

A. PROPOSER PROFILE AND EXPERIENCE

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

The organization selects Area 1 primary and Area 2 secondary.

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

The organization first offered services to older adults in 1993.

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 organization is not franchised or a subsidiary. The organization is a locally owned and operated group with many years of AC/DHS/AAA OPTIONS services provided.

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

The organization operates as an 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?

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.

The organization's administrative, supervisory office is centrally located in Allegheny County.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
AC/DHS/AAA	OPTIONS	\$1,096,446	7/1/2015 – 6/30/2016
AC/DHS/AAA	OPTIONS	\$1,130,054	7/1/2014 – 6/30/2015
AC/DHS/AAA	OPTIONS	\$1,129,369	7/1/2013 – 6/30/2014
AC/DHS/AAA	OPTIONS	\$1,125,167	7/1/2012 – 6/30/2013
AC/DHS/AAA	OPTIONS	\$1,015,580	7/1/2011 – 6/20/2012

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	32,020	32,020	303	303
Home Support Housekeeping	15,406	15,406	139	139
Home Support Chore	146	146	24	24

B. MANAGEMENT OF STAFFING, TRAINING, DIRECT CARE WORKER RECRUITMENT AND RETENTION

Staffing and Training

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

The Organization has committed to introducing individuals into the In-Home service industry. As a result, the organization has developed very strong, unique relationships with various organizations/community groups and governmental agencies which collaboratively developed and implemented a successful recruiting/training and placement initiative. This strong plan to identify, train and hire quality staff has positioned our organization to observe and identify individuals who are adequate and appropriate to add value to the rendering of service to the valuable older adult population of which we are proud to serve.

Effective Ongoing Staff Recruitment

Our partnerships allow our organization to recruit/draw a varied population of potential In-Home service workers to match the varied population of which we serve. We benefit by observing each recruit attending our actual classroom training class. Learning and observing each other's characteristics (attitude, maturity, moral character, attitude towards work assignments) over the training period provides a window or a look at each recruit in an attempt to evaluate the various components beyond the standard interview process.

Our organization embraces the following format:

- Training class available quarterly or as needed based on recruiting.
- Pre- training interview (face to face meeting).

- Acceptable candidates are admitted to the training class.
- Two references are checked.
- Criminal background submitted.
- Training provided/observe character.
- Second face-to-face interview after completing the training class.
- Discuss/review candidate's characteristics, abilities, capacities and training performance.
- Review availability – identify strengths of hands on skills/competency.

Efforts to identify appropriate staff whom are physically capable to complete the required work develop as interested and appropriate candidates identified are required to obtain a physical by a licensed physician, nurse practitioner or physician's assistant (under the direction of a physician) who completes a report stating that the candidate is physically capable and free of communicable diseases allowing the candidate to complete the duties of an In-Home service worker. After the initial physical, staff who visits participants in their homes must have a health screening by an RN every other year thereafter indicating the same.

Identifying/Recognizing Quality Staff

In addition to the collaborative relationships that provide a strong method for hiring quality staff, the organization benefits from an ongoing level of integrity developed over time by the consistency and commitment of the core administrative staff members. Specifically the organizations experienced Coordinating Director/RN Supervisor, Operations Manager and two (2) scheduling coordinators provide the continuance of an effective blend to our on-going process to identify quality individuals of character to be part of the In-Home industry. Administratively, our organization leads the way in recognizing the overall body of work presented by the candidate so as to offer quality interactions between each In-Home staff member and the participant. Careful consideration is applied to potential staff recognizing the importance of coordinating the worker's schedules to provide service to the participant in a respectable, safe rewarding interaction. Of note, a blend of applicants may or may not attend our training class. Further, after completing the training, a blend of candidates may or may not enter the In-Home service industry. Understanding this, it is important to always make available on-going process of recruitment/training and hiring to meet the varied staffing needs of the In-Home service industry.

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

a) The organization promotes a strong, effective orientation/training process clearly identifying training and competency criteria designed to prepare the candidate/recruit

to enter and add value to the In-Home service industry as well as to strengthen and retain existing In-Home staff.

For new staff specifically, the organization utilizes a hands on, formal classroom approach by its Registered Nurse (RN) offering (20) twenty plus hours of training focusing on each broad area of training, introducing personal care, homemaking techniques while blending various interpersonal skills and methods all designed to teach or re-remind each adult candidate/recruit components of assistance that are staples of the industry.

Provision of Service Topics

As part of our strong orientation/training, the organization introduces various provisions of service specific to older adults prior to working with participants such as:

- Interpersonal skills and the aging adult.
- Communications with older persons.
- Cultural/ethical topics-issues.
- Confidentiality.
- Understanding aging and impaired adults.
- Sensory changes that occur with aging.
- Communicating/interacting with mental health occurrences.
- Encourage independence.
- Observe and report changes in participant's situation.
- Family dynamics/relationships.
- Human behavior of the aging adult
- Principles of cleanliness in the home.
- Home safety/accident prevention for seniors.
- Managing/reporting emergency situations.

Discuss and Review Common Health Topics

Additionally, the organization values a strong, hands-on understanding/view of various health occurrences of our aging population leading to the orientation/discussion of health related topics. Understanding health topics related to the aging process helps staff accept and understand the various needs and limitations of the participants. As a result

Examples of health topics include, but are not limited to:

- Arthritis, diabetes, hearing, vision, foot care, breathing, nutrition, kidney function, urinary concerns, depression and loss.

Orientation Standards (8) Eight Hours

The organization's orientation further offers standard topics and policies designed to provide the In-Home service staff member the core understandings and responsibilities prior to working with participants to prepare and strengthen staff to work effectively in an outcome based approach, such as:

Zero tolerance-Fraud/Waste/Abuse	Job description/organizational chart
Gratuity/Disallowed Policy	Uniforms and Appropriate, safe dress
Confidentiality	Protective barriers
Promote independence	Name badges
Documentation	Lifting policies
Infection control techniques	Call off policies
Telephone use	Fire/disaster/evacuation
Empathy	Smoking regulations
Understand aging network	Respect
Universal precautions	Understand care manager network

Broad Outcome Based Approach

The organization values and stresses good moral character and maturity of attitude toward the participant which we serve. It is to our benefit to prepare and follow staff through combinations of training and orientation methods creating a work environment of mutual satisfaction for staff and participants. The strong focus of broad hands on skills offered by the organization provides a rare and valuable opportunity to observe each individuals strengths and/or weaknesses of which the organization can take into account when utilizing staff in the community.

