

**Request for Proposals
Proposal Narrative Response Form**

OPTIONS

**Home Health Services
Personal Care Services
Home Support Services**

A. Proposer Profile and Experience

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

Primary: Region 3 Secondary: Region 2

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

1983

- 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?**

No

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

Employer

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

Yes. The Agency has an Administrative/Supervisory office in Region 3. The Agency will establish a location for interviewing, training, and providing direct care worker support and supervision in Region 2. This location will assist with building Agency visibility and accessibility, and enhancing existing community relationships and resources.

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

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
Allegheny Co AAA	PC; Hskpg; Home Support	840,994 projected	07/01/2015-06/30/2016
Allegheny Co AAA	PC; Hskpg; Home Support	850,104	07/01/2014-06/30/2015
Allegheny Co AAA	PC; Hskpg; Home Support	917,345	07/01/2013-06/30/2014
Allegheny Co AAA	PC; Hskpg; Home Support	869,338	07/01/2012-06/30/2013
Allegheny Co AAA	PC; Hskpg; Home Support	897,399	07/01/2011-06/30/2012
PDA Waiver Program	PAS;PC;Hskpg;Home Support	2,129,426	07/01/2011-06/30/2016
Veterans Administration	PAS;PC;Hskpg;Home Support	356,073	07/01/2011-06/30/2016
Community Life	PAS;PC;Hskpg;Home Support	102,950	07/01/2011-12/31/2015

Community LIFE agreement ended in 2015. Community LIFE decreased overall contracted services.

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	44,076	44,076	254	254
Home Support Housekeeping	16,539	16,539	387	387
Home Support Chore				

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

Agency utilizes the ClearCare technology platform for its Home Care Program. This state of the art technology system is mentioned throughout this proposal. It is an all-in-one platform that is cloud based and empowers agencies to operate efficiently and grow. The platform includes referral tracking, applicant tracking, real time care plan tracking, telephony verification of hours worked, billing, payroll, and reporting. Agency has used this system since August 2013.

Staffing and Training

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

Recruitment

The agency has a proactive recruitment effort to find qualified candidates.

Details described in question B5.

Screening/Interviewing/Hiring

Candidates for employment may access the Agency’s employment application via the Agency’s website, at any of the Agency’s sites, or via the Agency’s web-based on-line caregiver application found on the Agency’s Facebook Career

page or via on-line advertising. In certain instances, the Human Resources Manager may also mail or email the application.

The Human Resources Manager screens applicants, initially via telephone, to determine which individuals meet qualifications for scheduling a face-to-face interview. The phone screening enables assessment of preliminary requirements and overall interest in the position of direct care worker. A "Frequently Asked Questions About Home Care Aide Employment" flyer has been developed and is shared with potential employees. It answers such questions as "Do I receive mileage reimbursement(yes); How many hours per week will I work (based on your availability); What are the hourly wages (currently \$10.30 for direct care workers); and Are bonuses available (yes--retention and employee referrals)".

Interviewing is done by the Human Resources Manager or RN Home Care Supervisor. At the time of the interview candidates are asked to complete an hour/day availability form to determine active or as needed employment status. An interview form is used for consistency with applicants and to assess their interests and flexibility. The interview questions include:

- What interests you about this type of work?
- How do you feel about providing these services and traveling from house to house?
- What have you liked most about a job and why? What have you liked least and why?
- What do you think are some universal strengths that make someone a good employee no matter what job they are doing?
- Everybody misses work sometimes. What are some legitimate reasons to miss work?
- How do you respond when you know you will be late for work?
- How do you think a previous manager would describe you as an employee? What are they likely to tell us in regards to your dependability and attendance?
- A family member comes home and criticizes your work. How do you handle this?
- How would you handle a client that is upset?
- How would you handle a client who makes you feel unwelcome in his or her home?

After the interview is completed, the interviewer completes an evaluation form noting strengths and weaknesses and a hiring recommendation.

The Agency conducts thorough pre-employment screenings. The employment application requires candidates to submit authorization for the Agency to review information from all schools, former employers, references, courts, and any

others, including social media sites. Any unsatisfactory results from these screenings could prohibit an employment offer.

The Agency requires and obtains a clear PA Act 34, Pennsylvania State Police background check prior to employment. If an applicant has not been a Pennsylvania resident for the past two (2) consecutive years, without interruption and immediately preceding the date of application for employment, a clear FBI Background Check is required. The Agency also obtains PA Act 33, Child Abuse Background Certifications on all employees. The status of all Certified Nursing Aides is verified utilizing the Pennsylvania Nurse Aide Registry and all potential employees will be searched on the Megan's Law Public Database.

As a provider in the Aging Waiver Program, the Agency is required to screen employees and contractors, both individual and entities, to determine if they have been excluded from participation in Medicare, Medicaid, or any other federal program. To comply with this requirement, the Agency utilizes the web application EPStaffCheck which enables the Agency to screen employees and contractors.

The Agency has defined what it considers to be qualities of the ideal direct care worker. The screenings and interviewing are designed to find direct care workers who are:

Reliable, honest, compassionate, sensitive and respectful of needs and preferences, tolerant for diverse points of view, and willing to learn.

