

*Proposer Profile and Experience*

1. Indicate your primary and secondary service choice areas as referenced in Appendix B.

Primary Service Area - Area 3

Secondary Service Area – Area 2

The Agency will continue to serve all three areas. While emphasis will be placed on Areas 3 and 2, the Agency and staff work together to determine availability and geographically cluster schedules as a tool to increase staff retention. It is the goal of the Agency to meet the service needs of as many Participants as possible.

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

The Agency first offered services to Participants in 2005.

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

No. The Agency is a stand-alone Limited Liability Corporation.

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

The 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?

The Agency has an administrative and supervisory office within Allegheny County.

List the 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:

Following is a list of the contracts the Agency entered into during the past five years. None of these contracts were cancelled before scheduled end date.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
Allegheny County DHS	Personal Care	\$20,048.08	July 1, 2011/ June 30, 2012
Allegheny County DHS	Personal Care	\$30,019.08	July 1, 2012/ June 30, 2013
Allegheny County DHS	Personal Care	\$80,103.08	July 1, 2013/ June 30, 2014
Allegheny County DHS	Personal Care	\$100,048.08	July 1, 2014/ June 30, 2015
Allegheny County DHS	Chore Services Home Support Personal Care	\$215,655.00	July 1, 2015/ June 30, 2016
Pennsylvania Department of Public Welfare	Personal Care Personal Assistance Companion Service Respite Care	Fee for Service \$17.52/hour	7/1/2005/ Open-ended

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	8,215	8,215	72	72
Home Support Housekeeping	2,948	2,948	81	81
Home Support Chore	392	393	56	56

- Please note: This Agency's fiscal year runs from January 1 to December 31.

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

*Staffing and Training*

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

A prospective employee can contact the Agency by phone or through the Agency's web page. All calls or inquiries are given to the Staffing Coordinator for initial screening and review. Appropriate candidates are then referred to the RN/Director. The RN/Director reviews the information given and calls the interested party to schedule an interview. The RN/Director or her assistant (a CNA) will conduct the interview utilizing the Job Candidate Interview Form (Attachment A). Following the interview two references are obtained using the Reference Questions Form (Attachment B). Once the reference review is completed, the successful candidate is offered a position contingent on completing the preservice requirements (training, background checks and physical/TB

screen) and is scheduled for a meeting to complete their new hire packet. At this meeting the training and orientation requirements are reviewed. (Attachment C)

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

Staff are required to successfully complete 20 hours or more of training, a Skills Demonstration and a Competency Test prior to serving Participants. Most staff currently complete 25-30 hours of training. The Agency's Training Record is attached (Attachment D).

**Topics that are reviewed with the new hire by either the RN/Director or a CNA include:**

- **Orientation to Services**
  - a. Agency Policies and Procedures
  - b. Waiver/Options
  - c. Confidentiality
  - d. Documentation
  - e. Civil Rights/Nondiscrimination
- **Interpersonal Skills/Understanding Family Relationships**
  - a. Behavior Management Overview
  - b. Family Dynamics
  - c. Common Causes of Family Tensions and Disagreements
  - d. Interpersonal Skills
- **Working With Older Persons**
  - a. Normal Aging
  - b. General Guidelines about Aging
  - c. Stereotypes about Aging
  - d. Cultural Sensitivity
  - e. Managing Unusual Incidents
- **Personal Care and Rehabilitative Skills**
  - a. Hand Washing
  - b. General Assessment
  - c. Hair Care
  - d. Bathing
  - e. Shaving
  - f. Nail care
  - g. Oral Hygiene
  - h. Skin Care
  - i. Dressing/Undressing
  - j. Toileting
  - k. Medications (reminder, opening, pouring, water, storage)

- l. Transferring
- m. Immobility
- n. Range of Motion
- o. Ambulation
- p. Anti-Embolism Stockings
- **Care of the Home and Personal Belongings**
  - a. Home Safety Guidelines
  - b. Assisting with Decluttering
  - c. Permissible Services
- **Safety and Accident prevention**
  - a. Fire Safety
  - b. Medication (Problem Prevention)
  - c. Assessing Ability to Live Alone
- **Home, Time and Money management**
  - a. Money Management
  - b. Time Management
- **Food, Nutrition and Money management**
  - a. Home Delivered Meals
  - b. Nutrition Tips
- **Skills Demonstration for personal care tasks**
- **Administration and successful completion of Competency Exam (Attachment E)**

Agency data shows that the range of time to complete the above topics has been as few as 3 hours up to 6 hours.

