

RFP Response Form

OPTIONS In-Home Care Services 2017

PROPOSER INFORMATION

Proposer Name: Hamley Corporation dba Right at Home

Authorized Representative Name & Title: Whitney McKenna, CEO

Address: 100 Perry Highway Suite 109 Harmony, PA 16037

Telephone: 724-473-8080

Email: wm@rahnpggh.com

Website: <https://www.rightathome.net/northwest-pittsburgh>

Legal Status: For-Profit Corp. Nonprofit Corp. Sole Proprietor Partnership

Date Incorporated: June 9, 2010

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Whitney McKenna	724-473-8080	wm@rahnpggh.com
Contract Processing Contact	Whitney McKenna	724-473-8080	wm@rahnpggh.com
Chief Information Officer	N/A		
Chief Financial Officer	N/A		
Administrative Contact	N/A		

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

James Duchak
Whitney McKenna
Adam Duchak
Ryan Duchak
Kaela Meyers

Board Chairperson Name & Title: James Duchak, Owner

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

RFP Response Form

OPTIONS In-Home Care Services 2017

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

Please do not use employees of the Allegheny County Department of Human Services as references.

Longwood At Home- Joan Krueger, Program Director [REDACTED]
[REDACTED]

North Hills Health and Rehab- Elyssa Carcy, Director of Social workers
[REDACTED]

Sherwood Oaks- Lori Greer, Home Care Administrator [REDACTED]
[REDACTED]

PROPOSAL INFORMATION

Date Submitted: 9/1/2017

Indicate your primary and secondary choices of geographic areas for which you are proposing to serve (you must select at least a primary and a secondary choice):

Area 1 - Primary Choice Area 2 - Secondary Choice Area 3 - Not Interested

In addition to Personal Care and Home Support – Housekeeping, check the services which are you proposing to provide:

Home Support – Maintenance (Chore) Home Health Services No additional services

Proposal Abstract/Executive Summary:

Please limit your response to 750 characters

Thank you for taking the time to review our proposal. As a 7 plus year provider of home and community based services for older adults as well as those with disabilities in Allegheny and surrounding counties, we are seeking to renew our contract with DHS for Personal Care and Home-Making Services. We have successfully increased our footprint for areas served to be able to include 2 service areas in this proposal. We currently have working agreements with several other franchised offices in the area to utilize staff, support teams, and resources to ensure we are able to staff all participants offered to us with the best possible trained and enthusiastic employees possible.

We go well above the mandated training of our employees. Ensuring almost double the hours of training needed to comply with this contract. Training programs always focus 1st on the consumer and employee, taking into consideration, their cultural needs, understanding diverse populations may have diverse needs, removing barriers to communication through Linguistic

RFP Response Form

OPTIONS In-Home Care Services 2017

competencies, and most importantly a sense of cultural inclusion. We have broadened our training, supervision and increased our programs for employee recruitment and retention to accommodate the growing need for consumers, especially in the hard to serve locations.

In our 7 plus years of operations we have successfully passed all monitor and audit visits without incident, and maintained a reputation as an industry leader. We utilize cutting edge technology in the operational side of our office, we have agreements in place with medical schools to be a “test market” to prove our caregiver’s lower hospital recidivism rates amongst our client population. We are also taking the lead in partnering with a national electronic monitoring firm to” test market” enhanced monitoring systems in the home to identify potential problems that need to be addressed, even if the client is unable to press the “help button”. We will be able to keep all of our populations safe even if they are unable to call for help when needed.

We have dedicated a great deal of time, energy, and capital into providing the best possible work environment for our staff with opportunities for advancement as well as the best and safest care for our clients as todays training and technology allows. We look forward to continuing to serve the Allegheny County Community for years to come.

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

- I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.

- By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient’s decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- MWDBE documents
- Allegheny County Vendor Creation Form
- W-9
- New provider application, if applicable

RFP Response Form

OPTIONS In-Home Care Services 2017

- Completed Unit Cost Spreadsheet for required services and, if applicable, a completed Unit Cost Spreadsheet for optional services
- IRS Non-profit Determination Letter (Non-profit Organization) OR Articles of Incorporation (For-profit Organization)
- Audited financial statements (for past three completed fiscal years). If a Proposer does not have audited financial statements, then tax returns or financial statements prepared by outside agency will be accepted
- Organizational chart depicting current staffing
- Resumes of Key Administrative and Supervisory Personnel
- Job Descriptions of Key Administrative and Supervisory Personnel
- New Employee and Continuing Education Training Curricula
- Personnel Policies
- Affirmative Action Plan
- Organization's Licenses, Certifications and Accreditations
- Emergency Response Plan
- Policy on no mandatory retirement age

RFP Response Form

OPTIONS In-Home Care Services 2017

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 185 points. Your response to this section should not exceed 30 pages.

A. Proposer Profile and Organizational Experience (10 points possible)

1. Describe your organizational structure.

- a. Are you a subsidiary or franchise of a multi-purpose organization? If so, provide description of your parent organization. If so, do you see any barriers?

We are a franchise. Our franchise system was started in 2000 (after 5 years of sole operation by our founder), for the sole purpose of caring for the elderly in their homes and offering opportunities to make choices on living conditions and staying at home. Our founder was a hospital administrator that was concerned for those that left the hospital with less than adequate care. He started a service dedicated to reducing "hospital recidivism" which was the start of the 1st office in 1995. We continue this dedication today as the only company in the nation teamed up with Harvard medical school and "Clear Care" (the nation's leading software system designed to operate businesses such as this) to start a landmark study to verify that in home services do reduce hospital re-admissions and therefore these services should become a primary insurance coverage item. Our franchise has since become one of the leading names in home care industry having over 400 offices nationally as well as serving 5 other countries. We offer all the resources of cutting edge technology as well as the combined efforts of the entire organizations experiences to offer the best, most comprehensive, up to date proven care methods for individuals that are possible today.

- b. Do you operate as an employer or as a registry?

We operate as an employer based company. Upon inception, we made the business decision that being an employee based agency offered the most protection for the consumers as well as the employees.

- c. Do you 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?

We have a main office in Harmony which is in lower Butler County and is approximately 5-10 miles north of Allegheny County.

2. Describe your organizational experience providing services to older adults.

- a. What calendar year did you first offer services to older adults?

We have been servicing older adults since our inception in July of 2010 and currently we service well over 80 elderly individuals as well as those with disabilities. We are maintaining a 98% shift coverage rate. We are able to offer replacement caregivers 100% of the time, within a 2-hour delay if the consumer wishes a replacement. Additionally, we have passed all OLTL, DOH, State, and County monitoring visits with flying colors for the past 5 years.

- b. Use the table below to 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.

RFP Response Form

OPTIONS In-Home Care Services 2017

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
OLTL	PCA/Home care	900,000	7/15-7/16
Allegheny County DOH	PCA/Home care	4,000	7/15-7/16
OLTL	PCA/Home care	770,000	7/14-7/15
Longwood at Home	PCA/Home care	27,000	7/14-7/16
OLTL	PCA/Home care	745,000	7/13-7/14
Sherwood Oaks	PCA/Home care	200,000	5/14-5/16
OLTL	PCA/Home care	715,000	7/12-7/13
OLTL	PCA/Home care	680,000	7/11-7/12
OLTL	PCA/Home care	1,000,000	7/16-7/17

- c. Were any of your contracts held within the last five years cancelled before the scheduled end date? If yes, list the contract and reason for cancellation.

