

**Request for Proposals
Proposal Narrative Response Form**

OPTIONS

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

A. Proposer Profile and Experience

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

We will be able to service “Area 3” as our primary service area and we will service “Area 1” and “Area 2” as our secondary service areas. We have well over 155 active employees and are prepared to add on as many employees as the needed to meet the demands of this proposal.

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

We have been servicing older adults since our inception in March of 2002, currently we service well over 300 unduplicated elderly individuals as well as those with disabilities. We are maintaining a 98% shift coverage rate. We are able to offer replacement caregivers 100% of the time, within a 2-hour delay if the consumer wishes a replacement. Additionally, we have passed all OLTL, DOH, State License, and Allegheny as well as Westmoreland, County monitoring visits with flying colors for the past 13 years.

3. Is Proposer a subsidiary or franchise of a multi-purpose organization? If so, provide description of the parent organization. If so, do you see any barriers?

We are a franchise. There are no barriers in relation to zip codes area of coverage, employees, or clients, I have agreements with all other franchises in the area to work with them to pool our resources to effectively manage this contract and cover the entire county. With the assistance and cooperation of the other offices, we currently have locations in each service area with staff ready to go. We anxiously await this opportunity. This franchise system was started in 2000 (after 5 years of sole operation by our founder), for the sole purpose of caring for the elderly in their homes and offering opportunities to make choices on living conditions and staying at home. Our founder was a hospital administrator that was concerned for those that left the hospital with less than adequate care. He started a service dedicated to reducing “hospital recidivism”

which was the start of the 1st office in 1995. We continue this dedication today as the only company in the nation teamed up with an Ivy League medical school and “Clear Care” (the nation’s leading software system designed to operate businesses such as this) to start a landmark study to verify that in home services do reduce hospital re-admissions and therefore these services should become a primary insurance coverage item. Our franchise has since become one of the leading names in home care industry having over 400 offices nationally as well as serving 5 other countries. We offer all the resources of cutting edge technology as well as the combined efforts of the entire organizations experiences to offer the best, most comprehensive, up to date proven care methods for individuals that are possible today.

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

We operate as an employer based company. We made the business decision that being an employee based agency offered the most protection for the consumers as well as the employees. Such as Worker’s Compensation, Unemployment Compensation Insurance and Liability Insurance which is much more difficult or impossible with a registry.

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

Yes, we have a main office as well as a support office within Allegheny County and have maintained a presence in this county for over 14 years. Additionally, we have agreements to work with 3 other franchised offices in the county to maximize employee hiring, coverage, and client acquisition.

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:

Below are the services contracts we have had in the past 5 years, we have never had any contracts terminated prior to the contract end date.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
PA OLTL	PCA/Home	\$2 million	7-2015/7-2016

	Care/chore	annually	
Allegheny County DOH	PCA/Home Care/chore	\$300,000 annually	7-2015/7-2016
PA OLTL	PCA/Home Care/chore	\$1.75 mill annually	7-2014/7-2015
Allegheny County DOH	PCA/Home Care/chore	\$250,000 annually	7-2014/7-2015
PA OLTL	PCA/Home Care/chore	\$1.75 mill annually	7-2013/7-2014
Allegheny County DOH	PCA/Home Care/chore	\$250,000 annually	7-2013/7-2014
PA OLTL	PCA/Home Care/chore	\$1.5 mill annually	7-2012/7-2013
Allegheny County DOH	PCA/Home Care/chore	\$200,000 annually	7-2012/7-2013
PA OLTL	PCA/Home Care/chore	\$1.5 mill annually	7-2011/7-2012
Allegheny County DOH	PCA/Home Care/chore	\$200,000 annually	7-2011/7-2012

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	70,000	48,000	208	167
Home Support Housekeeping	45,000	32,000	125	100
Home Support Chore	1,200	825	60	48

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

Staffing and Training

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

We use "My Staffing Pro" corporation on line Human Resource software for our online application and initial screening process. Once the application is complete, a face to face interview is next. Personal and professional references are checked, state police records, if needed, childcare clearances, SS checks, Medicare and Medicaid fraud checks, PA State Police and if needed FBI background checks. The potential employee meets with the HR Director or the HR Coordinator. If the employee is moved to the next step, they obtain a physical and 2-step TB, then on to Orientation and Training. Orientation, Training and Practical Demonstrations must be completed before the employee is permitted to care for clients. Qualified individuals will be employed without regard to race, color, religion, sex, national origin, age, disability or marital status as required by state and federal law. Prior to hire all individuals will be trained in and pass a quiz on Prevention of abuse and exploitation of participants and fraud and financial abuse, prevention. Also a critical incident, participant compliant resolution training segment and the Abuse, Neglect, Abandonment and Financial Exploitation Webinar slides (Please see additional details of the step by step outline below)

PROCEDURE:

FACE-TO-FACE INTERVIEW

All applicants for employment must acknowledge by their signature that they have had a face-to-face interview. The face-to-face interview will be conducted by an agency representative and documented in the applicant's file.

