

**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.

We have selected to service Areas 1 and 3. However, we are willing to service some of the overflow Participants in Area 2 as needed.

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

The Company began servicing older adults in 1938. However, we moved into Allegheny County, Pennsylvania and began servicing its residents in 2000.

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?

We are an organization with a parent company who acts as a support entity for its six branches. The primary business of each of the six branches is predominately paraprofessional services. Three of these branches are located in Pennsylvania and provide services to Participants within the Options Program in three (3) different counties. The parent organization is based in New York. Other branches are located in Ohio and Florida.

Our branch in Pittsburgh is supported by the parent organization with some back-end functions such billing, human resources and payroll (ie. Medicare, Commercial insurance claims, payroll submissions to ADP, benefit enrollment and some additional Human Resources advisory functions). As our operations have been functioning with this type of

support for the past 16 years, we do not foresee any barriers in maintaining the terms of this contract.

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

We operate as an employer and issue each of our employees a W-2 at year-end.

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

Yes, we currently have an office in Pittsburgh within Allegheny County. All operations of this office are administratively overseen by the Pittsburgh Branch Administrator. In addition, each direct care worker is supervised by staff within the office. A Nursing Supervisor provides clinical and patient satisfaction oversight and by a Patient Services Coordinator provides scheduling and personnel oversight and guidance to the employee.

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
AmeriHealth	SN/PT/OT	931,983.12	2/2008-present*
Gateway	SN/PT/OT/HHA	861,234.25	1/1998-present*
Allegheny MH/MR	SN/HHA	707,343.76	7/2003-present*
PDA Waiver	SN/HHA	428,866.93	10/2001-present*
Highmark	SN/PT/OT/HHA/MSW	231,654.94	3/2001-present*
Veterans Admin	Home & Comm Hab-HHA	216,255.18	5/2001-present*

UPMC for You	SN/PT/OT/HHA	215,913.53	8/2009-present*
DHS-Options	HHA/Homemaker/Chore	168,000.00	7/1/15-10/31/16
Independence Waiver	SN, HHA	163,061.00	7/2009-present*
United Community Plan	SN/PT/OT/HHA/MSW	130.020.00	3/2006-present*

*\*Contract renews automatically unless terminated by either party as per the terms of the contract.*

*\*\* Values are Year-To-Date for 2016*

None of the contracts listed above have ever been cancelled.

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	26,693.17	26,642.92	118	114
Home Support Housekeeping	5,239.75	3,453.25	92	91
Home Support Chore	65.00	65.00	2	2

*\*The data for the "most recent fiscal year" is not a complete 12 months: FY 2015-2016 =(July1-May 15, 2016)*

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

### **Staffing and Training**

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

Although an applicant can complete an abbreviated application on our website for screening purposes, each candidate must come in to our

Pittsburgh office to fulfill a pre-employment competency requirement as well as to finalize the application.

Once the applicant passes the competency exam for the discipline in which they are applying and the qualification screening has been completed, a face-to-face interview is scheduled or performed immediately. In addition to our Pittsburgh location, we conduct open interview sessions at various sites throughout the County to accommodate any candidate with transportation issues.

The Patient Care Coordinator (PCC) conducts the initial face-to-face interview of each direct care worker candidate and collects all required documentation. The Director of Patient Services (DPS) interviews all nurses. If either the DPS or PCC has any questions regarding the applicant's qualifications, she sends him/her for a second interview with the Administrator. The Administrator also interviews all management and office staff.

If the applicant is deemed qualified, required background screenings are conducted, health information requested and references are evaluated. Once all screenings have met our standards, the candidate is offered a position and invited to attend the next orientation class.

- 2 Describe Proposer's orientation and training process in very specific detail.
  - a) Attach training curriculum and specify training hours for each topic.

See attached *Exhibit A* with training hours specified.

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

All 40 hours of training are required and provided directly on-site in our skills lab/classroom. The course is comprised of lecture, discussion, skill observation/demonstration and testing. Although the instructor of the majority of the course is a Registered Nurse, we have included additional professionals to the lecture series to diversify the presentation as well providing an introduction to key office staff

members to the class. Some videos lectures have also been added to provide further diversification and entertainment.

Candidates do have the option of viewing twelve (12) hours of these required video components at home if they choose. Those topics are web based and specified on the attached outline and denoted in Exhibit A as *Medcom Trainex*. However, the candidate must return to the office for topic review and official testing of that series.

