pursued to maintain confidentiality of Participant information, particularly when sharing with other agencies.

a. Only those portions of the care plan, which pertain to a specific service or Provider, will be communicated to the appropriate parties involved in providing service to the Participant.

b. Participant permission must be obtained in writing, in order to share this information.

C. Participant Records

Provider will maintain standardized individual files for each Participant. The record keeping system must ensure uniformity and consistency in documentation of the service provision. All entries by workers and the supervisor will be signed with their full signatures, including first and last names, and dated.

The Participant's record must contain hard copies of the following information:

1. SAMS Registration Form;

2. SAMS service order with the current prescription;

3. The written assignment to the Home Health Aide initially and every sixty days, including start date of service;

4. The physician's order, secured by Provider's Registered Nurse (RN), Licensed Physical Therapist (LPT) or Licensed Occupational Therapist (OT) prior to initiation of service and every sixty (60) days thereafter, whenever an RN, LPN, Therapist or Home Health Aide is prescribed. Physician's order must be signed and dated by RN, LPT or OT;

5. The plan of care established by the nurse and/or therapist initially and every sixty (60) days thereafter, including how supportive activities are to be rendered;

6. Documentation of each visit made to the Participant, including the worker's daily log of service which indicates arrival and departure times and specific services provided as well as the Participant or family member/caregiver's full signature for each date of service; worker is prohibited from signing in lieu of Participant; documentation from an automated time tracking system can replace time slips;

7. Worker's comments and observations concerning the Participant's condition and his/her response to service, including the reporting of changes and/or problems to the supervisor (office staff may document workers' comments but the documentation must be unedited). Changes and/or problems must be acknowledged in writing by the supervisor;

8. Statements of follow-up action taken by the supervisor, including reporting to the Care Manager;

9. A record of supervisory visits completed by the RN, LPT or OT for the Home Health Aide. The licensed professional is responsible for documentation of

supervisory visits. Pertinent Participant information from supervisory visits must be shared with the Care Manager and the physician of record.

C. Initiating Service

1. Service volume and delivery will be adjusted at the discretion of ACDHS/AAA.

2. Service delivery will be initiated within five (5) working days of receipt of the service order.

3. In exceptional circumstances, service delivery will be expedited upon the verbal request of only the ACDHS/AAA OPTIONS CM, In-Home & Misc. Services Supervisor or designee.

E. Hours of Operation and Service Area

1. Services will be available seven (7) days per week, as prescribed by the Care Manager, based on the Participant's input and needs. Reimbursement will be at the contracted unit cost.

2. The geographic service area is Allegheny County, which has special needs in some areas with regard to safety, transportation and recruitment. ACDHS/AAA expects that Provider will anticipate the factors that need to be addressed in order to meet the needs of each Participant.

F. Units of Service

1. Home Health services are normally ordered in a one (1) hour minimum block of time and one half or one quarter hour increments, as stated on the care plan. One (1) unit Home Health Aide equals one (1) hour.

2. Nursing services will most frequently be ordered as an hourly service. In some cases, service may be requested in increments of fifteen (15) minutes to give injections, prepare several insulin syringes or other short nursing tasks. One (1) unit RN or LPN Care equals one (1) hour.

3. One (1) unit Physical, Occupational or Speech Therapy equals one (1) hour.

4. Recording Partial Service Delivery – A unit of service = 1 hour. Partial units of service delivery are to be recorded in quarter hour increments including .25, .50, and .75

units. Provider is able to bill a quarter hour when service is delivered for more than 7 1/2 minutes.

Example: Prescription is for 2 units / hours, service is scheduled for 10 a.m. until noon.

Start Time	End Time	Units
10:00 a.m.	11:02 a.m.	1.00
10:00 a.m.	11:08 a.m.	1.25
10:00 a.m.	11:37 a.m.	1.50
10:00 a.m.	11:40 a.m.	1.75
10:00 a.m.	11:50 a.m.	1.75
10:00 a.m.	11:58 a.m.	2.00

G. Scheduling

1. To ensure responsive delivery of services, Provider and Care Manager have specific roles and must be in close communication. The Care Manager develops the care plan specifying the level of service, the total number of hours per day, the days and times, if appropriate, for service and the tasks to be performed**.** All changes (increases, decreases, holds, continuations and terminations) will be authorized by the Care Manager. Provider will notify Care Managers in writing when there is a pattern of deviation from the service as ordered.

2. At the start of the contract ACDHS/AAA will inform Providers of the dates on which premium rates will be paid for official national holidays. Reimbursement at the one hundred fifty percent (150%) rate will be paid only with prior Care Manager notification and approval for Home Health Aide services delivered on the following designated holidays:

   - Fourth of July
   - Labor Day
   - Thanksgiving Day
   - Christmas Day
   - New Year's Day
   - Memorial Day

Prior to each designated holiday, the Care Manager will enter a service order in SAMS to authorize holiday service for Participants for whom Home Health Aide services will be reimbursed at the premium rate.

Note: Services provided on a holiday without a service order in SAMS specifying holiday service will be reimbursed at the regular rate.

3. Payment will be denied if service is provided in a fashion not specified in the care plan or if a worker stays longer than the prescribed time without adequate justification and Care Management approval.

H. Back-Up Services

1. Provider will have a sufficient number of designated alternate workers to deliver service in the absence of the regular worker. To the extent possible, workers should consistently provide services to the same Participants and report regularly at the times and days agreed upon.

2. If Provider chooses to staff a case with a more highly skilled employee, they may only bill at the prescription rate.

I. Undelivered Hours

1. Provider will notify the Participant at least one (1) hour prior to service delivery when a different worker is assigned.

2. Provider will notify the Participant and the Care Manager in a timely manner if services cannot be provided on the day and/or at the time prescribed and arrange for an alternative time.

3. If Provider is unable to provide alternative services for the Participant within a safe and reasonable period, not to exceed five (5) working days, Provider will notify the Care Manager and services will be arranged through another Provider.

4. If Participant does not allow entry to the home when the worker arrives, Provider may bill for one (1) hour of service. Provider must notify Care Managers of recurrent refusals.

5. All notification to the Participant's Care Manager regarding undelivered hours will be documented. Missed service delivery must be reported to the Care Manager by entering an Activity in SAMS within five (5) working days of when missed service delivery occurred.

J. Emergencies

Provider will have a written contingency plan outlining emergency operation procedures.

