

Introduction

Established in 1951, the proposing organization, #098725, has been dedicated to serving individuals with disabilities and their families. Started by family members who wanted to see their children lead more fulfilling lives, the proposing organization was started as a small clinic as a part of Children's Hospital. As the organization grew, attention turned toward much needed adult programs. Even though the organization has grown and evolved over the years, that same idea of the founders- that our communities flourish when all members contribute and can participate- continues to motivate the organization today.

The proposing organization is applying to offer in-home services under the categories of Personal Care Services and Home Support Services in the subcategory of Housekeeping. Based on the current organizational mission, the proposing organization believes that all people, regardless of age or ability, have an active role to play in the community. Since its inception, the organization has grown and developed a number of unique programs and services, which offer creative and individualized approaches to meet the needs of each individual. This proposal will be no different. It is through the vital services currently offered by the organization and those the organization is outlining throughout this proposal that allow individuals to receive the support or resources they need to remain active in their homes and communities. Successfully offering similar services to participants in the waiver programs, the organization predicts a fluid transition to offering in-home services to older adults. This proposal will outline the organization's current capacity and proposed expansion to meet the criteria to support older adults as they remain as active as possible in the homes and communities of their choice.

A. Proposer Profile and Experience

1. Indicate your primary and secondary service area choices as referenced in Appendix B.

As an organization currently providing personal care services throughout Allegheny County and the surrounding areas, the proposing organization is confident that it will be able to offer services in area two as the primary choice, and area one as a secondary choice, as defined in Appendix B of the proposal.

2. Indicate the calendar year that the Proposer first offered services to older adults.

In 1998, the proposing organization was awarded a contract to offer Attendant Care Services through the Office of Long Term Living throughout Allegheny County, serving adults with physical disabilities in their homes. Through this program, the proposing organization provided in-home personal care services and light housekeeping services. As early as 2001, the proposing organization expanded these services to older adults as those currently served transitioned to the 60 and older age group. Additionally, the proposing organization began to provide personal assistance services to the older adult population.

3. Is Proposer a subsidiary or franchise of a multi-purpose organization? If so, provide description of the parent organization. If so, do you see any barriers?

The proposing organization is not a subsidiary or franchise of a multi-purpose organization.

4. Do you operate as an employer or as a registry?

The proposing organization operates as an employer. Through the current program, the proposing organization does not use subcontractors and employs an average of 250 direct care workers.

5. Does the Proposer have an administrative or supervisory office within Allegheny County? If not, what is the location of the closest administrative or supervisory office, in miles, to Allegheny County?

The proposing organization has an administrative office within Allegheny County, centrally located by the Parkway East.

List the largest current or prior contracts (maximum of ten) for In-home services to older adults that your organization holds or has held within the last five years. Were any of the contracts cancelled before scheduled end date? If yes, list contract and reason for cancellation:

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
Office of Long Term Living	In-Home Attendant Care Services	\$ 6,000,000	7/1/98 - Present
Office of Long Term Living	Fiscal Management Services	\$14,000,000	7/1/98 - 12/31/12
AAA	Fiscal Management Services	\$ 600,000	7/1/05 - Present

6. Indicate the volume in total units of service provided (one unit = one hour) and unduplicated number of Participants for the following In-home services for the most recent fiscal year. Exclude Home Health Services:

Service Type	Total Units of In-Home Services 1 Unit = 1 Hour	Total Units of In-Home Services To Older Adults 1 Unit = 1 Hour	Number of Unduplicated Participants Served in Home	Number of Unduplicated Older Adults Served in Home
Personal Care	116,591	114,282	112	110
Home Support Housekeeping	12,955	12,698	112	110
Home Support Chore				

B. Management of Staffing, Training, Direct Care Worker Recruitment and Retention

Staffing and Training

1. Describe Proposer’s hiring process in very specific detail.

When an individual applies to the proposing organization as a direct care worker, they are given an Initial Application Packet. As part of this packet, applicants complete a general application for

employment which asks for demographic information and work experience. In addition, each applicant must provide three references and must sign each reference form, releasing the organization and the reference from liability in verifying the applicant's background. Two references must be a professional reference and one personal reference that is not a family member. The organization utilizes a Reference Form, which verifies the professionalism of the applicant and their ability to provide in-home services. As a part of the application process, the applicant is asked to complete a 35 question competency pre-test to assist in prioritizing applicants who show a high level of direct care worker competency as opposed to those who may need additional training beyond orientation. This process is also used to assist in verifying the applicant's basic literacy skills, which are critical for documentation and assisting consumers with literacy tasks if needed.

The organization keeps a copy of applicant's valid ID (PA Driver's License or PA ID Card) and conducts a social security verification. In addition, the organization performs a sanction screening for Medicaid fraud upon application for employment and every month thereafter while employed by the organization.

The organization requires each applicant to submit a PA Criminal Record Check via the Pennsylvania Access To Criminal History (PATCH) system. If the applicant cannot provide proof of Pennsylvania residency for two years prior to their application, the applicant must obtain an FBI Background Check.

Proof of Pennsylvania Residency includes:

- Valid PA Driver's License or State issued Non-Driver Photo ID (start & exp. dates covering 2 yrs) OR 2 consecutive ID's (even if one is expired) with no gap in dates OR
- Housing records (mortgage records or rent receipts)
- Public Utility records & receipts
- Local tax records
- Completed & signed federal, state or local income tax return w/ name & address pre-printed
- Employment records, including unemployment compensation

Any report of a criminal history is discussed with the applicant by supervisory staff. The applicant will be notified in writing if any items presented in the report disqualify them for employment. If the direct care worker will be working around children during their shift, the direct care worker is asked to obtain a Child Abuse Clearance as well.

