

Community Companion Home Care, LLC
Performance Analysis
August 15, 2023

Community Companion Home Care, LLC. last received a 3-year accreditation from CARF in January 2021. Since that time CCHC has continued to grow and face challenges along the way. CCHC is focused on improving in all areas of business and is dedicated to a process of improvement of our organization, programs and services based on the collection of information and data.

This report includes the review of a number of performance indicators and a formal review of CCHC's mission statement, policies, procedures, job descriptions, organizational chart, technology plan, strategic plan, risk management plan, accessibility plan and budget.

CCHC operates on a calendar year beginning January 1 and ending on December 31. The company compiles data based on the previous year, summarizes it in this performance analysis and uses the gathered information for planning purposes.

CCHC collects and analyzes data from a number of different sources that include, but are not limited to:

1. Financial information including reviews of financial performance by leadership
2. Resources as needed to maintain continuity of care and ensure that staff is able to provide quality of care and an exemplary level.
3. Risk Management assessments to identify potential risks and opportunities
4. Accessibility plan as a way to monitor potential barriers and to identify corrective action
5. Technology plan to ensure the company is up to date with current technology trends to support our mission and to identify action to be taken
6. Personnel trends related to recruitment, retention and turnover
7. Internal and external health and safety inspections including drills and emergency plans
8. Formal client complaints and grievances
9. Feedback from clients and staff via surveys, phone calls or in person conversations
10. Trends as reported to us by MCOs, LMEs, accreditation surveyors and other providers
11. Incident Reports
12. Feedback and results from national accreditation surveys and licensing inspections

This report allows CCHC to evaluate our decision-making process and determine if changes need to be made to any of our policies and procedures. It enables us to not only continue to serve our members in the best possible way but to continue to support our staff. CCHC's mission is to make the most of life together!

Copies of the completed report are distributed to members of the organization's leadership and made available to clients and staff.

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Human Resources

- ❖ Mission Statement
- ❖ Leadership Job Descriptions
- ❖ Organizational Chart
- ❖ Performance Management
- ❖ Cultural Competence
- ❖ Trainings

Completed:

CCHC maintains our commitment to the I/DD population. Therefore, the mission statement was updated.

Leadership job descriptions were reviewed and updated. Aimee Smith was promoted to CEO in May of 2022. Chris Kiser is no longer VP of Operations, he is now our licensure specialist. We hired Jonathan Smith in August 2022 to be a Compliance Officer. Leadership is listed as the following:

1. Daniel Merrill is still the Chief Financial Officer
2. Aimee Smith is still CEO
3. Aimee Merrill is just listed as Owner
4. Chris Kiser is now our licensure specialist
5. Jonathan Smith was hired on as a Compliance Officer
6. Ginger Kiser is still listed as Quality Assurance

This also led to a change in our organizational chart. The organizational chart was updated to reflect the proper chain of command and flow of company operations. Direct Care staff will report to their Qualified Professional. Office staff, QP's and day program director will report to the CEO. CEO and all other leadership roles will report directly to the owner. CCHC feels that we are on a stronger path to accomplishing our mission and we are setting our goals even higher than before. Hiring new leadership and changing descriptions is allowing CCHC to better plan and track potential setbacks and growth.

Individual performance reviews are conducted on a yearly basis. Changes in QP staff have caused a continued lapse on the completion of some of these. Yearly reviews have been planned to include individualized goals and the progress of the goals will be discussed in the next planned review.

CCHC has conducted surveys of employees and many would like to see an insurance option and pay raises. CCHC is not, at this time, at a place to offer company paid insurance plans. However, CCHC contacted a local insurance agency and is now offering the agency's services along with a

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payroll deduction to cover the cost of their insurance plan. In order to retain staff and reduce turnover, employees are compensated well compared to other local organizations. CCHC is limited by the state medicaid rates. CCHC has also looked into the possibility of adding some type of retirement option to its employees.

Yearly training continues to be conducted to keep employees in compliance with certification standards. We have implemented every other Wednesday as days for training and orientation.

