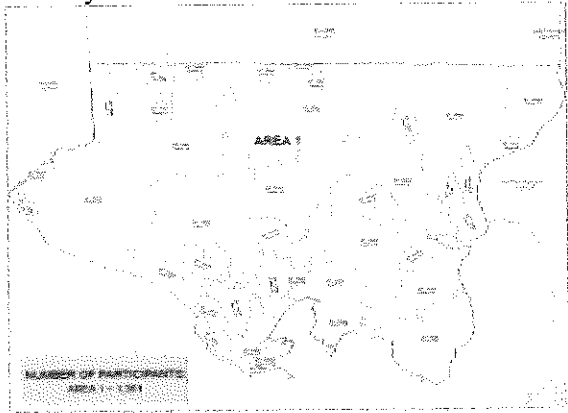


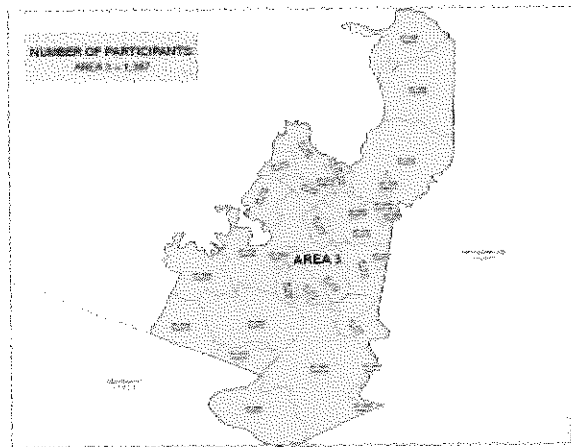
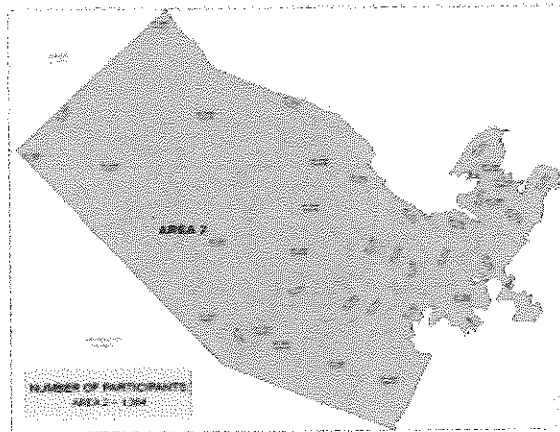
A. Proposer Profile and Experience

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

- Primary service area is AREA ONE



- Secondary service area is AREA TWO and AREA THREE



2. **Indicate the calendar year that the Proposer first offered services to older adults.**
 - 1984
3. **Is Proposer a subsidiary or franchise of a multi-purpose organization? If so, provide description of a parent organization.**
 - Proposer is not a subsidiary or franchise. The proposer is a corporation.
4. **Do you operate as an employer or as a registry?**
 - Proposer operates as an employer.
5. **Does the Proposer have an administrative or supervisory office within Allegheny County? List the largest current or prior contracts (maximum of ten) for In-home services to older adults that your organization holds or has held within the last five years:**
 - Proposer has an office located in Allegheny County.
 - No contracts have been discontinued in the last five years.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount) Past 5 Fiscal Years	Contract Start/End Dates
Allegheny County AAOA	PCA, HMK	\$769,478.68	1994- Present
Beaver County AAOA	PCA, HMK	\$314,156.87	2000 -Present
Butler County AAOA	PCA, HMK	\$414,348.66	1997- Present
Lawrence County AAOA	PCA, HMK,	\$769,318.85	2000- Present
Butler VA	PCA, HMK, HHA	\$355,192.80	1997- Present
Pittsburgh VA	PCA, HMK,	\$ 1,225,519.40	1997- Present
PA DHS: Waiver Programs	PAS	5,007,842.04	1995- Present

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	68,339.89	68,339.89	402	402
Home Support Housekeeping	23,325.79	23,325.79	367	367
Home Support Chore	0	0	0	0