While the organization completes the background checks, the applicant is asked to obtain a two-step TB screening and physical. The physical form solicits information from a medical professional confirming if the applicant can physically provide care, transfer participants, and is clear of communicable diseases. Prior to consumer contact, each direct care worker and office staff with direct consumer contact, must provide documentation verifying that he/she has been screened for and is free from active mycobacterium tuberculosis. The screening will be conducted in accordance with CDC guidelines for preventing the transmission of mycobacterium tuberculosis in health care settings. Further, the organization requires each direct care worker and other office staff with direct consumer contact, to complete a TB Symptom Screening every twelve months from the date of the previous evaluation. The organization completes the TB Risk Assessment Worksheet annually to determine the risk of TB for our employees in the community. Because the organization's risk has been determined

to be low, it performs and documents annual symptom screening on direct care workers and documents those screenings in the worker's file.

Once determined that the applicant has passed the initial screening, a face-to-face interview is conducted to gather additional information about the applicant and introduce the organization's mission, philosophy, and values. Additional information regarding the potential applicant's values and beliefs are helpful in making a determination as to whether they will be hired. Information regarding availability is determined by the completion of this meeting. Once all clearances and references are secured, the applicant is scheduled for orientation.

2. Describe Proposer's orientation and training process in very specific detail.
 - a) Attach training curriculum and specify training hours for each topic.
 - b) Specify how many hours of training are provided directly on-site under an instructor's supervision.
 - c) Specify how many hours of training are completed electronically on computer.
 - d) Specify what specific hands-on skills are included in the training program, for example, assistance with bathing, assistance with ambulation, changing bed linens. Identify which skills include on-site practice and supervision.
 - e) Specify how many hours of training are completed before the worker touches the Participant.
 - f) List all ongoing mandatory training programs provided to direct care workers in the last two fiscal years. Specifically describe how training program was presented, for example, remotely by mail, computer or classroom.
 - g) Is continuing education offered to direct care workers? If yes, is it optional or required? How many hours per fiscal year?

All direct care workers must attend a 20 hour orientation and training prior to providing in-home care. A portion of the training will be completed by providing practical experience with a registered nurse and the direct care worker will be observed while providing care. If an applicant meets certain competencies and has proof of prior training, a portion of the training may be waived and the appropriate documentation will be secured. The supervisor will accompany each worker that is new to the provider on their first home visit. Currently, the orientation is conducted by the In-Home Services Supervisor/Training Specialist. The In-Home Service Supervisor/ Training Specialist has more than 50 years of direct experience in providing and instructing direct care workers to deliver hands-on, in-home care. Along with a nurse consultant, she directed and trained direct care workers in a 40 to 77 hour direct care worker training after participating in the train the trainer workshop. Based on the requirements of the proposal, the organization will employ a registered nurse to consult with and supervise training.

The first hour (1 Hour) of the orientation begins with the completion of new hire paperwork and a review of our organization's Employee Handbook. This is directly followed by a thorough review of the Attendant Care Policies and Procedures, a document outlining the policies and procedures that directly impact the Direct Care Worker and the in-home care participant. If the trainee has additional proof of past trainings and/or a license or certification as a health professional, those documents are gathered at the orientation and retained in the individual's file.

Each trainee then completes a Department of Health Home Care Licensure approved, 100 question competency examination developed by our organization to determine trainee competency in each of the following areas: confidentiality, consumer control and the independent living philosophy, instrumental activities of daily living, recognizing changes in the consumer that need to be addressed, basic infection control, universal precautions, handling of emergencies, documentation, recognizing and reporting abuse or neglect, dealing with difficult behaviors, bathing, shaving, grooming and dressing, hair, skin and mouth care, assistance with ambulation and transferring, meal preparation and feeding, toileting, assistance with self-administered medications.

The In-Home Service Supervisor/Training Specialist reviews all completed competency exams, ensuring the trainee scored 80% or higher and documents completion of competency requirements in the trainee's file. In addition, the In-Home Service Supervisor/Training Specialist reviews any incorrect answers with the trainee and counsels the trainee on proper action or procedure.

The next step in orientation is a classroom-style training, which has been attached to this proposal as Section 4: Attachment F.

The proposing organization currently does not require initial trainings via the computer. Orientation is conducted on-site and performed by an instructor and as needed in the home of the participant. Further, if selected, the organization fully intends to fulfill the Aging Options requirements for training in the home of the participants, as set forth in the RFP.

Additional training is performed as needed at the home of the participant. Currently, the in-home training is performed by the In-Home Service Supervisor/Training Specialist or one of several agency mentors who are current direct care workers, have more than eight years of successful experience with the organization, and have successfully completed a 40 to 77 hour direct care worker training. Mentors have proven both their excellent and versatile personal care skills along with an impeccable work ethic and passion for providing quality in-home services. When appropriate, the direct care worker who has been successfully working with a participant for more than six months will train a direct care worker who will be working with that participant. The participant also has a very important role participating in the training, describing their preferences as to how care is provided and their home or routine is maintained. In order to comply with the RFP, the organization will hire a registered nurse to oversee the training and supervision of direct care workers and hire several home health aides. In addition, the organization may assist current mentors to become certified as home health aides to provide the training and supervision.

Optional continuing education programs are offered to direct care workers. Direct care workers can take advantage of these opportunities as many times as they wish throughout the year; there is no set limit or minimum requirement. The organization provides each direct care worker with information to access My Learning Center, at <https://learningcenter.pahomecare.org>, which offers online video trainings covering a wide range of topics designed to enhance the knowledge and skills required to provide quality in-home care. Continuing education is important and the organization encourages the worker to take part in the trainings offered.

3. Identify minimum direct care worker competencies required prior to working with Participants and describe how those competencies are evaluated.

The minimum direct care worker competencies required prior to working with participants include a 100 question competency test and 20 hours of onsite classroom style training and hands on skills training. Direct care worker must show competencies in all areas. These areas are confidentiality, consumer control and the independent living philosophy, instrumental activities of daily living, recognizing changes in the consumer that need to be addressed, basic infection control, universal precautions, handling of emergencies, documentation, recognizing and reporting abuse or neglect, dealing with difficult behaviors, bathing, shaving, grooming and dressing, hair, skin and mouth care, assistance with ambulation and transferring, meal preparation and feeding, toileting, assistance with self-administered medications.