Qualified individuals who are hired are invited to attend the training program via a letter and a follow-up phone call from the Human Resources Manager. Individuals interviewed but not invited to training are notified in writing. If an individual is not hired based on the Pennsylvania State Police Criminal History Report, a letter is sent to the individual that includes information on how to appeal to the sources of the criminal history records if the individual believes the records are in error.

The Agency is an Equal Opportunity Employer, with an established Non-Discrimination/ADA Policy and No Mandatory Retirement Age Policy for hiring and employment.

Direct care workers receive a copy of their job description, personnel policies and wage for their position upon hire.

Effective October 1, 2016, starting hourly wage for direct care workers will be \$12.00. Additional incentive rates will be available for back-up work and for picking up a participant living in a geographically challenging location.

Pre-Employment Requirements

The Agency requires direct care workers to have a vehicle or consistent access to public transportation, proof of 2 years residency in Pennsylvania, verification of social security number, and a valid driver's license. All direct care workers must possess a High School Diploma or GED.

The Agency also requires two satisfactory references that affirm the ability of the individual to provide home care services for potential employees. All references are verified and documented by the Human Resources Manager. References are received verbally or in writing from a former employer or other person not related to the applicant.

Pre-Employment Health Requirements

Candidates for employment may begin training if they have an approved physical and documentation of at least one step of the PPD completed and approved by RN Home Care Supervisor to ensure documentation compliance. The second PPD step must be completed prior to providing any service to participants. The Human Resources Manager provides qualified candidates with the following forms:

- **Pre-Employment Physical Examination:**

Direct care workers are required to provide documentation of a pre-employment physical examination conducted within 12 months prior to employment. The pre-employment physical must be conducted by a MD, DO, or CRNP/Physician Assistant under the direction of a MD or DO. The physical must be signed, dated and completed within 12 months prior to employment. The physical must state that the individual is free from communicable disease and is capable of completing the work of a direct care worker with no restrictions. The RN Home Care Supervisor reviews and approves all pre-employment physicals to ensure compliance.

- **Pre-Employment PPD Test (2-Step):**

Direct care workers are required to have a pre-employment Mantoux Intracutaneous PPD test dated within 12 months prior to the worker rendering services to a participant. The pre-employment test must be a 2-step tuberculin skin test, with a second test 1 to 3 weeks after the first test, if the new person has had:

1. No previous PPD test;
2. An interval of more than 12 month since his/her previous negative PPD test; or
3. A previous undocumented positive PPD test.

- Documentation must include the date that the PPD test was administered, the date read and the result (positive or negative);
- The person reading the PPD test results must sign and date the form;
- First time positive results must be followed with an examination by a physician and a chest x-ray (if indicated);
- The chest x-ray must be read by a physician and indicate the worker is free of communicable disease.

If a direct care worker had a previous positive PPD test result and cannot receive the test, the worker must be screened annually for signs and symptoms of the disease and documentation must include a statement from a personal physician or Allegheny County Health Department specifying that the worker has no active disease or is free of tuberculosis.

The Agency has a Communicable Disease policy in place and offers the Hepatitis B vaccination for direct care workers, at the expense of the Agency. The Agency also provides appropriate protective articles such as uniforms, smocks, masks and gloves and includes universal precautions training at annual in-service trainings.

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

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

.5 hour	Agency Overview: All Programs and Services Orientation to Home Care Programs and Services Home Care Aide Job Description/Requirements
1 hour	Competency Test (Pre-Test)
1 hour	Chronic Conditions/Disease
2 hours	Home and Personal Safety
.5 hours	Observing and Reporting Changes in Participant's Condition
.5 hour	Aging Process
2.5 hours	Personal Care Techniques Training & Skills Demonstration & Competency Observation Food and Healthy Living Management Medication Reminders
1 hour	Universal Precautions and Infection Control
.5 hour	Activities of Daily Living (ADL) Instrumental Activities of Daily Living (IADL)
1 hour	Dementia/Alzheimer's Disease Dealing with Difficult Behaviors Understanding and Dealing with Depression, Disease and Disability Sensitivity Training
1 hour	Diversity Training
1 hours	Strength Based Training - Consumer Control and the Independent Living Philosophy Communicating with Older Adults
.5 hour	Quality Management Plan Complaint Resolution Fraud and Financial Abuse Prevention
.5 hours	Protective Services/Recognizing and Reporting Abuse Mandatory Abuse Reporting Reporting Critical Incidents
1.5 hours	Home Support/Housekeeping Skills Demonstration & Competency Review
1 hour	Competency Test - Scores and Review
1 hour	Human Resources - Employee Handbook Review
.5 hours	Confidentiality and HIPAA
.5 hours	Professionalism
1 hour	Home Care Aide Policies Review
1 hour	Scheduling Procedures

20 Hours Total Classroom Training

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

Twenty (20) hours of on-site classroom training with an instructor are provided. The training includes supervised hands-on instruction in personal care skills by the RN Home Care Supervisor.

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

All initial orientation and training hours are provided in a classroom setting with an instructor. Any computer/electronic training videos/programs utilized are shown during classroom training by the instructor to allow opportunity for trainee interaction, questions, and clarification on any of the topics.