The ACDHS/AAA Emergency Plan can be found on the Allegheny Aging Portal:

https://allegheny.agingsupportportal.com/Login.aspx

Under Information Library > Department Manuals > All Users: Emergency Documents

The plan will include the following provisions:

5. ACDHS/AAA Care Coordination Division Chief or designee will be notified by 9:00 am on those days when service will be cancelled or reduced.

6. If services cannot be delivered because of severe weather conditions, or other emergency, Provider will contact each Participant to:

   a. Assess the Participant's situation, safety, health and the availability of adequate heat and food;

   b. Reschedule service.

3. Provider will immediately notify the Care Manager of any Participant whose safety or health is jeopardized or who is without adequate heat or food.

K. Personnel

1. Policies

   Provider will:

   b. Notify ACDHS/AAA, in writing, of changes at the administrative level in advance, if known, or immediately upon such change.

   b. Maintain sound personnel policies structured to minimize personnel turnover, which would adversely affect the delivery of service. Turnover can be minimized by providing competitive wages commensurate with the required job skills, as well as incentives in the form of bonuses and/or fringe benefits for workers who have given continuous and satisfactory performance.

c. Assure availability of a staff person to accept phone communication during normal business hours.

2. Staffing

Staff will include:

- Administrator - Overall office responsibility for ACDHS/AAA contract compliance;
- RN Supervisor - Trains, orients and is administratively responsible for the supervision of field personnel;
- Scheduler - Coordinates all workers' schedules to provide services as referred by ACDHS/AAA.

Workers who are qualified to provide more complex services can be used to perform simpler tasks, but those qualified to perform simpler tasks are not permitted to do the more complex or specialized activities.

3. Recruitment

a. Provider will establish an effective, ongoing program of staff recruitment. Efforts should be made to recruit Home Health workers with knowledge of and/or skills, which address the special needs of older, chronically ill individuals.

b. Workers should have good physical and mental health, good moral character and maturity of attitude toward work assignments. Every worker will have a high school diploma/G.E.D. or be able to read, write, and follow simple instructions.

c. Workers will receive a copy of job descriptions, personnel policies and the wage scale for workers at the time of their employment and when there is a revision or change in these policies.

d. This contract must ensure that Home Health Aides receive a minimum hourly wage above $10.00 per hour. Overtime work is compensated in accordance with current federal and state laws.

e. The employee's original license will be submitted to verify current licensure. A copy of the license will be kept in the employee's file.

4. Criminal History Record Check

a. Provider will require applicants to submit to a Pennsylvania State Police background check using the PA Access to Criminal History at https://epatch.state.pa.us. Substitute clearances are not acceptable. The report must be dated within one (1) year prior to their employment start date.

b. If an applicant supplies their own Pennsylvania State Police background check, Provider must then access and print the report from https://epatch.state.pa.us, and place it into the personnel file. The report must be dated within one (1) year prior to their employment start date.

c. In addition, applicants who have not been PA residents for the past two (2) consecutive years, without interruption and immediately preceding the date of application for employment, must obtain a Federal Bureau of Investigation (FBI) background check processed by Cogent Systems. Applicants can register online at www.pa.cogentid.com

d. Applicants must select the PA Department of Aging icon. Results from the FBI will be sent to the PA Department of Aging and the Department will send an employment determination to the facility and the applicant.

e. Any report of criminal history must be reviewed and discussed with the applicant or staff person and additionally, the review must be acknowledged in writing by the agency's management. This acknowledgement must include a statement as to how the report relates to the suitability of the applicant or staff person for his specific work assignment and that the act is not sufficient to preclude the applicant or staff person from employment.

Note: Staff may not directly work with Participants until the appropriate criminal history clearance is received and documented in their personnel file.

5. Physical Examination, Health Screen and PPD Test

a. Any staff person, who visits Participants in their homes, must comply with federal, state and local health requirements related to physical examinations and communicable disease screenings.

b. Any staff person, who visits Participants in their homes, must have a physical examination within one (1) year prior to employment by a

physician, or a nurse practitioner or physician's assistant under the direction of a physician. The report must state that the staff person is capable of completing the work of an in-home services direct care worker/supervisor and is free of communicable disease.

c. After the initial physical, any staff person, who visits Participants in their homes, must have a health screen by an RN every other year thereafter indicating the same.

d. A Mantoux Intracutaneous PPD test will be administered to any staff person, who visits Participants in their homes within twelve (12) months prior to employment. The documentation of the test must include the date administered, the date read and the results.

e. The pre-employment PPD test must be a two-step tuberculin skin test, with a second test one (1) to three (3) weeks after the first test, if the new staff person has had:

i. No previous PPD test

ii. An interval of more than twelve (12) months since his/her previous negative PPD test or

iii. A previous undocumented positive PPD test.

f. Following initial testing, workers must update the required TB screen at least every 12 months including documentation that the individual is free from active M. tuberculosis. However, as an alternative to annual testing, per Centers for Disease Control and Prevention (CDC) Guidelines, agencies can complete a TB Risk Assessment Worksheet to determine the risk of TB for their employees in the community. Specific information can be found at http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf and the TB Risk Assessment Worksheet can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Assessment_Worksheet.pdf

Following completion of the TB Risk Assessment Worksheet, agencies must then determine their agency risk classification using the worksheet. The risk classifications are based on CDC guidelines and can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Classifications.pdf

If the agency's risk is determined to be low, then in lieu of annual TB testing of workers, the agency only needs to conduct an annual health screen for TB infection on each worker. The screen must include questions related to symptoms of active M. tuberculosis and be completed by a physician or registered nurse. The TB Risk Assessment Worksheet and TB Risk Classification must be completed annually and kept on file in the agency's office along with documentation of annual worker TB screening.

g. If the results of a documented PPD test are positive at any time, it shall be followed by an examination by a physician and chest x-ray (if indicated) and any appropriate treatment prescribed. An infected staff person shall receive follow-up care as required by a physician and shall not begin or resume service to Participants until discharged by the physician as no longer contagious.

h. Any staff person, who visits Participants in their homes and has a previously documented positive PPD test, must be screened for signs or symptoms of the disease by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The health care professional must clear the staff person for employment and identify a follow-up plan. At a minimum, this staff person must have an annual TB screening and work clearance by the health care professional.