4. Supervision of workers from a distance provides unique challenges. Describe Proposer's procedure for supervision of direct care workers.
 - a) Specify how often workers are supervised.
 - b) Describe how direct care worker's performance is evaluated.
 - c) Describe how evaluation of worker's performance is shared with the worker.

The proposing organization currently works with a population that is required to be able to manage and direct their services. The Care Coordination Manager is in continuous contact with the participant to monitor the quality of their care. As needed, the In-Home Service Supervisor can meet with the participant and direct care worker to address any issues that may arise.

Because the Care Coordination Manager regularly consults with the consumer regarding their services and direct care worker's performance, the Care Coordination Manager will commend or provide coaching based on feedback from the consumer. Contact with newly hired workers and/or newly-referred consumers is daily to weekly. Times and tasks are monitored bi-weekly by administrative office staff to ensure quality of care is within the scope of their service plan. Long-term worker/participants matches are monitored daily, weekly, or quarterly depending on need.

The Care Coordination Manager and Home Service Supervisor/Training Specialist are readily accessible to both the consumer and the direct care worker to address service and personnel concerns.

Direct Care Workers are evaluated annually. A supervisor will complete annual assessments in the participant's home to review the worker's competencies. The organization currently uses two documents to assist with evaluation. The first document is used to solicit performance and skill-related information directly from the participant(s) the direct care worker provides service to:

Attendant Name:		NI = NEEDS IMPROVEMENT / G = GOOD / VG = VERY GOOD											
		Consumer:			Consumer:			Consumer:			Consumer:		
Please Rate the following:		NI	G	VG	NI	G	VG	NI	G	VG	NI	G	VG
Attendant's ability and willingness to perform personal care, including bathing, grooming, dressing, and toileting?													
Attendant's attitude?													
Attendant's punctuality & dependability?													
Attendant's ability and willingness to cooperate, work, and communicate with you?													
Appropriately dressed?													
Attendant's willingness to follow safety and conduct rules?													
Attendant's ability and willingness to do light housekeeping & laundry													
Attendant's overall performance?													
Staff Completing :													
Date:													
Notes:													

Once the organization has gathered information from the participant(s), the In-Home Service Supervisor/Training Specialist then solicits information from the Care Coordination Manager regarding the direct care worker's overall performance. If awarded the proposal, the organization will also complete an annual in-home assessment for each direct care worker. The information gathered from all assessments is used to complete the direct care worker's formal evaluation (pictured below).

Supervisory staff meets with the worker at the organization to discuss their performance evaluation. In an effort to accommodate the schedule of the direct care worker, the supervisory staff will schedule a phone conference to discuss performance. The direct care worker is mailed a copy of the completed performance evaluation in advance of the meeting or interview. Direct care workers are asked to keep a copy of the evaluation and return a completed evaluation with their comments and signature.

PERFORMANCE EVALUATION (Personal Care Attendant)

EMPLOYEE

DATE OF EVALUATION

Social Security #

Site:

Reason for Review { } Annual { } End Intro. Period { } Unacceptable Performance { } Other

Date Employee Began Present Position :

INSTRUCTIONS – Carefully evaluate employee’s work performance in relation to current job requirements. Check box to indicate the employee’s performance. Indicate N/A if not applicable. RATING IDENTIFICATION FOLLOWS:

- O – Outstanding** – Performance is exceptional in all areas and is recognized as being superior to others.
- C – Commendable** – Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.
- A – Acceptable** – Competent and dependable level of performance. Meets performance standards of the job.
- I – Improvement Needed** – Performance is deficient in certain areas, improvement is necessary.
- U – Unacceptable** – Results are generally unacceptable and require IMMEDIATE improvement. May result in dismissal.

RESPONSIBILITIES

**** CONSUMER EVALUATION COMPLETED AND ATTACHED YES _____ NO _____**

1. Assists individuals with daily living I (bathing, grooming, dressing, meal prep./feeding, transfers, light housekeeping, laundry)

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS:

2. Exhibits a good work ethic (Punctual, dependable and shows initiative).

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS

3. Maintains timesheet accurately and clearly

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS

4. Acts promptly in emergency situations, following program guidelines regarding the summoning of assistance and reporting procedures.

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS

5. Relates incidents which merit further attention to the direct supervisor.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

6. Functions as an advocate for individuals.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

7. Responds to [REDACTED] Scheduling department in a tactful and professional manner.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

8. Responds to consumers, family members and other personal care workers in a sensitive, tactful and professional manner.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

9. Accepts and renders constructive criticism in a professional manner.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

10. Remains available and accessible to assigned individuals during all scheduled working hours, ensuring their safety and welfare.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

11. Adheres to all policies established by the organization and relevant funding sources.

Outstanding		Commendable		Acceptable		Improvement Needed		Unacceptable
<u>SUPPORTIVE DETAILS OR COMMENTS</u>								

12. Is available for other duties as necessary.

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS

13. Is able to work independently during the absence of supervisors.

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

SUPPORTIVE DETAILS OR COMMENTS

Accomplishment or new abilities demonstrated since last review:

Specific Area of improvement needed/recommendations/time frames:

Relevant Training acquired over the last 12 months (12 hours): Mark Trainings and hours

_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

Additional Comments:

****EMPLOYEE'S OVERALL PERFORMANCE RATING IN COMPARISON TO JOB REQUIREMENTS****

Outstanding	Commendable	Acceptable	Improvement Needed	Unacceptable				

Discussed with individual on:

Follow-up requested/desired Yes { } No { }

Employee Signature _____ **Date** _____

Evaluator's Signature _____ **Date** _____

***If employee disagrees with the evaluation, he/she may attach appropriate comments.**

Recruitment and Retention

5. Recruitment of direct care workers is a continuous challenge. Describe specific strategies that have been implemented to recruit new direct care workers.

The proposing organization uses a diversified strategy to recruit staff and is always evolving the strategies utilized to meet the demands for quality workers. The main strategy the organization employs is to purchase regular ads in various online resources such as Craig's List, the organization's website and social media, the website monster.com, and local newspapers. Hard marketing techniques include lawn signs throughout difficult to staff areas and flyers on local community boards and colleges. Flyers have been developed with tear-off tabs, so individuals can easily take the employment and contact information with them. Key staff members attend local job fairs, job corps, and encourage current direct care workers to make a referral to the organization. Staff are offered a \$250 referral bonus once the new employee passes their probationary period. The organization encourages employees to post recruitment flyers with their name listed on them near their residence and work by sending letters, flyers, and reminding and encouraging them to recruit staff to earn a referral bonus.

