

**Request for Proposals  
Proposal Narrative Response Form  
Proposer #: 907483**

**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.

**Primary: Area 2    Secondary: Area 3    Tertiary: Area 1**

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

**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?

**We are not a subsidiary or franchisee.**

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

**We operate as 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?

**Our office is located approximately 20 miles from Allegheny County, with easy access by many main roads.**

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:

**\*No contracts were cancelled.\***

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
ACDHS - AAA	In-Home	\$469,440.16	7/1/15 - 6/30/16
ACDHS – AAA	In-Home	\$457,650.66	7/1/14 - 6/30/15
ACDHS – AAA	In-Home	\$489,793.47	7/1/13 - 6/30/14
ACDHS – AAA	In-Home	\$386,084.73	7/1/12 - 6/30/13
ACDHS – AAA	In-Home	\$386,084.73	7/1/11 - 6/30/12
Westmoreland Cty. AAA	PC/HH/RN/LPN	\$2,524,521.00	7/1/15 - 6/30/18
Westmoreland Cty. AAA	PC/HH/RN/LPN	\$622,330.00	7/1/14 - 6/30/15
Westmoreland Cty. AAA	PC/HH/RN/LPN	\$635,524.00	7/1/13 - 6/30/14
Westmoreland Cty. AAA	PC/HH/RN/LPN	\$733,024.00	7/1/12 - 6/30/13
Westmoreland Cty. AAA	PC/HH/RN/LPN	\$833,318.00	7/1/11 - 6/30/12

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	121191	121191	490	761
Home Support Housekeeping	20767.5	20767.5	272	272
Home Support Chore	259.5	259.5	12	14

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

**Staffing and Training**

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

- 
- **All hiring is performed by our agency’s dedicated recruiter, an HR department employee reporting to the HR Director and Administrator; hiring is an ongoing process throughout the week / year.**
  - **Job openings are posted on *Indeed.com* and *MyCNAJobs.com*; OR posted resumes / interested inquiries from applicants from these and other sources (PIC, employee referrals, walk-ins, etc.) are accepted by the agency HR department.**
  - **Agency recruiter contacts applicant by phone or email to confirm interest and do a brief employment pre-screen.**
  - **Application for employment is mailed to or picked up by applicant.**
  - **OR the applicant applies electronically through the agency website.**
  - **HR department reviews candidate application and resume where resume is available. Every applicant must have a high school diploma / G.E.D. or be able to read, write and follow simple instructions.**
  - **Confirmation of interview date, time, interviewer name and information on candidate document requirements to be submitted at interview are emailed to candidate.**
  - **Appropriate candidates are interviewed individually and in person (for Allegheny County, this activity takes place within the county – we go to the candidates) as per the agency direct care worker job description (included in AAA attachments) whose guidelines help to ascertain applicant suitability.**

- **Candidate's experience, attitude and suitability for employment are evaluated during the interview.**
  - **Agency expectations for candidate with regard to job performance and service provision are discussed at interview.**
  - **Candidates complete the 150-question DCW competency test covering these topics: Confidentiality and HIPAA; Consumer Control and the Independent Living Philosophy; Instrumental Activities of Daily Living; Recognizing Changes and Situations with the Consumer that Need to be Addressed; Basic Infection Control and Universal Precautions; Handling of Emergencies; Documentation; Recognizing and Reporting Abuse or Neglect; Dealing with Difficult Behaviors; Personal Care; Assistance with Ambulation and Transferring; Nutrition, Meal Prep and Feeding; Toileting; Assistance with Self-Administered Medications. The test is scored by the HR department; a score lower than 80% requires that the supervisor review the incorrect responses and provide corrective training so that the candidate achieves competency.**
  - **Two satisfactory references are obtained; it is verified that they are not from applicant's relatives; references must affirm the ability of the candidate to provide home care services.**
  - **At hire, background checks are performed as follows: MVR record check, Federal database check, criminal record check, FBI check (if not a resident of PA last full 2 years), Child Abuse Clearance if necessary. Any report of criminal history will be reviewed and discussed with the applicant and acknowledged in writing by a manager, with a statement as to how the report relates to the suitability of the applicant for the work to be performed and that the history is not sufficient to preclude the applicant from employment.**
  - **At hire, report of physical examination within one year prior to employment must be submitted by candidate; this report must state that the aide is capable of completing the work of an in-home services direct care worker and is free from communicable disease.**
  - **The TB test is administered to the candidate as per specifications unless the candidate can document administration, reading and results of TB test within 12 months prior to employment with our agency.**
  - **At hire, the aide receives a copy of the job description, personnel policy manual and the wage scale.**
  - **A position offer letter is also mailed / emailed to the new hire. New hire signature is required on the offer letter, which is returned to the agency at the time of new hire orientation.**
-

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

---

**Aides are scheduled for orientation as soon as possible after hire. A confirmation email, with orientation date, time, location, name of orienter, the expected time frame to be filled by the orientation, and necessary documents and items the orientee must bring to orientation, is sent by the recruitment coordinator to each orientee. Orientation is supervised by the HR department and performed by the recruitment coordinator, RN supervisor and CSC (Client Service Coordinator). Orientation takes place in a designated meeting space in Allegheny County. At the time of orientation, new hires complete all required federal, state and agency documents. Orientation consists of three distinct areas of review, instruction and observed demonstration by the aide as described in 1, 2 and 3 below.**

