Please stand by, the webinar will begin shortly.

## Department of Family and Support Services Senior Services

#### THE INTENSIVE CASE ADVOCACY AND SUPPORT (ICAS) FOR VULNERABLE OLDER ADULTS, THE CASE ADVOCACY AND SUPPORT (CAS) FOR VULNERABLE OLDER ADULTS AND HOME DELIVERED MEALS (HDM)

Release Date: May 3, 2021 Due Date: June 17, 2021



## **House Keeping**

- Due to the volume of participants, everyone has been placed on mute.
- Please submit questions via the question box and we will respond to questions after going through the slides.
- Please use the question box to notify us of any technical issues.



## Agenda

- Welcome and Introductions
- DFSS Overview and Strategic Framework
- Senior Services
- Program Models: CAS, ICAS, HDM
  - Scope and Requirements
  - Selection Criteria
- Timeline
- Technical Assistance for Applicants and eProcurement
- Questions





#### **OUR MISSION**

Working with community partners, we connect Chicago residents and families to resources that **build** stability, **support** their well-being, and **empower** them to thrive

#### **OUR PRIORITIES**

**Deliver** and support high quality, innovative, and comprehensive services that empower clients to thrive

**Collaborate** with community partners, sister agencies, and public officials on programs and policies that improve Chicagoans' lives and advance systemic change

**Inform** the public of resources available to them through DFSS and its community partners

**Steward** DFSS' resources responsibly and effectively



## Chicago Department of Family and Support Services: Program Divisions: Senior Services





The goal of DFSS's goal is to achieve better results for vulnerable Chicagoans via its Strategic Framework, which incorporates process improvements scaffolded over time.

**Phase 4 // System Coordination (in development):** *Improving service matching and referral and linking data to improve client experience and outcomes* 

**Phase 3 // Performance Improvement:** Implementing a performance improvement system to prioritize and execute efforts and improve results

Phase 2 // Strategic Contracting:

*Engaging grantees to integrate outcome goals and metrics into results-driven requests for proposals and contracts* 

Phase 1 // Strategic Framework:

Setting and operationalizing department priorities, outcome goals, and metrics, and aligning with decision-making procedures



## At DFSS, RFPs are viewed as critical strategic tools.

## We want to use RFPs/contracts as critical tools to:

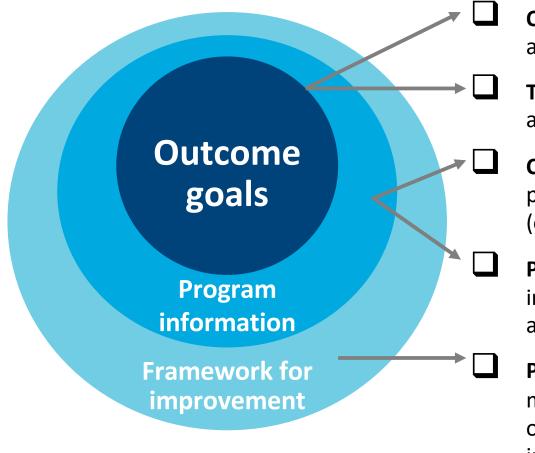
- Ensure outcomes continue to be at the center of our work
- Develop a shared understanding of priorities for and how we will track improvement
- Support two-way communication between DFSS and delegates about best practices, high-quality services, and the needs of those we serve

We've adjusted the structure & content of our RFPs and application questions to:

- Shift focus from activities to goals
- Align DFSS priorities with selection criteria and application questions
- Pose questions that provide the most relevant information for decisionmaking



DFSS RFPs articulate what we want to achieve together for Chicagoans, rather than focusing on activities alone.



**Outcome goals:** What we are trying to achieve with this RFP

**Target population:** Who we want to achieve it for

**Context:** Where we are today and priorities for future of program (e.g., challenges, success to build on)

**Program requirements**: The most important programmatic activities agencies should undertake

**Performance measures:** How we will measure success and progress against outcome goals and work together to improve



## DFSS selection criteria reflect our focus on results and best practices.

#### Selection criteria categories:

#### Strength of proposed program

Applicant proposes to deliver services appropriate to achieving desired outcomes for the target population, in line with an evidence base or field best practices



 $(\mathbf{3})$ 

#### Performance management and outcomes

Applicant has strong past performance and is capable of collecting and using data to manage performance

#### Organizational capacity

Applicant has appropriate staff, systems, processes, and other organizational capabilities to execute the work and reflects diversity of communities it serves

#### Reasonable costs, budget justification, and leverage of funds

Applicant is fiscally sound with reasonable proposed costs, and can leverage non-City funding for program

#### Key changes:

This year, based on applicant and evaluator survey feedback, we have focused on more clearly describing program expectations and priorities for improvement.

Additionally, given events over the past year, we have reviewed all of our RFPs to integrate a greater focus on equity and lessons learned about service delivery during the COVID-19 pandemic.

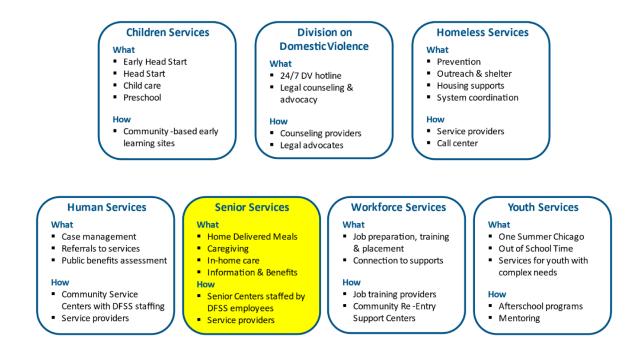


### **Senior Programming Overview**

#### **Department Program Divisions**



5



\*selection of programs, not an exhaustive list



#### CDGA DFSS SENIOR SERVICES 2021

## The Purpose of the CAS RFP

The Case Advocacy and Support (CAS) for Vulnerable Older Adults program provides face-to-face well-being checks that verify, assess, and address the needs of vulnerable Chicagoans, 55 years of age and older, who are reported as being at-risk, and may be experiencing decline or have a presenting situation that impedes their ability to continue to live safely in their homes.