PERSONAL REFERENCES

Applicants are required to provide at least 2 satisfactory references from a former employer or other person not related to the applicant.

Personal references will be verified either verbally or in writing. All documentation will become part of the applicant's file.

CRIMINAL BACKGROUND CHECKS AND CHILD ABUSE CLEARANCES

All applicants for employment must obtain the required and applicable background checks. Depending on length of Pennsylvania residency, criminal background checks include Pennsylvania State Police and/or the FBI. Criminal background checks, Social Security Number verification, and Health Care

Exclusions must be obtained prior to job assignment. (websites to be checked are HHS/OIG Cumulative Sanction Report, FBI, Local police/sheriff departments, National Practitioner’s Data Bank, Healthcare Integrity and Protection Data Bank, OIG Sanction Report, Medicare “Hot Sheet”-Medicheck, Professional licensing boards, County, State, and Local district records (LEIE (<https://exclusions.oig.hhs.gov/>), EPLS (<https://www.sam.gov/index.html/#1>), Medicheck (<http://www.dhs.state.pa.us/publications/medichecksearch/index.htm>), Child Abuse Clearances, E-Verify

Any complaints or appeals regarding the criminal record report or the child abuse clearance results are to be directed to the agency performing the background check(s) or clearance, e.g. PA State Police, Department of Aging, Department of Public Welfare.

Initial Drug testing will be at discretion of the agency Administrator.

LETTERS OF NOTIFICATION

Applicants will receive a letter notifying them of employment, provisional employment and conditions, or no job opportunity.

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

Course Taken	Hours
Orientation	8
CPR / First Aid (within 90 days)	8
Alzheimer’s & Difficult behaviors	3
Infection Control	3
Personal Care	3
Nutrition	3
Fire Safety	3
Bed Rest	3
Safe Wheelchair	3

Fall Prevention	3
Medications	2
FRAUD, WASTE, ABUSE, CRITICAL INCIDENTS, Participant complaints	3
Universal Precautions	1
HIPPA	1
Lifting and moving	1
<i>Total</i>	<i>48</i>

b) S
 pecify how many hours of training are provided

directly on-site under an instructor’s supervision.

All 48 hours of training are provided directly on site under the supervision and direction of the staff RN and office administrators. We have worked with Allegheny County DOH to ensure our program exceeds all areas of required training. Our full time staff Registered Nurse is responsible for the training and practical demonstrations being performed satisfactorily. Even though the mandatory training standards have been reduced through the prior county contract, we are still providing 40 hours of training plus the CPR and First Aid training within 90 days.

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

At this time, we are not utilizing electronic off site training. All 48 hours are in person and hands on. (with audio visual electronic assistance, such as Video’s DVD’s on line webinars presented during the group training to ensure the latest information is presented. We are working to incorporate computer training from IPCED (The Institute for Professional Care Education) Electronic training will be used in conjunction with on-site trainings and paper packets with quizzes. All test and quizzes as well as demonstrations are done by our full time staff Registered Nurse. Additionally, for continued education or specific areas an employee would like to learn more about, we also have a proprietary on-line “university that is available for a countless variety of learning needs and is available to all caregivers 24/7.

- 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.
- Hands on training includes but is not limited to: hand washing, transferring, changing sheets while bed bound person is in it, Hoyer lift, walking with a walker, how to assist into and out of a shower/bathtub, how to change a brief, all areas a personal care attendant may come across in the day to day caring of a client Activities of Daily living our caregivers are trained on includes but is not limited to Functional mobility, often referred to as transferring (moving from one place to another while performing activities)
 - For most people, functional mobility is measured as the ability to walk, get in and out of bed, and get into and out of a chair; the broader definition above is useful for people with different physical abilities who are still able to get around independently.
 - Bathing and showering (washing the body)
 - Dressing
 - Self-feeding (not including cooking or chewing and swallowing)
 - Personal hygiene and grooming (including brushing/combing/styling hair)
 - Toilet hygiene (getting to the toilet, cleaning oneself, and getting back up)

We also teach the Instrumental Activities of Daily living tasks, such as Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning, but they let an individual live independently in a community:

- Housework
- Preparing meals
- Taking medications as prescribed
- Managing money
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Transportation within the community

(please see below for a more comprehensive list of topics).

