

**Chicago Department of Family & Support Services – Senior Services  
FY22 Scope of Services for Intensive Case Advocacy & Support Services for Older Adults**

**SECTION A: Agency Information**

**Agency Name:** Coalition of Limited English Speaking Elderly **PO #** 176343

**Agency Address (Main Office):** 53 W Jackson Blvd., Suite 257, Chicago, IL 60604 **Ward** 2

**Agency Contact Information for Delegate Agency Agreement:**

<p><b><u>Executive Director</u></b>  <b>Name:</b> <u>Marta Pereyra</u>  <b>Phone Number:</b> <u>312-461-0812</u> <b>ext:</b> <u>        </u>  <b>Fax Number:</b> <u>312-461-1466</u>  <b>E-mail:</b> <u>marta@clese.org</u></p>	<p><b><u>Program Director</u></b>  <b>Name:</b> <u>Kathy Slover</u>  <b>Phone Number:</b> <u>312-461-0812</u> <b>ext:</b> <u>        </u>  <b>Fax Number:</b> <u>312-461-1466</u>  <b>E-mail:</b> <u>kathy@clese.org</u></p>
<p><b><u>Fiscal Contact</u></b>  <b>Name:</b> <u>Marta Pereyra</u>  <b>Phone Number:</b> <u>312-461-0812</u> <b>ext:</b> <u>        </u>  <b>Fax Number:</b> <u>312-461-1466</u>  <b>E-mail:</b> <u>marta@clese.org</u></p>	<p><b><u>Reporting Contact:</u></b>  <b>Name:</b> <u>Kathy Slover</u>  <b>Phone Number:</b> <u>312-461-0812</u> <b>ext:</b> <u>        </u>  <b>Fax Number:</b> <u>312-461-1466</u>  <b>E-mail:</b> <u>kathy@clese.org</u></p>

**Region(s) for this scope (please indicate all regions served if more than one):**

         1      x   2             3             4  
  x   5      x   6      x   7      x   8

**Basic Program Operation/Days and hours of operations:**

(Please list the times site will be open each day or indicate if the site is closed)

Sunday (from – to)	Monday (from – to)	Tuesday (from – to)	Wednesday (from – to)	Thursday (from – to)	Friday (from – to)	Saturday (from – to)
	9:5	9:5	9:5	9:5	9:5	

**Number of Clients to be Served**

The ICAS Program is experiencing growth in terms of increasing referrals and change from area-specific and/or citywide services to a focused concentration of eight regional areas located across the city. To that end, the number of clients to be served remains challenging to predict. In FY22,

projections are based on increasing trends with a baseline projection for each region.

<b>Intensive Case Advocacy and Support (ICAS) Services Agency</b>	<b>2022 Projected Clients per region (through 12/31/22)</b>
	45

### **Description of Program and Activities**

Please review the Core Elements of the program model in Sections D. In a brief statement, please describe activities to be performed to address the need of the target population and to achieve key performance outcomes, focusing on activities not already captured in Core Elements. If relevant, describe coordination with other sources (s)/partners(s). This section is expected to describe the program at full operational capacity.

#### **CLESE ICAS Scope of Services:**

Coalition of Limited English Speaking Elderly is a nonprofit membership organization with the mission to improve the lives of Limited English Speaking older adults and mainstream seniors by providing leadership, education, and advocacy. In the Intensive Case Advocacy and Support (ICAS) program, CLESE in collaboration with the Chicago Department of Family and Support Services, will conduct intensive case management services to older adults who might be at risk of self-neglect, social isolation, and loneliness. CLESE will operate in five Chicago Regions - 2, 5, 6, 7 and 8. Upon receipt of the referral from CDFSS Senior Services CLESE will immediately conduct a home visit or face-to-face meeting with the client to assess current risks and immediate safety of the client in the community. CLESE will build robust plan of care for each client and set up goals leading to the improvement of client status in the community. CLESE will also conduct thorough assessments of clients' mental health and well-being in the community, including Geriatric Depression Scale, MMSE assessment, and other necessary assessments and will enter progress notes into the ECM system.

