

Connecting Older Adults with Community-based Resources and Options

Application for Provision of Services

Illinois Adult Protective Services Program

Fiscal Year 2023

October 1, 2022 – June 30, 2023

|  |  |
| --- | --- |
| **1. Applicant Organization Information** | **2. Program Name Information (if different)** |
| Name:  |  | Name:  |  |
| Street Address: |  | Street Address: |  |
| City, State, Zip: |  | City, State, Zip: |  |
| Phone: |  | Phone: |  |
| Email: |  | Email: |  |
| Organization Director: |  | Program Director: |  |
| Website: |  |

**3. Proposed Service Area(s)**

**Select the box(s) below for the Service Area the Applicant is applying for:**

|  |  |
| --- | --- |
| **Service Area** | **Townships** |
| [ ]  1 | Bloom, Calumet, Bremen, Thornton and Rich |
| [ ]  2 | Lemont, Orland, Palos, Worth and Stickney |
| [ ]  3 | Leyden, Lyons, Norwood Park, and Riverside Township and the Villages of LaGrange Park, and Brookfield |
| [ ]  4 | Berwyn, Cicero and Proviso (excluding Villages of Brookfield and LaGrange Park) |
| [ ]  5 | Oak Park and River Forest |
| [ ]  6 | Evanston and Niles |
| [ ]  7 | Maine, Northfield and New Trier |
| [ ]  8 | Elk Grove and Schaumburg |
| [ ]  9 | Barrington, Palatine, Wheeling and Hanover |

**4. Agency Experience**

AgeOptions will evaluate current and past performance of applicants, including the degree of experience the provider has in the proposed area, the organization’s capacity to provide oversight of the project and the organization’s capability to submit and maintain fiscal and program reporting.

1. **Experience in the Provision of Adult Protective Services Program:**

***Select the box below which most accurately describes your agency's current experience in the provision of the APS Program:***

|  |
| --- |
|[ ]  Agency is currently a designated APS Provider Agency (APS PA) in the proposed service area(s)  |
|[ ]  Agency is currently a designated APS PA in an area contiguous to the proposed area(s) to be served  |
|[ ]  Agency is currently a designated APS PA elsewhere in the State of Illinois  |
|[ ]  None of the above  |

If you selected that you are a current provider, please complete B and C, if you are not a current provider skip to D.

1. If you are a current APSPA list your Annual Programs Operations Case Review (APOCR) scores for the last 3 years.
	1. FY 2019\_\_\_\_\_\_\_\_\_\_\_\_
	2. FY 2020\_\_\_\_\_\_\_\_\_\_\_\_
	3. FY 2021\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your agency currently on a Corrective Action Plan for APS?
3. Community Experience:

***Select the box(s) below which most accurately describes the service(s) your agency currently provides:***

|  |
| --- |
|[ ]  Case management services to older adults |
|[ ]  Domestic violence services and/or sexual assault services |
|[ ]  Home health services to older adults |
|[ ]  Counseling services for older adults and/or adults with disabilities  |
|[ ]  Case management services for adults with disabilities  |
| **Specify:** |  |
|[ ]  Other services to older adults and/or adults with disabilities  |
| **Specify:** |   |
|[ ]  Residential, temporary, or sheltered housing provider  |
|[ ]  Substance abuse treatment programming for older adults or adults with disabilities  |
|[ ]  None of the above  |

1. **Compliance Experience (for agencies that are not current APS Provider Agencies)**

Does your agency have experience being monitored by an external agency for compliance and performance? [ ]  **YES** [ ]  **NO**

***If “YES” is selected above, please attach a monitoring summary letter provided by an external agency from the last 12 months.***

**5. Supervisor(s) Qualifications**

**Educational Requirements:**

APS Program standards state that APS supervisors must have the following qualifications:

1. A Master’s Degree in health or social services, social work, health care administration, gerontology, or criminal justice and one-year experience in health or human services; or
2. A RN or B.S.N. or a BA/BS in health or social services, social work, health administration, gerontology, or criminal justice and three years’ experience in health or human services to include either one year of supervisory experience or one year of experience in aging, adults with disabilities or domestic violence programs or services.

PLEASE NOTE: Persons serving in the capacity of supervisor of adult protective services case workers and listed on the Adult Protective Services Case Worker Registry prior to, and continuously from, the date the Adult Protective Services Program was implemented in the service area (2/1/90), or those who have received an educational requirement waiver from the Department on Aging and are currently listed on the Adult Protective Services Registry, and who have received the following training are waived from the above cited requirements.