6. Communicable Diseases

a. When caring for Participants with communicable diseases, ACDHS/AAA expects Provider to follow procedures recommended in the Centers for Disease Control (CDC) guidelines and Occupational Safety and Health Administration (OSHA) regulations. (The CDC toll free number is 1-800-232-4636.)

b. Providers are also expected to provide appropriate protective articles such as, but not limited to, aprons, gloves and masks and to have in-services on universal precautions.

c. Based on CDC guidelines, Provider will develop a written policy regarding communicable diseases.

d. Provider will notify the ACDHS/AAA Program Administrator upon determining or learning from another source that a Participant has a communicable disease.

7. Personnel Files

Provider will maintain standardized individual files for all Home Health Services personnel. The record keeping system must ensure uniformity and consistency in documentation. Information documented in the personnel file must be in sufficient detail to assure compliance with all personnel requirements. The file must contain:

a. Copy of current job description;

b. Documentation of completion of orientation;

c. The original report of criminal history record information from the Pennsylvania State Police and, if necessary, the FBI criminal history record with a letter of determination from the Pennsylvania Department of Aging;

d. Documentation of physical examinations, health screens and PPD results;

e. Copies of applicable professional licenses;

f. Documentation of completion of training or waiver of training for Home Health Aides;

g. Documentation that Home health Aide training is in compliance with Centers for Medicare & Medicaid Services, Code of Federal Regulations, 42CFR484, Subpart C - Furnishing of Services;

h. Documentation of in-service training.

L. Coordination with Care Management Providers

1. Care Managers providing services under contract with ACDHS/AAA have primary responsibility for monitoring the plan of care for each Participant.

2. Changes in Participant functioning, health or situation will be reported to the Participant's Care Manager as soon as possible, but no later than the end of the

working day on which the change has been noted. Following hospitalization, services will resume only after the Care Manager's re-authorization.

M. Exclusions

1. It is prohibited for workers to accept gifts, bequests, loans, gratuities and emoluments from Participants. This prohibition will appear in Provider's signed agreements with staff, work rules, handbooks, training, job descriptions, and personnel policies.

2. Collection of voluntary contributions is specifically prohibited under this contract.

3. Workers will not possess keys to a Participant's home.

4. Transporting Participants in any personal vehicle is prohibited.

5. Money management such as budgeting, paying bills, and cashing checks is prohibited.

Violation of these rules is cause for dismissal by Provider. Failure of the Provider to enforce this prohibition is cause for termination of the contract.

N. Meetings

1. ACDHS/AAA will arrange and coordinate meetings, including case conferences with Care Management providers, as needed for efficient delivery of services under this contract.

2. Attendance at these meetings by staff responsible for administration and implementation of this contract is mandatory.

O. Electronic Information Management

1. Provider will have the capacity/ability to retrieve and submit data, information, reports and other communication through electronic internet capabilities within a timeframe specified by ACDHS/AAA. Failure to receive or read ACDHS/AAA communications sent to Provider MPER e-mail address in a timely manner does not absolve Provider from knowing, responding to or complying with the content of that communication.

2. Provider is responsible for accurately recording all Participant service and program data into the appropriate information management system (SAMS) by the seventh (7^{th}) working day of the month for the prior month's transactions.

3. Provider is responsible for coordinating appropriate information management system training (SAMS) and the transfer of knowledge and information to existing and new staff.

V. RESPONSIBILITIES/EXPECTATIONS OF THE PROGRAM OFFICE (ACDHS/AAA)

ACDHS/AAA will support Provider in meeting service standards and requirements by providing the following:

A. Timely communication and written correspondence regarding mandated applicable Pennsylvania Department of Aging and Allegheny County requirements, and any changes to these requirements that occur during the contract period;

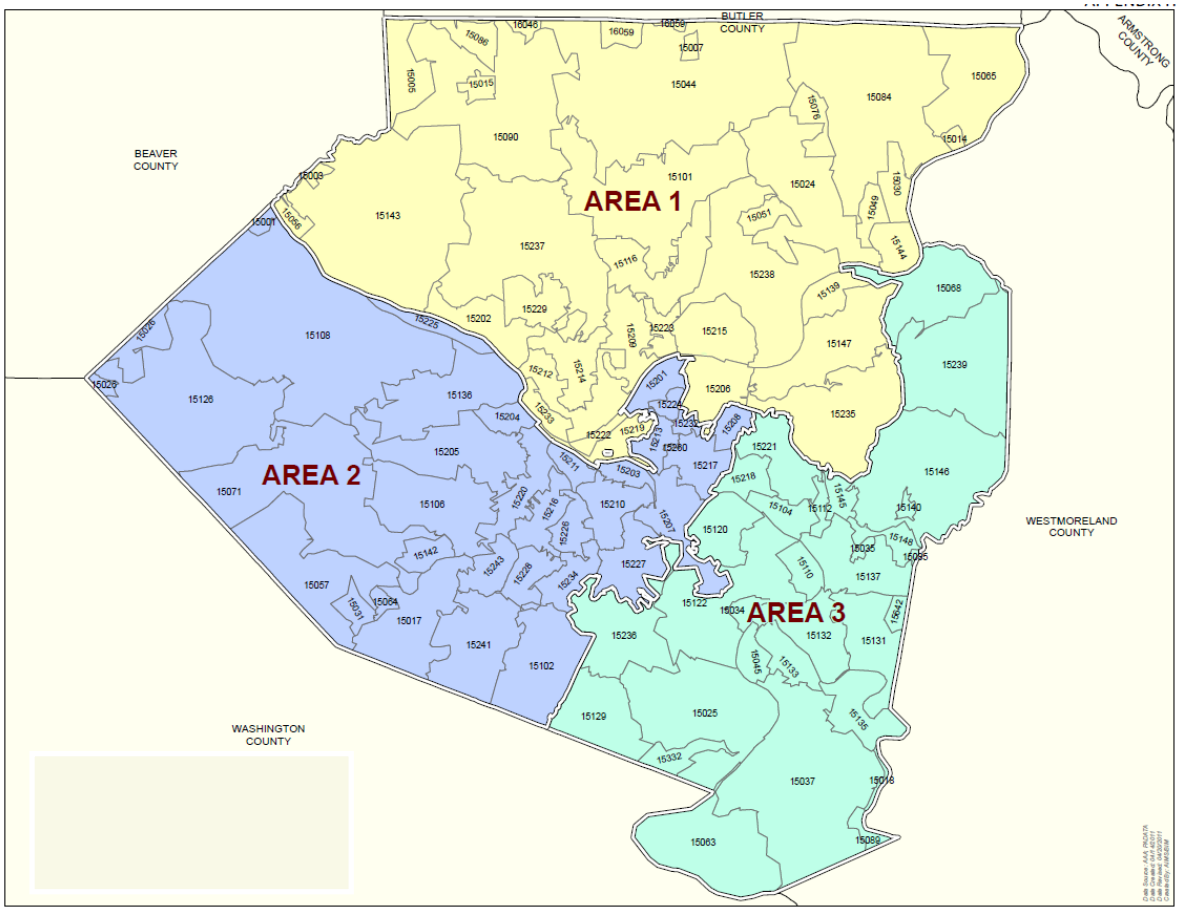
B. Program monitoring and evaluation to assure compliance with Pennsylvania Department of Aging and Allegheny County requirements specified in the terms of this contract;