COMPETENCY REQUIREMENTS

1. Applicants must meet the competency requirements stated in the home care agency and registry licensing regulations including the following subject areas:
 - a. Confidentiality
 - b. Consumer Control and the Independent living philosophy
 - c. Recognizing changes in the consumer that need to be addressed
 - d. Basic Infection Control
 - e. Universal Precautions

- f. Handling of Emergencies
- g. Documentation
- h. Recognizing and reporting abuse or neglect
- i. Dealing with difficult behaviors
 - Personal Care:
- j. Bathing, shaving, grooming, and dressing
- k. Hair, Skin, and mouth care
- l. Assistance with Ambulation
- m. Meal preparation and feeding
- n. Toileting
- o. Assistance with self-administered medications
- p. Instrumental activities of daily living.

Direct Care Worker Competency: The ability to train and prepare direct care workers who understand that the health and physical status of older adults is diverse and often highly complex. In addition to basic competencies mandated through regulation, we will train all direct care workers in all aspects of personal care and home support that is delivered in a manner that fully maintains and fosters the Participant's highest level of functioning and independence. Our agency shall prepare the direct care worker in strategies to prevent risk and promote quality and Participant safety. We will also ensure that the direct care worker understands the developmental tasks which are part of aging and that the direct care worker will provide care in a manner which respects the Participant's dignity. The direct care worker is fully prepared to recognize changes in the Participant's physical or cognitive level of functioning and to responsibly follow through on reporting changes and securing additional necessary services and supports. Most importantly, all aspects of training are delivered in a philosophical context that recognizes and respects the dignity of older adults and particularly our most frail older adults.

- Cultural Competency: The ability of individuals, as reflected in their personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.
- Cultural Inclusion: The ability of providers to serve a diverse population of Participants with expertise and compassion so that Participants feel respected and well served, regardless of their ethnic or racial heritage, sexual orientation, gender identity or expression, intellectual or physical disability, English language proficiency, or life experiences.
- Linguistic Competency: The ability of an organization or individual to communicate effectively in a manner that is easily

understood by diverse populations, including those with limited English proficiency, those with low literacy skills or who are illiterate, and those with disabilities requiring communication accommodations.

Each applicant will be given an opportunity to provide approved training documentation, demonstrate skills or be tested for competency. If the applicant has not received the necessary training or experience to achieve competency, the applicant may be hired but may not perform direct care services until they have received the necessary training and demonstrate competency in the required subject areas stated in the home care agency and registry licensing regulations.

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

A minimum of 40 hours of training are completed before a worker is assigned to any shift. The employee has a 90-day window to take the CPR/1st aide class. We also have a proprietary on-line “university that is available for a countless variety of learning needs and is available to all caregivers 24/7.

- 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.

We mandate all employees receive 12 hours a year of ongoing training which includes classroom CPR/first aid training every other year. On occasion, DOH or OLTL issue new mandated training programs, these are incorporated in all annual training programs we mandate for our employees.

Such as:

Quality Management program

Regulatory Compliance Program

Complaint Resolution

Critical Incident management...

Please see a few mandatory annual training programs listed below.

Abuse:

Abuse is defined as the act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

- sexual harassment of a participant
- sexual contact between a staff member and participant
- using restraints on a participant
- financial exploitation of a participant
- humiliating a participant
- withholding regularly scheduled meals from a participant

Critical Incident:

Critical incidents are defined as an occurrence of an event that jeopardizes the participant's health or welfare including:

- Death, serious injury or hospitalization of a participant. Pre-planned hospitalizations are not critical incidents; however, being admitted for a non-routine medical condition that was not scheduled or planned to occur IS a critical incident; a routine hospital visit for lab work or routine treatment of illness of a participant is not a critical incident. A death that is suspicious or of unexplained cause is a critical incident. A death due to natural causes is not a critical incident.
- Provider and staff member misconduct including deliberate, willful, unlawful or dishonest activities.
- Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment or mental anguish of the participant. Abuse includes the following:
 - Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Verbal abuse
- Neglect
- Exploitation
- Service interruption, which is an event that results in the participant's inability to receive services that places the participant's health or welfare at risk
- Medication errors that result in hospitalization, an emergency room visit or other medical intervention

Exploitation:

Exploitation is defined as an act of depriving, defrauding or otherwise obtaining the personal property of a participant in an unjust or cruel manner, against one's will, or without one's consent or knowledge for the benefit of self or others

Investigation:

Investigation is defined as taking the steps necessary to determine if a critical incident has occurred, to determine if suspected abuse, neglect, abandonment or exploitation requiring the involvement of protective services is involved, what actions are needed to protect the health and welfare of participants and what actions are needed to mitigate future incidents for the purpose of the DOH bulletin referenced in this training.

