

**A. Proposer Profile and Experience****1. Indicate your primary and secondary service area choices as referenced in Appendix B.**

Our agency would like to select Area 1 as our primary area to serve and Area 2 as our secondary area to serve. We believe with the locations of several of our offices positioned in the heart of Allegheny County, as well as our corporate office just 10 miles north of the Allegheny County line, we will be able to provide quality services to those who reside in Area 1 and Area 2.

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

Our agency is a state licensed, community based nonprofit, home care agency that initiated services in 1997. Our agency has been providing Option services, Aging Waiver services, and private pay services for over 19 years. We serve the following counties in Western Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Indiana, Washington, and Westmoreland.

**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?**

Our agency is a part of a Continuum Care Retirement Community (CCRC). Our parent organization has been caring for the older adult population for over fifty years and currently operates several skilled nursing facilities, personal care facilities, and retirement living facilities. Our relationship with our continuum enables us to seamlessly transition consumers to other levels of care if there is a need. We do not see any barriers in providing services under the Allegheny AAA contract.

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

Our agency, is an employer, and currently employs over 90 staff members; 30 of which are direct care workers dedicated to providing services to those who reside in Allegheny County. We also have several direct care workers that live on the border of the Allegheny County lines and can, if need be, provide services to consumers within Allegheny County.

**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?**

Our agency has an office centrally located in Allegheny County. From this office, a Service Coordinator is available full time to accept referrals and coordinate services to best service the consumers and contracting agents. Fax and email are utilized for efficient and timely transmission of written material. Our agency's corporate/administrative office is located about 10 miles north of the Allegheny County line where all supervisory and administrative tasks are performed. In addition, the Private Duty Manager is on site at our centrally located office in Allegheny County at a minimum of one day per week.

**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:** Please see list below. We have not had any of these contracts cancelled prior to the scheduled end date.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
Westmoreland AAA	PC, HH, LPN, & RN	\$549,202.00	07/2010 to 06/2011

Westmoreland AAA	PC, HH, LPN, & RN	\$489,857.00	07/2011 to 06/2012
Beaver Co. Aging Waiver	PC, HH, LPN, & RN	\$432,164.12	07/2010 to 06/2011
Westmoreland AAA	PC, HH, LPN, & RN	\$363,383.00	07/2012 to 06/2013
Beaver Co. Aging Waiver	PC, HH, LPN, & RN	\$317,491.68	07/2011 to 06/2012
Westmoreland AAA	PC, HH, LPN, & RN	\$295,841.00	07/2013 to 06/2014
Westmoreland Co. Aging Waiver	PC, HH, LPN, & RN	\$209,061.38	07/2011 to 06/2012
Allegheny County AAA	HS, PC, LPN & RN	\$201,071.00	07/2011 to 06/2012
Beaver Co. Aging Waiver	PC, HH, LPN, & RN	\$179,107.67	07/2012 to 06/2013
Westmoreland AAA	PC, HH, LPN, & RN	\$176,287.00	07/2014 to 06/2015
Allegheny County AAA	HS, PC, LPN & RN	\$168,814.00	07/2010 to 06/2011
Allegheny County AAA	HS, PC, & LPN	\$156,126.00	07/2012 to 06/2013
Butler County AAA	HS, PC, & LPN	\$153,889.00	07/2011 to 06/2012
Butler County AAA	HS, PC, & LPN	\$123,096.00	07/2010 to 06/2011

**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 Unit = 1 Hour	Total Units of In-Home Services To Older Adults Unit = 1 Hour	Number of Unduplicated Participants Served in Home	Number of Unduplicated Older Adults Served in Home
Personal Care	75,725	710	75,725	710
Home Support Housekeeping	14, 247	428	14, 247	428
Home Support Chore	0	0	0	0

**B. Management of Staffing, Training, Direct Care Worker Recruitment and Retention****Staffing and Training****1. Describe Proposer's hiring process in very specific detail.**

In-home service personnel are already on staff and available for the provision of the proposed services. These persons include administrative personnel, registered nurses, LPNs, and direct care workers. Our plan for recruiting, hiring, and retaining staff is built upon the recognition that quality personnel are crucial to carrying out the agency's mission.

A personal interview will be conducted and documented on all potential employees.