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.

The RN Home Care Supervisor conducts hands-on demonstrations and individual skills assessments of personal care techniques including assistance with bathing, proper skin care, dental and oral care, hair care, toileting, medication reminders, assistance with transferring and ambulation, and housekeeping activities which include changing bed linens. All of the personal care and housekeeping skills are practiced on site and under the RN Home Care Supervisor's oversight. The Agency has an adult training manikin and a hospital bed.

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

Twenty (20) hours of on-site classroom training with an instructor are completed before the worker touches a participant.

f) List all ongoing mandatory training programs provided to direct care workers in the last two fiscal years. Specifically describe how training program was presented, for example, remotely by mail, computer or classroom.

During the last two fiscal years, annual mandatory classroom training was provided to direct care workers. These were held on November 13, 2014 and October 29, 2015. To accommodate the direct care workers' schedules, a session is held in the morning from 9 am – 11 am and in the afternoon from 2 pm – 4pm.

At each session, direct care workers received training by the RN Home Care Supervisor on:

- Addressing Changes in Participant's Condition
- Infection Control/Standard Precautions
- Prevention of Abuse and Exploitation of Participants
- Reporting Critical Incidents, Participant Complaint Resolution
- Quality Management Plan and Participant Service Satisfaction
- Fraud and Financial Abuse Prevention
- Confidentiality/HIPAA

During the annual training refreshments are provided and raffles occur to encourage interaction among workers. Direct care workers are also asked for input regarding the topics they would find beneficial during future trainings. In 2014, workers suggested dementia as a topic. In 2015, a nurse and a physician from Forbes Family Practice provided training on Alzheimer's disease and Related Dementias.

As a long-time member of the Pennsylvania Homecare Association, in 2016 the Agency took advantage of the new member benefit that enables the ability to track direct care workers' progress and performance on the Association's "My Learning Center" web-based training videos and courses. As these videos can be accessed from any computer, in any location, 24/7, this tool offers a convenient way for direct care workers to meet the ongoing training requirements. In total, there are 55 courses available through "My Learning Center".

CPR/First Aid training/certification must be current or completed within the first 3 months of employment. American Red Cross and American Heart Association training must be renewed every two years. This ongoing mandatory training is paid for by the Agency when completed at one of the Agency's classes held on-site or through the specified instructor at designated training sites. Direct care workers in need of CPR/First Aid certification/re-certification are notified in advance of due date in writing and provided a schedule of trainings paid for by the Agency.

Effective October 1, 2016 mandatory ongoing training will be increased from two hours per year to four hours per year. Plans are to hold two classroom events per year at two hours each.

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

Yes. Ongoing optional educational opportunities are offered to direct care workers throughout the year. The RN Home Care Supervisor identifies ongoing trainings for the direct care workers pertinent to their position. If these trainings are hosted by the Agency, such as a program on chronic conditions, the direct care workers are invited to attend. Direct care workers are also mailed information regarding other trainings throughout the communities serviced that they may find beneficial to their position.

In addition, quarterly home care/safety newsletters were mailed to direct care workers with pertinent changes in policies, training updates and reviews to address specific topics such as identifying and reporting changes in a participant's condition and work/life balance tips. The Agency's safety committee has also included information in the newsletters for direct care workers such as preventing back injuries and preventing slips, trips and falls. Staff recognitions and updates on staffing changes are also included in the newsletters.

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

Direct care workers do not work with participants until they have completed the full 20 hour classroom training. The RN Home Care Supervisor is responsible for all competency testing. At the beginning of the Initial Orientation and Training the direct care workers take a written pre competency test and take the same test again upon conclusion of the initial training. This enables the RN Home Care Supervisor to identify which topics may require additional focus during the training. A passed written competency test that incorporates skill areas included in the initial training is required prior to the direct care workers providing services to participants. In addition to the written competency test, the competency skill areas reviewed and assessed during training include:

- Confidentiality/HIPAA
- Participant Control and the Independent Living Philosophy
- Instrumental Activities of Daily Living/Activities of Daily Living
- Recognizing and Reporting Changes in a Participant's Condition
- Infection Control/Blood Borne Pathogens/Standard Precautions

- Handling of Emergencies
- Documentation
- Recognizing and Reporting Abuse or Neglect
- Dealing with Difficult Behaviors
- Reporting Critical Incidents
- Participant complaint resolution
- Fraud and Financial Abuse Prevention
- Aging Process
- Chronic Conditions and Diseases
- Communicating with Older Adults
- Diversity; Cultural and Linguistic
- Dementia/Alzheimer's Disease
- Home and Personal Safety
- Professionalism
- Agency's Quality Management Plan
- Housekeeping Skills
- Personal Care Skills and Demonstration include bathing, shaving, grooming dressing, hair, skin and mouth care, assistance with ambulation and transferring, meal preparation and feeding, toileting and medication reminders
- Food and Healthy Living Management
- Medication Reminders

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.

Direct care workers are supervised by the RN Home Care Supervisor. Home visits are conducted by the RN Home Care Supervisor or Assistant Supervisor (LPN/CNA/HHA) with the worker present.