Neglect:

Neglect is defined as the failure to provide an individual the reasonable care that he or she requires, including but not limited to food, clothing, shelter, medical care, personal hygiene and protection from harm. Seclusion, which is the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from having contact with others or leaving is included in this definition.

Restraint:

Restraint is defined as any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body.

Service Interruption:

Service interruption is defined as any event that results in the participant's inability to receive services that places his or her health and or safety at risk. This includes involuntary termination by the provider agency and failure of the participant's back-up plan. If these events occur, the provider agency must have a plan for temporary stabilization.

Complaint Resolutions...

Complaint Resolution Quiz

- | | | |
|---|---|--|
| T | F | To recommend changes in policies, care, treatment and/or services without coercion, discrimination, reprisal and/or unreasonable interruption of services |
| T | F | To participate in decisions regarding their care, treatment and/or services |
| T | F | Investigation shall be completed within 5 days unless circumstances prevent finalization within that time period. The family/patient shall be notified, verbally and in writing, of the delay and the reason for the delay, verbally and in writing before the end of the 5-day time period. |

- T F The patient/family is informed that if he/she is not satisfied with the resolution of the concern/grievance, the decision may be appealed directly to the State Home Care Hotline at 1-866-826-3644.
- T F A record of the concern/grievance, investigation, follow-up action and response to the patient will be documented, using the Patient Complaint Form and will be retained by Administration in a Patient Complaint file. This form is to be initiated by the person receiving the concern/grievance.
- W e
- T F State employees are responsible for “On-The-Spot” resolution of patient problems, where possible, and for notifying the Owner of concerns/grievances expressed to them.
- U s
- F F The Owner will notify the patient/family within ten (10) days of receipt of the concern/grievance by telephone, and/or by email, fax or letter to confirm receipt of the concern/grievance, and to inform the individual(s) that the concern/grievance is under investigation
- ᄀ
- F F This information is included in the Patient Information Packet that remains in the patient’s home
- e
- o
- ᄀ F The Care Manager informs the patient/family verbally and in writing before the start of care, treatment and/or services of his/her right to voice concerns/grievances
- ᄀ
- F F The complaint resolution process and other resources for registering complaints, including, but not limited to, the State Hotline for the state in which the patient is receiving care, treatment and/or services
- n
- d

accompanying quizzes or information packets mailed to all employees that are returned in person and reviewed by the RN on staff and quizzes given to the employee and returned within 2 weeks to be graded by the RN and follow up with the employee if a learning deficit become apparent. Additionally, our staff RN is in the office for training and will address training on an ongoing basis with all employees as needed. We are working to incorporate computer training from IPCED (The Institute for Professional Care Education) Electronic training will be used in conjunction with on-site trainings and paper packets with quizzes.

- 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 available above and beyond what is required. The ongoing training requirement is 12 hours per year at. We have a full time staff RN that is available to train employees on any and all situations that they may be uncomfortable with or that may arise during the course of business. In addition, for those employees that wish to expand their knowledge base our

franchisor offers a complete on line “university” in conjunction with a nationally recognized on-line university to educate caregivers in any imaginable area of caring for another individual. This is available to all caregivers 24/7.

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

Direct Care Workers must complete personal care training, CPR/first aid, fire safety, wheelchair safety, how to recognize adverse medication effects, Fraud, Waste, Abuse, Neglect training, Critical incident, quality management, Incident reporting, how to care for difficult behaviors, Activities of daily Living, Instrumental Activities of Daily Living competencies. These are evaluated by the RN with either practical observation, evaluation, and or quizzes (often all 3 evaluation methods are used) graded at 80% or better

COMPETENCY REQUIREMENTS

1. Applicants must meet the competency requirements stated in the home care agency and registry licensing regulations including the following subject areas:
 - a. Confidentiality
 - b. Consumer Control and the Independent living philosophy
 - c. Recognizing changes in the consumer that need to be addressed
 - d. Basic Infection Control
 - e. Universal Precautions
 - f. Handling of Emergencies
 - g. Documentation
 - h. Recognizing and reporting abuse or neglect
 - i. Dealing with difficult behaviors
 - Personal Care:
 - j. Bathing, shaving, grooming, and dressing
 - k. Hair, Skin, and mouth care
 - l. Assistance with Ambulation
 - m. Meal preparation and feeding
 - n. Toileting
 - o. Assistance with self-administered medications
 - p. Instrumental activities of daily living.
 - q. Quality Management program
 - r. Regulatory Compliance Program
 - s. Complaint Resolution

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.

Workers are supervised in the home of a participant when they are new to the agency and on the initial visit to the client. They are directly supervised at a minimum annually in the home of a client, (some employees are supervised every 90 days depending on the type of client and needs of the client) we will also do a visit if the level of care of the participant is changed. We do in home personnel evaluations at least once a year (more if deemed necessary) Additionally, if the consumer voices any concerns we will do a supervisory visit and/or if requested by the care manager, client, or employee. All requested visits are scheduled, all other visits are "surprise" visits unscheduled. We also elicit the input of consumers on the opinions and evaluations of the employees we send to them.