2a). Please see training curricula contained in "New Employee and Continuing Education Training Curricula" attachment.

2b). Specify how many hours of training are provided directly on-site under an instructor's supervision.

For new staff specifically, the organization utilizes a hands on, formal classroom approach by its Registered Nurse (RN), offering (20) twenty plus hours of training on site focusing on each broad area of training, introducing personal care, homemaking techniques while blending various interpersonal skills and methods all designed to teach or re-remind each adult candidate/recruit components of assistance that are staples of the industry.

2c). Specify how many hours of training are completed electronically on

computer.

No training modules via computer utilized as a part of the organization's training process.

2d). 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.

Specific hands-on skills of the training program including on-site practice and supervision include:

- assistance with bathing
- hair/skin/oral care
- toileting/incontinence care
- assist with self-medication
- changing bed linens
- body mechanics
- grooming/shaving
- dressing
- feeding/appetite/meal prep
- ambulation/transfer techniques
- assist with general ADL's

2e). Specify how many hours of training are completed before the worker touches the participant.

Specifically, no less than (28) twenty-eight training hours are completed before the worker touches the participant.

2f). List all on-going 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.

The organization embraces on-going, effective in-service and training opportunities in an effort to support and elevate employee performance.

Importantly, each In-Home service staff submits to an individual, annual competency review of duties through a combination of skills observation, testing, training (hands on and instructional), consumer feedback and other as needed approaches by our organization.

Annual Competency Review

Annual competency is demonstrated by the In-Home worker after the initial competency, at least once per year (annually) within 365 days attended and documented by the organization's supervisor. All on-going competency demonstration/review materials are dated and maintained as part of the worker's

personnel file along with documentation of the worker's initial completion of at least (20) twenty hours of initial basic training.

Universal Precautions/Communicable Disease In-Service

The organization further provides a mandatory Universal Precautions – Communicable Diseases In-Service following procedures recommended in the (CDC) guidelines and (OSHA) regulations.

Appropriate protective articles are provided to staff such as, but not limited to, gloves, aprons, and masks in addition to the Universal Precaution/Communicable Diseases In-Services.

Fraud/Waste/Abuse/Critical Incident Reporting

The organization provides annual Fraud/Waste and Abuse training for all staff including critical incident reporting to protect the health and welfare of all program participants. Documentation is dated and maintained as part of the staff's personnel file. Standard, annual training for staff contains, but is not limited to:

- a. Reporting critical incidents
- b. Abuse and exploitation
- c. Department policy and procedures
- d. Providers quality management plan

CPR/First Aid Training Available

The organization continues to offer as needed/optional CPR/First aid training by the organization's (2) two CPR/First Aid trainers. The training consists of both hands on application as well as video training. In-Home staff completes a skills test as part of CPR/First Aid training. Training curriculum utilized is updated regularly as the National Safety Council training modules evolve.

Life Skills/Life's Journey – On-going Mentoring of In-Home Workers

The organization regularly offers supportive basic life skills support as needed for In-Home staff in an effort to provide an understanding, realistic view of abilities and dynamics. Similar to mentoring, supervisory and support staff offer conversation and views so as to regularly attend to the In-Home worker's needs, which strengthens and supports the worker during the course of employment. The support and training needs of the staff go beyond the basic training of delivering service to our valued OPTIONS participants and are meant to share life's journey from the workers perspective to add support and appreciation of our staff.

Trust/Respect/Support

On-going, regular conversations (being available to staff as they need, at their time) has strengthened our staff relationship and provides a work culture of trust, respect and support. As an administration, our organization truly seeks a culture where we are all on the same team working toward the same goals of the delivery of quality customer service and ongoing staff appreciation and support.

Continuing education/in-service/on-going training completion is documented by each worker's sign off sheet following the presentation of material covered. Each staff member's documentation is retained in the employee files for verification.

2g). Is continuing education offered to direct care workers? If yes, is it optional or required? How many hours per fiscal year?

Yes, continuing education is provided to all direct care workers. Two in-services are mandatory:

1. Universal Precautions
2. Fraud/Waste/Abuse

As stated, additional in-service opportunities are offered as needed. A minimum of (8) eight hours of in-service/continuing education is provided.

3. IDENTIFY MINIMUM DIRECT CARE WORKER COMPETENCIES REQUIRED PRIOR TO WORKING WITH PARTICIPANTS AND DESCRIBE HOW THOSE COMPETENCIES ARE EVALUATED.

Following the more than (20) twenty hours of hands on training, and prior to care/service to participants, the organization administers a written skills evaluation competency review of questions as well as the initial in-person competency demonstration that incorporates all skill areas (personal care/housekeeping).

The competency evaluation process allows for a combination of training, testing and direct observation skills providing staff the opportunity to develop confidence in a structured, supportive approach.

Skill areas reviewed and/or demonstrated include, but are not limited to, the following:

Confidentiality	Independent philosophy'
Consumer control	Activities of daily living
Observational changes	Infection control

Documentation	Universal precautions
Emergency procedures	Recognizing/reporting abuse, neglect
Dealing with difficult behavior	Ambulation/transfer techniques
Bathing/grooming/dressing	Hair/skin/oral care
Toileting/incontinence care	Meal Prep/nutrition
Assist self-administered meds	Kitchen clean-up
Linen change/laundry	Dusting/tidy area
Sweeping/mopping/vacuuuming	Empty trash
Review of competency in performing a specific service as assigned	

Competencies/Training Documented, Dated Personnel File

A policy of continual, as needed, instruction and support is regularly available and provided as the opportunity arises.

All training and competency demonstrations/reviews are documented and dated and become part of the employee's personnel file.

Accompanying New Worker – First Home Visit

Further competency and supervision occurs in a participant's residence initially with the supervisor accompanying each worker new to the organization on his/her first home visit. Special note: In addition, the organization's supervisor visits each new Nursing Facility Clinically Eligible (NFCE) participant's home with the worker present within the first two (2) weeks of service to observe the worker providing care and assistance.