The “Recognized and Reporting Child Abuse Mandated and Permissive Reporting” series which is offered and mandated through the Commonwealth of Pennsylvania is three (3) hours and can be completed and tested at home according to state guidelines.

If prior training has been provided and verified from another Licensed Home Health Agency, a Training Waiver may be completed and substituted for a portion of the on-site training. However, each candidate must demonstrate full competency in the skills lab as well as complete a minimum of 16 hours of on-site training by our Nursing Supervisor even though the Waiver may be verified and accepted.

Furthermore, Certified Nursing Assistants (CNAs) with verifiable certificates authenticated through the State’s portal are exempted from most of the training components with the exception of the “Recognize and Reporting Abuse”, CPR, Policies and Procedures/Care Plan/ISP and the Skills Lab/Infection Control Trainings.

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

As explained above, the only fully electronic based training is the mandated, “Recognize and Reporting Child Abuse” Training course. Candidates, however, may complete this on-site on one of the company’s computers if they do not have access to one. Although the *Medcom Trainex* program is a web-based electronic presentation that the candidate can watch from the comfort of their own home, each candidate must return to the classroom for review and testing before passing the course.

- 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.

We offer an extensive training program which includes a Skills Lab (noted on Exhibit A). The lab provides demonstration, hands-on practice and supervision. We conduct this process to ensure each candidate is knowledgeable and comfortable prior to working with Participants. Some of the skills which are both demonstrated and mandated during the lab include: transfer techniques and use of assisted devices (including use of a wheelchair, cane and hooyer lift), bathing (bed bath), ambulating, hand washing, house cleaning/homemaking, home safety, infection control, meal prep, nail and mouth care.

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

40 hours of training are provided and required (a minimum of 16 required if a Waiver or CNA certification is verified) prior to the candidate touching 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.

The following is the list of mandatory training programs provided to Direct Care Workers in the last two fiscal years as well as how the course was offered:

**2015 In-Services**

<b>TOPIC:</b>	<b>PRESENTATION METHOD:</b>
• Incident Reporting	Mailed/Acknowledgement
• Employee Supervision	Mailed/Acknowledgement
• HIPPA	HIPAA Compliance Officer
• Respiratory Therapy	Adult & Pediatric Specialty
• CPR / First Aid	American Red Cross
• Preventing Elder Abuse/ Keeping Residents Safe	Medcom Trainex
• Recognizing Domestic Violence	Medcom Trainex

- Fall Prevention Medcom Trainex
- Lifting Safely to Prevent Injury Medcom Trainex
- Culturally Competent Care Medcom Trainex
- Infection Control and Standard Precautions Medcom Trainex
- Current Issues in Tuberculosis Medcom Trainex
- Advance Directives: Guidelines for Healthcare Workers Medcom Trainex
- Patient Rights Medcom Trainex
- HIPAA: A Guide for Healthcare Workers Medcom Trainex
- Sexual Harassment in Healthcare Medcom Trainex

### **2016 In-Services**

<b>TOPIC:</b>	<b>PRESENTATION METHOD</b>
Falsification of Documentation	Mailed / Acknowledgement
Patient Satisfaction	Mailed / Acknowledgement
Competency Review	Skills Lab - DPS
Annual Policy/Proc. Review	Administrator
CPR / First Aid	American Red Cross
Telehealth	Automated Security Systems
Mobility and Transfer Techniques	Skills Lab - DPS
Respiratory therapy	Adult & Ped Specialty
Documentation	Medcom Trainex
Ethics: Patients/Rights	Medcom Trainex
Dealing With An Emergency	Medcom Trainex
Communication Skills	Medcom Trainex
Cultural Awareness: Issues In Healthcare	Medcom Trainex
Standards for Infection Control	Medcom Trainex
Tuberculosis: Prevention and Practices for HC Workers	Medcom Trainex
Advance Directives	Medcom Trainex
HIPAA for Long Term Care Workers	Medcom Trainex
Sexual Harassment in Healthcare	Medcom Trainex
How the Body Ages	Medcom Trainex

In summary, our branch provides and requires mandatory in-services and training programs throughout the year to our direct care workers. Although the majority of these programs are web-based some are live presentations and others have been mailed as a policy review with an "Acknowledge and Understanding" Form which must be returned to the office.

We utilize a web-based in-servicing system called *Medcom Trainex* as well as a program entitled *In-the-Know* which was purchased for distribution. The web-based system was initiated as a result of employee requests throughout the years.