Initial Supervision

- New workers are accompanied by Supervisor on new worker's first home visit.
- Probationary supervisory visits occur after 90 days from the initial home visit. The Supervisor determines status of probation period following the visit and follows up with worker regarding any identified issues and/or if the probation period requires extension. The Supervisor will

work with the Human Resources Manager to determine the content of written follow-up to be sent to workers.

- Focused supervision and skills improvement occur as identified and needed. For example, if the new worker needs additional mentoring the supervisor will accompany the worker to the participant's home to review personal care needs and/or housekeeping needs.
- Immediate access round the clock to the scheduling staff is available for support and guidance at all times.
- Participants are asked for feedback at initial service start date, supervisory visits, and routine phone calls with the schedulers or supervisor. If concerns are indicated, the supervisor follows up with the new worker.

Routine Supervision

- Annual Evaluations occur subsequent to the initial and probationary supervisory visit. All direct care workers are supervised in the home of one of their participants within 365 days from the date of their last supervisory visit. In addition to supervision in the home the Supervisor conducts an annual comprehensive review of direct care worker performance that includes input from the Human Resources Manager and Schedulers. Participants are also asked for feedback.
- Supervisory visits are made to Options NFCE (Nursing Facility Clinically Eligible) participant's home to monitor the performance of the worker within 2 weeks of the start of service.
- Supervisory visit will be made if there is a change in the level of care required for a participant, i.e. care manager orders personal care for an existing home support/housekeeping participant.
- If disciplinary action is taken or issues related to quality of care are identified, supervision and a competency review occur more frequently.
- If a direct care worker can benefit from mentoring, additional supervisory visits are scheduled.
- The direct care workers have 24/7 access to scheduling staff for support and guidance. The two Agency Schedulers on staff have a combination of 43 years of years of experience scheduling home care services for the Agency.

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

The Supervisor accompanies all new home care workers on their first home visit. Although not required by the Scopes of Service, a probationary supervisory visit is completed in a participant's home after 90 days of a direct care worker's acceptance of a schedule. At that time, it is determined if performance is satisfactory to warrant removal from probationary status, if worker needs an extended probationary period, and/or if additional

training is required. This adds an extra opportunity for observing worker competency and providing supervisory support.

Direct care workers' annual competency evaluations/reviews are completed within 365 days utilizing the following methods: written competency test, observation of direct care worker providing services in a participant's home, review of participant feedback and satisfaction with services.

Annual direct care worker evaluations are completed to observe competency and identify any performance or service issues. The evaluations are conducted by the Supervisor in the participant's residence while the direct care worker is providing service. The participant's care plan will be reviewed during the employee performance evaluation to ensure appropriate services are being provided. This evaluation also allows the opportunity to identify any areas needed for improvement of the participant's care. The evaluator can also observe the rapport between the participant and aide, ensuring quality services are being provided.

Prior to the annual evaluation, the Supervisor will contact the participant to assess their satisfaction with services. If appropriate, any issues identified will be addressed during the direct care worker evaluation or through follow-up by the Supervisor. The Supervisor also reviews the electronic performance notes in the ClearCare system.

Direct care workers are also required to complete and pass an annual written competency tests. These tests are reviewed by the RN Home Care Supervisor to identify any additional training needs.

Participants are encouraged to contact the home care office with any worker complaints or issues to ensure their direct care worker(s) performance is satisfactory.

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

The Supervisor reviews worker's performance, following their probationary and annual evaluations, either via telephone or during a face-to-face meeting. In addition, direct care workers are also notified of satisfactory, as well as unsatisfactory, performance in writing. If additional training or mentoring is necessary it may be provided in the office, or in the participant's residence. The Supervisor will also notify workers of any unsolicited compliments received from participants in writing, accompanied by a gift card to express gratitude for quality care to participants.

Responses received as a result of quality assurance calls to new participants are also shared with the direct care workers.

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.

Due to the known recruitment challenge, the Agency reorganized in March 2015 to hire a full-time Human Resources Manager with recruiting and technology skills.

The Human Resources Manager developed an agency Facebook Career page and implemented a web-based system that enables completion of an on-line application. This system not only makes application for employment extremely convenient for job seeker, it also enables efficient screening and tracking of qualified candidates. The Agency is able to tailor questions on the application as often as we like with questions specific for the candidates we are seeking. Also, the Agency utilizes the Quick Apply on-line feature through Indeed.com, which enables candidates to apply directly through the link. Since the full implementation of on-line application alternatives, the average monthly number of applicant inquiries has more than doubled from 47 to 108, a 44% average monthly increase. The application is also available as a PDF on the Agency website.

In addition the Agency has utilized the following sources for recruitment of direct care workers: Trib Total Media, Monster.com, Craig's List, Penny Saver, Green Sheet, PA Career Link, Chamber of Commerce newsletters, church bulletins, community partnership meetings, CNA training placement contacts, Job Corps, Allegheny County Community College, Mon Valley Job Club/job fair, Braddock Employment Center, Wellness Centers, AARP Groups/job placement contact, community libraries, local tradeshow (home expos), Legislative Senior/Health Fairs, Women's Business Networks, Senior Centers, exercise groups, and PTA's.

