

RFP Response Form

OPTIONS In-Home Care Services 2017

PROPOSER INFORMATION

Proposer Name: S&K Holdings, Inc. (Dba: Family Choice Healthcare, Inc.)

Authorized Representative Name & Title: Kym Taylor, Vice President Marketing and Strategic Solutions

Address: 4601 Forbes Boulevard, Suite 320, Lanham, Maryland 20706

Telephone: (888)358-1341 ext 108

Email: Ktaylor@familychoicehealthcare.com

Website: www.familychoicehealthcare.com

Legal Status: For-Profit Corp.

Date Incorporated: April 14, 1996

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Steve Taylor	(888)358-1341 ext 101	staylor@familychoicehealthcare.com
Contract Processing Contact	Kym Taylor	(888)358-1341 ext 108	ktaylor@familychoicehealthcare.com
Chief Information Officer	Rita Fobbs	(888)358-1341 ext 102	rfobbs@familychoicehealthcare.com
Chief Financial Officer	Steve Taylor	(888)358-1341 ext 101	staylor@familychoicehealthcare.com
Administrative Contact	Edwina Kaikai	(412)499-4103	Ekaikai4fch@gmail.com

BOARD INFORMATION

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

Steve Taylor
Kym Taylor
Beverly Williams, Esq.
Harvey Williams, DDS.

Board Chairperson Name & Title:
Steve Taylor, President & CEO

Board Chairperson Address:
[REDACTED]

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Board Chairperson Telephone:

[REDACTED]

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.

- Sharen Bass, Service Coordinator, Bass Consulting
[REDACTED]
- Aaron E. Beverly, Current Client
[REDACTED]
- Vicky Hoak, Executive Director, Pennsylvania Homecare Association
[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 2 - preferred

Area 1 -

Area 3

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

Home Support – Maintenance (Chore) xx

Proposal Abstract/Executive Summary:

Since 1996 Family Choice Healthcare (FCH) has provided non-medical home care to the elderly and disabled. Characterized by high quality service, a unique service delivery model and strong relationships with clients, contracts include State Waivers and the Veteran’s Administration. FCH provides patients the flexibility to choose their own Direct Care Worker, which has consistently led to higher patient satisfaction.

FCH has regional offices throughout the Mid-Atlantic and is known for its ability to staff clients in rural areas and clients that are typically difficult to manage. Our personnel are culturally

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competent and particularly aware of cultural differences. Practices and incentives are employed to actively recruit and maintain qualified staff. Experienced in the referenced geographic area, FCH is poised to meet or exceed benchmarks as described in this RFP.

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
- 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?

S&K Holdings Inc., is a privately held corporation. All shares are held by owners, Steve and Kym Taylor, and the company “does business as (Dba)” Family Choice Healthcare.

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

Family Choice Healthcare operates as an 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?

Yes, our address:

**Family Choice Healthcare
Foster Plaza 5 – Suite 300
651 Holiday Drive
Pittsburgh, PA 15220.**

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

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

1996

- 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 Dept of Human Svc	Personal Assistance Services	FFS. 2016 \$7,621,623	6/1/2005 Revalidation every 5 years
OPTIONS for Mifflin/Juniata/Huntingdon Counties	Personal Care/Home Support Services	FFS. 2016 \$60,298	7/1/2009 Indefinite
Veterans Administration (PA)	Personal Assistance Services	FFS. 2016 \$230,979	1/1/2011 5 year option
Veterans Administration (MD)	Personal	FFS. 2016	First Contract 1997.

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	Assistance Services	\$386,437	Most recent contract 2015 with 4 year renewal
Horizon Blue Cross/Blue Shield (NJ)	Personal Assistance Services	FFS. 2016 \$1,909,919	2013- 2016 3 year renewable
United Healthcare Community Plan (NJ)	Personal Assistance Services	FFS. 2016 \$446,237	2016-2019 3 year renewable
Amerigroup (NJ)	Personal Assistance Services	FFS. 2016 \$526,389	2016-2019 3 year renewable
WellCare (NJ)	Personal Assistance Services	FFS. 2016 \$388,985	2015-2018 3 year renewable

- 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.