In addition to the electronic and published series mentioned above, various live in-services are conducted and mandated throughout the year for various skill development and retraining purposes. For example our skills lab is now required to each field staff employee annually. This lab is conducted by registered nurses. In addition, a monthly CPR and First Aid course is offered on-site free of charge to all employees.

Various guest speakers and relevant professionals have presented various topics throughout the past years. For instance physical therapists have demonstrated mobility and transfer techniques, telehealth technicians reviewing medication machines and safety in the home setting series, DME companies have provided lectures on wheelchair options, wound professionals with maintaining skin integrity and respiratory therapists refreshing nurses on ventilators and aides on oxygen levels have provided additional training opportunities to employees throughout the past two years.

Our goal is to provide our employees with the tools necessary to be successful. If additional topics are necessary or requested by employees throughout the year we do our best to find a community expert to present the topic to the Direct Care Workers.

- g) 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 offered to direct service workers. All direct care workers are required to complete a minimum of twelve (12) in-service hours per year as required by our state license. However, we mandate additional in-services if required by other regulating bodies, if requested by employees or if necessary for re-training or quality assurance purposes.

We believe training and education is a strong factor and contributor of employee satisfaction. Therefore, we encourage the employees to attend various community sponsored educational events as well as utilize more than the minimum required in-service programs throughout the year which are always available through our *Medcom Trainex* program.



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

Each candidate must successfully score at least an 80% on a pre-screening 50 question exam prior to consideration for employment. This is a general knowledge-based exam for Home Health Aides. Once the initial screening exam has been passed, the candidate must demonstrate competency throughout the orientation course. In so doing, he/she must pass the lab portion of the course by demonstrating competency in each skill performed. The lab is conducted and scored by a Registered Nurse. An outline of the competencies evaluated in the Skills Lab is described in Question 2d above.

Further competencies are evaluated and tested through the use of examinations which are conducted and incorporated throughout the orientation program. These competency examinations include;

- Boundaries and You
- Patient Rights/Responsibilities
- Home Safety
- Emergency Procedures
- Nutrition Basics-Plan to Eat Healthy
- Modified Diets
- The Diabetic Patient
- Therapeutic Communication/ Dementia/Aphasia
- Enhanced Observation and Documentation
- HIPPA Training and HIPPA Confidentiality Agreement
- Abuse, Neglect, Abandonment and Exploitation Training
- Fraud, Waste, Abuse and Compliance Training
- Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting

CPR and First Aid competency is required and verified through the American Red Cross or American Heart Association. The course is offered through our office and provided through a Certified Instructor with the American Red Cross. The course includes lecture, skills demonstration and a passing score of 80% or higher on a final exam.

Ensuring our employees are competent prior to working with Participants is reassuring for both parties and increases the quality level of the service we provide.

3. 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 as frequently as every 2 weeks but most commonly at a minimum of every 60 or 90 days. The frequency of supervision is dependent upon the case in which the employee is assigned. We are licensed as a Home Health and a Home Care agency and some employees work on both teams. Each employee is also evaluated annually.

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

Each direct care worker is evaluated utilizing various methods. Supervisors complete a company form, entitled "Home Health Aide Supervisory Form" which incorporates the supervisor's on-site observation of the employee's skills, conversation with the Consumer regarding customer satisfaction and customer's confidence in the employee's skill level, professionalism and performance.

In addition, relevant Patient Satisfaction Forms, quality assurance phone checks from the Patient Services Coordinator, adherence to policies and procedures and office staff input are also utilized to evaluate each employee. Feedback is given personally to each employee face-to-face. Retraining may be offered if necessary at the time the discussion takes place. Incident reports may also play a part if retraining is necessary to improve performance.

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

The preferred method of performance feedback is always immediate and face-to-face with each employee. This technique is the preferred method of communication within our organization. Therefore, if possible the supervisor will provide such feedback immediately to the employee at the time the evaluation or supervisory form is completed. This allows for open ended discussion and feedback from the employee.

However, if for any reason the employee is not present for the supervisory visit, the Supervisor must still complete the supervisory form at the time of the visit noting, "Employee not present" and state the reason for the absence. As a follow-up or if necessary, a phone call is made to the employee asking him/her to come in to the office for a discussion. If this is not possible, feedback will be given over the phone. Such communication provides necessary feedback to the employee regarding his/her performance and allows the discussion to take place if any behaviors may need to be modified or if retraining needs to be offered.