Utilizing the organization's strong strategy to promote and evaluate worker competency is a very important, valued component of worker support and guidance leading to continuity of service and participant satisfaction.

4. SUPERVISION OF WORKERS FROM A DISTANCE PROVIDES UNIQUE CHALLENGES. DESCRIBE PROPOSER'S PROCEDURE FOR SUPERVISION OF DIRECT CARE WORKERS.

With the Organization located locally in Allegheny County, we find no difficulties or challenges supervising staff. Supervision is completed by direct home visits in a participant's residence initially with the supervisor accompanying each worker new to the Organization of his/her first home visit.

In addition, the Organization's supervisor visits each new (NFCE) Nursing Facility Clinically Eligible participant's home with the worker present within the first two weeks of service to observe the direct care worker providing care.

4a). Specify how often workers are supervised.

Subsequent to the initial supervisor visit, the direct care worker is supervised in a participant's home at the time of the annual competency review, completed within 365 calendar days.

4b). Describe how direct care workers performance is evaluated.

The Organization evaluates the direct care worker's performance and effectiveness. The supervisor reviews worker's tasks assigned, monitors arrival/departure and assigned days worked. Overall satisfaction and customer relationships are also observed and evaluated.

4c). Describe how evaluation of worker's performance is shared with the worker.

As stated earlier, on-going, regular conversations strengthen our staff relationships and provides a work culture of trust, respect and support. Administration and supervisors make themselves available to staff as they need, when they need. During those conversations, effective recommendations are shared, support and motivation is also shared. Each participant's specific environment is unique to itself and those topics are discussed/reviewed as well.

5. RECRUITMENT OF DIRECT CARE WORKERS IS A CONTINUOUS CHALLENGE. DESCRIBE SPECIFIC STRATEGIES THAT HAVE BEEN IMPLEMENTED TO RECRUIT NEW DIRECT CARE WORKERS.

The organization utilizes unique and effective comprehensive recruitment strategies as a part of our ongoing process to attract, identify, train and place stable, mature candidates interested to serve our older adults of the OPTIONS In-Home service.

***Creative Approaches/Collaboration – Cooperation
Recruitment/Training in the Community***

With an effort to improve quality and the reliability of the OPTIONS In-Home services, the organization developed two creative approaches to introduce new individuals into the In-Home service industry. With an emphasis on geographic location and servicing high crime, problematic areas along with an attitude of collaboration and cooperation, the organization has partnered with various community groups/aging service network organizations and governmental agencies and has developed a successful recruiting initiative focusing on taking the recruitment/training/ placement process to specific hard to reach, and hard to serve communities.

In the Community/Recruiting/Training by Area

Over time, with a comprehensive effort to recruiting, training and placement, the organization points to the many different communities of which actual recruiting and/or training classes have taken place in an effort to address hard to serve locations and/or problematic staffing areas.

15065 – Natrona Heights	15084 – Tarentum
15210 – Arlington/St Clair Village	15219 – City of Pgh. Housing Authority
15224 – Stephen Foster	15214 – Northview Heights
15213 – Job Service	15212 – North Side
15215 – Sharpsburg	15068 – New Kensington Job Service
15233 – North Shore	15219 – Bedford Partnership
	15208 – Homewood

An Introduction to the In-Home Service Industry

Of special note: as a result of our past recruiting, an actual recruit attending our training class held at the Stephen Foster Center (15224), completed the training class was of good character and mature attitude, worked for our organization as an In-Home worker assisting OPTIONS participants while still studying. Following graduation from college our employee obtained employment as a Service Coordinating Care Manager at Family Services. Without this collaboration and cooperation of attracting and training in the community, this college graduate may have never known of our In-Home service industry.

Broad Recruiting Reach

By taking the recruitment and training process into the community, our organization has experienced success by developing an on-going presence known for our hiring and placement efforts. This broad reach is becoming more important as access to services for participants becomes more difficult.

Recruiting/Training

Organizational

Recognition

The organization's unique efforts to attract, recruit and train potential individuals of good moral character for the In-Home service industry were recognized and featured in an article of the City of Pittsburg Housing Authority News and Views Summer, 2015 edition for our job creation, training and hiring efforts.

***Regional Recruiting for Visiting In-Home Worker Concept
An Expanded Approach***

We are very proud of recognitions. We realize the importance to continue to elevate the recruiting process with developing expanded approaches to meet service challenges. As the make-up and needs of participants change, new thinking and approaches are necessary along with efforts aimed to allow participants to continue to live safely and independently in their community. The organization has developed and has also utilized a regional visiting In-Home service worker concept. This scheduling process allows a single recruit to maximize travel patterns while visiting various OPTIONS participants of a designated corridor each day. In conjunction with the purchase in February, 2016 of an agency company vehicle, a licensed, driving direct care staff member/recruit can better access difficult to reach locations. Additionally, an enhanced pay rate of over \$13.00/hour has been identified for staff working with us to meet these challenges.

***Regional OPTIONS Visiting Concept
Recognizing Transportation Challenges
Company Cars/Regional Scheduling***

Currently, our organization is pleased to have two (2) specific staff members visiting OPTIONS participants, identified and working within the regional OPTIONS visiting concept, with a third (3rd) applicant recently beginning employment. This regional staffing/visiting concept recognizes worker transportation challenges and difficult to reach locations by recruiting and hiring staff to specifically travel up and down the main roadways consisting of the Rt. 19, McCandless/McKnight corridor and the Rt.8, Allison Park/Gibsonia corridor and currently reaching to the river communities of Rt. 65, Emsworth/Sewickley/Leetsdale and Rt. 28, Creighton/Russelton/Tarentum/Natrona Heights areas.

Regional Schedule Plus Transportation Equals Greater Reach

As stated, this concept allows a single staff member and incoming recruits to maximize scheduling locations efficiently, visiting various OPTIONS participants of the designated corridor. Further, in conjunction with agency vehicles, the direct care staff can better access remote locations or otherwise difficult to reach settings resulting into a much greater reach by a single OPTIONS In-Home worker/recruit than in the past delivering a more accessible, reliable service for the OPTIONS participant.

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.