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

The Direct care worker's performance is evaluated at a minimum of a bi-annual, it is evaluated based on the direct observation of how they perform duties while in the home of the participant, the number of call offs, punctuality, as well as participant comments and if applicable the comments of co-workers.

- c) Describe how evaluation of worker's performance is shared with the worker. The office manager and the HR director schedule a face to face meeting to discuss the employee evaluations with them. The employee is encouraged to participate and provide input at this point. We use this time to also encourage the employee to retain employment within the agency, offer incentive based wage increases, offer direction on any areas of trouble professionally, or offer guidance where to get personal assistance if needed as well. We hope to see our employees "move up the ladder" within our company and stay long term in our employment.

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.

We have started having regular open houses for our caregivers where our office staff makes food, has some drawings and passes out bonuses for those employees that have recommended a new employee to us, and we have hired and started using that individual. We feel the more informal setting allows our caregivers to have time to be more informal with us and discuss what they are facing on a day to day basis not just particular issues that come up at the time they need addressed. If they feel more at home with us, they are more likely to refer a friend or family member for employment. In addition to the above mentioned monetary reward we are working on a reward system that would eventually like to implement that we hope helps us ensure we are covering all of our shifts at all times by offering rewards for picking up fill in shifts. We also have a proprietary on-line “university that is available for a countless variety of learning needs and is available to all caregivers 24/7. We find that the availability of information keeps the employees hungry for more learning and more opportunity. This is shared with their friends and family that then become employees. We have also utilized our community resource centers including local town and borough libraries, senior centers, community church organizations, and volunteer programs for seniors to help individuals start to get paid for what they may volunteer to do. Additionally, an aggressive advertisement campaign (approx. \$900.00 a week), a contract with “My Staffing pro” which is an organization solely focused on using all internet methods of driving qualified candidates to our company. My staffing pro pushes our job ads to all the top recruitment and ad sites. They specialize in sending the appropriate employee to the appropriate company, they have been an outstanding resource for us.

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?

In addition to all in the above answer which helps with recruitment, most of those programs double as retention programs as well. Also, we have representatives of Aflac and Combined insurance companies come in and discuss different packages available to our employees on a regular basis. We have annual pay increases for all staff. We have started to have regular employee appreciation/open houses. The above items were all employee requests we put into effect. We continue to survey to see what types of retention incentives or programs our employees would like to see. This is one of the programs we would like to focus on expanding this year. Being able to offer pay increases through this contract would also be a big asset in this area of retention.

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

We have averaged a 27% turnover rate over the past 2 fiscal years in operation. 30% 2 years ago and 24% last year. We feel with our recruitment and retention plans now in effect, we are hitting the correct target audience for our jobs, and able to help employees for a longer period of time. These numbers are better than industry averages.

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 are always looking for new and creative solutions to scheduling. Our goal is to have satisfied workers, as satisfied workers do a better job and take their job more as a personally rewarding deed. We try to reschedule the employee schedules as much as possible so that the relationship between the client and the caregiver is steadily maintained. We speak to each client as well as employee and mediate an acceptable schedule for both and confirm this is acceptable with care management. We also allow the caregivers to have as much input into their schedule as possible. When we start some of our clients, the caregivers get to suggest days and times that they can work to ensure that they can arrive on time and do what is necessary. As in life, our clients schedule changes from time to time, sometimes permanent, sometimes just for 1 day. We will work with the both client and employee to ensure coverage of the shift and offer a backup worker if 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.

We use a telephony system that is associated with the client's phone number which includes: time of arrival, departure and tasks completed. Tasks are entered on the office side once we receive a completed service agreement or plan of care from the care managers or clients so each employee knows what services are to be done each day. If tasks for an individual change, we can easily adjust the list in the computer and it is communicated to the direct care worker. There are tasks that happen daily as well as weekly, our system can have the correct tasks scheduled in the appropriate time frames and it is not just a total list of what the consumer wants done daily, for example, the consumer may want bathed on Mondays and Thursdays, our system can accommodate those specifics. The

automated system will remind them of all tasks for the day and at the end of the call they must answer yes or no to each task scheduled for the day. We attempt to use “telephony” for all clock in’s and clock ‘out’s which utilizes the latest “911” technology so we can verify who was where when. If this is not done, the employee must hand in a written time card with all necessary information, time, date, task, etc. We will then call the client to inquire why telephony was not utilized and see if it was a onetime occurrence or if time cards will be the norm. If time cards will be the norm, we have a list of those clients that will receive more verification phone calls and supervisory visits during shift time to ensure they are there when stated. If the client’s phone is not available for use, the caregiver must have signed paper documentation that includes the same information. The client must sign this as confirmation. All paper work is due in the office by the Monday following the shift and reviewed and confirmed by the office manager.