## Background

- According to AARP, by 2030, one in every five Americans (70 million) will be over the age of 65.
- The fastest growing segment are individuals 85 years of age and older who are increasingly frail, diverse, and have growing economic and social needs.
- Additionally, nearly 90% of people over age 65 want to stay in their home for as long as possible, and 80% of older adults believe their current residence is where they will always live.
- It may be difficult for older adults to safely age in place as many have limited support networks available to them or are reluctant to accept needed services thus increasing their exposure to vulnerability and risk.





Case Advocacy and Support for Vulnerable Older Adults (CAS) helps atrisk older adults address an urgent situation that impedes their ability to continue to live safely in their homes.

The CAS program is a transitional service between an individual or agency that reports an older adult in need and other more formal or informal supports that assist the older adult with the need.

CAS program staff provide a timely response to calls of concern, assess client needs, and address the need by mobilizing community resources.





The goals of the CAS program include starting the first phase of the process in assisting the older adult to:

- Reduce or mitigate the urgent need that is causing their inability to live safely;
- Improve the physical or environmental situation; and
- Increase their well-being.



## **Target Population**

- The CAS program seeks to assist Chicagoans, 55 years of age and older, who are suspected of having triggers of decline that put them at risk of losing the continued ability to live safely at home without needed supports.
- Any situation that puts a vulnerable older adult at risk can trigger a service request. In general, triggers are events or later-life changes in the physical, cognitive, or mental health of otherwise healthy older adults living in the community that can lead to frailty, limit older adults' daily activities, and ultimately, result in the loss of independence.



## **Target Population (Cont.)**

Characteristics of at-risk or vulnerable older adults exhibiting triggers of decline include, but are not limited to:

#### > Living Environment

- Animal Hoarding
- Hoarding to the degree it affects safety
- Home requires significant repair with safety hazards (i.e. exposed wiring, inadequate roofing to provide protection from the elements, etc.)
- Infestations of insects, rodents and other pests
- > Physical Functioning
  - Body odor, unkempt and/or inappropriate (for season) or soiled clothing
  - Difficulty seeing, speaking, hearing, or moving around/leaving home
  - Inability to manage medications



## **Target Population (Cont.)**

#### > Cognitive Decline

- Cognitive impairment forgets recent events, repeats the same questions and the same stories, forgets the names of close friends and family members, forgets appointments or planned events, forgets conversations, misplaces items often
- Diminished executive function has difficulty understanding written or verbal (spoken to) information
- Exhibiting signs of confusion and/or cognitive impairment
- Socio-emotional Supports
  - Caregiver duress or inability to provide support
  - Lacks involved family members or friends
  - Needs home care assistance and does not have a paid caregiver
  - Reports being alone and has feelings of loneliness



## **Program Requirements**

For this RFP, DFSS is seeking proposals to provide all the core program components listed below.

#### Referral Process

- The Information and Assistance (I&A) call center receives requests for wellbeing checks from a variety of sources including, but not limited to: 311, Aldermanic offices, Police, Fire and Buildings Departments, City of Chicago infrastructure departments, Animal Control, and many others.
- Requests for well-being checks are all reported to DFSS Senior Services which creates and forwards the corresponding service request to the CAS provider to complete a well-being assessment of the older adult within 24 hours, on business days.
- The CAS provider is expected to have CAS staff assigned to the CAS program during business hours five days a week.



## **Program Requirements**

#### Well-Being Assessment

 The CAS team is responsible for conducting a well-being assessment to verify, assess, and make recommendations to address the situation of the at-risk older adult.

#### <u>Refusals</u>

 If the senior refuses an assessment, and demonstrates capacity, the case record should clearly document that reasonable steps were taken and appropriate in all circumstances.

#### After the Well-being Check

 After the CAS provider completes the ECM, DFSS Senior Services will review the assessment and case record including the CAS provider's follow-up recommendations to determine if additional referrals should be made.



## **Performance Goals and Outcomes**

- 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 are not limited to:
  - 80% of first visits (CAS assessments) will take place within 24-hours on business days; up to three (3) visits in 72-hours excluding weekends.
  - 100% of client activity will be documented in ECM within 24-hours of interaction.
  - 100% of clients who need services will be directly referred to I & ACA and / or referred to DFSS Program Manager for further services. Note: this section matches the broad goals at the beginning. This is about outcomes to the client. Broad goals/outcomes are typically represented in %.



## **Performance Goals and Outcomes**

- To assess progress toward the above performance indicators, DFSS also intends to track output metrics that may include, but are not limited to the following CAS Team activities:
  - Number of open cases
  - Number of assessments made
  - Number of referrals to APS
  - Number of referrals to CCU
  - Number of referrals to DFSS
  - Number of referrals to I&A
  - Number of visits conducted during emergency events (winter/heat, etc.)
  - Number of cases closed
- It is expected that 100% of output metrics will be achieved regardless of target number of clients.



