

RFP Response Form

RFP for Providers for Older Adults Protective Services

PROPOSER INFORMATION

Proposer Name: LifeSpan, Inc

Authorized Representative Name & Title: Virginia Jurofcik, Chief Executive Officer

Address: 314 East 8th Avenue

Telephone: 412-464-1300

Email: gjuofcik@lifespansa.org

Website: www.lifespansa.org

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

Date Incorporated: 05/1973

Partners and/or Subcontractors included in this Proposal: None

How did you hear about this RFP? Emailed press release

REQUIRED CONTACTS

| | Name | Phone | Email |
|-----------------------------|-------------------|--------------|-------------------------|
| Chief Executive Officer | Virginia Jurofcik | 412-464-1300 | gjuofcik@lifespansa.org |
| Contract Processing Contact | Julia Huber | 412-464-1300 | jhuber@lifespansa.org |
| Chief Information Officer | Michael Dunn | 412-464-1300 | mdunn@lifespansa.org |
| Chief Financial Officer | Julia Huber | 412-464-1300 | jhuber@lifespansa.org |
| MPER Contact* | Julia Huber | 412-464-1300 | jhuber@lifespansa.org |

* [MPER](#) is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.

BOARD INFORMATION

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

Board of Directors List Attached

Board Chairperson Name & Title: Carolyn Hall, President of the Board of Directors

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.

References: Dick Skrinjar, Senior Justice Advocate, Allegheny County District Attorney's Office, Phone:

[REDACTED] Email: [REDACTED] – Mary Hart, Gerontology Program Director, Department of Health Science, California University of Pennsylvania, Phone: [REDACTED]

[REDACTED] Email: [REDACTED] – Ken Ricci, Diversified Health Care, Phone: [REDACTED], Email: [REDACTED]

PROPOSAL INFORMATION

Date Submitted 11/15/2018

Amount Requested: \$433,333.33

Proposal Abstract:

Please limit your response to 750 characters

This Request for Proposal for the Protective Services Program provides LifeSpan with the opportunity to become part of an established program and the ability to create innovative means to meet the need of vulnerable older adults. Our organization has a long history of older adult services in a variety of forms: Care Management, Center Services, and Meals on Wheels/Home Delivered Meals (MOW/HDM). Through these programs, our staff has assisted with crises, been the initiating source of intervention, and escalated emergencies to appropriate agencies such as Protective Services, Orphan's Court, local police departments, and/or District Attorney's Office.

Center Services and MOW/HDM provide regular interactions with trained staff, nutrition to food insecure adults, as well as redirect seniors in circumstances of concern. However, it is LifeSpan's experience with Care Management Services that provides a well-tested frame work to incorporate Protective Services into LifeSpan. LifeSpan's current internal and quality control procedures will be applied and adapted to the Protective Services Department.

Care management service affords older adults a personalized resource in the community. While services are implemented, it is the way our agency has excelled in emergency situations that establishes the capacity already available. Care managers and supervisors alike have assisted in emergency placement, evictions, public health concerns, neglect and abuse, and financial exploitation. Care managers have worked with Protective Service agencies in the past to ensure the well-being of older adults and creating a continuity of care, to benefit participants.

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Moreover, our care managers are provided resources through regular training, either offered by the county, community organizations, or through the online training site, Lynda.com. These opportunities are open to all staff. Trainings provide our staff the opportunity to grow as professionals, and resources to assist them in the field. This ultimately aids our older adults, ensuring they receive the best care. Additional trainings for Investigators will ensure their abilities to work with diverse populations, while meeting state and national regulations to ensure the safety of seniors in our county. Established relationships with area mental health professionals will provide Investigators with geriatric and demographic specific training and resources. Staff development and regular training will build a standard of professional integrity for our staff.

While there are several challenges anticipated as a Protective Service provider, our agency has implemented resources which can mitigate these projected obstacles. With a predicted increase in volume of reports and participants, our agency will utilize the latest technology with computers, telephones, and internet connections to provide staff with resources and remote supervision. Our organization senior centers will be used as hubs for Investigators, enabling them to easily access resources while being amongst the community, attending to participants in a timely fashion. Internal auditing already established for our care management department will be extended to Protective Services, utilizing SAMS dashboards and Excel spreadsheets to ensure timeliness in services, accurate data entry, and overall compliance.

Our agency has partnerships and professional propinquities with community organizations and agencies which allows for us to provide full-scope services to participants. LifeSpan has worked with personal care home placement agencies to assist participants in need of emergent housing support. LifeSpan established relationships with food delivery services affords participants the ability to receive food when gaps between the moment of crisis and the start of MOW/HDM services arise. The building of professional relationships with outside organizations and agencies allows for participants to receive adequate help. Ensuring the safety and well-being of older adults is LifeSpan's top priority. Our staff follows necessary procedures and innovative interventions to provide the best support to seniors including food shopping, heating assistance, coordination for rep payee services, or in severe cases hospitalization or immediate placement.

Bringing Protective Services into LifeSpan will be a path to providing comprehensive services through focused supervision, communication, and staff development. Collaboration can be in real-time, building upon established resources already implemented to assist participants moving forward. Opening the opportunity for dialogue will not only assist staff and other professionals, but it will ultimately benefit the participant in innumerable ways.

Our goal as an Agency is to best serve the seniors of Allegheny county. Our objective is to ensure the well-being and safety of seniors through innovative care, timely intervention, and implementing needed services. Through our years of service to the older adults, we have mitigated risks, inventively assisted seniors, and helped the members of this community. We aim apply the same mentality and dedication to Protective Services.

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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
- 3 years of audited financial reports
- W-9
- Budget and budget narrative, as desired

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REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 115 points. Your response to this section should not exceed 20 pages.

Indicate the geographic service area zones (see RFP appendices A and B) for which you are proposing to serve: LifeSpan submits proposals for area zones 1, 2 & 3.

Organizational Experience (30 points possible)

1. Describe your organization's experience working with adults age 60 years and older.

Our organization has extensive experience working with adults who are age 60 and over. LifeSpan currently has three program areas that assist older adults to remain safe and active in their community: Care Management, Center Services, and Meals on Wheels/Home Delivered Meals. These programs focus on quality, respectful participant-directed service delivery.

Care Management most closely demonstrates our ability to serve participants through Protective Services. Over the last 40 years, LifeSpan has worked with participants who have received services through Protective Services, have been referred to Protective Services, or LifeSpan Care Managers have intervened thus preventing the need for Protective Services.

LifeSpan's participant focused Care Management Team has assisted with relocation due to eviction, unsafe living conditions, inability to manage daily tasks, and other health related conditions. The Care Managers have worked alongside participants, families, immediate placement agents, and other dedicated professionals to aide with the development of long-term relocation plans. Care Managers have successfully relocated participants both in immediate crisis and in situations for preventative measures.

LifeSpan Care Managers have petitioned Orphan's Court for guardianship and worked through the process to make certain that the alleged incapacitated person's rights are not violated while ensuring that the court hearing occurs as scheduled. We have testified in Orphan's Court both as petitioners and as witnesses for former participants who are receiving services through Protective Services Agencies.

LifeSpan's Senior Resource Centers serve as Information and Assistance locations for community-based services, staff, and participants. Staff at the Focal Point Centers are Alliance of Information and Referral Systems certified. The Centers provide congregate meals, educational opportunities, and a variety of programs to improve well-being and socialization. Senior Center employees develop close relationships with the seniors who attend and are the trusted first line of support professionals to initiate referrals for AAA programs, including Protective Services. Senior Community Centers also serve as resource sites for Care Managers when they are working in the field.

LifeSpan's Meals on Wheels/Home Delivered Meals program provides balanced nutrition to eligible homebound nutritionally at-risk older adults. The MOW/HDM delivery staff visit the participants three times per week and are trained to notice changes in the participant's condition. If they notice

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or are informed of changes, they report these concerns enabling the senior to receive immediate assistance and/or referrals to programs providing on-going support.

During regional emergencies, our organization has responded by providing staff, throughout and beyond regular business hours, to contact participants after fire, flooding, extreme snow, and dangerous heat/humidity. Our MOW/HDM program has provided emergency meals to seniors impacted by local and regional emergencies. Our Community Senior Centers have provided refuge and meals for seniors during extreme weather.

EXAMPLE: Care Managers complete Emergency Care Management visits after the AC/AAA receives a referral requesting emergent services for seniors without Care Managers. At one ECM visit, the care manager went to the participant's home which recently had its water shut off. The initial report indicated increased confusion. The care manager had to meet with the participant on that day as out of town family was arranging to be there. The care manager also brought a colleague given the nature of the report.

When the Care Managers arrived and began asking questions, a small stove fire erupted in the kitchen. The Care Managers quickly put the fire out. When the house began filling with smoke, the Care Managers had to convince the participant to open door. Family soon arrived and shared the same concerns regarding cognition that the Care Managers observed. In discussing the participant's health, it was determined that seeing a doctor would be helpful. The care manager assigned to the emergency discussed taking the participant to an Urgent Care rather than a hospital as the participant was adamantly against potential hospitalization.

The family drove the participant to Urgent Care with the Care Managers following. While going to the Urgent Care, the Care Managers updated their supervisor about the situation, all parties agreed that working to get the participant to agree to go to the hospital would ease the current risks. At the Urgent Care, medical professionals determined that the participant had a urinary tract infection. Upon discussion with the family, they agreed to take the participant to the hospital if the care manager was able to get the participant to willingly go. The care manager discussed the participant's health with her and stressed the importance of further evaluations. The participant agreed to be seen at a hospital.

The next day, the care manager followed up with the assigned social worker at the hospital. The care manager requested a PT, OT, and psychological evaluations on the participant – the participant would later fail the OT evaluation. Simultaneously, the care manager worked with the family and Jerry Schwickrath from Geri-Atrics to have the participant placed. While working with both informal and formal resources, the care manager was able to have the participant safely placed in a personal care home within 2 business days following the initial home visit.

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2. Describe your organization's experience with and knowledge of the supports available to older adults within the human services system and within other community-based resources.

LifeSpan has repeatedly demonstrated the ability to assist seniors with information on community-based resources, supports, and programs. Both our Care Management and Center Services Departments provide valuable, timely and individually-based resource counseling. For seniors who are willing and able to remain in the community, LifeSpan provides resources and services to ensure their safety and well-being. If a safe environment is not possible, LifeSpan provides information and linkages for new housing options.

LifeSpan professionals assist participants experiencing difficulties in their lives with viable options to mitigate those difficulties and stabilize their lives. Assistance may range from, but not limited to: temporary or permanent relocation, removal of clutter, utility shut-offs, food security, clothing assistance, home repairs, Farmers Market Vouchers, rent rebate/property tax rebates, furniture assistance, assistive devices, air conditioners, and space heaters.

In addition to the assistance, services, and resources discussed above, LifeSpan is willing and able to provide services beyond these events to address any emergent situation that arises.

EXAMPLE: While emergent situations arise due to community reports, there are also participants enrolled within the system which require innumerable services to remain safe in the community. One participant enrolled in the program regularly needed assistance to ensure their well-being. To begin, this participant had several mental health conditions including history of a substance abuse disorder which called for redirection by the care manager, as well as, ability to provide the participant resources for their endless requests.

Moreover, the participant was severely underweight due to gastrointestinal conditions which put the participant at a nutritional risk. Due to limited financial resources and informal supports, Lifespan regularly went emergency food shopping for the participant. After a point, the time spent sending Care Managers and supervisors to the participant's home required ingenuity to reduce the man hours spent on a singular participant while meeting the needs the participant desperately required. Lifespan partnered with Delivered 2 You to pay for grocery delivery. This professional propinquity provided Lifespan with a valuable community partner for other participants in need of nutritional assistance when MOW/HDM is unable to start or is not a viable option.

In further regards to this participant, due to her health concerns, the participant has been evaluated to be medically eligible for the CHC program. No informal supports to complete the application required extensive assistance by the care manager to ensure enrollment. Each time the participant has gone through the application process, Care Managers work with Jennifer Pratt at the Independent Enrollment Broker to get the participant through the application process with as much ease as possible.

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EXAMPLE: At times, Lifespan will receive information regarding a “meals only” participant in crisis, and Care Management will oversee the participant through the resolution of the crisis. One such participant came to the attention of Care Management via a call from a neighbor to the NCMS Care Manager. The participant – an 81-year-old woman with questionable cognitive functioning – was being evicted due to non-payment of rent. The landlord had attempted eviction proceedings in the past, however back rent was eventually paid and landlord reported feeling sorry for the participant. This time, the landlord reported that they would move forward with eviction regardless of attempts at resolution by or on behalf of participant.

The case was assigned to the Enhanced Care Manager who visited participant on the same day as notification of concerns from the neighbor. Participant admitted to understanding eviction process, however, was adamant that she had another property down the street. ECM contacted the alleged realtor who reported that she had worked with participant for ten years, but she would no longer assist her. Realtor reported no additional property for participant.

Enhanced CM also learned of an estranged son who was unwilling to assist participant in any way due to a history of trauma during his formative years. At time of assistance, participant and son had not spoken in at least two years. Son also had his own medical conditions which prevented him from living independently or to be physically able to provide proper supervision for participant.

The following steps were taken by Lifespan to ensure safe placement for participant after eviction:

The Enhanced CM attended magistrate hearings related to the eviction, spoke with the magistrate about eviction on behalf of the participant and learned of the eviction date.

The Enhanced CM work with the participant’s son to assist with legal and financial matters related to the eviction and placement. The participant was agreeable to the son assisting, but due to a previous history with the participant her son was, at first, unwilling.

Despite numerous attempts during home visits to avoid the eviction or to convince the participant to leave the property prior to removal by the constable, the participant refused all assistance. The Enhanced CM and a supervisor prepared for the eviction by consulting with Re:Solve, Jerry from Geri-Atrics, AC/AAA Protective Services and Care Management supervisors, and the local constable. This step was essential as the participant was to be evicted on a Saturday when fewer social services agencies are open.

Using training in trauma-informed care, the supervisor attempted to persuade the participant to leave peaceably on the day of the eviction. Per earlier discussions, when the participant refused to leave, a Report of Need was made to AC/AAA Protective Services. At this point the participant became violent and the supervisor called 911.

While waiting for PS and the local police to arrive, the constable and supervisor were able to finally convince the participant to leave on her own accord. This was helped by using the supervisor’s smartphone to show the participant pictures of the personal care home.

The supervisor accompanied the participant to the personal care home and assisted her with registration and generally getting settled. The participant and supervisor made a list of items that she would need immediately. Care management staff delivered the items and brought the mail the participant’s son had collected.

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3. Describe your organization's experience working within the criminal justice system.

LifeSpan assists older adults with many aspects of their lives. Care Managers assist participants to navigate a variety of court proceedings, including the criminal justice system. LifeSpan staff attend court hearings on behalf of participants who have been victims of financial exploitation, neglect, abuse, or other criminal acts. LifeSpan Care Managers attend court proceedings with participants to assist, advocate and protect rights during evictions/landlord disputes, code enforcement actions, the 302 processes, guardianship hearings, and other civil matters.

Care Managers provide moral support for participants and act as sources of information to assist the participant during the court process. It is imperative for the participant to remain the center of focus and all actions reflect the best interests and full engagement of the participant.

EXAMPLE: LifeSpan worked with a participant who was the victim of unscrupulous individuals. The participant was referred to LifeSpan in need of heavy cleaning both inside and outside his home. LifeSpan worked with the participant and identified an agency to complete the clean-up. The participant willingly chose to hire someone he met instead and thanked LifeSpan for their help. The participant was satisfied with the work and elected to close his case with LifeSpan. The private pay individual targeted the participant as both trusting and having available resources. This individual worker gained his trust and pressured the participant into paying his girlfriend large sums of money for minimal shopping, housekeeping, laundry, and transportation services. The couple also convinced the participant to hire them to complete home repairs. These repairs required up-front money and the couple overcharged the participant for both labor and materials. Eventually, they convinced him to take out a reverse mortgage on his property and give most of the money to them. At this point, the participant requested assistance from the AAA and LifeSpan became involved to unravel the scam.

LifeSpan Care Management staff worked with the participant and his bank to send over financial documents over the last 12 months. When these documents were reviewed, a clear pattern of financial exploitation could be followed. A LifeSpan care manager and supervisor completed a home visit to confront the participant with the information and he agreed that the couple had taken advantage of him.

LifeSpan worked with the Protective Services Investigators and the Financial Consultant to help track the amount of money that the participant was pressured into giving to the couple. Both LifeSpan staff and Protective Services staff assisted the participant in filing a police report against the couple. The couple was arrested, and LifeSpan staff worked with Pittsburgh City Police Detectives to build a case against the couple.

LifeSpan Care Management staff attended pre-trial hearings with the participant and were vital in helping the participant through the court proceedings. The couple pleaded guilty to fraud and were sentenced for their crimes. The participant was awarded a judgement and the couple were ordered to repay the money he had "paid" to them.

During this whole situation, the participant applied for the Aging Waiver program. LifeSpan Care Management Staff had to work with the County Assistance Office to prove that the participant did

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not spend this large sum of money. The care manager and CAO were able to gather enough proof and the participant was determined eligible for the program.

4. Describe the approaches your organization employs to ensure your staff is responsive to a diverse population. Include cultural competency trainings you provide to your staff about working with individuals of different backgrounds in areas such as ethnicity, religion, national origin or ancestry, English language ability, sex, gender identity or expression, sexual orientation, disability, incomes and marital status.

LifeSpan staff reflect diversity in gender, culture, ethnicity, age, sexual orientation and gender identity. In addition to our diverse employment base, LifeSpan extends training requirements to ensure staff members are responsive to the needs of diverse populations. LifeSpan engages the use of www.Lynda.com for a variety of trainings including: Developing Cross-Culture Intelligence, Managing Diversity, Appreciating Diversity, Diversity and Inclusion, Managing a Diverse Team, Diversity, Inclusion and Belonging, Communicating Across Cultures, and Communicating about Culturally Sensitive Issues, Managing Multiple Generations. LifeSpan schedules in-house diversity trainings by bringing in speakers from PERSAD, NAMS Community Assistance and Refugee Resettlement, Bhutanese Community Association of Pittsburgh, and AHAVA Memory Care through the JCC.

LifeSpan has access to and will use the AC/DHS Area Agency on Aging Course Catalog July 2018-June 2019 including: Harnessing the Potential of Multi-Generational Teams, Aging Sensitivity, Cultural Competency, and Gen Silent.

Through these robust training resources, LifeSpan staff are responsive to the needs of diverse populations; in terms of employment, working with peers, the participants we serve and persons from other agencies/programs.

Protective Services Management (75 points possible)

5. Describe your staff plan for Protective Services. Include your desired qualifications for Investigators and Supervisors, how you will recruit and retain staff, and your strategy for staff supervision.

LifeSpan's plan is to attract and retain Investigators with multiple years of related experience; while a bachelor's degree with one-year experience is the minimum standard set by the RFP, LifeSpan will target professionals with additional years of experience. Investigators will ideally have, at minimum, two-years of experience working with older adults. Protective Services Supervisors are required to have a bachelor's degree with one-year direct aging casework experience. Ideally, LifeSpan would prefer a master's degree with at least one-year experience and one-year supervisory experience. LifeSpan has been successful hiring quality candidates through www.Indeed.com and other on-line job search sites.

LifeSpan will hire a dedicated Protective Services Supervisor and have the Care Management Operations Director also serve as a supervisor for the department. This organizational structure will

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aid in the seamless transition from Protective Services to Care Management, mitigating the impact on an already vulnerable participant. The designation of the Department Director to be trained, competent, and oversee both Protective Services and OPTIONS Care Management will facilitate staff interaction, easing the transition for the participant as she/he moves from interventive to long term support and stabilization.

The Care Management Operations Director will supervise both the Protective Services Supervisor(s) and the Case Aide(s). The Protective Services Supervisor will supervise the Protective Service Investigators. The CM Operations Director will work with all members of the department on PS cases. Supervisors and PSIs will work closely and will collaborate both in the office and in the field as part of the investigation. Supervisors will complete visits and reports of need. Regular, purposeful and focused one on one supervision will occur at least monthly, or more as needed, between supervisors and direct reports.

Regular staff meetings will occur in order to communicate departmental changes, updates from the AAA, updates from the State or sharing of resources/brainstorming situations.

LifeSpan will ensure that all Protective Service Investigators have completed the training required by the State and Allegheny County. These trainings will be tracked through our Human Resources Contractor and our Sentric Payroll System. This tracking will ensure that all members of the Protective Services Unit are current with all necessary training and qualifications.

Retaining competent, participant-focused, organized, and compassionate staff members is essential to effective service delivery. LifeSpan employs several methods to retention that have proven to be effective. LifeSpan was an early adopter to a flexible schedule. This allows professionals to schedule appointments, complete data entry, return phone calls, and conduct business according to the needs of the participant and for compliance.

LifeSpan has a robust paid time-off allowance starting at 27 days per year and has competitive benefit packages. LifeSpan offers competitive salaries relative to the current market and strives to recognize quality work across the agency. Because the agency has multiple services, employees of the agency have opportunities to grow within their program or within the agency.

LifeSpan also has a staff recognition program, routinely staff are recognized through a variety of methods including: Years of service, staff meeting recognition by supervisors or peers, certificates that detail successes, reports to board of directors, reports to the AC/AAA, staff probationary and annual evaluation, and self-evaluation opportunity.

LifeSpan will develop an on-call schedule to address after hours, weekend, and holiday coverage for Protective Services. This plan will be communicated at least monthly with the AC/AAA via email and any changes will be communicated both in writing and via phone. The schedule will list both primary on-call and back-ups to cover 24 hours per day/7 days per week. This schedule will include current mobile numbers for all Protective Services Investigators and Supervisors.

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6. Describe your plan to train Protective Services Investigators and Supervisors. Include your requirements for the state-mandated training and the types and the number of hours of any additional or ongoing training.

In order to best train both Protective Service Investigators, Supervisors, and Case Aides, LifeSpan will develop a curriculum of training that will ensure quality service to the participants who require Protective Services.

The centerpiece of this training will be the Pennsylvania State Mandatory Protective Services Training. Additional training topics will be developed with the AC/AAA Protective Service Unit. These trainings will focus on how PS works in Allegheny County.

LifeSpan will join the National Adult Protective Services Association. Membership in this organization will ensure that LifeSpan remains current with State and National Trends in Protective Services and will allow us access to online training resources. Examples of current webinars include: De-escalating Techniques for APS, Social Relationships and Elder Financial Victimization, Disrespect: Elder Abuse and Native Americans, and Forensic Markers of Elder Abuse and Neglect. LifeSpan will send two representatives from its Protective Services unit to the National Conference.

Training on mandatory reporting and Critical Incident Management will occur with all members of the Protective Services Unit. The Opioid Crisis impacts older adults through addiction and caring for family members who are addicted to opioids. This presents challenges to PSIs and is the root cause of many of the Reports of Need. LifeSpan will address this with training for PSIs on Opioid addiction focusing on older adults and challenges that older adults face.

If not already demonstrated with prior experience, LifeSpan will train PSIs in the following areas: CPR, Mental Health First Aid, OPTIONS CM, APPRISE, Medical 101, HIPAA, DSM-5, and other areas as identified.

The online training site www.Lynda.com will be used for any necessary computer training. Lynda.com also provides several business and personal interaction trainings including: Having Difficult Conversations, Dealing with Difficult Conversations, Dealing with Difficult People, De-escalating Angry Callers, Managing Stress, Time Management Fundamentals, Effective Listening, Communication Fundamentals, etc.

All Protective Services Staff will receive training on Trauma-Informed Care. LifeSpan work with professionals in the industry and have reached out to both Sharon Sutton, MA and Don Laird, NCC, LPC, DCC to complete these trainings.

LifeSpan will maintain a training log either through our Sentric Payroll system or via internal paper tracking to ensure that all appropriate trainings have been completed.

PSIs will participate in a minimum of 24 hours of continuing education per year. PS Supervisors will take an additional 6 hours of training focusing on supervision and management. This plan will be reevaluated at least annually to address any needed changes, additions or deletions to the plan in order to remain current with industry standards, local, state, and Federal standards.

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7. Please describe how you would respond to the following four scenarios.

A. Report: Norm has been diagnosed with dementia that is becoming worse. Norm is not able to perform Activities of Daily Living (ADLs or ADL) without hands-on help and would not know what to do if there was an emergency. It is not safe for Norm to be left home alone for any period of time. However, Norm's wife and sole caregiver, Diane, has been hospitalized leaving Norm home alone. Diane is extremely worried about Norm being home alone.

First Visit: When the Investigator arrived at Norm and Diane's home, Norm came to the door and willingly invited the Investigator into the home without asking for any identification. The Investigator saw that the home was very cluttered with stacks of magazines, newspapers, and other reading material which filled most of the space in the hallway and living room where the Investigator met with Norm. Although there was a path to the front door, it would be very difficult to navigate in the event of an emergency. The Investigator also noticed bottles of what appeared to be urine cluttered throughout the living area and a strong smell of urine present in the home. Norm appeared to be sleeping on a couch in the living room because the stairway was completely blocked, and the couch had a blanket and a pillow on it and was the only area that was not cluttered. The Investigator inspected the kitchen and found rotting food in the microwave, refrigerator, and on the kitchen table, which also was very cluttered with papers. The Investigator noticed that the gas on the stovetop was left on and there were newspapers on the counter top very close to the lit stove. The Investigator inspected the bathrooms and found the toilet to be clogged with urine and feces. There were towels and toilet paper in the toilet bowl and on the floor with feces on them. All utilities in the home were functioning, although there were several burnt out lights in the home that had not been replaced.

What steps should the Investigator take in this situation?

The first step that the PSI should take in this instance is to immediately eliminate/reduce eminent dangers by turning off the stove-top to mitigate the fire risk. The investigator will ask to remove newspapers close to the stove. There may have been some length of time since the participant's last meal, and the home does not appear to have safe food to eat. Because the report indicated Norm requires hands on assistance with all ADL and IADL tasks, the PSI would make arrangements for the participant to have food provided to him both immediately and regularly, based on his dietary needs.

The investigator would contact the social worker or the caregiver at the hospital to determine how long the participant has been left alone.

The PSI would also ask questions related to the participant's ability to contact EMS and safely evacuate in the event of the emergency. These questions can help determine further steps later during the investigation.

The PSI would contact the physician with the participant to discuss the types of medication that the participant currently has been prescribed. This step would be beneficial in terms of evaluating the participant's potential risk factors and the participant will need the medications if he is relocated.

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At this point, the PSI would consult with the Protective Services Supervisor to discuss possibilities of both willing and unwilling emergency temporary placement. Upon supervisory approval, the investigator would determine if the participant could stay with a local family member (if appropriate) or if the participant could privately pay to stay in a safe location. If informal resources are either unavailable, insufficient, or will not mitigate the risks, the investigator would proceed with the use of AAA funds for emergency placement, either through PS contract or provider contingency funds.

If the participant is unwilling to relocate until his needs can be met safely in the least restrictive environment, and his wife is unable or unwilling to assist with convincing him to accept placement, then the PSI would need to take steps to have the participant removed for his own safety. This could be done with assistance from the participant's doctor, through a psychological evaluation, consultation with the AAA Protective Services Nurses, or completing a 302 with consultation from the delegate.

B. Report: Martin has been diagnosed with Parkinson's Disease and has some short-term memory impairment. Martin lives in ABC Nursing Facility and requires hands-on assistance with physical care needs. His doctor ordered that two people assist with transferring Martin. One day, a nursing facility caregiver, Daphne, attempted to transfer Martin by herself. To do so, she first purposefully dropped Martin on the floor. Martin was in visible pain and was taken to the hospital. X-rays showed that Martin broke his leg.

First Visit: After Martin was discharged from the hospital for his broken leg, the Investigator visited him at ABC Nursing Facility. The Investigator discussed the incident with Martin, but Martin had a difficult time remembering exactly what happened due to his memory loss issues. During the visit, Martin had his leg in a cast and was lying in bed. He appeared to be clean and was eating lunch.

What steps should the Investigator take in this situation?

The Investigator would determine if other organizations/programs have additional information on similar incidents. The PSI would contact the facility Ombudsman through the AAA for information on this or other complaints against the facility. If applicable, this step would ensure the investigations run simultaneously. The PSI would consult the state licensing organizations that oversee the facility for the same reasons stated previously.

The investigator would contact the Nursing Facility Administrator to secure an incident report and to gain access to the participant's chart. The investigator may either bring or consult with the PS Nurse during the chart and incident report review.

Through consultation with the supervisor, the investigator would also determine if local law enforcement and/or the district attorney's office needs to be contacted related to the investigation or pursuit of criminal charges as it relates to the initial injury caused by the facility employee.

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C. Report: Arthur has been diagnosed with chronic obstructive pulmonary disease and heart failure. He uses oxygen 24/7 and experiences some memory issues. Arthur is unable to perform ADLs independently and requires hands-on assistance with ADLs and medication management. Arthur lives with his niece, Janet, who has taken over his finances and helps with his ADLs. However, Arthur is not eating proper meals and is losing weight. He is wearing stained clothing and has a body odor. Janet is not making sure that Arthur is taking his daily medications correctly. Janet has been transferring money from Arthur's accounts into hers without permission. She has opened credit cards and has been purchasing items online using Arthur's name. Arthur is now behind on utility payments and is receiving past due notices. Janet usually is in the house and will not allow in-home service provider staff to speak with Arthur alone. At times, Janet attempts to threaten or intimidate Arthur and provider staff.

First Visit: The Investigator knocked on the front door several times with no answer. The Investigator could hear people in the house talking, but could not make out what they were saying. After several more attempts, Janet answered the door and asked for identification. After the Investigator identified herself and showed her identification, Janet reluctantly allowed the Investigator into the house. The house was in good condition—clean and apparently well kept—but with a strong smell of cigarette smoke present. Arthur was sitting in the living room watching television while using oxygen and smoking a cigarette. Janet also was smoking. The Investigator asked Janet to leave the room so she could speak with Arthur alone. Janet refused and said, "I should be able to hear anything you say to Arthur." The Investigator asked Arthur if it would be acceptable for Janet to remain in the room during the conversation. Arthur looked at Janet first before addressing the question and nodding yes.

What steps should the Investigator take in this situation?

The first thing that the PSI should do is request that the participant and caregiver not smoke with oxygen present in the home.

The PSI in this situation should be prepared to discuss placement options and ask questions that would give further insight into the participants capacity.

The PSI would offer Home Delivered Meals/Meals on Wheels for both the participant and the caregiver. If accepted, this would be a way to lower the food bill, provide nutrition to both individuals and would allow another person in the home several times per week. With the MOW/HDM worker in the home, changes to the participant's condition would be noted.

To address medication issues, the PSI would either purchase or arrange for purchase a medication dispenser. The PSI would contact the physician to determine if home care can be ordered to educate the caregiver on medication issues and on how to fill the reminder. If this is not possible, a referral to the OPTIONS program could be made to have the medication dispenser filled through the LPN service. Either through insurance or OPTIONS, an LPN would be in the home on a regular basis.

The PSI would suggest referrals to smoking cessation programs (ex. Tobacco Free Allegheny) and discuss the dangers of smoking while oxygen is being used.

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During an additional visit with another PS professional, the PSIs would each speak with a member of the household. The goal of this visit would be to speak with the participant alone and if hindered by the caregiver, the PSIs would inform her that this was required by PA Code.

At either of these visits, the PSI should make all efforts to gather bank statements and other utility records to get a better grasp on the financial and utility situation. At minimum it appears likely that there is misuse of the participant's money. Depending on the results of the income investigation, a referral to the Financial Consultant would be warranted.

D. Report: Marjory has been diagnosed with dementia and has severe cognitive impairment and a poor memory. Marjory requires assistance with all ADLs and lives with her nephew, Lenny. Lenny is Marjory's primary caregiver. He has been reluctant to accept any outside services for Marjory saying that he can "do it alone." Marjory has a bruise on her arm that resembles a hand print, but is not able to recall how she obtained the injury. In the past, Marjory has had bruises of unknown origin on her arms that did not resemble hand prints.

First Visit: The Investigator arrived at Marjory's home and found the front porch to be very cluttered with boxes and what appeared to be old car parts. The Investigator also noticed a pile of empty beer cans next to a chair on the porch. The Investigator knocked on the door several times before Lenny answered the door. Lenny was very impolite and appeared to be under the influence. He asked the Investigator, "Who the hell are you and what do you want?" After the Investigator identified himself and showed his identification, Lenny became more aggravated. He said to the Investigator, "Get the hell off my porch! You guys have been here before and only upset me and I am not letting you in my house!" Lenny then violently shut the door on the Investigator.

What steps should the Investigator take in this situation?

The PSI should inform the caregiver that she/he has legal authority under the PA Code.

The PSI should contact the participant's doctor for additional information or additional contacts that may assist the investigator with entering the home. The assistance with contacting the caregiver would also be to inform him that the PSI has legal authority for access to Marjory. Both parts of the attempted contact would be done to ensure that all reasonable efforts have been made to access and clearly inform of legal authority.

At this point the PSI would contact the PS Supervisor to collaboratively plan next steps based on the outcome of the attempted contacts.

As there were reports that Marjory has bruising that resembles a hand-print, the investigator should contact local law enforcement and/or the district attorney for assistance with access to the home.

8. Describe the challenges you anticipate encountering as a Protective Services provider. How do you plan to mitigate those challenges?

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Increase in Volume: LifeSpan has seen an increase in the number of older adults, in general, accessing services. To address this LifeSpan has worked to keep technology at the forefront of our service delivery system. With smartphones, hot-spot internet connections, remote access to our servers and quality laptop computers, our staff are able to work out of the office longer. Mobile office utilization reduces commute times and allows our Aging professionals to more quickly and efficiently address immediate needs of participants.

LifeSpan plans to continue this well-established practice by basing PSIs out of Senior Resource Centers closer to areas where we serve. Especially in areas where LifeSpan centers exist, we will be able to house emergency supplies in addition to private office space for the PSI. When RONs come into the agency, they can be triaged to PSIs who are already near the scene.

Timely Documentation: Through the current Care Management contract, LifeSpan has been structured to adhere to and meet short stringent timelines to ensure State and AAA compliance.

LifeSpan will employ a two-pronged approach to managing timelines related to documentation. 1. LifeSpan will use SAMS reports, dashboards and widgets to track participant contact and SAMS documentation. 2. LifeSpan will use a separate Excel based spreadsheet to track the RONs to ensure that they are resolved within the 20-day time period. Documentation will be standardized, with consultation from the AC/AAA, using templates.

Emergency Placement: LifeSpan has assisted numerous participants over the years with emergency placements. This has been done through a variety of methods including: placement agents, direct admission to a hospital for observation/placement, 302 initiation due to immanent risk to self or others, willing relocation with a local and appropriate family member/informal support, placement in a nursing facility (Kane or private admission). The PSIs will continue to use the strategies listed previously and will work with the AC/AAA to develop additional resources and services to best serve the needs of the participants. LifeSpan has worked with AAA to place individuals at the Kane Nursing Facility through the AAA contract. Much more frequently, LifeSpan works with the participant and any one of several placement agents that we have established relationships with during business operations. LifeSpan is already in the process of establishing relationships with local personal care homes including the Squirrel Hill Wellness and Rehabilitation Center.

Older adults accessing resources: In order to improve the success of referrals from the PSI to other community resources, LifeSpan is committed to providing the participant with a seamless transition from PS to other community services. PSIs will contact other agencies that may assist the participant during the resolution phase of the participant case. These contacts could be by phone or in person, depending on the needs of the participant.

Prosecution support: LifeSpan is committed to strengthening our established relationships with the Allegheny County DAs office in order to best support the victims of elder abuse. LifeSpan will work with the DA and participants to assist in the prosecution of those who have committed elder abuse, fraud and other criminal offenses against older adults.

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LifeSpan's total approach to the delivery of Protective Services will focus on the participant and when applicable, work with that participant to transition them to programs that will improve their quality of life.

9. Describe any innovations you will enact, while adhering to the Older Adults Protective Services Act, to increase quality and efficiency of Protective Services delivery and to produce better outcomes for older adults (e.g., use of technology, relationship building, trainings).

Protective Services staff will be available and ready to serve participants in all areas that we are contracted to provide services. This will be accomplished using a mobile office suite (including, but not limited to: smart phone, Wi-Fi service through a hot spot, Surface Pro 4 or higher). For many years, LifeSpan has used technology to better improve service delivery to seniors. We have successfully implemented, smartphone usage in the field, mobile hot-spot for internet access, laptops for easy access to SAMS for efficient data entry, ServTracker for the development and tracking of meal delivery, Co-Pilot for the tracking and management of Center Service activities, on-line HIPAA compliance contractor and Sentric Workforce solutions for payroll and Human Resource tracking. We will apply our experience with technology to the service of seniors through Protective Services.

These tools and supplies will ensure that PSIs have access to timely participant records, access to resources, access to supplies and resources to deliver to participants in emergency situations.

LifeSpan has long established the ability to secure and distribute emergency supplies to participants in need. We have done so through all program areas and have assisted seniors in crisis due to heat, cold weather, unexpected income loss, housing issues, etc. These supplies purchased in advance are stored at LifeSpan properties in order to effectively distribute them quickly to those in need. PSIs will store purchased supplies at LifeSpan properties in order to effectively deal with immediate needs communicated through the RON.

LifeSpan's Main Office and all LifeSpan senior centers will serve as locations for the PSIs to work out of in order to effectively respond to contact requirements, documentation requirements, and most importantly the needs of the participants. LifeSpan centers will place PSIs closer to the service areas where they will be responding to RONs. If LifeSpan is awarded a zone where LifeSpan does not have senior centers, we will establish relationships with senior centers or other community partners in those areas in order to effectively meet the needs of participants as described.

As mentioned above, LifeSpan has already implemented innovative tactics and build strong, professional memberships.

EXAMPLE: In one instance, Lifespan received an Emergency Care Management referral for an individual living in a van. The individual demonstrated marked confusion and there was suspected neglect/abuse by the son who also lived in the van. Upon discussion with the police – the reporter of the incident – the officer felt comfortable removing the individual from the van, having them transported to the hospital. After the relationship with Lifespan was built, the individual then became a participant of our program. The goal of enrollment was to assist with the domestic

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situation and move the participant through the Community Health Choices (CHC) application process.

The care manager assisted with the entire situation as the daughter, whom the participant lived with, showed marked difficulties in managing the care of the participant. The care manager worked to get the participant enrolled in Adult Day Services (ADS) to alleviate the caregiving stress the daughter was experiencing, and to have regular supervision. In order to enroll in ADS, the participant needed a physical and to have a tuberculous skin test.

There were barriers in completing these required medical evaluations. First, the daughter worked several days a week, making it hard for her to escort the participant to the doctor's office. Then, the daughter relied on public transportation. Getting the participant to use public transportation was cumbersome due to his cognitive capacity issues. The care manager arranged with the daughter and participant to be transported to and from the first appointment by Uber. For the reading of the tuberculous skin test, the daughter was unavailable. As there were no other informal supports, the daughter and participant consented to the care manager and a colleague to meet the participant at his home, order an Uber, follow to the doctor's office, and follow the same process to get the participant back home. This upheld the boundary and company policy of not transporting participants in employee vehicles.

At the second appointment, the tuberculosis test came back positive. The care manager informed their supervisor of the situation and ensured to mitigate the risk by getting a mask for the participant for transport. It was determined that the participant had latent tuberculosis which was not contagious. Nevertheless, due to the participant being a smoker, the participant was at an increased risk for exacerbating the disease.

Once the participant was diagnosed, the Health Department became involved. Due to the barriers of reliable transportation and intermediately available informal supports, the care manager worked with the Health Department to get the participant to needed treatments.

After just a couple of months, the care manager was able to identify areas of concern, begin establishing resources to minimize these risks, and get the participant enrolled in the CHC program.

10. Describe how your organization will assure quality and consistency in delivered Protective Services.

LifeSpan must evaluate processes for high quality and consistent service delivery across all programs. The Care Management Department, which most closely aligns with Protective Services, has and adheres to reporting requirements; daily, weekly, monthly, quarterly and annually. LifeSpan will build on what we have established to meet and exceed the evaluation requirement for delivering Protective Services. Timelines will be tracked both through SAMS Reports and through Excel Spreadsheets.

LifeSpan has an established complaint procedure for participants, family members, concerned citizens, community partners or anyone driven to voice concern regarding an older adult. LifeSpan investigates each complaint quickly and efficiently. Complaints are tracked on an Excel Spreadsheet in order to analyze patterns and determine if training is needed for staff.

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In order to ensure high quality services to participants, LifeSpan will establish a seamless hand transition participant cases from Protective Services to OPTIONS, Community Health Choices Service Co-ordination, hospital social workers, LIFE Program, other DHS programs and/or other community programs. This will be done by preparing community programs for the receipt of the participants case through discussion and service planning. These discussions may occur on the phone, in person, or at the participant's home with the participant involved utilizing secure email.

These discussions will ensure that pertinent information related to the investigation are relayed to the on-going aging services professional. Confidential information and other private information can and will be released according to all appropriate Federal, State and Local laws.

11. Describe your data collection and entry plan.

LifeSpan will use various methods of data collection. First and foremost, will be SAMS Reporting and Analysis. SAMS information will be entered by PSIs and PS Supervisors. Dashboards have been an effective tool to ensure compliance with other State mandated requirements for Care Management, Center Services and MOW/HDM. Supervisors and quality improvement staff can quickly and easily track what assessments and activities have been completed and when they are due.

While SAMS is an effective tool, there are limitations. In order to address these, LifeSpan has employed an Excel based system to track new referral due dates and supervisory review. This type of tracking will serve as a backup/parallel tracking system to ensure that RONs are resolved in the 20-day window established by the State of Pennsylvania. Recording the initial date for the RON, tracking due dates in Excel and tracking the assessments and data entry in SAMS will address compliance with timely documentation and due dates. Both methods will be tracked by Protective Services Case Aides with oversight completed by Protective Services Supervisors.

Case aides in the department will track the number of referrals and which PSIs will be assigned the reports of need. This information will be tracked electronically through Excel and available on the agency's secure server.

Timely, accurate entry of data is essential to a Protective Services Investigation. All interviews with older adults will be entered in SAMS within 24 hours of the occurrence. Protective Services Supervisors and Case Aides will track visits both in SAMS and in Excel as a redundant system. Further tracking, using the same methods, will occur to ensure that all other investigative activities are entered into SAMS within 5 days. LifeSpan will also develop templates for documentation to guide investigators and to ensure consistent, thorough documentation in SAMS. This method will also ensure that whoever is reading the record will easily be able to understand the progress made in the case.

Monitoring of deadlines and data entry dates is part of quality assurance. Along with deadline monitoring, Protective Services Supervisors will review participant records to ensure that the assessments and documentation clearly shows the timeline of events in an understandable, accurate sequence.

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LifeSpan will develop other tracking methods based on the Scopes of Service, ensuring monitoring metrics are met.

PS professionals will also track complaints in the Excel Spreadsheet for analysis by the PS Supervisor as well as CM Operations Director and Chief Executive Officer. LifeSpan uses this method successfully in the OPTIONS Care Management program. The spreadsheet shows patterns that can be used when developing training for individuals, teams or departments.

12. Describe how your organization will adhere to Protective Services confidentiality requirements.

LifeSpan Protective Service Investigators and Supervisors will ensure that PS confidentiality requirements are met. Building off the mandatory training, confidentiality requirements will be an area of focus for all members of the department at LifeSpan during staff meetings, trainings, one on one meetings, case discussions, etc.

When LifeSpan Protective Services Staff cannot substantiate a report of need, the case will be closed at LifeSpan. The information identifying both the alleged perpetrator and the reporter will be deleted from the record in accordance with PA Code. This will be managed by clerical staff with oversight responsibilities completed by PS Supervisor and Care Management Operations Director.

In order to maintain consistency, LifeSpan will develop written procedures with direction from the AC/AAA for deletion or expungement of information in case records and destruction of case records.

LifeSpan will take all necessary steps to safeguard the confidentiality of those we serve.

1. Participant paper records will be kept in a separate, locked office in a locked file cabinet. This office will have limited access and will ensure that only those allowed to access the records can access them. These records will need to be signed out when leaving the secure area. Protective Services Supervisor and the Care Management Operations Director will be responsible for reviewing the record sign out sheet daily for compliance and regular reconciliations will be conducted by Protective Services Staff.
2. Security – LifeSpan takes cyber security seriously and meets at least quarterly with the Information Technology Vendor, CyberJaz, to ensure that we are taking the steps necessary to protect electronic communication and records. These include: phishing tests, training on computer security, training on mobile device security, ability to remote wipe devices, management and, testing of our network.
3. HIPAA - LifeSpan has contracted with Compliancy Group to address HIPAA Compliance. They manage policies and procedures as well as provide self-reported audits to ensure private information is kept according to HIPAA law.
4. Document Destruction – LifeSpan has contracted with a HIPAA compliant paper shredding company. LifeSpan has locked bins for the disposal of documents containing confidential information, personal identifying information, protected health information, other sensitive documents, etc.

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Budget (10 points possible)

13. Provide a line item budget for the areas you are proposing to serve. Include allocations for the contingency fund, staff salaries and benefits, travel, training, equipment and administration. You may provide the line item budget in the space below or as an attachment (e.g., Excel file). This question does not count towards page limits.

attached

14. Provide a budget narrative that explains and justifies the line items in the proposed budget. You may provide the budget narrative in the space below or as an attachment. This question does not count towards page limits.

attached



**RFP Budget Narrative for Older Adults Protective Services
Proposal Area Zone 1**

| Line Item Description | Amount |
|------------------------------|--------------------------|
| Program Staff | \$ 268,000 |
| Administrative Staff | 17,500 |
| Travel Stipend | 16,800 |
| Benefits and Payroll Tax | 50,731 |
| Communications | 16,870 |
| Contingency | 10,000 |
| Contracted Services | 10,833 |
| Occupancy - Rent | 6,000 |
| Program Supplies | 5,100 |
| Transportation | 3,385 |
| Training | 10,630 |
| Other Administrative Cost | 17,483 |
| Total Budget Cost | <u>\$ 433,333</u> |



RFP Budget Narrative for Older Adults Protective Services

Proposal Area Zone 1:

LifeSpan, Inc. will employ five (5) Protective Service Investigators to provide the services outlined in the RFP. These investigators will be assisted by a Case Aid to ensure that all calls are investigated, resolved and documented within the required twenty (20) day time frame. The Protective Service Investigators will be supervised by an Associate Director 100% dedicated to the Protective Service Program. The Associate Director and Case Aid will be supervised by our existing Director of Care Management Operations. The salaries for the investigators was determined by considering market and agencies standards and taking into consideration 24 hour on call circumstances. Total projected labor cost and benefits represent 77.5% of the projected budget for this zone.

Staff training is necessary to provide quality services under the contract. LifeSpan's training program not only includes the mandatory training led by Temple University in Harrisburg which will be attended by all staff associated with Protective Services, it also includes attendance at the national conference of the National Adult Protective Services Association. The individuals attending the national conference will conduct inhouse seminars to share relevant information with the remaining Protective Services staff. LifeSpan will be holding quarterly inhouse training sessions using webinars, Lynda. Com and other resources. Training cost and related travel represent 2.6% of the projected budget for this zone.

In anticipation of the mobile workforce, each of the Investigators will be assigned a mobile device and laptop which will remain in their possession to facilitate efficient on-site response times when needed and allow for efficient work flow. The projected budget for technology and ongoing support is 6% of the projected budget for this zone.

LifeSpan will provide a private workspace to our Protective Service Investigators at various locations currently operated by LifeSpan. Allowing LifeSpan to minimize the occupancy cost associated with this program. The budgeted occupancy cost is 1.4% of the projected budget for this zone.

Supplies needed by the Protective Services Investigator is budgeted at 1.2% of the projected budget for this zone.

Per the RFP, the required \$10,000 approximately 2% of the budget has been set aside for contingency expense.

Administrative cost which includes outside services, audit fees, labor cost and unforeseen cost are budgeted at 9.3% of the projected budget for this zone.



**RFP Budget Narrative for Older Adults Protective Services
Proposal Area Zone 2**

| Line Item Description | Amount |
|------------------------------|--------------------------|
| Program Staff | \$ 268,000 |
| Administrative Staff | 17,500 |
| Travel Stipend | 16,800 |
| Benefits and Payroll Tax | 50,731 |
| Communications | 16,870 |
| Contingency | 10,000 |
| Contracted Services | 10,833 |
| Occupancy - Rent | 6,000 |
| Program Supplies | 5,100 |
| Transportation | 3,385 |
| Training | 10,630 |
| Other Administrative Cost | 17,483 |
| Total Budget Cost | <u>\$ 433,333</u> |



RFP Budget Narrative for Older Adults Protective Services

Proposal Area Zone 2:

LifeSpan, Inc. will employ five (5) Protective Service Investigators to provide the services outlined in the RFP. These investigators will be assisted by a Case Aid to ensure that all calls are investigated, resolved and documented within the required twenty (20) day time frame. The Protective Service Investigators will be supervised by an Associate Director 100% dedicated to the Protective Service Program. The Associate Director and Case Aid will be supervised by our existing Director of Care Management Operations. The salaries for the investigators was determined by considering market and agencies standards and taking into consideration 24 hour on call circumstances. Total projected labor cost and benefits represent 77.5% of the projected budget for this zone.

Staff training is necessary to provide quality services under the contract. LifeSpan's training program not only includes the mandatory training led by Temple University in Harrisburg which will be attended by all staff associated with Protective Services, it also includes attendance at the national conference of the National Adult Protective Services Association. The individuals attending the national conference will conduct inhouse seminars to share relevant information with the remaining Protective Services staff. LifeSpan will be holding quarterly inhouse training sessions using webinars, Lynda. Com and other resources. Training cost and related travel represent 2.6% of the projected budget for this zone.

In anticipation of the mobile workforce, each of the Investigators will be assigned a mobile device and laptop which will remain in their possession to facilitate efficient on-site response times when needed and allow for efficient work flow. The projected budget for technology and ongoing support is 6% of the projected budget for this zone.

LifeSpan will provide a private workspace to our Protective Service Investigators at various locations currently operated by LifeSpan. Allowing LifeSpan to minimize the occupancy cost associated with this program. The budgeted occupancy cost is 1.4% of the projected budget for this zone.

Supplies needed by the Protective Services Investigator is budgeted at 1.2% of the projected budget for this zone.

Per the RFP, the required \$10,000 approximately 2% of the budget has been set aside for contingency expense.

Administrative cost which includes outside services, audit fees, labor cost and unforeseen cost are budgeted at 9.3% of the projected budget for this zone.



**RFP Budget Narrative for Older Adults Protective Services
Proposal Area Zone 3**

| Line Item Description | Amount |
|------------------------------|--------------------------|
| Program Staff | \$ 268,000 |
| Administrative Staff | 17,500 |
| Travel Stipend | 16,800 |
| Benefits and Payroll Tax | 50,731 |
| Communications | 16,870 |
| Contingency | 10,000 |
| Contracted Services | 10,833 |
| Occupancy - Rent | 6,000 |
| Program Supplies | 5,100 |
| Transportation | 3,385 |
| Training | 10,630 |
| Other Administrative Cost | 17,483 |
| Total Budget Cost | <u>\$ 433,333</u> |



RFP Budget Narrative for Older Adults Protective Services

Proposal Area Zone 3:

LifeSpan, Inc. will employ five (5) Protective Service Investigators to provide the services outlined in the RFP. These investigators will be assisted by a Case Aid to ensure that all calls are investigated, resolved and documented within the required twenty (20) day time frame. The Protective Service Investigators will be supervised by an Associate Director 100% dedicated to the Protective Service Program. The Associate Director and Case Aid will be supervised by our existing Director of Care Management Operations. The salaries for the investigators was determined by considering market and agencies standards and taking into consideration 24 hour on call circumstances. Total projected labor cost and benefits represent 77.5% of the projected budget for this zone.

Staff training is necessary to provide quality services under the contract. LifeSpan's training program not only includes the mandatory training led by Temple University in Harrisburg which will be attended by all staff associated with Protective Services, it also includes attendance at the national conference of the National Adult Protective Services Association. The individuals attending the national conference will conduct inhouse seminars to share relevant information with the remaining Protective Services staff. LifeSpan will be holding quarterly inhouse training sessions using webinars, Lynda. Com and other resources. Training cost and related travel represent 2.6% of the projected budget for this zone.

In anticipation of the mobile workforce, each of the Investigators will be assigned a mobile device and laptop which will remain in their possession to facilitate efficient on-site response times when needed and allow for efficient work flow. The projected budget for technology and ongoing support is 6% of the projected budget for this zone.

LifeSpan will provide a private workspace to our Protective Service Investigators at various locations currently operated by LifeSpan. Allowing LifeSpan to minimize the occupancy cost associated with this program. The budgeted occupancy cost is 1.4% of the projected budget for this zone.

Supplies needed by the Protective Services Investigator is budgeted at 1.2% of the projected budget for this zone.

Per the RFP, the required \$10,000 approximately 2% of the budget has been set aside for contingency expense.

Administrative cost which includes outside services, audit fees, labor cost and unforeseen cost are budgeted at 9.3% of the projected budget for this zone.