

PROPOSER INFORMATION

Proposer Name: **Home Care Advantage Inc.**

Authorized Representative Name & Title: Michael Gehosky, President

Address: 1480 Indian Springs Rd., Suite 2 Indiana PA 15701

Telephone: 724-465-5863 or 1-844-604-7344

Email: admin@hcadvantageinc.com

Website: www.hcadvantageinc.com

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

Date Incorporated: 10/14/2008

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Michael Gehosky	724-465-5863	m.gehosky@hcadvantageinc.com
Contract Processing Contact	Larry Manners	724-465-5863	l.manners@hcadvantageinc.com
Chief Information Officer	Anna Bernard	724-465-5863	a.bernard@hcadvantageinc.com
Chief Financial Officer	Missy Shultz	724-465-5863	m.milliken@hcadvantageinc.com
Administrative Contact	Dustin Abrams	724-465-5863	d.abrams@hcadvantageinc.com

BOARD INFORMATION

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

Michael Gehosky, CEO

Larry Manners, COO

Dr. Joseph Lamantia Medical Director

Yiva Leasure, DON, RN

Melissa Shultz Financial Director

Andrea Parcell Secretary of Board

Jennifer Pompelia LPN, Community Representative

Board Chairperson Name & Title: Michael Gehosky, President

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

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Board Chairperson Email: [REDACTED]

REFERENCES

Aging Services, Inc - Janine Maust, Deputy Director: [REDACTED]

Westmoreland County AAA – Peggy Wein, Administration: [REDACTED]
[REDACTED]

Butler VA Medical Center – Ann Druschel, HHA Nursing Manager – [REDACTED]
[REDACTED]

PROPOSAL INFORMATION

Date Submitted: 9/20/2017

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 - Tertiary Choice**

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:

Home Care Advantage Inc a Service Disabled Veteran Owned Small Business (SDVOSB) is licensed and bonded as a home care agency/registry and home health agency in Pennsylvania. Since inception (2009), we have provided personal care services to the community by enhancing continuity of care through driven caregivers to more nearly 200 individual clients and veterans on a yearly basis. Our company provides medical staffing, attendant care, Commcare, respite, homemakers/sitters, CNAs, LPNs, RNs, backside office support, and other medical services twenty-four hours a day. Our Agency continues to refine our approach to nonmedical personal care services by ensuring our processes continue to evolve by working with the community, State, Veterans Administration (VA), and the government. Our goal similar to Allegheny County, is to offer personal care services to consumers in hopes of exceeding the anticipated continuity of care and continuing to ensure the elderly community remain in their home. Our dedicated staff, alongside our proven caregivers offer exception experience and unmatched infrastructure to ensure the participants of the Allegheny County Options program are seen as expected and receive quality personal care. With the combination of our knowledge, resources and dedicated staff, we offer the support and flexibility required by the County by ensuring our caregivers are fully dedicated in meeting mission requirements.

To ensure our Agency remains on the cutting edge of personal care services, our staff alongside our administrator and human resource professionals continually conduct quality assurance audits and performance evaluations, ensuring consumer services are within standards and exceed defined metrics. Furthermore, continual oversight of contract performance ensures deliverables align with requirements,

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approved guidelines, policies, and manuals currently in use by the Department of Human Services and the Commonwealth of Pennsylvania. To help ensure Home Care Advantage remains up to date with current Options program, our staff trains continuously in personal care services, HIPPA, and other requirements as recommended and mandated by the state licensing commission as well as applying knowledge gained through on the job experience, consumer evaluations and concern reports. These procedures and policies affords Home Care Advantage the ability to hire and retain staff who are dedicated and exceed the minimum requirements established throughout the personal care community. The combination of our experiences offers a unilateral updated view into both real-world non-medical care/personal care and policy expectations. Furthermore, our caregivers are pushed by leadership to undergo continual professional development to ensure they have the ability to provide the support needed when requested by the consumer, ensuring caregivers remain a critical asset to each consumer we service. The combination of our training, management support and personal care experience, affords our agency the ability to meet every possible requirement set forth by the Allegheny County Options Program, allowing us to form a cohesive team, by building confidence through transparency and nearly a decade of serving the community in the personal services community.

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
- 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

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- 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

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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 not a franchise or a subsidiary of a larger company, we are sole-private firm owned and operated in the commonwealth of Pennsylvania. We are service disabled veteran owned small business (SDVOSB), incorporated in (10/2008) Pennsylvania as an S-Corporation, with a corporate office in Indiana PA, and will have a Satellite office in Allegheny county by November 2017. The satellite office is to better serve this contract and our Westmoreland waiver and personal home care contracts, and facilitate the hard to reach community.

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

Our agency mainly operates as an employer for non-medical services, personal care services and as a waiver provider. However, we are licensed by the state of Pennsylvania as both a non-medical agency and registry. We have also partaken in the consumer model, on various aspects of the home care, waiver contracts.

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?

Our corporate office is in Indiana Pennsylvania, with new a satellite office in Allegheny County, being opened in Murrysville PA, that will be operational in November of 2017. This new office will not only serve as the hub for our Allegheny caregivers and older adults, it will aid us in recruiting and training our current staff in Westmoreland county, while aiding us in the ability to fill hard to fill areas within the local region.

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

Home Care Advantage started servicing older adults by providing home care, non-medical, and private pay services in January 2009. We acquired our first personal care services contract with Indiana County of Aging in July 2009 when a large provider pulled out. In 2009, we acquired approximately 30 older adults and from there our agency continued to expand. In late 2009, we started services with the Veterans Administration, the ALS foundation and Armstrong county. Since 2009, we branched out to Westmoreland, Cambria, and other surrounding counties doing personal care services and waiver services. In 2011, we moved into the State Waiver Programs, doing Act150 and other waivers throughout a six county region, where we have served thousands of older adults since inception and we currently see more than 150 older adults each year. Currently, we have more than 75 non-medical care workers servicing a 6 county area, with a large majority of our services in Indiana and Westmoreland counties. We are one of the largest non-medical providers in Indiana and Westmoreland counties. In Westmoreland, our goal is to service the hard to reach consumers, or difficult areas, such as Jeannette, North Huntingdon, Irwin, and many others. Our reputation with

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Westmoreland county is exceptional and we do exceptionally well to ensure all older adults have the care and service required, every day of the year.

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

We started operations in Jan 2009, with our first non-medical contract in July 2009.

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.

Contracting Organization	Services Provided	Size of Contract (Dollar Amount)	Contract Start/End Dates
PA Office of Long Term Living	PA Waiver Services	\$1,851,380	9/2012 - Present
Aging Services, Inc.	Home Care - Options	\$1,056,000	7/2009 - Present
WCAAA	Home Care - Options	\$732,950	5/2011 - Present
Department of VA, Pittsburgh	Home Care – Personal Care	\$204,545	1/2010 - Present
Department of VA, Butler	Home care – Personal Care	\$157,954	09/2009 - Present
AVCC	Home Care Personal Care	\$15,742	6/2016 - Present

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, No contracts have ever been cancelled for any reason. We have held the same contracts since inception and have no intention of releasing any in the future. We hold outstanding past performance with each county, and on the state waiver program.

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	14,670.25	14,670.25	111	111

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Home Support Housekeeping	3,367	3,367	30	30
Home Support Chore	0	0	0	0

The numbers in the table above are yearly averages, not the total amount of participants serviced since inception, or it would be in the 1000's of participants and hundreds of thousands of service hours.

