

**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.
  - Our agency is requesting our primary service Area 2 Secondary Area 1
2. Indicate the calendar year that the Proposer first offered services to older adults.
  - This agency first offered services to older adults in 1995
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?
  - This agency is a Pennsylvania Corporation located in Allegheny County and only provides home care and home health and is not a subsidiary or a franchise.
4. Do you operate as an employer or as a registry?
  - This agency is an employer.
5. Does the Proposer have an administrative or supervisory office within Allegheny County? If not, what is the location of the closest administrative or supervisory office, in miles, to Allegheny County?
  - Yes, this agency has an administrative office in Allegheny County.

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

Yes, this agency's largest current and prior contract for in-home services to older adults with in the last 5 years has been PDA Waiver and the Options Program. We have never cancelled or terminated a contract.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
PDA Waiver	HHA, PC, LPN,RN, PT, OT & ST	\$77,550.00	7/1/2011-6/30/2012
PDA Waiver	HHA, PC, LPN,RN, PT, OT & ST	\$46,000.00	7/1/2012-6/30/2013

PDA Waiver	HHA, PC, LPN,RN, PT, OT & ST	\$45,000.00	7/1/2013-6/30/2014
PDA Waiver	HHA, PC, LPN,RN, PT, OT & ST	\$57,000.00	7/1/2014-6/30/2015
PDA Waiver	HHA, PC, LPN,RN, PT, OT & ST	\$37,000.00	7/1/2015-6/30/2016
Options	HHA, PC, LPN,RN, PT, OT & ST	\$51,000.00	7/1/2011-6/30/2012
Options	HHA, PC, LPN,RN, PT, OT & ST	\$61,000.00	7/1/2012-6/30/2013
Options	HHA, PC, LPN,RN, PT, OT & ST	\$66,000.00	7/1/2013-6/30/2014
Options	HHA, PC, LPN,RN, PT, OT & ST	\$84,350.00	7/1/2014-6/30/2015
Options	HHA, PC, LPN,RN, PT, OT & ST	\$103,000.00	7/1/2015-6/30/2016

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	4,217.75	4,217.75	48	48
Home Support Housekeeping	801.50	801.50	23	23
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.
  - o Our agency does not discriminate based on race, color, national origin, sex, religious creed, ancestry, handicap, sexual orientation, gender identity, status as a parent, age, or genetic information. All applicants must have a 2-step TB test with annual tests administered at intervals less than 12 months apart. Our agency will administer this test if the applicant does not have one. Applicants must have a current physical stating they are free from communicable disease and able to work. This must be dated less than one year before the date of hire. Applicants will have a face-to-face interview with the director of nursing and the clinical coordinator and must provide 2 references that are not relatives. Applicants must pass the criminal history background, child abuse background and federal fingerprint background or provide documentation of these background checks dated less than one year before the date of hire. Proof of Pennsylvania residency must be provided for at least two years or an additional background check through the Dept. of Aging FBI is required. Applicants must complete a written skills assessment test with a passing score of 70% or higher. Any incorrect answers are reviewed with the applicant by the DON or clinical coordinator. All potential employees must complete the report abuse training class online in regards to child abuse recognition and reporting. All potential employees must complete a handwashing video on the PA Homecare website, the mandatory HIPAA compliance video at the office and the Fraud and Abuse Training PowerPoints provided by OLTL and Medicare. Current CPR and First Aid is required or must be obtained before any hands on training with participants. Driver's license and auto insurance must be current for employees driving to the participant locations. Initial paperwork to be completed also includes an application, statement of confidentiality, W4, and probationary letter. The orientation manual and job description must be reviewed and signed. If the employee does not have a current CNA certificate or training certificate from an acceptable entity, the employee will begin their training with this agency's Director of Nursing or the Clinical Coordinator, also an RN. A skills competency checklist must be completed and signed off by an RN and a total of 77 hours of training completed before the employee can begin to see participants independently.
  