- 1. General orientation topics include review of: agency mission statement, job description, agency organizational structure, timesheet / payroll procedures, on-call supervisor procedures, overtime policy, probationary period and performance evaluations, call-off procedure, disciplinary action policy and procedures, dress code, reporting work-related injuries, schedules, pickups, communication with supervisors, distribution of and general information on handbook, requests for time off procedures, receipt by agency of all required certifications/licenses, incentives and recognitions, in-service requirements.**
- 2. Areas of orientation that are job-specific include universal precautions, review of services which aides are permitted and not permitted to perform respective of the service being provided; discussion of OPTIONS and PDA Waiver programs participants, requirements and features, with immediate follow-up testing done on this information; general review of service orders; what is expected and not expected of the aide with regard to interaction with the consumer and service provision; review of services provided in the field – what they are, specifically, and specifically how they are to be provided; reporting procedure to follow should the consumer be hospitalized, cut or bruised or have a change in health condition; safety issues which could impact the consumer or the aide's service provision.**
- 3. A skills assessment, supervised in the consumer's home by the RN supervisor, is also part of orientation. This part of orientation takes place before the aide begins to provide services. The RN supervisor evaluates the aide in terms of communication skills; observation, reporting, documentation of patient status and services furnished; infection control procedures followed; verbalizing signs and symptoms of changes in the participant's condition necessitating notification of supervisor; recognizing emergencies and knowledge of emergency procedures; maintenance of a clean, safe and healthy environment; knowledge of physical, emotional, and**

developmental needs of the participant including the need for respect for his/her privacy and property; appropriate and safe techniques in personal hygiene and grooming; safe transfer techniques and ambulation; meal preparation; assisting with feeding if needed; elimination / toileting. When the aide does not meet the standards in any category, the RN supervisor provides additional instruction and may continue to observe the aide with consumers until she is comfortable that the aide is competent in all areas.

4. Additional training materials are distributed to new hires for completion during the first 90 days of employment. Each training unit of information is tested, with the test submitted to the HR department for review. Testing which does not demonstrate an appropriate score is cause for the HR department to contact the new hire for review and discussion. All 23 areas of instruction must be completed by the new hire. The training curriculum is attached later in this proposal.
5. CPR is taught free of charge for our aides by our RN supervisor, a certified CPR trainer. The aide must be CPR-certified within the first 90 days.

---

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

---

**This information is attached here and later in the proposal, as specified in the RFP.**

---

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

---

**8 – 12 hours of on-site training are provided, according to the aide's experience.**

---

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

---

**No hours of training are completed electronically.**

---

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.

---

**All of the following hands-on skills are included in the training program and all include on-site practice and supervision. The aide is observed during practice by the RN supervisor as part of the orientation process.**

- Maintenance of a clean, safe and healthy environment; this includes cleaning, laundry and bed-making techniques
- Appropriate and safe techniques in personal hygiene and grooming
- Safe transfer techniques and ambulation
- Assisting with feeding if needed
- Elimination / toileting

---

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

## Training Curriculum

TOPIC	HOURS COMPLETE	SUPERVISOR SIGNATURE VERIFYING TOPIC HAS BEEN COMPLETED
Orientation	8	
Safety	1	
Handling Emergencies	1	
Food & Nutrition	3	
Food Shopping	1	
Proper Food Storage/Food Sanitation/ Kitchen Safety	1	
Meal Planning	1	
Meal Preparation	1	
Modified Diets	1	
Understanding/Promoting Consumer's Rights	1	
Personal Care	4	
Bathing & Grooming	2	
Lifting & Body Mechanics	1	
Elimination	2	
Infection Control	1	
Communication / Observing & Reporting Information	2	
OSHA	1	
Maintaining Confidentiality	1	
HHA Test	3	
Safety in the Home	1	
Cultural Diversity	2	
HIPAA	2	
Maintaining a Professional Distance	2	
Care of Home, Light Hskpg, Laundry, Shopping and Money Management	3	
<b>TOTAL</b>		
	46	

Comments:

---



---



---

**I VERIFY THAT ALL OF THE ABOVE TOPICS HAVE BEEN COMPLETED.**

\_\_\_\_\_  
Signature, Supervisor

\_\_\_\_\_  
Date

---

**12 hours of training are typically completed before the aide touches the Participant, depending on the level of the aide's experience. (It could be more than 12.)**

---

- 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 of these topics were presented live in a classroom setting during 2014 and 2015:**

- Professionalism in the Home
- Understanding the Specifics of the Care Plan
- Reliability in Providing Services
- Attendance and Dress Code Policy Reviews
- Consumer Use of Oxygen
- Edema
- Universal precautions: Gloves / Body Fluids
- HIPAA
- Advance Directives
- Dealing with difficult behaviors
- When to Call 911
- Immunizations
- Reporting of Critical Incidents
- Agency Quality Management Plan
- Abuse / Neglect
- First Aid
- CPR
- Review of Job Description
- Professional Behavior on the Job
- Lift / Transfer Training Methods
- Drug Policy for the Workplace

**Information on the following topics was distributed during the live meeting. Aides were instructed to read and study the information at home. They completed testing on each module and submitted the testing to the HR department for scoring.**