No, we have not had any premature contraction termination in the last 5 years.

- d. Use the table below to 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	0	0	0	0
Home Support Housekeeping	8,320	8,320	212	212
Home Support Chore	0	0	0	0

B. Management of Staffing, Training, Direct Care Worker Recruitment and Retention (40 points possible)

Staffing and Training

3. Describe your organization's hiring process in detail.

We use "My Staffing Pro", our website and MyCNAjobs.com for our online application process. Once the online application is complete we typically conduct a brief telephone interview with the candidate followed by a face to face interview with our HR Director. If the employee is deemed suitable for employment, they are then required to complete and submit current physical and 2-step TB documentation. Once those documents are received, the candidate is required to complete our 2 day Orientation and Training. Upon the competition of orientation, training and practical skills demonstrations, employees are

RFP Response Form

OPTIONS In-Home Care Services 2017

then permitted to initiate care for clients. Qualified individuals are employed without regard to race, color, religion, sex, national origin, age, disability or marital status as required by state and federal law. Prior to hire, all individuals are trained in and pass a quiz regarding:

- Prevention of abuse and exploitation of participants
- Fraud and financial abuse prevention.
- Critical incident
- Participant compliant resolution
- Abuse, Neglect, Abandonment and Financial Exploitation
- Job Skills

PROCEDURE:

FACE-TO-FACE INTERVIEW

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

PERSONAL REFERENCES

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

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

CRIMINAL BACKGROUND CHECKS AND CHILD ABUSE CLEARANCES

All applicants for employment must obtain the required and applicable background checks. Depending on length of Pennsylvania residency, criminal background checks include Pennsylvania State Police and/or the FBI. Criminal background checks, Social Security Number verification, and Health Care Exclusions must be obtained prior to job assignment. (websites to be checked are HHS/OIG Cumulative Sanction Report, FBI, Local police/sheriff departments, National Practitioner's Data Bank, Healthcare Integrity and Protection Data Bank, OIG Sanction Report, Medicare "Hot Sheet"-Medicheck, Professional licensing boards, County, State, and Local district records (LEIE (<https://exclusions.oig.hhs.gov/>), EPLS (<https://www.sam.gov/index.html/#1>), Medicheck (<http://www.dhs.state.pa.us/publications/medichecksearch/index.htm>), Child Abuse Clearances, E-Verify

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

LETTERS OF NOTIFICATION

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

4. Describe your organization's orientation and training process in detail.
 - a. Referencing your attached new employee and continuing education training curricula, specify training hours for each topic.

RFP Response Form

OPTIONS In-Home Care Services 2017

Course Taken	Hours
Orientation	8
CPR / First Aid (within 90 days)	8
Alzheimer's & Difficult behaviors	3
Infection Control	3
Personal Care	3
Nutrition	3
Fire Safety	3
Bed Rest	3
Safe Wheelchair	3
Fall Prevention	3
Medications	2
FRAUD, WASTE, ABUSE, CRITICAL INCIDENTS, Participant complaints	3
Universal Precautions	1
HIPPA	1
Lifting and moving	1
Total	48

- b. How many hours of training are provided directly on-site under an instructor's supervision?
All 40 hours of training are provided directly on site under the supervision of a CNA or RN and office administrators. Our full time staff Registered Nurse and CNA are responsible for the training and practical skills competency. Even though the

RFP Response Form

OPTIONS In-Home Care Services 2017

mandatory training standards have been reduced, we are still providing 40 hours of training plus the CPR and First Aid training within 90 days. We believe in giving our employees the necessary tools to be as safe and effective as possible when out in the field taking care of our clients.

- c. How many hours of training are completed electronically on a computer?
At this time, during our pre-employment orientation and training we are not utilizing electronic training. All 40 hours are in person and hands on. We have incorporated computer training from IPCED (The Institute for Professional Care Education) in conjunction with on-site trainings for continuing education which is required for employees annually . All competency testing as well as demonstrations are done by our full time Registered Nurse or CNA. In addition, through our franchise, we have a proprietary on-line “university” that contains a variety of additional educational material and is available to all caregivers 24/7. This online “university” enables our caregiving staff to educate themselves further while working for us which aides in providing the best care possible to our clients.
- d. Describe the specific hands-on skills that are included in the training program (e.g., assistance with bathing, assistance with ambulation, changing bed linens). Identify which skills include on-site practice and supervision.
Our training includes but is not limited to (items in red indicate required onsite practice, supervision & competency testing, items in yellow are presented in the office in a classroom format with written competency evaluation):
- **BATHING/SHAVING/HAIR BRUSHING PROCEDURES**
 - **SKIN AND MOUTH CARE PROCEDURES**
 - **HAND WASHING/HYGINE PROCEDURES (BASIC INFECTION CONTROL)**
 - **UNIVERSAL PRECAUTIONS**
 - **TOILETING ASSISTANCE PROCEDURES**
 - **BED LINEN CHANGES WITH/WITHOUT OCCUPANT**
 - **SAFELY OPERATING A HOYER LIFT**
 - **AMBULATION ASSISTANCE W/ & W/O ASSISTIVE DEVICES**
 - **BATHROOM TRANSFERS**
 - **HOW TO MAINTAIN CLIENT MODESTY DURING UNDERGARMENT CHANGES**
 - **DRESSING & GROOMING**
 - **FEEDING YOUR CLIENTS**
 - **SAFE TRANSFER TECHNIQES**
 - **MAINTAINING CONFIDENTIALITY**
 - **IDENTIFYING AND REPORTING EMERGENCIES**
 - **PROFESSIONALISM & WORK ETHIC**
 - **ASSISTNCE WITH SELF ADMINISTED MEDICATIONS**
 - **INSTRUMENTAL ADL ASSISTANCE TRAINING**
 - **REPORTING & DOCUMENTING CLIENT CARE**
 - **PERSONAL SAFETY IN THE WORKPLACE**
 - **TAKING CARE OF YOUR BACK**

RFP Response Form

OPTIONS In-Home Care Services 2017

- UNDERSTANDING/RECOGNIZING/REPORTING ABUSE & NEGLECT
- CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY
- RECOGNIZING CHANGES IN THE CLIENT THAT NEED TO BE ADDRESSED/REPORTED
- UNDERSTANDING FALL RISK FACTORS
- QUALITY MANAGEMENT PROCEDURES
- REGULATORY COMPLIANCE PROGRAM
- COMPLAINT RESOLUTION
- HANDLING INCONTINENCE & UTI'S
- FOOD PREPARATION & SAFETY TIPS
- USING ASSISTIVE DEVICES

Each applicant is tested for competency in the above noted categories. If the applicant has not received the necessary training or experience to achieve competency, the applicant may be hired but may not perform direct care services until they have received the necessary training and demonstrate competency in the required subject areas stated in the home care agency and registry licensing regulations.

- e. How many hours of training are completed before the worker touches the Participant?
A minimum of 40 hours of training are completed before a worker is assigned to any shift.

