



Connecting Older Adults with Community-based Resources and Options

**ADULT PROTECTIVE SERVICES
FY23 REQUEST FOR PROPOSAL SCORING TOOL**

APPLICANT ORGANIZATION INFORMATION

NAME:

EMAIL ADDRESS:

PHONE NUMBER:

REVIEWER'S INFORMATION

NAME:

EMAIL ADDRESS:

DATE OF REVIEW:

SECTION 1: EXPERIENCE

MAXIMUM POINTS: 30 (30%)

Experience Providing APS	
Current designated APSPA in proposed service area	10
APS PA in contiguous area	8
APS PA elsewhere in IL	6
None	0

Monitoring Scores (if APS PA)	
Scored 90%+ in at least 2 of last 3 FYs	10
Scored 80%+ in at least 2 of the last 3 FYs	6
Scored below 80% in at least 2 of the last 3 FYs	0
N/A	0

On Corrective Action Plan	
No	10
Yes	0

If not Current APS PA	
Provide Case Management Services to older adults and adults with disabilities	10
Provide DV services or sexual assault services	5
Provide home health services	5
Provide counseling services	5
Housing Provider	5
Provide Substance Abuse Treatment	5
None of the above	0

Compliance Experience	
Yes, and documentation shows a monitoring with no significant findings	10
Yes, and documentation shows a monitoring with few significant findings	6
Yes, and documentation shows a monitoring with substantial significant findings	0
No or no documentation provided	0

SECTION 1 SUBTOTAL = _____

SECTION 2: QUALIFICATIONS

MAXIMUM SCORE: 15 (15%)

Qualifications	"Yes"	"No"
Supervisor Minimum Standards	2	0
Caseworker Minimum Requirements	2	0
Supervisor Recertification Minimum Requirements	2	0
Supervisor In-Service	2	0

APS Supervisor Have Responsibilities Outside of APS?	
No	5
Yes, 90%+ dedicated to APS	5
Yes, 70-89% dedicated to APS	4
Yes, 50-69% dedicated to APS	3
Yes, 30-49% dedicated to APS	2
Yes, 10-29% dedicated to APS	1
Yes, 0-9% dedicated to APS	0

Caseworker Recertification	"Yes"	"No"
Caseworker Recertification Minimum Requirements	1	0
Caseworker In-Service Minimum Requirements	1	0

SECTION 2 SUBTOTAL = _____

SECTION 3: Quality of Services

MAXIMUM SCORE: 9 (9%)

Receipt of Intake	"Yes"	"No"
24/7 capacity	1	0
Capacity to receive all intakes	1	0

Policies and Procedures	"Yes"	"No"
Does your Agency have a policy regarding confidentiality/HIPAA?	1	0
Does your Agency have a policy regarding complying with the IL Human Rights act, Civil Rights Act, Rehabilitation Act, Immigration Reform and Control Act, American's with Disabilities Act, and/or the Department's Civil Rights Program?	1	0
Does your Agency have a policy regarding assignment of cases to APSCWs and assignment of substitute case workers in the absence of assigned CW?	1	0
Does your Agency have a policy, and the ability to report data, regarding non-English speakers and the hearing impaired?	1	0
Does your Agency have a policy regarding personnel work, benefits and promotion and evaluation criteria?	1	0
Does your Agency have a policy regarding situations when the Adult Protective Services Program supervisor is not available to discuss the Adult Protective Services report with a caseworker?	1	0
Does your Agency have a policy regarding recruiting M-Team members, preparing for and	1	0

conducting M-Team meetings, and financial management of the M-Team funds?		
---	--	--

SECTION 3 SUBTOTAL = _____

SECTION 4: Community Collaborative Experience

MAXIMUM SCORE: 5 (5%)

Does your Agency have collaborative agreements with local law enforcement, substance abuse, mental health, etc. providers?	
5+ Collaborative Agreements	3
3-4 Collaborative Agreements	2
1-2 Collaborative Agreements	1
No or None Listed	0

Agreement list includes 1 or more law enforcement agencies	2
--	---

SECTION 4 SUBTOTAL = _____

SECTION 5: Agency Investigation and Service Experience

MAXIMUM SCORE: 8 (8%)

	"Yes"	"No"
Does your Agency have experience with investigation/forensic services?	2	0
Does your Agency have experience with capacity screening or other similar screenings?	2	0
Does your Agency have experience writing case plans/treatment plans etc.?	2	0
Does your Agency currently utilize evidenced based programs/practice/tools in service provision?	2	0

**** Points for any of the questions above with a response of "yes" will be contingent upon detail provided that validates the yes answer***

SECTION 5 SUBTOTAL = _____

SECTION 6: Diversity

MAXIMUM SCORE: 12 (12%)

	"Yes"	"No"
Is your organization owned or led by a majority of board members and executive leadership who identify as Black, Indigenous or People of Color?	1	0
Does your Agency have policies ensuring equitable representation of minority groups in the workplace?	1	0
Does your Agency conduct trainings on cultural competency and diversity/inclusion?	Points based on scores below	

Diversity Narrative	
Describes that the agency is fully committed to DEI	5
Describes that the agency is strongly committed to DEI	4
Describes that the agency is somewhat committed to DEI	3
Describes that the agency started implementing some DEI practices	2
Describes that the agency would like to start implementing DEI practices	1
No description of any DEI practices	0

	"Yes"	"No"
Will your Agency commit to having APS staff speak one or more of the dominant languages spoken in the service area? If "yes," please specify which language(s) in the space below.	5*	0

**** Points for any of the questions above with a response of "yes" will be contingent upon listing a language that is one of the top five languages other than English in the proposed service area.***

SECTION 6 SUBTOTAL = _____

SECTION 7: Public Information Delivery

MAXIMUM SCORE: 6 (6%)

	"Yes"	"No"
Will your Agency utilize print and/or broadcast media to make the general public (including people who are limited English-speaking) aware of the Adult Protective Services Program?	3	0
Will your Agency conduct public outreach and educational presentations targeting key informants and mandated reporters (e.g. law enforcement, medical personnel, financial institutions, etc.)?	3	0

SECTION 7 SUBTOTAL = _____

SECTION 8: Financial Preparedness

MAXIMUM SCORE: 15 (15%)

	"Yes"	"No"
Does your Agency have funding secured to cover initial startup costs incurred before staff are trained and able to provide services (estimated 2-3 months before first payment)?	5	0
Does your Agency have experience billing a funder for services provided? (provide detail below)	5	0
Does your Agency have sufficient reserves to continue program operation should payment come 90 days after billings are submitted?	5	0

*** Points awarded only for experience billing if detail provided below**

SECTION 8 SUBTOTAL = _____

SCORING

TOTAL POINTS ALLOWABLE = 100

APPLICANTS TOTAL SCORE = _____