CLESE will collaborate with community partners to identify appropriate resources and link clients with needed programs and services. CLESE's primary objective for the ICAS program is to ensure clients' safety and wellness, and further link clients with available resources so they can sustain their well-being and safe functioning in the community. CLESE will conduct weekly face-to-face visits with ICAS referred clients and further refer clients for services such as CCP, Minor Home Modifications and Repairs, Home Delivered Meals, Heavy Chores, linking clients with medical transportation services or arranging placement in the facility or conducting involuntary commitment operations for clients who are mentally ill and/or unable to function on their own in the community due to cognitive impairments and lack of resources.

## **SECTION B. Program Description**

The Intensive Case Advocacy and Support (ICAS) for Vulnerable Older Adults program supports highly vulnerable older adults to live independently in their homes and communities for as long as possible. ICAS is implemented by addressing self-neglect, home safety issues and other barriers that make aging-in-community difficult, to mitigate future risks, and defer residential placement as appropriate.

## **SECTION C. Program Goals and Performance Measures**

### **Program Goals:**

The Intensive Case Advocacy and Support (ICAS) for Vulnerable Older Adults program supports highly vulnerable older adults to live independently in their homes and communities for as long as possible. By the end of the ICAS intervention, based on the Comprehensive Assessment, Individual Care Plans, and clients will show improvement in their situation in regard to the initial referral if the issue has not been completely resolved. The ICAS process includes, but is not limited to:

- Regular visits with ICAS providers to address issues identified
  - Encounters every 30 days or less contingent on the severity of the case, which may require more frequent visits
- An Individual Care Plan is developed and progress is discussed with DFSS staff during monthly case management meetings. An improvement in client situation is evidenced by:
  - Accomplishment of activities achieved within the Individual Care Plan goals
  - Engagement of other community partners to support client post-intervention as appropriate
- Building of ongoing client relationship as evidenced by chart notes and client/provider encounters. Reduction of the factors that are contributing to their situation, such as
  - Mitigation of any physical and/or mental barriers that may contribute to self-neglect
  - Support to address food insecurity
- Creation and convening of multi-disciplinary teams with relevant partners to address challenging cases and collaborate on client care and oversight

### **Performance Measures:**

To track progress toward achieving the outcome goals of this program and assess success, DFSS will monitor a set of performance indicators that may include, but is not limited to:

- 80% of cases demonstrate improvement and / or stabilization of client circumstances over case interaction as evidenced by overall activities.
- 80% of cases show client situation addressed as outlined in the Individual Care Plan.
- 80% of cases have at least one monthly encounter with the client, as dictated by the Individual Care Plan.

To monitor and recognize intermediate progress toward the above performance indicators, DFSS

also intends to track output metrics that may include, but are not limited to:

- 90% of opened cases create a Care Plan.
- 90% of cases show progress achieved on Care Plan.
- 90% compliance of delegate agency in achieving ECM reporting standards.
- 90% of reports filed on time as determined by DFSS.

In addition to the performance indicators and output metrics listed above, DFSS may require Delegate agencies to collect additional indicators and metrics, including those that demonstrate program success and are indicative of participants' progress.

## **SECTION D. Program Requirements**

### **Best Practice Standards**

The Delegate Agency will be expected to incorporate best practice and evidence-based standards in implementing ICAS Services, including Person-Centered practices and best practices for the Delegate Agency's respective specialties.

The Delegate Agency shall encourage communication between the case worker and the older adult and offer ongoing training to their workforce on topics such as person-centered practices, assessment, elder abuse and self-neglect, hoarding, memory loss and assessing people with specific impairments such as Alzheimer's Disease, Parkinson's Disease, and other chronic conditions.

The Delegate Agency shall employ best practices in their services. Delegate Agencies must be familiar with evidence and trends in providing quality services that address the physical, psychological, and social needs of the client. The Delegate Agency should have specialized training for their workers who provide services to ICAS clients. The Delegate Agency is expected to fully describe services they offer to the community.

### **Referral Process**

ICAS provider agencies receive referrals for Intensive Case Management from DFSS following an initial Senior Well-being Assessment of the individual's needs conducted by the Case Advocacy and Support (CAS) team. The ICAS provider will conduct a Comprehensive Assessment upon client referral.

During the entire ICAS program, the DFSS Senior Services Division and the ICAS providers must communicate throughout the process and work together to:

- Determine the needs of the client.
- Plan achievable goals and a person-centered Individual Care Plan with the client.
- Identify and engage collaborating agencies.
- Implement the Individual Care Plan.
- Provide documentation on cases within agreed upon time frames.