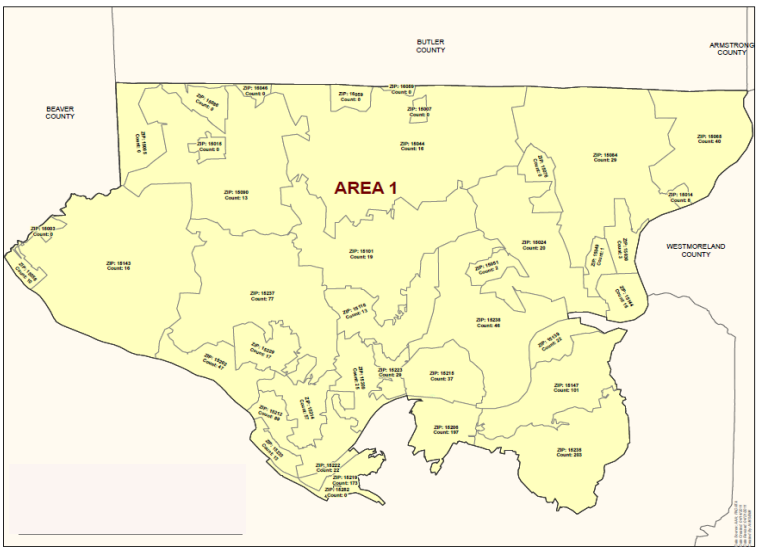
C. Timely communication and written correspondence regarding the outcome of program monitoring and evaluation activities;

D. Technical assistance as needed regarding program requirements;

E. Technical assistance, direction and cooperation to assist Provider in satisfactorily recording program and service data into the appropriate information management system (SAMS).