6. Does the Proposer have a targeted program to address retention of direct care workers? If so, detail specific strategies utilized to address the challenge of worker retention?

In order to address retention of direct care workers, the proposing organization offers a number of benefits to the direct care workers. The organization believes that an organizational environment where employees feel valued because they enjoy their jobs will offer higher quality care for the participants they support.

The organization promotes a cross-training initiative where direct care workers can also work additional hours at residential sites or day program, allowing them to enhance their in-home care skills, increasing their investment in the organization and its mission.

Offering a flexible schedule to retain workers, the organization matches available hours with participants to the direct care workers availability, so that workers can meet their own familial obligations. The organization also offers generous paid time off for direct care workers who qualify.

The proposing organization offers a competitive benefits package that includes health, dental, and vision insurance, long-term care insurance, voluntary Aflac, and participate in a 401 k to qualifying direct care workers and their dependents. The Fiscal Department works with the Health Insurance Premium Payment (HIPP) Program to ensure direct care workers and their families have the coverage they need.

Supervisory staff provides coaching and commendations to direct care workers to ensure they are successful in their work. Supervisory staff also recognize staff at employee appreciation events where staff are honored for longevity, outstanding performance, and life saver (priority care fill in) and "rookie of the year" awards. Through these events, the organization has learned the value of social events where direct care workers can meet other direct care workers. The organization coordinates a number of social events throughout the year including employee potluck luncheon gatherings, tickets to pirate games, a holiday party, and many more.

The organization has distributed a holiday stipend to direct care workers and, at times, an additional stipend when finances allowed. When stipends are provided, they are given fairly, with the direct care worker getting the same amount as department managers.

Currently, a team made up of the organization’s leadership staff and several members of the Board are examining the issues the direct care workers face, hoping that the organization can address these issues and help to retain direct care workers. In April 2016, board members led several focus groups of eight to ten direct care workers to determine why they chose to work with our organization, why they choose to do this work, why they stay at the organization, and what are current challenges they face in doing this type of work. The committee will meet to establish next steps and begin to offer surveys to all employees, so the organization can better address the concerns staff may have, hopefully leading to increased employee retention.

7. Detail the annualized turnover rate of direct care workers in each of the last two fiscal years.

It is important that the organization prefaces the turnover report with additional explanation. The organization employs two categories of Direct Care Workers; Personal Care Attendants and Dedicated Direct Care Workers. Personal Care Attendants (PCAs) have ongoing schedules with multiple participants, are actively available for additional work as needed, and are requested to do priority fill in work for participants who have schedule interruptions. Dedicated Direct Care Workers (DDCWs) are hired to work with a specific participant on an ongoing basis, are not regularly available to work with other participants, and are not obligated to fill in for other participants when interruptions in their regular schedule occur. At times, the organization retains DDCWs by reassigning them as a PCA once the participant they were providing service to is no longer in need of services.

The chart below shows the turnover rate for the PCAs has improved in FY 14-15. After reviewing this rate as of May 2016, it is anticipated that this number will continue to drop to approximately 27% in FY 15-16.

Turnover Report 13-14 07/01/2013-06/30/2014					
	Beginning Count	Ending Count	Average Count	Separations	Turnover Ratio
PCA	74	106	90	41	45.50%
<i>DDCW</i>	416	409	412.5	40	10%
Combined	490	515	502.5	81	16%
Turnover Report 14-15 07/01/2014-06/30/2015					
	Beginning Count	Ending Count	Average Count	Separations	Turnover Ratio
PCA	106	96	101	33	32.60%
<i>DDCW</i>	387	354	370.5	66	18%
Combined	493	450	471.5	99	21%

8. Does the Proposer look for creative solutions to scheduling that contribute to worker efficiency and satisfaction? If so, briefly detail scheduling practices that contribute to worker efficiency and satisfaction.

The proposer continuously looks for and applies creative solutions to scheduling that contribute to worker efficiency and satisfaction. The organization works to place direct care workers who have young children in assignments that are close to their home or their children's school or daycare in order to allow for more efficient transportation arrangements to and from assignments. In order to retain quality workers, the organization has adjusted schedules to allow for direct care workers to continue their education and employment with other employers in order to meet their career aspirations and/or financial obligations. Because of this, the organization was awarded the Patriot Award by the Employer Support of the Guard and Reserve (ESGR) for the flexible scheduling for a direct care worker who also serves their country as a member of the National Guard and was able to return to work after his deployment. The organization offers generous paid time off that can allow the worker to care for themselves and their loved ones, as this can limit the amount of personal situations that could affect an employee's reliability, health, and quality of care provided.

The provider understands that by honoring a direct care worker's preference of schedule, the provider increases the probability of the direct care worker providing reliable and consistent care to a participant. By honoring the direct care worker's schedule preference, they are not forced to make difficult choices between their personal needs and the requirements of the job, allowing them to focus on the participant rather than their own personal concerns. The need for focused, reliable workers is important to the organization and the individuals served, so efforts are made to match actual schedules available with the preference of the attendant.

Supervisory staff works to provide the direct care worker with a schedule that meets their preference. However, the needs of the participants will come first. Should their personal preference not match the current schedules that participants are requesting, the supervisor will work to transition the worker into an assignment with their preferred hours as they become available, and if the participant they had been supporting can be covered reliably with a new, ongoing worker. The same is true for a participant who is requesting services for the organization. If a participant requests a schedule change for any reason or any length of time, the organization tries to meet request as quickly as possible.

C. Management of Service Delivery

1. Describe the process utilized to ensure accurate and timely documentation of service delivery to Participants. Include process for verifying service delivery.