Each person employed as a supervisor of APS caseworkers shall successfully complete, either prior to or within ninety (90) days following employment all required APS trainings for certification including:

1. IDoA sponsored APSCW certification and online forms training (Phase I training) to be placed on the Department’s temporary registry
2. IDoA sponsored Phase II training within six-months of employment as an APS Supervisor. Successful completion of training shall be established by final certification by IDoA
3. IDoA sponsored supervisory training and APS caseworker training. Successful completion of the above training shall be established by certification by IDoA.

**5a. Will your agency meet the minimum requirements noted above? ☐ YES ☐ NO**

**6. Caseworker(s) Qualifications**

**Educational Requirements:**

APS Program standards state that APS caseworkers must have the following qualifications:

1. A Masters Degree in health or social sciences, social work, or health care administration, gerontology, or criminal justice; or
2. A RN or B.S.N. or a BA/B.S. in health of social sciences, social work, or health care administration, gerontology, or criminal justice and one year experience in health or human services; or
3. A LPN with two years’ experience in health or human services.

***6a. Will your agency meet the minimum requirements noted above?*  ☐ YES ☐ NO**

**7. Staff Training**

**Supervisor Recertification Training:**

Section 270.225 of the Adult Protection and Advocacy Services Administrative Code requires fourteen hours of qualifying recertification every three years, which must be documented in the employee’s personnel file.

***7a. Will your agency meet the minimum requirements noted above?***  [ ]  **YES**  [ ]  **NO**

**Supervisor In-Service Training:**

Section 270.255 of the Adult Protection and Advocacy Services Administrative code requires fourteen hours of participation by actual attendance at in-service training and/or webinars on abuse of eligible adults, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year.

For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Participation by actual attendance at regional, State or national conferences on abuse of older adults and adults with disabilities and rights of older adults and adults with disabilities, self-neglect, and domestic violence qualify as in-service training. Participation should be documented and included in the employee's personnel file.

***7b. Will your agency meet the minimum requirements noted above?***  [ ]  **YES**  [ ]  **NO**

***7c. Will your proposed APS Supervisors have responsibilities outside of APS Program?***

[ ]  **YES**  [ ]  **NO**

***If "YES" is selected above, please describe below including percent time dedicated to APS:***

|  |  |
| --- | --- |
| **Specify** |  |

**Caseworker Recertification Training:**

Section 270.255 of the Adult Protection and Advocacy Services Administrative code requires Eleven hours of qualifying recertification every three years, which must be documented in the employee's personnel file.

***7d. Will your agency meet the minimum requirements noted above?***  [ ]  **YES**  [ ]  **NO**

**Caseworker In-Service Training:**

Section 270.255 of the Adult Protection and Advocacy Services Administrative code requires fourteen hours of participation by actual attendance at in-service training and/or webinars on abuse of eligible adults, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Participation by actual attendance at regional, State or national conferences on abuse of older adults and adults with disabilities and rights of older adults and adults with disabilities, self-neglect, and domestic violence qualify as in-service training. Participation should be documented and included in the employee's personnel file.

***7e. Will your agency meet the minimum requirements noted above?***  [ ]  **YES**  [ ]  **NO**

**8. Quality of Service**

**Section 1: Receipt of Intake**

This section will consist of questions regarding your agency’s ability to receive intakes and processes them effectively within timelines.

***8a. Please select “YES” if your agency has the ability to meet the prompt and “NO” if your agency does not have the ability to meet the prompt.***

|  |  |  |
| --- | --- | --- |
| Does your Agency have the staffing capacity to receive intakes 24 hours a day/7 days a week? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have the capacity to receive all intakes without utilizing the Senior Help Line? | [ ]  **YES** | [ ]  **NO** |

**Section 2: Policies and Procedures**

This section will consist of questions regarding your agency’s policies and procedures implemented to promote effective workflow and efficiency.