During fiscal year 2014-2015, 52 candidates were interviewed with 17 being hired. During July 2015 – April 2016 (implementation of new technology enabling on-line application), 66 candidates were interviewed with 22 being hired.

In early 2015, the Agency participated in Allegheny County Area Agency on Aging's sponsored direct care worker recruiting events, which main focus was to decrease the amount of participants on the hard to serve list. Since the beginning of 2015, the Agency has provided services to 40 participants from the

hard to serve list. Ten (10) direct care workers were eligible for an hourly incentive rate for staffing designated high need participants. In December, 2014, three (3) of the Agency's direct care workers were recognized with a \$250.00 bonus check by the Area Agency on Aging for accepting and providing services to numerous high need participants from the hard to serve list.

Referrals from existing employees are encouraged and rewarded. The Agency has had success with its formal Referral Bonus Program for any existing employee who refers a new employee. For each referred direct care worker that receives a schedule and averages 20 hours/week for 3 consecutive months the referrer receives a \$100.00 bonus. In addition, for each referral that successfully completes one year of employment and still averages 20 hours/week the referrer receives another \$100.00 bonus. Since the inception of the referral program, seven (7) existing employees have received referral bonuses.

The Agency also has offered a \$25.00 gift card to any employee that provides a contact that results in a home care information session being held at community groups such as churches, rotaries, AARP groups, men's or women's groups, exercise groups, PTAs, job fairs, etc. for the purpose of recruiting direct care workers and educating the public about home care services.

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?

The Agency offers a formal Retention Bonus Program for new hires. Direct care workers may earn \$100.00 at 4 months of employment (15 minimum average hours worked per week); \$200.00 at 8 months of employment (20 minimum average hours worked per week); and \$200.00 at 12 months of employment (20 minimum average hours worked per week). Since the implementation of the retention bonus program in 2015, nine (9) new direct care workers have received retention bonuses.

Direct care workers also receive a \$25.00 gift card for any unsolicited praise received from any of their participants to acknowledge quality of care.

The Agency provides on-going training and education opportunities. Additional mentoring and/or training is available and provided to aides if necessary. CPR/First Aid certification is paid for by the Agency if completed under the Agency's designated instructor.

Uniforms and protective materials such as gloves and masks are provided to the direct care workers which are paid for by the Agency.

The cost of annual TB testing is reimbursed by the Agency and Hepatitis B vaccination series are paid for by the Agency if requested by direct care workers.

Direct care workers have access to administrative staff/scheduling 24/7 for support and guidance.

The Agency considers qualified direct care workers for promotions when opportunities arise for advancement.

The Agency is flexible and makes every attempt to be accommodating when a direct care worker has a personal issue, such as when a family or transportation issue arises unexpectedly. This promotes loyalty from the direct care worker.

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

Column A	Column B	Column C	Column D	Column E
Fiscal Year Period	Total Active Workers During Period	Average number of direct care workers employed during period	Voluntary and involuntary resignations	Turnover Rate (Column D/Column C)
7/1/14 – 6/30/15	88	62	35	56%
7/1/15 – 4/30/16	84	52	27	52%

Agency has seen a decrease in the turnover rate in the past two fiscal years.

The turnover rate above is calculated utilizing the formula of the Private Duty Benchmarking Study. This study is conducted by HomeCare Pulse and is promoted by the PA Homecare Association. Agency participated in this study in 2015.

According to the Private Duty Benchmarking Study 2015, the median caregiver turnover rate in 2014 was 61.6%. Agency turnover rate shown above is lower than the median—Agency is performing better than over 50% of the industry.

The Benchmarking Study further reports the increase in median turnover rates overall for the industry:

2009	39.4%
2010	46.2%
2011	49.8%
2012	52.6%
2013	53.2%
2014	61.6%

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.

Upon hire and during training, direct care workers complete an hour/day availability form to determine active or as needed employment status. This enables the schedulers to create a schedule for them that not only maximizes their availability but also gives them the hours they wish to work. If a qualified worker is unable to commit to a schedule they may be placed on casual employment status to be used to as replacement workers for open shifts when available. Also, with the ClearCare web-based telephony system, the Agency is able to quickly determine open shifts and efficiently determine worker availability for the shifts by utilizing text messaging and emailing directly from the system. This saves on numerous back and forth phone calls and makes it more convenient for the direct care workers as well as the schedulers. Direct care workers are offered a shift differential for acting as back-up workers if their schedule permits and they are interested in earning extra money. Workers will also receive a higher hourly wage if they accept a shift in a geographically challenging community.

The Agency provides services within multiple high rise apartment buildings, and when possible, if scheduling permits, the same direct care workers provide services to multiple participants to deliver services in the most efficient manner. When possible, workers are generally kept within the same geographic areas to enable maximum scheduling efficiency.

Agency maintains continuity of service with the same worker for a participant when possible and in support of the care plan. Agency believes this contributes to worker efficiency and satisfaction as well as participant satisfaction.

