

Proposal Narrative Response Form

OPTIONS

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.

A) Primary choice is service area 3, secondary choice is service area 2

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

A) We first offered services to older adults in 2008

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?

A) We are a privately owned company, not a franchise.

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

A) 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?

A) We have one office located in Allegheny County. All staff is located at this office.

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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
Office of long term living	Personal Care	1,511,203.00	2009-current

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	39,507	39,507	38	38
Home Support Housekeeping	18	18	1	1
Home Support Chore				

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

Staffing and Training

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

A) All prospective employees fill out Job applications. The HR clerk reviews applications and calls are made to schedule interviews. A face-to-face interview with company owner is required. After interviewing, if both parties are interested, consent forms are filled out to allow references, criminal background and/or an FBI checks (if the applicant has not been a PA resident for 2 consecutive years). Drivers License or State ID along with social security card is also copied at that time. Qualified applicants will then be scheduled for an orientation, physical exam and 2 Step PPD test (if needed).

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

Orientation consists of a review of all company policies, procedures, expectations and job descriptions. All new employees are hired on a provisional basis pending criminal background, LEIE and Medichex results (if pending through the state for further review). The required 2.5 hours of Core Training is completed at this time. Office staff is introduced. New hires are given the online training website to complete the online classes. All classes must be complete within 90 days. All new employees must take a competency exam. Only Certified Nurses aides are permitted to take the competency exam and decline online training. New hires are then scheduled for onsite training. All new hires will demonstrate competency to the certified onsite instructor, (including new CNA's) before a client can be assigned.

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

(See chart after Q4)

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

(See chart after Q4)

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

(See chart after Q4).

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.

(See chart after Q4)

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

(See chart after Q4)

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.

(See page 9))

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

A) Yes, additional classes are added to the online program. 2-3 additional hours of online training classes. Training is optional for the employees but we do encourage them to take the classes and offer compensation if they do. Most aides do take the classes.

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

A) All direct care workers are given a written exam that consist of 87 questions. The direct care worker must pass the exam by at least 75%. No direct care worker can be placed with a client until they pass the sections related to: Infection control, Basic Personal Care (bathing, dressing, toileting), Abuse and neglect, Handling emergencies, Critical incidents, Meal prep, Ambulation and transfers. They must also demonstrate they are able to do the basic Personal Care functions and task. Competencies are evaluated by exam scores, hands on demonstrations and responses to scenarios that we create for training.

4. Supervision of workers from a distance provides unique challenges. Describe Proposer's procedure for supervision of direct care workers.

Supervision of Direct Care workers can be very challenging. For our agency, the key is to maintain close contact and good communication with our clients. We are able to monitor the employee's attendance with our real time phone system. Frequent contact and visits to our client's homes is a must. Input from the client is vital to worker supervision. The field supervisor makes scheduled and unscheduled visits to our client's homes as well. We have a dedicated text-messaging service for our clients and employees. Someone is available to take calls or text messages 24 hours a day. We make it easy for our clients and employees to reach us at any time. A supervisor is available to respond to employee questions, or give advice during all shifts.

a) Specify how often workers are supervised.

The RN will visit the clients home once every 90 days. The field supervisor will accompany a new worker on the first day to a client's home. The supervisor will also make scheduled and unscheduled monthly visits as well. Our office manager monitors the workers by remote desktop; all employee clock ins are available in real time processing. If an employee does not clock in, an alert will generate to the supervisor. Clock-ins must come from the client's home phone only. If you do not use the clients phone, your attempted clock in will be rejected and an alert sent to the office manager. Our home office is in close contact with all the employees.

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

The direct care workers have performance evaluations after their 90-day probationary period, then 6 months. Evaluations are conducted in the office. We evaluate the consistency of following office procedures, setting care standards and feedback from the client surveys. Employee performance surveys are sent to the client's on a quarterly basis. We also use the notes from the RN and the field supervisor to evaluate the employees.

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

The evaluation is done in the office with the employee present. Employees are given a score and feedback. A corrective action plan is outlined. Employees are encouraged to suggest training they feel can be beneficial. Evaluations will be done more frequently at our discretion, if performance issues exist.