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

Staffing and Training

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

- The Proposer uses a consistent non-discriminatory process for the selection of all personnel. The most qualified individuals are employed without regard to race, religion, age, sex, sexual orientation, marital status, disability (mental or physical), communicable disease, citizenship status, or place of national origin as required by State and Federal law.
- All individual seeking employment complete an application, including information and verification about education, work experience, job history, references and have a face to face interview. A Criminal and Child Abuse background check, OIG Fraud Check, and Sex Offender Check are obtained for positions as required by law and regulation. The interviewer documents the interview in the upper corner of the application and on a standardized interview form.
 - i. Two references, either telephone and/or written are obtained prior to an offer of employment.
 - ii. Education is verified, as appropriate, through viewing and copying the certificate, diploma or transcripts or by institution contact.
 - iii. Professional licensure/certification is confirmed through viewing or copying the actual license and/or certificate. In addition, current licensure is verified through the internet sites of official licensing bodies when they are available.
 - iv. Other information obtained during the application process will include, but not be limited to, social security number and driver's license verification.

- v. Upon completion of the screening process, and depending upon available positions, a candidate meeting all the organization requirements are offered a position within the organization.

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

Orientation

- All personnel are required to attend an orientation program upon employment. The goal of orientation is to inform and instruct new personnel regarding the organization's mission, policies and procedures, benefits (if applicable), performance appraisal process, competency testing, corporate compliance program, as well as individual responsibilities and relationships to other personnel.
- All personnel demonstrate knowledge and proficiency in skills appropriate to their assigned responsibilities during the orientation period.
 - The orientation content for all personnel include:
 - General company orientation, including organization's mission
 - Review of organizational chart and lines of authority and responsibility
 - Job description
 - Human Resource processes and policies, i.e., hours of work, job related responsibilities, EEOC, FMLA, Sexual Harassment Act, compensation and benefits information, unemployment and worker's compensation, collective bargaining information, as applicable, drug testing and hours of work
 - Description of care and services provided by the organization
 - Safety review/Medical Device Reporting
 - Infection prevention and control within the organization and in the home care setting
 - Performance Improvement process/standards
 - Corporate Compliance Plan
 - Confidentiality/ of organization and participant information/HIPAA Notice of Privacy Practices
 - Conflict of Interest
 - Cultural diversity, Cultural sensitivity and Strength Based Approach
 - Communication barriers
 - Emergency preparedness
 - Ethical issue
 - Type of care and services delivered in the participant's residence

- Participant's rights
 - Record keeping
 - Incident and complaint reporting
 - Charges for care and service
 - Available community resources
 - Home safety issues
- The orientation process, for all personnel consist of both didactic and on the job supervision. Observation visits are made by a clinical supervisor/preceptor to assess skills competence demonstrated by new personnel as well as reinforce the information presented during classroom time.
 - i. An orientation checklist is completed for each new personnel. New personnel sign and date when orientation has been completed.
 - ii. The clinical supervisor sign and date when the new personnel has completed all required activities
 - iii. Assigned personnel orient newly assigned staff members to their responsibilities and to the participant's needs when changes in participant assignment occur. The following is included as appropriate:
 - Participant needs including physical, psychological, and environmental aspects of care and service
 - Staff responsibilities
 - Specific care and services to be provided
 - iv. Orientation of newly assigned staff may include verbal or written instruction. Orientation may be provided in the participant's home.
 - v. Orientation of current employees assigned to new job classifications will include:
 - Lines of authority and responsibility
 - Hours of work
 - Job responsibilities skills assessment as applicable to the specific job classification with mentoring needed
 - Documentation responsibilities

Training

- a. **Attach training curriculum and specify training hours for each topic.**
 - Attachment Training Curriculum and Course Outline
- b. **Specify how many hours of training are provided directly on-site under an instructor's supervision.**
 - Forty (40) hours of training completed by on-site instructor.
- c. **Specify how many hours of training are completed electronically on computer.**
 - No computer hours are completed.
- 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.

- A skills experience inventory is completed by a registered nurse. The following skills are directly observed during the final day of the forty hour training class then annually thereafter:
 - Bathing (Tub, Shower, Bed Bath)
 - Shampoo
 - Nail Care
 - Skin Care
 - Oral Hygiene
 - Toileting and Elimination
 - Transfer Techniques
 - Ambulation
 - Normal Range of Motion
 - Positioning
 - Nutrition and Fluid Intake
 - Infection Control

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

- Forty (40) hours of training is completed before the direct care worker touches the 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.