N/A

- 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	680,683	354,181	499	259
Home Support Housekeeping	9,945	9,945	13	13
Home Support Chore	3,315	3,315	4	4

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

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When a prospective employee inquires about employment, the Human Resources Director collects the following information (usually by phone; face-to-face or at Job Fairs):

- Name, address, phone and email
- Certified Nursing Assistant (CNA) or Direct Care Worker (DCW)
- Years of experience
- Source of referral

The Human Resources Director sends a letter or an email thanking the prospective employee for their interest in employment. This correspondence includes a request for the documentation indicated below. If a mailing is needed, a self-addressed envelope is included to ease documentation submission. Documentation may be faxed.

- Two (2) Character References (that are not family members)
- 2-step TB
- Criminal Background Check
- State Photo Identification
- CNA Certificate (if applicable)
- CPR
- First Aid (DCW's ONLY)
- Physical Screening
- Social Security Card

Once all documentation is received and reviewed for accuracy, the Human Resources Director or Operations Coordinator schedules a face-to-face interview, orientation, and competency exam.

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.

The Direct Care Worker (DCW) functions as an unlicensed individual with the legal and ethical standards set forth and regulated by the State Board of Nursing for the Commonwealth of Pennsylvania. See below for training curriculum and associated hours:

BASIC TRAINING/ORIENTATION: Following a four (4) hour orientation, and training program, the DCW shall be evaluated in the following areas:

- Defining the role of the duties between hospital care, long-term care and in-home care
- Recognition of the responsibilities of the DCW as a member of the health care team
- Awareness of the legal limitations of being a DCW

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- Identify the chain of command within the Agency
- Maintain acceptable personal hygiene and exhibits appropriate dress practices
- Recognize the importance of punctuality and commitment to job performance
- Identify, prevent, and report abuse, neglect and exploitation
- Recognize the psychological and physical signs of stress and identify reduction methods

COMMUNICATION SKILLS: Following a two (2) hour orientation and training program, the DCW shall be evaluated in the following areas:

- Effective communication without the use of abusive verbal and non-verbal usage
- Effective documentation of written and verbal communication with the use of appropriate terminology
- Effective usage of appropriate communication according to the client's stage of development and cultural background

INFECTION CONTROL: Following a one (1) hour review of the basic principles of infection control, the DCW shall be knowledgeable and able to demonstrate the following:

- Hand-washing techniques and standard precautions
- Disease transmission and the immune system
- Correct isolation and safety techniques in the care of infectious clients
- Performance of basic cleaning and disinfecting tasks

SAFETY AND EMERGENCY TECHNIQUES: Following a two (2) hour review, the DCW's shall be knowledgeable with regards to the responsibilities of basic emergency procedures in the following areas:

- Utilization of proper body mechanics
- Demonstration of proper use of safety devices
- Reporting emergencies accurately and immediately
- Identifying potential fire hazards
- Calling for help when encountering convulsive disorders, loss of consciousness, shock, and hemorrhages; and assisting the client until professional help arrives
- Identifying safety measures that prevent accidents to the client and /or self

RIGHTS AND RESPONSIBILITIES: Following a one (1) hour in-service, the DCW shall demonstrate proficiency in the following areas:

- Maintaining confidentiality of the client's history information as required by HIPAA

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- Promoting the client's rights to make personal choices to accommodate individual needs
- Maintaining the security of the client's personal possessions

PERSONAL CARE: Following a four (4) hour in-service, the DCW shall demonstrate proficiency in the following areas:

- Safety techniques when providing personal care
- Assistance with personal care to include showers, bed/tub baths
- Assistance with dressing, shampooing and grooming of hair
- Shaving, and denture care
- Assistance with ambulation and transferring
- Meal preparation and feeding
- Toileting, bedside commode, urinal, bedpan
- Foot and nail care
- Male/female perineal care

RESTORATIVE CARE: Following a two (2) hour in-service, the DCW shall demonstrate proficiency in the following areas:

- Encouraging the client in ADL's and self-help activities
- Demonstrating the proper use of assistive devices to include gait belt, cane, walker, and wheel chair
- Assisting in the care and use of prosthetic and orthotic devices to include hearing aides, braces, splints, and artificial limbs
- Performance of range of motion (ROM) exercises as instructed by the physical therapist or professional nurse

b. How many hours of training are provided directly on-site under an instructor's supervision?
Through mandatory in-services, a DCW receives 12 hours per year of continuing education. These in-services may be conducted at a client's home, with their permission, or in a predetermined location scheduled with all DCW's in the area.