### **Recruitment and Retention**

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

Recruitment will always be a primary focus in our agency. Without quality employees we cannot grow and remain a leader in the home care industry. Therefore, we constantly try to recruit high-quality candidates. One strategy to accomplish our goal was the promotion of one of our Staffing Coordinators to Human Resources / Patient Care Coordinator. By doing so we hoped to ensure recruitment remained a priority and constant efforts were made throughout the day-to-day operations of the office. Her primary role is to recruit and hire new direct care workers. A bonus structure has been implemented to consistently reward her for her efforts.

In order to ensure we can attract new workers we have implemented a variety of unique programs to entice direct service workers. Some of these include;

- Sign-on Bonuses
- Referral Bonuses
- Open Interviews at various locations
- Premium wage and benefit package
- 401K retirement plan
- Vacation Bonus
- Longevity Bonus
- Transportation assistance
- Mileage reimbursement

- Annual Merit Increases
- Employee of the Month Program
- Employee of the Year Program
- Tuition Assistance
- Health insurance assistance
- Incentive pay for outliers or hard-to-staff cases
- Fill-in pay
- Easy access to employment opportunities via web-site access

We consistently review and modify our recruitment programs and techniques. In so doing we now advertise directly on CareerBuilder, Monster, Glass Door and Indeed to ensure we attract workers. We have implemented a state-of-the-art website which allows candidate the ability to search and apply on-line.

We also recruit directly in the areas in which we need the employees via local newspapers and by utilizing interview sites within the local communities to make sure the application process is convenient and eases the travel and time burden of the candidates.

We have partnered with local Community Colleges, Career Link and Social Service Agencies to help each other with placement of candidates while meeting the needs of a growing industry. We consistently revise our strategies and increase our efforts to meet the changing demands of this industry.

5. 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?

Worker retention goes hand-in-hand with staff recruitment. Most of our recruitment strategies have come from current employees. By utilizing their expertise, allowing them the opportunity to be heard and by providing feedback and making appropriate changes to the feedback we hope to retain them.

During the interview each candidate is asked “what has brought you here?” This question provides valuable insight into what techniques have been working and what changes need to be made. In addition, employees are asked to complete satisfaction surveys annually. By doing

so we maintain the pulse of the organization and can make appropriate changes as the demand requires. Some of our most innovative programs have been as a result of the employees' suggestions and feedback.

We believe constant communication is the key to a successful relationship with employees. An Employee Suggestion Box remains in the lobby for employees to recommend changes or programs which they may desire. An open door policy with the management staff has been another key to our communication success and both the Employee Bulletin Board and Newsletter provide the vehicle to relay the messages.

Finally, we conduct an annual competitive wage analysis to ensure we remain a leader in the industry. By looking at what our competitors are doing and opening the doors to sharing information with them in order to resolve an industry-wide dilemma we believe we can remain competitive and continue to retain employees.

Being in business since 1938 has enabled us to realize that the key to employee retention is also having a good leader. Behind the success of every good leader is that leader's ability to realize that if you want to make your staff happy you have to listen to them and make the appropriate changes to meet their ever-changing needs. Employees want to be heard, feel valued and be given the tools and opportunity to grow with a company. We try to do that for each person we employ.

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

Again, strong leadership is the foundation and key to the retention of direct care workers. Within the past two years we have overhauled our management team in the Pittsburgh office. Although it is a work in progress we have seen significant strides in the right direction. In 2015, the Administrator was replaced. The current Administrator was not only brought in to grow the business but to improve quality and satisfaction. In so doing, she recognized the need to improve the quality of the employees which had been previously employed. Thus, the turnover results for the previous two years represent her terminating undesirable employees and replacing them with a higher quality staff member. We feel these trends will only improve moving forward. The following chart depicts direct care worker turnover in the Pittsburgh office to date:

<b>YEAR</b>	<b>POSITION</b>	<b>TURNOVER RATE</b>
2015	HHA/PCA	31%
2016 TO DATE	HHA/PCA	6%

7. 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.

Yes, we are constantly trying to improve employee satisfaction through scheduling improvements. In 2012, we replaced our computer system. One of the major attractions to this new system was its ability to assist the Patient Service Coordinators with staffing issues and to eliminate missed visits. The reporting benefits of our new system gives us the ability to find holes we had no idea existed in the past and to better capture and maintain the resources we have on hand through the utilization and interaction of the employees' availability screens. In so doing, the employees are offered more work which generally tends to improve satisfaction.