- f. List all ongoing mandatory training programs provided to direct care workers in the last two fiscal years. Describe how each training program was presented (e.g., remotely by mail, computer, classroom).

We mandate all employees receive 12 hours a year of ongoing training which includes classroom as well as CPR/first aid training every other year. In order to receive credit for each hour, the employ must demonstrate competency to our supervising RN or CNA or successfully complete a test on the presented materials. On occasion, DOH or OLTL issue new mandated training programs, these are incorporated in all annual training programs we mandate for our employees. As noted earlier, we also offer a proprietary on-line "university" that is available to all caregivers 24/7 for continued education. In addition, our clinical supervisor makes routine announced and unannounced visits to observe our caregivers in the field and assess their skills. Should an employee display decreased competency with any of the skills they are observed performing, they are required to come back into the office for additional training in that area until competency can be achieved.

Our training includes but is not limited to (items in red indicate required onsite practice, supervision & competency testing, items in green indicate online training with written competency evaluation, items in yellow are presented in the office in a classroom format with written competency evaluation):

Initial training:

- BATHING/SHAVING/HAIR BRUSHING PROCEDURES
- SKIN AND MOUTH CARE PROCEDURES

RFP Response Form

OPTIONS In-Home Care Services 2017

- **HAND WASHING/HYGINE PROCEDURES (BASIC INFECTION CONTROL)**
- **UNIVERSAL PRECAUTIONS**
- **TOILETING ASSISTANCE PROCEDURES**
- **BED LINEN CHANGES WITH/WITHOUT OCCUPANT**
- **SAFELY OPERATING A HOYER LIFT**
- **AMBULATION ASSISTANCE W/ & W/O ASSISTIVE DEVICES**
- **BATHROOM TRANSFERS**
- **HOW TO MAINTAIN CLIENT MODESTY DURING UNDERGARMENT CHANGES**
- **DRESSING & GROOMING**
- **FEEDING YOUR CLIENTS**
- **SAFE TRANSFER TECHNIQUES**
- **MAINTAINING CONFIDENTIALITY**
- **IDENTIFYING AND REPORTING EMERGENCIES**
- **PROFESSIONALISM & WORK ETHIC**
- **ASSISTNCE WITH SELF ADMINISTED MEDICATIONS**
- **INSTRUMENTAL ADL ASSISTANCE TRAINING**
- **REPORTING & DOCUMENTING CLIENT CARE**
- **PERSONAL SAFETY IN THE WORKPLACE**
- **TAKING CARE OF YOUR BACK**
- **UNDERSTANDING/RECOGNIZING/REPORTING ABUSE & NEGLECT**
- **CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY**
- **RECOGNIZING CHANGES IN THE CLIENT THAT NEED TO BE ADDRESSED/REPORTED**
- **UNDERSTANDING FALL RISK FACTORS**
- **QUALITY MANAGEMENT PROCEDURES**
- **REGULATORY COMPLIANCE PROGRAM**
- **COMPLAINT RESOLUTION**

Additional annual training modules: (items in red indicate required onsite practice, supervision & competency testing, items in green indicate online training with written competency evaluation, items in yellow are presented in the office in a classroom format with written competency)

- **HANDLING INCONTINENCE & UTI'S**
- **FOOD PREPARATION & SAFETY TIPS**
- **TIME MANAGEMENT**
- **CRITICAL THINKING SKILLS**
- **PATIENT BILL OF RIGHTS**
- **STRESS MANAGEMENT**
- **WORKING WITH DIFFICULT & COMBATIVE PEOPLE**
- **UNDERSTANDING & SUPPORTING ADVANCE DIRECTIVES**
- **INFECTION CONTROL**
- **WORKING WITH NON-COMLIANT CLIENTS**
- **MAINTAINING A PROFESSIONAL DISTANCE**
- **COMMONLY PRESCRIBED DIETS**

RFP Response Form

OPTIONS In-Home Care Services 2017

- USING ASSISTIVE DEVICES
- CPR/FIRST AIDE
- TALKING ABOUT DEATH
- UNDERSTANDING QUALITY IMPROVEMENT
- CUSTOMER SERVICE IN HEALTH CARE
- DEALING WITH FAMILY MEMBERS
- UNDERSTANDING CULTURAL DIVERSITY
- UNDERSTANDING SPECIAL COMMUNICATION NEEDS
- END OF LIFE CARE
- ACTIVITY AND THE ELDERLY
- HELPING NEW CLIENTS ADJUST
- UNDERSTANDING COMMON MEDICATIONS
- UNDERSTANDING DEMENTIA
- UNDERSTANDING DIABETES

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

Continuing education is available above and beyond what is required to our caregivers. Our continuing education requirement is 12 hours per year at minimum. In addition, we require biannual CPR/first aide recertification for all caregivers. We have a full time staff RN that is available to train employees on any and all situations that they are uncomfortable with or that may arise during the course of business. In addition, for those employees that wish to expand their knowledge base our franchisor offers a complete on line “university” in conjunction with a nationally recognized on-line university to educate caregivers in any imaginable area of caring for another individual. This is available to all caregivers 24/7.

5. Describe the minimum direct care worker competencies that are required prior to working with Participants and describe how those competencies are evaluated.

Our initial training includes but is not limited to (items in red indicate required onsite practice, supervision & competency testing, items in yellow are presented in the office in a classroom format with written competency evaluation):

Initial training:

- BATHING/SHAVING/HAIR BRUSHING PROCEDURES
- SKIN AND MOUTH CARE PROCEDURES
- HAND WASHING/HYGINE PROCEDURES (BASIC INFECTION CONTROL)
- UNIVERSAL PRECAUTIONS
- TOILETING ASSISTANCE PROCEDURES
- BED LINEN CHANGES WITH/WITHOUT OCCUPANT
- SAFELY OPERATING A HOYER LIFT
- AMBULATION ASSISTANCE W/ & W/O ASSISTIVE DEVICES
- BATHROOM TRANSFERS

RFP Response Form

OPTIONS In-Home Care Services 2017

- HOW TO MAINTAIN CLIENT MODESTY DURING UNDERGARMENT CHANGES
- DRESSING & GROOMING
- FEEDING YOUR CLIENTS
- SAFE TRANSFER TECHNIQUES
- MAINTAINING CONFIDENTIALITY
- IDENTIFYING AND REPORTING EMERGENCIES
- PROFESSIONALISM & WORK ETHIC
- ASSISTNCE WITH SELF ADMINISTED MEDICATIONS
- INSTRUMENTAL ADL ASSISTANCE TRAINING
- REPORTING & DOCUMENTING CLIENT CARE
- PERSONAL SAFETY IN THE WORKPLACE
- TAKING CARE OF YOUR BACK
- UNDERSTANDING/RECOGNIZING/REPORTING ABUSE & NEGLECT
- CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY
- RECOGNIZING CHANGES IN THE CLIENT THAT NEED TO BE ADDRESSED/REPORTED
- UNDERSTANDING FALL RISK FACTORS
- QUALITY MANAGEMENT PROCEDURES
- REGULATORY COMPLIANCE PROGRAM
- COMPLAINT RESOLUTION

These topics are evaluated for competency for all caregivers prior to their access to our clients by the RN or CNA with either practical observation evaluation and or quizzes graded at 80% or better.