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.

The cornerstone of our hiring strategy is our ability to provide a quick and seamless transition for consumers switching providers or need new services, with a goal that does not disrupt the Options program. Our recruiting process provides us with the capability to develop and maintain large rosters of qualified professionals who can fill short notice requirements, leaves of absences, or new consumers. Our agency possesses a strong background in recruiting and we have distinguished ourselves on contracts for our ability to recruit, vet, and hire caregivers with backgrounds in the field of nonmedical and skilled medical care. On contracts with similar scope requirements, our team has provided numerous caregiver and support personnel to include:

- Providing Registered Nurses, LPNs, CNAs, sitters, companions and other caregiver personnel on Westmoreland County personal care contract;
- Providing RNs, LPNs, CNAs, and other highly qualified medical professionals for Local Areas of Aging, serving nearly 200 individual clients, on a monthly basis with 85 employees;
- Providing highly qualified personnel for various Medical Waiver programs encompassing a wide array of service and staffing requirements in remote hard to staff areas.

Hiring qualified staff to fill the slots detailed within the proposal is critical to the success of the Allegheny County Options Program. Our team continually employs our Recruiting Process illustrated below, to ensure an adequate number of qualified caregivers are available to provide services to the options program.

Our recruiters have begun working on the first three steps (Exhibit 1) in the hiring process for the options program, to ensure our firm is able to meet demands on day one of contract performance. We understand that this is highly proactive from a contract standpoint. However, our firm believes to acquire the most qualified personnel to do the job you have to be proactive, and as a benefit, it reduces turnover, lack of motivation, and poor performance. We have learned through experience, if one waits until a consumer needs care, it reduces opportunities to identify the best candidates for the position and increases turnover and retention.

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Exhibit 1: Recruiting/hiring Flow Chart

Background checks, validation, experience and work eligibility

Each employee at Home Care Advantage goes through a rigorous evaluation process beginning with screening, followed by multi-tier interviews, and concluding with Background Investigations. HCA Staffing employees are required to embody our guiding principles and values of *honesty, strong business ethics, openness, trust, integrity and excellence.*

Background Staffing Checklist			
Checklist for Positions		Checklist for Positions	
<input type="checkbox"/>	Resume	<input type="checkbox"/>	Criminal History Background Checks
<input type="checkbox"/>	Employment Application	<input type="checkbox"/>	Drug Screening Results
<input type="checkbox"/>	Employment Verification	<input type="checkbox"/>	Release forms
<input type="checkbox"/>	Education Verification	<input type="checkbox"/>	Security Document
<input type="checkbox"/>	Copy of professional licenses	<input type="checkbox"/>	Checklist for Credentialed Positions
<input type="checkbox"/>	Professional license(s) verification	<input type="checkbox"/>	Curriculum Vitae
<input type="checkbox"/>	Immunization Records (i.e., TB)	<input type="checkbox"/>	Current life support certifications, as applicable
Signed and Dated, HR Specialist:			
Signed and Dated, HR Manager:			

Exhibit: Background Check list

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Only individuals who meet defined requirements and clear a background check are presented for consideration. Our company uses a checklist to ensure we process and hold caregivers to the same standards.

Our agency performs a number of background checks, fingerprints, that include E-Verify, State Police, individual License verifications (i.e., sole-source credentialing), Medicaid and Medicare fraud, criminal record, credit history, and work history checks for the past 7-years. However, in every case, HCA Staffing makes sure we treat everyone equally. We also request a Child Abuse Clearance Form (Child Protective Services) where warranted to obtain clearance on workers overseeing juveniles. Furthermore, reports are generated to verify social security numbers and a report is requested from the Office of Inspector General. If the candidate is a licensed professional, a report is requested from the National Practitioner Data Bank. Additionally, reports on physicians are requested from the AMA or AOA, and FSMB. Currently, we perform drug screening on all medical providers and complete all occupational health (i.e. TB, PPD, Flu), having workers sign polices indicating occupation health must be current and drug screening can be performed anytime during employment. While not all contracts require screening, we follow policies as required by the end-user, should changes occur during contract lifecycle.

We never make decisions based on a person's race (Title VII of the Civil Rights Act of 1964), national origin, color, sex, religion, disability, genetic information (including family medical history), or age (40 or older). We follow the law, according to the Federal Trade Commission's (FTC) Fair Credit Reporting Act (FCRA) and the Equal Employment Opportunity Commission (EEOC). We get a potential employee's permission in writing before conducting a background screening and driver's record information for a criminal history report. If a potential employee does not give permission or authorization, we reserve the right to not review the application based on hiring criteria by a particular agency, or licensing requirements. If a person gives permission and does not get hired because of information in the report, we follow legal obligations and notify the individual orally or in writing the following:

- Company name, address, and phone number that supplied the criminal history report;
- That the company supplying the criminal history information did not make the decision to take the adverse action and cannot give specific reasons for it; and
- About one's right to dispute accuracy or completeness of any report information, and one's right to an additional free report from the company supplying the criminal history report, if requested within 60 days of the adverse action.

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.

Our firm uses an extensive training program for new and current caregivers. When we determine, a candidate is qualified for a particular job, additional training is typically warranted. This is where our Human Resource department shifts into gear. We provide on-boarding and additional on-the-job training to ensure each candidate is qualified to operate on their own and preform successfully in meeting the needs of the contract. To do this effectively, we follow a new candidate-training plan, as follows:

- Complete employee on-boarding, administration, define job requirements;

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- Define mission goals and objectives, company and home care culture;
- Define expectations, overview of job and complete all options program requirements;
- Breakdown job tasks, determine skills, gaps and identify areas of potential training
- Conduct informal training (on-the job);
- Conduct monthly, quarterly formal training. (Mandatory for all caregivers);
- This includes HIPPA, and other needs on a rotational basis, flyers, pamphlets and tests, online and standardized;
- Mandate Continuing Educational Credits (CEUs) as required by licenses
- Create an employee/company development plan, milestones areas of needed improvement.

Hours per topic, time is adjustable based on learning ability or skillset assessments by each supervisor.

- Personal Hygiene (Grooming, bathing, shaving, toileting, etc.) 4 hours Minimum
- Ambulatory exercise (Walker, cane, positioning of consumer, range of motion, etc.) 4 Hours Minimum
- Transferring consumers (Bed to bath, wheel chair, Hoyer lift, etc.) 4 Hours Minimum
- Infection control (hand washing, waste disposal, use of gloves, gowns, etc.) 4 Hours Minimum
- Other (As required by consumer, i.e., mopping, cleaning, dusting, trash disposal) 1 hour Minimum.
- Online testing courses, paper exams. Total time required is at least 40 hours of training, both classroom and practical.

b. How many hours of training are provided directly on-site under an instructor’s supervision?

All staff is required to undergo mandated training under a supervisor that equates to a minimum of 16 hours of practical caregiver training. Training typically includes shadowing a caregiver, in the daily routines of non-medical care, personal care, home maker, aide, such as bathing, grooming, bed-transfers, Hoyer lifts, light house cleaning, and other services performed on a daily basis.

c. How many hours of training are completed electronically on a computer?