In addition, the employees have the opportunity to pick up additional cases or shifts as advertised through our telephony system and in Employee Newsletters.

### **3 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.

We currently utilize an employee telephony system to record employees' time as well as the Care Plan tasks assigned versus completed upon each visit. Our system verifies that the employee has arrived at the Participant's home through the use of the Participant's telephone and records this arrival time. Upon departure the employee must again call the tracking system using the Participant's phone and record (through an automatic listing of each task which was to be performed during the visit) whether the task was completed, refused or done by someone else. Therefore, upon each visit the employee's time and the tasks completed are recorded.

Once the time and attendance record for each visit is completed the Office Manager reviews any discrepancies and presents them to the employee's Supervisor if further review is necessary. These instances would include missed visits, time changes, working beyond authorized visit time or failure to complete a task as assigned and documented on the Care Plan for each Participant. Disciplinary measures are taken as necessary and the time record becomes a part of the Participant's permanent record.

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?

Yes, we have absolutely addressed the need to combat the travel and transportation deficiencies of the employees and believe we may have found a viable solution. Although we have been somewhat successful offering higher wages and transportation reimbursement to some of the employees who have expressed need, we recognized that this initiative was not enough.

Therefore, we are extremely excited to roll out a new program in June to all employees willing to travel but lack transportation. We are currently in discussion with *Uber* to contract their services for both our employees and our Participants. Our hope is that this additional measure will assist in the transportation challenge.

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.

As a part of our mission we "consistently try to meet or exceed the expectations of our customers". The Options Program in Allegheny County has come to us with a unique opportunity which has benefited both our Participants and our employees. We have found success in staffing the Hard-to-Serve clients offered to us through this program and hope it continues to be available in the future.

We have also attempted to train our employees with skills needed to deal with mental health issues and autism in older adults. We have noticed these conditions becoming more common. By providing our employees with the tools to become more comfortable with these unique and vulnerable groups we hope to gain a competitive advantage over some of the other agencies in this area as well as service a population that may seem undesirable to others. We hope to be recognized as a leader in meeting the needs of these groups.

Another strategic goal set within our Company has been to utilize telehealth and to provide unique transportation programs which may also give us a competitive advantage. In speaking to our clients, researching demographic needs and analyzing our quality data, we have found access to care to be a growing concern with a need to be addressed. We are currently in discussion with companies willing to collaborate in these two initiatives.

Our Participant Centered Approach to Care and focus on quality outcome initiatives will also improve our chances of success as a company working within the MLTSS system which is rapidly moving into Pennsylvania.

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

The results of taking on “Hard-to-Service” clients by offering the direct care workers extra incentive has resulted in the addition of 10 new Participants on our service.

Additionally, the confidence the staff feels after participating in the extra in-services and skills lab over the past several months has increased our service capacity by 12% over a two month period.

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

Over the past two years our Agency has successfully expanded its service area north of Pittsburgh. Over the past two years we have hired over 20 employees in this area and currently employ 12 nurses. We are fortunate that the work available in this area has kept them all gainfully



employed and hope the acceptance of this RFP will bring further growth in the northern suburbs.

Our success in recruitment has been a result of the steady work available for these employees. If we can further expand the potential of additional work in this area we anticipate additional employee referrals. Our success can also be attributed to the Employee Referral Program and Sign-On Bonus offered in this area.

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.

We have been known as a Provider who is willing and successful in taking on difficult cases. We anticipate seeing a lot more of these types of cases. Although we do not foresee a problem committing to 80% of these referrals in Area 1 as we are heavily staffed in most of those communities, our commitment to Area 3 is going to be a primary focus if the RFP is accepted.

We anticipate a recruitment blitz in Region 3 utilizing the efforts of our Business Development Manager who lives in that area. Our hope is to build the business in that Area by recruiting as many quality employees in this region as possible. In order to keep the new employees gainfully employed in Area 3 we hope to establish new referral sources in those communities as well.

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

Again, pending the outcome of the RFP as well as the potential growth realized in Region 3 we will continue to increase our recruitment efforts as well as potentially looking at additional office space in the area if the realized growth is significant. We are excited about the potential initiative and have already set up temporary recruitment sites.

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?

