Request for Proposals
Proposal Narrative Response Form

Proposer Code: 015217

OPTIONS
Home Health Service
Personal Care Services
Home Support Services
Chore
Installation and Maintenance of PERS
(Personal Emergency Response System)

A. Proposer Profile and Experience

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

   Primary –AREA 2   and Secondary –AREA 1

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

   2006

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?

   Franchise Status:
   > *Yes, we are a franchisee of a nationwide franchisor of non-medical home care agencies. The franchisor began in 1996 as a sole home care provider located in Bloomfield Hills, Michigan. It was dedicated to establishing a new standard in the quality of home care before replicating its model nationwide. In 2001, it began franchising and currently has 200 franchised territories represented in 34 states.*

   Potential Barriers:
   > *None*

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

   Employer

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?

Yes, we are headquartered within Allegheny County.

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
OPTIONS	*Home Health Services, Personal care Services, Chore*	*$5,082,825.63*	*2006 - present*
PDA/Medicate	*Home Health Services, Personal care Services, Chore*	*$41,389,736.78**	*2006 - present*
COMMUNITY LIFE	*Home Health Services, Personal care Services, Chore*	*$6,700.00*	*April 2016 - present*
Long term insurances	*Home Health Services, Personal care Services, Chore*	*$89,136.00*	*2008 - present*
Veterans Administration (VA)	*Home Health Services, Personal care Services, Chore*	*$134.768,00*	*2008 - present*
WPHHA	*Home Health Services, Personal care Services, Chore*	*$72,000*	*2011 - present*
Parents in a Pinch, Inc.	*Home Health Services, Personal care Services, Chore*	*As needed*	*2008 - present*
Staff Source	*Home Health Services, Personal care Services, Chore*	*$112,000.00*	*2014 – present*

* Amount calculated from January 2011 to April 2016

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	710959	676766	1064	938
Home Support Housekeeping	23248	14688	164	153
Home Support Chore	389	389	79	79

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

Staffing and Training

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

Prior to being invited to apply for a position at our agency, all potential applicants are pre-screen by our trained recruiting staff in an attempt to limit the number of unqualified applicants. Once they are invited to apply for a position, they are invited to come to our office to complete an employment application and participate in our very stringent 10 step hiring process:

Step	Description
Step 1 – Home Health Aide Skills Test	*All potential direct care worker hires are required to take, and pass (80% minimum score), the nationally recognized "Home Health Aide Skills Test." Please note, it is sometimes referred to as the "National League of Nursing Test."*
Step 2 – DEARS Assessment and Drug Testing	*The DEARS Assessment is a proprietary comprehensive personality assessment tool. It is based on Meyers-Brigg guidelines*

	and assesses an applicant's propensity for drug use, ethical issues, attitude, responsibility, and risk of unwanted sexual behavior.
Step 3 – Employment verification/personal reference checks	*No one is hired without trained staff verifying an applicant's prior employment history and speaking to at least two personal references.*
Step 4 – Personal Interview	*No one is hired without being interviewed by trained staff in person. Interviewers are specially trained on attributes that we like/dislike in candidates.*
Step 5 – Professional License/Certification Verification	*All direct care worker (as well as nurse) applicants have their certification or license verified through the appropriate state of Pennsylvania database.*
Step 6 – Sex Offender Registry	*All applicants are checked against the appropriate state of Pennsylvania or federal databases.*
Step 7 – Criminal background check/state driving record check.	*All applicants are checked against the appropriate state of Pennsylvania or federal databases.*
Step 8 – Full Skills Orientation	*All direct care workers are required to attend and pass a full skills orientation supervised by a staff nurse.*
Step 9 – OSHA/Universal precautions including proof of a negative TB test.	*All direct care workers and nurses are required to provide proof of a two-step negative TB test.*
Step 10 – Employment Eligibility	*We verify the candidate is eligible to work in the US.*

2. Describe Proposer's orientation and training process in very specific detail.

   All new hirers that provide direct patient care are required to attend 40 hours of training. Please see Attachment: #1:

   a) Attach training curriculum and specify training hours for each topic.

Please see Attachment #: 2

b) Specify how many hours of training are provided directly on-site under an instructor's supervision.

As indicated above, all new hires receive 40 hours of training directly on-side under RN/Supervisor supervision.

c) Specify how many hours of training are completed electronically on computer.