Schedules are tracked through an agency database. Time/Task Sheets are completed for each visit, describing days and times services were provided along with each task that was completed or offered but denied for each date of service. Tasks can include, but are not limited to, bathing, personal hygiene, dressing, meal preparation, eating and drinking, light housekeeping, shopping and/or errands, medication reminders, using prosthetic devices, mobility, stability assistance, transfers, skin checks, etc.

The time/task sheets are signed and dated by the direct care worker and the participant biweekly and then returned to office administrative staff. Every two weeks, each time/task sheets is examined to verify that time, days, and tasks completed or offered align with each participant's requested schedule

and individualized service plan. The organization is currently transferring the agency database to an online verification system and will implement electronic verification of dates, times and tasks to align with a preset schedule and service plan for each participant. This system will allow the organization to better track the worker's time, in real time. The tasks will also be tracked in real time through the new system following a complete shift. This will enhance the organization's ability to pull reports for monitoring and assist with more accurate billing.

2. Allegheny County faces unique challenges in serving Participants in certain geographic areas that are remote or lack public transportation. Has the Proposer implemented specific planning to address the travel and transportation needs of direct care workers?

As per our mileage policy, mileage is paid from the home of one participant to another. In order to compensate direct care workers who provide care to participants that live in remote locations, mileage is reimbursed for single trips above 20 miles away. The advertisements the organization places targets applicants with reliable vehicles and a valid driver's license. The organization tries to assign direct care workers in close proximity to individuals in remote locations.

3. Has the Proposer implemented any new strategies to improve service capacity to older adults in the last 2 years?

- a) Describe the strategies that have been implemented.
- b) Identify the results of the strategy including the percent increase in service capacity.

In July of 2015, the organization was revalidated with the Office of Long Term Living (OLTL) waivers and has become a provider of Aging Waiver Services. Prior to this time, the organization had primarily served participants who were enrolled in the under 60 waivers.

While the primary target population of the organization has been individuals with disabilities under the age of 60, the organization recognizes the parallels and importance of services for both people with disabilities and the aging population. To address these parallels, the organization has employed several marketing strategies to reach those who are considered older adults, including word of mouth referrals and marketing to assisted living facilities as well as collaboration with other home health agencies that provide similar services. The organization continues to market programs and services to the aging population. The organization is listed as a provider in several publications. The organization attends senior resource fairs and is a member of the South Western Pennsylvania Partnership on Aging (SWPPA) and supports the advocacy of those issues facing the aging and disability community. The organization has had a long standing relationship with the Area Agency on Aging (AAA). Staff has served on the Domiciliary Care Advisory Committee through the AAA and participates as a Collaborative Partner with the AAA through the Allegheny County Link and the Southwest Regional Link.

As a result of these efforts, the organization has received referrals to provide services to older adults and has been able to accept and staff 100% of referrals received.

4. Identify the strategies implemented to expand geographic service area in the last 2 years.

In July of 2015, the organization was revalidated with the OLTL waivers and chose to expand the personal assistance services (PAS) into counties beyond Allegheny County. The organization is now approved to provide PAS service in Armstrong, Beaver, Fayette, Greene, Washington, and Westmoreland counties, as well as Allegheny County. Recruitment efforts have also expanded to focus on hard to serve areas that are not easily accessible by public transportation. The organization also continues to encourage current direct care workers who reside in those areas to assist with the recruitment effort. Through that effort, the organization reaches out to current direct care workers in those areas and asks them to distribute information and materials to their own friends and family, as well as their churches, colleagues, club members or other organizations they participate in.

5. Describe the Proposer's plan to meet the benchmarks listed in the RFP and required in the contract.

a) Accept 80% of new Participant referrals in the first year.

The proposing agency currently has an existing pool of staff that will allow for meeting the demands of new referrals made to the organization as a result of the proposal. The organization has an aggressive recruitment effort, specifically targeting areas that are hard to serve because of a lack of public transportation and correspond to the list of hard to serve cases. Additionally, the agency will continue its strong recruitment efforts in order to meet the needs of all participants throughout Allegheny County. The proposing organization will adapt its recruitment plan in order to meet the requests for services within the specified amount of time.

Once a referral is made to the organization, the provider will contact the Options Care Manager via email to gather additional information if necessary and inform the care manager of the provider's ability to successfully staff and provide back up to the participant being referred within two business days. The provider will attempt to serve as many participants who are considered hard to serve due to location as possible. Once accepted, service delivery will be initiated within five working days of receipt of the service request.

The provider will schedule an initial visit with the participant that will be performed by a supervisor to provide the participant with necessary information about the organization, the direct care worker information, and the participant's rights and responsibilities. The participant will receive a packet of information as required by the Department of Health describing the participant's rights, screening criteria and requirements regarding direct care workers, and confirms the schedule that will be performed. The supervisor will complete a care assessment with the participant regarding tasks that need provided, the participant's preferences, and anything that is unique to the participant. Following the assessment, a caregiver will be scheduled within the time specified by the Options Care Manager.

The Care Coordination Manager will track the number of referrals and determine the percentage of referrals on a quarterly basis to ensure the organization is meeting the benchmarks of 80% the first year and at least 90% the following year. The new electronic verification system, Clear Care, will allow the organization to track the amount of accepted new referrals, so the organization can monitor its current status of meeting the benchmarks and determine which areas will benefit from increased staff recruitment efforts.

b) Accept 90% of new Participant referrals in each of the subsequent contract years.

The organization will take a similar approach as outlined in Section A above to meet the increased referral acceptance benchmark. Based on the reports of acceptance as compiled by the Care Coordination Manager, the current program initiatives may need to be enhanced to ensure that the organization is able to meet the benchmark of 90% and continue to provide quality care. This could include a more diverse, but targeted recruitment strategy for additional direct care workers, an evaluation and possible revision of the current staffing structure to increase staff to meet a higher demand, and examine retention strategies for direct care workers. In addition, the supervisory staff will review feedback from the Quality Services Program Committee (QSPC) to address the concerns or praise from staff and participants and to provide other recommendations in retaining and recruiting staff, in order to ensure the quality of the program and services provided. This will be done quarterly to guide the organization's strategies moving forward.