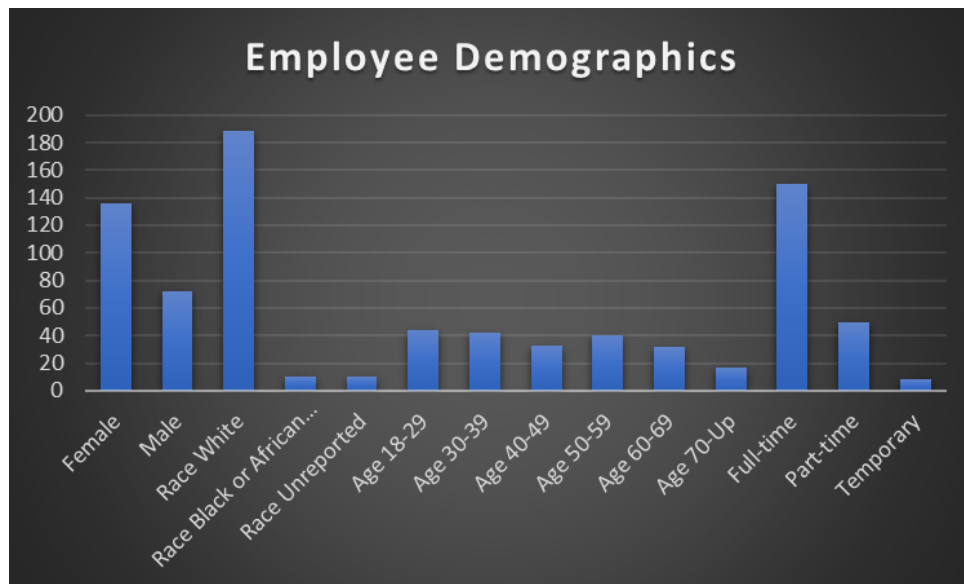
To Be Completed:

1. Continue to review all employees on their anniversary dates.
2. Additional training is being added to educate staff on diversity, reporting of abuse and neglect, incident reporting, and communication.

Indicators:

1. Responsibilities are differentiated and documented.
2. Employee surveys
3. Target of 80% of employees to receive documented annual feedback
4. Training plan is executed with documentation of participants and curriculum

CCHC ended 2022 with 208 employees including direct care, office staff, full time and part time employees. We hired a total of 38 throughout the year with 24 of those new hires still remaining by the end of the year and discharged a total of 45. We have struggled since Covid-19 to hire and retain quality staff. Our employee demographics at the end of 2022 are below.



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Performance Measures

- ❖ Strategic Plan
- ❖ Performance Indicators
- ❖ Outcomes
- ❖ Business Functions
- ❖ Service Delivery

Completed:

CCHC's strategic plan has been written to include conformance standards regarding financial tracking, policies and procedures, and compliance requirements. This plan is updated annually and is set to be completely renewed in 2025.

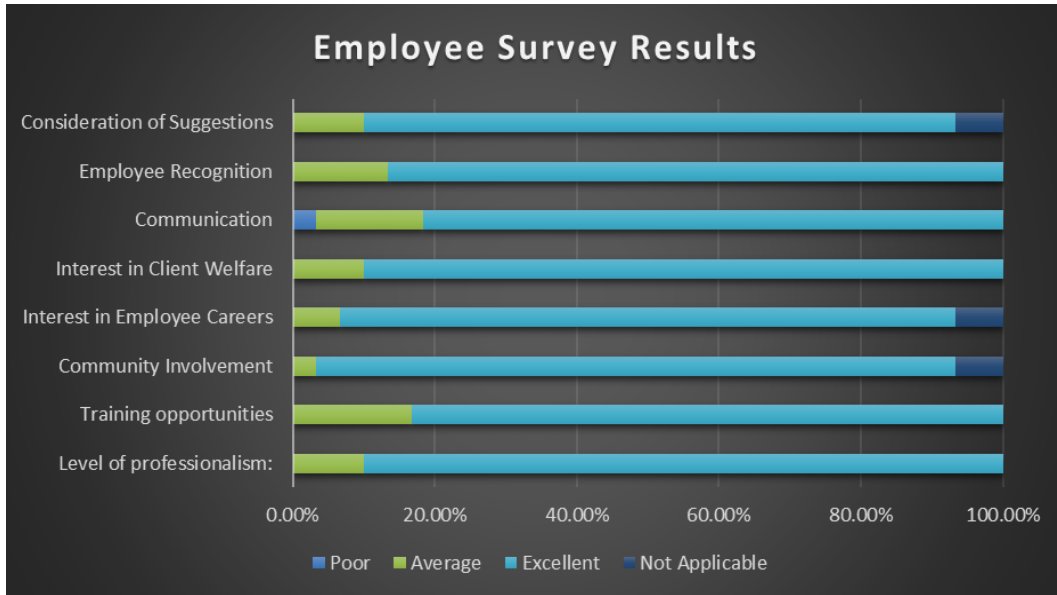
CCHC's Qualified Professionals conduct quarterly assessments of member's short term goals. These outcomes provide CCHC with the member's progress towards their short term goals and the necessary information on needed changes or updates. The CEO has office staff track quarterlies and remind QPs if they missed an assessment within the quarter. Occasionally the CEO sits in on member meetings to assess the clinical performance of our Qualified Professionals.