- Dementia
- Consumer Complaint and Resolution Process
- Act 13, Mandatory Abuse Reporting
- Child Abuse Clearances
- Fraud and Abuse / Elderly
- Abuse, Neglect and Exploitation
- Assessment / Report of Possible Abuse / Neglect
- Corporate Compliance

**CPR is taught free of charge to our aides by our RN supervisor, a certified CPR trainer. The aide must be CPR-certified within the 90 days of hire. Aides must be re-certified in CPR every two years after the initial certification.**

---

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

---

**Aides are required and paid to participate in in-services at 8 - 12 hours per year.**

**We encourage our aides to utilize the excellent continuing educational offerings available through the Pennsylvania Home Care *My Learning Center* site. Topics such as *How Medication Works, Dementia and Alzheimer's, Levels of Pain, Infection Prevention, Consumer-Centered Care, Family Dynamics, etc.* are available via internet video. Aides are welcome to utilize our office facilities to take advantage of this training if they don't have access to an internet connection at home. Aides are not required to take continuing education instruction as it is not affordable in terms of the requirement to pay wages for their mandated time spent in these additional learning activities. We are currently exploring a program to encourage aides to utilize the *My Learning Center* modules by offering a reward for participation in the form of a monthly drawing for gift certificates for those who participate.**

---

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

---

- **Aides must prove to be competent in each of the areas listed on the Direct Care Worker Competency Exam prior to working with participants. An exam score lower than 80% requires that the supervisor review the incorrect responses and provide corrective training so that the candidate achieves competency before providing services. See Response to #1 above, under Staffing and Training, for a complete description of topics covered on the 150-question 21-page DCW Competency Exam.**
- **A skills assessment, supervised in the consumer's home by the RN supervisor, is also part of orientation. This part of orientation takes place before the aide begins to provide services. The RN supervisor evaluates the aide in terms of communication skills; observation, reporting, documentation of patient status and services furnished; infection control procedures followed; verbalizing signs and symptoms of changes in the participant's condition necessitating notification of supervisor; recognizing emergencies and knowledge of emergency procedures; maintenance of a clean, safe and healthy environment; knowledge of physical, emotional, and developmental needs of the participant including the need for respect for his/her privacy and property; appropriate and safe techniques in personal hygiene and grooming; safe transfer techniques and ambulation; meal preparation; assisting with**

**feeding if needed; elimination / toileting. When the aide does not meet the standards in any category, the RN supervisor provides additional instruction and may continue to observe the aide with consumers until she is comfortable that the aide is consistently competent.**

---

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 manner and frequency described below:**

- **The CSC (Client Service Coordinator) initially reviews the service order with the aide to verify understanding of service details and performance expectations.**
- **Every new aide is supervised by the RN supervisor during the aide's first day in the field.**
- **New aides are phoned by the CSC at least weekly for the first 4-6 weeks of work in regard to whether the aide is adhering to his/her schedule, submission of time sheets, relationship with the consumer, understanding and implementation of the service order, problems that might have arisen, and questions the aide might have about anything involved in employment or service provision. These conversations provide direction and support to the aide in the early weeks of employment.**
- **All new aides have a 90-day performance review. The performance evaluation tool is attached.**
- **All aides also have a yearly performance evaluation, completed within 365 days of hire, using the same tool. During this evaluation, the RN supervisor also does on-site observation of required skills. This observation may also take place if the aide commits a quality of care infraction resulting in discipline or suspension.**
- **All consumers are contacted quarterly for the purpose of determining the quality of aide service provision. The Consumer Satisfaction Questionnaire, attached, is utilized for this purpose. Results are utilized to fine tune or correct deficiencies in aide performance. If there are deficiencies, the consumer will be re-contacted to verify that issues have been resolved.**
- **The RN supervisor, utilizing the aide's schedule, visits consumers unannounced for the purpose of supervising the aide, especially in instances where it is felt that the aide needs additional support or if there has been a consumer complaint regarding the aide.**

## Performance Appraisal – Direct Care Worker

Employee Name – Last, First \_\_\_\_\_

Date of Hire \_\_\_\_\_

Date of Review \_\_\_\_\_

PROBATIONARY     ANNUAL

Reviewer / Supervisor Name: \_\_\_\_\_

*This section to be completed by the HR Department before review is performed by CSC*

Standards - HR	Does not meet	Meets	Exceeds	Comments
Has completed and submitted all required testing				
Returns phone calls				
Has submitted all required compliance documents				
Has not had disciplinary action during the period covered by review				This is the end of extended probationary
Submits timesheets weekly according to established submission deadline				

*All evaluations below to be completed by CSC*

Patient Care	Does not meet	Meets	Exceeds	Comments
Reports to consumer's home on time				
Provides services according to prescribed frequency and duration				
Provides services according to care plan				
Demonstrates required job skills and knowledge in providing services				
Assists consumer with moving around – toileting, in and out of wheel chair, in and out of tub or shower, seated position to standing, etc.				
Reports to supervisor changes in the patient's medical condition, behavior, environment and family situation				
Recognizes emergencies and follows emergency procedures				
Interacts and engages with consumer and consumer's family in a positive manner				
Notifies consumer of scheduled and unscheduled absences in accordance with agency policies and deadlines				
Refrains from discussing personal issues with consumer				

## Performance Appraisal – Direct Care Worker

Employee Name:

<b>Agency Policies &amp; Procedures</b>	Does not meet	Meets	Exceeds	Comments
Maintains confidentiality of consumer records and related information in accordance with HIPAA and agency guidelines				
Follows Universal Precautions and Infection Control procedures				
Comprehends and follows all agency policies and procedures including dress code				
Notifies supervisor of scheduled and unscheduled absences in accordance with agency policies and deadlines				
Completes and submits the schedule of consumer visits according to agency procedures				
Completes timesheets accurately				
Follows the monthly schedule of consumer visits submitted to supervisor				
Reports immediately to supervisor all known information regarding consumer hospitalization and discharge				

<b>Attitude / Communications</b>	Does not meet	Meets	Exceeds	Comments
Communicates effectively and respectfully with agency supervisors and other employees				
Demonstrates a willingness to accept additional assignments or “pickups”				
Generates little or no consumer turnover (changing of consumer at employee or consumer request)				
Demonstrates a positive attitude and commitment to the mission and values of the agency				
Demonstrates dependability in all aspects of employment				
Attends work regularly without excessive absences or call-offs				

## Performance Appraisal – Direct Care Worker

Employee Name:

Attitude / Communications <small>(continued)</small>	Does not meet	Meets	Exceeds	Comments
Phone calls / emails / text messages received from agency staff are returned in a timely manner				
Opens and reads the newsletter and all other communications sent by the agency through the U.S.P.S.				
Demonstrates a commitment to work safety by observing the dress code and other agency safety policies				
Attends and participates in all required in-services and training classes				

Performance Goals	Target Date

**Additional Comments:**

**Employee Comments:**

---



---



---



---

If Probationary Period is to be extended, indicate next review period:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and title of HR or other personnel

\_\_\_\_\_  
Date

# Consumer Satisfaction Questionnaire

Consumer Name: \_\_\_\_\_ Questionnaire completed by: \_\_\_\_\_

Date: \_\_\_\_\_ County: WC AC Program: OPTIONS PDA VA Private Duty Other \_\_\_\_\_

Please help us to improve the services provided to you by \_\_\_\_\_ by answering some questions regarding the services you are receiving and the aide who is providing them. Please circle the response that answers each statement. Comments are welcome. Please use the back for additional comments.

## 1. My Aide:

**My aide is courteous and respectful toward me, my family, my privacy and my property.**

Sometimes Always Never Comment: \_\_\_\_\_

**My aide arrives on time and stays for the full visit or time allotted.**

Sometimes Always Never Comment: \_\_\_\_\_

**My aide is competent in performing the services I receive; my aide works efficiently.**

Sometimes Always Never Comment: \_\_\_\_\_

**My aide provides services on these days and times:** \_\_\_\_\_

**My aide devotes the visit to my services or needs - is not distracted by cell phone / tv / other things.**

Sometimes Always Never Comment: \_\_\_\_\_

**My aide tells a lot of personal stories and asks for money or other items in my home.**

Sometimes Always Never Comment: \_\_\_\_\_

## 2. My Services

**I helped to decide what services I want and need. I understand the services I receive.**

Yes No Comment: \_\_\_\_\_

**The services I receive are helpful to me.**

Sometimes Always Never Comment: \_\_\_\_\_

**I receive these services (circle):** Personal Care Housekeeping Laundry Shopping Respite

**My aide or the staff from \_\_\_\_\_ calls me with changes regarding services.**

Sometimes Always Never Comment: \_\_\_\_\_

## 3. The Agency Office Staff

**When I contact the agency office with questions or concerns, I speak with someone who helps me with my problem or concern. Please comment in detail if the answer is "no".**

Sometimes Always Never Comment: \_\_\_\_\_ 14

- **New aide time sheets are reviewed weekly throughout the probationary period to assure that the aide is providing services as per the service order.**
- **Aides are encouraged to contact the CSC or RN supervisor as needed.**

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

**All of the responses to 4.(a) above are means to evaluate the aide's performance. In particular, the 90-day and yearly performance evaluation, observation of skills by the RN supervisor and Consumer Satisfaction Questionnaire are most relevant. Input from Care Managers is welcome and is utilized as well.**

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

- **Through the face-to-face 90-day and yearly performance reviews**
- **Through the direct observation and immediate evaluation of skillsets performed by the RN supervisor with the aide**
- **Performance issues are discussed with the aide face-to-face or via phone by the CSC or RN supervisor.**

### **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 employ a full-time salaried recruiter, with benefits, whose duties are to recruit, interview, orient and train new aides for all programs in all counties.**
- **We utilize the website *Indeed.com*, which is a fertile source of aides.**
- **We have purchased a subscription to the targeted internet-based service *MyCNAJobs.com*. This service functions as a clearing house for aides looking for work in the home health industry. Through the site, we can view available applicants in our geographical areas of need and also place ads for aides as needed. This site has been tremendously helpful to us. It is an excellent source of qualified aides.**
- **Our agency website details all of the services we provide and honors we have earned. Interested aides may apply for jobs electronically through our website, by completing the application for employment on the site.**
- **We use our Facebook page to recruit by posting colorful "Help Wanted" graphics and contact information on the page.**
- **We recently entered into a collaborative effort with Central Westmoreland Career and Technology Center to offer job-shadowing to aides enrolled in their CNA program. The training CNA's from CWCTC accompany certain of our experienced aides during working hours with consumers. We have reimbursed our own aides for the time they spend with the job-**

shadowers, who have had an opportunity to observe exactly what home health service provision in the home entails. With this supportive introduction, we are hoping the aides from CWTC will then consider working for our agency.