2. Describe Proposer's orientation and training process in very specific detail.
  - a) Attach training curriculum and specify training hours for each topic.

- **Attachement A**
- b) Specify how many hours of training are provided directly on-site under an instructor's supervision.
- The attached curriculum includes training in the office by an RN, either the director or the clinical coordinator, and also hands on training with the clients supervised by an RN, either the clinical coordinator or the director. If a potential employee is able to bring any certified, documented training, we match it with the appropriate module and deduct those hours from the office training. If the employee is already a certified CNA, HHA or PCW and has the documented course outline and/or current certification, then basic training is waived and an RN will observe and sign off on all on site competency training. A completed and reviewed competency exam and a skills checklist signed off by and RN are completed satisfactorily before all training is considered complete.
- c) Specify how many hours of training are completed electronically on computer.
- Our curriculum is 77 hours and 25 minutes. Twenty-four hours of training in the office is completed before the potential employee is allowed to assist with a participant. If the employee needs hours beyond that, we continue to provide training with the coordinator and experienced PCW until a comfort level on both sides is agreed. All employees are encouraged to have training completed in 30-60 days with a maximum of 90 days from date of hire. All employees are trained in both personal care and home support.
- 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.
- In office training includes, but is not limited to:
  - 1.) Confidentiality 2.) HIPAA 3.) Fraud, Waste and Abuse 4.) Consumer control and the independent living philosophy 5.) Instrumental activities of daily living 6.) Recognizing changes in the Participant that needs to be addressed 7.) Basic infection control 8.) Universal precautions 9.) Handling emergencies 10.) Documentation 11.) Recognizing and reporting abuse or neglect. 12.) Dealing with difficult behaviors 13.) Home Support tasks 14.) Meal preparation
  - The RN will observe for the above practices during all hands on training.

- The following areas are reviewed in the office with an RN and/or instructional video before the patient begins the hands on training under supervision of an RN:
  - 1.) Bathing (shower assistance, tub bath, bed bath), shaving, grooming and dressing 2.) Hair, skin and mouth care 3.) Assistance with ambulation and transferring 4.) Meal preparation and feeding 5.) Toileting 6.) Assistance (reminders) with self-administered medications
- e) Specify how many hours of training are completed before the worker touches the Participant.
- All potential employees without any training will complete a minimum of 24 hours training in the office with an RN before beginning any field training under the supervision of an RN. All documented and accepted training will be reduced from the curriculum where appropriate including certified CNA's and HHA's.
- 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.
- All direct care workers are to complete a monthly one-hour training. This agency uses the program Peak Development Resources for Home Health Aides. An informative article is presented followed by review questions. All incorrect answers are reviewed with the employee by and RN, either the director or the clinical coordinator. Topics for 2015 included: Communication: Barriers to Effective Listening, The Ebola Virus: What You Need to Know, Safety: Workplace Violence in Home Care, Vital Signs: Pulse and Heart Rate, End of Life Care: Symptom Management-Pain, Eldercare: The Importance of Reminiscing, Care of the Client with Peripheral Arterial Disease, Inflammatory Bowel Disease: Care and Support, Infection Control: Opportunistic Infections, Preventing Hospital Readmissions: You Can Help!, Hygiene Needs: Shaving and Nail Care, Mechanical Lifts: Safe and Effective Use. Topics for 2016 included and will include: Review of Medical Terminology, Diversity and the Generations, Care of the Client with Kidney Stones, End of Life Care: Patterns of Decline, Care of the Client with Anemia, Infection Control: Effective Hand Hygiene and Glove Use, Safety: Domestic Violence – Myths, Skin Care and the Prevention of Pressure Ulcers, Communication: Effective Feedback, HIPAA: Protecting Your Clients, Vital Signs: Blood Pressure, Dementia: Causes and Treatments.
  - An annual staff training in the office is mandatory to review any updated policies and procedures and to review the employee's chart (TB shot, physical, background checks, First Aid, CPR, Driver's

License, certifications, etc.) All information must be current for employee to continue working with Renaissance Home Care, Inc. Employee annual reviews are conducted by the Director at this time also. An annual visit with each participant and the caregiver are conducted by the Director or Clinical Coordinator and reviewed during the annual employee review.