## Selection Criteria – Strength of Proposed Program

- The Respondent clearly defines services to be provided that are appropriate to addressing needs of and achieving desired outcomes for the target population
- The Respondent's proposed program is supported by a strong national or local evidence base and/or aligns with best practices for older adult engagement and crisis management
- The Respondent demonstrates a clear understanding of the target population and their needs and challenges
- The Respondent has an effective approach for engaging all clients referred to the agency through the Case Advocacy and Support program
- The Respondent demonstrates strong partnerships and coordination efforts with other community-based resources that can leveraged to serve the target population



## Selection Criteria – Program Performance, Outcomes and Quality

- The Respondent has the relevant systems and processes needed to track and report performance on program outcomes
- The Respondent has experience using data to inform/improve its services or practices
- The Respondent has the relevant systems and processes needed to collect and store key participant and performance data



## **Selection Criteria – Organizational Capacity**

- The Respondent has qualified staff responsible for program oversight and supervision
- The Respondent has adequate systems and processes to support monitoring program expenditures and fiscal controls
- The Respondent has adequate Human Resources capacity to hire and manage staff
- The Respondent has presented a reasonable cost proposal with justification for program costs
- The Respondent's organization reflects and engages the diverse people of the communities it serves
- The Respondent has a sound staffing plan that addresses unforeseen staff shortages for direct service staff to avoid service interruptions to clients



# Selection Criteria – Reasonable costs, budget justification, and leverage of funds

- The Respondent has the fiscal capacity to implement the proposed program
- The Respondent leverages other funds and in-kind contributions to support total program and administrative cost (e.g. state, federal, foundation, corporate, individual donations)
- The Respondent demonstrates reasonable implementation costs and funding requests relative to its financial and human resources. The proposed budget supports the proposed scope of work or work plan



## Attachments

#### To attach: liability insurance

To attach: board member identification

To attach: SAM certificate

To attach: Certificate of good standing

To attach: Bylaws and articles of incorporation

To attach: Financial statement

To attach: IRS determination letter

To attach: budget forms

To attach: Resumes and/or job description for staff administering the CAS program

CDBG compliance acknowledgment

City of Chicago compliance acknowledgement

Conflict of interest



## The ICAS Program Model

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.





The ICAS program responds to older adults in need by assessing risk, engaging in relationship building and care while working with the individual to create an intervention plan that includes the coordination of services and programming that improves upon the individual's current living situation.





- According to the 2018 American Community Survey, approximately 49% of the 465,426 seniors ages 60 and above in Chicago are living alone, including 39,250 ages 85 and above.
- Many older adults live independently without assistance; however, some older adults lack the ability to maintain their own safety due to physical or mental health issues and may fall into a state of selfneglect.
- This program supports those in the greatest social and economic need, those that may be at risk to themselves and those that may lack the capacity to manage their own care and safety without assistance.



## **Support Services Offered**

Support offered by the ICAS program may include frequent check-ins by ICAS agency staff and assistance securing services such as:

- Heavy-duty chore services,
- Home delivered meals,
- Homemaker services,
- Caregiver support,
- Social Security benefits,
- Medicare, and
- Legal services and any other assistance as needed.





By the end of the ICAS intervention, as informed by the completed assessment and individualized care plan, the client will show improved well-being and an improvement in their situation even if the issue has not been completely resolved. This may be achieved by the following actions including but not limited to:

- Regular visits with ICAS providers to address issues identified
- Implementing a Care Plan developed with client and monitored for progress as shared and discussed with DFSS staff during monthly case management meetings.
- Establishing, building and maintaining the client relationship as evidenced by chart notes and client / provider encounters.
- Creation and convening of Multi-disciplinary teams with relevant partners to address challenging cases and collaborate on client care and oversight.



(8) ICAS Community Regions

DFSS seeks to provide services through delegate agencies in (8) regional community areas across the city.

- ICAS Region 1 · Edgewater · Lincoln Square · Rogers Park · Uptown · West Ridge
- ICAS Region 2 · Albany Park · Dunning · Edison Park · Forest Glen · Irving Park ICAS Region Community Areas · Jefferson Park · North Park · Norwood Park · O'Hare · Portage Park
- ICAS Region 3 · Lake View · Lincoln Park · Logan Square · Loop · Near North Side · Near South Side · Near West Side · North Center · West Town
- ICAS Region 4 · Austin · Avondale · Belmont Cragin · East Garfield Park · Hermosa · Humboldt Park · Montclare · North Lawndale · South Lawndale · West Garfield Park

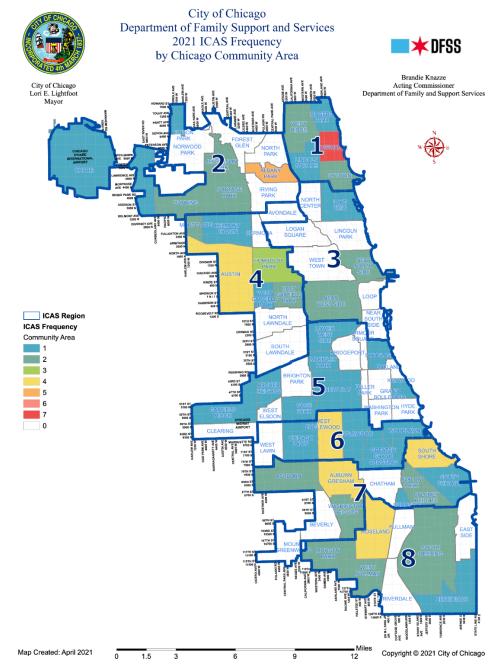


## (8) ICAS Community Regions (Cont.)

- ICAS Region 5 · Archer Heights · Armour Square · Bridgeport · Brighton Park · Clearing · Douglas · Fuller Park · Gage Park · Garfield Ridge · Grand Boulevard · Hyde Park · Kenwood · Lower West Side · McKinley Park · New City · Oakland · Washington Park · West Elsdon
- ICAS Region 6 · Chicago Lawn · Englewood · Greater Grand Crossing · West Englewood · West Lawn · Woodlawn
- ICAS Region 7 · Ashburn · Auburn Gresham · Avalon Park · Beverly · Burnside · Calumet Heights · Chatham · Mount Greenwood · South Chicago · South Shore · Washington Heights
- ICAS Region 8 · East Side · Hegewisch · Morgan Park · Pullman · Riverdale · Roseland · South Deering · West Pullman