All initial training is 40 hours total are completed in person/by hand. Thereafter, except for nurse supervision, all employees may attend additional training either at Proposer's headquarters or via our company's online training portal – "LearnHomeCare.Com."

c) 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.

Skills Trained	On-site practice and supervision (yes/no)
Provision of bed baths	Yes
Provision of tub bath/shower	Yes
Assistance with range of motion exercises	Yes
Assistance with hair care	Yes
Assistance with skin care	Yes
Assistance with mouth care	Yes
Assistance with ambulation	Yes
Assistance with dressing	Yes
Assistance with toileting	Yes
Incontinence care	Yes
Medication reminders	Yes
Linen changes	Yes
Laundry	Yes
Dusting/vacuuming	Yes
Cleaning of bathrooms	Yes
Washing dishes	Yes

Sweeping/mopping floors	**Yes**
Cleaning of bedrooms	**Yes**
Assistance with meal preparation	**Yes**
Assistance with feeding.	**Yes**

d) Specify how many hours of training are completed before the worker touches the Participant.

40 hours of training

e) 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.

Initial Mandatory Training Programs

Program	Length of Program (In hours)	Method of Presentation
Day 1 – Introduction to Agency	*.5*	*Classroom*
Day 1 – Introduction to AAA	*.5*	*Classroom*
Day 1 – Explanation of services	*1.5*	*Classroom*
Day 1 – AAA specific training (*• Prevention of abuse and exploitation of participants.* *• Reporting critical incidents.* *• Participant complaint resolution.* *• Department-issued policies and procedures.* *• Provider's quality management plan.* *• Fraud and financial abuse prevention.)*	*2*	*Classroom*
Day 1 – Universal precautions training	*1*	*Classroom*
Day 1 – Skill observations by RN	*2*	*Classroom*
Day 2 – Interpersonal skills	*1*	*Classroom*
Day 2 – Confused/disruptive residents	*2*	*Classroom*
Day 2 – Alzheimer's and Dementia	*2*	*Classroom*
Day 2 – Incontinence	*1*	*Classroom*
Day 2 – HIPAA, cyber security and liability	*.5*	*Classroom*
Day 2 – Fraud, waste and abuse	*.5*	*Classroom*
Day 3 – Lifting/moving patients	*2*	*Classroom*
Day 3 - AIDS	*2*	*Classroom*
Day 3 – Hepatitis	*1*	*Classroom*

Day 3 – Medication observation	2	Classroom
Day 3 – Care of participants with arthritis	.5	Classroom
Day 4 – CPR & First Aide	6	Classroom
Day 4 – Fire safety	.5	Classroom
Day 4 – Agency & AAA rules	1	Classroom
Day 4 – Housecleaning	.5	Classroom
Day 5 – Falls and the elderly	2	Classroom
Day 5 – Injury prevention	1	Classroom
Day 5 – Body mechanics	1	Classroom
Day 5 – DNRs and advance directives	.5	Classroom
Day 5 – Time management	1	Classroom

Ongoing Mandatory Training Programs

Program	Method of Presentation
RN: medication reminders and using the med dispensers	Classroom
Physical Therapist: Ambulation, using 'Hoyer lift'	Classroom
RN: Nutrition and food preparation	Classroom
RN: Working with geriatric patients	Classroom
Proper documentation and client file management (training for office employees).	Classroom
Physical Therapist: Safety in the home care environment	Classroom
RN, PT Working with a participants with special needs	Classroom
Critical Incident Reporting Process	Classroom
Working with Hospice / palliative care	Classroom
RN: Clients Status Change – What to do?	Classroom

f) Is continuing education offered to direct care workers? If yes, is it optional or required? How many hours per fiscal year?

Yes, we require all direct care workers to complete at least 8 (eight) hours of continuing education a year.

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

Please see Attachment #:4 for required direct care worker competencies. All direct care worker competencies are evaluated by a staff nurse and training supervisor.

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.

   We believe in the 1x1x1 supervision model. Our RN Supervisors visit all direct care staff on their first day of work with any new patient, then again within the first week, then again within the first month. Thereafter, our RN Supervisors visit all staff/clients on a quarterly basis (or if there is a request for more.)First day of service Supervisor or RN is supervise Care Giver in client house

   b) Describe how direct care worker's performance is evaluated.