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Training Classes

Basic Personal Care

Physical Changes of Aging	.25
Effects of Aging on Emotions and the Five Senses	.25
Elder Abuse and Neglect	.25
Proper Skin Care and Bathing (demo Onsite-Hands on)	.5
Personal Care basics (demo Onsite Hands-on)	1.
Toileting, Hygiene (demo Onsite-Hands on)	.5
Dental and Oral Care (demo Onsite Hands-on)	.25

Infection Control

How to Prevent Pressure Ulcers	.25
Proper Hand Washing	.25
How to Protect Against Infection (on-site)	.5
Recognizing Common Infections	.25

Safety

Back Anatomy and Body Mechanics	.25
Transferring People the Right Way (demo Onsite Hands-on)	1.0
Assistive Devices to Help Seniors and People with Disabilities	.5
Being Safe While Bringing Care Home	.25
Recognizing Signs of Heat Stroke, Heat Exhaustion and Hypothermia	.5
Handling Emergencies	.5
Incident Reporting	.25

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Medication and Pain

Self administered meds	.25
Detecting and Understanding Levels of Pain	.25
The Aide's Role in Palliative Care and Pain Management	.25

Alzheimer's and Dementia Care

Understanding Dementia and Alzheimer's disease	.25
The Effects of Dementia on the Brain	.25
Providing Care for Someone with Dementia	.25
How Attitudes and the Environment Affect Agitation and Aggression	.25
Understanding the Physical Causes of Agitation and Aggression	.25
Bathing and Showering Someone with Dementia (demo Onsite Hands-on)	.5
Identifying and Assessing Aggression	.25
Caring for an Aggressive Person	.25

Independence & Confidentiality

Understanding HIPAA and Confidentiality	.25
Understanding Activities of Daily Living	.25
Understanding Instrumental Activities of Daily Living	.25
Consumer Choice and Independent Living Philosophy	.5

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Additional Training

Understanding Hospice Care	.5
Depression: Recognizing the Signs and Symptoms	.5
Maintaining Boundaries with a Consumer	.5
Professionalism	.5
Understanding Family Dynamics	.5
Health Coaching: Helping People Manage Their Chronic Conditions	.5
Ethical Behaviors - What's Right and Wrong	.25
Caring for the Hearing Impaired and Deaf	.25
Caring for the Blind and Visually Impaired	.25
Understanding Pennsylvania's Homecare Agency and Registry Licensure	.5
Building Relationships	.5
Assisting People with Behavioral Health Issues	.5
Family Resources	.25
Importance of Nutrition and Diet for Good Health	.25

**** TOTALS****

<u>Online Training</u>	13.25
<u>Core Training (procedures, sensitivity, Communication) (Onsite)</u>	2.5
<u>Hands on skills training</u>	4.25
<u>Individual ISP training (Onsite)</u>	.5
<u>Emergency disaster response plan (Onsite)</u>	1.0

Total Training 20.5 hr.

4.25 Hours of mandatory training and practice must be completed with our certified instructor before placement with client.

Mandatory Annual Training

2014-2016

*HIPPA Compliance .5 (Computer)

*Meeting the needs of a participant as identified in the ISP .5 (Onsite)

*QM plan .5 (Onsite)

*Identification and prevention of abuse, neglect and exploitation of a
participant .5 (Computer)

*Recognizing, reporting and investigating a critical incident .5 (Computer)

*Participant grievance resolution .5 (Onsite)

*Department-issued policies or procedures .5 (Onsite)

*Accurate billing and documentation of service delivery .5 (Onsite)

Total = 4 hours annual training

Documentation of completion of training for each employee will go in his or her file. We will update annual trainings to reflect the Department's current. Policies and procedures

Continued education classes are offered yearly online. Classes vary

Competency will be reviewed yearly

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.

A.) New strategies include working with community colleges and vocational programs to recruit new employees. Signing up for online recruiting websites. Offering better pay rates and transportation strategies. Offering bonuses for training and exceptional performance satisfaction. Offering bonuses to employees that refer quality workers.

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?

A) We have several programs that target employee satisfaction for retention. We try to continuously show our employees how much we value their commitment and dedication. We do this by issuing bonuses, paid days off and offering various contests. This year we will incorporate peer support and focus groups to get the opinions from our employees on how we can better help our clients and the aging population. Our goal is to offer more paid training opportunities, higher starting wages and better employee benefits.

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

A) We take pride in knowing that we have dedicated employees. We have over 20 employees with 1-7 years of service to our company. Our turnover in the last two fiscal years has been very modest. The majority of our turnover was due to the loss of employee hours when clients passed away. We have been able move most workers to other incoming clients when we experienced a client loss.

