

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES – Intensive Case
Advocacy and Support for Vulnerable Older Adults- Senior Services
2019 Scope of Services**

SECTION A – AGENCY INFORMATION

Agency:

Agency Address & Ward:

_____ **Ward** _____

Agency contact person for this contract:

Executive Director

Name:

Phone Number: _____ **ext:** _____

Fax Number: _____

E-mail: _____

Program Director

Name:

Phone Number: _____ **ext:** _____

Fax Number: _____

E-mail: _____

Fiscal Contact

Name:

Phone Number: _____ **ext:** _____

Fax Number: _____

E-mail: _____

Reporting Contact:

Name:

Phone Number: _____ **ext:** _____

Fax Number: _____

E-mail: _____

Proposed service area for this contract: (Please check the appropriate area)

_____ **Citywide** _____ **Northeast** _____ **Northwest** _____ **Central West**

_____ **Southwest** _____ **Southeast**

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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)

Number of clients and to be served

	2018 Projected	2018 Actuals	2019 Projected
Number of unduplicated clients to be served			

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 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

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SECTION B – GOALS AND OBJECTIVES

The Seniors Services Division is one of seven program areas within DFSS. The Senior Services Division is designated as the Area Agency on Aging for the City of Chicago. In that role, the Senior Services Division advocates, plans, coordinates and funds services for older adults, especially those in greatest social and economic need, living alone, and those ages 85 and above. Working in collaboration with aging network partners network, DFSS Senior Services Division's efforts are guided by: 1) supporting older persons to live independently in their own communities and homes for as long as possible; 2) ensuring that those who reside in institutions are treated with dignity and care, and; 3) ensuring that older persons have access to accurate information to participate in public policy.

Together with our service providers, we provide vital services such as meal service, fitness classes, health promotion and access to benefits. We continually innovate and advocate for our residents so they may continue to thrive as they age in place. We value integrity, respect and promote social engagement among the elderly as an antidote to dependence, social isolation and withdrawal.

Program Goals

The goal of the Intensive Case Advocacy and Support for Vulnerable Older Adults (ICAS) program is to support highly vulnerable older adults to live independently in their own communities and homes for as long as possible by addressing issues of safety and neglect. ICAS will achieve this goal by identification of vulnerable older adults, assessing their safety and risk issues, plan of action to eliminate those safety and neglect issues, intervening and advocating of their behalf and coordinating the necessary services and programs to allow them to continue living independently or placed in a environment that improves their quality of life.

Target Population

The target population for ICAS is older adults living independently without assistance whom are subject to neglect by others, or lack the capacity due to physical or mental health issues to maintain their own safety in which many fall into a state of self-neglect.

The Intensive Case Advocacy and Support program would assist highly vulnerable older adults (particularly ages 85 and above), those in greatest social and economic need, those living alone in a state of self-neglect, those at risk to themselves or others, or those who lack capacity to manage their own care and safety.

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SECTION C – PERFORMANCE MEASUREMENT**

Performance Measures

To track progress toward achieving our goals outlined in Section B and assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- Percentage and number of clients successfully moved to more appropriate housing
- Percentage and number of clients that have Medicaid benefits or other insurance benefits verified and documented in case notes
- Percentage and number of cases with resolutions that placed clients in a more stable and safe environment alleviating safety and neglect issues

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:

- Number of referred clients visited face to face within 24 hours
- Number of cases with background information and history from collateral contacts, family, and informal network reached and documented in case notes

Data Reporting

The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. 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 in a format specified by DFSS.

When possible, DFSS will collect performance data from the Enterprise Case Management System (ECM). ICAS delegate agencies will track and enter:

- Clients referred for services
- Number and types of services offered and arranged for clients
- Unduplicated counts of persons served
- Time spent on advocating and resolving issues
- Agencies coordinated with for issue resolution

This required data should be entered within 48 hours of client contact or related advocacy or activities on behalf of client

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Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency, for the following:

- a) In periodic meetings to review program performance and develop strategies to improve program quality throughout the term of the contract.
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.
- c) Any other purposes identified by DFSS.

SECTION D – CORE ELEMENTS

Program Requirements

The delegate agency must assign trained caseworkers for home visits. Usually, one, two, or three workers can be allocated to manage the assigned caseload. DFSS and delegate agency work together and agree when assigned cases are accepted by the delegate agency. There is always an opportunity to discuss the agency's capacity to accept new cases.

The core components of work conducted by ICAS agencies are as follows, with program requirements pertaining to each listed below:

Referral Process

The delegate agency must assign trained caseworkers for home visits. One to three workers can be allocated to manage the assigned caseload. DFSS and the delegate agency will work together to determine when a assigned cases should be accepted by the delegate agency.

All clients must be referred from DFSS to delegate agency for services through the city's ECM system.

ICAS delegate agency cannot accept direct referrals and any potential ICAS clients should be referred to DFSS through our Aging and Disability Resource Network I & A staff at (312) 744-4016. Cases involving self-neglect, risk of unlawful eviction, abuse, neglect, financial exploitation, or other perceived risk, DFSS Senior Services will make an immediate referral to the ICAS agency. Clients at risk of self-neglect or abuse, and unable to protect themselves due to their refusal to engage with support must be prioritized. ICAS caseworkers are required to make face-to-face contact with the vulnerable older adult within 24 hours.

The core components of work conducted by ICAS agencies are Assess, Plan, Intervene and Coordinate.