We had a total of four audits performed by Vaya Health. Three of these audits resulted in an overpayment due to incorrect billing procedures by our AFLs and direct care staff. The overpayment charges totaled \$18,541.95. CCHC started incorporating annual AFL training to address the issues of incorrect billing procedures. The last audit was due to an incident involving a supported living member. This audit resulted in all supported living staff being retrained on their monitoring requirements.

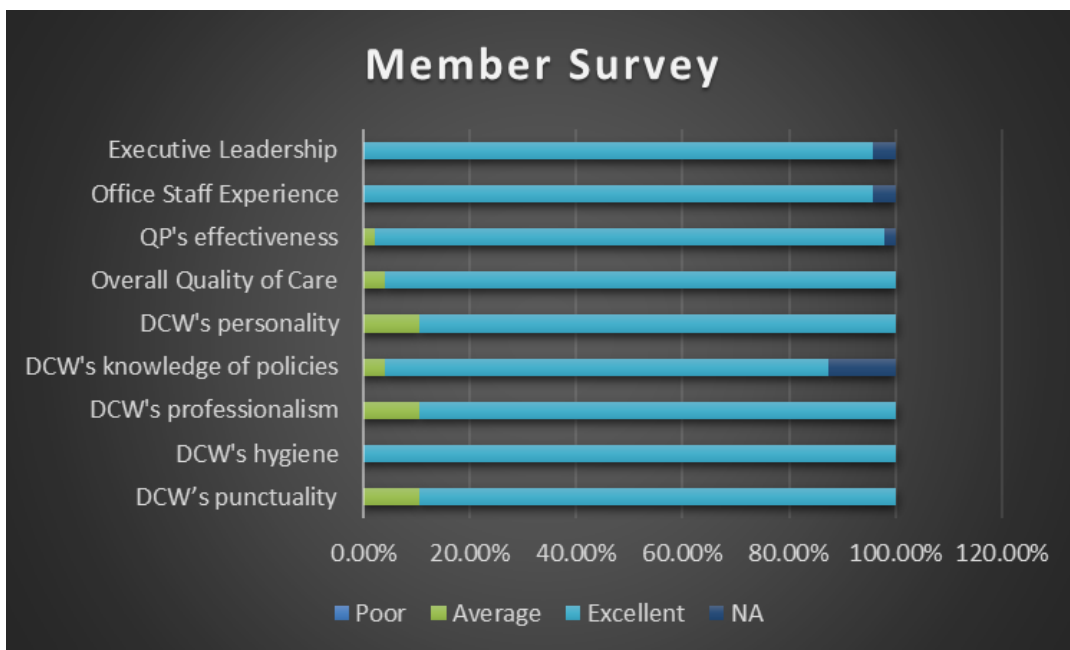
We had six audits performed by the Division of Health Service Regulation. All six audits required a plan of correction. Four audits required us to look at our policies, hiring practices, and HR responsibilities and update them as needed. Two audits required medication administration re-training and the purchase of a new hot water heater. The patterns noticed from these audits allowed us to be better prepared for future audits.

We conducted our annual employee survey. We scored fairly high in all categories surveyed. Notable mentions are scoring 93% on adhering to our core values, and 90% on professionalism, community involvement, and our interest in client welfare. Our scores dipped below 85% on the following: training opportunities, communication, and our consideration of suggestions. We feel the communication aspect is addressed in our ability to now send out messages through our electronic health record and the fact that employees have to acknowledge the communication piece was read before continuing into the system. CCHC would like to improve on our training opportunities and our consideration of suggestions from staff.