6. Supervision of workers from a distance provides unique challenges. Describe your procedure for supervision of direct care workers.
- a. How often are direct care workers supervised?
Workers are supervised in the home of a client when they are new to our agency on the initial visit to the client. Additional supervised visits are made with new employees if need be as well. We also perform routine supervisory visits (on a 6-8 week basis) to assess caregiver competency that are both announced and unannounced. During these supervisory visits, in addition to assessing the caregiver directly, the client is given an evaluation form (which is kept confidential from their caregiver) to document how they feel the caregivers competency is. Caregivers are required to document all tasks as well as visit notes (which include patient status/changes) for every visit they make. These visit notes and task completion are monitored daily by our office staff. We also make random calls to clients requesting updates on caregiver competency.
Situations that trigger additional supervisory visits:
- the level of care of the client is changed
 - competency complaint from client or clients family
- b. Describe how you evaluate a direct care worker's performance.
The caregivers performance is evaluated at a minimum of a bi-monthly basis. Our supervisors perform their evaluations based on direct observation (how they perform duties while in the home of the client), field documentation into our online system,

RFP Response Form

OPTIONS In-Home Care Services 2017

general communication with our office, disciplinary actions, the number of call offs, punctuality, client/client family comments and if applicable the comments of co-workers. In addition, we perform an annual review associated with wage increase potential for all staff members. Below is a copy of our Supervisory Visit Form:

Supervision/Competency of Caregiver Report

Client Name: _____

Caregiver Evaluated: _____

Services/Frequency: _____

Yes	No	N/A	Criteria
			Client/family satisfied with aide?
			Does aide require any additional training in order to carry out (implement) the care plan? (Note in comments below)
			Does your aide assist you with your personal care in accordance with your care plan?
			Does your aide assist you with your light housekeeping & laundry in accordance with your care plan?
			Does your aide assist you with shopping in accordance with your care plan? If yes, does she/he utilize cash or check (not a debit or credit card) to make purchases for you? Does your worker leave a receipt for any cash transactions?
			Are you satisfied with this service?
			Does your aide stay for the full visit?
			Is your aide reliable and dependable?
			Does your aide arrive on time?
			Are you notified in a timely manner regarding schedule changes?
			Do you have the chance to participate in your care with your aide?
			Is aide wearing badge?
			Is aide dressed appropriately?

Comments: _____

- Aide Present for Supervisory
- Care Plan Reviewed
- Change in Care Plan
- I verify that I have supervised the above named aide on the date below and recorded the results of the supervision on this form.

Client Signature: _____ **Date:** _____

RFP Response Form

OPTIONS In-Home Care Services 2017

Care Giver Signature: _____ Date: _____

Supervisory Personnel: _____ Date: _____

- c. Describe how you share the evaluation of a direct care worker's performance with the worker. **During the supervisory visit, if the supervisor deems it appropriate they will make corrections to the caregivers actions while in the clients home. If not deemed appropriate, the supervisor will request the caregiver come into the office for additional competency training as soon as possible. If at any time we get notification from a client regarding caregiver competency, we require the caregiver come into the office to additional training and/or discussion. Issues noted during the supervisory visit are documented on the Supervisory Visit Form which is reviewed with and signed by the caregiver at the end of the visit. For our annual review of caregivers, our office manager and the HR director schedule a face to face meeting to discuss the employee evaluations with them. The employee is encouraged to participate and provide input and is required at the completion of the meeting to sign the discussed evaluation form. Documentation of the annual review and salary increase if applicable are kept in the employees file.**

Recruitment and Retention

7. Recruitment of direct care workers is a continuous challenge. Describe specific strategies that have been implemented to recruit new direct care workers.

For the recruitment of caregivers we have expanded our search to include online databases including: My StaffingPro (which draws from numerous caregiver databases) and MyCNAjobs.com. In addition, we advertise that we are hiring on our website, facebook page and other community online bulletin boards as well as in local newspapers, flyers/circulars, church bulletins, etc. We routinely attend local job fairs as well as both vocational and college job fairs. We also continue to utilize our community resource centers including local town and borough libraries, senior centers, community church organizations, and volunteer programs for seniors. Another avenue we have recently perused is reaching out to area refugee organizations to recruit qualified individuals. We have also initiated remote location interviews and trainings in areas outside of what is considered reasonable driving distance to our office to accommodate potential employees. Lastly, we have been recognized as a Pittsburgh Top Workplace in 2015 and 2017 which helps indicate to both current and perspective employees that we truly care about our employees and are a very good employer.

8. Do you have a targeted program to address retention of direct care workers? If so, detail specific strategies utilized to address the challenge of worker retention?
Yes, we have targeted programs to address caregiver retention. We continue to hold monthly open houses for our caregivers (and clients). During these open houses, we provide lunch as well as a festive environment which enables our caregivers to interact with our office staff in a

RFP Response Form

OPTIONS In-Home Care Services 2017

casual and fun setting. In addition, during these lunches we hand out awards that are earned from our incentive programs. Our caregiver incentive programs include:

- 100 by 100 Program

If you refer a friend to come and work for us and they are hired, after they have worked for 100 hours, you receive \$100.

- Sign on Bonus

We offer a sign on bonus for new caregivers hired after 4/1/17. One half of the bonus will be awarded after you have completed 60 working days, the other half will be awarded upon the completion of 120 working days.

**Working days are defined as days during which you have a scheduled shift that you complete*

**New caregivers are defined as employees who have not worked for Right at Home North Pittsburgh in the past*

- Caregiver Awards

Here at Right at Home Northern Pittsburgh, we believe that in order to run a successful business we have two key areas of focus; our clients and our employees. In order to acknowledge the hard work and dedication of our valued caregivers, we have created a reward program to recognize their efforts. This program has 4 levels of awards that our caregivers may receive in recognition of their exemplary levels of achievement.

Level 1 - Attendance Award

All caregivers are eligible for this award on a monthly basis. Each month that you report to all of your scheduled shifts on time and provide the required 2 weeks' notice in writing to request time off, you will receive a \$5 gift card. You must clock in and out via telephony when you arrive and depart for the client's home.

Level 2- Compliance Award

All caregivers who are compliant with company requirements (all documents must be up to date with the office staff prior to drawing) are entered into a drawing every quarter to win a \$20 gift card.

Following are the annual requirements to maintain compliance:

- PPD
- Physical
- 12 hours continuing education training (1 hour per month)
- On-site drivers license (*if driving clients)
- Current car insurance (*if driving clients)
- CPR certification
- Hepatitis B vaccination or signed form

Level 3- Caregiver of the Month Award

All caregivers who have attained perfect attendance for the month and are in full compliance with Agency requirements for the month are eligible to receive this award on a monthly basis. The Caregiver of the Month award is given to the caregiver who works with the office staff and other caregivers to provide great customer service above and beyond their regular duties. The caregiver of the month award will be selected by the office manager, will be awarded a \$20 gift card, will have their picture posted online as well as in the office recognizing their hard work and dedication.