- Close the case upon meeting the goals of the client, or if the client is non-responsive to assistance support plan next steps.

Relatedly ICAS providers will also make referrals to Senior Services and other agencies as needed. Senior services referrals are made by either calling 312-744-4016 or emailing requests to [Aging@CityofChicago.org](mailto:Aging@CityofChicago.org).

The ICAS provider is expected to have ICAS staff assigned to the ICAS program during business hours five days a week. In emergency situations (weather emergency, pandemic, etc.), the ICAS provider may need to conduct visits to older Chicagoans during weekends and holidays and participate in DFSS Emergency-related Team Meetings. The identified business phone number and email of the ICAS Delegate Agency should be closely monitored to receive the associated service requests. DFSS will approve a request for ICAS services in ECM, and an email will be automatically generated in ECM and sent to the ICAS provider agency. The ICAS provider will have a range of hours to visit the older adult as detailed below:

- One business day to complete a visit to the older adult in emergency situations.
- Two business days to complete a visit to an older adult in other situations.

Post-visit, the ICAS provider agency will have one business day to enter the interaction data into ECM for standard Assessments. Case progress will be time-stamped and monitored in ECM. In urgent situations, DFSS may directly contact the ICAS provider. DFSS should be notified as soon as possible if the ICAS provider is unable to follow through on the request for any reason. It is expected the ICAS provider will triage calls in order to prioritize their own work plan.

## **Specific Service Details**

### **Comprehensive Assessment**

Upon referral from DFSS, the ICAS provider will:

- Visit and verify the client's safety and need for assistance within two business days, unless an emergency referral, in which case the visit will be done within one business day.
- Document the Comprehensive Assessment and all visits in ECM within one business day.
- Assess the capacity of the client using standardized tools to understand and track cognition and associated risks.
- Interview the client and discuss his/her safety, health, and well-being.
- Obtain the client's view and understanding of the situation and the overall impact to their safety, health, and well-being.
- Research background information, referral history, responses, confer with collateral reports, and previous attempts and actions taken to gain a complete understanding of the older adult and any corresponding contributing factors impacting the client's ability to live independently. This may require communication with partner entities listed at the end of this section.

- Establish the facts to provide a description of the capabilities and risks due to client's failure to thrive.
- Regularly visit the client's home and build a relationship with the client while assessing the risk, safety, care, and support of the client (the frequency of visits is informed by the Comprehensive Assessment and the Individual Care Plan).

### Planning

The purpose of the planning portion of the ICAS program model is to determine which services would resolve the problem and help establish and maintain the referred client's well-being, and also to identify and engage potential partner agencies that will collaborate to support the long-term plan for living independently in the community. Ideally, this will allow the individual to remain living independently in their home. The planning phase should include, but is not limited to:

- Utilizing the Comprehensive Assessment to help determine priorities of interventions and services that may solve the key problems the client is facing.
- Meeting with the client regularly to develop a person-centered Individual Care Plan that meets the client's needs, including identification of next steps and outcome goals.
- Entering into ECM the Comprehensive Assessment, Individual Care Plan, case notes, and updates within one business day of each contact (successful or not) with the client and/or any other party associated with the client's case in the ECM system.
- In complex cases with significant risks, DFSS expects a multi-disciplinary and multi-agency approach to share information and agree on the steps to minimize the impact on the client. In these cases, DFSS may act as a broker or resource to expedite the coordination, scheduling, and delivery of services as necessary (please refer to list of potential partners at the end of this section).

### Implementation

After a relationship has been established with the client and an Individual Care Plan (including outcome goals) has been developed, the ICAS provider will implement the plan. During the implementation phase, the ICAS provider will conduct follow-up casework activities to protect the client's health and safety, reduce social isolation, increase independence, and leverage the resources of relevant partners as needed. The implementation period is guided by the Individual Care Plan's goals. ICAS providers are expected to interact with their assigned clients regularly until their identified issues have been addressed and/or they are non-compliant and/or their situation has shifted (see Reasons for Closure). Implementation should include, but is not limited to:

- Client-focused actions:
  - Support the individual and assist them in reducing any negative impact on their own well-being and on others, including an Individual Care Plan that describes how the ICAS provider will provide services.
  - Determine which interventions may be required. Note: Interventions that support and monitor routine daily tasks (i.e., homemaker and / or chore services) may be helpful but are not effective in the long-term in isolation. They must be part of an integrated, multi-agency plan monitored by the ICAS worker and DFSS.