Targeted Process of Supportive Employee Culture in Place Equals Retention

The Organization has targeted worker friendly methods that have built and developed our workforce based on support and understanding of the needs and lifestyle of the direct care staff.

- rewarding pay rates: \$12.00 - \$13.50/hour
- paid travel
- identify each individual direct care workers set of workplace needs
- seek and include direct care worker's input
- schedule that embraces direct care worker's abilities and availability
- predictable consistent schedules that meet direct care worker's available time, areas of interest
- tolerant and inclusive environment offered to direct care worker staff
- supportive culture provided to direct care worker staff

We are grateful and very proud of the success of the organizations overall employee retention. The credit for the success of the organization's retention points directly to the administrative staff's strategies and approach creating an outstanding supportive employee culture. As a group, the Operations Manager, Staffing/Scheduling Coordinators and RN Supervisor continually promote and embrace an on-going continual relationship with the OPTIONS In-Home worker staff. The administrative leadership provides an on-going effort to build and develop a workforce using support and understanding of the needs and lifestyle of our direct care staff. Thankfully, employee turnover is minimal.

Inclusive Employee Relations

The organization promotes and relies on the ongoing effort to continue to build a workforce environment which is tolerant and inclusive of all and for all and to safeguard the dignity and rights and opinions of both the staff themselves and the OPTIONS participant.

Equal Input for Staff

Retention becomes a culture where the staff has equal input. With that being said, each staff member can express their concerns for the OPTIONS participant receiving assistance, thus share in the way service interaction for the participant develops and proceeds especially for those participants that present unique service delivery challenges in addition to the concerns of the very needy, vulnerable participants of

which we serve. This overall inclusive view and attitude of respect, further shapes and develops an individualized interaction of service delivery that the In-Home worker staff is on board with and remains an important part of the participant/In-Home worker relationship for it is this relationship that directs the way specific participant services are provided leading to both participant and worker satisfaction.

Motivate – Support – Appreciate

The organization further recognizes many other important components of worker relations equaling retention. Taking into account the worker's events, actions and circumstances of which they encounter, the organization's leadership accepts the responsibility and privilege to build each OPTIONS direct care worker's body of work with a clear understanding of duties and responsibilities all supported, encouraged, motivated and appreciated throughout their work history.

Knowing the Staff

Providing Consistent, Predictable Schedules

Each worker, having a different set of workplace needs, are continually observed by our organization and offered as needed support in an effort to embrace and understand the needs of each OPTIONS In-Home staff member. Understanding and assisting staff is our leadership style. Implementing scheduling processes that meet the worker's capacity and abilities or meets their choices and availability have all factored into our worker's satisfaction resulting in worker retention. Further, providing schedules that are consistent and predictable reduces time consuming, often times, draining interactions and relations.

Developing a clear understanding of our staff's persona helps in determining how we support – how much we support and/or how much time or personal space is needed to assist our staff in reaching their most productive, most satisfying levels of employment.

Retention History

Finally, a view of the organization's retention history reflects a stable, experienced staff:

Percentage of staff employed less than two (2) years:	16%
Percentage of staff employed more than two (2) years:	25%
Percentage of staff employed more than five (5) years:	30%
Percentage of staff employed more than ten (10) years:	29%

Very Low Turnover = Consistency

Clearly low turnover is valued and a necessary component to staffing consistency. With a commitment to continual retention improvement and clear documented retention

history, the organization continues to provide outstanding outcome based OPTIONS In-Home services and continues to exceed the standards and requirements of the OPTIONS program.

7. DETAIL THE ANNUALIZED TURNOVER RATE OF DIRECT CARE WORKERS IN EACH OF THE LAST TWO FISCAL YEARS.

Again, thankfully, employee turnover is minimal. Below, please find the Organization's annualized turnover rate of direct care worker staff:

- FY 2014/2015 – approximately 6%
- FY 2013/2014 – approximately 7%

Low turnover is valued and necessary to meet participant scheduling consistency. The Organization's clear documented retention history equals consistency and stability for the OPTIONS program.

8. DOES THE PROPOSER LOOK FOR CREATIVE SOLUTIONS TO SCHEDULING THAT CONTRIBUTE TO WORKER'S EFFICIENCY AND SATISFACTION? IF SO, BRIEFLY DETAIL SCHEDULING PRACTICES THAT CONTRIBUTE TO WORKER EFFICIENCY AND SATISFACTION.

The organization embraces area scheduling maximizing the direct care worker's stated availability and the worker's level of comfort of the various areas served.

Creatively Matching Participant's Needs to Worker's Capacity and Availability Involvement with Scheduling

Creative scheduling develops as the organization identifies each worker's capacity and level of availability. All OPTIONS direct care staff are provided the opportunity of direct involvement of their own schedule in conjunction with creating and approval by the organization's scheduler, matched to the participant's preferred days and times. Recognizing the worker's scheduling requests matched with participant's needs is valued by the direct care staff allowing the staff the flexibility to develop a schedule of as much work as they are interested and available in the areas they have chosen to schedule. From experience, we have found that area scheduling with worker involvement keeps the direct care worker on board and committed to their schedule since they played a part in developing their schedule.

Creative Area Self Scheduling = Predictable, Consistent Schedule

The organization's creative area scheduling practices and worker's direct involvement with scheduling contributes to the In-Home direct care worker's efficiency and satisfaction creating one's own schedule in conjunction with the organization's

scheduler provides both flexibility and a consistent, predictable schedule leading to a steady consistent wage for our direct care staff.

Efficient Re-Staffing / Re-Scheduling

The organization's schedulers are valued as they work closely with the OPTIONS direct care workers and participants on an ongoing, regular basis with re-staffing/re-scheduling responsibilities, with vacation coverages and general recognizing time off needs of the In-Home service workers. Re-staffing and re-scheduling require continual creative solutions, coordinating schedules and worker efficiencies as services are provided to the OPTIONS participants.

Scheduling the Expanded Regional Staffing Concept

Additionally, schedulers have been working and scheduling within the previously introduced regional visiting In-Home worker process. This expanded approach to better access difficult to reach locations calls upon the scheduler to creatively schedule service to maximize our resources in designated remote locations of servicing OPTIONS participants.