## Map of (8) ICAS Regional Community Areas:





## **Target Population**

- ICAS targets highly vulnerable older adults (aged 55 and above) who are often in greatest social and economic need, living alone in a state of self-neglect, at risk to themselves or others, or who have difficulty in managing their own care and safety.
- The Older Americans Act specifies that services be targeted to older individuals:
  - with greatest economic need;
  - with greatest social need;
  - at risk for institutional placement;
  - with limited English proficiency; and
  - Iow-income older individuals.
- This may include sub-populations who, due to language, culture, gender, sexual orientation, ethnic or declining cognition need targeted services. Respondents will position their application(s) for a specific Regional Community Area.



## **Program Requirements**

The ICAS program is comprised of the following components:

- Assessment the ICAS agency will:
  - Conduct visits, document findings, assess, interview and obtain the client's understanding, research background, establish the facts and regularly visit the client.
- 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—range plan for living independently in the community.
- Implementation
  - After a relationship has been established with the client and a Care Plan (including outcome goals) has been developed, the ICAS agency will implement the plan
- Case Closure
  - 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.



## **Program Requirements (Cont.)**

- Suggested Staffing
  - Program Coordinator / Director
  - Case Managers
- Recommended Partnerships
  - Chicago Police Department
  - Chicago Fire Department
  - Chicago Department of Housing
  - Chicago Department of Buildings
- Service Coordination
  - DFSS is interested in testing and supporting strategies to improve coordination across service delivery silos to improve outcomes for high-needs populations.



DFSS will monitor and track a set of performance indicators that may include, but are not limited to:

- 80% of cases demonstrate Risk Assessment improvement (reduction) score over case interaction;
- 80% of cases show client situation addressed as outlined in Care Plan; and,
- 80% of cases have at least one monthly encounter with the client, as dictated by the 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



### Selection Criteria – Strength of Proposed Program

- The Respondent clearly defines services to be provided (either directly or by leveraging partnerships/linkage agreements with other agencies) that are appropriate to addressing needs of and achieving desired outcomes for the target population
- The Respondent's proposed program is supported by a strong national or local evidence base and/or aligns with best practices for the relevant field
- The Respondent demonstrates a clear understanding of the target population and their needs and challenges
- The Respondent has a plan for delivery of services that addresses needs of older adults in general and specific plans for the Community Regions for which they apply
- The Respondent has an effective approach to supporting referred seniors



## Selection Criteria – Program Performance, Outcomes and Quality

- The Respondent demonstrates evidence of strong past performance against desired outcome goals and performance metrics and/or other notable accomplishments in providing services to the target population
- The Respondent has the relevant systems and processes needed to track and report performance on program outcomes
- The Respondent has experience using data to inform/improve its services or practices
- The Respondent has the relevant systems and processes needed to collect and store key participant and performance data



## **Selection Criteria - Organizational Capacity**

- The Respondent has qualified staff responsible for program oversight and management
- The Respondent has adequate systems and processes to support monitoring program expenditures and fiscal controls
- The Respondent has adequate Human Resources capacity to hire and manage staff
- The Respondent has expertise working with the target population and has relevant capabilities and/or infrastructure needed to serve this group
- The Respondent's organization reflects and engages the diverse people of the communities it serves



## Selection Criteria – Reasonable costs, budget justification, and leverage of funds

- The Respondent has the fiscal capacity to implement the proposed program
- The Respondent leverages other funds and in-kind contributions to support total program and administrative cost (e.g. state, federal, foundation, corporate, individual donations)
- The Respondent demonstrates reasonable implementation costs and funding requests relative to its financial and human resources. The proposed budget supports the proposed scope of work or work plan.



## **Selection Criteria - Attachments**

To attach: liability insurance
To attach: board member identification
To attach: SAM certificate
To attach: Certificate of good standing
To attach: Bylaws and articles of incorporation
To attach: Financial statement
To attach: IRS determination letter
To attach: budget forms
CDBG compliance acknowledgment
City of Chicago compliance acknowledgement
Conflict of interest
To attach: resumes and/or job descriptions for all staff administering the ICAS program
To attach: budget for each regional community area served



## Home Delivered Meals Program

- The Home Delivered Meals program (HDM) provides nutritious meals to persons aged 60 years and older who are frail and/or homebound because of illness, incapacitating disability, and/or are otherwise isolated.
- This RFP is open to licensed and inspected food service establishments that have prior experience operating a meals program for older adults. The program includes the preparation and delivery of various meal types and diets into seniors' homes, as well as the coordination and management of client information and enrollment, client activity and status changes, and any associated equipment and supplies.





- HDM is designed to promote the general health and well-being of older adults by reducing hunger and food insecurity, thus delaying the onset of adverse health conditions that lead to premature residential placement.
- The benefits of HDM go beyond serving meals it provides a wellbeing/safety check and is sometimes the only opportunity for faceto-face contact for older adults enrolled in the program. HDM may be the first in-home service that an older adult receives, and the program is a primary access point for other home and communitybased services.