RFP Response Form

OPTIONS In-Home Care Services 2017

Level 4- Right at Home Northern Pittsburgh Ambassador Award

Caregivers who are awarded the Caregiver of the month award will be eligible to be nominated for the Right at Home National Caregiver of the Year Award. Out of the 12 Caregiver of the Month recipients', one will be chosen by the office staff as the RAHNPGH Ambassador to be submitted for the National Caregiver Award contest. The winner of the National Caregiver of the Year Award is awarded \$5,000.

Winners will be announced at the monthly employee lunch and will be posted in the office, on our website and on our facebook page.

We also have a proprietary on-line "university that is available for a countless variety of learning needs and is available to all caregivers 24/7. We find that the availability of information keeps the employees hungry for more learning and more opportunity. We offer competitive pay rates, annual raises, weekend/night differentials as well as disability insurance (Aflac) to our employees. Lastly, we have been named a Pittsburgh Top Workplace for 2015 and 2017 which helps indicate to both our current and prospective employees that we are a company that cares about our employees.

9. Detail your annualized turnover rate of direct care workers in each of the last two fiscal years.
Our annual caregiver rate over the past 2 years averages slightly less than 30%

10. Do you look for creative solutions to scheduling that contribute to worker efficiency and satisfaction? If so, briefly detail scheduling practices that contribute to worker efficiency and satisfaction.

We are always looking for new and creative solutions to scheduling. Our goal is to have satisfied workers, as satisfied workers do a better job and take their job as more of a personally rewarding deed than a job. We continue to use the web based platform, Clearcare to aid us in scheduling. We try to maintain the employee schedules as much as possible so that the relationship between the client and the caregiver is steadily maintained. We also allow the caregivers to have as much input into their schedule as possible. We have recently added weekend and evening pay differential to incentivize caregivers to work during those harder to fill weekend and evening shifts. In addition, we now employ 3 staffing coordinators (one weekend and two in the office during the week) to ensure that we can cover and accommodate all of our staffing needs. We do our best to work with both client and employee to ensure shift coverage and offer a backup worker if needed. We utilize both telephone and text communication with our caregivers for staffing. We have found that communication with our caregivers (in regards to staffing) has improved since implementing texting as a form of office to caregiver communication. Lastly, we have recently started an incentive program for our office staff that directly correlates to hours of service our company provides. This incentive offers them monetary incentive to staff, recruit and market as efficiently as possible. Since the implementation of this office staff incentive program in May, we have seen a 20% increase in care hours.

C. Management of Service Delivery (30 points possible)

11. Describe your process to ensure accurate and timely documentation of In-Home Service delivery to Participants. Include your process for verifying service delivery.

RFP Response Form

OPTIONS In-Home Care Services 2017

In order to ensure accurate and timely delivery of service continue to use the web based service ClearCare. ClearCare enables us to access all client information (schedule, visit notes, etc.) in one location. Through ClearCare, we use a telephony system that is associated with the client's phone number which includes: time of arrival, departure, tasks completed and visit notes. After doing an initial assessment and receiving a completed service agreement or plan of care from the care manager, we then enter tasks into each client's online plan of care that can be easily accessed by our caregivers. Caregivers are required to note the completion (or lack thereof if appropriate- with reason) of the tasks during each visit as well as make a care note documenting any changes and/or abnormalities that occurred during their visit. This online system allows us to easily adjust the tasks in the clients file as need be and these changes are then communicated to the caregiver. The system can also accommodate scheduling of tasks during specific shifts (ie: Bathing- M, W, F, Meals M-F, housekeeping T,Th, etc), which allows our caregivers to know exactly which tasks are to be completed each shift. When the caregivers call in to clock in for their shift for the client, the automated system will remind them of all tasks for the day. When they clock out, they must answer yes or no to each task scheduled for the day as well as provide a detailed verbal care note that is automatically transcribed into the clients file for that visit. These logs are reviewed on a daily basis by our office staff. In addition to the care notes, our caregivers are also required to notify our office should an out of the ordinary event occur while working with a client (ie: physical discomfort, emotional distress, change in personality, suspicion of abuse/neglect, fall/injury, etc). Utilization of this online tool, enables caregivers to provide continuity of care should there be a change in caregiver to a client. Additionally, it allows our office staff to closely monitor what is going on in the field during care visits. Furthermore, we always encourage our clients to notify our office immediately if they have any issues or concerns with our caregivers. Lastly, our routine and random supervisory visits aid us in maintaining a direct connection with what is going on in our client's homes. As mentioned above, we utilize ClearCare's "telephony" feature for all clock in's and clock 'out's. This feature utilizes the latest "911" technology so we are able verify our caregiver's location at the time of clock in/out. If for some reason this process is not done, the employee must call into the office and verbally indicate shift clock in/out to the office staff (who will make note of the verbal information) followed by handing in a written time card with all necessary information, time, date, task, etc. We will then call the client to inquire why telephony was not utilized and confirm the time/date with the client. If the client's phone is not available for use, the caregiver must have signed paper documentation that includes the same information. The client must sign this as confirmation. All paper work is due in the office by the Monday following the shift and it is reviewed and confirmed by the office manager. Lastly, should an employee fail to clock in/out of our system via telephony, within 5 minutes of a missed clock in/out the system sends an alert to all 4 members of our office staff alerting them of what the system considers a shift no-show. This alert allows the office to immediately contact the appropriate caregiver and find out what is going on and act accordingly (ie: remind caregiver to clock in, contact client to let them now if a caregiver is running late, re-staff the shift, etc).

12. Allegheny County faces unique challenges in serving Participants in certain geographic areas that are remote or lack public transportation. Describe your plan for serving Participants in remote geographic areas and areas that lack public transportation. What steps have you implemented to address the travel and transportation needs of direct care workers?

We continuously address the challenges of serving clients in remote geographic areas and areas that lack public transportation. Having serviced areas outside of Allegheny County for the past 7 years, that are both remote and lack public transportation, we are well aware of the caregiver transportation challenges that arise. In an attempt to minimize this issue we make every effort to staff cases with caregivers that live close to the client. We utilize our staffing search engines to target specific regions where we have increased client volume and

RFP Response Form

OPTIONS In-Home Care Services 2017

decreased caregivers to help enable us to staff more effectively. In the event where we do not have local caregivers to staff a client, we provide financial incentives (mileage payments) to caregivers to help incentivize them to increase the distance they are willing to travel to cover shifts. We have also had success with “stacking” shifts in geographic areas to enable caregivers to work more than one shift in a given area per day which incentivizes them to drive the increased distance. Lastly, on occasion, we attempt to provide transportation to caregivers when there are no other options for shift coverage.

13. Describe the strategies you have implemented in the last two years to improve your service capacity to older adults.

a. Describe the strategies that you have implemented.

We continuously work to increase our capacity to service clients throughout our designated territory. By using the recruiting and retention tools mentioned previously, [For the recruitment of caregivers we have expanded our search to include online databases that include: My StaffingPro (which draws from numerous caregiver databases) and MyCNAjobs.com. In addition, we advertise that we are hiring on our website, facebook page and other community online bulletin boards as well as in local newspapers, flyers/circulars, church bulletins, etc. We routinely attend local job fairs as well as both vocational and college job fairs. We also continue to utilize our community resource centers including local town and borough libraries, senior centers, community church organizations, and volunteer programs for seniors. Another avenue we have recently perused is reaching out to area refugee organizations to recruit qualified individuals. We have also initiated remote location interviews and trainings in areas outside of what is considered reasonable driving distance to our office to accommodate the potential employees.