- 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 mandatory per the individual's current license or certification requirements which must be current per agency policy. Any additional continuing education beyond the above programs is always encouraged and supported by agency, but not provided or reimbursed at this time.
3. Identify minimum direct care worker competencies required prior to working with Participants and describe how those competencies are evaluated.
- All direct care workers must complete the above outlined 77 hours of training through our agency. and pass the observed skills checklist under the supervision of an RN. See **Attachment A**
4. Supervision of workers from a distance provides unique challenges. Describe Proposer's procedure for supervision of direct care workers.
- The clinical coordinator will be at all initial visits for all new participants to review the care plan with the participant and the worker. Each participant's care plan will be reviewed annually or more frequently if needed. The clinical coordinator will conduct the visit and evaluate the worker performance.
- a) Specify how often workers are supervised.
- Supervisory visits will be conducted in person annually or more frequently if necessary with the worker present.
- b) Describe how direct care worker's performance is evaluated.
- Clinical coordinator will speak with participant and/or case managers regarding satisfaction with services and worker will be observed performing duties at the location.
- c) Describe how evaluation of worker's performance is shared with the worker.
- The worker will be present during the visit. If the participant expresses any concerns privately, the supervisor will discuss these concerns with the worker at the office and collaborate on a solution. The clinical

coordinator will follow up with the participant at a later date to re-evaluate.

### **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.
  - Recruitment and Retention – This agency has an excellent track record for recruiting and retaining direct care workers. We currently have employees that have worked for our agency for 18 years, 10 years, 5 years and less. Our record of retaining employees is our first strategy to recruit new direct care workers. Our employees like working for this company. The agency provides many incentives to stay with our organization that include boxed lunches, gas cards, holiday dinners, exceptional pay, insurance (health, dental and vision), holiday pay, overtime pay, gas reimbursement and most important respect to all workers. We recruit by word of mouth, Craig's list, periodical listing, flyers, internet, website, Facebook, Job fairs, nursing schools, trade schools and more. We recruit and train all year round.
  
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?
  - This agency has a retention program for direct care workers. We first offer a wage of \$11.00 or above when we hire a prospective employee and gas mileage reimbursement. If they need training we pay them minimum wage until they have finished all their training. After they work full time for three months the employee is offered full time benefits which include medical insurance, dental insurance and vision insurance. Once a direct care worker remains with the agency for a year they are given paid vacation for one week. Paid vacation is added to their initial week in subsequent years.
  - Throughout the year, this agency offers many programs and benefits. They are as follows: Holiday Party, Caregiver Month luncheon, delivery of boxed lunches, flowers, employee of the year, end of year bonus, no call off bonus, gas cards, monthly training luncheons and more. We also have a referral program that allows direct care workers to refer potential workers or patients.
  - This agency treats their employees with respect and employees in turn respect their patients and employer.
  
7. Detail the annualized turnover rate of direct care workers in each of the last two fiscal years.

- We have a 27% turnover rate.
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.
- We have the incentive programs as described above in #6.
  - We also provide rides to direct care workers to their participant patient if necessary and urge them to use Uber if they need a ride to an area that is not reached by the public transportation.
  - An new creative solution that our executive team is working on is an app that would help to alleviate hard to service areas that allow care givers throughout Allegheny and the surrounding counties to ride share. This is being spearheaded by the CEO of the RHC.
  - Our RN coordinator communicates daily with direct care workers. This allows the worker to feel like they are a part of the agency community. The RN coordinator knows about potential problems and keeps the direct care worker on schedule and contributes to worker efficiency and satisfaction.
  - This agency received 100% on our last survey from the Options program.