## Background

- Mirroring trends across the State and country, the demand for HDM in Chicago has been in an upward trend reaching an unprecedented rate of growth amid the COVID-19 pandemic serving over 4.7 million meals to over 15,000 clients.
- The DFSS Senior Services Division is committed to maintaining the meal services for our most vulnerable older adults and meeting the increasing demand for HDM while avoiding a client waiting list.
- Areas of improvement for the program include the provision of culturally appropriate, nutritious, and high-quality meals to help promote the health and well-being of older adults who are homebound and experiencing food insecurity. To that end, DFSS is adding ethnic meal options to HDM as specified in the Program Requirements section of the RFP.
- Additionally, the HDM provider will be required to have and utilize a meal delivery tracking and confirmation system for the purposes of managing route operations and verifying deliveries.



## Goals

## > The Goals of the HDM Program are to:

- Reduce hunger and food insecurity;
- Reduce isolation of older individuals;
- Optimize the health and well-being of older individuals; and,
- Facilitate access to better nutrition, health promotion, and other disease prevention strategies with the goal of delaying or preventing the onset of adverse health conditions that result from poor nutritional health.



## **Target Population**

#### Eligibility

Eligibility for the program requires that an individual be 60 years of age or older and unable to prepare or obtain meals. There are no income thresholds or costs to the recipients for the meal service; however, clients receiving meals are invited to make a voluntary contribution toward the cost of their meals through project income.

#### Referrals for Services

Referrals for meal services are received from external agencies, individuals, and DFSS. Standard and emergency referrals for older adults in need of receiving HDM are generally received through DFSS' Information and Assistant Unit (I&A) and then directed to the appropriate Care Coordination Units (CCU) or Managed Care Organizations (MCO) to conduct an in-home assessment.



## **Target Population**

#### Referral Types: Standard and Emergency

- Standard referrals are those that do not involve a level of urgency or emergency. Client enrollment must take effect the next business day or the next delivery day for the route assigned.
- Emergency referrals are for clients that are at imminent risk if meals are not provided. These clients are presumed to be eligible before an in-home assessment is conducted and must receive their meals within 24 hours of the referral regardless of the meal type or diet, as long as the request was submitted before 4:00 P.M., Monday through Thursday. If the emergency referral is received on Friday and the client has no access to food over the weekend, the meals must be delivered the same day or over the weekend.
- The HDM provider must review the information as submitted on the client referral forms to ensure the information is complete and work directly with the referring agency to conduct any follow-up as needed.



#### Meal Requirements, Preparation, and Cycle Menus:

All meal types must follow the meal pattern developed by IDoA and must conform to the current Dietary Guidelines for Americans. The meal types and diets that must be offered are listed below:

- General Diet (frozen, cold, and hot): Offers a variety of regular cuisine meals that include culturally and ethnically diverse meals.
- Vegetarian Diet (frozen, cold, and hot): Offers meatless meals that include eggs, dairy, and fish/seafood.
- Kosher Diet (frozen): Follows Jewish dietary framework for food processing, preparation, and consumption.
- Pureed (frozen): Offers options for adults who have trouble swallowing. The food is blended or put through a food processor and modified to a smooth, pudding-like consistency.
- Shelf Stable: Meals that can be safely stored at room temperature in a sealed container or package that follow the diets listed.
- Southern Asian Diet (frozen): Offers Indian and Pakistani meal options.
- Eastern Asian Diet (frozen): Offers a blended menu that includes Chinese, Korean, and Vietnamese meal options.





#### **Meal Packaging:**

All food must be pre-packaged according to the regulations approved by CDPH. For information on the Chicago Food Code, please use the following link:

https://www.chicago.gov/content/dam/city/depts/cdph/food\_env/ general/Food\_Protection/FoodCodeRules\_Effective\_Feb12019.pdf.

All packaging must be firm and sectioned so that food items do not mix; capable of being tightly closed to retain heat; nonporous so that there is no seepage; disposable; built to be stacked for transporting; and must be labeled with a preprinted label that states food items, date produced, and handling instructions. For additional information regarding packaging, please refer to Section 1C Meal Packaging of Attachment #9 (Home Delivered Meals Supplemental Information).





#### **Meal Delivery Protocols:**

- The HDM provider is required to prepare and deliver the complete, freshly prepared meals, ready to eat, or frozen prepackaged meals into the individual clients' homes.
- The agency is responsible for delivering the meals to any client regardless of the address, location, or neighborhood within the City of Chicago.
- Meal deliveries will be made between the hours of 8:00 A.M. and 3:30 P.M. Monday through Friday. Weekend routes for deliveries may need to be added to keep pace with program enrollments.



#### Meal Delivery Protocols (continued):

If the client does not respond, the driver must contact the HDM provider's main office while still at the address of the client to document the situation. The HDM provider must then immediately contact the client by phone.. A notice indicating the date and time the delivery was attempted must be left by the driver at the client's location.

#### **Meal Delivery Vehicles**

Meals must be delivered in oven, freezer, and refrigeratorequipped vehicles. The oven, freezer, and refrigerator units in each vehicle must have continuous temperature monitoring in view of the driver to assure proper temperature control throughout delivery.



#### **<u>Client Activity Changes, Status, and Tracking:</u>**

- Changes to the status of existing clients i.e., temporary suspension in service (skip), restarting services (resume), and terminations – are submitted by CCUs, MCOs, and DFSS directly to the HDM provider on a **daily** basis.
- Additionally, follow-up with the CCUs and MCOs is required for proper disposition of clients enrolled in the program with regards to annual reassessments, short-term program status, and clients whose service is on hold (skip) for 60 days or more. Status and enrollment changes pursuant to this follow-up must be entered into the client tracking system.



#### **Client Engagement and Well-Being**

- Each delivery presents an opportunity to engage and verify the wellbeing of clients enrolled in the program. As delivery drivers are expected to have consistent routes (see Home Delivered Meals Supplemental Information), relationships can develop over time with their clients.
- In order to help support older adults enrolled in the program to age in place, the HDM provider must have procedures for making referrals to other programs (e.g., heavy-duty chore services, respite care, or caregiver counseling services) based on client needs observed during deliveries. The driver must contact the HDM provider's central office to inform the agency staff of the nature of the referral needed. The HDM provider must make the referral directly to DFSS I&A and update the client record with regards to the referral made on behalf of the client in the designated client tracking system.





#### **Nutrition Education**

The HDM provider is responsible for the provision of nutrition education and other informational materials to older adults enrolled in the program through the meal delivery process. Drivers must be informed about the content of the information being provided to clients so they can appropriately communicate with the clients.

#### **Voluntary Contributions**

As required by federal funding, all clients must be given the opportunity to voluntarily contribute toward the cost of their meal. The HDM provider must provide each client with an envelope for their contribution that must be collected by the HDM drivers on a weekly basis. The contributions must be counted, reconciled, and recorded by the HDM provider and reported to DFSS on a weekly basis as part of the supporting documentation submitted with the weekly billing.





#### **<u>Client Satisfaction Surveys</u>**

The HDM provider must have procedures for obtaining the views of participants about the services they receive and involve participants in the planning and operation of the nutrition services provided. Client surveys must be distributed to all active clients on an annual basis, minimally. The surveys must be developed, collected, compiled, and analyzed by the HDM provider and the results forwarded to DFSS.

#### **Complaints or Grievances**

The HDM provider must have a written procedure for reviewing, handling, and resolving any complaints from clients or other individuals. Additionally, a complaint log must be kept, recording the name of the client, date, reason for dissatisfaction, and steps taken to rectify the situation by the HDM provider.



#### **Staffing:**

- The HDM provider must have sufficient staff for the preparation, delivery, and administrative functions as outlined in this RFP. Staff must possess the appropriate food service sanitation certificates in accordance with state and local public health codes.
- Delivery drivers are required to receive food handler training as they are responsible for temperature control and crosscontamination.
- The HDM provider must have a supervisory structure in place to oversee all aspects of the program. The HDM provider must have a Project Director for the day-to-day management and administrative functions of the program with a minimum of three years of demonstrated management and supervisory experience.





#### **<u>Staffing</u>** (continued):

HDM drivers must have the appropriate driver's license class, insurance, and a clean driving record. Drivers must be assigned to routes in a manner that maintains consistency for clients. The use of rideshare companies (e.g., Lyft, Uber) to deliver meals is not allowed.

#### **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.



#### **Good Food Procurement Policy Initiative:**

- In accordance with the City of Chicago's Good Food Purchasing Policy adopted in 2017, the successful respondent will be required to comply with the City's Good Food Purchasing Standards at the mutually determined level of achievement which will not comprise pricing or number of meals provided. The GFPP is a national program that uses the purchasing power of institutional/program food procurement to create a healthier, more equitable food system.
- The purpose of the program is to make Good Food (defined as "food that is healthy, affordable, fair, and sustainable") more widely available to all communities in order to promote healthier eating habits, support our local economy (local food businesses), and create more well-paying jobs along the food supply chain. The Good Food Purchasing Standards ("Standards") emphasize five values: Local Economies, Environmental Sustainability, Valued Workforce, Animal Welfare, and Nutrition.
- > The Good Food Purchasing Program Requirements include the following:
  - Signing and submitting the Good Food Purchasing Policy Commitment.
  - Submitting annual, itemized record of each fruit, vegetable, meat/poultry, dairy and grain products purchased during the contract period. Items to include: 1) product name, 2) unit type purchased, 3) number of units purchased, 4) volume per unit, 5) name and location of each supplier along the supply chain, and 6) total dollar amount spent for each product to include a) price per unit and b) farm or ranch sourced. Reporting forms to be provided.
  - Submitting mutually agreed upon data requests to DFSS.
  - Incorporating GFPP recommendations when feasible.





#### **Health and Safety Compliance:**

- The HDM provider must comply with applicable provisions of federal, state, and local laws regarding the safety and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to older adults.
- The HDM provider must have a written quality control system which assures that the highest possible standards of cleanliness will be maintained in compliance with CDPH codes relative to the facility as well as the handling, processing, packaging, sorting, and delivery of the food.
- The facility must meet health and safety regulations and have current health inspection reports available for review.
- The HDM provider must secure the services of an independent licensed laboratory to perform pathogenic organism analyses on at least four different frozen meals, two different cold meals, and two different hot meals on a quarterly basis, or as requested by DFSS.