- All casework and actions must be appropriate and proportionate to the circumstances of the case. These should be formulated, entered into ECM within one business day, and any questions referred to DFSS Senior Services Division.
- Partner-focused actions:
  - Establish partnership agreements to provide services as appropriate (please refer to the list of potential partners below).
  - Work with the client and/or support network to complete agreed upon goals as soon as possible.
- Implementation for clients lacking capacity:
  - Conduct or refer for neuropsychological (cognitive capacity) evaluations as needed. Agencies may plan for mental health petitions and writ of examination in cases of acute mental status changes or mental illness.
  - Provide ongoing support in line with the client's mental capacity to assist with relevant decisions as appropriate.
  - Assist in the selection of a reliable Power-of-Attorney for health and finance if self-neglect is affecting the client's finances or health care and the client has capacity. In some instances of self-neglect, a conservatorship or guardianship may be required.
- Quality assurance:
  - Promote the safety of the client and community, with endorsement of the client's right to self-determination, as appropriate, given individual circumstance and capacity.
  - Enter case notes and updates in the ECM system within 24 hours on business days of each contact with the client or any other party associated with the client's case, if successful or not.

### Case Closure

As is standard in Care Management, variable time limitations exist for cases. It is not within our scope to have the client receive services indefinitely. In general, it is expected that cases will remain active for less than one year. For cases requiring further services and/or supervision, DFSS will be notified and a Care Conference will be convened to discuss the case. There are several possible ways to close a case in the ICAS program: 1) when the client's needs have been stabilized, 2) when the client transitions to other providers or when the client moves into another setting, or 3) the client declines further assistance, or passes away.

#### 1) Client needs have been stabilized:

- A. Individual Care Plan goals have been achieved.
- B. Client is stabilized to a manageable plateau and can continue to live independently with supports.

#### 2) Client transitions to other providers:

- A. As a case progresses it may be necessary for other care providers to step in (e.g., hospice, transition to Community Care Program, etc.). In these instances, the ICAS provider will convene a Care Conference with DFSS and other relevant collaborators to support client goals during transition.

- B. Cases will be closed when the senior transitions to an assisted living, nursing home, or other residential care facility.
- 3) Client declines further assistance or passes away:
- A. Clients who persistently and adamantly refuse ICAS services may be referred to the Cook County Guardian or the State Guardian for evaluation.
  - B. Clients who die will be closed immediately unless suspicions are present regarding the death of the client in which case it will be referred to DFSS and Adult Protective Services.

### Continuous Quality Improvement

The ICAS provider must have timely and fully documented case records in ECM to ensure service provision and to allow the DFSS program management team an opportunity for quality assurance checks, case consultation, and the identification of gaps in services.

### Technology Requirements

In September 2019, DFSS Senior Services Division launched an update to the Enterprise Case Management System (ECM) used to document ICAS program activities. This assessment and reporting tool is paramount to identifying risks during case visits, and ensuring the client receives holistic interventions to help manage their situation. DFSS uses ECM to assist delegate agencies to identify any barriers to program participation and adopt the most effective approaches to engaging at-risk older adults. Successful delegate agencies will fully adopt ECM tools as DFSS continues to shift to outcome-based practices on behalf of the vulnerable older adults we serve. Overall, ECM is used to assess performance benchmarks, measure program success, and make any needed changes to the program.

ICAS providers are required to have cellphone and computer access and the ability to be contacted in emergency situations as dictated for emergency CAS service requests and associated follow-up. In addition, CAS providers must have computer access to use DFSS' required reporting systems.

### Staffing Requirements

ICAS providers are responsible for determining the number and qualifications of staff needed to provide ICAS services on a regionwide basis. ICAS providers must have staff with robust backgrounds in senior services and previous case management experience addressing issues including, but not limited to: self-neglect, frailty and the physical domains of aging, diminished capacity and mental health, assessment of functional status, and knowledge of aging and aging network programs and services.