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?

We have and continue to refine a program to address travel and transportation needs that may arise in the near future. At this time, depending on how far the caregiver is travelling to get to the client, we may pay mileage or adjust the pay rate to offset the caregiver cost to get to work. We have also started piloting a program of “ride share” and hiring a driver just to take employees to and from hard to serve shifts. Additionally, all Caregivers that have reliable transportation upon hire or that acquire transportation due to their new income are reimbursed for their mileage expenses and scheduled to the best of our ability with “Stacked” hours in one geographic area to maximize their time and travel. This has proven appealing to many of our staff throughout the past year. Also, an enhanced pay rate is given to those caregivers with vehicles.

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.

Our online application software pushes our ads to many employment sites such as indeed, monster, “findtherightjob”, and approximately 15 other sites. This company “my staffing pro” is dedicated to getting employment seekers to the employer, that’s all they do and they do it well. We put ads on craigslist as well. We also work with some local contacts such as

AARP, EARN Programs throughout Allegheny county, schools with PCT programs, etc. to find new employees. We actively offer current employees to bring in new employees and offer bonuses for accomplishing this.

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

We have increased our care hours by 23% a week in the past 12 months due to new initiatives. We feel we are on the right track and hope to continue this trend in the coming years of operation.

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

Our contract with My Staffing Pro is a big help on this area. We actively recruit in areas to expand our region through online and paper advertising and increasing compensation and travel expenses for staff that must travel a greater distance. In addition, we are utilizing other franchised offices and their personnel in a "job share" program since not all franchised offices are pursuing a contract with your organization. This maximizes our recruiting footprint

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

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

We are above this benchmark as it stands. We are also expanding our employee rosters at this time to accommodate the new benchmarks that will be implemented. We are also working on employing workers in a wider range of areas to accommodate some of the more difficult areas to cover as well as working in conjunction with our sister offices that do not carry these contracts to further expand out footprint of coverage.

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

We have never, in 13 years, failed to meet a criterion as set forth by the county, we will meet this one as well. We will continue to target areas that are deemed hard to cover in recruiting workers, we are willing to set up at a remote location to schedule interviews and trainings in those areas to accommodate the potential employees

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

We currently have enough employees in different areas to accommodate call offs. We are able to offer 100% replacement worker coverage when the client desires. We also provide backup caregiving assistance with our field staff supervisors and office coordinators. Additionally, we are working on identifying a group of employees that are willing to be on a list of employees to call in certain areas for last minute call offs to ensure 100% coverage.

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

When a worker calls off, the staffing coordinator or the on call person is to call the client and let them know of the call off, see if they would like a new worker or to reschedule if applicable. At the start of care for each client, they are instructed to notify our office when a worker has not arrived at the scheduled time. Our staffing coordinators do monitor clock ins and are alerted after 15 minutes that the worker has not clocked in through our automated call in system. The Coordinator is then responsible for contacting the caregiver to see if they have arrived at the client or if they are delayed for some reason. The coordinator contacts the client if they are unable to reach the worker for any reason to see if the worker has arrived. If the worker is not there and the client would like a worker, the coordinator would then work on replacing the worker who did not show up.

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

We hire as culturally diverse a population as we possibly can. We have translator services available via telephone to assist with language issues that may arise. If we have a client that has special needs, if necessary we partner with other agencies or companies to provide the training and/or assistance our workers might need to assist in the care provided to this client We have served the clients through TRICIL and CLASS for 12 years and continue to be one of the "go to agencies" with difficult cases and emergency needs on hard to serve clientele. We train all of our office staff as well as our field staff on programs such as "dealing with clients with difficult needs", we have a RN with mental health background on staff to assist whenever needed is difficult situations. Our office

staff also speaks several languages fluently. Training programs always focus 1st on the consumer and employee, taking into consideration, their Cultural needs, understanding diverse populations may have diverse needs, removing barriers to communication through Linguistic competencies, and most importantly a sense of cultural inclusion.

D. Management of Communication

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

Our direct care workers can report via phone call or Change in Client Condition form. If the report is taken via the telephone, the person receiving that report is responsible for filling out the form as soon as possible. All changes in condition must be logged in our system and reported to the care manager or family via email as well as phone calls as soon as possible. Also, if needed, a field supervisor will make a face to face visit with the worker and client present. Workers and family members can also communicate through our automated web portal set up for each client and leave voice mails or messages for the office or each other as needed. The office staff then communicates what is necessary to the county and care managers as well as confirms all communication needed to the employees, families, and clients. If needed, as a mandatory reporter, all reportable incidents are then communicated to the state.