Employment and personal references will be checked to meet or exceed requirements established in the Request For Proposal (RFP). Our agency will also complete a criminal background check and driver's records report on all personnel. All staff must meet the minimum requirements noted in their position description to qualify for employment.

Furthermore, staff must demonstrate to supervisory personnel that they are competent to perform the specific duties assigned prior to services being rendered.

A physical is required of all employees upon hire to ensure that they meet the specifications of this Request for Proposal. All direct care workers are required to pass a medically accepted test to detect tuberculosis every two years after hire. All direct care staff are offered the option of receiving the Hepatitis B immunizations. Proof of licensure/certification (if applicable) and current cardiopulmonary resuscitation (CPR) and First Aid training are required of all clinical and field staff.

All direct care workers, whether formally trained prior to hire or not, are required to complete the National League of Nurses test and are competency evaluated. Employees

without formal training are required to complete training appropriate to their position and are competency evaluated prior to assignment. All employee records are maintained by Human Resources personnel.

All employees are required to follow the agency's dress code as noted in our policy and are required to wear issued employee identification badges when performing services. All staff members are prohibited from smoking or using tobacco products while in the consumer's home.

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

Our agency believes that maintaining and improving skills and knowledge is a shared responsibility between the employee and the employer. The agency seeks to develop a climate for learning in order to encourage the professional development of each employee. The agency has the obligation to provide educational information pertinent to the successful performance of each employee's position description. The employee has the responsibility to utilize the information presented, to identify and communicate learning needs and to seek out learning opportunities. The agency has established methods to promote and encourage self-development, professional growth, and continued learning, supporting the mission and improving organizational performance. We also follow home care licensure requirements for employee hiring, training, and supervision.

***Orientation*** - All staff receive a comprehensive, individualized orientation based on specific responsibilities, skills and experience. A planned program is developed based on the skill and knowledge level of the worker and approached in a three-phase format. All direct care

provider staff is required to watch the Consumer Control and the Independent Living Philosophy video.

**Competency** - The agency has an established, continual process to maintain and improve staff competency. Initial/basic competency is evaluated during orientation and as new care situations arise. We also meet the Pennsylvania Department of Health's competency requirements which consist of: Confidentiality, Consumer Control and Independent Living Philosophy, Basic Infection Control, Instrumental Activities of Daily Living, Universal Precautions, Recognizing Consumer Changes that Need Addressed, Handling Emergencies, Recognizing and Reporting abuse and Neglect, Documentation, and Dealing with Difficult Behaviors.

**Internal Education** - Staff education is provided to all staff. Frequency and content varies with disciplines and groups. All staff participates and is paid to attend. All offered programs are appropriate to staff responsibilities and knowledge level, skills, experience and readiness for learning. Education is tracked and monitored.

**Continuing Education** – Various mandatory in-services are administered throughout the calendar year for every employee. These in-services consist of education and then a short test that validates their understanding of the information presented. All direct care workers minimally receive 12 hours of in-services per year. Examples of in-service topics are HIPAA Compliance, Infection Control, Legal and Ethical Issues for Aides, and Elder Abuse. Attendance at seminars and education workshops outside the agency is encouraged. Requests from employees to attend seminars are handled individually, relevance to the position and length of service is considered.

**Training Curriculum** - Preference for hire is given to applicants who have successfully completed a formal training program of one hundred plus hours, e.g. CNA. All direct care workers, whether formally trained prior to hire or not, are required to complete the National League of Nurses test and are competency evaluated. Employees without formal training are required to complete training appropriate to their position and are competency evaluated prior to assignment

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

See Appendix V - Exhibit 1: New Hire Training for specific topics and associated hours.

Our agency's new hire training curriculum consists of 17.5 classroom hours and approximately 25 hours of shadowing an experienced direct care worker. Classroom curriculum consists of an orientation to our agency, instructional videos, and various in-services on the following topics: recognizing abuse and neglect, consumer control and independent living philosophy, customer service and complaint resolution, code of conduct, and identify theft. Direct Care Workers are required to complete a short test associated with each in-service. CPR and first aid instruction is also reviewed.