We hope to counter the unanticipated worker call-offs with the use of our new transportation assistance program. In addition, we will offer an additional \$1.00 per hour to the staff member who takes on a fill-in case in the event his/her co-worker cannot report to work. Additional efforts will also be made to prevent call offs through the tightening of disciplinary policies as well as rewarding non-offenders.

If our Agency is awarded the RFP we have discussed the possibility of promoting one of the Direct Service Workers to an On-Call position in which he or she would be required to replace any absentee worker. In previous years we utilized such a position with the use of Direct Care Worker Initiative Funds and found it to be successful.

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

As per Company policy, all employees must call-off directly to their Supervisor or the Administrator. Voice mails are not accepted. We have a 24-hour live answering service which is staffed by a Coordinator. As stated in the "*Conditions of Employment*" Agreement which each employee signs prior to beginning work with the Agency, they are required "to give the Agency, not the client, a 24 hour notice if you are going to be absent and a two (2) hour notice if you are going to be late." By following this call-off mandate, we will ensure this situation is handled as a priority and the replacement worker will accommodate the vacancy.

However, in the event the employee does not follow procedure, we will discipline the employee accordingly. According to Company policy, a "No-Call/No-Show" is not tolerated and is grounds for immediate dismissal.

In addition, the "*Conditions of Employment*" Agreement specifically states, "you must arrive on time, as scheduled by the agency, and stay the entire duration of your shift" and "The Agency must be notified if there are any changes in your hours and/or days which you are scheduled to work". Each employee is refreshed on these conditions each year.

Once the office is notified that a call-off or no-show has occurred the Coordinator is responsible to notify the Participant/Responsible Party and the Case Manager communicating the incident as well as the potential resolution to the situation. If the Participant refuses a substitute worker or wishes for the service to be moved to another day, this discussion also takes place with the Case Manager. Our Agency believes the Participant's needs must come first and we try to accommodate their requests as much as possible.

However, if the case remains unstaffed the visit is recorded as a missed visit and communication is made with both the Care Manager and sometimes the physician if the case is skilled in nature.

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

As an agency we stress the patient centered approach to care and train our staff on this belief. We instruct our employees on this philosophy during orientation and again annually through the use of the "Consumer Choice and the Independent Living Philosophy", "Culture/Religion/Diversity" and "Working With the Elderly and Disabled" portion of the orientation course. We hope to gain empathy as well as educate the employees that these differences will occur during their career and hope to give them the tools they need to find the appropriate assistance for these types of Participants.

Community Resources, including an interpreter, are offered and available to all of our Participants who may have a communication barrier due to language or cultural differences, as well as disabilities that necessitate accommodations from staff.

### **Management of Communication**

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

All of our staff members have been trained on the importance of documentation and communication. The Direct Care Workers report Participant status changes according to policy. In addition, the reporting

of Participant status and condition changes are refreshed and retrained every year through the “*Conditions of Employment*” Agreement which states, “Any significant changes in the Client’s physical, emotional well-being or social situation must be reported to the Agency immediately”. By simply calling the office, this requirement is fulfilled.

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

Once the direct care worker notifies the office staff of the consumer’s status change, the ownership is placed in the hands of the Coordinator to communicate these changes to the appropriate parties. The Coordinator will call the case manager, Nursing Supervisor, family members and any other appropriate member of the HIPPA designated care team. The nurse supervisor at that time takes the responsibility to notify the physician in the event a verbal order is given over the phone.

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.

The following are examples of situations where a direct care worker identified a problem and reported a problem for further assistance:

**EXAMPLE #1;** An Aide escorted a client to the Courthouse in Pittsburgh. After finishing his business the wheelchair bound Participant called ACCESS to request a ride. Unfortunately, the client was out of credits and ACCESS would not come. The aide notified the office that she and the Participant had no ride home. The Office Coordinator called the Case Manager, Port Authority, the VA and Access to inquire about transportation for the patient. Unfortunately, there were no immediate options for the patient to get home. After speaking to the Director of Patient Services and Administrator, the Coordinator volunteered to help as she had an SUV. The Aide and Coordinator helped the patient into the car and with the help of the court security guards. The patient was very grateful. When the Coordinator returned to the office, she let the Case Manager know the Participant was home safely and the ACCESS credits needed to be replenished.