c. How many hours of training are completed electronically on a computer?
In a classroom setting, in the office, or in the home a DCW may be in-serviced on the computer via You-Tube in the following areas:

- Perineal care for male and female clients
- Bed bath and shampoos
- Transfers – from bed to chair – from chair to bed
- Proper hand washing
- Range of motion

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- Dressing a paralyzed client
- Care of a blind client
- Mouth care to include denture care
- Assisting with ambulation
- Making an occupied bed

Each video takes 20-30 minutes of instruction time. The DCW is tested before and after each session. The DCW is given 30 minutes to complete the quiz and must pass with a grade of 80% or greater. At the client's request or with their consent, the in-service will take place in their homes.

Each DCW is required to complete a total of 10 hours of YouTube in-service instruction.

- 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.
- Perineal care for male and female clients
 - Bed bath and shampoos
 - Transfers – from bed to chair – from chair to bed
 - Proper hand washing
 - Range of motion
 - Dressing a paralyzed client
 - Care of a blind client
 - Mouth care to include denture care
 - Assisting with ambulation
 - Making an occupied bed

At the client's request or with their consent, the in-service will take place in their homes.

- e. How many hours of training are completed before the worker touches the Participant?
Each DCW is required to complete a total of 10 hours of YouTube in-service instruction. The DCW must complete ten hours of instruction related to the specific client's needs prior to providing hands-on care.

Each video takes 20-30 minutes of instruction time. The DCW is tested before and after each session. The DCW is given 30 minutes to complete the quiz and must pass with a grade of 80% or greater.

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- 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).

Ongoing mandatory training is duplicated each year. Areas of focus are dependent upon workforce development needs and the focus area dictates from the Centers of Disease Control (CDC).

Ongoing training topics:

- **Perineal care for male and female clients**
- **Bed bath and shampoos**
- **Transfers – from bed to chair – from chair to bed**
- **Proper hand washing**
- **Range of motion**
- **Dressing a paralyzed client**
- **Care of a blind client**
- **Mouth care to include denture care**
- **Assisting with ambulation**
- **Making an occupied bed**

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

In addition to quarterly in-service training, we offer DVD training from “My Learning Center” produced by Pennsylvania Homecare Association for continuing education for DCWs. The training is optional.

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

All DCWs must demonstrate competency in 10 of the areas of performance in addition to competence in six areas of personal care.

If you need to address the ten basic areas of performance they are:

- 1. Confidentiality**
- 2. Instrumental Activities of Daily Living**
- 3. Consumer Control and Independent Living Philosophy**
- 4. Recognizing changes in the consumer that need to be addressed**
- 5. Basic infection control**
- 6. Universal Precautions**
- 7. Handling of emergencies**
- 8. Documentation**
- 9. Recognizing and reporting abuse and neglect**
- 10. Dealing with difficult behavior**

There are six additional competencies that the DCW must demonstrate:

- 1. Bathing, shaving, grooming, and dressing**

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2. Hair, skin, and mouth care
3. Assistance with ambulation and transferring
4. Meal preparation and feeding
5. Toileting
6. Medication reminders and assisting with self-administered medications

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?

Telephony check-in and check-out enables the agency to monitor the DCW's attendance and hours worked. The area supervisor schedules periodic client visits to observe client care and the DCW's performance.

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

In cases where the DCW must be supervised from a distance, the DCW is mailed a copy of the *IN THE KNOW* teaching tool specific to the topic(s) in question. Once the quiz is completed, it is mailed into the office for grading by an instructor. The DCW can also access the teaching tool by the use of a computer, tablet and/or smart phone. After completion of the quiz, the administrative staff has the ability to obtain and print the results. The results are maintained in the DCW's personnel file. Evaluation of the DCW is done in the following manners:

- **Observation of client care at the client's residence by the area supervisor**
- **Client/family feedback**
- **Classroom performance**

Telephony check-in and check-out enables the agency to monitor the DCW's attendance and hours worked.

The area supervisor schedules periodic client visits to observe client care and the DCW's performance.

As a part of our Quality Assurance Program, clients receive periodic phone calls to gather feedback from the client with regard to DCW's performance.