***8b. Please select “YES” if your agency has an approved and implemented policy that addresses the prompt and “NO” if no policy is in place.***

|  |  |  |
| --- | --- | --- |
| Does your Agency have a policy regarding confidentiality/HIPAA? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have a policy regarding complying with the IL Human Rights act, Civil Rights Act, Rehabilitation Act, Immigration Reform and Control Act, Americans with Disabilities Act, and/or the Department’s Civil Rights Program? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have a policy regarding assignment of cases to APSCWs and assignment of substitute case workers in the absence of assigned CW? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have a policy, and the ability to report data, regarding non-English speakers and the hearing impaired? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have a policy regarding personnel work, benefits and promotion and evaluation criteria? | [ ]  **YES** | [ ]  **NO** |
| 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? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have a policy regarding recruiting M-Team members, preparing for and conducting M-Team meetings, and financial management of the M-Team funds? | [ ]  **YES** | [ ]  **NO** |

**Section 3: Community Collaborative Experience**

This section will consist of questions regarding collaborative agreements with local civil and service groups.

***8c. Please mark “YES” if your agency has the ability to meet the prompt and “NO” if your agency does not have the ability to meet the prompt. If “YES” is selected, please specify the agencies in the space provided.***

|  |  |  |
| --- | --- | --- |
| Does your Agency have collaborative agreements with local law enforcement, substance abuse, mental health, etc. providers?  | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
|  **Specify (list all agencies)** |  |

**Section 4: Agency Investigation and Service Experience**

This section consists of questions regarding your agency’s experience with certain aspects of investigation and service delivery.

***8d. Please select “YES” if your agency has the ability to meet the prompt and “NO” if your agency does not have the ability to meet the prompt. If “YES” is selected for any of the questions below, please specify in the space provided.***

|  |  |  |
| --- | --- | --- |
| Does your Agency have experience with investigation/forensic services? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have experience with capacity screening or other similar screenings? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have experience writing case plans/treatment plans etc.? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency currently utilize evidenced based programs/practice/tools in service provision?  | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
|   **Specify** |  |

**Section 5: Diversity**

This section includes questions addressing diversity and inclusion in the workplace.

***8e. Please select “YES” if your agency has the ability to meet the prompt and “NO” if your agency does not have the ability to meet the prompt.***

|  |  |  |
| --- | --- | --- |
| Is your organization owned or led by a majority of board members and executive leadership who identify as Black, Indigenous or People of Color) | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have policies ensuring equitable representation of minority groups in the workplace? | [ ]  **YES** | [ ]  **NO** |
| Does your Agency conduct trainings on cultural competency and diversity/inclusion? | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
| **Please provide detail related to any questions above with a response of “yes” and describe in the space provided how your Agency promotes diversity and inclusion in the workplace:** |  |

|  |  |  |
| --- | --- | --- |
| 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. | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
| **Specify (list all languages)** |  |

**9. Public Information Delivery**

This section consists of questions regarding the delivery of Public/Broadcast informational media to disseminate the services that the agency, the Regional Administrative Agency, and the Illinois Department on Aging provide to the community.

***9a. If “YES” is selected for one or both of the questions below, please specify in the space provided.***

|  |  |  |
| --- | --- | --- |
| 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? | [ ]  **YES** | [ ]  **NO** |
| Will your Agency conduct public outreach and educational presentations targeting key informants and mandated reporters (e.g. law enforcement, medical personnel, financial institutions, etc.)? | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
|  **Specify** |  |

**10. Financial Preparedness**

|  |  |  |
| --- | --- | --- |
| 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) | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have experience billing a funder for services provided? (provide detail below) | [ ]  **YES** | [ ]  **NO** |
| Does your Agency have sufficient reserves to continue program operation should payment come 90 days after billings are submitted? | [ ]  **YES** | [ ]  **NO** |

|  |  |
| --- | --- |
| **Specify** |  |

**Acknowledgement**

I acknowledge that I have received the following documents from AgeOptions related to the Request for Proposal. Further, I have read these documents and agree to abide by the requirements and policies set forth.

🞎 Adult Protective Services FY23 RFP Notice

🞎 Adult Protective Services Program Description PDF

🞎 [Joint Committee on Administrative Rules (JCAR) Administrative Code (Subpart C-F)](https://www.ilga.gov/commission/jcar/admincode/089/08900270sections.html)

**Application Agreement**

By signing this application, I certify that I am an authorized representative to sign for this Agency. I certify that I will adhere to all Illinois Department on Aging Adult Protective Services Standards and Procedures. I certify that the specifications outlined in this application represent the Applicant’s Agency’s commitments for Fiscal Year 2023 and any subsequent extensions. All costs for the preparation of this application shall be the responsibility of the Applicant Agency and not the responsibility of AgeOptions or the Illinois Department on Aging. I hereby certify that all of the information and answers provided in this application are true and accurate to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Typed Name: |  | Signature: |  |
| Title: |  | Date: |  |