Our agency has a various computers for online training in our office that each caregiver is able to use, should they not have on at home. Each caregiver is required to complete at least 4 hour of computer based training per fiscal year. This is in addition to the practical, or didactic based requirements mandated by the state or other contract agencies, such as, State Waiver, Westmoreland or the Area on Aging requirements. While not specifically required by state law, we guide all our caregiver take online learning exams through medline university. An online medical course program that covers HIPPA, Personal Care, Safe Patient Handling, and much more. In this program, all caregivers get a certificate of completion of individual modules which is placed in their individual training folders. (www.medlineuniversity.com)

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.

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Each caregiver is required to go through a minimum of 16 hours on practical training as defined above in section 4. Each caregiver is teamed up with a qualified caregiver, or direct supervisor to cover each task and perform each one successfully before it is signed off by a supervisor. Each caregiver is given a demonstration on how to perform the skill, then personally assists a skilled caregiver/supervisor on completing each skill, such as bed making, bathing, grooming, shaving, personal hygiene, toileting, bed transfers and much more. Once the caregiver feels comfortable with the skill/task, the caregiver performs it alone under the direct supervision of the qualified caregiver/supervisor. Upon successful completion of the skill independently, the supervisor signed the qualification sheet and certifies that the caregiver has performed the skill successfully. Each skill set, must be signed off and approved, prior to the new caregiver working alone in any consumers home.

e. How many hours of training are completed before the worker touches the Participant?

Each new caregiver is required to undergo a minimum of 40 hours of orientation and onsite training or have at least 1 year experience. Education is part of the hiring process, each new caregiver, whether experienced or not is given a skills based exam, that covers the requirements issued based on chapter 51 to Home Care Advantage maintains or licensing requirements. As noted in other areas, we also maintain a record on, which contains continuing education requirements for each caregiver. In part of the orientation is a minimum of 16 hours or practical hands on training in a consumers home under the direct supervision of supervisor/qualified caregiver. We also use online based training to ensure caregivers are qualified and have the knowledge to succeed in their daily tasks. We use www.medlineuniversity.com, This university offers a large number of free courses and allows for the printing of certificates for each topic from fall prevention to HIPPA. We also use this website for quarterly training, as it is convenient and has 24 hour access for caregiver training.

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).

Educational training is continually evolving and our agency tries new approaches to ensure the caregiver learns the required material in a number of ways. As indicated in other sections, we hold an initial indoctrination course that is given by our Human Resource department, which is face-to-face. This involves tests, competency exams and mentoring/shadowing other caregivers to ensure the new caregiver has the ability to perform and understands the requirements of caring for our elderly population. Ongoing training is accomplished in a number of ways, from computer-based programs, to remotely mailed flyers, classroom training such as CPR/AED/Basic First Aid, Hoyer Lifts and other new training that arises out of concern or mandating. As noted, we are required to get the signature of all training events to ensure each caregiver is in attendance or has performed the required training to be compliant with state and county or other requirements. Training is always evolving (i.e., mail, flyer, classroom, practical experience, computer based or even paper exams) and Home Care Advantage is always looking for ways to ensure the caregiver receives the training. We are always looking for new approaches to ensure training is accomplished, and we rely on a number of platforms to pass the knowledge along, ensuring the caregiver is fully qualified to perform their job requirements.

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A few of the required course are detailed below, it should be noted while these are standard courses for approval to work, our staff is always adding new training requirements to the list based on changes in program policy, new concerns, or state mandates.

List of standard courses.

Consumer confidentially, HIPPA, consumer control and independent living philosophy, Instrumental activities of daily living, Recognizing changes in the consumer that need to be addressed, Bathing with Dignity, Communication, Family Interactions, The confused Patient, Basic infection control, Fall Prevention, CPR, Basic First Aid, Patient Handling/ Lifting, Sexual Harassment, Respect and Dignity, Recognizing Elder Abuse, Bloodborne pathogens, Handling of emergencies, Universal precautions, Documentation, Recognizing and reporting abuse and neglect, Dealing with difficult behaviors, Additional subject areas of training include: Shaving, Grooming, and Dressing. Hair, skin, and mouth care. Assistants with ambulation and transferring. Meal preparation and feeding, toileting, assistants with self-administered medications.

It should be indicated while this is a list of standard courses, they are always changing and updated. While standard courses are excellent for new personnel, we adjust training based on the need of the consumer, feedback from case managers, field staff, and even consumers. Our staff adjust training adjusted quarterly or yearly, based on feedback from consumers, and changes in state licensing mandates.

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

Based on various contracts and state requirements, we are mandated to provide continuing educational on a quarterly basis, and we must show a minimum of 4 hours per fiscal year for each caregiver. However, most receive more than the minimum to ensure staff is kept abreast of changes in the program, new contract and state requirements and on-going practical based and didactic based on companywide changes. We also keep each caregiver aware of arising concerns, lessons learned, and other industrial best practices. All our caregiver training is tracked in HomeTrak software, which gives alerts based on training requirements, certifications, qualifications and caregiver specific needs. Affords our schedulers the ability to ensure each caregiver sent to a patients home is fully qualified for their individual need. As noted earlier, we offer various methods of caregiver training from flyers, pamphlets, new articles, online training (www.medlineuniversity.com) state online home health aide testing, practical exercises, advanced training such as special lifting devices, and more.

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

All caregivers are required to pass a skills assessment test that is administer by a supervisor prior to be employed as a caregiver. The assessment test covers basic skills, questions, and how a caregiver should respond in a given circumstance. Each potential caregiver, must obtain at least a 80 percent to pass the test that consists of routing issues, skills, hygiene, emergency procedures, and Act 51 requirements for non-medical agencies. Additionally, each caregiver is given a 90-day training probationary period, where each caregiver must work under the supervision of a qualified caregiver (Minimum 2 years' service) performing the following tasks, personal hygiene, (Bathing, Grooming,

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Shampoo, Nail Care, Oral Hygiene, Brushing, shaving and Toileting); Ambulatory and Exercise (Walker, Positioning, Hoyer Lifts, Slings, Range of Motion Exercises and Positioning); Transferring from bed to chair, to bath, and others; Infection control (Gloves, Masks, Gowns, Aprons, Waste disposal, Hand-Washing etc.); Making bed, cleaning, room safety; HIPPA, Advanced Directives, Emergency call procedures, personal security, financial security, shopping and errand procedures and more. This is a short list of the items covered in the training for each caregiver. Again, each caregiver must perform each service under the supervision of a qualified supervisor and have the check sheet signed off, which is placed in the employees folder for review and audit.

Each caregiver is required to have a minimum of 40 hours of orientation training. This includes testing, practical exams, 16 hours of supervised work, and online training.

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?

All new caregivers are evaluated continuously for the first 90 days for all mandated skills. New caregivers are continually followed up by the schedulers, supervisors and human resource department. Skills are defined on a skills assessment test and a check list, that must be signed off by a supervisor prior to the employee performing services on their own. After the initial 90 days, caregivers are given an evaluation based on performance and to determine if additional training is required. Should additional training be required, the probationary period is extended for an additional month, upon which time caregivers are evaluated again. Otherwise, caregivers are evaluated quarterly by the supervisor and LPN/RN who visits each consumer on a quarterly basis and do spot check visits and through consumer phone calls, which we speak with on a regular basis. Annual performance reviews are also conducted from initial hire date by a supervisor. It should be noted, that we have a 1-800 number we offer to the consumers to call should they ever have an issue or concern, this is a 24/7/365 on-call number. Therefore, we respond to all requests, demands, changes within a 12 hour time frame, even during the weekends. Changes to the schedule of visits, is accomplished immediately, through our scheduling software system called HomeTrak.

b. Describe how you evaluate a direct care worker's performance.