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Assess

1. Investigate, verify, and evaluate the client's safety and need for assistance:
 - All clients are referred by DFSS electronically to funded ICAS agencies
 - Cases already allocated to another provider or delegate agency will also be visited and facts, conditions, and circumstances described in the report to DFSS
 - Investigate, verify, and assess the client's safety and need for assistance face to face within 24 hours of receiving a report referral from DFSS staff
 - Home visits are required and workers should not rely only on proxy reports. The worker must observe for themselves the conditions of the client and home environment
 - Assess risk, safety, care, and support needs
 - Assess the capacity of the client to understand these risks
 - Interview client and discuss cause for concern about safety, health and well-being
 - Obtain client's view and understanding of the situation and the overall impact
 - Research background information, referral history, responses, and actions taken to gain a complete understanding of the extent and impact of the self-neglect. This may require communication with partner entities (please refer to list of potential partners below)
 - Establish facts to provide a description of the capabilities and risks due to self-neglect
 - If client refuses an assessment, services should be offered that may help lead to outcomes client wishes to achieve including home delivered meals, new housing, Medicaid application and enrollment, or benefits screening and enrollment. The ICAS agency or partner agency will arrange for these services
 - If the client refuses an assessment or in case of incapacitated life-style choices, case records should demonstrate clearly that reasonable steps were taken and proportionate in all the circumstances
 - Any client that has a need for in-home care and is experiencing or is at risk of self-neglect and is unable to protect themselves from self-neglect due to refusal to engage with support must be prioritized
 - ICAS delegate agency will devote time to developing relationship and building trust and rapport with client. In an effort to meet this, ICAS staff must contact client, at minimum, every two week throughout the course of the interaction (unless otherwise advised by DFSS staff) until a satisfactory resolution has occurred

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Plan

2. Determine which services, if any, would resolve the problem and help maintain well-being:
 - Engage the client to determine his/her views and wishes
 - Develop a plan to meet needs over the course of days to months, including identification of next steps and outcome goals
 - In complex cases with significant risks, a multi-disciplinary and multi-agency approach to share information and agree on the steps to minimize the impact of specific risks may be necessary (please refer to list of potential partners below)

Intervene

3. Conduct follow-up casework activities to protect the client's health and safety:
 - Support the individual and assist them in reducing negative impact on their well-being and on others, including a plan that describes how the ICAS agency will provide these services. Establish partnership agreements to provide these services as appropriate (please refer to list of potential partners below)
 - Interventions that support and monitor routine daily tasks (i.e. homemaker or heavy-duty 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
 - Complete steps in a timely manner proportionate to the situation and risks.
 - Assist in providing ongoing support in line with client's mental capacity to make relevant decisions
 - Conduct or refer for mental capacity assessments if needed. Agencies may plan for mental health petitions and writ of examination in cases of acute mental status changes or mental illness
 - If self-neglect is affecting the client's finances or health care and if the client still has mental capacity, the worker may recommend a power of attorney. In some instances of self-neglect, a conservatorship or guardianship may be required
 - Promote the safety of the client and community throughout the process
 - All casework and actions must be appropriate and proportionate to the circumstances of the case. These should be formulated and agreed upon with Senior Services

Coordinate

4. The worker and DFSS Senior Services Division must communicate throughout the process and work together in:
 - Coordinating and carrying out investigation and assessments
 - Planning what services and assessments are needed, and who should provide these
 - Evaluating the outcomes of casework and interventions
 - Deciding what action is needed in the case

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Interagency Coordination

In order to serve the holistic needs of elderly clients, ICAS delegate agencies are required to maintain linkages and communication with other service providers and organizations which may include:

- Chicago Police Department
- Chicago Fire Department
- Chicago Department of Planning and Development
- Entities and individuals providing care support
- Public benefits Departments
- Family
- Informal network including neighbors, friends, places of worship, as relevant
- Mental health services
- Animal care and control
- Primary care health provider or psychiatrist
- Pest control companies
- Landlords

Adult Protective Services

If a ICAS staff person suspect abuse or neglect, they must report it to the local Adult Protective Services agency within 24 hours of such suspicion. ICAS delegate agencies are mandated reporters.

Monthly Meeting

At least one (1) representative from each ICAS delegate agency is required to participate in monthly Well-Being Task Force meeting and ICAS peer review case meeting conducted on the 1st Thursday of each month. ICAS delegate agencies are required to remain through the peer case review meeting immediately following the Well-Being Task Force meeting. ICAS staff is encouraged to bring difficult cases to meeting to receive consultation from other professionals.

Personnel Changes

DFSS Senior Services must be informed, in writing or via email, of the following staffing issues: Any change in staff (including direct services workers, ICAS supervisors and agency executive directors) within 10 days of such; Any direct service worker or ICAS supervisor who will be on vacation or leave for 15 days or more, including who will be covering their ICAS responsibilities during their absence; Anytime an agency will be closed when DFSS is open; Anytime an agency's address, phone or name changes.

Emergency Well Being Checks

During inclement weather or other emergencies, delegate agency will be asked to check on your ICAS clients' in-person or via telephone. You may also be required to inform DFSS staff of the number of well-being checks your agency made as part of the aging network during such emergencies. Only wellbeing checks for ICAS clients may be billed under this funding source. During such emergencies, you may be asked to assist the city with emergency checks and/or be asked to work outside of your normal scope of service.

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ICAS delegate agencies may be asked to do an initial CAS visit/intervention on a potential ICAS client at other times when deemed appropriate by DFSS staff.