- Mandatory training program provided to direct care workers in the last two fiscal years
 - Corporate Compliance
 - Department Policies
 - Office of Long Term Living: Abuse and Neglect Webinar
 - Quality Management, Incident Reporting and Grievances
 - Infection Control and Prevention
 - HIPPA
 - Fire Safety
 - Home Care Safety
 - Strength Based Approach
 - Cultural Diversity
 - Retaining Independence in the home
 - Importance of customer service in health care
- Training is completed through self-learning material or class room sessions.

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

- Continuing education is required for all direct care workers. The proposer provides training and education to give personnel opportunities to learn new skills and improve/expand existing

knowledge. Training topics may include information regarding the organization's professional standards of care/practice, performance improvements monitoring results, updates in participant care techniques/resources and safety/infection control requirements. Home Health Aides will complete a minimum of 12 hours of education during each 12 month period. Direct Care Workers will complete a minimum of 8 hours of ongoing education during each 12 month period.

3. **Identify minimum direct care worker competencies required prior to working with Participants and describe how those competencies are evaluated.**
 - The proposer ensures that the direct care workers are competent and proficient to perform the assigned duties prior to working with participants. A Registered Nurse tests and observes the proficiency and competency of direct care workers based on state regulations. Competency is reviewed annually (within 365 calendar days).
 - Direct Care Workers demonstrate competency in:
 - Communication skills
 - Observation, reporting, and documentation
 - Age specific patient care: Bathing, Skin Care, Elimination, and Range of Motion
 - Infection Control
 - Basis Nutrition
 - Home management

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 a Registered Nurse minimally every 180 days or based on contractual requirement
 - b. **Describe how direct care worker's performance is evaluated.**
 - During the supervisory visit, the nurse evaluates the direct care workers skill performance and care delivery if the attendant is present, evaluates the participants' and/or family relationship with the direct care worker, the progress toward goals, and the assigned care tasks and conducts in-service training, if needed. The nurse documents the supervision in the clinical record.
 - c. **Describe how evaluation of worker's performance is shared with the worker.**
 - Registered Nurse meets directly with the direct care worker to review the supervision evaluation. The nursing supervisor documents the review in the personnel record.
 - Staffing coordinator evaluates the direct care worker within 90 days of employment and annually.

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.**
 - **Strategy One:** Employee referrals are posted on proposer's company web-page and monthly new letter. The referral program was developed to reward and encourage current staff members to recommend competent new hires. The program offers small rewards for providing the referral and then an additional reward for a successful hire.
 - **Strategy Two:** Sign on Bonus distributed in thirty, ninety days.
 - **Strategy Three:** Recruitment on social media job boards
 - **Strategy Four:** Proposer is working with local career links to target military veterans that are looking for position in the health care industry. In addition the proposer attends specialized recruitment fairs that focus on helping members of the military reenter the work force. Proposer is working with organization that help members of military families enter the work force.
 - **Strategy Five:** Proposer works with community organizations, churches, community centers, work force development programs, and career planning centers to recruit candidates.
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.**
 - **Strategy One:** Team Building, proposer developed care teams to empower our work force. Each care team consists of a minimum of three direct care workers per geographic area. The care team gives the direct care worker the opportunity to grow within the organization and a chance to be recognized for the work that they provide. Care teams are chosen by the registered nurse and staffing coordinator based on their experience, skills, job performance, reliability and flexibility. Care team members must complete 90-days of employment. Incentives are established to engage the employees and empower them on the importance of their role within the organization. Incentives may include higher pay rate, additional travel reimbursement, bus passes, and gas cards. The care team meets twice per month with the staffing coordinator. Goals are established and new incentives are outlined.
 - In addition the proposer offers the following program for all staff:
 - Work place wellness program: Proposer offers a voluntary work place wellness program. The program includes health lectures, webinars, health coaching, and wellness screenings. Screening consists of complete cholesterol panel and glucose testing.
 - Employee Assistance program: Proposer provides confidential telephone counselling and referral assistance to help employees

and their families resolve problems that affect their personal lives or job performance.

- Benefit Package: Proposer offers paid time off, medical and dental coverage, 401 K plan, cell phone discounts.