   A direct care worker's performance is evaluated on a number of factors. They include:
   - *The RN Supervisor's notes from the visits described in a) above,*
   - *The results of patient feedback/surveys,*
   - *The review of any customer complaints, if applicable,*
   - *The benchmarking of the individual direct care worker's performance against similarly situated direct care workers, and*
   - *Attendance of ongoing training programs and their scores therein.*

   c) Describe how evaluation of worker's performance is shared with the worker.

   Please see Attachment #: 3.

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.

   As a non-medical home care agency our recruitment tactics include, but are not limited to: attendance at local job fairs, monthly newspaper advertising, and local college recruiting. Also, we work directly with the DPW work center and also do weekly online advertising.

   In addition we:

- *Provide current employees a bonus for any new direct care workers they refer to our agency;*
- *Attempt to conduct an exit interview when workers provide notice in advance of their termination so that we can identify turnover trends and implement programs to avoid unscheduled terminations*
- *Foster an open door philosophy so that any employee can speak to any supervisor regarding any issues they may have with anything. We know that happy employees don't leave.*
- *Schedule quarterly reviews and yearly evaluations with each of our employees. These quarterly reviews and evaluations allow us to keep updated with the status and progress our employees are making, and address their needs individually.*
- *We constantly measure customer satisfaction and share those results with our employees so that they can feel like they are part of the solution, not a problem.*

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?

   We have a comprehensive employee retention program that begins upon a new employee's very first orientation and continues through their whole "life" with us.

Employee Retention Strategy/Program	Details
New Hire Orientation – Onboarding Philosophy	All new orientations begin with a discussion by the supervisor about easing any first day anxieties they may have.
New Hire Orientation – Mentorship Program	At the conclusion of initial orientations, new employees are paired with an experience mentor to call on for help at any time.
Corporate Culture - Compensation	We are transparent regarding what our employee's will be paid, what they can do to gain a raise, how/when they will be evaluated, and how they affect the bottom line.
Corporate Culture – Employee Recognition	We celebrate – with everyone – when an employee does something "good."
Corporate Culture – Rewards Program	Those employees that we recognize also receive certain appreciation gifts. They range from a paid day off to dinner out for two.

Corporate Culture – Training and Development	Employees know that those that work for us will have the opportunity to continuously learn and grow in their chosen field.
Corporate Culture – Open Door	We reward employees for good ideas.

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

2014 Turnover Rate: 37%
2015 Turnover Rate: 24%
Our 2016 goal is to continue this downward trend.

8. Does the Proposer look for creative solutions to scheduling that contribute to worker efficiency and satisfaction?

Yes – all the time. Our most "creative" solution is by offering our direct care workers the freedom to truly set their own schedule (with due notice, of course.) We purposely over-hire and maintain such a large workforce (over 500 direct care workers) that no one is ever "forced" to work a specific schedule. Unequivocally, when direct care workers have such freedom, they are more efficient while at work and satisfied when at work as well as away. They know that if they have to pick their kids up from school at 4pm every day, we can accommodate their needs with a shift that allows them to do so.

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.

Process to Ensure Accurate and Timely Documentation of Service:

Flow/Time Sheets
Every direct care worker is charged with completing, prior to leaving their shift, a detailed flow/timesheet that not only documents the hours of work but the specific services they provided the participant during that shift. They are also required to complete a "narrative report" detailing the services they provided the participant during that shift. These reports are submitted to the office every week and

reviewed by administrative staff to ensure the timing and provision of services was in alignment with the care order/s. Direct care workers are also trained, repeatedly, to contact their supervisor, at any time of the day, if the participant's condition changes (good or bad) so that the appropriate parties can be notified.

Spot Checks/Scheduled Checks
We have a team of supervisors who are constantly in the field conducting both scheduled and unscheduled checks of participants and their direct care workers.

Technology
Teletimecard - We utilize a third party software/app that will allow our direct care workers to "clock in/out" of their shifts via a participant's phone. Failure to do so will prompt an automatic alert to our office so that we can check to make sure the direct care worker is there. HealthManager – our office uses proprietary client-direct care worker management software. The software works as a backstop for all client and direct care worker events and allows us to track trends. SAMS – we, of course, use the SAMS system. We record 100% of all 'missed/change day services' to SAMS within five (5) business days.

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?