APPENDIX B
Maps of Service Areas and Current participant Locations

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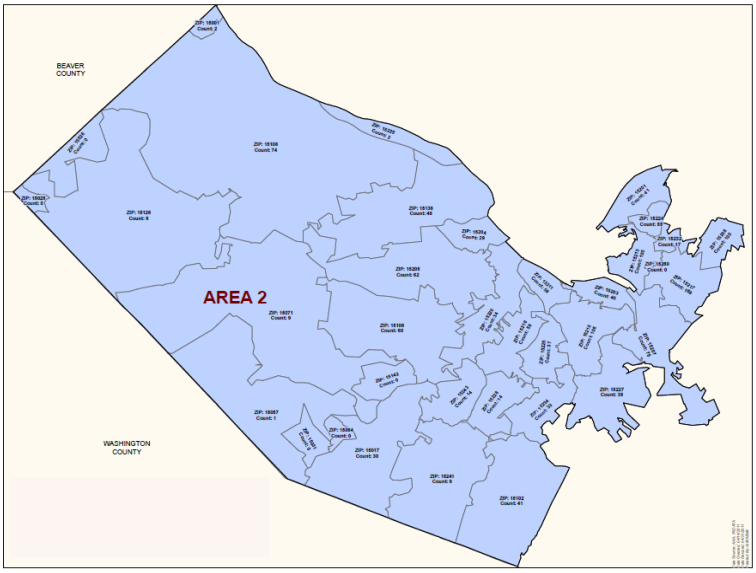
WESTMORELAND COUNTY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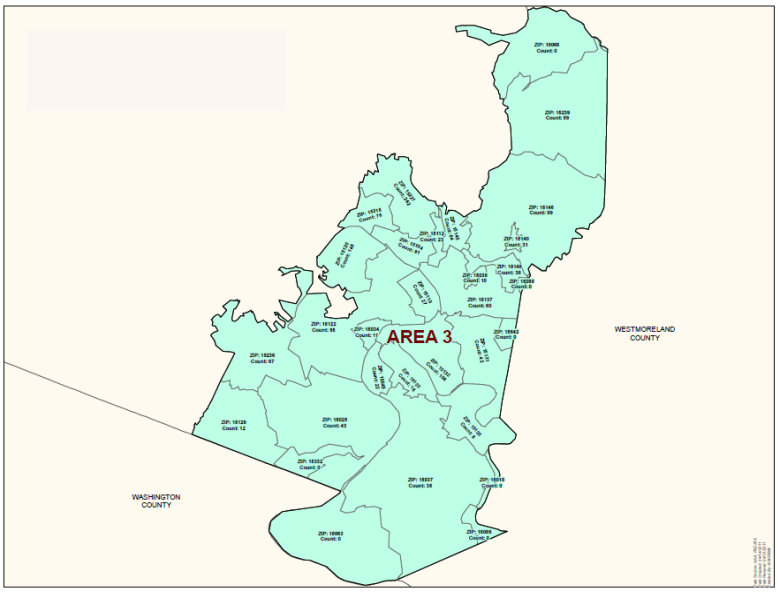
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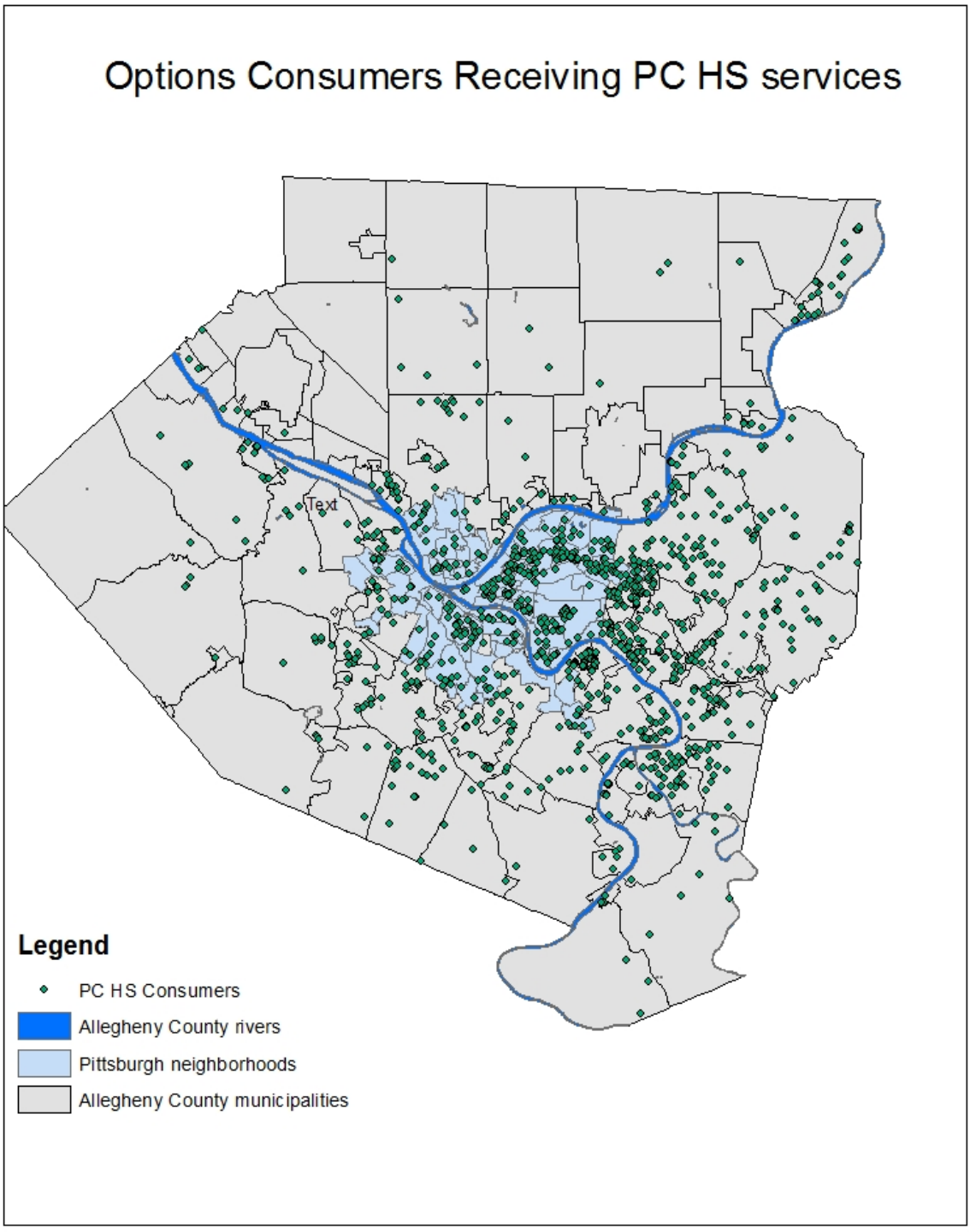
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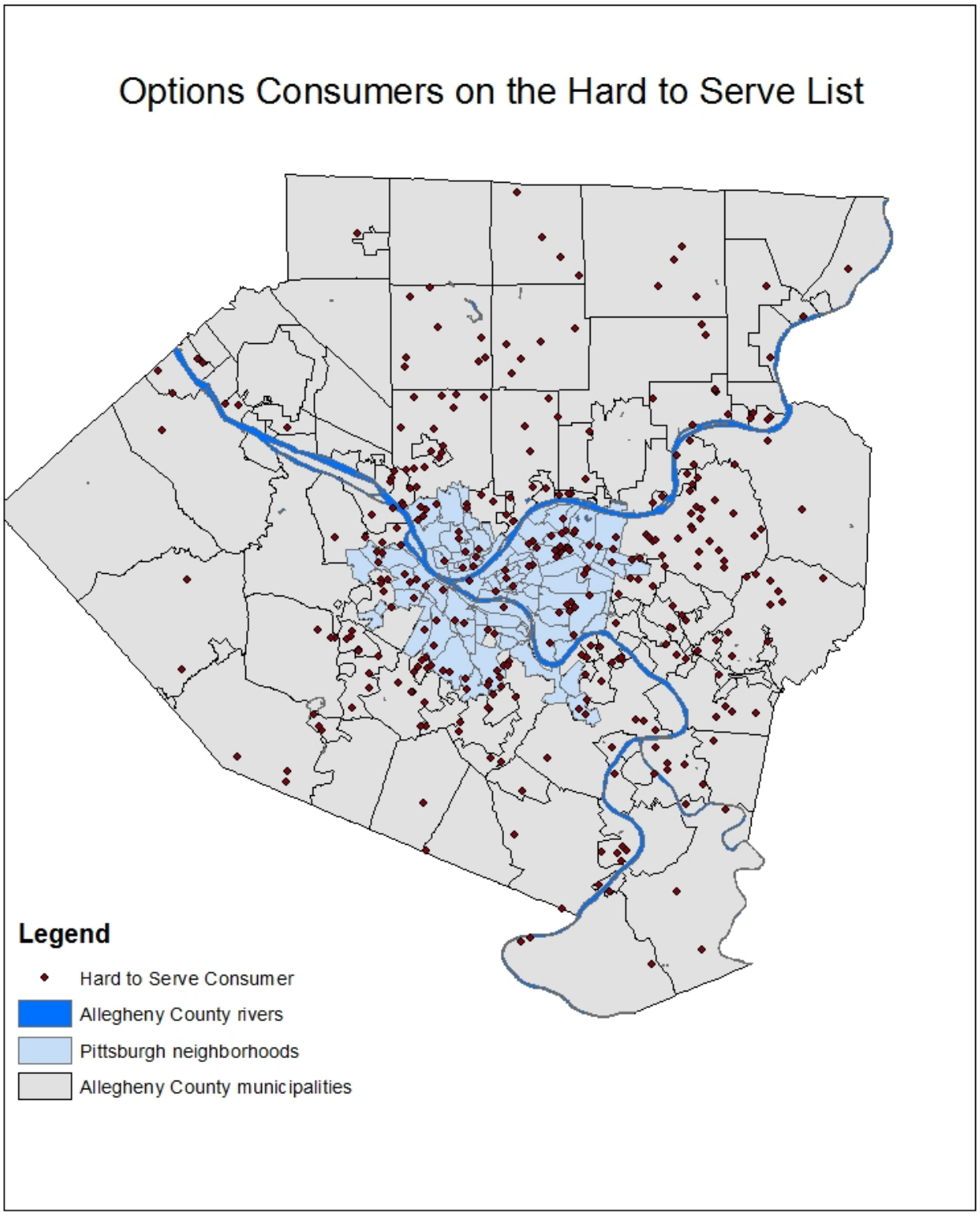
Text
Legend
PC HS Consumers
Allegheny County rivers
Pittsburgh neighborhoods
Allegheny County municipalities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Legend
Hard to Serve Consumer
Allegheny County rivers
Pittsburgh neighborhoods
Allegheny County municipalities