The staffing model should provide daily coverage, 8:30 a.m. – 4:30 p.m., Monday – Friday with on-call availability as needed, as well as coverage that includes supervisory support sufficient to meet program deliverables and address emergency, weather-related, and other urgent ICAS Assessments. The staffing level must always be sufficient to meet the demands of the assigned DFSS caseload. Sub-contracting and the use of contractors may be allowed with prior consent from



DFSS to ensure service delivery. The Respondent must provide resumes and/or job descriptions for all staff positions associated with the administration of the CAS program.

### **Recommended Partnerships for ICAS Provider Agencies**

ICAS provider partners in assessment, planning, and implementation may include, but are not limited to:

- Chicago Police Department
- Chicago Fire Department
- Chicago Department of Housing
- Chicago Department of Buildings
- Chicago Department of Public Health
- Cook County and/or State Guardians office
- Visiting Nurse Association
- Veteran's Administration
- Entities and individuals providing care support (including client neighbors, friends, and family)
- Caregiver supports
- Public benefits
- Informal network of community supports and influencers including Aldermen, faith-based and community resources, as relevant
- Formal caregiver agencies (e.g., home care)
- Mental health services
- Animal Care and Control
- Primary care health provider or psychiatrist
- Pest control companies
- Landlords
- Others DFSS Services as appropriate.

### **COVID-19 and other Emergency Contingencies**

Due to the recent pandemic, special emphasis should be placed on developing contingency plans for any emergencies. These can include, but are not limited to, COVID-19 or other public health crises, winter storms, tornados, and heat waves. Some emergencies may require a change in work location or to contracted policies with partner locations. The Delegate Agency should make alternative arrangements for clients utilizing services in settings that have temporarily closed or settings which have increased protocols to mitigate virus spread. Other methods should remain in place until local officials deem settings are safe again. The Delegate Agency should develop policies and procedures to include sections on training, personal protective equipment (PPE), health screenings, temperature checks and contact tracing. Policies and procedures must be in accordance with Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH), and Federal Emergency Management guidance.

## **Staff Qualifications and Requirements**

A successful ICAS provider should be staffed with care management professionals with extensive experience working with older adults, knowledge of community resources, and proficient in serving older clients who are resistant to services.

The ICAS provider is required to assign and maintain for the duration of the services, a staff of qualified personnel to perform the services. The ICAS provider will retain and make available to the City, State, and Federal agencies governing funds provided under this Agreement, proof of certification or expertise including, but not limited to, licenses, resumes, and job descriptions.

Staff may include management and supervisory staff, case managers, and support staff to provide quality programming and services. It is allowable for employees to have other roles within the organization, as appropriate, and as it does not impede on their dedicated time to the ICAS program. Other roles are expected to be complementary to this program:

- **Program Coordinator/Director:** The ICAS provider should identify a Program Coordinator/Director who will be the main contact to DFSS and will manage program operations.
  - The Program Coordinator/Director will be responsible for supervising program staff and have overall accountability for service delivery. The position may not be vacant at any time during the contract period.
  - It is preferred that this staff have a master's degree in a social science field: Social Work, Gerontology, Psychology, Counseling, Psychiatric Nursing, or Rehabilitation Counseling.
  - It is preferred that this staff have at least five years related social service, counseling, and administrative experience.
- **Case Managers:** The Respondent should identify a Case Manager to administer comprehensive assessments, engage and foster relationships with clients, create plans of care, and identify and educate clients about additional resources.
  - It is preferred that this staff have a master's degree in a social science field: Social Work, Gerontology, Psychology, Counseling, or similar.
  - The person must be licensed, registered, or certified by the State of Illinois to possess that license, registration, or certification.

## **Background Check Requirements:**

All selected Respondent staff, consultants, subcontractors, and volunteers with access to confidential information who have direct or indirect contact or interact with seniors must meet the following requirements:

- Fingerprint/criminal background check (FBI, State, and Sex Offender). For HDM drivers, the Illinois Adult Protective Services (APS) registry must also be checked.
- Fingerprint/criminal background check is required at the time of hire and every five years after; the APS registry must be checked annually.

- Must be completed and cleared prior to hire date.

### **Staff Training**

The Delegate Agency conducts 24-hours of pre-employment training to assure completion of training of the available workforce. Continuing employees should receive 12-hours of training annually on topics that show the best provisions of care. This training will include but is not limited to adult protective services; managing combative clients; handling memory loss issues; hoarding; brain injuries; client's self-care, self-neglect; handling HIV/AIDS and understanding sexual orientation issues; Alzheimer's and Parkinson's management; and other topics deemed appropriate.