The easy answer is that we dedicate significant resources – financial and personal – to make sure there is no part of Allegheny County we cannot service. Specifically, we:
- *Consistently hold job fairs in more remote areas;*
- *Advertise heavily in local newspapers for direct care workers;*
- *Consistently run online job postings for direct care workers in such areas;*
- *Provide gas cards to direct care workers if their shift takes them to such areas;*
- *Offer direct care workers more money to work in such areas; and*
- *Offer special bonuses*

In addition, in anticipation of needs, we have a goal in place to increase our direct care worker staff levels by at least 15% in those areas

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.

   The most important strategy we have implemented is something we call "ABR" – "Always Be Recruiting." What this means is that we never hire for our current need, we hire for our anticipated need. We never assume a downturn in service capacity nor do we allow ourselves to think that we are "good enough." We don't need enough direct care workers, we need more caregivers. However, and it is important to note, we never hire someone just because we need a warm body. We thoroughly vet each and every prospective employee before we even allow them to come to our initial 40 hour training sessions (as described above.)
   Another important strategy is to foster a fun and positive workplace culture. Though our ABR philosophy keeps a steady flow of direct care workers coming into our door, we want to make sure that once hired, they want to stay here. Reducing direct care worker turnover also directly impacts our ability to improve service capacity.

   b) Identify the results of the strategy including the percent increase in service capacity.

   There was a 14% increase in service capacity from 2014 to 2015. In addition, client discharges to another provider decreased by 12% from 2014 to 2015.

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

   We realize that the key to serving additional geographic areas lay in our ability to staff direct care workers in those areas. Therefore, we have aggressively expanded our recruitment of direct care workers (in those areas) by running numerous local job fairs, placing job ads in those areas local newspapers, and by localizing online advertising in those areas as well. In addition, we work directly with DPW work centers in order to "get" qualified direct care workers from their rolls.

Finally, any direct care worker that works in such hard to service areas receives a quarterly bonus for their efforts.

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.

   First, we would like to make mention that we already accept nearly 95% of all referrals made to us however we are not ones to sit back on our laurels.

   However, to make sure there is no drop in our abilities, we are dedicated to the following plan:
   > *Continue with our ABR (Always Be Recruiting) mindset in conjunction with our stringent hiring and initial training requirements so that we can field the largest and most qualified group of direct care workers. Then, once they are on board, indoctrinate them into our culture (make them part of the family) and keep them efficient by allowing flexible schedules and happy with the ability to work flexible schedules as well as by providing them the opportunity for job growth by offering them, free of charge, CPR and First Aide trainings and other continuing educational programs while offering them pay above industry norms.*

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

   Of course we are going to continue with the plan we described in 5.a) above which we believe will allow us exceed 90% even within the first year. However, our research clearly indicates that the direct care worker work force is changing. Just offering more money is no longer a guarantee of continued employment. Rather, this workforce is looking for an opportunity to grow in their field. We plan on continuing (and expanding) our continuing education programs so that they feel involved and less interested in leaving our employ.

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?

   First, all employees, upon hire, are informed of our very strict No-Call/ No-Show policy. Understanding, however, that no-call/no-shows will occur, we ensure that there is a live person available to

answer the phone 24/7 including weekends and holidays. Finally, with our Teletimecard App, the office, once again during any part of the day, is notified if the direct care worker fails to clock in or out of the participant's residence.

Scheduler is strongly obligated to staff 'no call/no show' cases during 2 hours.

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

The following is, verbatim, our communication training we provide all employees upon hire:

"Scheduled" Call-Offs:
> *All employees who know they will be unable to attend their previously scheduled case are required to give our staffing coordinators at least 24hr notice prior to the start of their case. However, if notice is given the day of the case, you are required to report to the office prior to returning to your case/consumer. All call-offs are to be documented and you will be required to provide written documentation, explaining the reason for your absence. (e.g., doctor's note, etc.)*

"Unscheduled" Call-Offs (No-calls/ no-shows):
> *If you are scheduled to attend a case and you do not contact the office to inform staffers of your absence prior to the start of the case, we reserve the right to immediately terminate you.*

Rescheduling clients:
> *No one is permitted to reschedule their shift with any client's directly. Any changes to the schedule must be coordinated through the office, period.*

Policy Example: Direct care worker: Ms. Smith's schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	9am-12pm : Client A		9am-12pm: Client A		12pm-5pm: Client B	