We continue to hold monthly open houses for our caregivers (and clients). During these open houses, we provide lunch and as well as a festive environment which enables our caregivers to interact with our office staff in a casual and fun setting. In addition, during these lunches we hand out awards that are earned from our incentive programs. Our caregiver incentive programs include:

- 100 by 100 Program

If you refer a friend to come and work for us and they are hired, after they have worked for 100 hours, you receive \$100.

- Sign on Bonus

We offer a sign on bonus for new caregivers hired after 4/1/17. One half of the bonus will be awarded after you have completed 60 working days, the other half will be awarded upon the completion of 120 working days.

**Working days are defined as days during which you have a scheduled shift that you complete*

**New caregivers are defined as employees who have not worked for Right at Home North Pittsburgh in the past*

- Caregiver Awards

Here at Right at Home Northern Pittsburgh, we believe that in order to run a successful business we have two key areas of focus; our clients and our employees. In order to acknowledge the hard work and dedication of our valued caregivers, we have created a reward program to recognize their efforts. This program has 4 levels of awards that our caregivers may receive in recognition of their exemplary levels of achievement.

Level 1 - Attendance Award

All caregivers are eligible for this award on a monthly basis. Each month that you report to all of your scheduled shifts on time and provide the required 2 weeks' notice in writing to request time off, you will receive a \$5 gift card. You must clock in and out via telephony when you arrive and depart for the client's home.

RFP Response Form

OPTIONS In-Home Care Services 2017

Level 2- Compliance Award

All caregivers who are compliant with company requirements (all documents must be up to date with the office staff prior to drawing) are entered into a drawing every quarter to win a \$20 gift card.

Following are the annual requirements to maintain compliance:

- PPD
- Physical
- 12 hours continuing education training (1 hour per month)
- On-site drivers license (*if driving clients)
- Current car insurance (*if driving clients)
- CPR certification
- Hepatitis B vaccination or signed form

Level 3- Caregiver of the Month Award

All caregivers who have attained perfect attendance for the month and are in full compliance with Agency requirements for the month are eligible to receive this award on a monthly basis. The Caregiver of the Month award is given to the caregiver who works with the office staff and other caregivers to provide great customer service above and beyond their regular duties. The caregiver of the month award will be selected by the office manager, will be awarded a \$20 gift card, will have their picture posted online as well as in the office recognizing their hard work and dedication.

Level 4- Right at Home Northern Pittsburgh Ambassador Award

Caregivers who are awarded the Caregiver of the month award will be eligible to be nominated for the Right at Home National Caregiver of the Year Award. Out of the 12 Caregiver of the Month recipients, one will be chosen by the office staff as the RAHNPGH Ambassador to be submitted for the National Caregiver Award contest. The winner of the National Caregiver of the Year Award is awarded \$5,000.

Winners will be announced at the monthly employee lunch and will be posted in the office, on our website and on our facebook page.

We also have a proprietary on-line "university that is available for a countless variety of learning needs and is available to all caregivers 24/7. We find that the availability of information keeps the employees hungry for more learning and more opportunity. We offer competitive pay rates, annual raises, weekend/night differentials as well as disability insurance (Aflac) to our employees. Lastly, we have been named a Pittsburgh Top Workplace for 2015 and 2017 which helps indicate to both our current and prospective employees that we are a company that cares about our employees and are a very good employer] **we are attempting to increase and maintain our caregiving staff which will in turn increase our capacity to service more clients. Additionally, as noted above, we have implemented an incentive program to our office staff (who handle staffing, recruitment/retention, marketing) which directly correlates to service hours. This incentive provides them direct financial gains if they do their jobs effectively and efficiently which has in turn increased our business and capacity to serve more clients.**

- b. Identify the results of each strategy, including the percent increase in service capacity. **We have employed multiple capacity growth strategies simultaneously over the past 2 years. Identifying the results of each individual strategy is not possible. Overall, the results of all our efforts have increased our service hours 33% over the past 2 years.**

RFP Response Form

OPTIONS In-Home Care Services 2017

- c. Describe the strategies you have implemented in the last two years to expand your geographic service area.
Due to franchise territory restrictions, our capacity to expand our geographic service area is limited.
14. Describe your plan to meet the benchmarks listed in the RFP and required in the contract:
- a. Accept 80% of new Participant referrals in the first year.
We are continuing to expand our employee rosters at this time to accommodate the benchmarks listed in the RFP. We are also continuing our efforts to employ workers in a wider range of areas to accommodate some of the more difficult areas to cover. Additionally, we continue to work in conjunction with our sister franchise offices (who do not carry Options contracts) utilizing any available staff they have further expand our footprint of coverage to service the Options contract. We are currently in the process of adding an additional SAMS trained employee to our staff who will help our current staff navigate the SAMS system daily.
- b. Accept 90% of new Participant referrals in each of the subsequent contract years.
By continuing our current efforts for caregiving staff expansion both in number and geographic location, we hope to be able to increase our capacity to enable us to accept 90% of referrals in the years to come. Additional office staff members may be hired as needed to aide in our service capacity from a scheduling and supervisory stand point.
15. Describe your plan for addressing direct care worker call-offs and no-shows.
- a. Describe your staffing plan to address un/anticipated direct care worker call-offs and no-shows so that substitute direct care workers are available 100 % of the time.
We currently have enough employees in different areas to accommodate call offs and no-shows. We are able to offer 100% replacement worker coverage when the client desires. We also provide backup caregiving assistance with our field staff supervisors and office coordinators. Additionally, have a group of employees that are willing to be on a list of employees to call in certain areas for last minute call offs to ensure 100% coverage. The use of our telephony “no-show” alert messaging to our office staff enables us to react very quickly to a no-show situation.
- b. Describe your process for communicating when a direct care worker calls off or does not show-up as scheduled.
When a caregiver calls off, the staffing coordinator immediately contacts the client and let them know of the call off. During this call, they discuss with the client the option of sending a different caregiver to cover the shift or reschedule if the client refuses a different caregiver. The staffing coordinator then either re-staffs the original shift with another caregiver or reschedules with the client’s caregiver of choice. The client is contacted as needed to update them on the status of the shift. At the start of care for each client, they are instructed to notify our office when a worker has not arrived at the scheduled time. In addition, as noted in previous responses, our entire office staff is automatically notified within 5 minutes of a caregiver missing a scheduled clock in. The staffing coordinator is then responsible for contacting the caregiver to see if they have arrived at the client or if they are delayed for some reason. The coordinator contacts the client if they are unable to reach the caregiver for any reason to see if the caregiver has arrived. If the caregiver is a no-show and the client would like another caregiver, the

RFP Response Form

OPTIONS In-Home Care Services 2017

coordinator then works on replacing the caregiver who did not show up. If there is a delay in service due to a caregiver running late or a no-show; the staffing coordinator is in constant contact with the client to give them updates on the staffing situation. If the client is part of a program that requires deviation reports or shift updates in the SAMS system, our office staff completes those as necessary.