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

An annual evaluation of DCW's performances is shared with them in person or by phone. The workers are given a copy of the evaluation and are informed that a copy will be maintained in their personnel file.

Recruitment and Retention

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

The following practices are implemented to recruit staff for the position of Direct Care Worker (DCW):

1. Presently offer competitive wages and benefits:
 - i. 401K retirement plan
 - ii. Health insurance
 - iii. Vision and Dental insurance
 - iv. Life insurance
 2. Utilize the opportunities that social media offers (e.g. LinkedIn)
 3. Craigslist Pittsburgh
 4. www.indeed.com
 5. Job training schools (e.g. Job Links) and respective county community colleges
 6. Unemployment office
 7. Post opportunities for employment in local church bulletins and library bulletin boards
 8. Business cards and brochures are circulated throughout service areas/communities
 9. Participate in job fairs
 10. Referral Bonuses: Encourage current DCW's to refer other direct care workers
 11. Develop a cooperative relationship with other healthcare providers
8. Do you have a targeted program to address retention of direct care workers? If so, detail specific strategies utilized to address the challenge of worker retention?
- Yes, direct care workers who have lost a client are retained as an on-call employee until a permanent client is assigned. All direct care workers are encouraged to participate in our incentive program, referring prospective clients to the Agency and receiving a bonus depending on the hours of service provided.**
- During our quarterly In-Services, an employee (DCW) of the quarter is highlighted and receives a \$50 gift certificate, and employees with birthdays in the quarter receive a \$25 gift certificate as a "thank you" for their commitment and dedication to our clients.**
9. Detail your annualized turnover rate of direct care workers in each of the last two fiscal years.
- The annualized attrition rate is as follows:**
- 2014 – 13%**
 - 2015 – 33%**
 - 2016 – 34%**
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.

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The Agency scheduler seeks to have client cases in as close proximity as possible. Travel compensation, weekend/overnight differential pay is available when appropriate.

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.

Electronic visit verification through telephony system, ClearCare, is utilized. ClearCare system obligates the DCW to utilize the consumer's phone to clock in and clock out. The system also allows the DCW to document the activities that were performed during the client service.

For those clients who do not have a phone or won't allow the DCW to use his/her phone, the DCW documents the Activities of Daily Living on a timesheet that requires client initials and signatures.

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?

Already a provider of Personal Care and Home Support services in Pennsylvania, our agency is familiar with the challenges posed by remote areas and winter month transportation issues. Employees are incented by:

- **Providing a transportation allowance. Rate based on the mode of transportation (i.e. public transit, personal car, jitney service or Uber/Lyft)**
- **In some instances the Agency has offered to pay half of the employees' transportation cost**
- **Gas cards are given as rewards for service benchmarks**

One example employed by Family Choice Healthcare:

Travel time is compensated for those employees who have a schedule that reflects one hour or less between assigned shifts. Driving time is based on the time that it takes to travel from Point A (First Consumer) to Point B (Second Consumer).

Reimbursement to the Employee is calculated in 15 minute intervals-rounding to the next highest number after every 15 minutes. Driving compensation is based upon \$8.00 per hour.

Employees are responsible for completing a Travel Report and submitting it with time sheets on a weekly basis. These forms must be completed with all required information and are audited for accuracy.

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13. Describe the strategies you have implemented in the last two years to improve your service capacity to older adults.
- Describe the strategies that you have implemented.
During the last two years, Family Choice Healthcare has continued to implement and enhance our Continuous Quality Improvement Program. This program allows us to identify specific trends, like “preventable incidents”, reporting “abuse, neglect and exploitation”, and address caregiver performance. Also, Family Choice Healthcare assesses the satisfaction of our consumers on a regular basis to identify areas of service delivery improvement.
 - Identify the results of each strategy, including the percent increase in service capacity.
As a result of the aforementioned strategies, the Agency has seen an increased retention of client base and continues to increase the percentage of new clients attracted to the Agency. As a result of employing the aforementioned strategies, Family Choice Healthcare has increased service capacity by over 25% in the last two years.
 - Describe the strategies you have implemented in the last two years to expand your geographic service area.
The Agency has tripled its footprint in the Mid-Atlantic Region through acquisitions. The Agency has a presence and experience in the regions covered in this request for proposals.
14. Describe your plan to meet the benchmarks listed in the RFP and required in the contract:
- Accept 80% of new Participant referrals in the first year.
Family Choice Healthcare will take an aggressive approach to recruiting and qualifying new direct care workers to ensure there’s a robust roster of DCWs. The objective is to create a well qualified, geographically and ethnically diverse roster of DCWs.
 - Accept 90% of new Participant referrals in each of the subsequent contract years.
Family Choice Healthcare will take an aggressive approach to recruiting and qualifying new direct care workers to ensure there’s a robust roster of DCWs. The objective is to create a well qualified, geographically and ethnically diverse roster of DCWs
15. Describe your plan for addressing direct care worker call-offs and no-shows.
- 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.
Steady, and complete roster of direct care workers is maintained at all times. If necessary, DCW rate is increased and/or gas gift cards are offered as an incentive.
 - Describe your process for communicating when a direct care worker calls off or does not show-up as scheduled.
A DCW is instructed to give the Agency notice of a callout before close of business on the day prior to service. This gives the Agency enough time to provide a replacement.

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Telephony via the ClearCare system notifies the Scheduler when a DCW does not clock in at the appropriate time. Once notified an attempt is made to contact the DCW to identify his/her status. The client is notified of the DCW status and a replacement DCW is identified if needed.

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

We are very well versed in Cultural differences and can serve diverse populations. Presently, Family Choice Healthcare serves culturally diverse clients, including Hispanic, Eastern European, East Indian, and African American communities.

Presently Family Choice Healthcare serves clients with special needs, including, but not limited to quadriplegics, paraplegics, amputees, dementia, the blind.

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?

The DCW immediately notifies the Operations Manager & Supervisor by phone and documents observations on the Aide Daily Activity Form when there are changes in the participant/client's physical/mental condition, changes in the home environment, or suspicions or observations of abuse and overall well being. All observations shall be noted in the database management system, ClearCare.

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

In cases where the DCW has observed changes in the client's condition that require the aid of the care management professionals, family members, or other DCW, the following procedure shall be followed:

- **The Operations Manager (OM) shall acquire a detailed statement from the DCW**
- **When necessary, the OM shall acquire a detailed statement from the client or other parties that may be involved**
- **The Operations Manager shall decide what information to share with family members and other informal caregivers while adhering to the HIPAA regulations.**
- **When necessary an incident form shall be initiated by the OM**

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.

Two examples of a situation that involved a DCW are:

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1. The DCW reported to work and found the client on the floor. She immediately went to the client, called out the client's name. The client was unresponsive. The DCW took the client's vital signs and called 911. Because the client was breathing, the DCW did not begin CPR. She did stay with the client until the EMTs arrived.
 - a. Once help arrived, the DCW notified the OM of the incident
 - b. The OM notified the family and informed them of the hospital where the client had been taken
 - c. The OM documented the incident in the database management system.
 - d. It was not necessary to complete an incident report since the employee was not on duty during the occurrence
2. The DCW reported to work but was unable to gain entrance into the client's apartment. The DCW went to the apartment office to report that she was unable to gain entrance. The office personnel accompanied the DCW to the apartment. The client was not there. The DCW called the client's daughter. The daughter informed the DCW that the client had been admitted to the hospital the prior night.
 - a. The DCW notified the OM
 - b. The OM contacted the client's daughter and requested that the daughter keep her informed of any changes in the client's condition and the potential discharge date
 - c. The OM informed the scheduler that the DCW would be available for another assignment until the client's release from the hospital
 - d. Client's daughter notified OM of client's discharge date and requested that services be resumed
 - e. Situation was reported in the database management system

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?

Family Choice Healthcare uses a Continuous Quality Improvement Program (CQIP) to access and evaluate indicators. The CQIP indicators are: Complaints, Incidents, Admissions, Discharges, Participant's Satisfaction, and Clinical Notes. A Quality Improvement Committee meets quarterly to perform quantitative and qualitative analysis of information for each indicator collected during the quarter.

If necessary, changes in Policies, Procedures, or Processes will be implemented based upon quarterly analysis.
 - b. How do you handle Participant complaints?

Each member of the administrative staff is trained how to record and respond to a Participant complaint. Staff is responsible for recording the date and the time of the

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complaint, the DCW involved, and the description of the complaint in the ClearCare database management system. The objective is to resolve the complaint to the satisfaction of the client immediately or as soon as possible. After 10 – 14 days, the client is contacted to ensure the resolution meets his/her satisfaction.

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.

At least quarterly, the Operations Coordinator contacts the participant to glean information about the DCW, like punctuality, work performance, and ability to follow care plan. The survey contains a formal set up questions that are offered in a conversational manner to avoid “yes” or “no” restrictive answers.

In cases where feedback is less than positive, the Operations Coordinator will visit the participant in an attempt to resolve any issues or concerns.

Our Quality Improvement Committee meets quarterly to ascertain the feedback from participants. The information is analyzed quantitatively and qualitatively to determine any trends that may prompt us to change Policy, Procedure, or Processes.

21. Describe your process for handling a billing discrepancy.

Billing Manager contacts the appropriate agency and reconciles all issues.

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.**
- Attachment 1 - Articles of Incorporation (For-profit Organization)

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	\$15.10
a. Supervisor	\$0.31
b. Registered Nurse	\$0.70
c. Scheduler	\$0.68
d. Other Support Staff	\$1.41
e. Direct Service Workers	\$12.00
2. Personal Care Services Personnel - Fringe Benefits	\$2.83
3. Personal Care Services Personnel - Travel Reimbursement	\$0.67
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$5.41
5. Administrative Costs (Not to Exceed 10%)	\$0.81
6. Profit/Excess Revenue	\$2.16
TOTAL UNIT COST (sum of items #1 through #6)	\$26.98

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	55.97%
Personal Care Personnel - Fringe	10.49%
Personal Care Personnel - Travel Reimbursement	2.48%
Operating Costs	20.05%
Administrative Costs (not to exceed 10%)	3.00%
Profit/Excess Revenue	8.01%

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:	
1. Personal Care Services Personnel - Salary	\$14.52
a. Supervisor	\$0.27
b. Registered Nurse	\$0.57
c. Scheduler	\$0.53
d. Other Support Staff	\$1.15
e. Direct Service Workers	\$12.00
2. Personal Care Services Personnel - Fringe Benefits	\$2.72
3. Personal Care Services Personnel - Travel Reimbursement	\$0.65
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$5.21
5. Administrative Costs (Not to Exceed 10%)	\$0.78
6. Profit/Excess Revenue	\$2.07
TOTAL UNIT COST (sum of items #1 through #6)	\$25.95

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	55.95%
Personal Care Personnel - Fringe	10.48%
Personal Care Personnel - Travel Reimbursement	2.50%
Operating Costs	20.08%
Administrative Costs (not to exceed 10%)	3.01%
Profit/Excess Revenue	7.98%

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 - Home Maintenance (Chore)	
Organization Name:	
1. Personal Care Services Personnel - Salary	\$16.40
a. Supervisor	\$0.34
b. Registered Nurse	\$0.76
c. Scheduler	\$0.74
d. Other Support Staff	\$1.53
e. Direct Service Workers	\$13.03
2. Personal Care Services Personnel - Fringe Benefits	\$3.07
3. Personal Care Services Personnel - Travel Reimbursement	\$0.73
4. Operating Costs - Rent, Utilities, Payroll Services, Supplies, Memberships, etc.	\$5.88
5. Administrative Costs (Not to Exceed 10%)	\$0.88
6. Profit/Excess Revenue	\$2.35
TOTAL UNIT COST (sum of items #1 through #6)	\$29.31

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	55.95%
Personal Care Personnel - Fringe	10.47%
Personal Care Personnel - Travel Reimbursement	2.49%
Operating Costs	20.06%
Administrative Costs (not to exceed 10%)	3.00%
Profit/Excess Revenue	8.02%

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 Health Services	
Organization Name:	
1. Personal Care Services Personnel - Salary	\$0.00
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)	\$0.00

Unit Cost Breakdown by Percentage	
Personal Care Personnel - Salary	#DIV/0!
Personal Care Personnel - Fringe	#DIV/0!
Personal Care Personnel - Travel Reimbursement	#DIV/0!
Operating Costs	#DIV/0!
Administrative Costs (not to exceed 10%)	#DIV/0!
Profit/Excess Revenue	#DIV/0!