- In order to encourage trained aides to come to work for us, we frequently work with nearby Westmoreland County Community College to provide information via speaking engagements to students enrolled in their aide program. We are hoping to cultivate a similar relationship with CCAC.
  - We use specially-created employment yard signs in high traffic travel areas to advertise our need for aides. Currently, 12 of these signs are in use.
  - We offer referral bonuses to our current employees for bringing us new employees. This has worked particularly well in Allegheny County.
  - We utilize referrals from other health care providers as well.
  - PIC is a good source of recruitment candidates.
  - We participate in job fairs when they are relevant to our needs.
- 
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?
- 
- Wages are competitive with or in excess of other providers.
  - Health insurance is available to aides working an average of 30 hours or more per week. Our agency pays 80+% of the cost.
  - Aide schedules are created with consideration of their availability for work and other personal factors important to them.
  - New aides are phoned by the CSC at least weekly for the first 4-6 weeks of work in regard to whether the aide is adhering to his/her schedule, submission of time sheets, relationship with the consumer, understanding and implementation of the service order, problems that might have arisen, and questions the aide might have about anything involved in employment or service provision. These conversations provide direction and support to the aide in the early weeks of employment. Frequent, friendly, supportive contact in the initial weeks of employment is invaluable in terms of job satisfaction and retention.
  - We employ a full-time salaried recruiter, with benefits, whose duties are to recruit, interview, orient and train new aides for all programs in all counties. An additional function of the recruiter is to provide support and mentoring to aides as necessary. The continuity provided to aides by seeing this friendly, familiar face during the early months of employment, someone who has been part of their employment from day one, will aid in retention.

- We also provide support to aides by mentoring them through floaters and other experienced aides.
  - We provide incentives to aides in the form of Caring Hands awards (monetary reward and recognition for especially excellent service provision), Christmas gifts (aides with one year or more of employment get a gift certificate at Christmas), monetary or gift giveaways at in-service meetings and other special occasions, and lottery tickets mailed with pay stubs.
  - We select an employee of the month. This award is recognition, again, for especially excellent service provision. The award is recognized in our monthly newsletter and accompanied by a monetary gift. The names of all employees of the month in a given year are placed in a drawing at the end of the year for a chance to win a \$100 gift certificate.
  - When an aide goes above and beyond in helping out with staffing needs, the aide receives a hand-written thank-you note, most often from the administrator, and a small gift certificate to show our appreciation.
  - The monthly newsletter provides recognition of birthdays, special events and especially excellent service provision. It provides agency “news” and other relevant information and provides a connection to the greater group of agency employees.
  - Employees are also recognized on the company Facebook page, where they can also see other company news.
  - All aides have a 90-day and yearly performance review with wage incentives as available. These reviews provide feedback and support and help our aides feel connected to their jobs, supervisors and the agency as a whole.
  - Aides have easy access to their CSC’s, RN supervisor and the Administrator via phone and email. Agency policy dictates that phone calls to CSC’s from aides / CM’s / consumers are answered by CSC’s as the call comes in, in real time; calls placed in voice mail due to unavoidable circumstances are returned during the same business day, as soon as possible.
  - The Administrator takes an active interest in aides, attending all in-service and other meetings and greeting aides by name. She is knowledgeable and accessible to them.
  - **Every in-service meeting includes generous giveaways – and food.**
- 
7. Detail the annualized turnover rate of direct care workers in each of the last two fiscal years.
- 
- 2014: 39%    2015: 34%**
-

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.
- 

- **Aide schedules are created with consideration of their availability for work and other personal factors important to them. We have found that this is a critical area of retention: aides who are forced to work during time slots they have not chosen are most likely to quit as soon as possible.**
  - **Aides are scheduled as much as possible within the geographical area where they reside in order to limit transportation issues. Our CSC will assist the aide in coordinating his/her schedule to the bus lines if necessary.**
  - **Our CSC and the RN supervisor show support for our aides by communicating with our aides with regard to safety and their relative comfort. If the aide has too far to walk to reach a consumer, if the aide is working in a dangerous area, if there are unsanitary / unsafe conditions in the home, the supervisor will work with the aide to resolve the issue. Our CSC will work with the consumer's Care Manager, as well, whenever that contact makes it possible to resolve issues so that the worker may continue service provision. These steps have a definite impact on aide efficiency and satisfaction.**
  - **The RN supervisor will do a home visit to resolve home and / or consumer issues and provide support whenever necessary.**
  - **Aides are encouraged to provide substitute worker services for other aides ("pickups") whenever possible. When this occurs, the substitute aide receives a premium rate of pay.**
  - **Aides are permitted to take time off as necessary, with advance notice to the CSC. The CSC will work with the aide to reschedule the aide's consumers by temporarily assigning them to other aides and notifying the consumer.**
- 

### **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.
- 

- **Service delivery is recorded by the aide on timesheets. The timesheet contains the consumer and employee name, the exact times that the aide was in and out of the consumer home, services provided by the aide and consumer signature for each instance of service delivery. Each timesheet is for one consumer only. Timesheets are submitted to this office on a weekly basis at a minimum.**