16. Describe your plan to the needs of a culturally diverse population and those with special needs. **In an attempt to service the needs of a culturally diverse population, we make every effort to hire a culturally diverse caregiving staff. When possible and appropriate (within the limits of the law) or upon client request, we make every effort to assign caregivers to cases we feel they will be a good match for. In addition, we have translator services available via telephone to assist with language barriers that may arise. In the event we have a client with special needs who will require caregiving beyond our normal scope of care, we have in the past partnered with other agencies or companies to provide the training and/or assistance our workers might need to competently provide care to the client. In the past, we have served numerous clients through TRICIL and CLASS and continue to be one of the “go to agencies” for challenging cases.**

D. Management of Communication (10 points possible)

17. Describe how you communicate Participant status changes.
- a. How does your direct care worker report Participant status changes to supervisors?
For non emergency changes in client status, our caregivers have 2 methods to report the status change to supervisors. As noted previously, caregivers are required at the end of each shift to document any change in status in the care notes during their telephony clock out session. This verbal report is then automatically transcribed by our computer system into the care notes of the clients file for that visit. These notes are reviewed by our office staff on a daily basis. If the office has any questions or concerns regarding the care notes, they contact the caregiver directly to discuss and take any appropriate action necessary. In addition, if during a shift, the caregiver becomes concerned about a client’s change in status, they are instructed to contact the office immediately via telephone to report the status. At that time, the office documents the change in status directly into the clients file and takes appropriate action if necessary. Our caregivers are trained to understand/identify emergency changes in client status and are required to call 911 if they suspect a client needs immediate medical attention. In an emergency, the caregiver is required to contact 911 and follow any instruction provided by the 911 operator until medical assistance arrives. Once the client is stabilized and under the care of the paramedics, the caregiver then contacts the office to report the change in status and actions that were taken. This report is documented by the office staff into the clients file and the client’s family is notified if appropriate.
- b. How do staff communicate Participant changes to other health care and care management professionals, family members, or other informal caregivers?
Significant and/or emergency client status changes are reported immediately to family members and care management professionals via telephone. Depending on the care

RFP Response Form

OPTIONS In-Home Care Services 2017

management professional's requirements, additional written documentation (whether form or system input) of the change in status is then submitted. Regarding minor changes in status, our office reports via telephone to family members and care management as appropriate. Other caregivers are notified of status changes both verbally by our office staff as well as by reviewing care notes from previous visits. Our online system allows for an indication of status change to be flagged to alert subsequent caregivers of the change.

18. 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.

Upon arrival at the home of a client, our caregiver was notified by the client that she had pain in her right knee from a fall she had taken over the weekend. The caregiver immediately assessed the client's knee, noting mild abrasions and inflammation and asked her if she would like to go to the hospital. The client declined being taken to the hospital and stated that she just wanted to rest it. Once the client was comfortable, the caregiver called into the office to report the change in status. Office staff documented the change in our online system and then proceeded to notify the client's family. After discussing the situation with the client's daughter, it was decided to let the client rest and keep an eye on her. As the day progressed, the client stated that the pain was getting worse. At that time, the caregiver and client decided getting medical attention was prudent. The caregiver contacted the office again to let them know that she and the client were going to go to the emergency room for medical care. Their trip to the emergency room was documented in the clients file and the daughter was again notified of the course of action. The caregiver remained in the emergency with the client until her daughter arrived and relieved the caregiver. After receiving medical attention, the client's daughter contacted our office to indicate the results of the medical exam which was documented in the clients file. No changes in the plan of care were necessary but the additional caregiver on the case was contacted via telephone and apprised of the situation.

Upon arrival to a client's home for a morning shift, our caregiver was unable to wake a diabetic client. Our caregiver immediately called 911 and followed the instructions given by the operator until the paramedics arrived. Once the paramedics had the client under their care, the caregiver then called the office to report the situation. The office staff documented this report into the client's file and immediately contacted the client's family and care manager. The caregiver followed the paramedics to the hospital and stayed with the client until his family arrived.

E. Quality Management (15 points possible)

19. Describe your plan for measuring the quality of service delivery to Participants.

- a. How do you measure quality in service delivery to the Participant?

As an agency, we are committed to providing quality service to all our clients and strive daily to do so. We employ a company wide Quality Management Program that includes data collection and analysis, performance measurement and continuous improvement. The Quality Management Program consists of a Plan-Do-Check-Act Model.

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

RFP Response Form

OPTIONS In-Home Care Services 2017

Do: Implement the goals

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

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

In addition to the Quality Management Program, we mail out Quality Satisfaction Surveys to every client annually. These quality satisfaction surveys provide our clients with comment anonymity as they are done through the mail. The goal of these surveys is to have an 80% response rate & a 95% approval rating for our services provided. In addition, we continuously monitor client files to ensure all client needs are being met, care plans are followed, and record keeping is up to date. We continue to perform bimonthly supervisory visits during which, the client can directly speak to the field supervisor about any issues they may be having. If a client does have complaints, they are documented and corrected in a timely manner. In addition, clients (and/or family members) are advised at the onset of care to contact the office at any time should they have an issue. We believe that open lines of communication between our office staff, clients, client's family and caregivers are integral in making sure we are providing quality care consistently. Lastly, our Franchisor has a series of satisfaction programs at the corporate level which include a "secret shopper" program (which assesses our offices knowledge, professionalism, policies/procedures and compassion), a "satisfaction" phone call to 15% of clients as well as monthly feedback from our staff to assess our on our strengths and areas we need to improve on.

b. How do you handle Participant complaints?

Our agency informs our clients verbally and in writing before the start of care, treatment and/or services of His/her rights to voice concerns/grievances. This includes, a complaint resolution process and other resources for registering complaints, including, but not limited to, the State Hotline. It is explained to the client and/or client's family that the hotline may be used to lodge concerns/grievances about the requirements for Advance Directives implementation and to receive complaints or questions about local HHAs. This information is also provided in writing and is included in the Patient Information Packet that remains in the patient's home. As noted earlier, we take quality control very seriously and make every effort possible to resolve client complaints in an efficient and effective manner. If a complaint is expressed by a client and/or client's family that complaint is documented on a Complaint form by our office staff and resolution/investigation commences immediately. Depending on the nature of the complaint, appropriate authorities are contacted immediately when necessary. We have around the clock phone service at our client's disposal which enables us to react immediately to complaints received after regular business hours, on weekend or holidays as well. We typically receive complaints by phone which enables us to directly discuss and problem solve with the client at that time. In the event we receive a complaint via mail or email, we immediately try to contact the client to discuss the issue and resolution options with them directly. In the event we cannot reach them directly, we notify the client within five (5) days of receipt of the concern/grievance by e-mail, fax or letter to confirm receipt of the concern/grievance, and to inform the individual(s) that the concern/grievance is under

RFP Response Form

OPTIONS In-Home Care Services 2017

investigation. The Complaint form which includes details regarding the investigation, follow-up action and response is retained by our office staff in a Patient Complaint file. Our investigations are completed within 14 days unless circumstances prevent finalization within that time period. The client is notified verbally and in writing of the delay and the reason for the delay, before the end of the 14-day time period. At the conclusion of the investigation, the client is informed that if he/she is not satisfied with the resolution of the concern/grievance, the decision may be appealed directly to the State Home Care Hotline at 1-866-826-3644. Client complaints are trended and reported through our performance improvement/risk management function. A summary of the complaints and outcomes is reported quarterly to the Board of Directors. Client complaints are also aggregated and included as an integral part of the annual Performance Evaluation. The documentation and tracking of client complaints allows us to assess if we have any systemic problems that may need to be address through corporate wide training.