Scenario One: Ms. Smith contacts office after her case on Tuesday to inform us that she is unable to attend her case on Thursday. (This <u>does</u> follow standard call-off procedures)

Scenario Two: Ms. Smith contacts office on Thursday at 8:30am, that she is unable to attend case that morning at 9am. (This <u>does not</u> follow standard call-off procedures and Ms. Smith will be asked to report to the office prior to resuming services for client A, but she will still be able to attend Saturday's case for client B)

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

Cultural Diversity:
> *Our current direct care worker roster has individuals that can communicate in 13 different languages (and we are always looking to add more.)*

Special Needs:
> *Our most significant advantage in our desire to meet the needs of participants with special needs is that we employ a physical therapist. The PT's job is to always be looking to implement programs within our agency that can be used to help all participants but most specifically, those participants with special needs. In addition, we are constantly training (and retraining) all of our direct care worker staff on how to properly care for participants with special needs including the development of a training program that teaches transfer techniques specifically designed for special needs participants.*

Additional Specialty Programs (Agency name redacted from name of programs)
> *"...ForFitness:" A program to help seniors exercise safely and effectively without leaving their high-rise. We have been working with this program for the last two years and have over 50 participants.*
> *"...ForMusic:" We originally started this program for the holiday season but after such strong feedback and success we decided to run it all year long. We have found that this program really lifts*

senior's spirits, especially for dementia and Alzheimer's diagnosed seniors.

"...ForEducation:" This program was started to educate seniors and family members who are dealing with Dementia and Alzheimer's disease. It was started four years ago and is thriving in many of our high-rise buildings and our participant's homes.

"...ForArt:" We use pictures and designs that have extra thick lines and paint brushes that are much thicker than normal to make it fun and not stressful for our participants. It is also a very good stress reliever for them. This program was implemented one year ago.

D. Management of Communication

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

We always have 1 of supervisors on call 24/7. Status Change should be report immediately directly to supervisor 'on duty' any time.

The following is our policy regarding participant status changes to supervisors.

Step 1.	**If an emergency, call 911. If not an emergency, call their supervisor (in the office)**
Step 2	**If an emergency, after calling 911, call their supervisor (in the office.)**
Step 3	**Supervisor immediately calls staff nurse to triage the situation (contact direct care worker and find out what is happening). And, if necessary, visit the participant to assess his/her condition in person.**
Step 4	**Supervisor then calls participant's family/emergency contact to notify them of status change**
Step 5	**Supervisor then contacts care-manager and notates it in SAMS (if applicable)**
Step 6	**Nurse visits participant within 3 days to ensure participant is stable and implement any changes in care plan prompted by care manager (or family, in private pay situations.) Please note, nurse often visits participant in the hospital, if applicable.**

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

Step 1	*Supervisor (and potentially the nurse), contacts participants next of kin or other informal caregivers and explains situation and obtains their care orders (if applicable.)*
Step 2	*If applicable and as noted above, supervisor contacts the care manager, doctor, medical home care or hospice to notify of situation.*
Step 3	*If applicable, supervisor updates the activity referral report in the SAMS system.*
Step 4	*Nurse visits participant within three (3) days of notice of change of status to ensure participant is receiving the care he/she needs.*

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.

A direct care worker saw a white spot on their client's foot. The direct care worker called our office and reported this issue to her supervisor. The direct care worker was instructed by the staff nurse to take the client to the hospital however the client declined to go. Our supervisor then contacted the client's daughter as well as the client's doctor to "encourage" the client to go to the hospital yet still, the client refused to go. Our office then sent a staff nurse to investigate it directly. The nurse was alarmed by what she saw and called EMS immediately. Her concern ended up saving the client's foot.

A direct care worker arrived at a client's residence to provide services, but no one answered the door. The direct care workers, as trained, then contacted our office for instructions. She was asked to go to the client's neighbor to inquire if they were aware of any issues. Unfortunately, they too were unaware of anything. We then attempted to contact the client's building manager but received no answer. Next, we called every emergency contact that the client provided us but still received no answers. In the end, we contacted 911 who immediately came over and broke down the door. The client had collapsed and was in need of emergency care. Our persistence saved her life.

Specifically discuss the communication process between Participant, direct care worker, agency and any individuals or resources contacted to resolve the issue.