- **Service delivery is verified utilizing the consumer signature on the timesheet. Timesheets are reviewed by the CSC to confirm that each instance of service delivery bears the consumer signature and that the signature matches our consumer signature on file. If there is a question, the consumer is contacted by the CSC to verify that services were provided as detailed.**
  - **As a quality and accuracy measure, the RN supervisor frequently visits consumers to determine that timesheets are accurately reflecting service provision. Visits may be random or they may occur when it is felt that confirmation of service provision by the consumer is necessary.**
  - **Time sheets are compared to service orders to confirm accuracy of service order implementation.**
  - **The Consumer Satisfaction Questionnaires received from consumers also reflects the accuracy of service delivery.**
  - **This agency hopes to implement a system of telephony timekeeping in the near future. At this time, we are in the process of viewing demonstrations of this technology from various providers.**
- 
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 specifically recruit workers in and for areas that are hard to serve. We do this through our main recruitment sources (*Indeed.com* and *MyCNAJobs.com*) and also through open interview sessions in remote areas.**
  - **The workers with cars whom we hire to serve remote areas are more highly reimbursed.**
  - **All aides are reimbursed for travel time.**
  - **We offer an hourly bonus for workers who provide services to consumers when the regular worker is not able to provide services (“pickups”).**
  - **We bonus our CSC when staffing is increased.**
- 
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.
- 
- **We have hired a full-time salaried recruiter, with benefits, whose duties are to recruit, interview, orient and train new aides for all programs in all counties.**
  - **We hired a third CSC to insure that our Allegheny County CSC was able to more fully focus on consumer staffing in that county.**
  - **We have purchased a subscription to the targeted internet-based service *MyCNAJobs.com*. This service functions as a clearing house for aides**

looking for work in the home health industry. Through the site, we can view available applicants in our geographical areas of need and also place ads for aides as needed. This site has been tremendously helpful to us. It is an excellent source of qualified aides.

- We utilize the website *Indeed.com*, which is a fertile source of aides.
- We have participated in ACDA-sponsored job fairs.
- We hold job fairs / open interviews in Allegheny County.
- We have participated in the development of procedures to ramp up services for the Allegheny County OPTIONS hard-to-serve consumers and have made a focused effort to staff these consumers.
- We have created a bonus wage structure for our Allegheny County CSC to encourage increases in service delivery. She received a bonus early this year for a large increase in services delivered in Allegheny County over the last several years.
- We encourage aides to take “pickups” by providing premium wages when they do so.
- We continue to incentivize our aides with wage increases despite no or small increases in the reimbursement we receive.
- The CSC phones new aides at least weekly for the first 4-6 weeks of employment for the purpose of providing support and answering questions. This has a very positive effect on retention and increasing service capacity.

---

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

---

**Due to those strategies described above, we have clearly increased capacity in Allegheny County in the last two years.**

- The number of consumers served has increased by 34.8%.
- Overall service provision has increased by 44.2%.

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

**Please see C.3(a) above. As well, we specifically recruit workers in and for areas that are hard to serve. We do this through our main recruitment sources (*Indeed.com* and *MyCNAJobs.com*) and also through open interview sessions in remote areas. Also, the workers with cars whom we hire to serve remote areas are more highly reimbursed.**

---

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

- 
- **This has been largely answered through our responses to questions above. Please see responses to numbers C.2 and C.3(a) above.**
  - **Responses to B.5 and B.6 also address the factors involved in meeting the benchmarks.**
  - **We hope to hire at least two floaters, with three as our goal.**
  - **A higher unit rate will allow for better wages and benefits across the board and will help significantly with staffing referrals.**
- 
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 pay an hourly bonus for workers who provide services to consumers when the regular worker is not able to provide services ("pickups"). Of course, this will continue.**
  - **We hope to hire at least two floaters, with three as our goal.**
  - **Having more than one worker available in an area contributes to staffing effectiveness. It is much easier to provide substitute aide services when the aide can get to the consumer easily. We will continue to staff our consumers with this in mind.**
- 
7. Describe the process for communicating when a worker calls off or does not show-up as scheduled.
- 
- **In the event of a call-off, the aide notifies the consumer that he / she will not be available to provide services.**
  - **The aide offers to the consumer to make up the visit in the same week during the same month.**
  - **The aide then notifies our CSC of the consumer's decision, giving details of the date of the makeup visit or cancellation.**
  - **If the consumer wishes to have service provision at the regularly scheduled time and date, the CSC will send a substitute aide.**
  - **If the aide is a no-show, the CSC calls the consumer and offers a substitute aide or a permanent replacement, according to the consumer's choice.**
- 
8. Describe how the Proposer meets the needs of a culturally diverse population and those with special needs.
- 
- **Aides providing services to consumers with special needs are trained appropriately and specifically by the RN supervisor.**
  - **Aide orientation covers cultural diversity and special needs (see curriculum, attached).**
  - **We conduct in-services on cultural diversity.**
  - **We respect the holiday traditions of all consumers.**
  - **When possible, we use an aide with experience in relevant special needs.**

- We make use of the 711 hearing impaired line and we employ a hearing impaired worker. She is able to sign to consumers who must sign to communicate. She is often requested / assigned to these consumers by care managers. Consumers are typically very happy with her skills.
- 

#### D. Management of Communication

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

- Aides are trained in recognizing participant status changes. A recent in-service included a program on Change of Condition in consumers. The program specifically discussed recognizing and reporting changes in mental and physical health and residential safety issues.
  - When there is a status change, the aide immediately reports such to the CSC by phone.
  - The aide also documents the change by filing a worker report detailing the change with the CSC.
- 

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

- The CSC emails the direct care worker report detailing the status change to the consumer's care manager.
  - The CSC calls the care manager in follow up if the change is urgent or serious and to confirm that the information was received and will be handled.
  - The CSC calls the consumer's designated emergency contacts / family members to discuss the change, if there are consumer-approved emergency contacts / family members.
  - If the participant is receiving skilled services in the home, the CSC contacts the skilled services agency to discuss / report the change in status.
  - The status change and all contact made with the care manager and other contacts are fully documented in our records.
  - The CSC follows up with the aide to make sure the change of status has been addressed by care manager / family / emergency contacts / skilled services agency.
- 

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.