Direct care workers are under constant supervision by HR, schedulers, and supervisors who monitor each task and consumer they service. Each caregiver is entered into our software (Hometrak), which tracks attendance, missed shifts, call outs, no-shows, sick days, number of consumers, complaints and consumer performance evaluations on a continual basis, which is updated in real-time by our dedicated schedulers. Our schedulers and supervisors know exactly what each caregiver is doing, their required tasks, time to arrive at a consumers home, departure and time driving to the next consumer. Each caregiver is required to fill out paperwork, that is signed by the caregiver and consumer, which defines what was accomplished. This paperwork is used to determine the caregivers performance based on tasks accomplished against the consumers service order. Additionally, our LPNs and RNs do spot checks on each consumer, and caregiver on a quarterly basis, were we ask if services for each consumer is being performed according to expectations. Spot visits allow supervisors to get a third party view of caregiver performance and make recommendations how to correct or

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commend each caregiver. Our agency, also has a 1-800 number which consumers have, so they can call the office, and request changes, report concerns, and speak about how well or how poorly each caregiver is performing. Each of these evaluation methods allow our supervisors to get a full view into how well, or if the caregiver needs additional training, counseling, awards, incentives or other.

c. Describe how you share the evaluation of a direct care worker's performance with the worker.

After the caregivers first 90 day probationary period, supervisors conduct a face-to-face evaluation where we define all the great things being accomplished as well as what needs to work and how to improve. Additionally, we give each caregiver 2 annual evaluations, one is a written evaluation, and the other is a face-to-face evaluation (Annually) that allows the free flow of information on how well a caregiver is performing, what recommendations they have, what training is required, and how to improve overall performance, for the company and for the caregiver. Furthermore, if anything out of ordinary occurs, that requires additional evaluations. Our HR department will reach out to the caregiver, and request a personal performance review. This may occur due to complaints, issues, concerns, or even commendations for excellent work. Our caregivers are required to hand over paperwork at least weekly for each client, this allows for staff, caregivers, and scheduler engagements, to develop a personal relationship and pass concerns, issues, or recommendations directly to leadership.

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.

Home Care Advantage acknowledges that identifying qualified personnel is a logical and immediate approach to meeting caregiver requirements while reducing potential transition disruptions. Accordingly, our agency is prepared to hire any caregiver currently working in the county who meet contract-requirements. Additionally, our compensation and benefits package is exceptional and we are prepared to provide each caregiver with a compensation package and benefit package equal to average salaries current offered in the local area.

Home Care Advantage will provide qualified candidates quickly, and ensure required staffing levels are maintained throughout the life of the contract. Our Recruiting Process provides multiple stages for recruiters to elect whether or not to proceed with the selection process. Our recruiters identify candidates, review their resumes, assess qualifications, and conduct a telephone interview before determining a candidate's eligibility for further employment consideration. Once a recruiter deems a candidate eligible, the specified account manager reviews the resume prior to a formal interview and ultimate approval. This process assures the program has a large pool of qualified and experienced candidates, fully vetted, credentialed, and prepared for placement upon notice. Each of our candidates undergo extensive hiring requirements which meet or exceed County Options program guidelines and regulations pertaining to hiring, such as background investigations, eligibility to work, English speaking and other stringent requirements, depending on job category.

For ease of logistics, scheduling and continuity of service and performance, the cost containment of staff and their retention is essential for a successful contract. As a proven provider of medical and non-caregivers to a variety of customers, our team understands contractual requirements and that employee

Source Selection Information – See FAR 2.101 and 3.104

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motivational dynamics and factors are critical to attracting and retaining top performers. Our agency has proven success in retaining personnel with an exceptional retention rating since inception for non-medical staff. Our success revolves around an approach focused on open communication between management and employees. We consider our employee the most valuable asset who is treated with honesty, dignity, and respect. We place our employees in a positive work environment giving them tools to exceed their own expectations, and should the contract close or transition, our staff assists employees in locating future jobs, if they cannot be assimilated into another area of the firm. This concerned approach of our corporate leadership results in dedicated employees and a low turnover rate. We have combined best practices from our respective company employees and competitor’s processes, lessons learned from other industries, and our proven system of contract performance to propose a series of retention programs and tools including:

- Purposeful and rigorous interview processes to ensure expectations are defined. A total compensation approach that is very competitive with the local market; equitable relative to individual employee skills, abilities, performance, and contributions; and consistent across the team to the maximum extent possible.
- Home Care Advantage recognizes some positions/areas are hard to fill, therefore, our team offers competitive salaries, a continuing education fund, and a comprehensive benefits package to recruit and retain quality personnel, and we follow state approved holiday schedules and work hours similar to DHS guidelines.
- Regularly scheduled visits by supervisors and open communications facilitate a team atmosphere through mentoring and increased information exchange. During each supervisory visit, management speaks with the onsite caregivers to discuss the morale and well-being, identify potential turnover risks, and develop specific actions or interventions to mitigate these risks.
- Incentive programs linked to project performance, assignment completion, candidate referrals, and spot bonuses recognize employee innovation, safety, and extraordinary contributions to mission success.
- We encourage individual professional development while striving for upward mobility within our firm or contract by offering a professional development fund and training opportunities. Our firm advocates the use of our training department to facilitate Continuing Educational Units, and we work in conjunction with the client/employee to ensure we pursue mutually beneficial pursuits. Each employee is required to do specific training or Continuing Education Units per month, which covers ethics, HIPPA, infection control and more.

As noted elsewhere, employee compensation is a critical aspect towards recruiting personnel for any job, especially an on-call employee. To acquire individuals with the right skills, knowledge and abilities, employers must put forth a lot of effort into getting employees to this level of expertise. Therefore, our firm has done extensive analysis of all labor categories and salaries, to include wage determination minimums. Our viewpoint is to exceed the minimum level of compensation, to ensure there is less of an opportunity that the employee serving the bureau of fiscal services will quit after a short duration or right after orientation, in search for higher wages. Our compensation is highly competitive for each proposed labor position, and we offer equal in quality of benefits for fulltime employees.