APPENDIX C
Incident Management Policy and Guidelines

pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF LONG-TERM LIVING BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
April 16, 2015	April 16, 2015	05-15-02, 51-15-02, 54-15-02, 55-15-02, 59-15-02

SUBJECT:
Critical Incident Management

Kevin Hancock
Acting Chief of Staff, Office of Long-Term Living

PURPOSE:

To provide clarification on the definition of critical incidents as found in 55 Pa. Code § 52.3 (relating to definitions) and clarification of service coordinator (SC) and provider responsibilities for critical incident and risk management provided under § 52.16 (relating to abuse), § 52.11 (relating to prerequisites for participation), § 52.17 (relating to critical incident and risk management) and § 52.21 (relating to staff training).

Additionally, this bulletin reminds SCs and providers of their responsibilities as mandatory reporters under the Adult Protective Services (APS) Act and the Older Adults Protective Services Act (OAPSA).

APS: Act 70 of 2010 requires that all OLTL SCs and providers are mandatory reporters under the law, which provides protections for adults between the ages of 18 and 59 who have disabilities. 35 P.S. § 10210.101 – 10210.704.

OAPSA: OAPSA requires that all SCs and providers report suspected abuse and neglect of adults over age 60 to Older Adults Protective Services. See 35 P.S. §§ 10225.101 – 10225.5102 and Title 6 Pa. Code, Chapter 15.

SCOPE:

This bulletin applies to Office of Long-Term Living (OLTL) Medical Assistance (MA) Home and Community-Based Services (HCBS) SCs and providers for the Aging, Attendant Care, COMMCARE, Independence and OBRA waivers and for the Act 150 Program.

BACKGROUND:

Under the HCBS waivers and Act 150 Program, OLTL is responsible for establishing a process that protects the health and welfare of waiver participants. The critical incident management system required by 55 Pa. Code Chapter 52 is a vital component of this process, which consists of SCs and providers responding to critical incidents, reporting them, SCs

investigating them and performing follow up as needed. The system also involves SC and provider development and maintenance of incident management policies and provision of staff training. To protect program participants, definitions must be clear and the process must be defined as to the required timeframes and the responsibilities of each party involved.

In addition to ensuring the immediate safety of program participants, the critical incident management system provides OLTL with data that is needed to assess the overall strengths and weaknesses of its SC and provider networks. Data is used to identify the types of incidents that are occurring, the ability and effectiveness of involved agencies to respond to them and what mitigation is occurring to avoid future incidents.

The critical incident reporting process covered in this bulletin does not substitute for the obligation of SCs and providers to report suspected abandonment, abuse, neglect and exploitation to the OAPSA Program or to the APS Program, nor does it change the confidentiality requirements of protective services laws.

The APS Act was implemented to provide for the protection of abused, neglected, exploited or abandoned adults. The APS Act protects residents of this Commonwealth between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. Similarly, OAPSA was implemented to provide for the protection from abuse, neglect, exploitation or abandonment of those age 60 or older.

A. DEFINITIONS

For the purpose of reporting critical incidents to OLTL, the following definitions apply:

Abuse – An act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

(1) Sexual harassment of a participant.
(2) Sexual contact between a staff member and a participant.
(3) Using restraints on a participant.
(4) Financial exploitation of a participant.
(5) Humiliating a participant.
(6) Withholding regularly scheduled meals from a participant.

Critical Incident - An occurrence of an event that jeopardizes the participant's health or welfare including:

(1) Death, serious injury or hospitalization of a participant. Pre-planned hospitalizations are not critical incidents*.
(2) Provider and staff member misconduct including deliberate, willful, unlawful or dishonest activities.
(3) Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment or mental anguish, of the participant. Abuse includes the following:
  (A) Physical abuse.
  (B) Psychological abuse.
  (C) Sexual abuse.
  (D) Verbal abuse.

(C) Sexual abuse.
(D) Verbal abuse.
(4) Neglect.
(5) Exploitation.
(6) Service interruption, which is an event that results in the participant's inability to receive services and that places the participant's health or welfare at risk.
(7) Medication errors that result in hospitalization, an emergency room visit or other medical intervention.

*NOTE: Being admitted for a non-routine medical condition that was not scheduled or planned to occur is a critical incident; a routine hospital visit for lab work or routine treatment of illness of a participant is not a critical incident. A death that is suspicious or of unexplained causes is a critical incident. A death due to natural causes is not a critical incident.

NOTE: Critical incidents are NOT complaints, which are dissatisfaction with program operations, activities or services received, or not received, involving HCBS. Critical incidents are NOT Program fraud and financial abuse. Examples of program fraud and financial abuse include: 1) claims submitted for services or supplies that were not provided and 2) excessive charges for services and supplies. Separate reporting requirements can be found in the OLTL Fraud & Financial Abuse bulletin (05-11-04, 51-11-04, 52-11-04, 54-11-04, 55-11-04, 59-11-04, issued and effective on August 8, 2011). Program fraud and financial abuse should not be reported as critical incidents.

Exploitation - an act of depriving, defrauding or otherwise obtaining the personal property of a participant in an unjust or cruel manner, against one's will, or without one's consent or knowledge for the benefit of self or others.

Investigation - For the purpose of this bulletin, investigation means to take the steps necessary to determine if a critical incident has occurred, to determine if suspected abuse, neglect, abandonment or exploitation requiring the involvement of protective services is involved, what actions are needed to protect the health and welfare of participants and what actions are needed to mitigate future incidents.