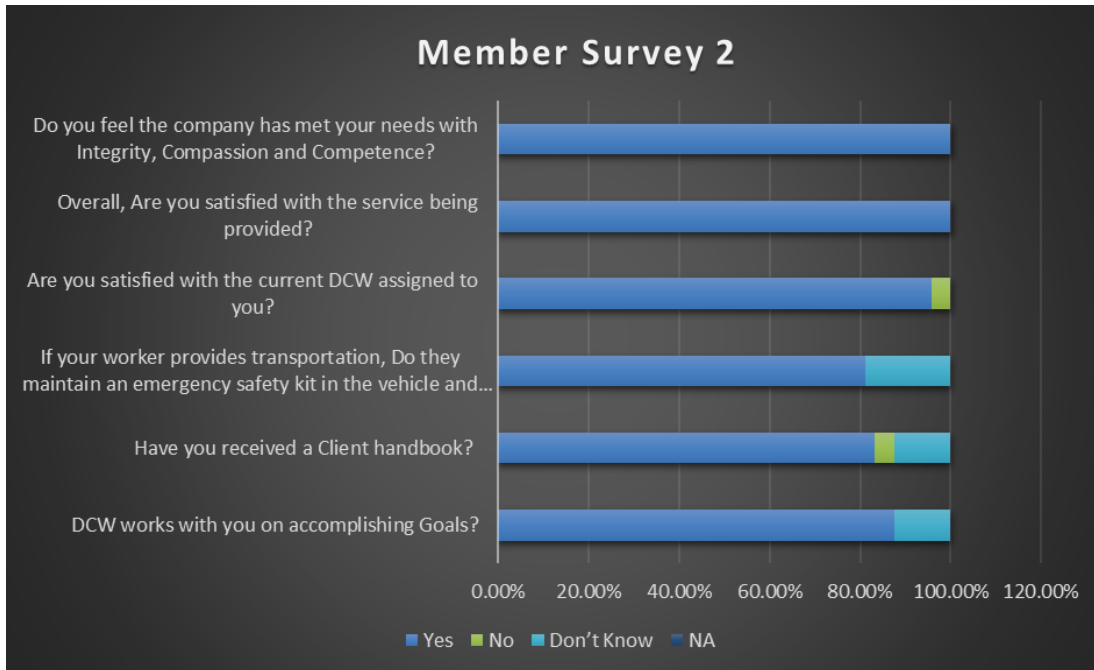
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We conducted our annual member survey. Notable scores were scoring 100% on the following categories; DCW’s hygiene, satisfaction of services provided, and CCHC meeting member needs with integrity, compassion, and competence. We dipped below 85% on DCW’s knowledge of policies, member’s receiving a member handbook, and transportation safety. We feel policy knowledge for employees is addressed within our electronic health record. We need to improve on making sure all members receive their handbook and feel safe while being driven.



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To Be Completed:

1. Performance indicators to be formally defined and tracked with corrective action plans developed and implemented.
2. Member surveys to be conducted for outcome measurements. Results will be reviewed.

Indicators:

1. Member survey results
2. Ongoing tracking of outcomes measurements with plans developed to address deficiencies.
3. Ongoing tracking of performance indicators with plans developed to address any deficiencies.
4. Tracking of Audits from external sources.

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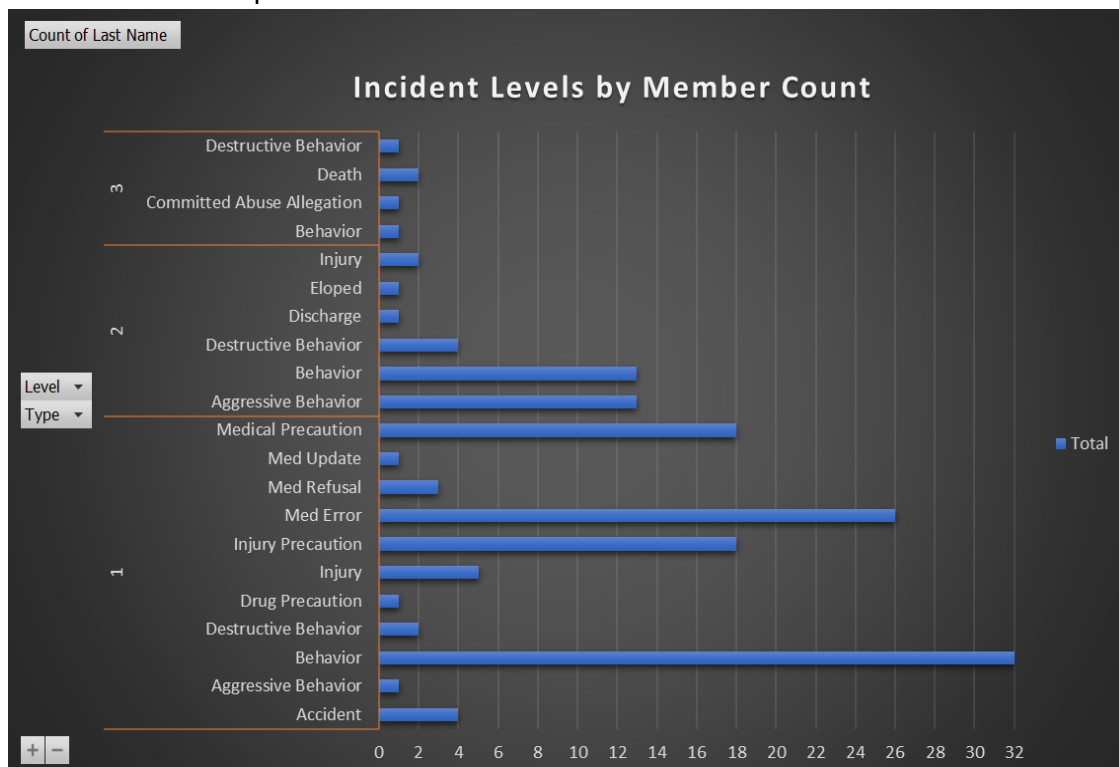
Risk Mitigation:

- ❖ Risk Management Plan
- ❖ Incident Reporting
- ❖ Medication Management
- ❖ Fire/Disaster Drills
- ❖ Investigations/Complaints

Completed:

CCHC has completed our necessary drills within the office and day program and we continue to audit the drills of our AFL homes. CCHC has hired a compliance specialist to help track inconsistencies, audit homes, audit plans and enforce compliance with regulatory requirements. Policy and procedures for medication management were updated.

CCHC had a total of five level 3 incidents within 2022. We had two member deaths from natural causes, one member committed abuse, and two members had severe behaviors. All three of those members are no longer with our company. We had a total of 83 level 2 incidents involving 21 members. Most of these stemmed from members becoming aggressive or destructive in nature. Of the 21 members, seven are no longer with CCHC. Several of the others currently have behavior plans in place to help deter from future behavioral outbursts. We had 228 level one incidents involving 64 members. Most of these incidents stemmed from member behaviors or med errors. Employees with consistent med errors were retrained in medication administration. No other trends or patterns were noticed.

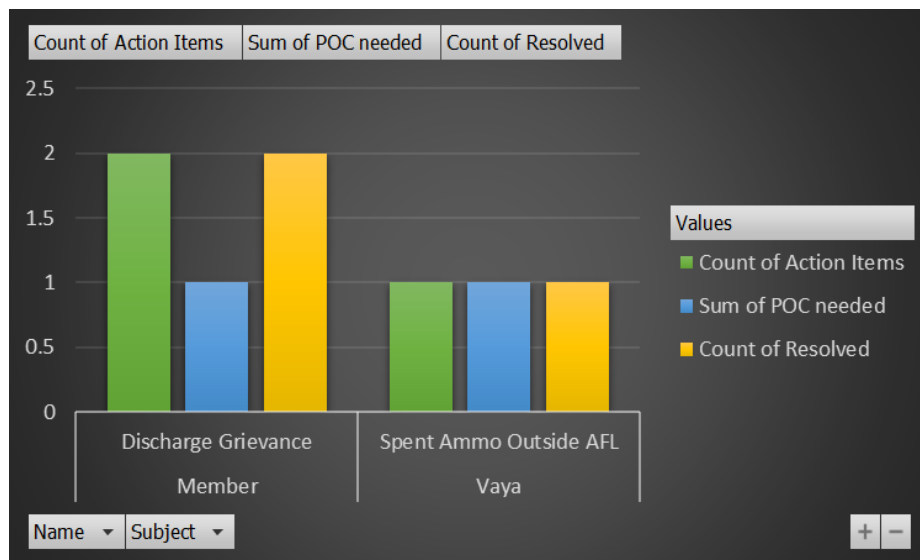


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CCHC had a total of 3 complaints for the year of 2022. Two were made by members filing grievances for being discharged. Vaya closed one without a needed plan of correction and extending the discharge notice was completed by CCHC on the second one. CCHC has updated its discharge policy to accommodate the trend of discharge complaints. The third complaint was filed by a Vaya care manager after visiting one of our licensed homes. There was spent ammunition found in the driveway and on the porch. A plan of correction was needed and AFL staff was trained on the proper storage of guns and ammo.