ACTION	DESCRIPTION
Recruitment Plan Goals	Initiate local and regional networking, sourcing and referrals; Source our current and former personnel for referrals. Referral candidates provide the most reliable and proven

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	recruitment sources that yield qualified professionals available for employment; Execute a recruitment campaign plan that meets time and budget constraints; work in partnership with the AFRG to ensure that all near and long term requirements are considered.
Continuous Sourcing	Our recruitment team is continuously performing national, regional, and local searches to increase our existing network of qualified medical workers.
Pre-Recruitment and Pre-Credentialing	HCA Staffing has established contacts with Military Installation MWR Employment Offices, Military Spouse Organizations, Transition Offices, and Military Employment Assistance Programs at sites throughout the state. These provide great resources as being a Veteran owned firm we share a commitment of placing military members in the workforce.
Military Community	We have relationships with Veteran Service Organizations throughout the region such as the Veterans of Foreign Wars, Disabled American Veterans, American Legion, and the Wounded Warrior Project. Our success lies in matching candidates with job requirements, and placing dedicated workers. We focus on placing former military, wounded warriors, spouses, and families in the right job.
Social Media	Social media is one of the best and current methods to recruit qualified medical workers. Some social media outlets we use are Facebook, Twitter, Linked-in and Medical Mingle. We recruit candidates through sources using the following methods: Searching members using specific search criteria tailored to our requirements; Joining skill and location based groups to search followers and/or post to their walls.
Marketing/Advertising	Our marketing and advertising strategy involves implementing programs and activities that continuously reinforce professional career opportunities at agencies using the following tools: Web site section detailing positions available at each agency; Electronic media including healthcare niche job boards; Participation in healthcare conferences and job fairs; Sponsorship of various and applicable professional recognition affairs; Dedicated local/regional sections in the newspaper; Professional publications such as healthcare/medical journals and magazines; Direct contact via mail and telephone.
Recruitment Metrics	We generate reports that demonstrate the following: (1) quality customer service element of the process, (2) demographic characteristics of the applicant pool and (3) successful recruitment initiatives. An analysis of survey data enables our recruitment team to: Determine which strategies are successful in achieving pools of qualified candidates; Review and evaluate quality customer service and recruitment improvement processes and techniques (i.e. time to fill); Determine which recruitment efforts yielded the best performing employees as it relates to annual performance appraisals and retention.
Staffing and Backfill Inventory	A pool of qualified and credential-ready backfill workers provide care when needed. Our recruiters pre-schedule personnel to cover requested PTO days, deployment and/or sick leave and use scheduling software to track and verify shift schedules and assignments.
Workforce Forecast	Our account manager is responsible for internal reports of the staffing, scheduling, and backfill requirements of the previous month as well as a forecast report for the upcoming month. This report is used as a tool to forecast future staffing needs and scheduling changes; update databases for backfill availability; review employee information changes (telephone, address, etc.), and assess the status of recruitment databases.

Source Selection Information – See FAR 2.101 and 3.104

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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?

Our typical retention package includes, leave, paid holidays, military reserve leave, jury/court duty leave, bereavement leave, family/medical leave, health insurance, and employees choice of 3 United healthcare benefit plans. As we search for quality and dedicated people, we understand skills are perishable. Therefore, we offer CEU assistance for professional employees, ensuring they meet their obligations for license recertification's. HCA Staffing recognizes retention is based on a number of factors, to include work place dynamics, organizational leadership, job satisfaction, family appreciation, and benefits and salary. Therefore, we run a transparent organization, were leaders work with employees to solve issues, and we strive to offer highly competitive salaries, benefits, and opportunities for growth and promotion. By following this concept of employee engagement, our team has exceptionally low turnover even for the most volatile HCW labor categories.

Employee Benefits

Benefits eligibility is dependent upon a variety of factors, including personnel classification. Our HR Department and account manager identify program eligibility for each candidate during review of service requests and orientation. Our team also details our benefit programs in our Employee Handbook, given to candidates upon hire. We cover 80 percent of the following benefits, and offer other programs to eligible Full-time personnel:

- Group Medical Insurance
- Voluntary Dental Insurance
- Voluntary Vision Insurance
- Paid Holidays
- Paid Time Off

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Health and Welfare Plans – All regular full-time and 3/4-time eligible personnel have the same types of benefit plans offered, through United Health Care. We cover 80% for each employee who has the ability to choose from three levels of plans.

Personnel have benefit elections with designated premiums, which contain employer and employee costs. The benefit election costs are deducted from the employee’s gross wages for pre-tax contributions. Health and Welfare plans include a basic or premium medical plan election, a voluntary dental and vision.

Paid Time Off (PTO) – PTO is an all-purpose time off policy benefit for eligible employees to use for vacation, illness or injury, and personal business. It combines traditional vacation and sick leave plans into one flexible, paid time off policy. The amount of PTO each employee receives each year increases with the length of their active employment.

Workers’ Compensation Insurance - We provide a comprehensive workers' compensation insurance program at no cost to our personnel. Our Workers’ Compensation Insurance Program is administered by UPMC Work Partners. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to the applicable legal requirements, worker’s compensation insurance provides benefits after a short waiting period or, if the personnel is hospitalized, immediately.

Paid Holidays -- We grant paid holiday time to all personnel based on the same schedule as state approved holidays.

Benefits Package Overview. Success in recruiting and retaining personnel depends, in part, on a comprehensive compensation and benefits program. Our team designed and refined our benefit programs on personnel staffing contracts. As a result, our team's benefits package is purpose-built for the type of work and staff called for in this RFP. Our agencies benefit programs offer four major advantages.

1. A comprehensive benefits package makes it easier to recruit and retain qualified personnel.
2. Flexible benefits make it easy for qualified personnel to get the most from our offering – enrolling in valued benefits, while avoiding costs of benefits that might not be important based on individual circumstances.
3. Consistency of benefits among our team’s companies boosts flexibility and morale.
4. Our program includes features – such as referral and retention bonuses, increased paid time off as seniority grows, and retirement benefit vesting – that are precisely targeted at important contract performance requirements

Retention features and benefits are a comprehensive and consistent program listed below

Feature	Benefit
Comprehensive Benefits	<ul style="list-style-type: none"> • Improves recruiting and retention – Employees are more likely to find our positions attractive relative to other opportunities. • Demonstrates respect for employees and enhances bonds between workers, HCA Staffing, and the contract.
Flexible Benefits Package	<ul style="list-style-type: none"> • Allows employees to gain maximum value from our benefits package.

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	<ul style="list-style-type: none">• Gives employees the opportunity to change their mix of benefits as their circumstances change.
Specific Benefits Addressing Program Objectives	<ul style="list-style-type: none">• Referral bonuses – expand the pool of recruits.• Retention bonuses – boost retention, especially among the most experienced employees.• Training – improves employee skills and streamlines credentialing.

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

About a third of our direct care workers serving consumers within our Home and Community Based service program have been in their jobs for one year or less. Average turnover for direct support workers in community-based programs for HCA is estimated at 45% in each of last 2 fiscal years. One of the driving factors behind turnover are low wages and the fact workers cannot support themselves and their families or the position serves as stepping stone into larger and higher paying careers such as CNAs, LPNs, RNs and home health aides. We as an agency are continually looking to identify ways to improve retention and strive to increase salaries to ensure dedicated caregivers remain with our agency. As the County knows, salaries are a large factor into retention or hiring, therefore as defined in the proposal, we look to increase salaries and offer benefits to solidify and reduce turnover.

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.

Generating high-quality schedules for a rotating workforce is a critical task in all situations where a certain staffing level must be guaranteed. Assignment of shift sequences to work one after another while fulfilling the staffing and client requirements. We offer mileage between clients to staff and incentives such as extra pay for picking up extra consumers and mileage to and from a client's home for a last minute schedule changes or additions. Once we take on a new consumer we look at staff levels we have in the area the client lives. Once we find the staff who is a best fit for the consumer we contact the consumer and discuss the times of service they prefer. If the caregiver is unable to do the times that work best for the client we find another caregiver who can meet the needs of the client.

We generally like to have 2 different caregivers in the area of the client so there is always a backup if a call off would occur. Most clients who receive housekeeping tend to be more flexible so we are able to work them around a caregiver's schedule. Personal care clients who require morning care or pm care we use caregivers who are able to do split shifts and/or one caregiver for am care and another caregiver for pm care are scheduled weekly.