Neglect - The failure to provide an individual the reasonable care that he or she requires, including but not limited to food, clothing, shelter, medical care, personal hygiene and protection from harm. Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect.

Restraint – Any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body. Use of restraints and seclusion are both restrictive interventions, which are actions or procedures that limit an individual's movement, a person's access to other individuals, locations or activities, or restricts participant rights.

Service Interruption – Any event that results in the participant's inability to receive services that places his or her health, and or safety at risk. This includes involuntary termination by the

provider agency and failure of the participant's back-up plan. If these events occur, the provider agency must have a plan for temporary stabilization.

B. PROCEDURES:

I. Mandatory Reporting of Critical Incidents

It is mandatory that the SC or provider agency that discovers or has firsthand knowledge of the critical incident report it. This applies to incidents that happen AT ANY TIME, including:

1) Critical incidents that occur during the time a service is being provided, **and**
2) Critical incidents that occur during the time an agency is contracted to provide services but fails to do so, **and**
3) Critical incidents that occur at times other than when an agency is providing or is contracted to provide services (if the agency becomes aware of such incidents).

Participants in any service model have the right to report alleged incidents at any time. They should be encouraged to report an incident but are not required to do so. There are no adverse consequences for a participant who decides not to report an alleged incident. Participants can report alleged incidents by calling the Participant Helpline at 1-800-757-5042. Participants are not to be terminated or threatened with loss of services because they file complaints or critical incident reports of any kind. A participant's decision not to report an incident does not remove the responsibility of an SC or provider from reporting it.

II. Reporting

All SCs and providers are required to report critical incidents. Before reporting an incident, measures must be taken immediately to safeguard the participant. This may include calling 911, contacting APS (participants aged 18-59), Older Adults Protective Services (participants over age 60), law enforcement, the fire department or other authorities as appropriate.

Steps to be taken:

1) Safeguard the health and welfare of the participant.

2) Determine if the incident is reportable. A "critical incident" is defined above.

3) Within 48 hours, the SC or provider agency that discovers or has independent knowledge of the critical incident is to submit a critical incident report to OLTL. If the incident occurs over the weekend, a written report must be entered the first business day after the incident occurred. Incidents must be entered into Enterprise Incident Management (EIM) (if participant is age 18-59) or Social Assistance Management System (SAMS) (if participant is age 60 or older) or through the RA-Incident@pa.gov (if the participant is age 60 or older and the incident is being submitted by a provider).

   No information should be entered into the EIM system for Aging waiver participants.

4) All critical incidents must be documented as specified above and initial reports must include:
   - Reporter information
   - Participant demographics
   - OLTL program information
   - Event details and type
   - Description of the incident
   - Actions taken to immediately secure the participant's well-being

5) All SCs and providers enrolled in the Attendant Care, COMMCARE, Independence and OBRA waivers and the Act 150 Program are required to report incidents using EIM (OLTL's incident management system) and must ensure they have staff trained and available to report incidents in the timeframes required below.

6) For critical incidents for the Aging waiver, providers must fill out the attached Critical Incident Reporting Form and submit it via email to RA-Incident@pa.gov. SCs should report these incidents using the SAMS system.

7) Providers must inform the participant's SC within 24 hours of an incident. If the participant is in need of immediate intervention, providers must immediately contact SCs if 911 is not called.

8) After OLTL has reviewed the incident, additional follow-up information may be required of the provider or SC.

9) Notice to Participant - The agency staff that discovered or first became aware of the critical incident is to notify the participant (and representative if requested by the participant) that a critical incident report has been filed. This notice must be provided to the participant within 24 hours and in a cognitively and linguistically accessible format. If the participant's representative is suspected to be involved in the critical incident, the representative should not be notified.

   Within 48 hours of the conclusion of the critical incident investigation, the SC must inform the participant of the resolution and measures implemented to prevent recurrence. The participant has the right to provide input into the resolution and measures implemented to prevent recurrence of the critical incident. Notice to the participant and representative (if the representative is not suspected to be involved in the critical incident) if requested by participant (upon discovery and conclusion) must be documented in the critical incident report. All information must be provided in a cognitively and linguistically accessible format.

10) Participant involvement - In order to respect an individual's autonomy, a participant has the right to not report incidents and has the right to decline further interventions. Participants also have a right to refuse involvement in the critical incident investigation. If the participant decides to be involved in the investigation, the participant has the right to have an advocate present during any interviews and/or investigations resulting from a critical incident report.

In the event that a participant chooses not to report an incident or declines further intervention, the critical incident must still be reported and the SC must investigate the incident. Documentation is to be kept indicating that the participant did not wish to report the incident or declined interventions. If the incident involves potential danger to the participant, the SC needs to inform the participant that they are a mandated reporter and are required by law to report and submit the incident to protective services. The SC should also inform the participant that their services may be jeopardized if they are putting themselves or others at risk.

In addition to following the requirements of this bulletin and those in 55 Pa. Code, Chapter 52, the reporting requirements under 55 Pa. Code, Chapters 2380 and 2390 (relating to adult training facilities; and vocational facilities); 6 Pa. Code, Chapter 11 (relating to older adult daily living centers); and 28 Pa. Code, Chapters 601 and 611 (relating to home health care agencies; and home care agencies and home care registries) are to be followed if applicable.

III. Investigation of Critical Incidents

SCs are responsible for investigating reports of critical incidents that they discover or have independent knowledge of, as well as incidents submitted to them by providers. However, if a critical incident involves the SC or Service Coordination Entity (SCE), the SC/SCE should not investigate and should turn the investigation over to OLTL immediately.

The SC has 24 hours to begin investigation of a critical incident after its discovery by the SC or 24 hours after a provider informs the SC that it has submitted an incident.

SCs are to take the steps necessary to determine if a critical incident has occurred, whether it is a protective services case and what actions are needed to protect the health and welfare of participants. The following are general guidelines for investigations:

Onsite investigation – An onsite investigation is conducted for fact finding. The incident facts, sequence of events, interview of witnesses and observation of the participant and/or environment is required. If a participant is hospitalized, SCs are to meet with hospital social workers and the attending physician to ensure hospital staff are aware of the incident to ensure a safe disposition. If the incident is medically involved, it is recommended that a nurse or the nurse consultant accompany the SC.

Telephone investigation – When review of the incident report reveals facts are missing or additional information is required, the information can be obtained by conducting a telephone investigation.