CCHC completed two internal investigations within the year 2022. The first investigation stemmed from an employee going into cardiac arrest. Rumors circulated that the employee had overdosed. CCHC concluded that this was unsubstantiated. Employee took a leave of absence for health concerns and has not returned. The second internal investigation also came from rumors that a member was being left home alone. These allegations were also unsubstantiated.

To Be Completed:

1. Update Risk Management Plan to address loss exposures, actions to reduce risk, monitoring and reporting results and the implementation of any changes.
2. Track all investigations/complaints.
3. Review all incidents looking closely at the timeframe for completion. Have quality assurance staff make unannounced visits.

Indicators:

1. Incidents documented consistently, actions to be addressed.
2. All drills documented and quality assurance staff visits.
3. Medication Management completed on time and accurate.

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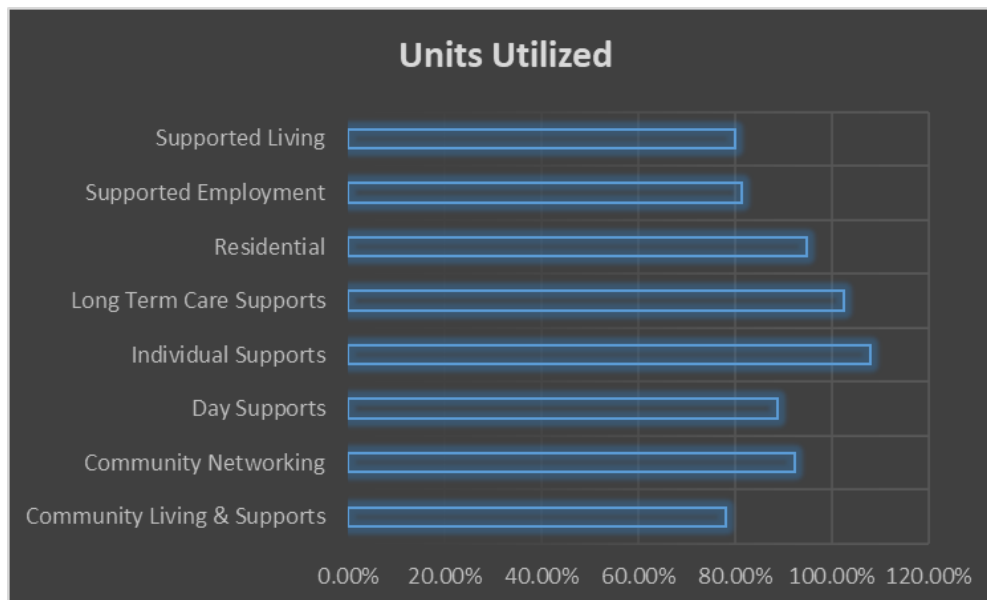
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Financial:

Community Companion strives to keep overhead as low as possible in order to pay direct care staff at a level that is slightly above other providers in the area. The company continues to be financially sound. The expense of additional management staff is more than covered by the additional revenue generated by new referrals. CCHC is striving to become even more financially secure by implementing the annual review of statements by an outside source, looking over profit and loss statements, and eventually adding therapy services.