As far as creative solutions, we use cash incentives to fill shifts. After the 10th pick up they receive 4 hours pay as a bonus and thank you for picking up odd shifts when needed. This has been a success with call offs, and helps retain workers, while offering incentives to go above and beyond.

C. Management of Service Delivery (30 points possible)

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

Accurate and timely documentation of In-home service. In each consumers home there is a red binder that has demographics and a notebook for communication between staff. Quarterly evaluations are done by onsite visits and/or phone calls. When an onsite visit is conducted the notebook is always read and personal care is discussed with the client to ensure all of his/her needs are being met. Anytime a concern or incident report is turned in to the office a call and/or house visit is conducted to check on the situation and to make sure all of his/her needs are being met. The caseworker and/or family members are contacted depending on the severity of the situation or if the concern needs addressed by someone other than the consumer, for safety or medical reasons. Further training is conducted for each caregiver to ensure that paperwork is accurate, factual, legible, detailed and signed according to licensing and contractual requirements. We retain all documentation for at least 7 years, which is available for audit by the state or county.

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?

Perhaps one of the biggest requirements for each of our caregivers is to have personal transportation. Our agency requires our direct care workers have a reliable form of transportation upon hire. HCA also pays mileage to the staff, to and from participant residences as an incentive to assure the remote areas are covered. While we do not discriminate on caregivers who do not have transportation, and use public services, it limits their ability to perform services to more than one or two clients a day, who are separated by formable distance. We do work with caregivers and adjust schedules so the caregiver matches the consumers need.

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 constantly identify new areas of training regarding meeting the health care needs of older adults. We thrive on providing quality care to help them live independently in their homes and communities. An interdisciplinary team is the key to successful home care. We conduct trainings throughout the year to ensure our staff is properly trained and able to provide care for our consumers. We have increased wages within the past two years for our caregivers and have added new hands on training. An estimated 90 percent of adults over the age of 65 have one or more chronic condition, such as diabetes, heart disease, arthritis, depression and hypertension. Our staff is trained on all conditions listed above throughout the year in order to provide the best care possible with the proper knowledge of each condition.

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

The goals of measuring health care quality are to determine the effects of health care on desired outcomes and to assess the degree to which health care adheres to processes based on scientific evidence or agreed to by professional consensus and is consistent with patient preferences. Efforts

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to improve quality need to be measured to demonstrate whether improvement efforts lead to change in the primary end point in the desired direction. We conduct yearly surveys for each consumer and follow up with each complaint or concern. When a concern or complaint is listed a follow up phone call and/or house visit is made in order to make efforts to correct the situation. This process along with the growth of our employee base and their clinical knowledge has increased our service capacity about 20% over the last 2 years.

c. Describe the strategies you have implemented in the last two years to expand your geographic service area.

We are currently in the process of opening another office in the Allegheny County to expand. Looking at our existing consumers this location will help us to grow more in the Allegheny area as well as other counties within 50 miles of this location. Being able to provide the services clients want will help us receive inquiries. Following up on inquiries can give you a targeted geographic area. We are a member of LINK and attend meetings every 2 months. This allows us the chance to meet with different counties and gather information on the counties in need of service providers. Just recently we have attended a Networking Group called S.A.A.M which is a group of networking professionals who work with the senior community in Armstrong, Indiana, Westmoreland, and surrounding counties. We gather to share information and ideas, and support each other. We have also grown in the last two years to encompass a 6 county area of Indiana PA. Furthermore, we have opened two new divisions of the company. First is our Home Health Division, that performs skilled care to clients in the Indiana County area and surrounding counties, as well as a medical staffing division. We currently perform medical staffing in 4 states, Pennsylvania, West Virginia, Virginia, and Mississippi. In the 6 months alone, we have assumed 65 new employees and increased sales to over 7 million.

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.

Home Care Advantage (HCA) has identified four core principles required to achieve measurable goals and they are maintaining quality, improving customer satisfaction, improving patient safety, and continuous improvement. When these principles are combined with our continuous improvement in Employee recruiting and retention, HCA has the processes in place and capacity to serve the needs of your county. Our plan also includes identifying those hard to fill service areas early on to be sure we have adequate staff to accept at minimum 80% of new patient referrals in the first year. We work with the county on a continual basis to capture potential consumers place of residence (area) so we can start recruiting staff, or identify staff in the local area who can assume the client when they are approved by the Options program. Our goal, is to have staff ready, and available as soon as the consumer is approved. We ask the county, to offer a list of number of candidates, potential start dates and general area of residence. This aids in recruitment and ensuing the 80 and 90 percent thresholds are met.

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

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Our plan for accepting 90% of new referrals in subsequent years is based on our core principles as mentioned above, plus adding additional focus on identifying what has worked and not worked in recruiting, retention, service areas. Etc. Home Care Advantage continuously learns from past and present experiences and intends to build on successes and eliminate nonproductive practices or procedures that will allow for higher success rates across the board in all measurable goals. Again, this is a dual evolution that requires both the county and the agency to work in concert to ensure consumers are seen, have staff available, and retained. It is also our responsibility as much as the case managers to work through potential issues to ensure the consumer is cared for in a highly dignified manner.

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.

Call-offs and no-shows. Per policy only 2 call offs are permitted per month and 4 hours is required to allow us enough time to find coverage. Our policy is that each consumer has 2 different caregivers who are familiar with the consumer so when a call-off occurs a backup is already in place. In a situation where neither caregiver can go we utilize dedicated and trained office staff to fill a shift, especially for personal care services. When we are notified of a no-call no-show disciplinary actions take place. It is also noted, that we have a dedicated on-call person whose job is to find coverage for the consumers outside standard office hours. If the on-call person is unable to find coverage that individual is required to provide services for the consumer.

b. Describe your process for communicating when a direct care worker calls off or does not show-up as scheduled.

When there is a call off, we obviously ask why they are calling off and if it is for a client that receives housekeeping or personal care. If it is housekeeping we look for a replacement caregiver or ask the consumer if it can be scheduled for another day the same week to make up for the call off. If the client receives personal care a replacement is found for the client and an alternative caregiver is sent out as quickly as possible the same day. If a caregiver calls off the client is notified immediately and told who and when a replacement is being dispatched. The consumer will receive a call back, or confirmation call once we identify a replacement, the name of the caregiver will be given to the consumer so they know who is coming to give them care. On occasion, a client will say they do not want a replacement for that day due to family being there etc. in this case, we will not send a replacement per client's request, but will ask to reschedule when it is convenient for the consumer. Efforts are always made to find a replacement for every call off and or no show, and out schedulers always call the consumer to keep them informed of the situation.

16. Describe your plan to the needs of a culturally diverse population and those with special needs.

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We carefully consider the diversity of all our clients' values, beliefs and cultural expectations. To work effectively with culturally diverse clients, we have the knowledge and skills through historical past performance and having a large diverse staff. We educate staff and caregivers wherever possible to enhance understanding and address the need of culturally diverse clients. Recognize that ethnicity, religion and culture may have an impact on a client's behavior. We also assist clients to become aware of their own cultural values and norms, and facilitate by discovering ways clients, staff and caregivers can apply diverse awareness to their own lives and to society at large. Respect the client's religious and/or spiritual beliefs and values is mandatory for all members of our Agency. We try to provide information in a way the client can understand. We attend trainings and seminars to educate our staff on diversity and work patiently with every consumer who may have a special need. Each caregiver is fully aware of each of their consumer's needs, and concerns, and we educate staff on how to act, perform, and behave in each situation. Should a concern arise, each caregiver has the freedom to call our office staff, such as the administrator, or human resources to solicit information in making their job easier, and understand the need of each client.