6. Describe the Proposer's staffing plan to address un/anticipated worker call-offs and no-shows so that substitute workers are available 100 % of the time?

In the event of a call-off, the Scheduler will contact available direct care workers in close proximity to the participant. Should a direct care worker not be identified, the organization will utilize direct care workers whose primary role is to address unanticipated worker call-offs and no shows, known as Floaters. The organization will employ as many Floaters to meet the demand. This will be a benefitted position that will be available to cover schedule changes that are unable to be covered by another direct care worker. In the event of a call-off, the participant will be notified of any changes in the schedule or direct care worker at least one hour in advance. The organization guarantees that all requested shifts are covered 100% of the time, unless the consumer declines the assistance or chooses an alternative plan.

7. Describe the process for communicating when a worker calls off or does not show-up as scheduled.

Participants are advised how to reach the organization during business hours and after business hours when a worker calls off. Participants are asked to contact the organization once a direct care worker has not arrived within fifteen minutes of the scheduled shift. All direct care workers are required to know how to contact the office staff at all times. The organization requires a minimum of six hours notice or more if possible for all call offs. During regular business hours, direct care staff and participants are instructed to call a scheduling line that rings to three staff members for any concerns regarding scheduling. All three staff members are trained in how to respond to and resolve call offs, especially those in priority care situations. If for some reason all three staff members are not immediately available, the caller is asked to leave a message and the message goes to the voicemail of all three members, which is also linked to the email and cell phones of the Homes Services Director and In-Home Services Supervisor. The first available staff member can quickly return the call as soon as their schedule permits. The organization contracts with an answering service to answer calls outside of normal business hours. The answering service will contact the on-call staff member to resolve all issues reported outside of normal business hours. The on-call staff person has access to the Home Service Director, Scheduling Manager, In-Home Service Supervisor for all after hours situations, as needed.

Once the on-call staff is aware of a call off, they immediately attempt to find a replacement. The on-call staff person contacts the participant to let them know there will be a change in the originally scheduled direct care worker and will continue to update the participant when a replacement is found. Staff also contacts the participant's service coordinator, via phone or email, to inform them of any change in the time the participant will receive service and/or if the participant has chosen to deny a replacement attendant.

8. Describe how the Proposer meets the needs of a culturally diverse population and those with special needs.

The proposing organization believes that all people should play an active role in the communities of their choice. The agency values and respects all staff and participants supported by the agency. The proposing organization offers training on respecting an individual's similarities and differences. Valuing choice and self-determination, the organization encourages the direct care worker to be respectful and sensitive to cultural differences. As for working with individuals with special needs, the organization believes that all people should be treated with respect and dignity. The organization believes in people first language, empowerment, and inclusion in one's life decisions. The proposing organization has chosen board members and hired staff from culturally diverse populations and backgrounds (representative of its consumers), which allows the Board and Leadership staff to consistently be sensitive to the issues and concerns of participants and/or families. Should reasonable accommodations be required, the proposing organization will make every effort to provide those accommodations deemed necessary by the consumer, staff person, and/or Board member.

The organization has held trainings on respecting differences. The training is geared toward direct care workers working with participants. The training is intended to assist direct care workers to move beyond assumptions, to listen, and to respect differences in order to work well with participants and each other.

Office staff and direct care workers have experience with culturally and socio-economically diverse participants. Additionally, the proposing organization is sensitive to training the direct care worker to work with those consumers who may present with other life affecting issues that could have an impact on the participant's quality of life, such as mental health, drug and alcohol abuse, homelessness, and/or chronic illnesses. The proposing organization, if appropriate, can offer resources to the consumer and Service Coordinator or Care Manager to assist in the management of those issues.

The proposing organization is sensitive to individuals with language barriers. The proposing organization does provide daily services to several individuals whose primary language is Russian and one who speaks Hindi. The proposing organization has used Pacific Interpreters, a service that provides interpreters via conference call. This service can also answer incoming calls from individuals who have limited English proficiency.

The proposing organization also serves a number of individuals who have a variety of speech impairments, usually due to a physical disability. Depending on the speech impairment and preferences of each participant, a variety of techniques are used. The proposing organization will first utilize the existing strategies that the consumer may have already implemented. If further services are required to access a more sophisticated communication device then the consumer is referred back to his/her Service Coordinator or to the proposing organization's Assistive Technology Coordinator for

exploration of low cost/no cost communication options. For individuals whose disability causes severe speech impairment, the staff will use other communication strategies. Sometimes written language (handwritten or on a laptop) is used. Face-to-face visits are often most effective, especially when discussing complex or sensitive issues.

For individuals who communicate by American Sign Language, the proposing organization may utilize an ASL certified interpreter from the Pittsburgh Hearing, Speech and Deaf Services or written communication for meetings in person. For telephone conversations, the Pennsylvania Relay Service (for voice/TTY/TDD) is utilized. The proposing organization also has a TTY available at the office. Due to their disabilities, some consumers prefer to contact us via email utilizing augmentative communication devices or computers adapted with hands-free technology. The proposing organization also has the ability to provide video conferencing through the Assistive Technology Coordinator who is also able to provide sign language interpretation should the need arise.

The proposing organization utilizes the Pittsburgh School for the Blind services when Braille material is needed to assist participants with visual disabilities and is also able to provide recorded documents or provide readers when needed.

D. Management of Communication

1. How does your direct care worker report Participant status changes to supervisors?

Direct care workers are trained to report all changes in a participant status via phone to the office immediately. Policies and procedures reinforce this and it is reviewed thoroughly at orientation, signed, and dated. This is reviewed annually with each direct care worker. The Attendant Care Policies and Procedures document provides an in-depth explanation of how to reach the proposing organization's office staff at all times. The policies and procedures also requires that the direct care worker contact the proposing organization office personnel if the direct care worker notices anything in the home that the agency should be aware of, if the direct care worker observes a participant exhibiting unusual behavior, if there is a change in the participant's health, or if direct care worker believes the participant may be injured or ill. Direct care workers are instructed to contact office staff immediately, even if an injury seems small and if the consumer is refusing treatment.