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.

- A) We try to accommodate the preferred days and hours of each employee. During the initial job interview we find out when the applicant is most available to work. We generate schedules based on our client service requests. We also consider the employees means of transportation and where the job is located. For non-driving employees, we check the bus schedule to see if the client is located on the bus-line. In some situations we may have to switch clients for non-driving employees and driving employees. We try to schedule employees with automobiles in more rural areas when needed.

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.

- A) We utilize a telephony system that records clock ins and outs at the client's homes, by the employee. The system also requires activity codes for all services that were provided during your shift. We run daily reports from this system to verify that all services from the ISP are being provided to the client. We also use this system to verify that the requested days, hours and scheduled times are being rendered, per the clients ISP. The telephony system is very sophisticated and reliable. The system also includes GPS tracking to ensure the employees are located at the client's homes. We are able to create customized reports for each client or aide. We are also able to document missed service hours in the system. Documentation is also written and placed in the client's files. If the client calls to cancel or change a scheduled shift, we write a communication note at the time of the call. Service hours are rescheduled in the same week if possible.

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?

A) We are continuously creating transportation strategies. In the last fiscal year we recruited several highly qualified aides that happened to be non-drivers. We created strategies to get these highly qualified aides in the client's homes. I created Lyft and Uber accounts for our business. These transportation companies work almost as a cab service but are much more dependable and reliable. We can request a ride to pick up the employee and drop them off at the client's home. We can monitor the entire trip via the app they provide. The monies are deducted from our account when the aide is dropped off. This service has proved to be very valuable to us. Depending on the distance the aide is being transported, we will share the cost with the aide. We deduct the remaining charges from the employee's wages on a weekly basis. We also utilize this service for backup workers. On-call backup workers that need transportation will be transported at the expense of the company. The office staff also provides rides to the aides if needed.

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

We have implemented several new strategies to improve service capacity.

Strategy 1- Improve monitoring of services and hours delivered in the client's homes.

We introduced the telephony system instead of using signature timecards. This system provides better tracking of the employees and the tasks they are doing in the homes. The telephony system is very sophisticated. We are able to request customized reports for each client or aide. We are also able to document missed service hours and client or employee notes.

Strategy 2- Improve communication between office, clients and workers.

Additional office staff was hired to handle the paperwork and ongoing monitoring and scheduling of our employees. The additional staff provided better communication for our aides and the clients. We were able to handle client and employee calls more efficiently and effectively.

We also provided a text number to our clients and employees. Texting has become a very popular means of communicating. By providing this additional means of communication to our employees and clients, we improved service delivery, attendance and rescheduling efforts dramatically.

Strategy 3- Create transportation solutions

We implemented the Uber and Lyft transportation services. We were able to accept many more clients and assign non-driving Personal Care Aides. We were also able to roster more back up workers with this implementation.

Strategy 4- Increased training and wages.

We added two additional training classes to address cultural awareness and sensitivity. We added two additional training classes directed towards HIPPA compliance and patient privacy. We also included three additional training classes to improve the care and understanding of Dementia and Alzheimer's clients. Starting wages were increased by 3 percent

We have increased our service capacity by 75% in two years

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

Strategies used to recruit job applicants in expanded areas

- A) Recruiting strategies implemented- Attended job fairs in expanded areas, increased online social media postings, distributed flyers at business locations in expanded areas, utilized message boards and referrals through unemployment offices.
- B) Transportation strategies implemented- We introduced the Uber transportation option. This option has allowed us to service many more seniors in expanded areas.

Strategies used to attract potential clients

- A) Community outreach strategies implemented- Attended senior health fairs and events in expanded areas to introduce our company and the services we offer. We also mailed brochures to hospital social workers in the senior care resources departments.
- B) Commercial advertising strategies- We used television advertising in the areas we were targeting. We also used newspaper ads in several expanded areas.

We were able to penetrate many of the areas we were targeting by using the above strategies.

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.

If awarded the contract, we will increase our recruiting efforts dramatically. Our goal is to maintain a roster of at least 15 qualified applicants that have completed the orientation, competency and onsite training. We currently have a roster of 10 qualified applicants that are ready to be hired. We will schedule our orientations weekly instead of bi weekly to accommodate staffing needs. We are planning to add one additional person to our office staff to anticipate additional service calls and assist with HR activities, consumer paperwork and scheduling assistance. We have started compiling a list of off-site locations that would allow us to rent their facilities for orientation and training. We have researched some of the areas on the maps you provided.