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?

HCA utilizes a Concern Report system in which the direct care worker would document the concern in detail. Types of changes/concerns would include abuse, falls, medical change, suspected theft, consumer complaint, etc. When status concerns are identified, the employee will submit the complete report to their immediate supervisor to address the issue/concern. The worker also includes who in management was notified of the concern/change. The supervisor then takes control of the report and documents the follow up and or actions taken to resolve the concern. That report is then signed by the supervisor and the report is placed in the consumer file. If necessary the concern report is forwarded to the case manager for further review.

b. How do staff communicate Participant changes to other health care and care management professionals, family members, or other informal caregivers?

Every client folder contains changes to Care Plan forms. This form is used to record any changes in the client's diagnosis, level of care, time of care, special needs, equipment, transfers, orientation, continence, or family dynamics. A change in the care plan must originate with the client's Physician or the Nursing Supervisor, or as defined in the contract with the Options program and the case manager will be aware of the change. Any licensed personnel may complete a Change to Care Plan form. The Nursing Supervisor or licensed field staff personnel will complete a Change to Care Plan form when s/he receives a request from the client's physician or the Nursing Supervisor.

The Changes to Care Plan form will be kept in the client's folder where the care is given, (i.e., home). The caregiver will fill in the appropriate blank spaces for the client information. Then the

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caregiver will record the change of care plan in the appropriate space. It is not necessary to fill in all the spaces if only one change is needed. Caregiver may make more than one change on the same form, as long as it is annotated correctly and clearly defined, and identified. All changes not initiated by the Nursing Supervisor must be called into the Nursing Supervisor as soon as the request was made. Each caregiver must read the Changes to Care Plan forms prior to each shift. Should policy dictate, we will notify the case manager of the change and follow the options program procedures.

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.

Our agency had a client that did not care for her caregiver because he was male, and the consumer did not think that a male was capable of taking care of her needs. The client called the agency every day for a week telling the supervisor many reasons why the caregiver could not take care of the consumer. Nearly every occasion had to do with cleaning her home, not personal care. The supervisor called the caregiver and advised him that the consumer was not happy with the way he was cleaning and to try and clean in ways that appease the consumer. The caregiver was very nice and said all the consumer has to do is tell me when I am there how she would like her house cleaned and that's how I will clean it, but the consumer just sits there and stares at me and does not say a word. Several days later our agency got a call from the client's case manager telling the supervisor that the client thinks the male caregiver is waiting outside her house. Apparently, the caregiver told the consumer that he is not a slave and knew how to hide well. We told the case manager a supervisor would call the client to see what happened and the supervisor would remove the male caregiver from her home. A supervisor called the consumer to discuss what happened and to tell her about a replacement caregiver. At the end of the conversation with the consumer, she told our supervisor that she made most of the things up because she wanted to get a female caregiver. I told her that all she to do was notify the agency that she requested a female caregiver during the initial setup and we could have avoided the situation. The situation was resolved and the consumer apologized for lying about the caregiver, and said the caregiver was doing a good job after all.

Our agency had a caregiver advise that a consumer was continually requesting for the caregiver take the consumer and his friend to Walmart to pick up a money order for a consumer's friend. Since this is against policy, our supervisor contacted the consumer and advised that not only was the caregiver not working at the time the consumer requested the caregiver take them to Walmart, but the caregiver is not permitted to take a consumer and their friends to conduct third party business. The consumer was very upset and advised that our agency was not being nice to him and not taking care of his need. After a supervisor explained to the consumer concerning liabilities and company policies and caregivers right and responsibility and that the caregiver is to only work the assigned shift, the consumer understood and said it would never happen again.

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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? Quality Assessment and Performance Improvement

Policy: The Quality Assessment and Performance Improvement (QAPI) is a program used by HCA to measure significant outcomes for optimal care. The program is focused on client outcomes that are measurable, and have a written plan of implementation. It is implemented by a QAPI committee that reviews and updates or revises the plan annually or more often if needed.

Procedure:

1. The QAPI committee consists of the administrator, a nursing, and an individual representing the services provided by the agency.
2. The QAPI committee meets at least twice a year to analyze a representative sample of services provided to clients of the agency. This includes active clients and clients with closed records.
3. The QAPI committee reviews:
 - Negative client care outcomes
 - Complaints and incidents of unprofessional conduct by license staff and misconduct by unlicensed staff
 - Infection control activities
 - Medication administration errors
 - The effectiveness and safety of all services provided including:
 - a. The Competency of the agency's clinical staff
 - b. The promptness of service delivery
 - c. The appropriateness of the agency's responses to client complaints and incidents
4. The QAPI committee determines that services have been performed as outlined in the service plan, care plan or plan of care and analyze the client complaint and satisfaction survey.
5. The QAPI evaluates the total operation, including services provided under contract or arrangement on an annual basis.
 - The agency must then use this evaluation to correct identified problems, and if necessary, revise policies.
 - The agency must document corrective action to ensure that improvements are sustained over time.
6. The agency immediately corrects any identified problems that directly or potentially threaten the client care and safety.
7. All QAPI documents are kept confidential and made available to appropriate contractual agency representatives upon request.
8. Measurable goals:
 - a. Participant Satisfaction no less than 90%
 - b. Complaint resolution no less than 90%
 - c. Departmental Compliance no less than 90%

b. How do you handle Participant complaints?

Participant Complaints

Services will be delivered in a manner which respects participant rights and Home Care Advantage employees are responsible to ensure the protection of those rights. Complaints,

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concerns, or grievance will be dealt with in an open, courteous, and efficient manner. Surveys are provided annually to our consumers, and our nursing staff visits each patient quarterly to check on care plans, caregiver support and obtain feedback regarding services and complaints. Consumers with complaints are assisted in the process of seeking resolution. Contact is made by telephone, Email or a house visit is conducted upon an unsatisfactory survey. A follow up is conducted within 30 days to make sure the issue or complaint has been resolved.

All participants of Home Care Advantage have the right to quality services that respect their dignity, personal integrity and individuality. Agency staff are provided with an orientation to participant rights via in-service trainings, and are responsible to be familiar with agency policies and procedures.

Participant Grievance or Complaints

Participants are informed in a manner that is understandable as they are oriented to the program that they have rights and responsibilities, while participating in the program, including the right to make a formal complaint, file a grievance, or appeal a decision made by the organization's personnel or team members. The participant will be informed as to how they make complaints and what procedures would be followed. Action taken by persons served will not result in retaliation or barriers to service and staff could be subject to disciplinary actions should they retaliate in any way against a participant which makes a complaint against them or another staff.

Participant concerns or complaints should be expressed through the following levels of review (unless the complaint is an allegation of abuse or prohibited conduct against a staff member);

- Talking directly to the person they are complaining about;
- Speaking to any staff person;
- Speaking to the senior staff if applicable
- Requesting a meeting with the Administrator.

Complain Resolution:

If the complaint has not been resolved within 30 days, or the consumer is not satisfied the Agency Administrator reviews and responds verbally or written within 7 days.