***a. Example 1:***

**During service provision to the consumer, our aide noted that the consumer was lethargic and unsteady. The consumer owned a PERS**

device but was not fond of wearing it. Before she left the consumer, the aide discussed with the consumer her observance of the consumer's compromised condition and convinced the consumer to wear the PERS device, reviewing with the consumer the utilization of the PERS device so that it was fresh in the consumer's mind. When the aide left, she called our CSC to report the status of the consumer and her actions with regard to the PERS device. The CSC immediately called the consumer's son to make him aware of the consumer's change in status and to relate the aide's insistence on the consumer using the PERS device. Unfortunately, the consumer did fall but was able to contact help immediately through the PERS device. The consumer's son was very grateful to our aide.

***b. Example 2:***

Our aide was very concerned about a decline in the status of a consumer with dementia. When she arrived early in the day, the aide found that the consumer was undressed below the waist and had urinated in the hall outside her apartment. The aide was fearful for the health and safety of the consumer in this state and also because the consumer was not locking the door to her apartment. The aide called the CSC and reported these troubling circumstances. The CSC immediately called and emailed the consumer's care manager regarding these concerns. When the care manager went out to visit the consumer later in the day, the consumer seemed to be fine. She was not undressed or urinating in the hall. The CM communicated that to our CSC and the CSC relayed that information to the aide via phone call. When the aide went out to service the consumer the next day, the consumer was once again undressed and urinating in the hall. Our aide immediately called our CSC again who in turned called the CM and requested that the CM be present when the worker arrived to provide services at 9 a.m. Our CSC contacted the aide in follow up, and the aide gave permission to our CSC to give her cell phone number to the CM so that they could work together to resolve the situation. Our CSC contacted the CM with the aide's cell phone number so that they could coordinate their arrival at the consumer's residence. When they both arrived early the next day at the consumer's residence, the CM was able to see the consumer's compromised situation. The consumer was removed from the home and placed.

---

**E. Management of Program Quality**

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

---

- a. Consumer Satisfaction Questionnaires are conducted quarterly by telephone by the CSC, RN supervisor or designated office staff. All consumers are called quarterly. Where the consumer is not 100% positive about the aide's performance, or if the consumer seems confused or**

uncertain in general, another consumer receiving services from the same aide will be contacted. The questionnaire is attached.

- b. In all conversations between CSC / RN supervisor and consumers, quality of service delivery is always discussed. In those cases where the aide is new, the CSC or RN supervisor will contact the aide's consumers to ascertain that quality services are being provided within a few days after the aide begins to provide services. Questions asked of the consumer follow the Consumer Satisfaction Questionnaire points.
- c. The CSC confirms that the service order matches service delivery after services are provided.
- d. In conversations with aides, especially new ones, it is often evident whether or not the aide is providing quality services. The CSC asks the aide about service provision to determine the aide's efficacy (through questions such as "Are you having any issues with the consumer?", "Are you comfortable that you know how to perform the tasks necessary?", "What feedback do you get from the consumer?", etc.)
- e. The RN supervisor performs both scheduled and unannounced supervisory visits. This is probably the most direct way to determine quality of services. Of course the consumer has input into these visits through conversation with the RN supervisor.
- f. Yearly observance of aide skills by the RN supervisor provides information on quality of services being provided. Again, the consumer's input is solicited during these visits.
- g. The CSC's contact with care managers also provides evaluation of service quality. Our CSC has good relationships with the care managers in all of the care management agencies and listens carefully to any feedback the care manager may provide. This feedback is utilized to improve the quality of service provision.
- h. Monitoring by the ACDA also provides feedback in terms of quality of service delivery. Through the audits performed on our records by the ACDA, a relatively complete picture of service provision is achieved. (Note: our last monitoring score was 100%.)

---

2. How do you handle participant complaints?

---

Please see attached **Complaint Process / Procedure** and attached **Complaint Form**. (Our name has been removed from both as per RFP guidelines for the narrative section of the response.)

Of course our goal is always to resolve the complaint to the consumer's satisfaction. Resolution of complaints for **OPTIONS** participants may involve re-staffing, additional training for the aide or compensation for material loss. A report is made to the state of Pennsylvania as per

## Complaint Process/Procedure

### Waiver Program Consumers, Office of Aging Consumers and Veteran Administration Consumers

**Purpose:** To set forth guidelines for the resolution of patient/consumer/caregiver/guardian concerns, dissatisfactions, or complaints.

**Policy:** It is the policy of \_\_\_\_\_ to be sensitive to the needs of the community it serves. Staff must present an image of competence and concern. The agency investigates complaints made by a consumer or the consumer's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the consumer and/or their property by anyone furnishing services on behalf of the agency. The agency documents the existence of the complaint and the resolution of the complaint.

