

RFP Response Form

OPTIONS In-Home Care Services 2017

PROPOSER INFORMATION

Proposer Name: Landmark Home Health Care Services, Inc (Landmark)

Authorized Representative Name & Title: Janet Hetherington, RN, Administrator

Address: 209 13th Street Pittsburgh, PA 15215

Telephone: 412-781-1175

Email: Janet.Hetherington@namsc.com

Website: <http://www.buildingindependence.org/>

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

Date Incorporated: September 17, 1990

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Charles Teese	412-781-1175 Ext 2009	Charles.Teese@namsc.com
Contract Processing Contact	Maggie Metzger	412 781-1175 Ext 2112	Maggie.metzer@namsc.com
Chief Information Officer	Maggie Metzger	412 782-1175 Ext 2112	Maggie.metzer@namsc.com
Chief Financial Officer	Maggie Metzger	412-781-1175 ext 2112	Maggie.Metzer@namsc.com
Administrative Contact	Janet Hetherington	412 781-1175 ext 4034	Janet.hetherington@namsc.com

BOARD INFORMATION

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

List attached

Board Chairperson Name & Title: Carl Leya Board Chairperson

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

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Board Chairperson Email: [REDACTED]

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.

Virginia Jurofcik CEO LifeSpan, Inc., 3 [REDACTED]

[REDACTED]
Peggy Wien, Area Agency on Aging Westmoreland County, [REDACTED]

[REDACTED]
David Cunningham, Jr, Participant, [REDACTED]

PROPOSAL INFORMATION

Date Submitted: September 8, 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:

Please limit your response to 750 characters

Landmark is part of a health and human services network that provides comprehensive in-home services ranging from personal care to skilled nursing and therapy services. Landmark has in place: 1) a strong set of procedures for recruiting, training, and supervising workers; 2) advanced IT systems supporting compliance and service delivery; 3) an innovative, structured approach for monitoring and following up on changes in participant condition that could present potential threats to their independence.

NAMS\Landmark have been a part of the Allegheny Aging Network since 1974. Landmark is a Medicare certified Home Health Care Agency and has contracts with area Medicare Advantage Plans as well as Community Health Choices contractors

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.

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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
- 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?

Landmark is affiliated with the Northern Area Multi Service Center. We do not see any barriers to performing the services outlined in this RFP.

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

Employer

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 administrative offices are located within Allegheny County

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

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

1991

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
Allegheny County HSDF	Homemaking Services	\$370,000	07012017/06302017
Allegheny County HSDF	Homemaking Services	\$333,000	07012016/06302017
Allegheny County HSDF	Homemaking Services	\$333,000	07012015/06302016
Allegheny County HSDF	Homemaking Services	\$290,000	07012014/06302015
Allegheny County HSDF	Homemaking Services	\$290,000	07012013/06302014
Allegheny County	Options Homemaking & Personal Care	\$126,118	07012013/01152014
Allegheny County	Waiver PSA	\$280,900	07012012/06302013
Allegheny County	Options Homemaking & Personal Care	\$308,763	07012012/06302013
Westmoreland County	Options Homemaking	\$54,180	01012017/12312017
Veteran's Affair	Homemaking & Personal Care	\$83,383.79	07012015/06302016

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.

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Landmark ended its Allegheny County Contract for in home services (Options) along with its delivery of services to Waiver participants in 2014. The reasons for termination was that the PA Department of Public Welfare had arbitrarily reduced payment rates for services provided to Waiver participants to a level that was below our cost. The contract was not actually cancelled prior to the scheduled end date. In fact, we negotiated an extended end date with Allegheny County so we could continue to offer services through an extended transition period. During this period, Landmark worked closely with the Allegheny County to insure an orderly transition of all participants.

- 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	736.75	736.75	13	13
Home Support Housekeeping	12,953.50	1,177.50	135	15
Home Support Chore	120	0	34	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 have a dedicated Recruiter who conducts a face-to-face interview with applicants to determine if they would be a potential employee. We verify at least two references and complete all required criminal background checks prior to offering a position to applicant. Upon hire, we complete child clearances on all employees. New employees complete an extensive orientation prior to providing direct services are subject to a 90 day probationary period. Successful completion of this probationary period is a job requirement.