2. Describe the process by which staff communicates Participant changes to other health care and care management professionals, family members, or other informal caregivers.

Organizational policy requires direct care workers to call 911 in the event an emergency medical situation and then contact office staff to report the change in status. For non-emergency changes in status, policies and training also require the change be reported to office staff immediately. The Care Coordination Manager will follow-up by contacting the participant and their service coordinator to discuss and determine the best course of action to assist the participant. The Care Coordination Manager, In-Home Service Supervisor, or Director of Home Services will immediately contact the participant to gather additional details and discuss the status change and encourage participant to immediately contact his/her primary care physician or be evaluated by a medical professional. Office staff will then contact participant's care manager or service coordinator to discuss the status change and determine the best course of action to assist the participant.

3. Provide two recent examples of situations where a direct care worker identified and reported a problem or issue for which the Participant required assistance to resolve. Specifically discuss the communication process between Participant, direct care worker, agency and any individuals or resources contacted to resolve the issue.

Mary's Story

Mary is over 60 and has had a physical disability all of her life. Mary's attendant had noticed bruises on the back of Mary's thigh and asked her about the bruises. Mary responded that the bruises occurred during her transfer and stated there is no way to avoid the bruises due to a bar on her wheelchair. The attendant reported it to their coordinator who contacted Mary's service coordinator to inform them of the bruises. In addition, the proposing organization contacted Mary's other direct care worker to inquire about the bruises and the transfer in order to gain all information prior developing a resolution. The other direct care worker reported that because Mary's bathroom is small and her power wheelchair has a part that sticks out and Mary often hits her leg during transfers. The next morning, the proposing organization sent the In-Home Service Supervisor and both direct care workers to observe them doing a transfer with Mary in efforts to resolve the situation. The proposing organization continually updated Mary's service coordinator regarding the resolution process.

The In-Home Service Supervisor observed and assisted with the transfer, as well as guided each direct care worker as they performed the transfer. She made note of the bathroom being very small and also the metal bar that was part of the wheelchair. The consumer did not have the option of expanding her bathroom and the metal bar on the wheelchair was permanent. The In-Home Service Supervisor determined it would be beneficial for Mary to acquire and use a portable commode chair. She discussed the idea of the portable commode chair with Mary and Mary agreed to try it. The proposing organization contacted Mary's service coordinator and asked they assist Mary in acquiring the chair.

In the meantime, the attendants were instructed to continue to transfer Mary as they had been, but with a few adjustments from the In-Home Service Supervisor to prevent further injury and to be highly cautious of the metal bar on her power chair and Mary's leg. Mary has now acquired a commode chair and her transfer is occurring successfully without causing discomfort or bruising.

Ron's Story

Ron receives services from the proposing organization and has been diagnosed with a seizure disorder and is considered a fall risk. Recently, the organization received a call from his direct care worker to report that he did not want to get out of bed, was lethargic, had trouble using his legs, and had a rash that looked like bites on his hands and arms.

Ron's mother also lives with him and has some dementia. It was necessary to speak with his mother because Ron was upstairs, unable to get out of bed and the phone would not reach him. When the supervisor asked if the Primary Care Physician was contacted, the direct care worker reported that his mother had made a call to his physician. Taking her dementia into account, staff asked Ron's mother about his health. While she seemed concerned, she felt there was no need to contact the paramedics. His mother reported that she had contacted Ron's doctor, but had not received a return call. In the meantime, the direct care worker asked Ron if he would like to go to the hospital, but he refused. In attempt to get Ron the care he needed, the organization contacted another direct care worker who was a family friend of Ron's and is one of the mentors in the program. The mentor went to Ron's home and confirmed what the first direct care worker had reported. The mentor explained her concern in his

change of status and encouraged him to seek medical attention. Staff explained that he could have a serious medical condition, and if he was seen early it could be addressed and he could return home. If left unaddressed, it could become very serious and he could end up with a long hospital stay. He agreed that the mentor could contact EMTs. He was taken to the hospital where it was determined that he had an infection in his legs, which was treated and he returned home shortly.

E. Management of Program Quality

1. How do you measure quality in service delivery to the participant?

The proposing organization has an established quality management process that oversees the quality of each program within the organization. A Quality Management Committee (QMC), consisting of all program supervisors and other key staff meet quarterly to develop and review a comprehensive quality management plan that all staff is trained on. Goals found in the plan are updated annually.

The committee also meets quarterly to review trends, preventable incidents, and complaints. Each incident is reviewed by the committee and recommendations are made if the incident was considered preventable in effort to prevent the incident from occurring in the future. A quarterly report is generated that captures the number of incidents, type and scope of incidents, trends, and recommendations.

The Quality Service Program Committee (QSPC) is comprised of agency board members and community stakeholders. The QSPC's primary responsibility is to evaluate the agency programs and conduct program evaluations that measure quality and satisfaction of the consumer and staff. Typically, the QSPC monitors each of the agency's programs every two years to ensure that all programs have been evaluated and are providing quality services. However, some programs are monitored yearly. For those programs that provide in-home care, a general survey has been created with approximately 10-12 questions. The survey is developed to meet the program design. A subcommittee of the QSPC utilizes these questions and conducts telephone interviews with a minimum of ten percent of the population. The QSPC is responsible for analyzing the results of the survey and making recommendations. Those results and recommendations are shared with the Program Managers who will implement the recommendations when appropriate. (See Attendant Care Program Survey.)

Attendant Care Program Survey
8-13-14

Participant Name: _____ Participant Representative: _____ Date: _____
(If participant has difficulty using the phone, _____)

Interviewer Name: _____

Hello, My name is _____. I am on the Quality Services Program Committee at _____ and I am calling to ask about your Attendant Care services. Would you be willing to answer some questions? I want to find out how you feel about the Attendants - the people who come to your home each day to help you. I would like to know only about the attendants employed by _____ and the people who work in the office in that program. I am NOT asking about your Service Coordinator (they now work at a separate agency) OR any attendants or staff members from other agencies.

Please list each attendant's name

Thank you for taking this survey. Our goal is to serve you better. Please provide comments on any items marked 3, 2 or 1, to help us improve our service.