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

An instructor provides 17.5 hours of training in a classroom setting in the office. Once the newly hired direct care worker completes all of the topics to the instructor's satisfaction, the new hire is assigned to a senior direct care worker and accompanies the senior direct care worker to his/her assigned cases. The new hire observes the senior direct care worker and receives instruction during the first week of the assignment. During the second week

of the assignment, the new hire provides the care under the direction of the senior direct care worker. During this two week period, a minimum of 25 hours of hands on training is provided. When the direct care worker completes his/her shadowing assignment, the direct care worker must demonstrate that they are competent in all skills associated with their position description by participating in a competency evaluation. Competency evaluations are held in a classroom setting in the office utilizing a life- size dummy in which the direct care worker must demonstrate each skill on the dummy while the Nursing Supervisor evaluates his/her performance. Additional education is provided if necessary. The Nursing Supervisor does not approve the direct care worker to be released to work independently until the direct care worker demonstrates his/her ability to complete these skills independently. Once the direct care worker passes the competency evaluation, the direct care worker is approved work independently.

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

On-going training of all direct care workers occurs throughout the year via mandatory on-line in-services that are completed monthly. Each in-service is an hour long for a total of 12 hours of training annually. In-services are available on the Pennsylvania Homecare Association My Learning Center website. The Pennsylvania Department of Health has approved these in-services as meeting the competency requirements for home care licensure.

**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.**



Hands-on skills training is provided to newly hired direct care workers by an assigned senior direct care worker. Hands-on training consists of the newly hired direct care worker shadowing the senior direct care worker as the senior direct care worker provides care to his/her assigned consumers for the week. The newly hired direct care worker then provides all care the following week with the direction and assistance of the senior direct care worker. At the end of the second week, the Nurse Supervisor evaluates the newly hired direct care worker and ensures that he/she is competent in areas including but not limited to: bed baths, tub baths, skin care, nail care, transfer techniques, positioning, laundering, dusting, vacuuming, sweeping, etc. Please see Appendix V - Exhibit 2, 3, and 4 for a complete list of skills that are competency evaluated. Additionally, all direct care workers are competency evaluated annually to ensure that they are capable of performing all assigned skills on a continual basis.

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

Direct care workers are required to complete approximately 30 hours of training prior to providing any hands on care to a consumer. An instructor provides 17.5 hours of training in a classroom setting. Once the newly hired direct care worker completes all of the topics to the instructor's satisfaction in the classroom setting, the newly hired direct care worker is assigned to a senior direct care worker and accompanies the senior direct care worker to his/her assigned cases. The new hire observes the senior direct care worker a minimum of 12.5 hours and receives instruction during the first week of the assignment. During the second week of the assignment, the new hire provides the hands-on care under the

direction and supervision of an experienced senior direct care worker. During this two week period, a total of 25 hours of hands on care training is provided.

**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.** Each direct care worker is provided in-services and is required to complete and return the short test associated with the in-service to the agency. Topics, in the past, have included, but are not limited to, confidentiality and HIPAA review, pneumonia, protected health information, safety tips, bloodborne pathogens, preventing pressure ulcers, corporate compliance annual training, floods, winter safety, flu, tuberculosis, elder abuse, legal issues and ethics, communicating with family members, pain management, infection control, smoking in the home. In fiscal year ending 2014, the in-services were mailed to the direct care workers. Beginning in 2015, our agency made all in-service/training sessions available on-line for easier access and tracking. Please see Appendix 5 - Exhibit 5 for a complete list of trainings in the last two fiscal years.

**g) Is continuing education offered to direct care workers? If yes, is it optional or required?**

Our agency requires that all direct care workers are competency evaluated on specific skills annually. Completing monthly on-line in-services, attending quarterly staff meetings, attending bi-annual presentations on various topics such as proper lifting techniques, nutrition, and safety in the home, are all mandatory. Additionally, our agency offers tuition reimbursement to eligible candidates to further their education if he or she chooses to do so.

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

Supervisor competency evaluates all direct care workers on several skills such as bed baths, tub baths, skin care, nail care, transfer techniques, and positioning. Please see Appendix V - Exhibits 2, 3, and 4 for a complete listing of skills that are competency evaluated.

Competency evaluations are held in a classroom setting utilizing a life- size dummy in which the direct care worker must demonstrate each skill on the dummy while the Nursing Supervisor evaluates his/her performance. Additional education is provided, if necessary, and the Nursing Supervisor does not approve the direct care worker to be released to work independently until the direct care worker demonstrates their ability to complete these skills independently.