### **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.
- HHA fills out paperwork daily and documents the services that were delivered for the day. The consumer then signs the paperwork to acknowledge that the work was done. The worker then turns the paperwork in at the end of every week and the paperwork is gone over to make sure the services match the care plan. If there are any questions the worker will be notified for further clarification.
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?
- Hiring Uber to take the worker to their client's home. Hiring drivers at an hourly rate to drive the workers to their client's homes. Purchasing cars (through the agency) for the workers to use. Supplying bus passes.
  - The agency is also spearheading a new App that allows caregivers in Allegheny and the surrounding area to ride share with each other through technology and social media. The agency's current CEO is creating this



program and it is in its development stage. We look forward to telling you more about the app once it is complete and fully functional.

3. Has the Proposer implemented any new strategies to improve service capacity to older adults in the last 2 years?
  - Yes, this agency has implemented new strategies to improve service and capacity to older adults in the last 2 years.
  - Our Options Program has grown 320% in the last 2 years.
  - a) Describe the strategies that have been implemented.
    - We have increased our staff. We have added staff in hard to serve areas. We offer flexible scheduling (workers can tell us the days and times that they are available to work and we find consumers that are in need of services during that time) and a set schedule.
    - Our RN Coordinator has focused on the direct care worker and the participant. We provide daily communication with direct care workers and participant patients. Problem solve occurs immediately.
    - We advertise for employees on a weekly basis
    - We have potential employees come into the office for interviews on a bi-monthly basis.
    - 77 Hour Training occurs in our office for all prospective employees.
    - Monthly training is provided for current employees that includes a luncheon.
    - We have a referral program. Direct care workers are given bonuses if a new employee or patient is added to this agency.
    - This agency has a no call off program. Bonuses are also given the direct care worker when they do not call off.
  - b) Identify the results of the strategy including the percent increase in service capacity.
    - All of the above strategies have increased our service capacity by 320% over the last 2 years.
4. Identify the strategies implemented to expand geographic service area in the last 2 years.
5. Describe the Proposer's plan to meet the benchmarks listed in the RFP and required in the contract.
  - Over the last several years we have accepted 100% of the clients that have requested our agency. In the future we will continue to accept the clients that request us. When we are sent the mass e-mails we accept and will continue to accept what we can.

- a) Accept 80% of new Participant referrals in the first year.
  - o This agency has met and will continue to meet.
- b) Accept 90% of new Participant referrals in each of the subsequent contract years.
  - o This agency has met and will continue to meet.
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?
  - o Looking into hiring part time workers that would have a small case load and the other hours of the day they would be paid an hourly wage to be on call in case there was a call off/no-show. At this time we would be looking to hire 3-4 part time workers. 2 to take on cases in the morning and provide coverage in the afternoon and 2 take on cases in the afternoon and provide coverage in the morning.
7. Describe the process for communicating when a worker calls off or does not show-up as scheduled.
  - o At this time we try to communicate with each worker at the start of each day to make sure everything is going as planned and they are running on time. If the worker is having any difficulties we do what we can to help (call the participant and report that the worker is running behind and when to expect them etc.) If the worker is calling off for the day and knows ahead of time, they usually speak with their participant and let them know what day they will be off. They find out if the participant would like a replacement for the day. The worker will then report back to the office and let us know what the participant wants. We then do a follow up call and confirm with the participant. By calling the workers in the morning we try to avoid the no-shows, but if something were to happen we send another worker as quickly as we can to provide the services.
8. Describe how the Proposer meets the needs of a culturally diverse population and those with special needs.
  - o We send the same worker for each visit to increase the familiarity between participant and worker and help them develop a trusting relationship. At this time we do have a number of participants that are on a pureed and thickened diet that the worker must follow. We also have participants that need to be fed and the worker does that. We have a several participants that are unable to get into the shower. Our HHA worker assists them to get them cleaned, whether it's a sponge bath in their bed or at the sink etc.