**EXAMPLE #2:** An Aide called the office and stated that she was at her patient's home and her Participant had fallen on her way to open the door. She had called 911 and an ambulance was on the way. The Patient Care Coordinator (PCC) called the building manager and requested that they unlock the patient's door in order for EMS to get in safely. Participant was taken to the hospital. PCC called the Participant's family who live four hours away. The family said that they would be at the hospital as soon as they could get there. When the Aide was informed that the family would be at the hospital in approximately four hours, the aide stated that she would wait with the Participant until her family arrived as the Participant expressed concern. The Aide stated that she volunteer her time and did not expect to be paid. The PCC called case manager who was out of town, so coordinator emailed case manager's supervisor to inform her of the situation. The Supervisor stated that the aide did a good deed and she would try to get the extra hours for that day approved. The Agency On-call Coordinator called the family that evening to ensure they made it to the hospital safely. The family was appreciative of the Agency's communication and quick reactions.

#### **4 Management of Program Quality**

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

Quality is measured by a variety of initiatives at our agency. Some of these include; Patient Satisfaction, Employee Satisfaction, Missed Visits, Hospitalizations, Incident Reports/Complaints, and our ability to receive superior surveys and accolades from our regulatory agencies.

All of our Quality Initiatives must meet specific standards within the company. As a JCAHO accredited organization we have to maintain significantly higher levels of quality than the majority of our competitors. We believe this voluntary participation affirms our belief that we provide a high-quality service to our Participants and can surpass the quality standards of most of our competitors. Our most recent survey from the Pennsylvania Department of Health/Home Care Division was found to be "Deficiency Free".

2. How do you handle participant complaints?

Each complaint is handled according to our Incident Reporting Policy. All complaints must be formally addressed through the use of an Incident Report. The person receiving the complaint must complete the Incident Form within 24 hours. Once completed, the form is reviewed and the event investigated by the Director of Patient Services as well as Administrator. Each event is included in the Quarterly Quality reporting statistics of the branch.

Each Quarter these statistics are reviewed and any trends identified by the Quality Improvement team. Quality Initiatives are initiated, designed, implemented and modified as necessary to ensure quality.

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

Yes, we consistently solicit Participant feedback regarding service satisfaction and performance of the direct care worker in a variety of ways. Patient Satisfaction Surveys are given upon admission as well as quarterly to 15% of all current Participants, and to each of our discharged Participant.

In addition, Supervisors ask about the performance of the Direct Service Worker each time a Supervisory Visit is conducted. Although the Options program requires annual supervisory visits our agency visits the participant quarterly to ensure satisfaction and to assess the Participant. If unmet needs are uncovered we contact the Care Manager to discuss their availability.

Patient Service Coordinators also conduct telephone interviews to ensure Participants are satisfied with the direct care worker and the service which they receive. Last month, 100% of Participants were phoned to ensure quality service was performed.

Performance is also measured through the use of Non-Patient Customer Satisfaction Surveys which are mailed to all Referral Sources on an annual basis for feedback on the company as well as its employees.

Once the satisfaction data is collected it is compiled and reviewed quarterly. Each survey gives the writer the opportunity to receive a phone call to discuss his/her opinions. Any negative surveys are called

immediately upon receipt for further insight and discussion to improve any unfavorable situation. These situations are discussed at both the weekly staff meetings as well as the Quarterly Quality Meetings.

Positive feedback is sometimes posted on the company's website pending the authorization and release of information disclosure statement has been signed by the writer.

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

<b>TYPE OF FEEDBACK</b>	<b>FREQUENCY OF COLLECTION</b>	<b>% DISTRIBUTED/ COLLECTED</b>
New Admission Survey	Upon Admission	100%
Current Participants Survey	Quarterly	15%
Discharged Participant Survey	Upon discharge	100%
Non-Patient Survey	Quarterly	15%
Phone Surveys Calls	Quarterly/Annually	15% / 100%
Participant Direct Feedback to Supervisor	Each Supervisory Visit	100%
Direct Feedback to Management	Whenever a Participant calls the office	50%

4. Describe your process for handling a billing discrepancy.

If a billing discrepancy arises the Participant is directed to either call the office directly or email the billing office. Both of these contacts were given to the consumer upon admission and are available on the company website. If they have misplaced the information they can always call the office directly and speak to the Office Manager or Administrator.

Whoever has the opportunity to take the information from the Participant or responsible party completes an incident report to ensure a proper investigation and follow up is made and a pattern of error does not exist. As stated earlier, the Administrator and Director of Patient Services review and investigate each Incident Report.

Billing discrepancies found by the Agency are adjusted immediately. The payer and Participant involved are both notified that the adjustment has been made.