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

With bold recruiting and retention efforts, we expect to meet this goal with ease. We plan to increase the starting rate of Personal Care aides so that we stay competitive with other agencies. We will also increase employee benefits and offer shift differential rates. Securing additional off-site locations for orientations and training will make the hiring process easier for hard to staff areas. I am also preparing to purchase a company vehicle. By year two of this contract, we will have our own "Uber like" transportation service, driver included. Assessable transportation for non-driving workers is a key factor.

We are focusing highly on recruiting and employee retention. We are also exploring opportunities for qualified applicants on our roster, to be able to generate income within our company, while waiting for a client assignment.

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?

A) We are in the final stages of implementing a daily on call (paid) staffing plan. When we presented this idea to our employees it was met with great interest. This plan will compensate the on call worker even if they are not called for a case that day. We have compiled a list of available workers for weekday and weekend shifts. We will also hire several applicants from our roster for on call status. We will have a standby avail at all times. We are exploring ways to have the standby assist at the office (when open) on those days. This way we have immediate access to the aide.

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

A) Call-offs- Workers are required to contact the office and their scheduled client when they call off. We understand that emergencies do arise. If possible, we ask our employees to notify us at least 2 hours prior to their shift if calling off. We immediately start to call backup workers from the list available. The office clerk also notifies the client to let them know who the backup worker is and when the backup worker should be expected.

No show- If a scheduled employee does not clock in we receive an alert from our telephony system. We then attempt to call the scheduled employee and the client. If no contact with the employee is made within 20 minutes we initiate our backup plan.

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

A) We provide cultural and sensitivity training onsite and online

Training model for cultural competence and sensitivity

We ask our employees to value diversity, not merely tolerate people of differing backgrounds and viewpoints, but consider differences as strengths.

1. Conduct cultural self-assessments
2. Respect the client's religious and/or spiritual beliefs and values.
3. Be conscious of the dynamics from people of different cultures. Diversity can cause conflict and force individuals out of their comfort zones, but it need not cause division.
4. Recognize that ethnicity and culture may have an impact on a client's behavior.
5. Adapt our service delivery to reflect an understanding of cultural diversity. In other words, move beyond theory and into practice by carrying out changes to meet the needs of our diverse patients.
6. Communication is of utmost importance in dealing with special needs clients. We make sure to have an effective plan to address the needs of every client. We address safety issues and all other issues related to each individual client. We require patience and a positive attitude when dealing with clients that have special needs. We also have several classes that address some of the special needs that a client might have.

D. Management of Communication

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

A) Our employees call us immediately if they think the changes are of a serious nature. These calls are made when the participant is not directly listening to the workers phone conversation. If the participant status change is not an emergency situation they call us when their shift is over. Our employees are very good at reporting status changes. The office assistant receiving the call will write all the information on a communication note then contact the supervisor by phone or email.

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

A) Office personnel will communicate the changes to the supervisor as soon as received. The supervisor will notify the case manager and/or a pre-established family member. If we need to notify the caseworker immediately we call them by phone. If the communication is not of an urgent nature, we send a secured email to the caseworker the same day. We only provide client information to family members that are actively involved in the client's care, when it is absolutely necessary. The client will pre-establish these family members at the beginning of the care plan. We also take note of family members that are in close contact with the client; by phone or home visits.

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—Our direct care worker contacted the supervisor with a concern regarding the safety of her client getting up and down the stairs. The direct care worker was starting to notice problems with the client going up the stairs every night to bed. The direct care worker feared the client could fall and get hurt. The direct care worker continuously encouraged the client to call her caseworker but

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the client did not want to “bother” her caseworker. Eventually the client started to sleep in a chair all night instead of attempting to go up the stairs to bed. The client was not getting the appropriate rest that she needed and was despondent that she couldn’t get upstairs. We contacted the care manager in regards to this issue. The care manager scheduled a home visit with the participant. The participant eventually confided to the care manager her sleep situation. The client eventually received a stair lift and it improved her quality of life and safety.