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

Our agency reports changes in condition to care managers via email or telephone report. If via telephone, an email follow up should be sent so there is verification that the report was made. All family members should be notified immediately via telephone or other communication mode as requested by the family (ex. Email, fax, etc.) All caregivers should be notified via phone or email communication the changes that have occurred. Additionally, all needed communications are reported through SAMS every day, or every other day as needed. In addition, the software system has a family portal access. Family can hear all comments left by caregivers as well as see clock in and clock outs and any pertinent information.

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.

We had a client who had fallen with a caregiver in the house. The client stated that she was in a little pain but that she didn't need the paramedics called, she just needed to rest and she would be fine. The caregiver called our office and made us aware of the incident that had happened and that the client was refusing to call emergency services at this time. As the day wore on the client was still feeling some pain and discomfort and the caregiver had gotten her an ice pack for her foot and encouraged her to call 911 or go to the ER. After the caregiver left for the day, the client was still in pain, on a follow up call from the on-call office personnel, we convinced her to contact 911, we made the call for her. We were then informed that the client had broken a bone in her foot. We notified the Care Manager of the situation. The client was in the hospital for approximately 2 days and returned home.

A caregiver had arrived for her shift with the client who is a diabetic. The client was not feeling well. The caregiver had arrived and noticed the client wasn't quite herself. When the caregiver had asked the client if she had taken her blood sugar check that morning, the client couldn't remember if she had or not. The caregiver called the daughter to make her aware of the situation and had the client recheck her blood sugar and when it came up low, the caregiver immediately gave the client 2 sugar packets to eat per the daughter. The daughter stated she was on her way and would be in the home in 5 minutes, our caregiver called the office to notify the staffing coordinator, who notified the care manager. The daughter came out and to ensure all the food and correct insulin dosages were in the home, the client was fine. We notified the Care Manager and also entered the information into the SAMS system.

E. Management of Program Quality

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

We are committed to an organizational wide approach to a Quality Management Program that includes data collection and analysis, performance measurement and continuous improvement. In addition to what we do in house, our Franchisor has a series of satisfaction programs they do over and above our efforts which include a "secret shopper" program, a phone call to 5% of clients as well as employees monthly to get active real time feedback on our strengths and areas

we need to improve on. In addition, our Quality, Satisfaction surveys are sent to every participant annually. The goals of the Satisfaction Surveys will be to have an 80% response rate with a 95% approval rating for our services provided. This is in addition to the overall client chart reviews that happen Quarterly to determine that client needs and that care plans are followed, adjusted and recorded 100% of time

The Quality Management Program consists of a Plan-Do-Check-Act Model.

Plan: Includes a set minimum of client files and personnel files to be reviewed each quarter. A root-cause analysis is completed after major incidents or near misses. Review of these findings and the development of goals accordingly.

Do: Implement the goals

Check: Evaluate and modify the goals where and when appropriate that are set forth in the plan

Act: Involves the continuation or modification of the above plan designed to constantly evaluate and improve quality outcomes.

2. How do you handle participant complaints?

Our agency informs the participant verbally and in writing before the start of care, treatment and/or services of His/her rights to voice concerns/grievances. This includes, complaint resolution process and other resources for registering complaints, including, but not limited to, the State Hotline for the state in which the patient is receiving care, treatment and/or service. The participant is also made aware that the purpose of the hotline may also be used to lodge concerns/grievances about the requirements for Advance Directives implementation and to receive complaints or questions about local HHAs. This information is included in the Patient Information Packet that remains in the patient's home.

Any concern/grievance received from a patient or family will be forwarded in writing to the agency or his/her designee and all staff members are responsible for "On-The-Spot" resolution of patient problems, where possible, and for notifying the agency of concerns/grievances expressed to them. The concern/grievance investigation shall commence within 48 hours of receipt of the written complaint. This time frame applies to any concern/grievance received after regular business hours, on weekend or holidays. Any concern/grievance received after hours will be reported to the agency the following day, or sooner if the complaint is of an urgent nature. All concerns/grievances are documented as soon as possible on the Complaint Form. The agency will notify the participant within five (5) days of receipt of the concern/grievance by telephone, and/or by e-

mail, fax or letter to confirm receipt of the concern/grievance, and to inform the individual(s) that the concern/grievance is under investigation.

A record of the concern/grievance, investigation, follow-up action and response to the participant will be documented, using the Patient Complaint Form and will be retained by Administration in a Patient Complaint file. This form is to be initiated by the person receiving the concern/grievance. The investigation shall be completed within 14 days unless circumstances prevent finalization within that time period. The participant shall be notified verbally and in writing of the delay and the reason for the delay, verbally and in writing, before the end of the 14-day time period.