All computer training is through the Pennsylvania Homecare Association's Learning Center.

Topics that are reviewed electronically are:

- **Orientation to Services**
  - Understanding HIPPA and Confidentiality
  - Ethical Behaviors – What's Right and Wrong
  - Understanding Pennsylvania's Home Care Agency and Registry Licensure
- **Interpersonal Skills/Understanding Family Relationships**
  - Maintaining Boundaries with a Consumer
  - Understanding Family Dynamics
  - Professionalism
  - Building Relationships
  - Consumer Choice and Independent Living Philosophy
  - Assisting People with Behavioral Health Issues
  - Family Resources
- **Working with Older Persons**
  - Understanding Dementia and Alzheimer's Disease
  - The Effects of Dementia on the Brain
  - Providing Care for Someone with Dementia

- How Attitudes and the Environment Affect Agitation and Aggression
- Understanding the Physical Causes of Agitation and Aggression
- Physical Changes of Aging
- Effects of Aging on the Emotions and Five Senses
- Understanding Activities of Daily living
- Understanding Instrumental Activities of Daily Living
- Understanding Hospice
- Depression: Recognizing the Signs and Symptoms
- Health Coaching: Helping People Manage their Chronic Conditions
- Building Relationships
- Elder Abuse and Neglect
- The Aide's Role in Palliative Care and Pain Management
- Caring for Persons with ALS
- Recognizing Signs of Heat Stroke, Heat Exhaustion and Hypothermia
- **Personal Care and Rehabilitative Services**
  - Bathing and Showering Someone with Dementia
  - Caring for an Aggressive Person
  - Assisting Stroke Patients
  - Dental and Oral Care
  - How to Prevent Ulcers
  - Proper Hand Washing
  - How to Protect Against Infection
  - Recognizing Common Infections
  - A Pill's Journey: How Medication Works
  - Detecting and Understanding levels of pain
  - Caring for the Blind and Visually Impaired
  - Caring for The Hearing Impaired and Deaf
- **Safety and Accident prevention**
  - Identifying and Assessing Aggression
  - Back Anatomy and Body Mechanics
  - Transferring People the Right Way
  - Assistive Devices to Help Seniors and people with Disabilities
  - Being Safe While bringing Home Care
  - Handling Emergencies
  - Incident Reporting
- **Food Nutrition and Meal Planning**
  - Importance of Nutrition for Good Health

The amount of time allotted to these topics is 15.75 hours. If a new employee demonstrates a need for further review of a topic, the time will be increased. Written material on each of these topics is available to all new employees.

**The hand-on skills included in the Agency's training program include:**

- ▶ Hand Washing
- ▶ General assessment
- ▶ Hair Care
- ▶ Bathing
- ▶ Shaving
- ▶ Nail care
- ▶ Oral Hygiene
- ▶ Skin care
- ▶ Dressing/Undressing
- ▶ Toileting (briefs)
- ▶ Medications (reminder, opening, pouring, water, storage)
- ▶ Transferring
- ▶ Range of Motion
- ▶ Ambulation (cane, walker, or independent)
- ▶ Feeding
- ▶ Anti-Embolism stockings
- ▶ Changing Bed Linens
- ▶ Making an Occupied Bed

These skills are practiced on a person or mannequin, or with an appropriate likeness. A skills review must be completed as part of the training process. (Skills Demonstration Record - Attachment F)

Note: RNs, LPNs and CNAs may waive portions of the training with evidence of proper documentation. All staff must complete the Orientation to Services, Skills Assessment and Competency Test.

The Agency is committed to the on-going training and development of its staff. To that end, all staff will be required to attend a minimum of eight hours of in-service training annually upon completion of their initial training requirements. Training topics that will be offered initially and annually thereafter will include, but not be limited to:

- ◀ OLTL issued policies and procedures
- ◀ Fraud Waste and Abuse Prevention
- ◀ Prevention of Abuse and Exploitation of Participants
- ◀ Mandated Reporting
- ◀ Critical Incident Reporting
- ◀ Participant Complaint Resolution
- ◀ Agency Policies/Procedures
- ◀ Agency Quality Assurance /Improvement Plan

Staff's participation in training will be documented on the Training Record (Attachment D) and placed in their personnel file.