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 Agency utilizes the ClearCare web-based telephony system to verify dates, arrival and departure times and tasks performed by direct care workers in participants' homes. The workers are required to use the participants' telephone for verification of presence during scheduled times in participants' homes. There is no charge to the participant for the calls. If for any reason the telephone cannot be used at the time of clock in, a time sheet signed by the participant is obtained to verify times and tasks performed. No written time sheets may be used without prior authorization from a Scheduler or Supervisor. This information is monitored to ensure consistency with the participant's care plan. This system enables the schedulers to see and monitor service shifts and delivery in real time to identify any service issues that need to be addressed in a timely manner.

The Agency's two (2) Home Care Schedulers and Home Care Compliance Director have been utilizing SAMS (Social Assistance Management System) since implementation by the Allegheny County Area Agency on Aging. All are knowledgeable and experienced with documentation and reporting within the system. The Home Care Compliance Director volunteered to participate in meetings to provide input to the Allegheny County Area Agency on Aging during the development of a SAMS User Manual for in-home care providers.

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

The agency pays travel time as well as mileage reimbursement. A higher hourly wage will be paid to workers willing to staff participants residing in geographic areas that are remote or lack public transportation.

Agency plans to establish a satellite office in the secondary area of Region 2 to enhance recruitment in this geographic area. This will help to reduce travel time involved with serving some participants.

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

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

In January of 2014, the Agency transitioned participants, along with their direct care workers from another provider agency who discontinued their Options Home Support/Personal Care contract.

The results enabled continuity of care for the 32 participants that came to our Agency along with the 12 workers who provided seamless, uninterrupted services to them. This resulted in a 10% increase in Options service capacity. Five (5) of the 12 aides remain employed with the Agency.

In March of 2015, the Agency hired a full-time Human Resources Manager with recruiting and technology skills. The human resources manager implemented the web-based system within ClearCare that enables completion of an on-line application. This system not only makes application for employment extremely convenient for job seeker, it also enables efficient screening and tracking of qualified candidates.

Since the full implementation of on-line application alternatives, the average monthly number of applicant inquiries has more than doubled from 47 to 108, a 44% average monthly increase. Additionally the number of direct care worker interviews, direct care worker new hires, and new clients is higher in the first 10 months of this fiscal year compared to all of last fiscal year.

Time Period	Interviews	New Hires	New Clients
7/1/14 – 6/30/15	52	17	202
7/1/15 – 4/30/16	66	22	216

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

As a result of the aforementioned transition of participants with their direct care workers, the Agency was able to expand its geographic service area by serving/staffing an additional 14 communities.

The Agency added two salaried assistant supervisors to its staffing complement to provide backup coverage in the expanded geography. They also performed supervisory and mentoring visits to staff. The Agency believes that the ability to enroll new participants in an expanded geography and to provide 100% back up services is contingent on a salaried direct care worker in each region dedicated to those purposes.

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

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

The Agency will have the necessary staff, organizational and technological capacities to accept 80% of new participant referrals in the first year. The web-based telephony system utilized by the agency streamlines the communication and accuracy necessary to deliver the services in the most efficient manner. The Agency plans to hire a Human Resources Assistant for Region 2. The Human Resources Assistant will work closely under the supervision of the Human Resources Manager and focus on recruiting quality staff in additional communities in the geographic region. The Agency will have a dedicated full-time salaried back up worker for each region to accept new referrals quickly and pick up existing eligible participants as needed.

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

The Agency will continue to build capacity, based on identified need and experience throughout the first year, to enable an acceptance of 90% of new participant referrals in each subsequent contract year. The primary focus will be recruitment and hiring of qualified workers.

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

All direct care workers are now hired with the expectation they may be asked to fill-in for regular workers as needed. They will also be informed of the shift and travel differential wages to entice them to accept additional hours. In addition, full-time back up workers will also be on staff to ensure coverage for all call-offs and no-shows in both service areas.

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

Direct care workers are to notify the scheduling office if they are unable to work for any reason. Each absence or lateness in reporting to work must be reported at least one hour prior to the start of the scheduled work shift. During business hours of 8:30 am to 4:30 pm direct care workers speak with one of two schedulers. Direct care workers are not permitted to leave a voice mail message; they must speak directly with someone. If notification of absence or lateness must be given prior to 8:30 am or after 4:30 pm, direct care workers have access to the on call scheduler after hours and on weekends. The scheduler notifies the participant accordingly to determine if they want a replacement worker. If so, the scheduler checks availability of direct care workers to staff the open shift then gets back to the participant to notify them which direct care worker to expect.

Any no-show or lateness for a shift automatically, through ClearCare, signals a real time alert to the schedulers who can address the issue immediately. As with notified call-offs/lateness for shift, the scheduler will call the participant accordingly to determine if they want a replacement worker. If so, the scheduler checks availability of direct care workers to staff the open shift then gets immediately back to the participant to notify them which direct care worker to expect. No change in shift times or days would be made unless participant is agreeable and the Care Manager is notified of the change.

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

Agency recruits and hires a diverse direct care workforce with 40% minority representation. The Agency serves a participant population with 31% minority representation. These measurements are from the 2015 PA Department of Health License renewal.

Diversity training is provided to all direct care workers during the initial orientation and training. This is a facilitated discussion led by the RN focusing on the recognition of individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, or other ideologies.