## D. Management of Communication

1. How does your direct care worker report Participant status changes to supervisors?
  - The direct care worker calls in to the office to report participant status changes. The office will then inform the correct person of the changes. The worker also has access to the cell phone numbers of the supervisors and can call them direct if they feel it necessary.
2. Describe the process by which staff communicates Participant changes to other health care and care management professionals, family members, or other informal caregivers.
  - If it is an emergency the worker will call 911 first, then call the office and inform us on what is happening. The office will contact the case manager and inform them of what is happening. We do not always inform the family depending on the situation and the participant wishes. If it's not an emergency, the worker will call the office and report changes. The office will then contact the case manager. If we have a case where another agency is relieving our worker at the end of their shift the worker will report any problems or changes that has occurred during their shift.
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 direct care worker went to the participant's home to bathe her. The participant was complaining of leg pain, when the worker looked at her legs they were swollen and seeping, and her stomach was hard to the touch and she was short of breathe. The worker and the participant agreed that 911 should be called. She then called 911 and then called the office to report how she found the participant and that they agreed to call 911. The participant's husband was also there. The office then notified the case manager. In another instance, a worker went to her participant's home and the participant was complaining of not feeling well and having chest pain. The worker called the office and was instructed to pull the cord for 911 to come. The participant had a heart attack a few weeks prior but did not believe that she was having another one. She was taken to the

hospital and kept overnight for observation. The worker stayed with her until the paramedics took her. The office contacted her case manager.

## **E. Management of Program Quality**

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

This agency measures quality in service delivery to the participant by giving patients a satisfaction survey that the patient or a family member can fill out and send back to us at no charge. The satisfaction survey is then review by the Administrator or the Director of Nursing. The outcomes are documented quarterly and if any actions are needed are done quarterly. The agency also contacts the participant subsequent to initial visit via phone or in person and receives a verbal quality measurement. All responses are documented in their file.

2. How do you handle participant complaints?

Participant complaints are initially documented by our office staff. The office staff fills out a complaint form and sends it to the Director of Nursing. If an action is necessary, it is done by the DON. The DON shall report all complaints to the Administrator. The DON or the administrator contacts any staff members, participants and official representative necessary to handle the complaint. Participants are provided the PA Department of Health Hot Line at the start of care.

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

This agency provides a Patient Satisfaction Survey to all participants admitted to our organization. Furthermore, this agency contacts participants subsequent to admission to our organization and receives a verbal feedback of their experience with the agency and their worker. If the participant is satisfied with their worker and their experience, the plan of care is continued as directed. The DON shall change the plan of care or worker if necessary and contacts the appropriate parties, case manager, doctor, therapist, family or worker. All participants' plans of care are updated annually or earlier on an as needed basis. A supervisory visit is done annually or earlier on an as needed basis. All complaints or changes in the plan of care are documented and adjusted. All necessary parties are notified of any changes that may include but not limited to participant, care manager, doctor, care worker(s) and family member(s).

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

## **Attachment B**

4. Describe your process for handling a billing discrepancy.

The process for handling billing discrepancy is as follows. Quarterly billing is reviewed for any discrepancy. All participants' visits are inputted into a monthly flow sheet. If an error is found the flow sheet is updated and corrected for the next month's billing cycle. A monthly email is created and sent to the Options Program to Bill Innocenti, the current CMTA Analyst. A message of the error is also attached to the monthly email to CMTA Analyst. In the case that insufficient units are not allotted to this agency, the agency requests additional units from the case manager via email or phone. Service orders are then corrected in SAMS and documented in our file. The agency is audited annually by the Options Program. This agency has received 100% accuracy in billing in the past years. All units billed have been accounted for and verified by the Options Program.