**Mandatory Training Programs provided in the last two years:**

CPR and First Aid – offered yearly – presented in office

Fraud Waste and Abuse – presented to all staff then made part of new hire training

**Optional Training Programs provided in the last two years:**

Home Support – Dusting – offered yearly – presented in office

Home Support – Proper Use of Equipment offered yearly – presented in office

Behavior Management Concepts and Techniques - two sessions – offered in office

**Optional Trainings to be delivered:**

Cultural Diversity

Pharmacological – common side effects of medications

Behavior Management Concepts and Techniques

Sensitivity to Aging

The Agency maintains a reading and DVD library available to all staff. DVDs covering topics such as Parkinson’s Disease, Alzheimer’s and Dementia, Care for the Caregiver, Diabetes, and Heart Disease are available for review. Books on topics such as Mastering Geriatric Care, Health and Aging, and Assisting with Patient Care are readily available.

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

Prior to providing services to Participants, workers must demonstrate competency through both a written Competency Exam (Attachment E) and the Skills Demonstration Review (Attachment F).

**Written Competency Test**

Grades – A (90% - 100%), B (80% - 89%), C – (73% - 79%), D – 60% - 69%) F – (Below 60%).

Workers must complete the test receiving a “B” grade (80%) or better. If the worker scores 70% - 79% in any particular section, the test section is reviewed with them. If the worker scores below 70%, the entire training section is reviewed again.

Skills Demonstration – workers must achieve a satisfactory rating for each skill. If a satisfactory rating is not indicated, the worker will receive additional training and will demonstrate the skill again until the satisfactory rating is achieved.

4. Describe Proposer’s procedure for supervision of direct care workers.

While the Scope of Services mandates that all workers are supervised yearly, it is the policy of the Agency that quarterly supervision is required to assess the needs and proficiencies of direct



care workers. In addition, the Agency provides supervision to all workers as needed. Supervisors are available each business day and a supervisor is on-call 24 hours/day, 7 days/week. All issues are typically resolved within 24 hours.

The direct care worker's performance is evaluated by the following criteria:

- » Observation by RN or CNA
- » Participant response to Telephone Satisfaction Survey (Continuous QA/QI Program)
- » Participant comments on Encounter Forms
- » Participant feedback – direct contact with Participant to assess utilization of services.
- » Feedback from Care Managers
- » Clerically and clinically accurate service documentation'
- » Attendance/lateness/absenteeism rates

The direct care worker receives an evaluation after six months and annually thereafter. A supervisor reviews the evaluation with the worker and comments from the worker are encouraged and included. When satisfaction is expressed by a Participant regarding a worker's performance, feedback is provided through supervisor to employee contact in person, by phone or in an email to let them know. If a Participant raises a concern, a supervisor will discuss this with the direct care worker using the interaction to find a resolution and to assist the worker in developing their knowledge base and additional skills to address the issue. The resolution of the Participant's concern will be monitored through a supervisor's discussion with the Participant and review of Encounter Forms.

#### *Recruitment and Retention*

5. Describe specific strategies that have been implemented to recruit new direct care workers.

The most productive source of new direct care worker referrals is from the Agency's current employees. Through the "Employee Referral Program", current employees are awarded \$150.00 if they refer someone to the Agency and their referral completes 150 hours of work.

The Agency has attempted to recruit new direct care workers through a variety of avenues – including:

- ❖ Advertisements in local newspaper
- ❖ Advertisements on Indeed and Craig's List
- ❖ Participation in Gove Project sponsored by the AAA

- ❖ Reaching out to CCAC's CNA class coordinators to allow representative(s) of Agency to speak to classes
- ❖ Agency flyers posted at churches and libraries throughout Allegheny County
- ❖ Establishing a recruitment partnership with the Office of Vocational Rehabilitation
- ❖ Attending local job fairs
- ❖ Developing the ability for prospective workers to apply through the Agency's website
- ❖ Partnering with a staffing agency who will assist in the recruitment process

6. Does the Proposer have a targeted program to address retention of direct care workers?

**The Agency utilizes a very flexible scheduling process to try and meet each worker's needs and thereby address retention.**

- Each worker's schedule is individualized according to their family needs, areas of interest and personal preference.
- The Agency schedules all of the direct care worker's participants in areas that they choose – usually close to their place of residence.
- The Agency currently employs workers who work only while their children are in school and others who work around other jobs or commitments.
- Every employee is an active participant in the scheduling process.
- We strive to keep our workers in the same area, if not the same building, so that they spend more time serving participants and less time traveling– thus increasing employee satisfaction – and thereby retention.