**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.**

Our agency believes there are multiple ways to supervise direct care workers. Effective supervision of the direct care worker correlates with the workers performance and evaluation of their performance.

***Supervision and Evaluation:*** The Service Coordinator, working in conjunction with the Nursing Supervisor and Private Duty Manager, is primarily responsible for the supervision of the direct care workers. The Service Coordinator is in contact with the

consumer on a regular basis throughout their admission to our organization.

Throughout the admission, the Service Coordinator will question the consumer about the care being provided, if the consumer is satisfied with the care being provided, and if they are satisfied with direct care worker that is providing the care. During these conversations, if any issues or concerns arise, they are documented and addressed by the Service Coordinator. Any significant concerns are brought to the Private Duty Manager's attention as well as communicated with the Care Manager as need be. The Service Coordinator also reviews the documentation of the consumer's visit on a weekly basis. The documentation is compared to the service plan to ensure that the services requested are being provided. Any documentation issues are brought to the attention of the direct care worker and additional training is provided if necessary. Additionally, the direct care worker is supervised, at minimum, annually, by the Nursing Supervisor during a consumer's scheduled visit. The Nursing Supervisor meets the direct care worker at the consumer's home to observe and evaluate the direct care worker's performance while he/she is providing care to the consumer. During the Supervisory visit, the Nurse Supervisor ensures that the established care plan for the consumer has been met. For example, for home support services, the Nurse Supervisor ensures that the bed is made, the linens have been changed, trash is taken out, the bathroom sink, and the mirror, the toilet, and the tub all have been cleaned. For personal care services, the Nurse Supervisor ensures that a bath or shower was completed, hair care, nail care, assistance in dressing, and assistance with ambulation, if necessary, was provided in addition to the home support tasks listed above. The Nurse Supervisor also observes

the consumers response to the care provided and the professionalism of the direct care worker during this visit. The consumer is provided with an Evaluation of Service form ( Appendix V - Exhibit 6) by the Nurse Supervisor. This form is completed by the consumer and returned to the agency. The form is reviewed by the Service Coordinator and the Private Duty Manager. The Private Duty Manager reviews the documentation of the supervisory visit and the Evaluation of Service form when completed. Both are kept on file to assist the Private Duty Manager when conducting the annual performance evaluation of the direct care worker. If any issues are determined during any of these methods of supervising, the Private Duty Manager is alerted immediately and the concern is addressed appropriately. Re-education of the direct care worker, or even the Nurse Supervisor accompanying the direct care worker on the next few visits to the consumer, may be necessary in order to resolve any consumer concerns or issues.

**Annual Performance Evaluation review:** Prior to completing the performance evaluation of the direct care worker, the Private Duty Manager reviews all of the documentation on file for the direct care worker in addition to meeting with the Nursing Supervisor and Service Coordinator regarding the performance of the direct care worker. Several topics are discussed such as quality of care, productivity, attendance, team work, and documentation. The direct care worker is provided with a face to face annual performance evaluation, or if need be, the evaluation is performed over the phone. The documented performance evaluation is filed into the direct care worker's employee file. All employees have access to their employee file upon request. A copy

of the performance evaluation is provided to the direct care worker either in person or via mail.

### **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.**

Our recent addition of two locations within Allegheny County affords our agency the ability to interview and recruit within the county. One office is located in central Allegheny County, while the other office is located in northern Allegheny County. With these two new locations, our agency now has presence in Allegheny County which lends us the opportunity to gain additional name recognition within the county. Our agency is one of the few agencies that offer benefits in conjunction with full time status. Our benefits are as follows: health, dental, vision, paid time off, a retirement plan, and tuition reimbursement. These benefits are promoted in our advertising as well as discussed extensively during the interview process. We have expanded our recruitment efforts to include the following: open interviews, advertising positions utilizing social media, and a referral bonus program. Open interviews are held once a week in each location. We understand that potential employees may have limited availability to complete an application and commit to an interview. During open interviews, the candidate can complete an application and interview all within the same day. We advertise positions not only in local newspapers, but also via social media which we have determined to be successful.