20. How will you solicit Participant feedback regarding service satisfaction and performance of the direct care worker and what is done with the information? Describe the questionnaire or survey you use, how often you solicit feedback, and how you use that feedback.

During our initial visit to the client, we discuss our open lines of community policy and strongly encourage clients to provide the office with feedback (both good and bad) when it comes to our caregiving services. At the onset of service, clients are contacted by our office staff after the first couple of visits to make sure that they are satisfied with their caregivers. Subsequent supervisory visits are made every 2 months to evaluate caregiver performance and client satisfaction. In addition, clients are mailed Satisfaction Surveys to complete on a bi-annual basis. These Surveys include the following questions:

Organization & Administration

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

RFP Response Form

OPTIONS In-Home Care Services 2017

Service Delivery

6. Was a personal Care Plan developed & implemented?
7. Were you/your representative involved in developing the Care Plan?
8. Do you feel you are cared for in a comfortable & nondiscriminatory way?
9. How many Direct Care Workers are usually involved in your care?
10. Does your Direct Care Worker(s) show up for work on time?
11. Does your Direct Care Worker(s) stay for the specified time?
12. Does your Direct Care Worker(s) assist you with your medication? If "Yes", give specific details.
13. Does a Supervisor occasionally make a home visit?
14. Are you notified in advance if your Direct Care Worker is going to be changed?
15. Is there anything that concerns you about your Direct Care Worker(s)?
16. Were you advised who would be supervising your Direct Care Worker(s)?
17. Are you notified in advance if your regular services have to be rescheduled?
18. Were you advised who you/your representative/family may contact should you wish to speak to someone other than your Direct Care Worker(s)?
19. Were you advised that we may employ both male & female workers?
20. Were you asked if you prefer a male or female worker?
21. Is your normal daily routine followed as much as possible within the provision of personal care such as getting up, meal times & bathing arrangements?
22. Do you find us to be:
 - friendly
 - considerate
 - polite
 - respectful
 - honest
 - believable
 - prompt
 - dependable
 - efficient
 - approachable

RFP Response Form

OPTIONS In-Home Care Services 2017

Evaluation

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

In addition to the above noted internal quality control measures we employ; our Franchisor also conducts client satisfaction surveys of a minimum of 15% our clients on a random basis. Results of all feedback is document and evaluated on a quarterly basis by our owner. Once analyzed, appropriate measures are taken if necessary to improve the quality of our service.

21. Describe your process for handling a billing discrepancy.
Billing discrepancies are typically handled by our office manager and when necessary, our CFO. Our process for handling billing discrepancies is to perform a complete investigation of the invoice in question at the time the issue is brought to our attention. In addition to maintaining clock in/out records and patient's files, our online platform also produces our invoices. These invoices are automatically generated for each client using the data from the clock in/out system for said client. Each invoice includes line items for every shift during that invoices time period which include time, caregiver name and date. This methodology makes investigation of discrepancies straight forward. Once our investigation is complete, our results will be discussed directly with the clients and any necessary amendments to the invoice will be made.

F. Unit Cost and Analysis (25 points possible)

22. Complete a Unit Cost Spreadsheet tab for each In-Home Service that you propose to provide. You must complete the required services Unit Cost Spreadsheet. If you are proposing to provide an optional service, you also must complete its tab in the optional services Unit Cost Spreadsheet. The Unit Cost Spreadsheets are available at www.allegHENYcounty.us/dhs/solicitations. Attachments do not count towards page limits.

RFP Response Form

OPTIONS In-Home Care Services 2017

G. Organizational Documentation (55 points possible)

23. Attach the following organizational documentation to support your proposal to provide the requested services. **Attachments do not count towards page limits.**
- a. IRS Non-profit Determination Letter (Non-profit Organization) OR Articles of Incorporation (For-profit Organization)
 - b. Audited financial statements (for past three completed fiscal years). If a Proposer does not have audited financial statements, then tax returns or financial statements prepared by outside agency will be accepted
 - c. Organizational chart depicting current staffing
 - d. Resumes of Key Administrative and Supervisory Personnel
 - e. Job Descriptions of Key Administrative and Supervisory Personnel
 - f. New Employee and Continuing Education Training Curricula
 - g. Personnel Policies
 - h. Affirmative Action Plan
 - i. Organization's Licenses, Certifications and Accreditations
 - j. Emergency Response Plan
 - k. Policy on no mandatory retirement age

Instructions: Please type only in the blue cells. The total and percentages will be automatically calculated. The total must equal your proposed unit cost (hourly reimbursement rate).

Proposed Unit Cost: Personal Care Services	
Organization Name: Hamley Corporation dba Right at Home	
1. Personal Care Services Personnel - Salary	\$15.18
a. Supervisor	\$1.92
b. Registered Nurse	\$1.34
c. Scheduler	\$0.78
d. Other Support Staff	\$0.64
e. Direct Service Workers	\$10.50
2. Personal Care Services Personnel - Fringe Benefits	\$3.84
3. Personal Care Services Personnel - Travel Reimbursement	\$0.10
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$3.43
5. Administrative Costs (Not to Exceed 10%)	\$1.50
6. Profit/Excess Revenue	\$1.04
TOTAL UNIT COST (sum of items #1 through #6)	\$25.09

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	60.50%
Personal Care Personnel - Fringe	15.30%
Personal Care Personnel - Travel Reimbursement	0.40%
Operating Costs	13.67%
Administrative Costs (not to exceed 10%)	5.98%
Profit/Excess Revenue	4.15%

Instructions: Please type only in the blue cells. The total and percentages will be automatically calculated. The total must equal your proposed unit cost (hourly reimbursement rate).

Proposed Unit Cost: Home Support - Housekeeper	
Organization Name: Hamley Corporation dba Right at Home	
1. Personal Care Services Personnel - Salary	
a. Supervisor	
b. Registered Nurse	
c. Scheduler	
d. Other Support Staff	
e. Direct Service Workers	
2. Personal Care Services Personnel - Fringe Benefits	
3. Personal Care Services Personnel - Travel Reimbursement	
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	
5. Administrative Costs (Not to Exceed 10%)	
6. Profit/Excess Revenue	
TOTAL UNIT COST (sum of items #1 through #6)	

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	
Personal Care Personnel - Fringe	
Personal Care Personnel - Travel Reimbursement	
Operating Costs	
Administrative Costs (not to exceed 10%)	
Profit/Excess Revenue	

illy calculated. The

ing	
	\$15.18
	\$1.92
	\$1.34
	\$0.78
	\$0.64
	\$10.50
	\$3.84
	\$0.10
	\$3.43
	\$1.50
	\$1.04
	\$25.09

60.50%
15.30%
0.40%
13.67%
5.98%
4.15%