In seeking to resolve complaints or conflicts, Agency staff will attend to the intent or need of the participant which is at the root of the issue, while recognizing the feelings involved. Complaints are dealt with to the extent possible within the parameters of program policies and procedures. Program policies relating to the issue will be thoroughly explained, including the intent of the policy or practices involved.

If a program policy or practice conflict with resolution of the issue, the matter will be considered by the Management team. The Administrator may make an exception to policy to accommodate a special need or circumstance of the participant. Where the policy is inconsistent with the program objectives or the Agency's principles and philosophy of service delivery, or is deemed to be unfair, the management team will review and revise the policy or practice.

Home Care Advantage will communicate any complaints made by our participants against our programs and/or staff to the funding body, as well as the outcome of the attempt at resolution of said complaints. The funding body shall also be informed of any failure to resolve complaints, to our participants' satisfaction and within the Agency's parameters, through our internal complaints resolution process.

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It is also company policy to inform the case manager of complaints, and agency intended resolutions to ensure proper communication and ensure each party is fully aware of the complaint, resolution, and outcome.

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.

A follow up is done with each consumer to solicit feedback on a regular basis, such as to better consumer care, be a type of complaint or issue about services provided by our agency. We also send our LPNs and RN to do quarterly evaluations and annual survey that garner information to increase care, and resolve potential issues before they arise. Below is a client survey form we use.

CLIENT SATISFACTION SURVEY

1. Please "grade" the performance of your Care-Giver.

	Excellent	Good	Fair	Poor
Punctual	A	B	C	D
Courteous	A	B	C	D
Personal Grooming	A	B	C	D
Nursing Ability	A	B	C	D
Quality of Work	A	B	C	D
Communication Skills:				
Is she/he friendly?	A	B	C	D
Does she/he listen?	A	B	C	D
Does caregiver honor confidentiality?	A	B	C	D
Does your caregiver follow your care plan?	A	B	C	D

Is there anything about your caregiver(s) that you would change or improve?

Example: Specific training they need; Too much perfume; Appropriate dress; Personal grooming

What more can your caregiver(s) do to help you? _____

Who is your favorite caregiver? _____

Why? _____

Please add any comments: _____

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2. Please "grade" the performance of the *Office Staff*.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Courteous	A	B	C	D
Efficient	A	B	C	D
Informative/Knowledgeable	A	B	C	D
Prompt (returning calls)	A	B	C	D
Began service quickly	A	B	C	D

Please add any comments: _____

3. Regulations and agency policy require periodic supervisory nursing visits for our clients. Do you feel your RN Supervisor visits you:

- Too Much Just Right Not Enough

How often would you like her to visit? _____

Does your Care Plan meet your needs? Yes No

Is there anything more you would like our supervisor to do for you? _____

4. Has this agency met your expectations? Yes No

Please comment: _____

We would like to know who completed this form so we can more effectively address any issues you bring to our attention. However, your decision to sign is optional.

Signature _____ Date _____

(optional)

Please use self-addressed, stamped envelope to return your survey.

Thank you for your time.

21. Describe your process for handling a billing discrepancy.

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Billing discrepancies do not normally occur due to our redundant processes, and if they do, they are extremely rare.

1. When we receive a service order it is checked by our Administrator for common errors.
 - a. If errors are detected based on conversations with the case manager it is rectified.
 - b. If an error was detected, we wait for the correction prior to moving forward in the enrollment process.
2. The Registered Nurse does the intake, ensuring needed services match the service order and anticipated participant requirements.
3. The schedulers, enter the service order into the scheduling software (HomeTrak) to include unit hours, time of care, patient name, caregiver requests, etc..
4. Caregiver is assigned, based on patient need, certifications
5. Caregivers are given paperwork that must be signed by each participant and caregiver for each and every visit, with a time of arrival and departure.
 - a. This is also tracked in our software, we use Telephony confirmation of caregiver arrivals and departures. (Pending location approval and usage)
 - b. Signed paperwork supersedes telephony, which is not available for all patients, or caregivers.
 - c. Paperwork is typically mandated by the state, or county contracts, and is required for payment confirmation.
6. On completion of assignment, caregiver returns signed paperwork to the scheduler, who checks for all signatures, and matches times (arrival/departure) with the service order in hometrak.
 - a. The scheduler initials the paperwork, to ensure that it was checked and appears to be error free, based on matching service order and caregiver timesheet.
 - b. If an issue arises, it is corrected, and the caregiver is required to correct, and have the patient sign, as required, if it was missing a signature. If it cannot be corrected, the caregiver does not get paid for the work. This is a policy that eliminates the chance of errors. Paperwork is mandatory, along with signatures.
7. Paperwork is sent to the administrator for approval.
 - a. On a weekly basis, the Administrator goes through the paperwork, time cards, matching time sheets with paperwork, checking for errors against the service orders to ensure documentation matches the paperwork signed by the caregiver, patient and service order.
 - b. If issues arise, all the paperwork is sent back to the caregiver for correction, this rarely occurs, as it was checked by the scheduler.
8. All paperwork is then forwarded to the billing assistant, who again checks the hours the caregiver entered to ensure it matches the time cards, service orders and patient paperwork.
 - a. If errors are found all paperwork is sent back to the administrator for correction, and back to the caregiver.
9. If no errors are found, all billing is forwarded to the finance manager for approval, and entered into QuickBooks financial software for billing and payment.

This multistep process has been tailored over the years and we have not had any county, state or third party audit identify any major billing issues, or request Home Care Advantage repay funds back to the servicing agency for false or mistaken reporting of caregiver visits.

F. Unit Cost and Analysis (25 points possible)

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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.

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: Home Care Advantage Inc.	
1. Personal Care Services Personnel - Salary	\$12.50
a. Supervisor	\$24.50
b. Registered Nurse	\$26.50
c. Scheduler	\$14.50
d. Other Support Staff	\$17.25
e. Direct Service Workers	\$14.75
2. Personal Care Services Personnel - Fringe Benefits	\$4.72
3. Personal Care Services Personnel - Travel Reimbursement	\$4.28
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$2.55
5. Administrative Costs (Not to Exceed 10%)	\$2.55
6. Profit/Excess Revenue	\$1.45
TOTAL UNIT COST (sum of items #1 through #6)	\$28.05

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	44.56%
Personal Care Personnel - Fringe	16.83%
Personal Care Personnel - Travel Reimbursement	15.26%
Operating Costs	9.09%
Administrative Costs (not to exceed 10%)	9.09%
Profit/Excess Revenue	5.17%

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 - Housekeeping	
Organization Name: Home Care Advantage Inc.	
1. Personal Care Services Personnel - Salary	\$12.50
a. Supervisor	\$27.50
b. Registered Nurse	\$28.50
c. Scheduler	\$15.50
d. Other Support Staff	\$17.25
e. Direct Service Workers	\$15.75
2. Personal Care Services Personnel - Fringe Benefits	\$4.72
3. Personal Care Services Personnel - Travel Reimbursement	\$4.81
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$2.50
5. Administrative Costs (Not to Exceed 10%)	\$2.60
6. Profit/Excess Revenue	\$1.43
TOTAL UNIT COST (sum of items #1 through #6)	\$28.56

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	43.77%
Personal Care Personnel - Fringe	16.53%
Personal Care Personnel - Travel Reimbursement	16.84%
Operating Costs	8.75%
Administrative Costs (not to exceed 10%)	9.10%
Profit/Excess Revenue	5.01%