		Attendant 1					Attendant 2					Attendant 3				
		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
		5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
A. Personal Care Attendants from _____	Rating Scale					N/A										
How satisfied are you with your attendant's:																
1	Knowledge/skills to help with personal care, including bathing, grooming, dressing, and assisting in the bathroom?															
2	Attitude and willingness to assist you?															
3	Respect for your privacy?															
4	Respect for your personal belongings?															
5	Punctuality ?															
6	Dependability?															
7	Willingness to listen to your preferences, cooperate, and communicate with you?															
8	Respect and courtesy attendants show you?															
9	Appearance & appropriate dress?															
10	Willingness to follow safety and conduct rules?															
11	Ability and willingness to do light housekeeping and laundry?															
12	Attendant's cooking skills?															
13	Overall quality of attendant's job performance?															
14	Comments:															

	Rating Scale	Very Satisfied	Sat's Fed	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
B. Office staff							
1	Have you ever needed to talk directly to the office staff?	5	4	3	2	1	N/A
1	Willingness to hear your concerns and try to resolve them?		Yes	No	If no, no further questions in this section.		
2	Do they work to find a solution that is agreeable to you?						
3	Do you know who to call about a complaint or problem with the services?	Yes	No	Who?			
4	Comments:						
C. After hours On-Call services							
1	Have you used the [redacted] after-hours system?(Evening, weekends, holidays)	5	4	3	2	1	N/A
2	How would you rate the services & courtesy of the answering service? (The people who pick up when you first call in)		Yes	No	If no, no further questions in this section.		
3	How satisfied were you with the promptness of the return call from [redacted]?						
4	Please rate the courtesy & efforts of the [redacted] staff to resolve your issue.						
5	Comments:						
D. Living in your community							
1	Has the Attendant Care service helped you to live safely in your home?	5	4	3	2	1	N/A
2	Does the service help to improve your quality of life?						
3	Does having the service help you go into your community, with friends, etc?						
4	Comments:						
E. Resolving problems							
1	Have you had a problem with your services in the past 12 months?	5	4	3	2	1	N/A
2	Did office staff help you to resolve that issue to your satisfaction?		Yes	No	If no, no further questions.		
3	Comments:						
F. Recent changes							
1	How many times have you needed to use your back-up plan in the past 3 months?						
2	Comments:						

Thank you for your participation!

2. How do you handle participant complaints?

Proposing organization maintains a formal participant complaint policy. According to the policy, a complaint is defined as criticism, accusation, or charge of inadequacy of services provided. The purpose of the policy is to implement a comprehensive complaint management policy as part of the quality management plan and to provide continuous quality improvement in the delivery of Home and Community Based Services.

The proposing organization is committed to investigating and resolving all participant complaints to the best of its ability. The organization documents and addresses areas where resolutions did not meet the participant's satisfaction.

In the event a complaint is made, the organization will follow the following procedures.

- Determine if the complaint requires the completion of a formal Complaint Form. Record the name of the participant, the nature of the complaint, the date of the complaint, investigative action, resolution, and recommendations. The completed complaint form and any attachments should be given to the supervisor of the person who took the report. When a complaint is initiated by a participant, agency personnel are required to discuss the complaint with the participant and record the participant's viewpoint. In addition, when a complaint is resolved with a participant, the date that the participant is notified of the

resolution and whether or not the participant is satisfied with the resolution must be documented.

- Within five working days of receipt of the complaint, supervisory staff will review each report, complete any investigative action, indicate resolution, and make recommendations for prevention of future issues.
- On a quarterly basis, a report that synthesizes all complaints received the previous three months will be analyzed by the Quality Management Committee (QMC). If patterns or trends are identified, the department staff will be instructed to take appropriate and timely action to make corrections as recommended by the QMC.
- The organization will share all contact information with the participants for state and county resources to make a formal complaint, if they choose.

3. Does the Proposer solicit Participant feedback regarding service satisfaction and performance of the direct care worker and what is done with the information?

a. If so, provide questionnaire or interview schedule utilized to solicit Participant feedback and satisfaction.

The Care Coordination Manager, In-Home Service Supervisor/Training Specialist and Home Services Director have established an excellent rapport with all participants being served. Departmental staff is continuously soliciting feedback on how the direct care workers are performing, as well as how the agency is performing as a whole. Participants are surveyed annually to solicit feedback regarding service satisfaction and performance of the direct care worker. The Care Coordination Manager is in constant contact with many of the participants due to scheduling requests and addresses any satisfaction issues. Departmental staff will randomly contact participants throughout the year to ensure customer satisfaction. Follow-up calls and a plan of action are developed if the consumer has a concern.

In addition, the QSPC, as described in question 1 of this section, evaluates and solicits participant feedback and satisfaction annually.

4. Describe your process for handling a billing discrepancy.

Overall, fiscal quality management occurs on a quarterly basis as well to reduce and eliminate potential billing errors. An internal audit of billing is conducted on at least 10 % of the billing to track and correct billing errors. Once a billing error is discovered, it is immediately corrected.

When a claim is denied, the billing analyst will identify the resulting denial code. If it is a data entry error (i.e. wrong dates, wrong units, wrong rate) the analyst will immediately correct and re-submit. If the denial code pertains to a shortage of units remaining in the consumer's service plan, the billing analyst will contact the consumer's service coordinator to add the appropriate number of units in HCSIS or to change the service plan in HCSIS. If the denial code pertains to anything else, the appropriate Program Director and the Controller are notified of the issue by the billing analyst.

Once contact is made with the relevant person about the issue, the denial is documented on a spreadsheet by the billing analyst. These remain until the claim has been paid. The denial spreadsheet is sent out once a month by the billing analyst to service coordinators, Program Directors, and the Controller, so that all interested parties remain informed. Once billing issues are

corrected by the appropriate individual and billing has been notified, the claim is re-billed by the analyst. Claims are to be re-billed within 30 days of initial denial.

Should the proposing organization be awarded this contract, the above process will be followed using the Social Assistance Management System (SAMS).