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

- The turnover rate is the percentage of employees in a workforce that leave during a certain period of time. It is calculated by dividing the number of employees separated during the period by the average number of employees over that time period. In order to calculate the turnover rate for the fiscal year of July 1, 2013 to June 30, 2014 we had to first find how many employees separated from the company. We came up with that number by calculating the number of inactive employees compared to the number of active employees. The number of employees that separated (or were inactive) was 67. That number was then divided by the average total number of W2s for that fiscal year. That number came out to be 299. Following the equation for turnover rate we then divided the 67 separated employees by the average number of employees 299 which gave us .22, which turns into a 22% turnover rate for the time period of July 1, 2013 to June 30, 2014.
- In order to find the turnover rate for the fiscal year July 1, 2014 to June 30, 2015 we used the same equation: separated number of employees divided by the average number of employees. This year the total number of separated number of employees went down from 67 to 56. The average number of total employees for that fiscal year also decreased to 254. Therefore when the total number of separated employees, 67, is divided by the average number of employees, 254, the answer stays the same. In the fiscal year of July 1, 2014 to June 30, 2014 the answer was also .22 which calculates into a 22 percent turnover rate again.

8. Does the Proposer look for creative solutions to scheduling that contribute to worker efficiency and satisfaction?

- The proposer realizes that direct care workers spend a significant amount of time traveling to care for participants. Therefor the proposer utilizes the approach of working smarter not harder. We geographically have developed care teams to efficiently utilize our work force. This enables the staffing coordinator to effectively schedule the direct care worker. Each care team is made up of a minimum of three direct care workers. This team follows a strength based approach. Special recognition is given to this team. Incentives include: Bus passes, gas cards or additional travel reimbursement.

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 proposer utilizes an Automated Time and Leave System (ATL) as well as a clinical note to monitor service delivery. The ATL serves as a time clock, the direct care worker must use the participant's telephone to phone into the ATL at the beginning and end of their shift. The ATL is also used to input daily tasks by using numerical prompts. The Staffing Coordinator monitors the ATL throughout the day (minimum three times per day) to assure the direct care worker's presence in the participant's home. In a situation where the direct care worker calls in/out at a time that differs from the ordered schedule the staffing coordinator must contact the direct care worker and provide written documentation with a description and explanation for the schedule change. In instance where the ATL system cannot be utilized the direct care worker must complete a daily time slip that must be signed daily by the participant or the participant's family caregiver. A random sampling of 5% of cases must be called and verified weekly. In addition to the ALT all direct care workers complete a daily clinical record. The clinical record contains the tasks that are completed by the direct care worker as well as the times of service. The clinical record must be signed daily by the participant or the participant's family caregiver. One hundred percent of all clinical records are reviewed weekly to ensure accurate delivery of service. Staffing coordinator runs a weekly participant authorized service report to ensure that services completed match services authorized.
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 travel and transportation needs of direct care workers?**
 - Yes
 3. **Has the Proposer implemented any new strategies to improve service capacity to older adults in the last 2 years?**
 - Yes, the proposer has implemented new strategies in the last two years. Strategies include:
 - Recruitment fairs in remote service areas. Proposer worked with community organization to sponsor job fairs.
 - Targeting job placement for military families.
 - Increased wages and travel reimbursement.
 - Utilization of staff from offices in surrounding counties.
 - Utilization of transportation services (Uber, Lyft, and Yellow Cab)
 - **Identify the results of the strategy including the percent increase in service capacity.** The proposer strategies were successful and we saw a 60% increase in service capacity.
 4. **Identify the strategies implemented to expand geographic service area in the last 2 years.**
 - Increase in recruitment in hard to serve geographical service areas.
 - Implementation of performance bonus programs.
 - Increase in wages and travel reimbursement.

5. **Describe the Proposer's plan to meet the benchmarks listed in the RFP and required in the contract.**
 - In the first quarter of 2016 the proposer implemented care teams. We geographically have developed care teams to efficiently utilize our work force. This enables the staffing coordinator to effectively schedule the direct care worker. Each care team is made up of a minimum of three direct care workers. Special recognition is given to this team. In geographically remote areas the teams are able to utilize alternative transportation such as Uber. Incentives include: Bus passes, gas cards or additional travel reimbursement.
 - **Accept 80% of new Participant referrals in the fiscal year.** Proposer will continue to increase care teams and develop incentives to increase service capacity.
 - **Accept 90% of new Participant referrals in each of the subsequent contract years.** Proposer will continue to increase care teams and develop incentives to increase service capacity.
6. **Describe the Proposer's staffing plan to address unanticipated worker call-offs and no-shows so that substitute workers are available 100% of the time?**
 - Proposer has developed care teams in each geographical area. The staffing coordinator works as the team leader. Care teams are chosen based upon experience levels and participants needs. The nursing supervisor identifies the direct care workers for each team and orients' the team to the participants needs. Teams consist of a minimum of three direct care workers. In the event of a call off the staffing coordinator utilizes a member of the care team to cover the call off.
7. **Describe the process for communication when a worker calls off or does not show-up as scheduled.**
 - Participant care needs are the highest priority; therefore the proposer is available seven days per week 24 hours per day. An on-call staffing coordinator and a registered nurse are available to assist the participant in the evening and on the weekends. In the event of a call off the participant /family caregiver is notified immediately. The participant is asked if they will accept a replacement. If the participant agrees to a replacement a member of the care team will be assigned. If the event occurs in the evening or on the weekend, the schedule change is document in the on-call notes and the care manager is notified the next business day.
8. **Describe how the Proposer meets the needs of a culturally diverse population and those with special needs.**
 - The proposer goal is to provide the highest quality of care to participants regardless of race, ethnicity, and cultural background. The proposer provides training to increase cultural awareness, interpreter services, and recruits minority staff.

D. Management and Communication

1. **How does your direct care worker report Participant status changes to supervisors?**
 - Direct Care Workers report incidents and participant change in condition immediately directly to the nursing supervisor. A written summary of the direct care workers observation is also completed within 24 hours of the verbal report to the nursing supervisor.
 - All incidents/reportable events are submitted to the PA Department of Health and the Office of Long Term Living within 48 hours of notification of the incident.
2. **Describe the process by which staff communicates Participant changes to other health care and care management professionals, family members, or other informal caregivers.**
 - The staffing coordinator and nursing supervisor work as a care management team to assure that all information is communicated to care management professionals and family care givers to promote and ensure continuity and coordination of care.. A weekly case conference is conducted to review participant's status, staffing issues, participant's satisfaction surveys and concerns. All changes in participant's condition or an incident involving the participant are reported to the care manger and family caregiver within 24-28 hours by the nursing supervisor. When necessary information is also reported to participant's physician.
3. **Provide two recent examples of situations where a direct care worker identified and reported a problem or issue for with 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 One:** Direct care worker arrived at participant's apartment and did not receive an answer at the door. The direct care worker called the proposer and spoke with the staffing coordinator. The staffing coordinator tried immediately to call the participant however the participant did not answer. The staffing coordinator instructed the direct care worker to go to the apartment manager and ask her to do a safety check because it was unusual for the participant not to be home. The apartment manager did a safety check and they found the participant laying on the floor in the living room. The participant was responsive and appeared to have had a seizure. The direct care worker immediately called and reported the information to the nursing supervisor. The direct care worker was instructed to call 911. The nursing supervisor contacted the participant's daughter, care manger and physician. Participant was taken to the hospital.
 - **Example Two:** Direct care worker provides care to a participant two hours per day two times per week. During the participant's bath the direct care worker observed that the participant had skin break down on her abdomen and buttocks. The direct care worker called the nursing supervisor to report the change in skin condition. The nursing supervisor

reported the information to the care manager and asked if the care manger could provide her with the participants PCP information. The nursing supervisor made a visit the next day to see the participant. The nursing supervisor and the direct care worker arrived and found the participant covered in BM and urine. It was evident that the family care giver was not providing the proper care to the participant. The nursing supervisor again contacted the care manager and informed her that she was going to have to contact Protective Services because the participant was not getting the care she need from her family care giver. In addition nursing supervisor contacted participant's PCP and requested a home health referral. A report was then filed with Protective Services.