Creative Efficient Scheduling = Satisfaction

Ultimately, as each OPTIONS In-Home worker joins in the scheduling process, their continual involvement shapes their schedules firsthand, increasing job satisfaction and the organization's outstanding levels of retention and continual process meeting the scheduling standards as required.

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.

The organization documents each visit made to the participant utilizing a worker's daily log of service, indicating arrival and departure times, specific services provided and participant signature for each date of service verified by his/her signature that dates and times are true and accurate. (The organization anticipates utilizing automated time and attendance in the future).

Understanding the Flow of Documentation

Administratively, all OPTIONS participant documentation is entered timely into the SAMS system with in three (3) working days following participant contact or transaction. Billing data is entered regularly. The organization has four (4) administrative staff members knowledgeable and experienced in coordinating appropriate information and

entering service documentation timely and correctly into SAMS. Each administrative staff member has the capacity to submit and/or retrieve data, information, reports and other communications through electronic internet capabilities daily. The documentation process is orderly, uniform and consistent. The organization meets all system requirements with a strong history of successfully system updates.

Finally, direct care workers' observations or comments concerning the participant are maintained and acknowledged as appropriate. Follow-up action to the Care Manager as necessary and indicated is completed promptly.

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 the direct care workers?

Agency Owned Vehicles

Maximize our Regional Visiting Service – Remote/Hard to Reach Locations

The organization has developed and utilizes an enhanced regional visiting In-Home service worker concept specifically to serve OPTIONS participants in remote geographic areas and areas with lack of public transportation. OPTIONS direct care staff, working in conjunction with the organization's scheduler, have been serving participants in remote or otherwise difficult to reach settings. Utilizing a regional visiting service has allowed for a single staff member to maximize travel patterns while visiting various OPTIONS participants of a designated corridor each day. As detailed previously, the organization has purchased for use, an agency vehicle which, when utilized by a licensed, driving direct care staff member, offers additional access measures when scheduling OPTIONS participants of difficult to reach settings. Additionally as stated, an enhanced pay rate of \$13.00/hour has been utilized for direct care workers working to meet these geographical challenges.

Regional Visiting Service With-in Each Geographic Corridor

The organization recognizes the worker transportation challenges and difficult to reach settings of some OPTIONS participants. Our regional visiting In-Home service worker concept has been successful by specifically scheduling workers up and down the main roadway corridors consisting of the Rt. 19 (McCandless/McKnight) corridor and the Rt. 8 (Allison Park/Gibsonia) corridor. A recent new hire has begun scheduling the River communities of the Rt. 28 corridor of Blawnox/Cheswick up into the Tarentum/Natrona Heights areas. The organization is currently reaching to the Rt. 65 corridor of

communities such as Emsworth and Sewickley as part of the regional staffing/scheduling concept.

Greater Reach By a Single Direct Care Worker

Our organization believes that our proven regional visiting concept allows a single OPTIONS In-Home worker to maximize scheduling locations efficiently, visiting various OPTIONS participants, resulting in a much greater reach by a single OPTIONS direct care worker than in the past, delivering a more accessible , reliable service to OPTIONS participants.

Additional Organizational Vehicles

Overcoming Difficult to Reach Challenges/Available Transportation

The organization commits to utilizing additional organization vehicles as adjustments and improvements to the regional visiting concept develop and evolve. Understandably, only licensed, approved drivers shall be authorized as the organization's commercial auto insurer evaluates loss control and safety efforts. By blending the organization's community service staffing efforts with our enhanced regional visiting service in conjunction with the availability and use of the organization's vehicles demonstrates a clear understanding to the geographic/transportation challenges of the industry and clearly demonstrates a process that meets the needs of the workforce and participants.

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

The organization has implemented and utilized creative, effective recruiting, training and scheduling strategies which have demonstrated consistent improvements in service capacity particularly over the last two years with a focus on difficult to reach settings and servicing participants in problematic locations.

3a). Describe the strategies that have been implemented.

Blend of Creative Service Strategies Implemented Improves Service Capacity

The organization has worked to balance recruiting for the difficult to reach OPTIONS participants as well as OPTIONS participants of communities of which, at times, are problematic areas.

Regional Visiting Service = Greater Reach

As detailed, the organization has improved OPTIONS participant service capacity by focusing on our expanded regional visiting In-Home service worker process specifically

scheduling OPTIONS participants in difficult to reach settings that lack public transportation. Substantiated by an enhanced pay rate of over \$13.00/hour and by having an organization vehicle, a licensed approved, driving direct care worker's reach and capacity has improved, maximizing scheduling by creating efficient travel patterns of various designated corridors for the OPTIONS In-Home service worker. Our regional visiting In-Home service worker concept has allowed for improvements in service capacity, quality improvements and a more accessible reliable service for the participants of the OPTIONS In-Home service.

Centralized Community Satellite Desk Space

Additionally, our organization has effectively demonstrated very strong, consistent service capacities over the last two years as well as many years' prior, assisting OPTIONS participants of various problematic locations. Our organization has been very creative with a strategy of establishing centralized community satellite office space in addition to our administrative office site. This has allowed the organization to successfully recruit/train and hire potential employees from the area which they live. Our success has been through identifying and training direct care staff who are residents of those communities that are hard to access, have limited transportation or are otherwise problematic areas and who are familiar with the make-up and personality of that (their own) community.

Scheduling staff from communities of which they live eliminates transportation concerns and strongly supports each community and further demonstrates a successful, creative and effective on-going level of service to the needy OPTIONS participants of the area.

3b). Identify the results of the strategy including the percent increase in service capacity.

Notable Increase in Accessibility and Service Capacity Agency Vehicle = Greater Reach

As the Organization began to focus on the difficult to reach settings to service participants, the plan to reach as many participants with a single worker became dependent on transportation. ***The expansion of our regional visiting service has resulted in a much greater reach of a single direct care worker. Focusing on specific designated corridors, our direct care staff have been efficiently reaching those difficult to reach locations. By offering/providing/utilizing agency owned vehicles, the issue of transportation is reduced. In an industry where most staff do not own their own vehicle, this strategy to provide a***

vehicle by the Organization is a tremendous enhancement to the transportation issues. The Organization reports a notable increase in service capacity, over-all accessibility and reliability due to the regional visiting service focus.