The Agency has a Limited English Proficiency Policy in place which is reviewed during training. The policy includes instruction for accessing document translation and interpreter services (Optimal Care) for our participants who may be experiencing a communication gap.

For any participants that are hearing impaired and need communication assistance, the Agency would contact the Center for Hearing & Deaf Services. The Agency's home care office has prior experience with Thoronson Video Services for communication with the hearing impaired.

For any participants that are visually impaired and need communication assistance, the Agency would contact the Blind and Vision Rehabilitation Services of Pittsburgh.

The Schedulers attempt to make the best direct care worker match for participants. The ClearCare web-based telephony system's convenient and efficient Care Finder component enables Schedulers to match workers with participants based on availability and other criteria such as smoking and pet preferences to allow better chance of ideal match for participant.

The Supervisor makes home visits to follow-up on and resolve any identified service delivery issues as needed. The Supervisor and other appropriate staff members would be involved in any case conferences facilitated by Care Managers to resolve any service issues for participants with special needs.

In additional, if necessary, the Agency will provide cleaning supplies and equipment for any participants in need if indicated by Care Managers.

D. Management of Communication

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

Direct care workers are trained in identifying and reporting changes in participant's condition. In an emergency 911 is called. Other urgent matters are immediately called into the office. The workers can also report the change as a voice mail in the ClearCare system while at the participant's residence. The voice mails are received in real time, reviewed immediately by the schedulers, and automatically saved in ClearCare as documentation to participant's electronic file.

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

If a change in the participant's condition is identified by the direct care worker and reported to the Home Care Office, the Scheduler and/or Supervisor notifies the emergency contact/family member and the Care Manager as appropriate. Utilization of the ClearCare web based telephony system provides immediate access to the participant's electronic file for easy access to Care Manager and emergency contact/family member information for participants to avoid delay in notification of status changes. The Scheduler/Supervisor follows-up with the Care Manager to provide any other necessary details, ascertain if other contacts need to be made, or if the Agency can be of further assistance to ensure the well-being of the participant. The Supervisor may make a home visit if warranted and follow-up with the Care Manager.

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.

Example (1) A direct care worker identified and reported a sore on her participant's buttocks to the Agency's Scheduler. The Scheduler emailed the participant's Care Manager and notified the Agency's LPN Home Care Supervisor. The Home Care Supervisor made a home visit to follow-up, at which time she applied over the counter barrier ointment and a band aid for the participant. Immediately following the visit, the Home Care Supervisor emailed the Care Manager her findings, concerns and suggestions, which included the participant's condition, medical supply issues, and living conditions. The Care Manager notified the Home Care Supervisor she would be visiting the home for a reassessment. The Home Care Supervisor notified the worker to monitor the sore when she is there and for her to keep the home care office updated on progress. The worker reported back to the Home Care Supervisor when the sore had healed, at which time the Home Care Supervisor updated the Care Manager and assured her that the worker would continue to monitor the situation and report any further issues.

Example (2) When a direct care worker arrived at her participant's home, she found the participant to be very confused; she had spilled her pills and left her coffee pot on to burn. The worker immediately called the home care office to report the participant's condition to her Scheduler. The Scheduler called and left messages for her emergency contacts but received no responses. The participant would not let the worker call 911, and the RN Home Care Supervisor was unable to convince her to let the paramedics come to check on her. The

Care Manager was immediately notified of the situation. The Care Manager responded that she had spoken to the daughter who was aware of the situation, and she also spoke with the participant. Ultimately, one of the participant's sons went to the home to assist with what turned out to be a medication issue. The Care Manager reported that the biggest issue was the participant getting a new pill box which is causing confusion, and the family is aware of the situation and has a plan in place.

E. Management of Program Quality

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

The Agency seeks to provide participants with consistent, quality services. The relationship of trust and satisfaction that develops between the participant and direct care worker is vital. The Agency's Quality Management Plan Policy is reviewed and updated annually with input from the Quality Management Committee.

In order to monitor and improve the quality of home care services provided to participants, EAAS maintains an ongoing quality improvement program that includes the following methods of data collection:

- a) Quality Assurance Calls are made to all new home care participants within/following (depending upon frequency of service) the first month of service to assess the initial quality of home care services provided.
- b) All participants are interviewed prior to, and at the time of employee performance/competency evaluations (probationary and annual) to determine their service satisfaction.
- c) Any participant who voluntarily discontinues home care services is contacted to determine if services were terminated due to quality of services and if something could have been done differently to satisfy the participant and avoid termination of services.
- d) All participant complaints are reviewed to determine if participant felt the resolution to their complaint was satisfactory.
- e) All participant events are reviewed to determine whether any of the events were preventable.