We have implemented a referral bonus to all employees that refer a potential candidate to our agency that becomes an employee. Our Human Resource Department attends job fairs

and works with vocational-tech schools in the area as well. In our hard to serve areas, we have increased our hourly Personal Care Aide rate to \$12.00/hour and if the Personal Care aide is a CNA, we offer \$13.00/hour.

**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 currently have several programs in place targeted at the retention of our direct care workers. One of the biggest retention programs is our retirement plan. We offer a retirement plan to those employees who are 18 years or older, have completed one year of service, and have worked at least 1,000 hours in the past year. Employees are automatically enrolled into our retirement plan at 4% of their gross compensation. If the employee opts for a lower contribution, they can contact Human Resources and make that change. Our agency will then match ½% to every 1% contributed by the employee into their retirement fund. For example, if the employee contributes 4% into their retirement fund, our agency will contribute an additional 2% into their fund. Vesting for the employee's contribution occurs immediately. The agency's contribution is vested based on the number of years employed. Other programs we have in place are discounted Kennywood Park tickets, discounted Pittsburgh Pirate tickets, and a gift card to a local restaurant for the employee's birthday. Gift cards and cash bonuses are given out during the months of November and December for the holiday season. Seniority bonuses, the bonus are based on the number of years served, is also given out during the month of December. In May, we hold our annual Employee Appreciation week. During this week, all employees are eligible

to win small prizes based on a random daily drawing. A small appreciation gift is also given out to all employees during this week. Examples of gifts given in the past are a fleece jacket, a beach towel, a camping chair, and an insulated lunch bag.

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

Our turnover rate has decreased 12% from fiscal year ending 2014 to fiscal year ending 2015. For fiscal year ending 2014, our direct care worker turnover rate was 55%, which was 6.5% lower than the national average. In fiscal year ending 2015, our direct care worker turnover rate was 42%. To date, for fiscal year 2016, our direct care worker turnover rate is 34.83%.

**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.**

Our Service Coordinators schedule our direct care workers to meet the needs not only of the consumer but also the employee by working with their availability and adjusting visit times as necessary to ensure that not only the consumer receives the appropriate care but also is matched with the best direct care worker for their needs. Each referral is discussed with the direct care worker to determine if the consumer is a good match for the direct care worker for the requested care. Allowing our aides the flexibility of setting their work hours has positively impacted our worker satisfaction and has recently decreased our turnover rate.

**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.**

All consumer service orders are generated through SAMS upon initial receipt of the case and monthly thereafter. The Service Coordinator enters the consumer orders in our Electronic Medicare Record (EMR) per the agreed upon consumer care plan. The direct care workers utilize telephony to complete visit start and end times as well as the task codes for the services completed during the visit to the consumer. The Service Coordinator verifies the documented visits through the EMR. The Service Coordinator ensures that documentation is recorded for all consumers that are under care on a daily basis. The Service Coordinator also ensures that the appropriate services were performed by verifying the tasks recorded by the direct care worker. Once the documentation is verified, the Service Coordinator approves the documentation for both billing and payroll purposes. Prior to submitting any invoice for payment, the Billing Coordinator audits all documentation of services performed and compares the transactions against the approved billing roster.

**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?**

In the areas we are bidding to service and where we currently service, we do not have any significant transportation issues. Our agency has direct care workers who have their own transportation or live where they have access to a bus line. Additionally, our agency has the availability of company cars in which we will permit from time to time our direct care

workers to use for transportation to a consumer's home if need be. We are currently considering purchasing bus passes for those direct care workers that use the bus line as their transportation as another recruitment and retention strategy.

**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.**

We have found there is a tremendous amount of competition among home care providers, especially in Allegheny County. We have found that it is very important to have agency presence in the areas that you serve which in turn gives you more name recognition.

Hence, why we felt it was important over the past few years to expand our office locations in several areas. Two of these offices are located 10 miles south of the Allegheny county line and 40 miles north of the Allegheny county line respectively. By expanding our locations, we are able to recruit direct care workers from several different areas as well as continue to expand our territories in which we can provide services.

