

Instructions and Application for Reference. Fillable application will be provided to all agencies who submit a letter of interest on the application release date.

### Offer to The Regional Administrative Agency

The undersigned authorized representative of the identified Offeror hereby submits this Offer to perform in full compliance with the subject solicitation. By completing and signing this Form, the Offeror makes an Offer to the RAA that maybe accepted.

Offeror should use this Form as a final check to ensure that all required documents are completed and included with the Offer. Offeror must mark each blank below as appropriate; mark N/A when a section is not applicable to this solicitation. Offeror understands that failure to meet all requirements is cause for disqualification. Appeals regarding decisions made as a result of this RFP may be submitted in accordance with 89 Ill. Adm. Code 230.400—495.

<b>Offerer Agency Name</b>	
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<b>1. Prompt</b>	<b>Response</b> (Select Response from Drop Down Options)
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<b>a. SOLICITATION AND CONTRACT REVIEW:</b> Offeror reviewed the RFP, including all referenced documents and instructions, completed all blanks, provided all required information, and demonstrated how it will meet the requirements of the Illinois Department on Aging.	
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<b>b. OFFER SUBMISSION:</b> Offeror is submitting the correct number of copies, in a properly labeled container(s), to the correct location, and by the due date and time.	
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<b>c. REQUIRED ATTACHMENTS:</b> Electronic copies of the following contract application pages and attachments must be submitted to the Regional Administrative Agency.	
Applicant Agency Information	
Experience in Service Provision	
Supervisor(s) Qualifications	
Caseworker(s) Qualifications	
Staff In-Service Training	
Quality of Service	
Organization Structure of Designated Adult Protective Services Provider Agency	
Copy of Agency's Articles of Incorporation	
Copy of Agency's Tax Exempt Status under 501(c)(3), including F.E.I.N	
Copy of Agency's Illinois Department of Revenue Tax Exempt Letter	

<b>d. PROPOSAL:</b> An Offeror who submits an Offer and subsequently enters into an Agreement with the Department and becomes a designated APS PA shall be held accountable for all amendments made in the Offer, as well as any amendments made to the resulting Agreement, until such time as the Agreement is terminated or a renewal proposal is submitted and the APS PA has been awarded a new Agreement.	
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Digital Signature of Authorized Representative (typed name)	
Date of Signature	

### 2. Applicant Agency Information

Instructions: please enter your responses to the following below.

**a. Applicant Agency Name**

Enter the legal name, address, executive director's name, and telephone number of the applicant agency.

**b. Mailing Address**

Enter the name of the individual and the mailing address to be used by the Department when mailing information and/or policy directives related to the APS Program.

**c. Phone Numbers**

Enter the telephone number to be used and publicized by the APS Program to receive reports of elder abuse, neglect, and exploitation if your organization's application for APS PA designation is approved by the Department.

Applicant Information	Enter Responses Here
i. Geographic Area to be served (Counties/Municipalities/Townships where applicable)	
ii. Applicant Agency Name	
iii. Applicant Agency Address	
iv. Executive Director Name	
v. Executive Director Phone Number	
vi. Phone Number for Reporting Abuse, Neglect, Exploitation, and/or Self-Neglect	
vii. Name of Individual authorized to commit applicant agency to this proposal	
viii. Title	

**3. AGENCY EXPERIENCE**

**a. EXPERIENCE IN SERVICE PROVISION**

Check the blank which most accurately describes the applicant agency's current experience as a designated. Current experience, in the context of this question, is defined as APS PA provision of APS Program services on the date upon which this Contract Application is signed by the applicant agency's authorized representative.

Select only one of the choices depending upon the geographic area in which the applicant agency is currently providing APS . If the applicant agency is providing Adult Protective Services Program services in more than one geographic area, select the applicant agency's answer based upon the points awarded.

Choice a.) Select this answer if the applicant agency currently has a contract to provide APS in the proposed area.

Choice b.) Select this answer if the applicant agency currently has a contract to provide APS in an area contiguous with the proposed area to be served.

Choice c.) Select this answer if the applicant agency currently has a contract to provide APS in an area elsewhere in the State of Illinois.

Choice d.) Select this answer if your agency does not currently provide APS or if your agency has never provided APS.

**b. COMMUNITY EXPERIENCE**

Check EACH blank which describes the applicant agency's experience in the provision of social services in the proposed area to be served, or in an area contiguous with the proposed area. Current experience, in the context of the choices, is defined as provision of one of the services specified on the date upon which this Contract Application is signed by the applicant agency's authorized representative.

Choice a.) Select this answer if the applicant agency currently provides case management services to seniors.

Choice b.) Select this answer if the applicant agency currently provides domestic violence services.

Choice c.) Select this answer if the applicant agency currently provides home health services to seniors.

Choice d.) Select this answer if applicant agency currently provides counseling services in the homes of senior clients.

Choice e.) Select this answer if the applicant agency currently provides homemaker services to seniors.

Choice f.) Select this answer if the applicant agency currently provides case management services to non-senior clients.

Choice g.) Select this answer if the applicant agency currently provides in-home services to non-senior clients.

Choice h.) Select this answer if the applicant agency provides any other type of services to seniors.

Choice i.) Select this answer if your agency does not currently provide any of the services listed on page 3 of the contract

Proposed Adult Protective Services Provider Area to be Served	
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**3a. Experience in the Provision of Adult Protective Services Program**

Please indicate below your agency's experience in the provision of the APS Program (Select "Yes" next to most applicable):

Agency is currently a designated APS PA in the proposed area.	
Agency is currently a designated APS PA in an area contiguous to the proposed area to be served.	
Agency is currently a designated APS PA elsewhere in the State of Illinois.	
None of the above.	

**3b. Community Experience**

Please indicate below the service your agency currently provides. Indicate if services are in the proposed area or in an area contiguous to the proposed area. (select all that are applicable)

Case Management services to seniors.	
Domestic violence services and/or sexual assault services	
Home health services to seniors.	
Counseling services for seniors and/or adults with disabilities	
Case management services for adults with disabilities.	
Other services to seniors and/or adults with disabilities.	
Residential, temporary, or shelter housing provider	
Substance abuse treatment programming for older adults or adults with disabilities	
None of the Above	

For any section marked "Yes" above, please describe services provided.

#### 4. SUPERVISOR QUALIFICATIONS

##### a. Educational Requirements:

Adult Protective Services Program standards state that adult protective services supervisors must have the following qualifications:

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

Each person employed as a supervisor of APS case workers shall successfully complete, either prior to or within ninety (90) days following employment:

1. IDoA sponsored APSCW certification and on-line forms training to be placed on the Department's temporary registry.
  
2. IDoA sponsored Phase II training within six months of employment as an APS supervisor. Successful completion of training shall be established by final certification by IDoA.
  
3. IDoA sponsored supervisory training and APS case worker training. Successful completion of the above training shall be established by certification by IDoA.

Name of Proposed Supervisor	
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##### 4a. Educational Background of Proposed Supervisor

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration and one year experience in health or human	
A RN or B.S.N. or a BA/B.S. in health or social sciences, social work, or health care administration, gerontology, persons with disabilities or criminal justice.	
None of the Above	

##### 4b. Additional Work Experience of Proposed Supervisor

Work Experience in Health or Human Service	
Aging, Adults with Disabilities or Domestic Violence Programs or Services	

## 5. CASE WORKER(S) QUALIFICATIONS

5a. Adult Protective Services Program Standards state that APS case workers must have the following qualifications:

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

5b. Each person employed as an APS case worker shall successfully complete:

1. Prior to performing the activities of an APS case worker, Department sponsored APS case worker training to be placed on the Department's temporary registry.
2. IDoA sponsored Phase II certification training within six months of APSCW certification and online forms training, to be placed on the Department's official registry. Successful completion of training shall be established by final certification by IDoA.

Applicants must complete this section for each proposed case worker.

### Case Worker 1

Name of Proposed Case Worker

#### 5a. Educational Background of Proposed Case Worker

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.

A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services

A LPN with two years of experience in health or human services

None of the Above

#### 5b. Additional Work Experience of Proposed Case Worker

Work Experience of Proposed Case Worker in Health or Human Services

Aging, Adults with Disabilities or Domestic Violence Programs or Services

### Case Worker 2

Name of Proposed Case Worker

#### 5a. Educational Background of Proposed Case Worker

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.

A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services

A LPN with two years of experience in health or human services

None of the Above

**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
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Aging, Adults with Disabilities or Domestic Violence Programs or Services	
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**Case Worker 3**

Name of Proposed Case Worker	
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**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
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A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
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A LPN with two years of experience in health or human services	
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None of the Above	
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**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
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Aging, Adults with Disabilities or Domestic Violence Programs or Services	
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**Case Worker 4**

Name of Proposed Case Worker	
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**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
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A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
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A LPN with two years of experience in health or human services	
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None of the Above	
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**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
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Aging, Adults with Disabilities or Domestic Violence Programs or Services	
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**Case Worker 5**

Name of Proposed Case Worker	
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**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
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A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
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A LPN with two years of experience in health or human services	
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None of the Above	
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**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
Aging, Adults with Disabilities or Domestic Violence Programs or Services	

**Case Worker 6**

Name of Proposed Case Worker

**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
A LPN with two years of experience in health or human services	
None of the Above	

**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
Aging, Adults with Disabilities or Domestic Violence Programs or Services	

**Case Worker 7**

Name of Proposed Case Worker

**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
A LPN with two years of experience in health or human services	
None of the Above	

**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
Aging, Adults with Disabilities or Domestic Violence Programs or Services	

**Case Worker 8**

Name of Proposed Case Worker

**5a. Educational Background of Proposed Case Worker**

Masters Degree in health or social sciences, social work, health care administration, gerontology, disability studies, criminal justice, public administration.	
A RN or B.S.N. or a BA/B.S. in health or social work, health care administration, gerontology, or criminal justice and one year experience in health or human services	
A LPN with two years of experience in health or human services	
None of the Above	

**5b. Additional Work Experience of Proposed Case Worker**

Work Experience of Proposed Case Worker in Health or Human Services	
Aging, Adults with Disabilities or Domestic Violence Programs or Services	
Does your agency have back-up/cross trained caseworkers in the case of a vacancy?	

**6. STAFF TRAINING**

**6a. Section 1: Supervisor Training**

This section consists of a "YES/NO" qualifying question.

Part a.) Indicate whether your agency will require case worker supervisors to meet these minimum in-service training requirements. Check "YES" or "NO".

Please note IDOA will review whether designated APS PA provide such training commitments to case worker supervisors while conducting Periodic Program Operations Administrative Reviews.

**6b. Section 2: Case Worker Training**

This section consists of a "YES/NO" qualifying question.

Part a.) Indicate whether your agency will require case worker to meet these minimum in-service training requirements. Check "YES" or "NO".

Please note IDOA will review whether designated APS PA provide such training commitments to case worker supervisors while conducting Periodic Program Operations Administrative Reviews.

**6a. Section 1A: Supervisor Recertification Training**

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

Will your Agency meet these Minimum Requirements?

**6a. Section 1B: Supervisor In-Service Training**

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

Will your Agency meet these Minimum Requirements?	
Do your APS Supervisors have responsibilities outside of APS?	

If "YES" is marked above, please describe below including percent time dedicated to APS

**6b. Section 2A: Caseworker Recertification Training**

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



Will your Agency meet these Minimum Requirements?	
<b>6b. Section 2B: Caseworker In-Service Training</b>	
<p>Section 270.255 of the Adult Protection and Advocacy Services Administrative code requires twelve hours of participation by actual attendance at in-service training and/or webinars on abuse of eligible adults, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Participation by actual attendance at regional, State or national conferences on abuse of older adults and adults with disabilities and rights of older adults and adults with disabilities, self-neglect, and domestic violence qualify as in-service training. Participation should be documented and included in the employee's personnel file</p>	
Will your Agency meet these Minimum Requirements?	
<b>7. QUALITY OF SERVICE</b>	
<b>Instructions:</b>	
<p><b>Section 1: Receipt of Intake</b> This section will consist of questions regarding your agency's ability to receive intakes and processes them effectively within</p>	
<p><b>Section 2: Policies and Procedures</b> This section will consist of questions regarding your agency's policies and procedures implemented to promote effective workflow and efficiency. Please mark "YES" if your agency has an approved and implemented policy that addresses the prompt and "NO" if no policy is in place.</p>	
<p><b>Section 3: Community Collaborative Experience</b> This section will consist of questions regarding collaborative agreements with local civil service groups.</p> <p>Please mark "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet</p>	
<p><b>Section 4: Agency Investigation and Service Experience</b> This section consists of questions regarding your agency's experience with certain aspects of investigation and service delivery.</p> <p>Please mark "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet</p>	
<p><b>Section 5 - Diversity</b> This section includes questions addressing diversity and inclusion in the workplace.</p> <p>Please mark "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet</p>	
<b>Section 1 - Receipt of Intake</b>	
Does your agency have the staffing capacity to receive intakes 24 hours a day/7 days a week?	
Does your agency have the capacity to receive all intakes without utilizing the Senior Help Line?	
<b>Section 2 - Policies and Procedures</b>	
Does your Agency have a policy regarding confidentiality/HIPAA?	
Does your Agency have a policy regarding complying with the IL Human Rights act, