Narrative Report

Retooling with Rigor: Upgrading the Area Agency on Aging's Options Care Management Program

November 2013

The Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, Pennsylvania 15222

PHONE 412.350.5701
FAX 412.350.4004
www.alleghenycounty.us/dhs

Allegheny County Department of Human Services

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS in a number of categories, including: Aging; Basic Needs; Behavioral Health and Disabilities; Child Development and Education; Children, Youth and Families; Crime and Justice; and Innovation, Reform and Policy.

The Allegheny County Department of Human Services (DHS) would like to thank Jim Marnell and Michelle Sipple for their assistance with the preparation of this report.

DHS research products are available for viewing and download at the DHS Research and Reports Web page at **www.alleghenycounty.us/dhs/research.aspx**. For more information about this publication or about DHS's research agenda, please send an email to **dhs-research@alleghenycounty.us**.

To learn more about DHS and available services, visit the DHS website at **www.alleghenycounty.us/dhs/index.aspx** or call **412-350-5701 (TDD 412-473-2017)**.

© 2013 Allegheny County DHS
Published 2013 by Allegheny County DHS

In 2011, the Allegheny County Area Agency on Aging (AAA), part of the county's Department of Human Services (DHS), embarked on an effort to improve the quality of its Options Care Management (CM) program, which provides support to more than 5,000 people, ages 60 and above, to enable them to continue living in their own homes. While the program was functioning acceptably, there was room for improvement in some areas, such as responsiveness to consumers and accountability. Four contracted agencies were providing care management for various geographic regions of the county; their management contracts had not been opened up for competitive bids for more than a decade.

The AAA's program upgrade involved: (1) development and issuance of an RFP to existing and potential providers; (2) a rigorous and objective provider selection procedure; (3) extensive training of staff at the three selected care management providers (one of whom was a prior contractor); (4) transition of all participants to the new management organizations, in three phases over a two-month period; and (5) establishment of a new, performance-based evaluation system to monitor achievement of quality standards.

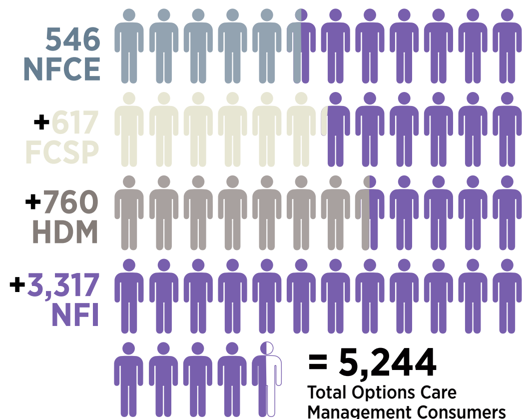
This transition was significant for several reasons. The AAA recognized that the expectations of senior participants and caregivers have changed, and that service delivery should accommodate these changes; however, it is unusual for a government entity to undertake such a dramatic and decisive improvement process, particularly in light of political realities and in the context of established, long-standing relationships. To do so required both political will and careful planning.

The attention to detail that was involved in designing a rigorous, fair RFP process and then in carrying out the transition of services warrants description. This report, prepared one year after the transition to the new care management model, reflects on how the AAA staff succeeded in completing this ambitious undertaking and suggests lessons for others pursuing a similar transformation.

"DO IT PERFECTLY"

Kurt Emmerling doesn't mind a challenge, but this one was a bit overwhelming. As bureau chief for care management at AAA, he was asked to craft a request for proposals (RFP) to deliver a service that had been provided by the same four agencies for many years. He knew that the incumbent agencies would not be happy to see their long-standing contracts threatened, and he was well aware that the process would be scrutinized carefully.

Total Options Care Management Consumers



NFI: Nursing Facility Ineligible **NFCE:** Nursing Facility Clinically Eligible
FCSP: Family Caregiver Support Program **HDM:** Home Delivered Meal

Emmerling recalled the assignment in this way: "I was chosen as project leader, granted wide latitude to choose people to work with me, and told to do it perfectly because we knew a lot of political energy was out there. I wondered if I would still have a job when it was over."

Why would a government agency take such bold steps when its program was generally functioning smoothly and no one was complaining? Since 1997, the same four agencies had been providing care management services, receiving automatic contract renewals totaling approximately $5 million a year. While the Pennsylvania Department of Aging required an RFP to have been conducted within the last five years for funding adjustments, the AAA wanted to accomplish much more than simple reallocation of funds. The office wanted to redesign the entire care

WHAT IS OPTIONS CARE MANAGEMENT?

The Options Care Management (CM) program provides support to individuals age 60 and older — who are not Medicaid-eligible — so that they may continue living independently; this type of service is unique and made possible only because of the funding available for services to older adults in Pennsylvania through the lottery program. Allegheny County's CM program uses these funds to provide home-based assistance to seniors with medical or other issues that affect their ability to complete activities of daily living. Participants who request CM services receive assessments to determine their needs and the level of assistance required. A care manager then develops an individual service plan that defines how the identified needs will be addressed.

The great majority of Options CM participants do not have sufficiently severe needs to qualify for nursing facility care. In most cases, they are able to maintain their independence with services such as personal care assistance, supplies and/or home-delivered meals. In about 10 percent of cases, Options CM provides support to a family caregiver who directly meets most of the recipient's needs.

Care managers do not deliver the in-home care themselves; rather, participants select from a set of pre-approved in-home service providers, and the care manager then oversees the proper and timely delivery of services. Care managers also monitor changes in the participant's capacities that may call for an adjustment of the service plan. A care manager's caseload typically ranges from 50 to 70 people. The process studied in this report did not affect who delivered the direct in-home services; rather, it sought bids from agencies wishing to provide the care management services.

management system (geographically, programmatically and financially) while implementing best practices, quality measures and a level of responsiveness previously unheard of. The high level of rigor flowed from the top of the agency — specifically, from AAA Administrator Mildred Morrison's well-known passion for relentlessly pursuing improved quality.

Morrison became AAA Administrator in 2000, and shortly thereafter she and Deputy Administrator Darlene Burlazzi began introducing a series of initiatives designed to enhance CM program quality and timeliness. "We went through a long and arduous, but exciting, process to get input from the whole network of care managers," Burlazzi explained. A state decision to phase in cost-sharing requirements for consumers was causing some of them to request fewer services; the AAA took the opportunity to invest in care management, reducing caseloads (which Burlazzi said were as high as 150) to about one-third of their original size. Other changes sought to improve responsiveness, standardize data entry and assessment processes, establish quality standards, and give consumers a stronger voice in the process.

"[DHS Director] Marc Cherna has implemented a culture change across the agency, based on the belief that all DHS consumers deserve the best quality of services — delivered in an integrated fashion to make them easily accessible — that we can render," Morrison said. "This program also went through a deliberate culture change process, from passive management to defining performance standards and best practices, and we then incorporated these standards into ongoing operations. Because we had done that, we had the ability to say that we expected better performance going forward."

But, like all attempts to change an existing program, these initiatives had their limits. "Quality increased, but the four providers were used to doing things as they always had. Some staff had problems letting old habits die, and new ideas would sometimes hit a wall," Burlazzi said. "We would push for higher quality, but we didn't consistently enforce consequences for noncompliance."

In this context, putting out an RFP became a fresh way to enhance quality, not only by opening the contract to competition but because the AAA could establish new standards and expectations in its RFP language.

The possible implications of this change, particularly the possibility that long-standing relationships might be affected, required careful planning and timing. Cherna supported the process, approved Morrison's RFP plan and contributed to the establishment of a workable timetable during a transitional year between county executive administrations. In March 2011, the AAA advised its four care management agencies to expect release of an RFP that summer.

Because Allegheny County is one of only three Area Agencies on Aging in the state that subcontracts for services, the PA Department of Aging has few guidelines in place regarding the selection of subcontractors. Thus, the AAA had great autonomy in developing the RFP and the selection process. Emmerling created a steering committee to oversee the entire process, with its members monitoring and leading subgroups. The various subgroups worked on the

many components of the draft RFP, such as definitions, questions to be posed, and a scoring scale that would be used to rate the applicants objectively. The delineation of program requirements was especially important, as this was the AAA's long-awaited chance to redefine provider expectations. The RFP ultimately identified 13 core competencies and minimum qualifications expected of care managers and supervisors. It also further refined the program's performance standards — stipulating, for instance, that all newly referred consumers must receive an assessment within five business days. Rather than prescribing specifics such as caseload sizes or supervision ratios, the committee simply identified what needed to be done and encouraged applicants to think creatively about how best to meet the requirements.

LESSON LEARNED

Performance and quality standards should flow directly from scope of service.

"We tried to ask ourselves what good care management should look like," said Rainna Bernesser, Emmerling's administrative officer at the time. "We might decide that we wanted an assessment to happen within a few days because getting access to services quickly can prevent undesirable consequences. We also realized that we didn't know everything, so we wanted providers to tell us, based on their own experience, how they would structure things to get the job done."

As the existing four providers had contracts of widely varying sizes — and, for reasons hard to determine, the two agencies with smaller contracts were receiving more money per consumer than the larger ones — the steering committee decided to map its client base, identifying areas of high and low demand for the first time. The 5,000-plus consumers were then divided into three geographic areas of equal numbers. While the rationale for redrawing the service area boundaries was to align them with Adult Protective Services geographic areas, the reduction to three areas made it likely that at least one current contractor would not win a contract. To increase the chance of getting a strong application for each region while still ensuring consumer choice (participants can request a different care management agency if they do not like the one assigned to their geographic region), the committee asked respondents to select one or two areas that it could serve.

The RFP eventually went through 14 drafts and review by the Allegheny County Law Department. Reviewers submitted a total of 177 recommendations; the steering committee documented its response to each one, in order to maintain a record of all issues discussed should they arise again later. Incumbent providers were asked to temporarily discontinue all participation on AAA committees, so as to eliminate any appearance of favoritism. Anticipating as many as 20 applications for the relatively lucrative care management awards, the committee recruited 28 volunteer proposal reviewers, all but two of them from outside the agency. To ensure objectivity of review, each proposal was stripped of identifying information.

On June 29, the AAA announced that the RFP would be posted on the Department of Human Services website as of the morning of July 15, with a mandatory pre-proposal conference scheduled for August 17 and a submission deadline of September 16.

A LOST SUMMER VACATION

Although temporarily excluded from the AAA meetings in which he normally participated, Jim Marnell, chief program officer at Lifespan (one of the care management provider agencies), "knew it was going to be huge." Said Marnell, "I knew from conversations I had with Kurt that he and others were devoting a tremendous amount of time and energy to this RFP."

LESSON LEARNED

Engage providers early and throughout the process so that they become your "champions."

"The RFP introduced a new free-market dynamic into the care management provider network. Now we were not just measuring ourselves against our own past, but we realized that there were three slots available and that others outside the network of care management providers were competing for them.

"I had planned a vacation on the ocean with my extended family for that summer. When the full reality of how much work it would take to respond to the RFP hit me, I canceled the vacation."

The RFP asked respondents to address approximately 40 questions in a maximum of 30 pages. Some questions were fairly standard but extensive, such as a requirement to explain how the applicant would achieve each required program output and fulfill each of the 13 core competencies. Others called for out-of-the-box thinking, especially from incumbent agencies.

A few examples:

- What does your organization provide in services and programming to the community that is unique, innovative and progressive?
- What actions or changes would your organization need to make in its current structure or operations to execute the scope of work proposed in this RFP?
- Indicate some recent service innovations or improvements that grew out of your organization's participant and caregiver data collection and analysis.

Marnell likened the application experience to Marine basic training — a tremendous learning experience, but grueling and brutal as well. "It challenged us to go outside our comfort zones and garner all the resources that we could," he said. "Almost every day we had meetings. We felt we were fighting for the survival of our organization. But in its essence, the RFP was a big invitation to improve. It gave us a way to think about things differently, especially in terms of deploying staff and setting high goals for responsiveness."

Michelle Sipple approached the RFP very differently. As a program director for Familylinks, which serves families facing behavioral, social and developmental health issues, she saw an opportunity to give the AAA exactly what it was seeking: new ideas from an entity with expertise relevant to senior care management.

"When I saw the RFP, I could tell that they were looking for quality in service coordination," Sipple observed. "The RFP was extremely well done, and every step of the process, from initial submission to interview, was thought out and very detailed."

Sipple called responding to the RFP "laborious" but indicated that the many questions helped Familylinks to produce a more focused narrative. She also appreciated the commitment to a blind review process: "Sometimes I feel that the playing field is not fair, especially when you are competing against huge nonprofits. With a blind review, I felt we would have as good a chance as anyone."

Prospective applicants submitted a total of 85 written questions in advance of the August 17 pre-proposal conference; AAA staff prepared written replies to each question and posted them on the Internet. Many of the replies reinforced the agency's openness to creative approaches. One inquiry wondered whether the prior ratio of 50 consumers per care manager was expected to continue; the AAA's official reply stated: "There is no minimum or maximum ratio of cases. The individual proposal … will determine the figure for each proposer. The 50:1 ratio is the current standard; however, proposers are encouraged to provide best practices that better serve the needs of participants."

Another question was whether the AAA would support having provider staff working from home offices. The answer was as open-ended as could be: "Propose the structure that you feel works best for CM participants."

One interesting dynamic resulting from the AAA's openness to substantial re-envisioning of the care management program was that incumbent providers, rather than benefiting from their long experience, may actually have been disadvantaged by their familiarity with old ways. "The resource limitations that we had experienced in care management may have truncated our vision a bit," stated Marnell of Lifespan. "We could have gone further in our imagining, but there was always that practical voice saying we wouldn't get that much money. We also thought that what we proposed would, if accepted, become what we had to implement. Knowing that the budget had been stretched for many years, we had real concern about articulating a plan that we might not have the resources to implement."

SURPRISES AT THE PRE-PROPOSAL CONFERENCE

"We originally thought that writing the RFP would be the hardest part," recalled Rainna Bernesser, "but there was a lot more than I realized after that." The next big challenge was the pre-proposal conference. In addition to providing written answers to the 85 questions, program staff developed an agenda, presentations, handouts, and a consistent strategy for answering (or deferring) questions raised at the conference.

Staff organized a five-hour conference schedule covering the current CM program; how to respond to the RFP; how proposal review and interviews would take place; competition timelines; the contracting process for successful bidders; and a demonstration of Harmony/SAMS, the computer system used for entering program data. Ample question-and-answer time was included. The presentation re-emphasized that the RFP was non-prescriptive but based on clear quality standards; AAA staff stated that a key goal was "to encourage creativity within the CM process, recognizing that the minimum standards outlined in the RFP are just that … minimums. RFP proposers may be as creative as they wish, as long as they meet or exceed the standards outlined in the RFP."

Twenty-three agencies showed up — quite a turnout for a service that the same handful of providers had delivered for decades. Although the size of the turnout was initially daunting — for the providers as well as for AAA staff — many of the 23 hopefuls didn't last long. Once they discovered that the conflict-of-interest provisions preventing an agency from doing both in-home services and care management were insurmountable, several walked out. Others realistically assessed the rigors of the application process and decided not to prepare a submission. When the application deadline of September 16 passed, the AAA had received only seven proposals.

THE RATING GAME

To make the rating process as objective as possible, a team of AAA staff developed a detailed scoring rubric describing how raters should assess each answer, using a three-point scale for most questions. Determined to make the process as mathematically objective and accurate as possible, a design engineer was recruited to write a formula that weighted each question on its importance to the AAA and permitted Microsoft Excel® to auto-calculate the total scores.

The subgroup managing the selection process, expecting more than seven proposals, had already recruited 28 reviewers from local universities, foundations and prominent nonprofits. "I insisted that we had asked high-end people to volunteer and we were going to use them," Darlene Burlazzi said. "This worked in our favor, because we had so many readers that objectivity of scoring was assured." In addition to the professional expertise of the reviewers, most had personal experience in caregiving for a family member and, therefore, more than just a theoretical stake in the quality and outcomes of the process. After a careful vetting of conflicts of interest and a reviewer training session, each reader scored two applicants, meaning that each proposal had eight reviewers. Readers felt that the rubric was clear and easy to use, and cross-reader consistency was very high.

The selection team agreed in advance that all proposers whose scores equaled either the mean or the median would be invited to an interview. With seven competitors, that approach guaranteed a minimum of four finalists. Conveniently, the proposal scoring yielded a significant gap between the fourth- and fifth-rated applicants.

As they reviewed the results of the independent reviewers' application ratings, AAA staff could see clearly that their vision of enhancing program excellence through a rigorous RFP process had borne fruit. Two nationally accredited agencies with significant experience in care management and programmatic experience in areas involving geriatric populations — Family Services of Western Pennsylvania and Familylinks — had diligently researched geriatric issues and effectively communicated how they could transfer their skill sets and organizational knowledge to serving AAA care management participants. These two newcomers and two incumbent contractors had received the top mathematical scores and were therefore identified as the finalists and scheduled for interviews.

"THE HARDEST INTERVIEW OF MY LIFE"

> *A senior receiving care management is close to being evicted from her apartment due to pet odors, hoarding of newspapers and boxes, and nonpayment of trash disposal fees. She seems able to make decisions but is disorganized and can become argumentative. Her son lives nearby, but is frustrated that his mother is in this situation and is at the end of his coping ability. Both the son and the mother have asked for help. How would you address the situation?*

This case scenario question confronted each of the four Options CM applicants at their finalist interviews in November 2011. Appointment times were scheduled 60 minutes prior to the beginning of the live interview, permitting AAA staff to give each three-person applicant team 45 minutes to prepare its response to the scenario. Teams then underwent a 90-minute interview, beginning with a series of questions based on a standard protocol and concluding with their scenario response.

"It was the hardest job interview of my life," said Sipple of Familylinks. "It felt more like meeting with the CIA — very formal, organized and regimented. Unfortunately, our chief operating officer was on vacation that week. Our CEO and grant writer came with me; they knew our organization and the application very well, but they couldn't help much with a program-oriented scenario."

LESSON LEARNED

Program Scope, Performance Standards and Monitoring should be developed concurrently, with a built-in mechanism to ensure that change in one triggers appropriate modifications in the others.

For Marnell and Lifespan, the interview questions on how the applicant would illustrate innovation, respond to new processes with willingness to adapt, and deal with leftover attitudes from the "old CM culture" made for some disorienting moments. "We studied for one kind of exam and got a different one," Marnell commented. "We came in prepared to discuss and defend the specifics of our proposal. Instead the interview went further afield, pointing to a different understanding of what the resulting program would look like."

To ensure rater independence, the interviewers refrained from discussing the interviews until after they had completed their scoring sheets. A supervisor from another Allegheny County AAA program sat in on each interview, as a control reviewer; the consistency of her assessments with those of the other interviewers confirmed the lack of rating bias.

Applicants were notified of the results on December 12. Lifespan was the only incumbent organization to win an award, along with Family Services of Western Pennsylvania and Familylinks. Said Sipple, "It was the only Christmas gift I really wanted." On the same day, the AAA sent letters, in friendly and easy-to-read language, to participants and caregivers, explaining that changes would be taking place in who coordinates their services but that "the help you receive will remain the same" and that no services would be reduced or interrupted.

MUSICAL CHAIRS FOR EMPLOYEES

The announcement of winners unleashed an unusual combination of career rearrangements. Experienced care managers at three unsuccessful incumbent agencies found themselves in great demand at two incoming agencies that had written excellent proposals but had no aging care management staff. With the freedom to establish their own salary structures, Familylinks and Family Services could compete to lure staff from prior providers. Moreover, even though Lifespan had retained a contract, it was losing a portion of its former geographic service area. In an effort to provide continuity of care, Lifespan gave up some of its best care managers so that they could join Familylinks and continue to serve the same participants in their caseloads.

Marnell discussed how these atypical dynamics played out at Lifespan: "Many of our strongest performers were now in a situation where, if they chose to stay with us, they would have to acclimate to a new caseload and territory. Conversely, Familylinks, which would be serving what had formerly been Lifespan territory, was eager to hire them. We felt that it would be better for the participants, and in many cases for the employee, to have the care managers transition from Lifespan to Familylinks and keep their caseloads. We ended up transitioning a third of our team to Familylinks in this way. In other instances, we lost experienced people who had now become extremely marketable, as we did not have the resources to outbid our partner agencies.

"In addition, we were already in the process of trying to cull underperformers from our ranks. We felt that it would be very hard for some of our more marginal staff to meet the new standards. So we tried to help them through a discernment process, realistically reviewing their performance, so that they could assess if it was viable for them to stay. Some of them, who felt they were already performing at maximum capacity and did not want to contemplate having the ante upped further, retired; one thanked me later for forcing a decision that resulted in finding more suitable alternative employment.

"We ended up in the same situation as our partner agencies, in that we had a significant percentage of new staff. Those who stayed had more work in terms of bringing new people into our organizational culture and helping to train them. It was a time of great turmoil here, the most difficult professional challenge I've had to date."

When the rounds of employee musical chairs were over, Lifespan had 15 care managers to train (about half of them transferring from unsuccessful bidders), but five Family Services care managers out of 30 and more than half at Familylinks had prior care management experience. Moreover, many of these experienced care managers were changing employers but keeping their caseloads. These factors would make the transition period smoother.

NOW HOW DO WE TRAIN THEM?

When interviewed at his office in May 2013, Russ Goralczyk, the AAA's CM program supervisor, still had his 2012 calendar on the wall, kept there as a reminder of how intense his job was for a few months. "In 2012," he said, "I took my first day off in mid-August. But it was busy for everyone involved with the RFP, and many individuals were part of our overall success."

Goralczyk and the AAA Learning Center (created two years earlier to establish a consistent, robust agency-wide training capability) developed a training program that would introduce both new and continuing care managers to the new standards and expectations. The team constructed the outline of eight training modules (the longest, on financial eligibility, totals 151 pages), updated the 300-page SAMS procedure manual, and worked with several contracted writers who assisted with composing the module texts. Then they developed presentations to teach care managers what they needed to know right away and familiarize them with sources of additional information, since covering everything at the initial training session was out of the question.

"At one point, we were looking at 22 days of training. Then reality set in," Goralczyk said. Eventually the AAA's transition committee settled on 12 days of "Tier 1" training for new care managers, and one day, focused on program changes and new standards, for those with prior Options CM experience. Sipple expressed appreciation for the inclusion of providers on the transition committee: "It was great to be at the table during implementation. I really felt that the AAA cared about what the providers had to say."

Three Tier 1 sessions were offered, in April, May and June 2012. The three separate sessions enabled the transition of caseloads to take place gradually and also permitted the new agencies to stagger hiring. About 400 of the most difficult cases were the first to be transferred, on April 30, after the first training session was complete. The rationale for starting with the highest-risk cases was to permit time for outgoing and incoming care managers to confer regarding consumer needs and, where necessary, conduct a joint visit. All cases were transitioned to Lifespan, Familylinks and Family Services by June 30.

The AAA offered three 12-day training programs, incorporating improvements based on feedback and experience after each 12-day cycle. Daily testing assessed trainee knowledge and identified areas needing more attention. For the third Tier 1 program, training on SAMS was integrated with other topics on the same day rather than delivered separately (e.g., after learning how to do a care plan, care managers would immediately learn how to enter a care plan in SAMS); this switch to more manageable periods of hands-on application rather than a single chunk of computer instruction yielded improved results.

Shelly Yungwirth, who joined Familylinks as a new care manager, indicated that Tier 1 training covered all the essentials and that the written resources provided the necessary ongoing support: "They did a good job of showing things, just at a fast pace. Everything I've needed to look up since then was in the books they gave us. It was a lot of information in a short time, but I remembered most of it when I needed it."

Marc Harrison, formerly a Familylinks mobile therapist who transferred into the CM program, called Tier 1 training intense and tightly structured. Initially, he thought the training could be shorter, but after taking on a caseload, he said, "I recognized how much more I needed to know." His biggest surprise at Tier 1 was "being in the same training as my supervisor. That told me that the learning curve for the supervisors would be twice as hard as mine."

Melanie Trainor, a care manager since 1997 who moved from Lifespan to Familylinks in order to keep her caseload, said that the no-nonsense message of the one-day training session for continuing staff was unmistakable: They were going to be held to a higher standard for the ultimate benefit of program participants.

LESSON LEARNED

Consistently seek feedback and be willing to make adjustments in response to that feedback.

Portions of the training program were videotaped for subsequent use, and care managers hired after June 2012 have completed the required training by watching the videos, studying the modules and taking the tests. Jill Ward, who attended the first Tier 1 session as Lifespan's training specialist, said the video-based training has worked better than the intense 12-day program, as it permits blending of instruction and hands-on experience.

Karon Campbell, the incoming Options Care coordinator at Family Services, also attended the first 12-day Tier 1 session and called it "overwhelming — a lot of learning for someone coming in new." Campbell said that some care managers resigned after the first training due to the abundant amount of information presented during those two weeks. But she credited the AAA with accepting feedback and making improvements. Campbell agreed that the videotapes work better than 12 straight days of training; like Lifespan, Family Services now intersperses the videos with shadowing and hands-on experience.

TRANSITION

The AAA advised participants of a telephone hotline available during the transition, providing a few lighthearted moments for the staff who fielded 400 calls over six months. "People would call saying 'I got this letter' and start reading it to me," Goralczyk chuckled, "and sometimes they didn't even have any questions." Some participants were curious as to what was going on; many callers concerned about losing their in-home assistance were assured that their services would remain intact.

Transferring several thousand participants seamlessly to new care managers, in a program that had 250 new participants entering every month, was a bigger challenge. The phased transfer

maximized use of the incumbent contractors' care managers during a complicated transition, as the new agencies ramped up their hiring and the three unsuccessful applicants, though still under contract through June 30, were losing their staff.

Participants were transferred in groups — high-risk cases first, followed by three more cycles of Options CM recipients. Additionally, all participants in the caregiver support program were transferred on one day, and those receiving only home-delivered meals were the last group transitioned, at the end of June. Beginning on May 7, all newly entering participants were assigned to one of the three RFP-winning agencies. Having stayed out of the RFP design and selection process helped Goralczyk maintain a professional working relationship with and gain cooperation from the agencies whose tenure was ending.

Two key measures showed that, administratively, the transition was an unqualified success: Every participant was successfully transferred to a new care manager by June 30, and the AAA received zero complaints. Among the contributing factors to the smooth transition was the behavior of the three exiting contractors, who cooperated fully, acting in the best interest of participants. The AAA has retained contracts with all three agencies for other programs.

AN UNSUCCESSFUL BIDDER APPEALS

With three long-term providers losing sizable annual contracts, disappointment and pushback were expected. The December 12 letters to unsuccessful applicants described a process for appealing the decision to the county Law Department. Two of the losing bidders initially questioned their rejection; one did not pursue the matter further after receiving the scores and information on the rating process, but the other elected to proceed with a formal appeal.

In preparing her response to the appeal letter, Burlazzi perceived that some of the objections arose from misinterpretation of the process; for example, the appellant had expected to receive credit for its experience and historical performance, but the AAA's use of blind reviews meant that scoring of proposals was based only on information in the proposal itself.

When the two sides came before a hearing officer, the appellant's main strategy was to allege bias at the interview stage, where (unlike the proposal review) the decision makers were all AAA staff. Compared to much of the RFP, the description of how finalist interviews would take place had been relatively vague and did not specify who would participate. Burlazzi stressed that the raters did not look at each other's scores and presented a mathematical analysis showing consistent patterns among all interviewers.

Had the appeal succeeded, the AAA might have had to redraw its boundaries and grant a fourth contract. But the decision came down in the AAA's favor, and the appellant, recognizing that it had received a fair hearing, did not invoke its right of further appeal to the state Department of Aging. The unsuccessful appellant organization and the AAA continue to collaborate effectively on other senior service contracts.

Campbell of Family Services praised the exiting agencies' cooperation during the transition but said the plans to have incoming and outgoing care managers complete shared visits did not always materialize, mainly because so many prior care managers moved on to new positions. "The transition was challenging at first, because the new care managers had to build rapport with participants who were resistant to the changes," she stated.

The transition exposed a few previously undiscovered weaknesses in the old system, such as cases not closed out and irregular follow-up. Harrison said that, when he first contacted the participants on his original caseload, some of them made comments like, "I haven't heard from [the care manager] for so long, I didn't know if he was still involved." Care managers working under the new accountability system (which requires them to contact all participants once a month and visit them every three or six months, depending on their category) report that a few consumers don't like the frequent contact, but that most appreciate the attention.

DEFINING AND MEASURING QUALITY

By July 2012, the AAA had successfully completed an RFP process, contractor selection, employee training and participant transition. But those considerable achievements would prove meaningless if, after all the effort invested in reshaping Options Care Management, participants were served no better than previously. Therefore the initiative could not be complete without a robust monitoring component.

LESSON LEARNED

Include monitoring staff throughout the process to serve a "reality check" function.

AAA Deputy Administrator Mary Phan-Gruber and the Monitoring Committee embarked on this work in early 2012, coordinating with contract development processes so that the scope of services expected of contractors would contain readily measurable items. Staff from the DHS Office of Data Analysis, Research, and Evaluation provided invaluable assistance in ensuring measurability of standards. In addition, the two new contractors' strengths in quality assurance and Lifespan's long involvement in AAA quality initiatives enabled all three providers to contribute significantly to the development of standards and monitoring methods.

Drawing on (and adding considerably to) a similar approach used to oversee in-home service contractors, the committee produced a monitoring matrix that enumerates 60 performance items in five domains: personnel; administration; participant services; specialty services; and quality improvement. For every one of these 60 items, the matrix identifies the standard to be achieved; the evidence that would show achievement of this standard; the data source(s) from which this evidence would come; and the frequency with which performance on this item should be reported or verified. The items are also prioritized as low-, medium- or high-risk according to their impact on participant health and safety. Because the complexity of data collection required more than construction of Excel spreadsheets, the AAA retained an outside vendor to develop an online reporting tool.

As an essential corollary to the monitoring matrix, Phan-Gruber and her team also established a progressive performance intervention plan. Under the old system, the AAA had no clear sanctions for subpar performance; now providers know what will happen if they fail to achieve "green light" status (generally a success rate of 90 percent or better) on items in the matrix. Corrective actions begin with recommended process improvement steps, and progress, if necessary, to technical assistance, a formal action plan, fiscal sanctions and contract termination.

LESSON LEARNED

Prioritize standards based on level of risk to program participants.

The AAA and contractors established a monitoring schedule that includes two on-site audits a year (the first of which occurred in February 2013), less expansive quarterly audits and monthly review of high-risk items. Quarterly reports compare each contractor's performance to program averages. Results thus far suggest that the AAA's standards, while reasonable, are prodding the providers to deliver high and consistent quality, and challenging each staff member to deploy excellent organizational and time management skills.

Longtime care manager Melanie Trainor called working under the new system "definitely manageable, but more challenging than it ever has been." Trainor, who had a caseload of 70 when interviewed, said that keeping up with monthly contact requirements "is super time-consuming … it's so hard to get hold of people, and you have to make that contact every month." She also pointed out that the data entry and documentation requirements have gradually become more demanding over time. However, she said, "These new requirements help us improve the overall quality of care and ensure that our participants' ongoing needs are met."

LESSON LEARNED

Design the monitoring system as a feedback mechanism for AAA as well as provider agency staff. Tie the performance intervention plan to the monitoring matrix.

Yungwirth and Harrison both indicated that they considered the job expectations reasonable. They said that Familylinks encourages good time management through its internal procedures, which call for contacting all new participants on the day of referral and scheduling required visits early in the month so that new cases, unforeseen changes or emergencies do not cause an end-of-the-month time crunch.

"I do think the new system has improved quality," said Ward, the Lifespan training specialist, who also maintains a partial caseload. "The RFP standards have helped supervisors to develop new monitoring strategies that help us stay on task."

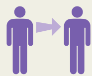
Development of the monitoring matrix went far beyond the AAA's previous efforts to ensure quality of in-home services. "Care management is the most complex monitoring we do in this agency," Phan-Gruber observed, "because there are so many standards and so much work is done directly with consumers." She stated that the present matrix is only a first step, in that many of the standards monitor timeliness of completing a task, but not how well it was done. The current matrix includes use of surveys to assess customer satisfaction; the AAA intends, in conjunction with the contractors, to identify ways to use participant outcomes as a further means of assessing contractor quality.

SAMPLE STANDARDS

Following are some of the 60 quality standards that the Allegheny County AAA now expects its Options Care Management contractors to meet. In each case, the monitoring matrix also stipulates acceptable forms of evidence, sources of data and frequency of monitoring.

TIMELY ASSESSMENT: 100% of assessments are completed within five business days of referral; of those, 40% of assessments are completed within three business days of referral.

ASSESSMENT DOCUMENTATION: 95% of assessments have acceptable substantiating documentation for level-of-care determination.



IN-HOME PROVIDER REFERRALS: 100% of referrals by CM to in-home providers are completed within two business days from the date when the care manager has determined service eligibility.

PARTICIPANT CONTACT: 100% of care-managed participants receive a minimum of one monthly contact either by telephone or in person.

HOME VISITS: 100% of participants receive one home visit every six months (every three months if eligible for admission to a nursing facility; every three months for caregivers).

PARTICIPANT SATISFACTION: 90% of participants are satisfied with service provided by CM provider and report that (1) CM communication is effective; (2) CM conveys respect for the participant and recognizes strengths; (3) choice of services was offered; and (4) needs were met.

Phan-Gruber noted one other subtle but significant shift: Formerly, the AAA prepared monthly reports, but now the contractors submit their own. "Having them do their monthly reports strengthens accountability further, because the supervisors are looking at their numbers themselves as they send them off to us," she said.

Important lessons learned along the way have included the importance of: (1) developing the scope of services and the monitoring matrix in tandem; (2) engaging provider agency participation throughout the process; (3) a transparent approach that permits providers to become familiar with the standards and see reports and supportive evidence regularly; and (4) addressing limitations of data collection at an early stage so that evaluations can draw on complete, reliable information.

MISSION ACCOMPLISHED

Russ Goralczyk believes that the changes in Options Care Management came just in time to respond to the expectations of a new generation of seniors. "The over-85 population will say 'I'm fine, we don't need anything,' " he stated. "But the baby boomers coming in now at around age 67 are very cognizant of what's available. They have specific requests, high expectations and a different attitude. I think our new model, by raising the bar, will respond better to the baby boomers and their lofty goals."

The performance improvements resulting from the AAA's program upgrade are obvious; Emmerling reported that care manager compliance with standards for scheduling the initial care management visit (within three days) and completing required follow-ups (at three and six months) have greatly improved, as have continuing education and training opportunities for supervisors. In addition, the care management contractors value the quality of their collaboration with AAA staff. "Even though they are bosses, it has really felt like a partnership," Sipple said. "Our input is welcome, and they give us useful feedback. The AAA has ensured the program's success through the effort that they have put into it."

The multiple-team planning structure, RFP layout, pre-proposal question-and-answer approach, proposal scoring rubric, and use of reviewers all provided models that the AAA plans to apply to future contracts. In addition, the steps taken to develop an effective monitoring system — a key to quality assurance and improvement —

have already been captured in a manual containing templates, protocols and procedures that are now informing a similar effort to upgrade performance at Allegheny County's senior centers.

Emmerling said that, from a bureau chief's perspective, it is an "absolute pleasure" to be able to track adherence to standards so readily thanks to the quality and consistency of care managers' documentation. He has also received positive reviews from a personal informant — his mother is an Options CM consumer.