No further action is required when the incident report meets all three of the following conditions:

1) The facts and sequences of events is outlined with sufficient detail; and
2) Preventative action through the service plan is either not required or is implemented and documented; and
3) The participant is not placed at any additional risk.

When the investigation is completed, the SC must enter the following information into EIM or SAMS within 30 calendar days of the discovery of the incident:

- Actions taken to secure the health and safety of the participant.
- Changes made to the Individual Service Plan as a result of the incident.
- Measures taken to prevent or mitigate recurrence of the critical incident.

When the SC is unable to conclude the initial investigation within 30 days, the SC is to request an extension from OLTL through EIM.

All information of an alleged incident involving a participant is confidential.

In the case of suspected abuse, neglect and exploitation, SCs are expected to ensure for the health and welfare of participants and to cooperate with protective services investigators.

C. EMPLOYEE REMOVAL OR SUSPENSION

Critical incident cases involving an agency and/or participant-directed employee may require the employee to be removed from all OLTL HCBS programs. This may include requiring that the employee have no contact with the participant, or suspending the employee until the investigation is completed. If the employee works for an agency, suspension may be with or without pay based upon the circumstances of the alleged incident and the employment policies of that agency.

If the employee works for a participant-directed employer, the employee is required to be suspended without pay and the participant's back up plan should be put in place. This may include temporary transfer to the agency model of service delivery or placement of additional skilled services, such as nursing services, on the service plan until the investigation is completed.

D. SC AND PROVIDER CRITICAL INCIDENT POLICIES

All SCs and providers are required to develop and implement written policies and procedures relating to critical incident management. See § 52.17 (b) and (c) (relating to critical incident and risk management). These policies, which SCs and providers are required to meet, are in accordance with Chapter 52 and licensing requirements. The policies must include prevention, reporting, notification, investigation and management of critical incidents.

E. STAFF TRAINING

SCs and providers are to meet the training requirements necessary to maintain appropriate licensure or certification, or both, in addition to meeting all other training requirements in § 52.21 (relating to staff training), including but not limited to:

- SCs and providers are to implement standard annual training for staff members providing services which contains the following items related to critical incidents in addition:
    - Prevention of abuse and exploitation of participants.
    - Reporting critical incidents.
    - Participant complaint resolution.
    - Department-issued policies and procedures.
    - Provider's quality management plan.

F. RISK MITIGATION

SCs and providers are required to meet the risk management requirements as specified in the approved applicable waivers. See § 52.17(d) (relating to critical incident and risk management). OLTL waivers can be found at: http://www.dhs.state.pa.us/foradults/healthcaremedicalassistance/supportserviceswaivers/index.htm.

SCs and providers are to analyze causes and trends related to critical incidents and reduce the number of preventable incidents. The methods used by SCs and providers to reduce the number of preventable incidents are to be documented on the provider's Quality Management Plan. See 55 Pa. Code § 52.17(f) (relating to critical incident and risk management).

G. PROTECTIVE SERVICES

As mentioned, SCs and providers are mandatory reporters under APS law and the OAPSA. Please note that the definitions and reporting requirements for both of these programs are different than those outlined in this bulletin. Also note that not all critical incidents meet protective services standards.

Further information on protective services and requirements for mandatory reporters can be found at:

APS:
http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2010&sessInd=0&smthLwInd=0&act=70. Suspected abuse, neglect and exploitation should be verbally reported by calling **1-800-490-8505. The attached Guidance contains further reporting requirements.**

OAPSA:
http://www.aging.pa.gov/organization/advocacy-and-protection/Pages/Protective-Services.aspx#.VQbfG610z4Y. Suspected abuse, neglect and exploitation should be verally reported by calling **1-800-490-8505.**

To assist SCs and providers, the Department is issuing the attached guidance, which outlines mandatory reporting requirements under the APS Act.

Also, attached is the Critical Incident form that is to be used by providers that provide services to participants in the Aging waiver. The form is to be e-mailed to OLTL at RA-Incident@pa.gov as specified in the Reporting section above.

ATTACHMENTS

- Incident Reporting Sheet to be used by Aging Waiver Direct Care Providers

- Department of Human Services Informational guidance on the Adult Protective Services law.
- Department of Human Services Mandatory Reporting Form (to be used if a copy of the Critical Incident report is not available to submit to APS)
- Department of Human Services Mandatory Reporting Form Instructions

This bulletin rescinds OLTL Bulletin number 05-11-06, 51-11-06, 52-11-06, 54-11-06, 55-11-06, 59-11-06 issued on October 14, 2011 and any other OLTL policy documents or parts of policy documents that are inconsistent with this bulletin's contents.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
PA Dept. of Human Services
OLTL/Forum Place 6th Floor
Bureau of Policy and Regulatory Management
P.O. Box 8025
Harrisburg, PA 17105-8025
717-783-8412

APPENDIX D
Proposal Assembly Checklist

Detach and use this checklist to assure that you have completed and included all required documents. Do not submit the checklist with your proposal.

Section 1 Introductory Documents

- Table of Contents
- Executive Summary (1 page)

Section 2 Proposal Narrative

- Geographical Service Area Selections
- Responses to Narrative Questions (30 pages total for Service Area Selections and Responses)
- References (1 page)

Section 3 Unit Cost Spreadsheet

Note – Proposers must use the numeric code described in Paragraph B of Section VI above in the Executive Summary, Narrative, and Unit Cost sections of their Proposals.

Section 4 AAA Attachments

- IRS Non-profit Determination Letter (Non-profit Organization; OR Articles of Incorporation (For-profit Organization)
- Audited Financial Statements (for past two completed fiscal years)
- Organizational Chart
- Resumes of Key Administrative and Supervisory Personnel
- Job Descriptions of Key Administrative and Supervisory Personnel
- New Employee and Continuing Education Training Curricula
- Personnel Policies and Affirmative Action Plan
- Organization's Licenses, Certifications and Accreditations
- Emergency Response Plan
- Policy on no mandatory retirement age

Section 5 DHS Attachments (available on DHS Solicitations Webpage)

- Cover Page
- MWDBE Participation Statement Form
- W-9
- Vendor Creation Form

New Provider Application

If not already a contracted DHS Provider, Proposers must also successfully apply to be a contracted Allegheny County DHS Provider. This is a separate, concurrent process from the submission of a Proposal through this RFP.

End of RFP Instructions