**The Agency provides support to direct care workers with an open door policy.**

- Workers are invited, and encouraged, to seek supervision to discuss any issues or concerns.
- Workers are treated with respect and the relationship between the direct care staff and their supervisor is important.
- Direct care workers are encouraged to participate in care planning decisions and their feedback regarding Participants is communicated to the care managers.

**The Agency offers a competitive benefits package to direct care workers.**

- The Agency offers
  1. competitive wages,
  2. Paid Time Off,
  3. Health Insurance Benefits
  4. Tuition Reimbursement
  5. And annual merit pay increases.

- The Agency embraces a philosophy of care that emphasizes person-centered care and staff empowerment, built around the concept of staying in one's home.
- Our management model allows for collaborative and decentralized decision making.

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

**January 1, 2014-December 31, 2014 – 17%**

**January 1, 2015 – December 31, 2015 – 12%**

Note – these numbers are negatively skewed by a few employees that left after 1 month. In 2014, five direct care workers were with the Agency for the entire twelve months and in 2015, nine direct care workers were with the Agency for the entire twelve months.

Nationally, data on home care worker turnover rates show wide variation with estimates ranging from a low of 25 percent to a high of more than 200 percent. Source: Why They Leave Report SEIU 775.

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

**The Agency asks all direct care workers to be involved in the scheduling process.**

- Clients are chosen in the area(s) identified by the worker.
- The type of work (Personal Care or Home Support) to be completed is reviewed with each worker, so workers can express their preference.
- The hours of availability are set by the direct care worker.
- The Agency tries to assign Participants close to each other so that the workers become familiar with neighborhood resources and spend most of their time interacting with the participants - building relationships and meeting their needs.

#### *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.

- All staff receive documentation training prior to servicing Participants

- All services are verified with a Participant's signature
- All documentation is reviewed for completion
- Scheduled telephone contacts with ten Participants each month

**An Encounter Form (Attachment F) is completed for every interaction between a direct care worker and a Participant.**

- The top of this form notes the Participant being served, the direct care worker, the date, time in, time out, and number of total hours delivered.
- The Participant is asked to sign the row next to this information to verify service delivery.
- The bottom half of the front page of the form has columns for personal care and home support. Under each column are lists of tasks that may be performed for each type of service. In addition, there is an area to write in other tasks completed. Below the columns is an area for worker's comments /observations. At the very bottom of the page, the staff signs and dates the form.
- On the back of the Encounter Form is the No Service Weekly Report. If a direct care worker does not meet with a Participant for any reason, this part of the form is completed to explain why. Options listed are: Staff Illness, Staff Request, Client Illness, Client Request and Other. The form addresses if the Participant was notified and if they did/did not want a replacement worker.
- In addition, there is a box that is to be filled out if the Participant has service orders for personal care, but it is refused by the Participant.

The Encounter Form must be submitted to the office every Tuesday for the preceding week. The Agency's service week runs Monday through Sunday. The Encounter Form is a tool used by the RN or CNA to review Participant services and utilization. Every form is reviewed and signed off by a supervisor. The review includes:

- Correct type of service
- Correct service dates and times
- Correct number of hours
- Participant Signature
- Were the activities performed in the service orders?
- Any other tasks performed? Should they be included in service orders?
- Worker's comments – reported to Care Manager when appropriate
- Did the Participant receive all of their allocated service – if not, what was the reason? If a trend is noted, it is reported to the Care Manager.
- Was personal care refused by the Participant? If a trend is noted, it is reported to the Care Manager.

The Encounter Form is then placed in the Participant's file

2. Has the Proposer implemented specific planning to address the travel and transportation needs of direct care workers?

The Agency has worked diligently to provide participants in close proximity to preferred locations of each worker. As requested by the workers, a focus of the scheduling process has been to reduce the distance between participants so the focus can remain on caring for and about the Participant. The Agency has evidence that staff are more willing to travel to hard to serve areas when service locations are clustered. With creative scheduling, the Agency has been able to staff many Participants from the Hard to Serve list. Travel time is reimbursed and counts toward the accrualment of Paid Time Off.

3. Has the Proposer implemented any new strategies to improve service capacity to older adults in the last 2 years?

Prior to January, 2015 the Agency was limited to serving just seniors seeking personal care. Since January, 2015 the Agency has provided personal care, home support and chore services to Participants.