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

Since the expansion of our locations over the past few years, we have seen an increase in the number of consumers we serve. As of June 30, 2014 our agency's active private duty consumer census in Allegheny County was 185. As of June 30, 2015, we had an active census of 226 consumers in Allegheny County. As of today, we have an active private duty consumer census in Allegheny County of 259. We have increased our private duty census in Allegheny County by 40% since June 2014. Of those who were active as of June 30 2014, 60 of these consumers were Allegheny County Options consumers. As of today, we have an

access census of 94 consumers under the Allegheny County Options program; this is a 56% increase since June, 2014.

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

As stated above, we have found there is a tremendous amount of competition among home care providers, especially in Allegheny County. We have found that it is very important to have agency presence in the territories that you serve. Hence, why we felt it was important over the past few years to expand our office locations. Over the past two years, we opened an office 10 miles south of the Allegheny county line and another office 40 miles north of the Allegheny county line respectively. By expanding our locations, we are able to expand our territories in which we can provide services.

**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.**

We feel confident with our recruitment and retention efforts over the last year in conjunction with our flexible scheduling approach, which ensures that the direct care worker assigned to the consumer is the best fit, that we will be able to accommodate this requirement of the RFP.

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

With our continued efforts in recruitment and retention and our willingness to think "outside" of the box, we will continue to build upon our current structure and will have the ability to accommodate this requirement of the RFP.

**5. 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?**

Our experience has been that the consumer typically refuses a replacement direct care worker. In the event that the consumer is willing to accept a replacement direct care worker, our agency will exhaust every effort to find a replacement. Our agency has a staff of over 80 direct care workers servicing 5 counties in Southwestern PA. In the event of an employee call off, the Service Coordinator contacts each of their direct care workers that provide services in that territory to find a replacement worker. If a replacement direct care worker cannot be found using this method, the Service Coordinator will then contact the direct care workers outside of the territory and offer bonuses if need be to staff the consumer.

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

The direct care worker reports off to the Service Coordinator. The Service Coordinator confirms with the direct care worker the consumers that were on his/her schedule for the day. Any direct care worker can contact the answering service before/after office hours to call off if need be. Once the direct care service worker replacement is found, the Service Coordinator reviews each consumer with the replacement direct care worker, including the consumer care plan, the scheduled visit times as well as any specific notes regarding the consumer and his/her care. The consumer is contacted and told that the scheduled direct care worker called off and Service Coordinator offers another direct care worker as a replacement. The consumer is also given the name and the approximate time to expect the

newly assigned direct care worker. This information is noted in SAMS. If the consumer refuses service, this information is noted in SAMS. The same process is followed when a direct care worker does not show up to a consumer's house as scheduled.

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

Regardless of who we are providing services to, all of our consumers/patients are provided the same quality care and treated with respect and kindness. Our agency's Notice of Non-discrimination is as follows: Our agency provides services to everyone without regard to race, sex, color, national origin, ancestry, religion, age, disability or genetic information, or any other protected class under applicable law as applicable to our patients, referral sources, and employees.

Our agency holds contracts with organizations that can provide language interpretation and sign language services. Additionally, we have direct care workers that have been specifically trained on how to provide care to Alzheimer and dementia consumers.

**D. Management of Communication**

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

The direct care worker, Nursing Supervisor, and the Service Coordinator work very closely together. They all understand that it is their responsibility to share with the Care Manager the consumer's response to the service and changes in clinical or support needs at a minimum of a weekly basis. However, we understand that only the Care Manager has the authority to alter the plan of care and scheduled services. The agency will provide all relevant information should the consumer transfer to another provider. The agency will

provide notification to the AAA immediately upon the need to terminate services to a consumer. The agency's Nursing Supervisor is responsible for reviewing service recommendations, performing a basic nursing assessment, developing a clinical plan of care prior to or in conjunction with the first visit. In addition, the Nursing Supervisor will evaluate clinical problems, orienting the direct care worker and providing continuity of care recommendations to formal and informal caregivers. The RN can also assist in coordinating clinical care if a skilled service is required, whether delivered by the contracting agency or another agency. The agency will submit the care plan to the AAA within fourteen (14) working days of the start of care and the care plan would be updated annually or more often as needed.

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

The direct care worker reports any participant changes directly to the Service Coordinator. The Service Coordinator, then in turn, reports these to the appropriate Care Manager. If our Nursing Supervisor notices a participant's change in their health, under his/her nursing license, the nurse will contact the participant's physician to report this change in addition to contacting the consumer's assigned Care Manager. At times, the direct care worker may provide caregiving tips to the caregiver. Direct care workers are not permitted to communicate any information regarding a consumer's changes to others unless we have a POA on file or a release from the consumer stating who can be made aware of their information.