The change in the percentage of the suburban visit process reflects a 12.9% increase in services to difficult to reach participants.

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

Use of Agency Vehicles and Expanded Regional Visiting Service = Expanded Geographic Area

Over the past 2 years, the organization has expanded its enhanced regional visiting In-Home service worker process specifically to serve OPTIONS participants in remote geographic areas and areas with lack of public transportation. OPTIONS direct care staff, working in conjunction with the organization's scheduler, have been serving participants in remote or otherwise difficult to reach settings. Utilizing a regional visiting service has allowed for a single staff member to maximize travel patterns while visiting various OPTIONS participants of a designated corridor each day. As detailed previously, the organization has purchased for use, an agency vehicle which, when utilized by a licensed, driving direct care staff member, offers additional access measures when scheduling OPTIONS participants of difficult to reach settings.

Overcoming Difficult to Reach Challenges/Available Transportation

The organization commits to utilizing additional organization vehicles as adjustments and improvements to the regional visiting concept develop and evolve. Understandably, only licensed, approved drivers shall be authorized as the organization's commercial auto insurer evaluates loss control and safety efforts. By blending the organization's community service staffing efforts with our enhanced regional visiting service in conjunction with the availability and use of the organization's vehicles demonstrates a clear understanding to the geographic/transportation challenges of the industry.

Regional Visiting Service With-in Each Geographic Corridor Equals Greater Reach By a Single Direct Care Worker

As the organization recognizes the worker transportation challenges and difficult to reach settings of some OPTIONS participants, our regional visiting In-Home service worker process has been successful by specifically scheduling workers up and down the main roadway corridors consisting of the Rt. 19 (McCandless/McKnight) corridor and the

Rt. 8 (Allison Park/Gibsonia) corridor. A recent new hire has begun scheduling the River communities of the Rt. 28 corridor of Blawnox/Cheswick up into the Tarentum/Natrona Heights areas. The organization is currently reaching to the Rt. 65 corridor of communities such as Emsworth and Sewickley as part of the regional staffing/scheduling concept.

The organization believes that our proven regional visiting concept allows a single OPTIONS In-Home worker to maximize scheduling locations efficiently, visiting various OPTIONS participants, resulting in a much greater reach by a single OPTIONS direct care worker than in the past, delivering a more accessible , reliable service to OPTIONS participants, as we expand our geographic service area.

5. Describe the proposer’s plan to meet the benchmarks listed in the RFP and required in the contract.

The organization has a very strong process in place to meet the required OPTIONS performance benchmarks of accepting 80% of new participant referrals in the first year and 90% of new participant referrals in each subsequent year.

Recruiting/Staffing History

Essential to the success of our on-going acceptance of OPTIONS participant referrals has been the combination of our organization’s outstanding recruiting history combined with an unmatched retention record of the In-Home service industry. Our clear pattern of successful OPTIONS staffing of new referrals demonstrates our on-going capacity to meet these benchmarks.

***Communication by E-Mail Within Two (2) Days of Referral
Adminstrating Experience/Commitment***

Other critical components necessary to meet the required benchmarks of new participant referrals include our organization’s administrative understanding of the AC/DHS/AAA assessment and referral process. Recognizing that services are initiated by the OPTIONS care management staff who develops and coordinates an individualized plan of care, specifying the level of services, total days, hours and times for the OPTIONS participant. With dependable communication pathways in place, our organization has diligently and successfully followed schedule and servicing parameters designed to maximize each In-Home worker’s capabilities. Communication by E-Mail within two (2) business days to the Care Manager of worker availability or expedited at the request of care management supervisor if necessary.

5a). Accept 80% of new participant referrals in the first year.

We are very confident of our organization's ability to meet the required participant referral benchmarks of 80% of new participant referrals in the first year as we have demonstrated a thorough understanding of all procedures and expectations of the scope of services with many years of OPTIONS experience, initiating and continuing to provide services clearly exceeding OPTIONS standards in a consistent, stable, dependable manner.

The organization feels confident of our abilities to meet the OPTIONS participant referral benchmarks further by continuing to work seamlessly within the OPTIONS network as our organization has consistently exceeded all AC/DHS/AAA performance standards, expectations, documentation requirements and outstanding monitoring results year after year.

5b). Accept 90% of new participant referrals in each of the subsequent contract years.

Our organization is confident of our ability to accept 90% of new referrals because we offer the OPTIONS program a fully qualified, outstanding, experienced administrative staff working within the OPTIONS In-Home services program for many, many years. Our efforts to continually support on-going service quality and to work to exceed the participant's needs will lead to meeting all required benchmarks of new participant referrals.

***Enhanced Regional OPTIONS Visiting Process (with organization vehicles)
Blended With Proven Community Staffing Process***

Finally, having the necessary community staff in place in combination with the organization's enhanced regional OPTIONS visiting concept (with organization vehicles) recognizes transportation challenges along with regional scheduling allowing a single staff member to better access difficult to reach settings. Scheduling staff as part of the regional staffing/scheduling concept improves the reach of a single OPTIONS In-Home worker from in the past allowing greater accessibility, greater reliability and greater availability providing access and regular contact to participants and meeting required benchmarks of 90% of new participant referrals in each of the two subsequent years.

6. Describe the proposer' staffing plan to address worker call-offs and no-shows so that substitute workers are available 100% of the time.

The organization provides the following effective process for addressing unanticipated worker call offs and delays of service or no-shows.

When the organization receives a call-off or is notified of worker's delay or learning of a no-show, the staffing/scheduling coordinator identifies an alternative day and time within that week when services can be provided by the regular worker. The staffing/scheduling coordinator contacts the participant promptly alerting them of the worker's unavailability and asks if the alternative day and time is suitable. If it is not suitable a replacement worker/floater is assigned.

Offer Replacement Worker 100% of the Time

The organization is committed to offering a replacement worker 100% of the time and will record this action in the participant's file. The participant is notified at least one (1) hour prior to service delivery when an alternative worker is provided. Our efforts are designed to provide on-going assistance guaranteeing continuity of service. Further, our office will notify the participant and the care manager in a timely manner if services cannot be provided on the day and time as prescribed and arrange for an alternative time.