### **Cross-Service Area Coordination**

DFSS is interested in new strategies to improve coordination across service delivery silos to better support families. As such, DFSS reserves the right to convene and implement collaborative efforts that involve different entities and delegate agencies to better serve high-need populations.

### **Contract Management and Data Reporting Requirements**

As part of DFSS' commitment to become more outcomes oriented, DFSS seeks to actively and regularly collaborate (such as periodic meetings) with Delegate Agency to review program performance, learn what works, and develop strategies to improve program quality throughout the term of the contract. Reliable and relevant data are necessary to ensure compliance, inform trends to be monitored, evaluate program results and performance, and adjust program delivery and policy to drive improved results. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies, including client-level demographic, performance, and service data, and set expectations for what this collaboration, including key performance objectives, will look like in any resulting contract.

Upon contract award, the Delegate Agency will be expected to collect and report client-level demographic, performance, and service data as stated in any resulting contract. These reports must be submitted in a format specified by DFSS and by the deadlines established by DFSS.

The Delegate Agency must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases. The Delegate Agency must have the ability to submit reports electronically to DFSS. The City's Information Security and Information Technology Policies are located at [https://www.cityofchicago.org/city/en/depts/doi/supp\\_info/is-and-it-policies.html](https://www.cityofchicago.org/city/en/depts/doi/supp_info/is-and-it-policies.html).

### **Client Files**

The Delegate Agency must maintain a confidential file on each ICAS participant. Client files must be kept in a secure, locked space or in a password-protected electronic database such as ECM. Any additional documentation should be in a secure, locked space. Case notes must be in

the file along with supporting documents required by DFSS Senior Services. Individual case records must be kept that document the presenting problems, action plan, record of treatment modalities and progress for each client. The Delegate Agency must ensure that the client's information is accurate, complete, current, and maintained separately from other agency files.

The Delegate Agency can select to keep case notes and files electronically. The Delegate Agency must implement policies and procedures to ensure privacy and confidentiality of client record for both paper file and electronic databases.

The Delegate Agency may be required to utilize a DFSS approved client tracking system or as otherwise specified by DFSS, and all client files must be turned over to DFSS upon request and at the end of the contract period.

### **Grievance Process and Service Evaluation**

The Delegate Agency must supply all ICAS clients with a mechanism for filing complaints or grievances with regards to the provider's service delivery. Clients must also be given a mechanism for comments and suggestions on service delivery improvements. DFSS reserves the right to create such a mechanism, to be distributed by the Delegate Agency to all ICAS clients.

A complaint log must be kept, recording the name of the client, date, reason for dissatisfaction and steps taken to rectify situation by the Delegate Agency. All complaints, including those that are voiced in-person or over the phone, must be recorded in the client complaint log.

The Delegate Agency must have procedures for evaluating and reporting the ICAS client's satisfaction with the delivery of service as well as their satisfaction of the outcomes of the service. The Delegate Agency must administer a survey measuring client satisfaction developed and provided by DFSS and report the results of the survey and receive feedback on services provided on a quarterly basis. Results of those surveys must be shared with DFSS Senior Services quarterly. Survey results are due to the program manager quarterly in January, April, July, and October monthly reports.

The Delegate Agency must use a computerized tracking system to provide required data and reports to Senior Services monthly for the clients served in the preceding month.

### **Reports, Invoices, and Meetings**

Reports must be submitted in a format specified by DFSS and by the deadlines established. The Delegate Agency will keep track of units of service provided, unduplicated counts of persons served and other demographic data necessary for planning and evaluation of the program. This data will be reported into ECM. Both program and financial reports are required of all funded providers upon request.

DFSS requires that Delegate Agencies have a program and fiscal reporting system that will ensure the provision of accurate and timely reports. Service providers must maintain reporting information in such a manner to permit authorized persons to review report information upon request. Reports must be submitted on time to allow time to prepare our own reports and to reimburse service providers. Incorrect or late submissions may result in delays in reimbursement or contract action.

Senior Services reviews reports submitted by providers to determine that resources have been expended according to approved budgets, that the request for funds is correct and is consistent with the approved award, to monitor and assess program activity and identify any significant operational problems that should be corrected and to identify the need for technical assistance to address inadequate fiscal knowledge, or excessive administrative costs.