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 training program for new employees includes face to face instruction and independent learning utilizing our Learning Resource Center. We utilize courses that are focused on home

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care education for a total of 6 days of classroom time and then 35 hours in the field for observation with another HHA/Direct Care Worker. Our workers complete a competency test during orientation and must score at least 80%. All new direct care workers will complete skills lab to demonstrate hands on skills to demonstrate competency, this is done under the supervision of a Registered Nurse. We also utilize the PA Learning Center Online Courses as part of our orientation and ongoing education program. Complete orientation plans, competency tests, and classroom information are attached for reference.

- b. How many hours of training are provided directly on-site under an instructor's supervision?
35 hours are provide on site under instructor's supervision. 40 hours are provided in the field under the supervision of a preceptor.
- c. How many hours of training are completed electronically on a computer?
31 hours are completed on the computer
- 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.

New workers attend Skills Lab instructed by a Registered Nurse to ensure that they are able to complete the hands on skills required. Workers are not permitted to work in the field with participants until all of the above training has been successfully completed. Skills that are reviewed include handwashing, bed bath, sponge, tub shower bath, shampoo (tub, sink & bed), skin care, nail care, back rub, shaving, oral care, toileting, bedpan, urinal use, dressing, range of motion and positioning, transferring, ambulation, making the occupied bed, personal protective equipment and skin changes. Workers also receive training to help them "observe and report" any changes in consumer condition that could potentially threaten their independence. New workers will be required to complete their first visit with a participant with the supervisor present to insure their competency.

- e. How many hours of training are completed before the worker touches the Participant?
A total of 75 hours training hours are completed in the office and field observation with preceptor before the trainee can be in the field independently. Workers must successfully complete 75 hours of training before they touch a participant.
- 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).
7/1/16 – 6/30/17 In person – Skills Lab which includes Hand Washing. Computer – Hoarding, Dealing with Angry Consumers, Cultural Inclusion, Mental Health, Basic Safety Techniques, Reporting Abuse, HIPAA, Code of Conduct, Critical Incident/Abuse and Exploitation, Quality Management/Complaint Resolution, Hand Washing, Ethics and the Home Health Aide.

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7/1/15 – 6/30/17 In person – Skills Lab includes Hand Washing. Computer – Assisting with a Blind Person, Basic Cleaning Techniques, Bed Bugs, HIPAA, Code of Conduct, Infection Control, Fall Prevention, Reporting Abuse, Communication, Hand Washing and Change of Condition Management.

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

Yes, it is required. Direct care workers are required to complete a minimum of 12 hours of continuing education each year

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

New employees need to successfully complete a 50 question competency exam. The direct care worker must obtain a score of 80% on that competency exam. Following the exam they need to successfully complete skills lab competency evaluation demonstrating the following skills: handwashing, bed bath, sponge, tub shower bath, shampoo (tub, sink & bed), skin care, nail care, back rub, shaving, oral care, toileting, bedpan, urinal use, dressing, range of motion and positioning, transferring, ambulation, making the occupied bed, personal protective equipment and skin changes.

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?

Direct Care Worker are supervised by our Case Manager, supervision occurs on daily on an ongoing basis. Landmark utilizes an automated telephony system (ClearCare) that gives us the ability to monitor workers during the day. Our Scheduler monitors the telephony software which notifies us of clock in and clock outs employs GPS based visit verification, itemized tasks performed, and alerts any late clock ins. This allows agency to know where workers are and follow up if they do not clock in. If employee does not clock in the scheduler calls the worker to see where they are to verify if in the participant's home or on their way. If the scheduler is unable to reach the worker she notifies the Case Manager. The Case Manager, Scheduler and RN are available to direct care workers during work hours. Direct care workers will have an onsite supervisory visit with supervisor at least once annually. In practice, direct care workers contact and report to their supervisor daily.

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

Performance is reviewed annually at skills labs and/or as needed during the year. In addition to the annual skills lab, worker performance will also be evaluated by their supervisor in a participant's home on hire and annually.

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

A skills lab checklist evaluation is completed for each direct care worker by the Registered Nurse during each encounter. Areas that require improvement are reviewed with direct care worker at that time to insure they understand their responsibilities and have the skills

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required to successfully complete assigned tasks. When a supervisory visit is completed in the participant's home, we will utilize a similar checklist. This checklist will be reviewed with the worker following completion of the participant visit.

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.

Landmark employs an experienced, designated recruiter. That recruiter operates in an incentive based environment. Incentives are based on hiring requirements. Landmark uses a variety of methods to attract potential employees to apply for positions: These include: 1) online via our website, 2) actively notifying area universities and colleges of employment opportunities available, job fairs, 3) utilizing other online and traditional newspaper advertising and 4) by word of mouth. In recent years, Landmark has created more full time positions in order to attract more workers. In addition, both hourly wage rates and mileage reimbursement rates have been increased.

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?
Monthly employee recognitions, annual holiday recognition, staff meetings, positive reinforcement for excellent care. Have nominated Direct Care Worker the past 2 years through Pennsylvania Homecare Association.

9. Detail your annualized turnover rate of direct care workers in each of the last two fiscal years. Landmark's turnover rate for 2015 was 29%. In 2016, Landmark reduced that rate by over 17% to 24%.

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.

Our scheduling procedure is to work with employees and match employee to participant that meet both the employee and participant schedule. This allows the employee to set their schedule and allows them flexibility. We find that by allowing this flexibility that we have staff that are happier in their position. Our Floater staff are full time employees that are paid a higher rate, must drive and have a reliable car this allows agency to have coverage in all areas.

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.

Landmark utilizes an electronic visit verification system (ClearCare) which ensures accurate and timely documentation of services delivered by our workers at the time the services are performed. Workers "clock in" when they arrive at participant's home and are prompted with a list of services

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to be provided during the visit. When the worker has completed the required services, they again call to “clock out” and verify service delivery by answering prompts and responding to each task that they completed during the visit.

The ClearCare telephony system identifies and matches the telephone number the worker is calling from to clock in and out in order to electronically verify visit location. Landmark does not normally allow workers to use their personal cell phones to clock in or out. If the participant does not have a phone (landline or mobile), workers are permitted to use their personal cell phone. However, the office calls back to verify that the worker is in the home by speaking to the participant. Our system also allows for us to pull GPS data on where the call in number is located.

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 utilize full time float staff that are required to have their own reliable transportation as a condition of employment to insure we can provide services in remote areas of the county. We reimburse workers an adequate rate for mileage that has been increased in the last two years from \$.42/mile to \$.50/mile. We also increased our travel time rate in the last two years. Any worker that utilizes public transportation is reimbursed for a monthly bus pass. We have found that with the increase in mileage reimbursement and the increase in the travel time pay that employees are willing to expand the geographic area that they cover

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 have improved training, implemented an organized structure for monitoring participant change of condition. We have also added full time positions, increased pay rates, increased mileage and increased travel time pay rate.

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

Personnel related strategies have allowed us to increase full time workers by 50% in the last two years.

Change of condition monitoring has resulted in our preventing avoidable hospitalizations and ER visits. We have also been able to more effectively work with DHS\AAA Care Management to better meet participant needs.

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

We added full time floater positions that are able to cover a wider geographic service area. We are now a provider in Westmoreland County and this allows workers that have patients at the outskirts of each county to cover some of the outlier areas. We have 6 floaters that cover different geographic areas so that we are better able to expand the geographic area.

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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.

If we do not have a regular part time worker to be assigned then we would utilize our Full time floaters to cover new participants until a regular worker can be assigned to participants. Our Recruiter will actively be interviewing for new direct care workers at all times. Targeting recruitment in the areas we selected as primary and secondary service areas.

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

Continue above measures to meet accepting 80% of new clients, if needed would consider adding addition floater in a specific service area.

15. Describe your plan for addressing direct care worker call-offs and no-shows.

- a. Describe your staffing plan to address unanticipated direct care worker call-offs and no-shows so that substitute direct care workers are available 100 % of the time.

When an unanticipated call off occurs, we will utilize our floater staff to cover the participants. We will also be adding a supervisory position that would also be trained as a Home Health Aide. This individual will also be available as a back up to cover unanticipated direct call worker call offs/no shows. If we have an anticipated call off the participants will be scheduled with a floater staff member. To manage no-shows, the ClearCare system will notify our scheduler within 10 minutes if an employee did not clock in at a participant home as scheduled. Our scheduler will then call the worker to see where they are and if we are unable to reach the worker a floater will be assigned to see the participant. Our scheduler will then call the Participant, inform them that they will have another worker for the day and let them know the time the worker will be there, thus keeping the Participant informed of the change in staff and time of visit.

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

When a direct care worker calls off, our scheduler will then assign a floater to see the participant. Our scheduler will then call the Participant, inform them that they will have another worker for the day and let them know the time the worker will be there, thus keeping the Participant informed of the change in staff and time of visit. If the worker does not show up as scheduled our scheduler will be automatically notified with 10 minutes of clock in time that the worker has not shown up at participate home. Our scheduler will then call the worker to find out where they are and if we are unable to reach the worker a floater will be assigned to participant. The scheduler then calls the participant to let them know the worker is running late and informs the participant of the approximate arrival time for worker. If we are unable to reach the scheduled worker the participate is called and informed that we are not able to reach the worker and that another worker has been assigned and the time they should expect the newly assigned worker.

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

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We will provide our workers with education on cultural diversity and meeting the needs of a culturally diverse population. We are now developing an online interactive course to reinforce our current training. Existing training provides education on many special needs. We currently provide services to several participants with cultural diversity and special needs, this includes participants of various races and that are blind, deaf, and/or have physical or mental disabilities. There have been instances when participants have requested a change of worker based on cultural diversity, and we have made staffing adjustments to comply with participant requests.

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?

We utilize a Change of Condition monitoring system where the workers are provided education on Change of Condition through an interactive online course on our Learning Resource Center. When a worker clocks out one of the tasks prompts to them is "Has the participant had a change of condition?". The worker must respond to this task at every visit for every participant. If they respond yes they are required to leave a voice message to indicate the change of condition. Our Scheduler is prompted by our telephony system as soon as the voice message is left and will listen to the message and then prompt our Supervisor who will contact the participant to follow up with Participant and/or family. If the participant is found to have a status change and is agreeable, we then refer to our Intervention Specialist who will reach out to participant and/or family to offer assistance. If the status changes requires prompt attention then the workers are instructed to call the office and speak to Case Manager or Administrator.

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

The Intervention Specialist communicates with health care professionals by telephone. We would notify the care management professionals by telephone or email of the participant's change of condition and any intervention that were implemented. We communicate with family members and informal caregivers via telephone. Our software system does have a caregiver portal that we could allow the family members and caregivers have access to the participant's record.

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.

Example 1: Participant reported to the worker that her live in significant other had expectantly passed away in the living room chair. The Participant told worker that he had managed all of her medications and she did not know what medications she was to take or when to take them. The worker reported a change of condition for loss of caregiver. Intervention Specialist spoke with

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Participant who conveyed that she was having a difficult deal handling the loss of her significant other and takes several medications but was not sure how what medications she was to take at what times. Participant was agreeable for Nurse Intervention Specialist to contact her physician to let him know what had occurred. Nurse Intervention Specialist called to participant's physician and informed of the situation. The physician then gave an order for Home Health nurse to see patient to provide medication assistance and for a Mental Health Nurse to help with grieving the loss of significant other. The Community Program Liaison was notified of the participant issue and resolution. Home Health nurse went to see participant same day, medication assistance and education on medication provided. This intervention kept the participant independent and safe in her home. The mental health nurse was able to provide the participant with education on coping mechanisms to help participant.

Example 2: When our Scheduler called a participant to schedule a client for their next visit, the participant stated that he was not feeling well. He told the Scheduler the symptoms he was experiencing, the Scheduler asked the participant if she could have the Intervention Specialist call him. The participant agreed to a call from the Intervention Specialist. The Scheduler notified the Intervention Specialist. Intervention Specialist contacted the participant to learn more about the symptoms. The participants gave permission for the Intervention Specialist to call his physician because his symptoms were severe. The Intervention Specialist called the participant's physician and the symptoms were relayed to the physician, the physician gave the directive to have the participant go to the hospital right away. The Intervention Specialist called the participant and explained that his doctor wanted him to call 911. The participant had gone to the emergency room and was admitted to the hospital for treatment. This participant stated that our company saved his life due to the change of condition system being in place.

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?

We measure the quality of service delivery by performing a variety of monthly quality audits, which include: 1) A Care Plan Audit to insure the workers are compliant with the Care Plan, 2) A Referral Audit to insure that we are contacting participants in a timely manner, 3) A Quarterly Chart Audit which is a comprehensive audit of the chart, 4) A Payroll Audit which is to ensure that workers are paid correctly, 5) A Complaint Audit in which every complaint is audited to insure that the participant was satisfied with the resolution to the complaint, 6) A Missed Visit audit to insure that there is oversight when visits are not being performed and 7) A Participant Satisfaction Audit the ensures that the patient is satisfied with services provided. Audit results are reviewed monthly and multidisciplinary Compliance Meetings are held biannually.

b. How do you handle Participant complaints?

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Participant complaints are handled by the Case Manager promptly. All participant complaints are investigated and a resolution found that is acceptable to participant. All complaints are documented on a Complaint Form and then they are entered into our Compliance Resource Center. Complaints are then triggered to Administrator for review and approval, then triggered to CEO for review and approval as to organization response.

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.

The Participant Satisfaction Audit is completed within 30 days of initiation of services. These surveys are complete via the telephone by our scheduler. The Scheduler contacts the Participant and asks if they are satisfied with the home care services being provided. If the Participant is not satisfied with services the Scheduler will notify the Case Manager. The Case Manager will promptly contact the Participant for more specific details and a resolution that the Participant is agreeable with will be sought.

This information is reviewed with the monthly audit results and at Compliance Meetings to identify areas requiring improvement and/or updated policies.

21. Describe your process for handling a billing discrepancy.

In the event of a billing discrepancy, the Case Manger would pull the initial billing to determine the cause of the billing discrepancy. If it is determines that the initial bill is incorrect, the Case Manager will submit the corrected bill. If it was found that the billing discrepancy caused an overpayment to the agency, the party that made the overpayment would be notified and overpayment would be repaid.

All billing overpayments are documented on our Compliance Resource Center so that they can be tracked.

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.

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.**
- 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

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- 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:	
1. Personal Care Services Personnel - Salary	\$14.29
a. Supervisor	\$0.24
b. Registered Nurse	\$0.10
c. Scheduler	\$0.24
d. Other Support Staff	\$0.71
e. Direct Service Workers	\$13.00
2. Personal Care Services Personnel - Fringe Benefits	\$1.94
3. Personal Care Services Personnel - Travel Reimbursement	\$6.80
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$1.87
5. Administrative Costs (Not to Exceed 10%)	\$2.49
6. Profit/Excess Revenue	
TOTAL UNIT COST (sum of items #1 through #6)	\$27.39

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	52.17%
Personal Care Personnel - Fringe	7.08%
Personal Care Personnel - Travel Reimbursement	24.83%
Operating Costs	6.83%
Administrative Costs (not to exceed 10%)	9.09%
Profit/Excess Revenue	0.00%

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:	
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	
	\$13.95
	\$0.33
	\$0.00
	\$0.24
	\$0.38
	\$13.00
	\$1.90
	\$6.80
	\$1.87
	\$1.96
	\$26.48

52.68%
7.18%
25.68%
7.06%
7.40%
0.00%