In both of these situations, the direct care worker followed our participant status change policy perfectly. They both immediately notified their

supervisor who then involved our staff nurse and then contacted the care managers and next of kin. Moreover, we are particularly proud of both direct care workers' persistence in their respective situations. They kept "working" the situation until the participant received the care he/she needed.

E. Management of Program Quality

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

   We have the following systems and procedures in place to support us in our aim of total customer satisfaction and continuous improvement throughout our business:
   - *Consistent/regular gathering and monitoring of customer feedback (including monthly quality calls)*
   - *A consumer complaints procedure (in accordance with the Area Agency on Aging)*
   - *Stringent selection and performance monitoring of direct care workers against set criteria*
   - *Initial and ongoing training and development for our employees, new and existing, as outlined in our training policies and procedures*
   - *Regular audits of our internal processes*
   - *Measurable quality objectives which reflect our business aims*
   - *Management reviews of audit results, customer feedback and complaints, weekly, including follow-up process. Our internal procedures are reviewed regularly and are held in a Quality Manual which is made available to all employees.*
   - *Strict compliance with ADA standards*
   - *Clinical observation of all employees, including field visits and service calls*

2. How do you handle participant complaints?

   We utilize specific tools and procedures in order to assure the highest possible level of customer satisfaction for all clients. We believe that an appropriate procedure includes efficient and thorough evaluation of all reports, consistent implementation of tools designed to process all reports, protection of the rights of both employees and clients, and coordination with all involved parties throughout any resolution period.

   Concerns about quality of care may be reported via any of the following procedures:

1. Reports given to administrative staff from satisfaction surveys that are sent to all clients on a quarterly basis
2. Reports given to administrative staff from performance concern reports completed by clients (monthly quality calls) or client representatives
3. Reports given to administrative staff from field staff that have experienced or had concerns relayed to them.
4. Reports identified by administrative staff during routine supervisory visits with clients and client representatives.

Once a report is received, an administrative supervisor will complete an incident report that outlines the concerns as reported. The incident report will include:
1. A detailed description of the issue reported.
2. Classification of the incident as an Accident, Injury, Unsafe Circumstance, Theft or Loss, Neglect or Abuse, or Other violation of company policy.
3. Follow up actions to be taken by the supervisor, including other parties who will be contacted in an effort to resolve any confirmed concerns.
4. Other staff to which the incident report will be forwarded for review and feedback such as Director of HR, President.

The client and all involved family members, any involved employees, and other relevant agents of the clients will be contacted within 24 hours of the completion of the incident report for further discussion. Once contact has either been made or attempted with involved parties, the administrative supervisor who completed the incident report will make contact with the client or the appropriate agent of the client. This follow up contact will be intended to share details and resolutions based upon information received during all exploratory conversations. In the event the supervisor has been unsuccessful in contacting involved parties, that supervisor will still initiate contact with the client or agent to report all progress attempted.

A final resolution will be shared with the client or agent (such as termination of employee services, change in care plan) either during the follow up conversation, or at a subsequently agreed upon date- provided that subsequent date does not exceed 10 additional business days.

In the event the resolution does not satisfy all involved parties, the following steps may be taken and documented on the incident report:
1. Request further conversations with involved parties to develop additional options, and establish a date by which an anticipated resolution will be completed.

2. *Request the involvement of the agency President. The President may be reached at telephone #: 412.521.4700*
3. *Request or initiate the involvement of local law enforcement authorities- as in the case of client abuse/neglect or theft of property.*
4. *The client/representative may contact the PA Complaints Hotline.*

All reports will be logged in a separate, clearly identified binder after review by the President. The binder of reports will be audited by the President on a quarterly basis to:
1. *Assure final compliance.*
2. *Evaluate for trends that may require additional training of staff.*

3. Describe your process for handling a billing discrepancy.

Agency is committed to complying with all applicable legal requirements in the course of conducting its operations and expects each of its employees and agents to do the same. The purpose of the program is to prevent and detect any criminal, fraudulent or other unethical and improper conduct, and to take appropriate corrective actions upon any detection of any such conduct.

Some of the activities the policy is intended to prevent are:

- *Billing for excessive services (not approved by Care Manager).*
- *Falsified Time Sheets.*
- *Billing for services not rendered.*
- *Failing to comply with government and other payer requirements.*
- *The use of unlicensed, untrained or unqualified staff.*
- *Failing to meet other legal requirements.*

Billing provided by 10th of each month