Any difference of opinion, dispute, or controversy between a consumer/caregiver/guardian and agency staff concerning any aspect of services, or the application of policies or procedures, is considered to be a complaint.

The Administrator is informed of all complaints and situations that may involve serious compromise of consumer care. The complaint procedure is discussed with consumers served by the agency through county and government contacts (options, PDA and other waiver programs, and the VA). A copy of the complaint procedure is left in the consumer's home.

All consumers are informed verbally and in writing prior to the initiation of services/care of their rights to voice grievances/complaints without coercion, discrimination, reprisal, and/or unreasonable interruption in services.

#### **Procedure:**

1. The agency staff member receiving the complaint discusses the complaint with the appropriate supervisor within two (2) days of the alleged complaint, or sooner, depending on the issue at hand. A written complaint form is completed. The supervisor investigates the complaint within three days after receipt of such complaint and makes every effort to resolve the complaint to the consumer's satisfaction. Complaints that may result in serious compromises in consumer care are investigated the day the complaint is received. The supervisor responds verbally to the person placing the complaint within five days.

If the complaint is made directly by the consumer/family/guardian to the office, the call is directed to the appropriate supervisor. The supervisor investigates the complaint within 24 hours and completes a written complaint form. The supervisor then contacts the party making the complaint within 48 hours to discuss possible resolution to the problem. The supervisor discusses the complaint with the employee and also with the human resource department if appropriate.

2. If the complaint cannot be resolved to the consumer's satisfaction, the consumer/caregiver/or guardian is requested to review the complaint with the human resource director of the agency. The human resource director investigates the complaint and responds within five (5) days. The human resource director may also discuss the complaint with the administrator or vice-president, depending on the nature of the complaint. Every effort is made to resolve the complaint to the consumer's satisfaction. If your complaint is still not resolved to your satisfaction, the consumer, caregiver, or guardian is requested to call the administrator of the agency. The administrator will investigate the complaint and respond within 3 days.

3. Complaints and actions are documented on a complaint form. Complaint form will state whether the complaint was resolved to the consumer's satisfaction.

4. If the administrator is unable to resolve the complaint, the consumer's referring care manager or service coordinator is notified.

5. Any complaint which may potentially involve litigation (report of missing money, valuables, abuse) is also reviewed during board of director's meetings.

6. A record of all complaints is filed in a complaint folder kept in the administrator's office.

7. The administrator and human resource director review complaints on a quarterly basis to identify possible patterns or trends. Analysis of the complaints documented will include:
  - A. Number of complaints resolved to the consumer's satisfaction
  - B. Number of complaints not resolved to the consumer's satisfaction and referred to the service coordinator
  - C. If there are any quarterly analysis in which the number of complaints not resolved to the consumer's satisfaction are more than the number of complaints resolved to the consumer's satisfaction, an additional, quality management plan will be developed.
8. Identified trends/patterns are discussed during board of directors meetings and during staff meetings, as appropriate.
9. All complaints from clients who believe their privacy rights have been violated will be forwarded for review to the designated agency privacy officer. A privacy complaint form is completed.



**published PDA guidelines. A pattern of complaints with regard to a particular aide may result in disciplinary action and termination.**

---

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.
- 

**Please see E.1. above, specifically bullet points a., b., e. and f. for information on solicitation of consumer service satisfaction.**

**The Consumer Satisfaction Questionnaire is attached. Where participant feedback on the questionnaire indicates that the aide has performance issues, the CSC or RN supervisor contacts the aide and discusses the consumer's concerns.**

- **When the issue is minor (“Sally doesn’t cut my bread the way I like it”, etc.) and can be handled by corrective discussion with the aide, the CSC or RN supervisor does so.**
  - **Issues involving attitude, punctuality, agency policy breaches, etc. are discussed with the aide. Appropriate training and / or disciplinary action, when necessary, is instituted.**
  - **When the consumer indicates that there is a substantial lack of skill in service delivery, the aide is contacted for discussion and, typically, further on-site training, by the RN supervisor.**
  - **Serious quality of service issues, such as theft, etc., will be handled as per agency policies through disciplinary action and termination, if necessary.**
  - **Aides who are commended by consumers for especially good service delivery will be recognized in one of the ways described in B.6. above.**
  - **All quality of service feedback, positive and negative, is reflected in the aide’s yearly performance review.**
  - **Follow-up with the consumer and aide is done by the CSC and / or RN supervisor following the identification and remediation of service quality issues, in order to confirm that the issue has indeed been resolved.**
- 

4. Describe your process for handling a billing discrepancy.
- 

**When a billing discrepancy is identified by us or the ACDA, our CSC will contact the fiscal department and / or the care manager to begin resolution. This contact will be made by either phone, email or both. Of course the billed services will be compared to the service order to identify the mistake. On the agency’s end, verification of time billed will be confirmed through investigation of time slips. Our agency will work with the care manager to make appropriate adjustments in the service order, when those adjustments are deemed necessary. Once the discrepancy has been resolved, our agency will email the ACDA fiscal department to make**

**appropriate corrections to the invoice, identifying any extra services billed, duplicate billing or overages. If the billing discrepancy is for a past invoice, this agency will repay any overage in the manner deemed most efficient by the ACDA, in the ACDA-requested time frame.**