Year	Hours	Clients Served
Calendar Year 2014	8,327	98
Calendar Year 2015	11,555	209
2016 Annualized	12,036	414

Note – 2016 Annualized is based on statistics from 1/1/16 -4/30/16

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

By expanding our contracts with The Department of Human Services to include chore and home support, the Agency has grown and is able to serve more Participants throughout Allegheny County. Although located in the South Hills of Pittsburgh, we have expanded our services to Participants in the North, West and East. The Agency is willing to staff all areas of the county to offer services to those in need. Our recruitment strategies are targeted to all areas of Allegheny County.

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

The Agency plans to meet the benchmarks listed in the RFP as follows:

▶▶ Enhancing recruitment

- Focus on increase in pay
- Highlight benefits offered
- Increased recruitments efforts
- Emphasize Tuition Reimbursement Plan
- The Agency will continue to actively seek new workers through community partnerships and relationship building with educators, health professionals and human services workers in addition to utilizing current recruitment/retention methods.

Increasing our workforce will allow the Agency to meet the benchmarks presented in the RFP and contract.

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

**Anticipated absences** - It is the policy of the Agency that all requests for time off be made two weeks in advance. That allows the Agency ample time to reschedule a direct care worker. The worker is required to fill out a Request for Time Off Form (Attachment G) and indicate which clients do/do not request coverage.

**Unanticipated absences** – All staff are encouraged to reschedule the participant another time during the same week as most of the participants do not want another person they are unfamiliar with coming into their home. If that is not possible, another staff member will be assigned. The Agency will facilitate substitutions by:

- Arranging staff in "area teams" so that they are familiar with clients in their geographic location and more willing to step in and provide care.
- Offering a substitute differential of .50 more per hour
- Offering a bonus when 10 substitute shifts are completed

**No-Shows** (without extenuating circumstances) are considered job abandonment and are reason for dismissal. This is communicated to all employees during their orientation. If there is a no-show, a supervisor will contact all members of the Agency to fill in until a new person can be hired or the cases redistributed among current staff.

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

All direct staff are required to call both the office and their Participant(s) if they are calling off. They are directed to ask if the Participant wants a replacement that day or to reschedule for another time. If a replacement worker is requested, the worker informs the supervisor. The supervisor identifies the replacement and calls the Participant. If the Participant does not want a replacement, that information is entered into SAMS.

A no-show is reported to the Agency by the Participant. The Participant is given the telephone number of the Agency seven different times during the intake interview (Once on the intake folder, once on the "Service Agreement", once on the "Nondiscrimination in Services" form, twice on the "Office Information" form, once on the welcome letter, and once on the "Cancelling a Session" instructions) and all of this information is reviewed with them at that time. In the consumer packet given to each Participant, they are instructed by the RN to call if the worker does not show, if they would like to cancel a session, or if there are any concerns. A supervisor will call the direct care worker to identify the circumstances that led to the no-show. If there are extenuating circumstances, the worker is counseled to call the Agency to report an absence. If there are no extenuating circumstances, the worker is dismissed.

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

The Agency's Non-discrimination in Employment Policy is reviewed and given to all new employees. Copies are posted in the main reception area and the employee training area. During the intake session with a new Participant, the RN Supervisor reviews and provides copies of the Consumer Rights and Protections Policy as well as the Non-discrimination in Services Policy. The Participants are asked to verify by their signature that they have received copies and that they were reviewed with them.

Working with Participants who are Deaf/Hard of Hearing and Blind/Visually Impaired is included in the preservice training for all direct care workers.

The needs of each Participant as well as their current coping mechanisms are assessed at the intake interview. All interventions are assigned on an individual basis. The Agency will determine if services will be adversely affected due to barriers created by cultural diversity or special needs. Supports will be provided at no cost to the Participant.

Supports may include, but are not limited to:

- Collaboration with the Participant's Care Manager for available supports through the Allegheny County Area Agency on Aging and/or Department of Human Services

- Collaboration with the Participant's immediate or extended family for assistance in interpreting oral and written communication (Limited English proficiency)
- Utilizing the Services of the Hearing and Deaf Services in the Pittsburgh area (Hearing Impaired)
- Using PECs to communicate ( Limited English Proficiency and Hearing Impaired)
- Assistance in obtaining augmented hearing devices (Hearing Impaired)
- Assistance in checking with the State Commission on Deaf and Hard of Hearing for TTY Services
- Collaboration with others who have knowledge and skills in compensatory communication strategies
- Utilizing alternate modes of communication (written, email)
- Offering an interpreter or auxiliary aid

Cultural Sensitivity training is offered as part of the direct care worker's pre-service training. This topic is offered annually as continuing education. The Agency also has a collaborative relationship with a psychologist who specializes in cultural competency training.

### *Management of Communication*

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

In an emergency, the direct care worker is instructed to call 911 first, then the Agency once the event is under control. The Director/RN will notify family and the Care Manager.

Routine reporting of changes is done utilizing the Encounter Form. That is the form that the worker completes at the end of each session. On the bottom of the page, there is a place for "Worker's Comments/Observations". A supervisor reviews each Encounter Form and follows up with the Care Manager as appropriate.

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

In an emergency, the Director/RN or a supervisor notifies family and the Care Manager as soon as the call is received from the direct care worker.

Routine changes are emailed to the Care Manager after they are read by the supervisor. If there is not an active Care Manger assigned to the Participant, the changes are reported orally to the Care Manager on Call.



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 the Participant, direct care worker, agency and any individuals or resources contacted to resolve the issue.
  - a. The direct care worker reported on a Monday afternoon for a routine session with SK. Upon arrival, she noted that SK was “confused, disoriented and not able to speak clearly” SK’s gait was unsteady and she appeared dazed. The worker called the Director/RN. The RN spoke with SK over the phone, noting the same symptoms as the worker. The RN instructed the worker to call 911 and to sit with SK until they arrived staying as calm as she could. The RN called SK’s daughter to inform her of what was happening. There was no answer so she left a voice message for the daughter to call her back. SK was transported to the hospital and the worker called the RN to make her aware. RN calmed the worker and thanked her for her strength during this incident. RN called the Care Manger and left a voicemail message. RN then completed the information in SAMS. SK’s daughter called and was informed of the earlier events. RN called SK’s daughter two days later to inquire about SK’s condition and was told that she had a “serious infection” and was improving in the hospital. SK later told RN that the worker had saved her life.
  - b. RJ is a Participant who has been serviced by the Agency since 2012. She recently became more confused, irritable (which is not like her) and had frequent loose stool incontinence. The direct care worker reported this to the RN and RJ’s sons. The RN called Tom, one of her sons, and asked if RJ had been started on any medications. She also asked if they could keep a log of what RJ was eating for a couple of days. The RN asked Tom to make an appointment with her primary care physician to review her medications. Alterations to her diet were made and a new medication was changed. RJ stopped experiencing the loose stool incontinence without skin breakdown and she became her cheerful self again. While she is still confused, she is back to her usual level of cognition and pleasantly so – just as she was before these events took place. All of this was communicated to RJ’s care manager via telephone or email at each step in the process.

*Management of Program Quality*

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

Quality performance is measured through a variety of sources including, but not limited to volume indicators, incident reports, Consumer Satisfaction Survey Reports – ten telephone surveys are completed monthly, consumer complaints, staff and consumer interviews, service outcomes and length of service.

The Agency has a QA/QI Committee that oversees Quality initiatives and reviews all information pertinent to this topic.

2. How do you handle participant complaints?

- ◀ Participants are informed of their right to complain or discuss issues of service delivery during the intake assessment.
- ◀ The Participant chooses to submit the complaint in writing or verbally to the RN/Director.
- ◀ The RN/Director must resolve the complaint within 48 hours, if possible. The outcome is documented in the Participant's file.
- ◀ If the complaint cannot be resolved at this level, the Participant will be scheduled to discuss the issue with the Executive Director who will bring the complaint to resolution within 48 hours of the discussion, if possible.
- ◀ It is the responsibility of the RN /Director to identify and implement any internal remedial actions to be taken regarding conditions that may have contributed to the Participant's complaint.

All complaints are monitored quarterly for trends.

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

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

A Telephone Satisfaction Survey (Attachment H) is completed for ten Participants monthly by a supervisor. Upon completion, they are reviewed by the RN/Director.

Any follow up that is needed is completed by the RN/Director. Trends and patient satisfaction are monitored by the RN/Director.

4. Describe your process for handling a billing discrepancy.

When a billing discrepancy is noted, it is documented on a Correction Form (Attachment I) and submitted to the billing office. The Participant's Care Manager is contacted if warranted, then the corrections are made. Allegheny County is notified if necessary.