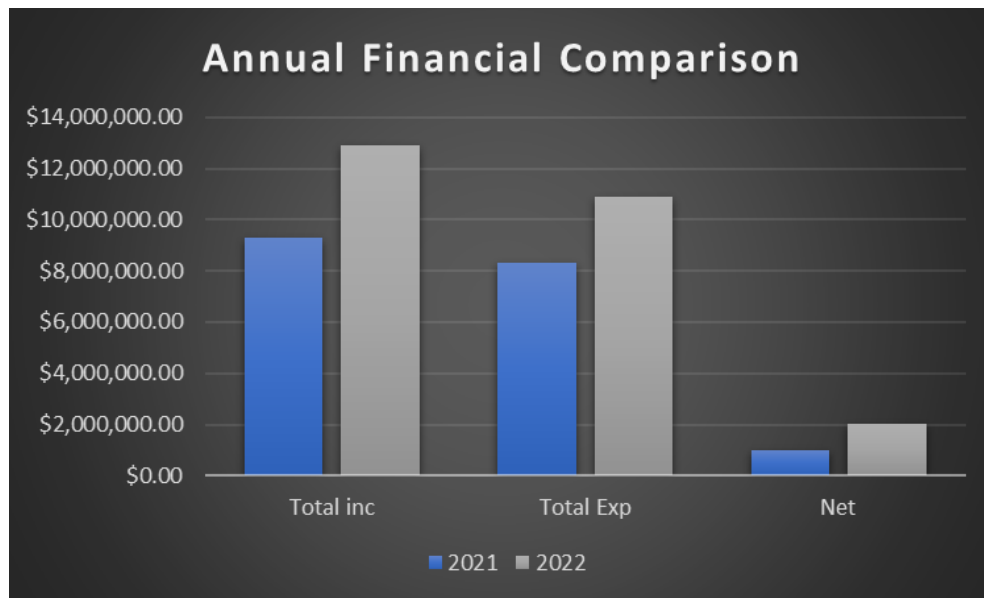
We had \$241,743.14 total loss from late notes for 2022. This includes the reimbursement rate not received and the reduced pay wages to employees. This was an average of \$20,145.26 lost per month of 2022.

Our service utilization was around 86%. We would like to see this increase to above 90% but factors such as hospitalizations, home visits, and other unpredictable events can cause this not to be reached. The following chart shows the utilization percentages for each service. Respite services were not included as those services are rarely used.



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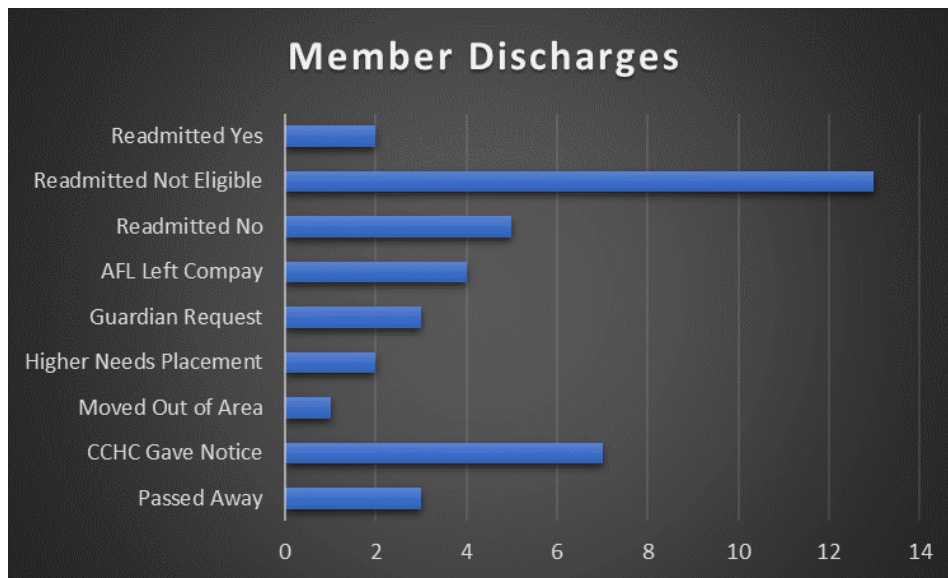
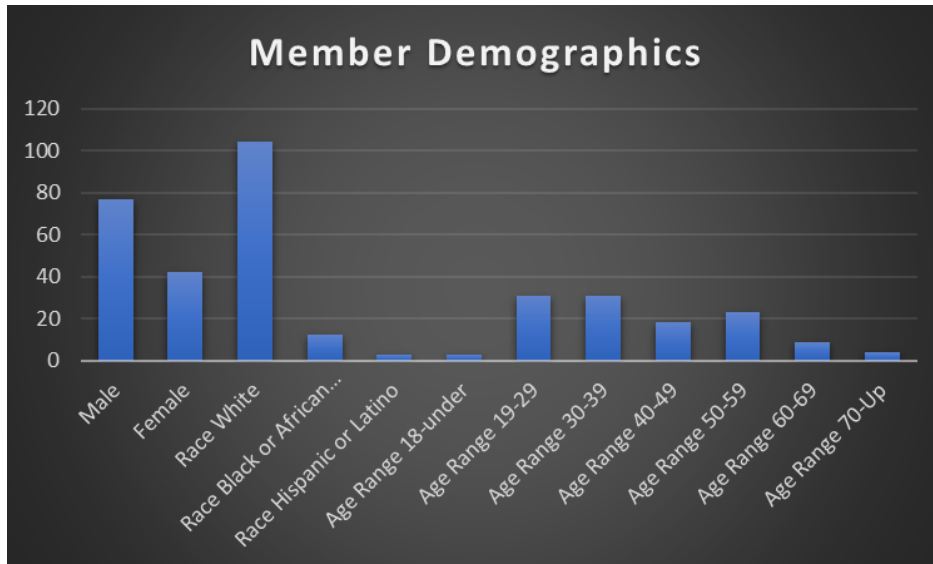
Our profit and loss statement for 2022 showed a gross income of \$12,909,190.14. That is a 28% increase from 2021. Total expenses were \$10,885,384.08 which was a 24% increase from 2021. With a net income of \$2,016,238.25 being a 50% increase from 2021. Net income change could be due to 2021 financial records not being accurate and accompanied with an increase in rates. We need to look into budgeting appropriately in the following areas: supplies, expenses, and charitable contributions.



Growth:

Community Companion Home Care continues to grow at a steady pace while not exceeding our ability to be person-centered. We have hired two new QPs and have hired additional office staff to maintain records and compliance. CCHC currently has 2 licensed buildings; the main office and the day program. We had 16 licensed homes in 2022 with 3 leaving the company and 2 in the works for the next year. We have a total of 119 clients and based on current predictions, further growth is expected for the remainder of 2022-23. We had 20 discharges throughout the year and 26 admissions. Below is a summary of our member demographics.

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Technology:

CCHC documents its plan regarding technology. Our technology plan has been updated to address various points including but not limited to: policy updates, virus protection, security, up to date equipment, backing up information, and our covid 19 response. CCHC has also implemented a new phone system that allows for office staff to not miss calls and have their own extensions. Several services have also recently required the implementation of EVV. The electronic verification requires employees to clock in and out from the location of the member. This is currently only enforced on community living and supports. CCHC has also installed cameras at the back parking lot of the day program to ensure employee and member safety. The CEO has adjusted permissions in the EHR system to prevent unauthorized deletion or addition to our records.

Accessibility:

CCHC has updated its accessibility plan to address any architectural, environmental, attitudinal, technological, financial, communication or transportation issues. CCHC has addressed architecture barriers including installing poles near the back entrance of the day program to ensure member safety and installing a lock on the medication room to ensure that only those with needed access can access it. Identified environmental barriers include lack of mental health services in our area and the need for more AFL homes. CCHC is branching out to add therapy to our service array and have been sending communication blasts to employees for interest in becoming an AFL. To counter attitudinal barriers that come with IDD members, CCHC makes sure that all members are treated with dignity and respect. We have also implemented additional training for all employees regarding diversity. We held a professional development program for our office staff to ensure cohesiveness. Implementing our online system has enabled us to address communication barriers and CCHC has also added additional training regarding communication between QP and staff. We have also implemented an interoffice communication system to notify everyone of changes within the office. Employment barriers include the struggle for our members to gain competitive employment. Financial barriers are being addressed with profit and loss figures as well as maintaining and revising an annual budget. Currently, there are no transportation barriers noted.

Diversity:

CCHC has implemented a diversity and cultural competency plan. This plan is an essential foundation to ensure that our staff, persons served, and other stakeholders develop awareness and sensitivity specific to the diversity of our service delivery areas. Our commitment is to organizational responsiveness and the changing needs and expectations of the people we serve

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and our stakeholders. CCHC continues to hire employees based on experience but at times struggles during the pandemic to maintain diversity retention. CCHC conducts periodic reviews of our human resource policies to ensure non-discriminatory practices. CCHC also commits to seeking out community engagements and volunteer practices to enrich diversity and inclusion of members.

Summary:

We view the completion of this performance analysis as an opportunity to formally review our mission statement, policies, procedures, job descriptions, organizational chart, technology plan, strategic plan, risk management plan, accessibility plan, diversity plan, and budget. This review allows us to look at the big picture and evaluate our practices, decision-making process and determine if any changes need to be made. This in return will help improve the quality of services we offer and improve our business functions.



8/15/2023

Aimee Smith
CEO

Date