Elevated Pay rate for Re-staffing Coverage

Offering Saturday for Make-up Services

Enhancements to the back-up services include elevated hourly pay rates for employees providing coverage type staffing. Additionally, as approved by the participant and OPTIONS care manager, services may be offered on Saturday in the event that the participant is unavailable for the remaining alternative times. Example: Services are undelivered on Friday – arrangements for an alternative day and time on Saturday with participants and care management approval. These enhancements offer a replacement worker 100% of the time meeting service standards as required.

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

The organization utilizes the following process for communicating a direct care worker call-off or no-show.

Worker Call-Off or Need for Re-Scheduling

When the organization is notified of a worker calling off, the staffing scheduling coordinator first identifies workers next availability so services may be provided on an alternative day. The coordinator contacts the OPTIONS participant promptly to inform them of the worker's call-off and asks if the alternative day and time is suitable. This approach allows for continuity of the same workers and many participants do prefer to have regular worker on that alternative day and time as long as it is in the same weekly period. As identified if a call off occurs on a Friday arrangements for coverage on Saturday shall be provided with the participants and OPTIONS care manager's approval

No-Show of Significant Delay

A report of a no-show as scheduled at times develops due to worker's significant delay as the customer may call to inquire of the direct care worker's status. We call the worker and come to find a varied reason, missed the bus/had to change a previous participant because the previous participant arrived back home a little late and so on. As a result, the rest of the day's schedule is affected and depending on each participant's characteristics, the Staffing/Scheduling Coordinator along with the Operations Manager and RN Supervisor seek an adjustment/solution. Many times the participant, wanting continuity, is interested to re-schedule using regular direct care worker. In the event a suitable alternative day and time becomes hard to identify, a replacement worker/floater is assigned.

Offer Replacement and Communication 100% of the Time

At all times, the Staffing/Scheduling Coordinator additionally notifies the OPTIONS Care Manager for approval of any action. Further maintaining excellent communication and documentation that, as needed, a back-up worker is offered to the OPTIONS participant 100% of the time, further any such missed service is accurately recorded in SAMS 100% of the time.

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

As a current provider of the OPTIONS In-Home care services, the organization has a very strong demonstrated experience meeting the needs of a diverse population and those with special needs.

With a focus on staff training and competencies, the organization addresses the needs of participants with specialized cultural and language needs with training components preparing the direct care staff to understand all aspects of health (mental and physical) of older adults. Optimally, training of direct care staff is directed towards preventing risk, promoting participant safety and fostering the participant's independence in a respectful, dignified manner.

Tolerance and Respect

Tolerance and respect is promoted by the organization as we serve a diverse population of participants with compassion and respect. Areas such as cultural inclusion acknowledging and respecting life experiences, ethnic or racial heritage, sexual orientation, gender identity or expression, intellectual or physical disability and English language proficiency are essential components to respect and recognize.

Cultural Respect and Dignity

The organization ensures that the direct care worker understands that all interactions are provided in a manner of cultural respect and dignity. With training delivered in a philosophical context recognizing dignity and respect of diverse populations, the delivery of In-Home assistance is enhanced, effective and responsive to understanding the social, moral, intellectual and behavioral characteristics of the population and community.

Overcoming Language Barriers

The organization is experienced and recognizes the importance of linguistic competency. Efforts and special orientations by the organization to communicate have been demonstrated with diverse populations, those with limited English proficiency or those with low literacy skills. Working with care management, assistance is tailored to meet the consumer's communication needs. Specific orientation and training has been provided for staff when assisting participants with disabilities requiring communication accommodations. As needed, the organization has a relationship with the University of Pittsburgh's foreign language department to be utilized when serving participants who speak a foreign language.

Hearing Difficulties- Communicate via Pennsylvania Telecommunications Relay Service (TRS)

The organization currently provides assistance to two (2) hearing impaired participants. Instructions to worker initially and as needed provide for a very appropriate path to communicate. Communication via telephone is via Pennsylvania Telecommunications Relay Service (TRS). The process utilizes a keyboard machine called a text telephone to send messages over the telephone network by a communications assistant who types or reads between the TTY user and persons using regular telephones.

D. MANAGEMENT OF COMMUNICATION

1. How does our direct care worker report participant status changes to supervisors?

Observational Changes

The organization's on-going educational component commits to the approach where we help the direct care worker staff understand that the health and physical status of the older adult is diverse, complex and often changes. With a focus on presenting risk and participant safety, the idea remains that service is offered to maintain and foster the participant's confidentiality and their highest level of independence. Understanding the

aging process helps to recognize changes in the participant's physical or cognitive levels of functioning. Staff is taught to responsibly follow through on reporting changes.

Reporting Occurrences/Observational Changes

Observational changes or occurrences are reported by the direct care worker to the Staff Coordinator immediately via phone conversation. Direct care staff also document for the participant file a description of the occurrence or what may have been observed. A report of status change/observational change initiate simplified follow-ups based on the report. As necessary, the coordinator will access the participant's health and safety status. As needed, communication with family and care manager follow by the organization's coordinator. Of note: The workers know their participants, they observe changes, more so in mobility and forgetfulness. With on-going communication involving the worker, the participant and care management professional, a responsible path to identify and secure additional service exist.

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

Process to Communicate Changes

Communication of Participant Status Changes

The organization trains all In-Home workers to recognize and report participant observational changes to the staff coordinator immediately. When notified of a change in condition of a participant, the staff coordinator documents changes on an organization's clinical flow sheet. As necessary, the coordinator will assess the participant's health and safety situation. Communication with the participant takes place and, as necessary, communication to family or informal caregivers.

Communication with the care manager follows by the staff coordinator. Both changes in participant's functioning, health or situation are reported to the participant's care manager no later than the end of the working day to responsibly follow through on reporting changes for care management staff to secure any necessary services and supports. Note that the worker's observations, reports and comments concerning the participant's condition or situation as reported to and acknowledged by the supervisor, and all communications with participant and care manager become part of the OPTIONS participant's record. As needed supervision may occur in the participant's residence as a follow-up when necessary with results documented in the participant's file and promptly reported to the participant's care manager discretely and confidentially.

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.