Monthly meetings, or as otherwise scheduled, will be held with the agency to discuss program operations and progress. Attendance is mandatory and is not subject to reimbursement.

#### **SECTION E. Additional Requirements**

1. The Delegate Agency service hours will include weekday hours (8:30am - 4:30pm) Additional hours of operation may include early morning hours, evening hours and weekend, particularly during weather-related or other emergencies.
2. The Delegate Agency must ensure quality service delivery through:
  - Direct supervision of case workers performance to client.
  - Regular in-service training related to the special needs and care of the older adults and the efficient performance of ICAS duties.
  - Regular sites visit to ensure program model is being followed. Reports are then provided and recorded. Program oversight, along with periodic client file audit reviews is also conducted by contractor's management. Periodically, client files are audited and reviewed by management. Progressive discipline processes are followed as verbal and written warnings. Criminal and abusive behavior is case for immediate termination.
3. The Delegate Agency is required to report elder abuse, neglect, or exploitation to the State.
4. The Delegate Agency must comply with DFSS policies for the delivery of services. and may include monthly, quarterly, and annual reports.
5. The Delegate Agency must use the Chicago Department of Family and Support Services - Senior Services ECM program data collection, budget and reporting forms or databases.
6. The Delegate Agency must establish linkages with other service providers including the Chicago Department of Family and Support Services - Senior Services for delivery of other needed services to identified clients. The Delegate Agency is required to maintain linkages and communications with other service providers and

organizations throughout Chicago. This is especially true of those funded through the Older Americans Act, such as Care Coordination Units, Managed Care Organizations, Adult Protective Services, Information and Assistance, legal services, Regional Centers and Satellite Centers.

7. The Delegate Agency must maintain effective liaison with the Chicago Department of Family and Support Services – Senior Services to ensure maximum benefits of the program to actual and potential participants.
8. The Delegate Agency must maintain communication with Chicago Department of Family and Support Services Staff as well regarding any changes in timeframes or client needs. The Program Coordinator / Director or other representative will participate in monthly meetings.
9. The Delegate Agency must permit access, at reasonable times, by Chicago Department of Family and Support Services - Senior Services staff or its designees to all operations and records, for purposes of evaluation and audits related to the service purchased. All such records, information and documentation shall be maintained by the Delegate Agency for a minimum of five years after the Contract expires and until the program is audited by an independent auditing firm.
10. The Delegate Agency must attend at least one Chicago Department of Family and Support Services - Senior Services Provider Council meeting per quarter in Delegate Agency's service area(s).
11. The Delegate Agency must include staff in appropriate orientation and training programs when made available by the Chicago Department of Family and Support Services.
12. The Delegate Agency must participate in program promotion through the various news and public information media. All promotional activities must be cleared through the Chicago Department of Family and Support Services - Senior Services and credit it as the source of funds for the service.
13. The Delegate Agency must make provisions for serving the limited / non-English speaking and those with hearing impairments who communicate by sign language and / or telecommunication devices for the deaf.
14. The Delegate Agency must accept all clients referred for service under the terms of the Chicago Department of Family and Support Services - Senior Services contract.
15. The Delegate Agency must provide quality service to all clients in accordance with the time frames established in the Delegate Agency's scope of services.
16. The Delegate Agency must comply fully with Section 504 of the Rehabilitation Act of 1973 that prohibits discrimination in federally funded programs against individuals on the basis of disability.
17. The Delegate Agency must develop an emergency service plan for maintenance of service and clients' well-being during periods of emergency and / or weather-related situations. Plan should be made available to the DFSS Senior Services.
18. The Delegate Agency must have funds to support program expenditures until the project reimbursement processes have been stabilized (up to 4 months after funding authorization).

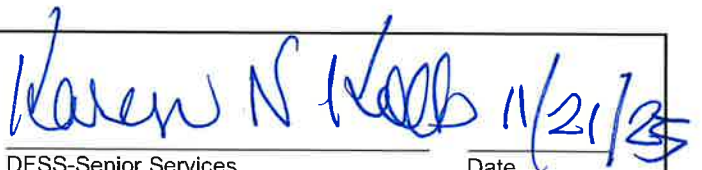
Approval of Scope of Services

Marta Pereyra  
Delegate Agency

11/20/23  
Date

DFSS-Senior Services

Date

 11/21/23