Example 2- We have a client we’ve serviced for 5 years. The direct care worker noticed the client had run out of a medication three days before the month was over. The direct care worker suspected the client could be over-medicating. The direct care worker contacted our office immediately. The supervisor called the participants daughter, she is very active with the care of her mother. The participants daughter immediately went to her moms home to assess the situation. When the participant’s daughter asked her mom about the medications, we discovered the participant was taking too many pills at night. We suggested the daughter get a pill dispenser for her mom. The participant’s daughter contacted the case manager to request a pill dispenser. The participant was eventually able to get a pill dispenser to alert her on when to take her medication and only dispense the correct amount.

E. Management of Program Quality

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

- A) We measure service quality by sending out surveys and calling our clients to get feedback. We then analyze the results. We also review all notes and comments from family members that are actively involved with the clients care.

(See policy next page)

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Quality Management Policy

Quality Control Policy

Our agency is firmly committed to a system of controls, which assures the quality of our services to our clients. Our aim is to satisfy our clients by responding accurately, quickly and politely to every enquiry and complaint. We aim to produce a service for our client's specific request, then complete all care to a satisfactory, acceptable and safe manner.

Our policy is to provide our clients with superior service. We want all clients to perceive our agency to be a good, reliable company on whom they can trust.

Procedures have been installed for the implementation and monitoring of quality within the company, frequent appraisals of the quality system are carried out to ensure its effectiveness and to incorporate any amendments that may be deemed necessary.

Effective communications will be maintained with all levels of the company's personnel to keep them informed of their roles within the quality system. All personnel are required to co-operate fully in the implementation of the quality system and the procedures contained therein are to be adhered to.

**2. How do you handle participant complaints?
(See policy below)**

Consumer Grievance (Complaint) Policy

I. Policy

People who receive services from (agency) have the right to receive respectful and responsive services. We are committed to providing a way for the persons served by our program, their representatives, or visitors who make formal complaints and have them resolved.

All grievances will be resolved within 21 days.

A grievance is a complaint you can make about something you do not like regarding your services. It may have something to do with the rules of the people you work with. It may have something to do with other people or situations in your life.

(Agency) will record, respond and resolve a participant's complaint by collecting the following information:

- (1) The name of the participant.
- (2) The nature of the complaint.
- (3) The date of the complaint.
- (4) The actions by (agency) to resolve the complaint.
- (5) The participant's satisfaction to the resolution of the complaint.

II. Purpose

At the time you begin services with (agency), you or your legal representative will receive a copy of this grievance policy. This policy will be explained to you and your legal representative.

- A. If you want to file a grievance you can do it without being afraid that program staff will criticize or threaten you, or that you will lose your job or services because doing that is against the law.
- B. You may choose to represent yourself during a grievance or you may have someone else, such as your legal representative, parent, friend or an outside advocate, help you in the process.

III. Procedure

If you have a problem or complaint you should follow these steps:

Step 1 Talk to a staff person whom you feel comfortable with about your complaint or problem. That person will help you write down or tape record your complaint and help you in solving the problem. That person will tell the supervisor about your complaint.

Step 2 If the staff person and the supervisor were not able to help you solve your complaint or problem, you can talk to the Program Manager at (agency). This person will help you in two (2) days to solve your complaint.

Step 3 If the person in Step 2 was not able to solve your complaint, you can talk to: (agency), President. The (President) will talk to you within two (2) to five (5) days and provide a written response to your complaint within two (2) weeks explaining how your complaint will be solved.

Step 4 If your complaint is still not solved in a way that you like or agree with, you or your legal representative can send your complaint to the office of long term living for a final review.

All complaints will be handled in accordance to Long-Term Living Home and Community-Based Services, Chapter 52.18 regulations.

The agency will review the complaint system at least quarterly to:

- (1) Analyze the number of complaints resolved to the participant's satisfaction.
- (2) Analyze the number of complaints not resolved to the participant's satisfaction.
- (3) Measure the number of complaints referred to the Department for resolution.

IV. Where to Get Help When You Make a Complaint

You or someone you authorize can call for help.

Offices of Long Term Living
1-800-757-5042

OM Budsman Allegheny (OLTL)
412-350-6905

Authorized by: _____
President Date

I have read and received a copy of this grievance procedure.

Consumer or Legal Representative MM/DD/YYYY

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 send surveys to our clients to rate the performance of the direct care worker. We also call our clients when the worker is not at the home to get direct feedback by phone. The information is then reviewed and we look for any patterns that display problem areas of service. We use survey results to help us create new training classes and solve areas of concern for our clients. If we need to address the worker directly, we will do that as well.

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

(See the following page)