The participant is informed that if he/she is not satisfied with the resolution of the concern/grievance, the decision may be appealed directly to the State Home Care Hotline at 1-866-826-3644.

Participant concerns/grievances will be trended and reported through the performance improvement/risk management function. A summary of the concerns/grievances and the outcomes is reported quarterly to the Board of Directors. Participant concerns/grievances are aggregated and included as an integral part of the annual Performance Evaluation. We then document and track all complaints and trend these quarterly to see if perhaps we have any systemic problems that may need to be address through corporate wide training think 3 complaint numbers...ombudsman's, hotline, main office OLTL?????

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

Every participant has an initial visit with a field supervisor and then, if required by contract particulars, a mandatory supervisory visit every 90 days or earlier if needed or requested. At each visit, the participants are asked about their satisfaction with services including questions from the Client Satisfaction Surveys will also be sent out every 90 days after the start of Services if participant's wish to respond anonymously. We then document and track all responses and trend these quarterly to see if perhaps we have any systemic problems that may need to be address through corporate wide training

- a. If so, provide questionnaire or interview schedule utilized to solicit Participant feedback and satisfaction.
These questioners are sent out bi-annually

Organization & Administration

1. Did you find us easy to contact?
2. Do you feel we responded in a timely manner?
3. Did we give you information on the following:
 - Client Handbook/other documentation about our services
 - Service Agreement
 - Rights & Responsibilities
 - Contact details & numbers within normal office hours
 - Contact details & numbers outside normal office hours
 - How to make a complaint, including who to contact
 - Elder Abuse Hotline Number
4. Were you introduced to, or made aware of the Direct Care Worker(s) assigned to you, prior to commencement of service?
5. Do you feel your needs/wants are being met & are being provided, in accordance with what was agreed upon?

Service Delivery
6. Was a personal Care Plan developed & implemented?
7. Were you/your representative involved in developing the Care Plan?
8. Do you feel you are cared for in a comfortable & nondiscriminatory way?
9. How many Direct Care Workers are usually involved in your care?
10. Does your Direct Care Worker(s) show up for work on time?
11. Does your Direct Care Worker(s) stay for the specified time?
12. Does your Direct Care Worker(s) assist you with your medication? If "Yes", give specific details.
13. Does a Supervisor occasionally make a home visit?
14. Are you notified in advance if your Direct Care Worker is going to be changed?
15. Is there anything that concerns you about your Direct Care Worker(s)?
16. Were you advised who would be supervising your Direct Care Worker(s)?
17. Are you notified in advance if your regular services have to be rescheduled?

18. Were you advised who you/your representative/family may contact should you wish to speak to someone other than your Direct Care Worker(s)?
19. Were you advised that we may employ both male & female workers?
20. Were you asked if you prefer a male or female worker?
21. Is your normal daily routine followed as much as possible within the provision of personal care such as getting up, meal times & bathing arrangements?
22. Do you find us to be:
 - friendly
 - considerate
 - polite
 - respectful
 - honest
 - believable
 - prompt
 - dependable
 - efficient
 - approachable

Evaluation

27. Do you feel we have the required knowledge & skills to deliver service?
28. Is there anything you don't like about our service?
29. Have you any suggestions for ways we can improve our service?
30. Would you use our services in the future?
31. Would you recommend us to others?
32. How would you rate the overall quality of service you receive?
 Poor ___ Fair ___ Good ___ Excellent ___
33. How would you rate the Home Care Worker(s) treatment of you?
 Poor ___ Fair ___ Good ___ Excellent ___
34. How do you view the quality of service to its cost?

Poor ___ Fair ___ Good ___ Excellent ___

4. Describe your process for handling a billing discrepancy.

We attempt to use “telephony” for all clock in’s and clock ‘out’s which utilizes the latest “911” technology so we can verify who was where when. If this is not done, the employee must hand in a written time card with all necessary information, time, date, task, etc. We will then call the client to inquire why telephony was not utilized and see if it was a onetime occurrence or if time cards will be the norm. If time cards will be the norm, we have a list of those clients that will receive more verification phone calls and supervisory visits during shift time to ensure they are there when stated. We will only pay and bill when we are able to verify the shift. If a situation arises where there is a discrepancy, we will present what evidence we have to the consumer about the shift documentation we have and get their point of view, this includes documentation provided by the caregiver in the participant’s log book that is kept in the home. At times this documentation is a helpful memory reminder, sometimes there is still a question, in which case we withdrawal billing for that shift and mandate that going forward the employee must use telephony for the consumer’s protection.