E. Management of Program Quality

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

- The proposer maintains a participant perception of care and service program. The program is designed to obtain feedback from the participant and family caregiver to assist the proposer in improving performance. Monthly the proposer obtains information from participants and family caregivers regarding care and delivery of service. A minimum of 15 % of participants are called monthly to complete a satisfaction survey. Participants discharged from proposer's services are sent a care satisfaction survey. The participant satisfaction survey address the following indication of satisfaction:
 - Participation satisfaction with care provided
 - Participation satisfaction with communication between proposer and participant.
 - Specific Care issues
- Monthly and quarterly responses are reviewed and summarized to assure that bench marks satisfaction has been achieved. Results are reviewed with the Performance Improvement Committee to identify any trends. Further analysis is performed using performance improvement tolls when areas in need of further improvement are identified. All information is utilized for the purpose of developing strategies to improve care and service delivery.

2. How do you handle participant complaints?

- During the admission process the registered nurse informs the participant of their right to voice a grievance or complaint about the proposer's services, policies or privacy practices without fear of discrimination, reprisal, or termination of services. The participant is instructed that he/she may participate in resolving the complaints and conflicts about the proposer's procedures for receiving and investigating a complaint. The participant receives a written statement detailing the complaint/grievance process and the name of the person to call with a complaint. The participant also receives the Department of Health compliant hotline number, the OLTL participant helpline number and the Area on Aging

Ombudsman number. All complaints, incidents, or concerns are investigated and if possible resolved without an interruption of service. Participants also have the right to have an advocate present during the investigation process. At any time the participant has the right to decline intervention and stop the investigation process. The registered nurse reviews the grievance/complaint process with the participant during all supervisory visits.

- The staff member receiving the complaint will discuss verbally and in writing the complaint with the supervisor within five (5) days of the alleged complaint. The supervisor will investigate the complaint within five (5) days after receipt of the complaint and will make every effort to resolve the complaint to the participant's satisfaction. Response to the participant regarding the complaint will occur within (10) days of receipt.
- The proposer has established procedures to describe how the proposer receives, records, investigates and resolves complaints. All records relating to complaints shall be maintained in accordance with the proposer's policies for retention of clinical records. The complaint system contains the following:
 - Name of participant.
 - Nature of complaint/grievance.
 - Date of complaint/ grievance.
 - Actions to resolve the complaint/ grievance.
 - Participant's satisfaction to the resolution of the complaint/grievance.

The complaint system is reviewed quarterly as part of the Performance Improvement to:

- Analyze the number of complaints resolved to the participant's satisfaction.
 - Analyze the number of complaints not resolved to the participant's satisfaction.
 - The proposer educates staff on care delivery strategies and techniques to minimize participant complaints, including:
 - Problem solving strategies
 - Promoting participant participation in care planning and delivery of services.
 - Delivery of care according to the service order.
 - Complaint resolution process.
3. **Does the Proposer solicit Participant feedback regarding service satisfaction and performance of the direct care worker and what is done with the information? If so, provide questionnaire or interview schedule utilized to solicit Participant feedback and satisfaction.**
- The proposer conducts monthly participant satisfaction calls. Responses are reviewed and summarized to assure that bench marks satisfaction has been achieved. In addition all discharged participants are mailed a participant satisfaction survey along with self-addressed stamped envelope. Results are reviewed with the Performance Improvement

Committee to identify any trends. Further analysis is performed using performance improvement tolls when areas in need of further improvement are identified. All information is utilized for the purpose of developing strategies to improve care and service delivery. Example questionnaire is listed below:

Benchmark	C1 = Care of Participants	YES	NO
85%	Do you think the Direct Care Worker treats you with respect?		
	Do you think the Direct Care Worker is competent and well trained?		
	Did the RN explain the admission documents in a way that was easy to understand?		
Benchmark	C2 = Communication Between Participant and Office	YES	NO
85%	Does the office respond promptly to your calls?		
	Does the Staffing Coordinator alerts you with all schedule changes?		
Benchmark	C3 = Specific Care Issues	YES	NO
85%	Are you reading and signing the Direct Care Workers daily record note?		
	Does the Direct Care Worker complete all the tasks on your care plan?		
Benchmark	C4 = Overall satisfaction	YES	NO
85%	Would you recommend this agency to a friend?		

4. Describe your process for handling a billing discrepancy.

- To ensure accurate billing, billing staff reviews an authorized service report. The reports ensure that services provided match services authorized. Prior to invoice submission a pre-billing audit is completed. If a billing discrepancy is identified the billing manager contacts the payer and an adjustment is made immediately or within the next billing cycle.