The results of the above methods of data collection are reviewed by the Home Care Quality Management Committee and satisfaction is measured to ensure, at a minimum, 90% of the responses received from home care participants contacted are satisfied with their services. In 2015, based on calls to new participants, input on employee evaluations, and reassessment visits, 99% of

participants (196/197) indicated satisfaction with services. Reports are compiled on the data collected and used by the Quality Assurance Committee to identify and remediate specific service problems, identify and track trends and needed and devise and implement quality improvement measures:

- Participant satisfaction
- Complaint resolution
- Participant exit interviews (voluntary discontinuation)
- PA Department of Health Critical incidents and reportable events
- Direct care worker recruitment sources
- Reasons for voluntary and involuntary resignations
- Direct care worker compliments and non-compliance

In addition, care plan compliance is monitored daily via the telephone system to ensure all participant schedules and required tasks are being adhered to according to the care plans and service orders. In the event a care plan is not being followed, the Supervisor contacts the direct care worker to review compliance.

The Area Agency on Aging has conducted satisfaction surveys with OPTIONS In home participants. In Fiscal Year 2013-2014, 96% of Agency participants were satisfied with services.

2. How do you handle participant complaints?

During Fiscal Year 2014-2015, out of the 641 home care participants served, 13 complaints were received from either the participant, family member(s), or care manager.

All participants are given the Agency's complaint policy prior to the start of service. Participants receiving home care services from the Agency are assured they have the right to receive safe and competent care. Participants have the right and are encouraged to inform the Agency staff if they are dissatisfied with any aspect of our program's operations, activities, or the services that are received or not received. Participants who report complaints can do so without fear of termination or loss of services for doing so. Participants are encouraged to report complaints; however, a participant may choose not to file a report. Participants are informed there will be no adverse consequences from the Agency, PDA/Office of Long Term Living, the Pennsylvania Department of Health, the Veterans Administration, or the local Area Agency on Aging from a participant decision to report or not to report. Participants may decline further

intervention regarding the complaint when they choose, at which time the investigation into the complaint will cease.

The Agency has a system in place to record, respond and resolve participant complaints. The Agency makes every effort to resolve any complaints by conducting an in-depth investigation and collects any pertinent information regarding the complaint which includes, at a minimum, the:

- 1) Name of the participant
- 2) Nature of the complaint
- 3) Date of complaint
- 4) Provider's actions to resolve the complaint
- 5) Participant's satisfaction to the resolution of the complaint

The Agency may question internal staff, the participant, the caregiver, participant's family members or friends, or any other persons who are involved as warranted. The participant has the right to have an advocate present during any interviews, interventions or investigations resulting from the complaint. The participant has the right to an unbiased, confidential review. All information gathered as a result of an investigation of a complaint involving a participant is maintained in a confidential manner. In addition, the participant has the right to request a termination of the investigation at any time during this process.

Allegheny County Area Agency on Aging Complaints: When a complaint is directly received by the Allegheny County Area Agency on Aging (ACAAA) regarding the Agency's home care services, an email along with a Complaint Report detailing the specific complaint is sent to the Executive Director. The RN Home Care Supervisor will follow up on the complaint and may visit the participant to discuss the complaint when appropriate. The response to the Complaint Report is entered directly on the Report and emailed to the In-Home Service Department of the ACAA. The response will be sent within seventy-two (72) hours of the initial email sent to the Agency identifying the complaint.

All findings will be disclosed to the participant in a cognitively and linguistically accessible format. The participant will have the right to challenge the results or disagree with the results.

All documentation of complaints will be retained in the participant's file.

If a participant feels they are unable to resolve their complaint or does not feel comfortable discussing the complaint with the Agency, the participant is given additional complaint reporting resources:

Allegheny County Ombudsman Program	412-350-5791
Area Agency on Aging Senior Line	412-350-5460
Department of Health Complaints Hotline	1-800-254-5164
Licensure and Compliance Information/Inquiries	1-717-783-1379
Home & Community Based Services Complaints Hotline	1-800-757-5042

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

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

New participants are called within/following 30 days of start of service (depending upon frequency of service) to assess satisfaction with services.

Participants are also interviewed prior to and/or at time of employee performance evaluations (both 90 day probationary evaluations and annual supervisory/competency reviews) to determine satisfaction with quality of services.

Indicators used to measure quality include:

- Respect of participant
- Reliability of services delivery
- Quality of services delivered

Exit Interviews are conducted if services are voluntarily terminated to determine whether services were terminated due to service satisfaction and if so, what the Agency could have done to prevent termination.

The results are reviewed by the Home Care Quality Management Committee and satisfaction is measured to ensure, at a minimum, 90% of the responses from home care participants contacted indicate satisfaction with services.

4. Describe your process for handling a billing discrepancy.

The Agency runs a service order report at the beginning of each month to check each participant for correct rates and number of units. If either of these is incorrect an email message is sent to the Care Manager, requested the record be corrected.

Rosters are also checked at the beginning of each month to make sure all participants appear and that the correct rate and number of units is entered. If anyone is missing or has incorrect rates, units, status or allocation type an email message is sent to the Care Manager.

If during the month, new participants appear with incorrect information, an email message is sent to the Care Manager.

For all of the above issues, Care Managers are given three (3) business days to resolve the issues. If the billing issue has not been resolved, the Agency sends a second email message to the Care Manager and also copies the Care Manager's Supervisors. Another three (3) business days is then given to resolve.

If the billing issue still has not been resolved, the fiscal contact at the Allegheny County Area Agency on Aging is contacted via email to determine the best way to make the correction and avoid delay in processing the invoice for payment.