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:

- 100% of clients experience reduced hunger and food insecurity due to participation in the program
- 95% of clients experience less isolation by interacting with the delivery driver
- 90% of clients report their health and well-being has improved
- 90% of clients report learning health tips from nutrition education and health promotion materials provided



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:

#### **<u>Client tracking and information</u>**

- 95% or more of the clients listed on the monthly short-term meal program reports receive a disposition (client is either terminated from the program or transferred to another meal program) pursuant to the HDM provider's follow-up with the CCUs and MCOs
- 95% or more of the clients listed on the monthly 60-day skip report receive a disposition (client is cancelled or restarted in program) pursuant to the HDM provider's follow-up with the CCUs and MCOs
- 100% of the client demographic and assessment data is entered into the client tracking system

#### Food safety

- Number of incidents of food borne illnesses (Target = 0)
- Number of quarterly pathogenic organism analyses of food samples reporting positive for Shigella, Salmonella, and Listeria (Target = 0)



#### Food service quality

- Number of instances that food items and condiments provided are not specified on the menus (Target = 0)
- 85% or more of clients surveyed indicate they are pleased with the quality of the meals and the meal service

#### Food delivery

- Number of meals left outside of the client's home by the driver (Target = 0)
- Number of notices left at the client's residence when delivery was attempted but client did not answer the door (Target = 100%)
- Number of reports of deliveries made outside of the scheduled delivery day/time, unless previously authorized by DFSS (Target = 0)
- 100% of the clients enrolled to the program as "Immediate Need Meals" clients receive their meal delivery within 24 hours of the request



### **Selection Criteria - Attachments**

#### Attachments to be Submitted with Application:

- Please submit copies of current local health inspection reports and any follow-up reports indicating compliance.
- Please include a staffing chart that provides the number of line staff, supervisors, and other staff assigned to the project.
- Please provide the proposed unit rates for the meal types you are providing in the Home Delivered Meals (HDM) Services Meal Cost Proposal.

#### Attachments to RFP that provide Supportive Details for Program:

There are 9 Attachments to the RFP that provide supportive documentation with respect to the scope of services for the Home Delivered Meals Program. Please make sure to review this attachments and in particular Attachment #9 Home Delivered Meals Supplemental Information.





- Pre-proposal webinar April 19, 2021
- **RFP Released** May 3, 2021, 9:00 a.m.
- > Applications due June 17, 2021, 12:00 noon
- Contracts Start January 1, 2022

Save often, submit early!



## **Application Basics**

- > Late applications will not be accepted.
- All questions concerning program design, etc... must be received through the eProcurement system. They will be answered along with the questions from the webinar in the amendment.
- All questions about accessing and managing eProcurement should be directed to OBM: <u>CustomerSupport@cityofchicago.org</u>.
- Make use of the eProcurement hotline for help at 312-744-4357 (HELP). Please note that the hotline operates during business hours only, Monday-Friday 9-5.
- Visit the DFSS CDGA website for updates! <u>https://www.chicago.gov/city/en/depts/fss/supp\_info/dfs\_s-cdga-information.html</u>
- Training Materials (Documents and Videos) https://www.cityofchicago.org/city/en/depts/dps/isupplie r/online-training-materials.html



## Asking a question in eProcurement

- To ask a question in eProcurement you will need an iSupplier account.
- If you do not have an iSupplier account, please contact the eProcurement hotline at 312-744-HELP.
- To begin the process, of sending a question via eProcurement, you will need to log into your iSupplier account via eProcurement and find the RFP you want to ask about.

All RFPs can be found at this website:

https://eprocurement.cityofchicago.org/OA\_HTML/OA.jsp?OAFu nc=PON\_ABSTRACT\_PAGE&PON\_NEGOTIATION\_STATUS=ACTIVE



#### To get started, first login into eProcurement:



Details

Document PDF.File

✓ Go

To view or download solicitations without logging in, click the click the click the click to open. To sort the listing by a specific column, click on the desired column header. For registration to bid and more information, visit www.cityofchicago.org/eProcurement. For non-eProcurement bids, visit www.cityofchicago.org/bids