**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.**

A. The direct care worker was assigned to see a participant for 1 hour per day three days a week for bathing. The direct care worker contacted her Service Coordinator to let her know that the participant was having difficulties getting bathed and what used to take a half hour was now taking the full hour. This did not leave the aide any time for range of motion exercises or other tasks. Our office contacted the Care Manager explaining the situation. The Care Manager looked into the case and was able to immediately authorize an additional ½ hour for each day. The Care Manager also scheduled a follow up visit with the participant to reassess her needs. Our agency then notified the participant that we were able to get additional time approved for her services.

B. A direct care worker contacted our Service Coordinator to report that a participant she was providing services to is living in poor conditions in her rental unit. There are holes in the ceiling which lets rain in. There are no working electrical outlets in the living room. The water in the bathroom cannot be turned on or off. The Service Coordinator emailed the Care Manager regarding the issues with the participants living conditions. The Care Manager is currently assessing the situation to determine what action can be taken to assist this participant. The Care Manager contacted the consumer to follow up.

**E. Management of Program Quality – start here**

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

Our agency performs a customer service survey on a regular basis. This survey consists of questions regarding services and the staff providing the services. If any concern is received while reviewing the survey answers, these concerns are given to Private Duty Manager to investigate and resolve any issues possible within a reasonable time frame. This may include, but is not limited to, providing another direct care service worker that may be a better fit for the client. Client Satisfaction surveys results are combined, reported, and reviewed monthly by the Private Duty Management team. The Private Duty Management team also holds quarterly compliance meeting in which specific quality measures are tracked, reviewed and re-education on processes or ways to improve on quality measures are discussed. In addition, the Evaluation of Service form is left in the consumer's home for him/her to complete and mail to the agency or give to the direct care worker/Nurse Supervisor at a minimum of one time per year or any time the care plan changes.

**2. How do you handle participant complaints?**

All participant complaints are documented in a complaint log, reviewed by the Private Duty Manager and the Corporate Compliance Manager is contacted, if need be, depending on the severity of the complaint. All complaints are investigated and a response and is provided to the appropriate parties involved with the participant's care. If there is a resolution to the complaint, the recommended resolution is also provided.

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

In addition to our agency issuing an Evaluation of Service form for the consumer to complete annually at minimum, our agency has a Customer Service Coordinator who



surveys our consumers on a regular basis. The Customer Service Coordinator contacts our consumers every six months and asks the consumer to participate in a customer service survey. The survey consists of questions regarding the professionalism of the direct care worker, the quality of care, and attendance. If the consumer has any questions or concerns during the survey call, the Customer Service Coordinator communicates these to the appropriate Private Duty personnel. Any significant issues are documented and provided to the Private Duty Manager for appropriate follow up. The survey results are summarized and presented to the Private Duty Manager as well as the President/CEO of our organization. The survey results are also presented to the Board of Directors on a semi-annual basis.

a. If so, provide questionnaire or interview schedule utilized to solicit Participant feedback and satisfaction. Please see our Customer Service Survey (Appendix V - Exhibit 7) and our Evaluation of Services (Attachment F). The Customer Service Survey is completed every six (6) months. Topics discussed during the survey are professional attitude, keeping appointment times, quality of care, dress attire, and plan of care. The Evaluation Service form is left in the home annually, at minimum, completed by the consumer and returned to the agency.

**3. Describe your process for handling a billing discrepancy.**

Our agency takes careful measures to ensure billing accuracy. Service Coordinators must document any time there is a change to the consumer's service order. The Service Coordinator will also contact the Care Manager to obtain approval for these changes. In the case of a billing discrepancy, our AR Billing Coordinator revalidates that the orders on file

for the consumer do match what is on file in SAMS for the consumer in question. The AR Billing Coordinator then looks for documentation from the Service Coordinator regarding any discrepancies. The AR Billing Coordinator submits all documentation to the county regarding the billing discrepancy, which includes service orders, invoice, telephony notes, and any notes that were documented in the EMR system and/or emails that had been sent in regards to the change(s) to the service order.