1st Example of Reported Issue

As detailed earlier, the organization possesses a strong communication process to report and resolve problems or issues beginning when an In-Home direct care worker observes conditions or situations or the participant identifies issues. With a focus on preventing risks and promoting participant safety, a recent occurrence was reported by an OPTIONS In-Home direct care worker while assisting an OPTIONS participant who was using oxygen via nasal cannula. Throughout the room a family member entered and exited the room while smoking. The worker referenced the information shared during orientation/training regarding risks of smoking while oxygen is in use. Specifically sharing her concerns with the participant and family member she recalled the orientation topic. Although the family member reportedly felt little concern the participant agreed referencing and noting an actual caution sign affixed to her apartment door.

Report of Concern/Follow-Up

Very concerned, our In-Home direct care worker visited our office immediately following the completion of her assistance for the participant to report her concerns to the RN Supervisor and Staff/Scheduling Coordinator. With support, the RN Supervisor and Staff/Scheduling Coordinator spoke strongly of the direct care worker's efforts to promote participant safety by avoiding risk. The organization discretely communicated with the participant's care manager via e-mail report, a report which became a permanent part of the participant's file. The RN Supervisor visited the OPTIONS participant to affirm and support our worker's previous day's report of substantial concern.

2nd Example of Reported Issue

A second example: Worker notifies the office that consumer cancelled doctor appointments due to failing to arrange for ACCESS transportation. After learning of the occurrence, it was found that some previous doctor appointments were also missed due to not arranging ACCESS transportation. After reaching out to the participant, the Operations Manager and Coordinators realized that the participant did not follow up on any doctor appointments following her recent discharge from the hospital. After

communicating with the participant, the organization contracted the OPTIONS care manager who, in turn, assisted the participant. Documentation was filed in the participant's file detailing the issue.

Preventing Risks/Promoting Participant Safety

We recognize the importance of participant safety. We are so proud of our In-Home direct care worker and the way that they take their responsibility seriously. We feel that our orientation/training process and strong communication clearly demonstrate our ability to represent the OPTIONS program in a responsible, professional manner always seeking to exceed the standards and requirements of the OPTIONS program and most importantly promoting appropriate participant safety.

E. MANAGEMENT OF PROGRAM QUALITY

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

The organization believes that our quality assurance program plays a significant role in participant satisfaction and staff relations. Our organization measures, evaluates and assures quality of service by participant questionnaire and supervisory visit feedback. Additionally, Staffing Coordinators contact participants periodically regarding satisfaction levels. Suggestions and feedback are used to measure and improve services and the delivery of care.

Quality Assurance Initiative Spring 2016

The organizations most recent participant quality assurance was distributed to 50% of OPTIONS participant's in the spring of 2016 allowing the organization to record resulting data, evaluate services rendered, identify service issues, track trends or needs, initiate In-Service topics for continued education and devise quality improvement measures.

Continual Quality Improvement Process

Measuring the quality of service also includes the direct care worker as each worker's feedback adds valuable, measurable content when evaluating the effectiveness of service. The organization observes the worker-participant relationship when measuring the quality of service and participant's satisfaction.

Importantly, consistency and outcomes are measured with regular on-going discussions with the participant and direct care staff. Regular weekly face to face interactions with staff allow for caseload review and discussion, which further identifies effectiveness and efficiencies of participant services. The on-going goal is to strive for a relationship of trust and satisfaction between the OPTIONS participant and the direct care worker.

2. How do you handle participant complaints?

The organization reviews feedback of a negative tone as well as participant's direct dissatisfaction for weaknesses or causes of the negative experience.

Information Gathering Improve Resolve

The organization reaches out to the OPTIONS participant to learn of their negative experience. At times, reviewing the participants needs leads to an understandable adjustment in the direct care worker's approach and duties. Next, a review with the direct care worker may further allow for adjustments of activities and approach. Relations between participant and direct care worker seem to bring the best interactions thus participant satisfaction. A visit to the participant as needed, as well as peer mentoring visits for the direct care worker provides opportunities to improve and resolve any concerns or issues. Solutions are usually participant centered. Reasonable everyday participant centered solutions usually are easily identified. Once identified, adjustments to services are implemented. Following up, or as needed, discussions by the organization are important and welcomed by the participant in an effort to promote the effectiveness of the OPTIONS service and participant satisfaction.

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

The organization's quality management process is incorporated into our ongoing daily activities obtaining and observing information used to identify and track participant trends and needs. Participant feedback is obtained via supervisor visits, direct care worker feedback and participant's questionnaires as part of our organizations quality assurance used to monitor strengths/weaknesses and to identify everyday solutions.

Observing/Monitoring Participant Direct Care Worker Relationships

Participant/direct care worker relationships are a major component of providing quality services for the OPTIONS participant. These relationships are observed and monitored for measurable effectiveness equaling quality outcomes or identifying short comings of service interactions which may require as needed instruction and mentoring looking for those everyday individualized solutions in an effort to correct or improve service delivery.

Regular Evaluation of Services

OPTIONS services are regularly evaluated and reviewed by the organizations experienced RN Supervisor, Operations Manager and Staff Coordinators enabling the

organization to be responsive promptly in developing and applying everyday type solutions. This approach promotes and allows for timely appropriate individualized solutions to possible service developments or needs.

Individualized Responses Strengthens Relationships

The use of participant feedback is regularly individualized as each environment may call for specified responses all in an effort to promote and maintain high standards and to assure a quality interaction with and for the OPTIONS participant leading to or strengthening a relationship of trust and satisfaction between the direct care worker and the OPTIONS participant.

3a). If so, provide questionnaire or interview schedule utilized to solicit participant feedback and satisfaction.

Please see attachment 3a).

4. Describe your process for handling a billing discrepancy.

Invoicing is entered into SAMS weekly which enables the organization to discover a billing discrepancy as soon as possible. Research is necessary to determine how the discrepancy can be resolved. A care management issue is usually resolved with an e-mailed to the care manager involved along with a carbon copy to his/her supervisor. If the issue is not resolved in a timely manner a second e-mail is sent. If there is still not a response the issues is then sent to the AC/AAA for resolution. If it is a SAMS issue an e-mail or conversation with a representative from the AC/AAA is initiated which resolves the discrepancy.