Active

Status

#### Abstracts

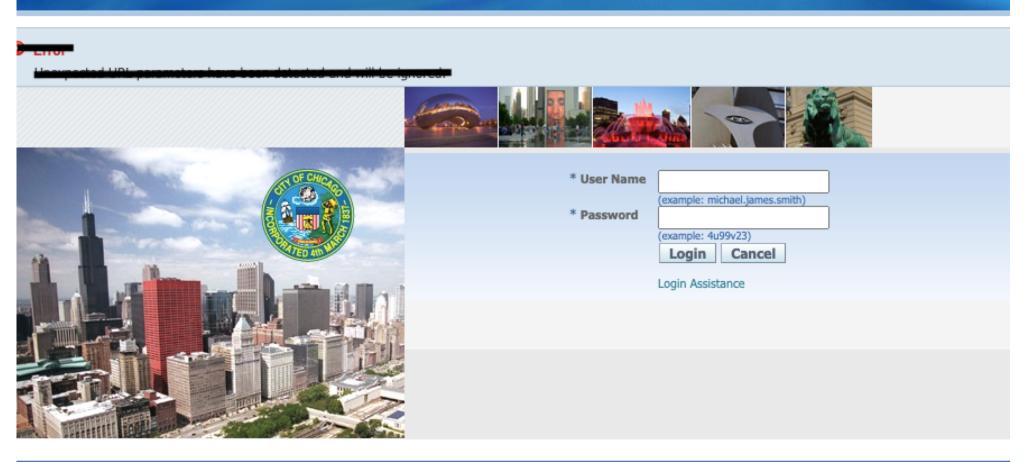
Solicitation Specification Advertisement Supplier Response Supplier Response Protected Deadline for **Department Name** Event Program/Model Number Number Solicitation Title Date Start Date Due Date Markets Questions Details DEPT OF AVIATION Commodities 7623 1207654 1207654: Purchase of Blankets, Pillows, Pillow Cases, 12-MAR-2021 12-MAR-2021 06-MAY-2021 07-APR-2021 pa Cots and Amenity Kits 08:30:00 08:30:00 11:00:00 04:30:00 CHICAGO DEPARTMENT OF 1195798: Aluminum Traffic Signal Pedestal Bases 24-FEB-2021 24-FEB-2021 14-APR-2021 05-MAR-2021 Commodities 7369,2 1195798 00 TRANSPORTATION 09:30:00 09:30:00 11:00:00 16:00:00 31-MAR-2021 07-MAY-2021 DEPT OF AVIATION Construction 7878,1 1217758 1217758: Rehabilitation for Taxiways Y, Y1, Y2, Y3, Y4 31-MAR-2021 15-APR-2021 pa 08:00:00 08:00:00 11:00:00 17:00:00 CHICAGO DEPARTMENT OF 16-APR-2021 Construction 7746 954029 954029: TRAFFIC SIGNAL INTERCONNECT PROJECT 31-MAR-2021 31-MAR-2021 04-MAY-2021 00 TRANSPORTATION (Broadway & Sheridan) 08:30:00 08:30:00 11:00:00 16:30:00 26-MAR-2021 CHICAGO DEPARTMENT OF Construction 7745 1185785 1185785: 71st ST. STREETSCAPE IMPROVEMENTS 26-MAR-2021 20-APR-2021 09-APR-2021 00 TRANSPORTATION (Jeffrey Blvd. to South Shore Drive) 08:30:00 08:30:00 11:00:00 16:30:00 CHICAGO DEPARTMENT OF 7520,1 1202407 1202407: CDOT 2020 Job Order Contract for Flatwork-08-MAR-2021 08-MAR-2021 19-APR-2021 17-MAR-2021 Construction 00 TRANSPORTATION Site Work 08:00:00 08:00:00 11:00:00 16:00:00 DEPARTMENT OF WATER 1190383 25-FEB-2021 25-FEB-2021 08-APR-2021 19-MAR-2021 Construction 7871,1 1190383: West Woodlawn Sewer Improvement Project 00 10:45:00 MANAGEMENT 10:45:00 11:00:00 16:00:00 1196806 24-FEB-2021 24-FEB-2021 08-APR-2021 18-MAR-2021 DEPARTMENT OF WATER 7866,1 1196806: Schubert and Lakewood Sewer Improvement Construction 00 MANAGEMENT 11:00:00 11:00:00 11:00:00 16:00:00 Project 7874,1 1196813 1196813: EAST GARFIELD PARK SEWER IMPROVEMENT 26-FEB-2021 26-FEB-2021 06-APR-2021 26-MAR-2021 DEPARTMENT OF WATER Construction 00 PROJECT NO.7462 MANAGEMENT 08:30:00 08:30:00 11:00:00 16:30:00 1196815 06-APR-2021 26-MAR-2021 DEPARTMENT OF WATER Construction 7881,1 1196815: HARVARD AND 88TH STREET IMPROVEMENT 26-FEB-2021 26-FEB-2021 00 MANAGEMENT PROJECT NO.7465 12:08:00 12:08:00 11:00:00 16:30:30 S Previous 1-10 ✓ Nev<sup>™</sup> 10



Login

## Clicking the login button on the eProcurement page will bring you to the login screen.

#### CITY OF CHICAGO





## Logging in will bring you to this screen. Open the Online Bidding menu to Sourcing and then to the Sourcing Home Page. Click on the Sourcing Home Page.

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To look up an RFP, type that RFP's number, set the search box to Number and type in the RFP's number. Then click Go. If you have already started an application, the application will appear in the Response Number box.

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## **DFSS CDGA RFP Numbers**

RFQ #	DFSS Division	RFP Program Model
7959	Senior Services	Case Advocacy and Support for Vulnerable Older Adults (CAS)
7960	Senior Services	Home Delivered Meals
7961	Senior Services	Intensive Case Advocacy and Support for Vulnerable Older Adults (ICAS)

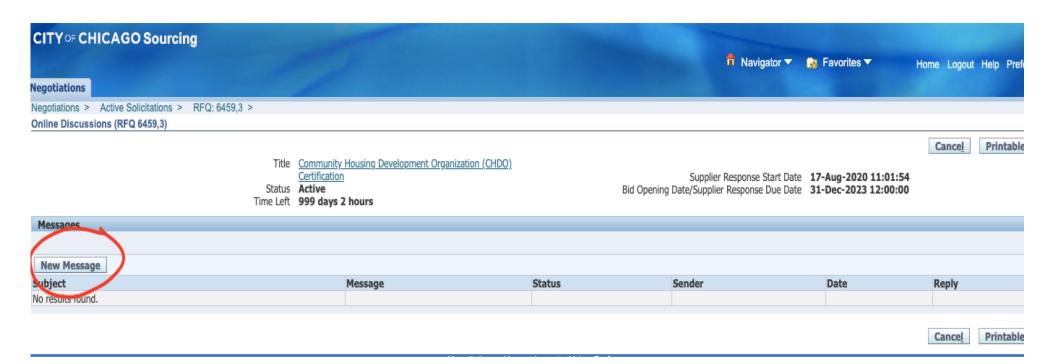


## Once you are in the RFP, go to the Actions bar and click on Online Discussions.

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### To start a email click on the New Message box.





Write your email with your question. If you need to upload something, use the attachment feature. Press Send and you are done!

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## Applications are due On June 17, 2021 at 12:00, Noon



# **Questions?**

Program Questions? Lisa Mani Lisa.Mani@cityofchicago.org 312-743-8896

For non-programmatic questions contact: Julia Talbot (312)-743-1679

Julia.Talbot@cityofchicago.org

or

The eProcurement hotline 312-744-4357 (HELP)

CustomerSupport@cityofchicago.org.

Please note that the hotline operates during business hours only, Monday-Friday 9-5.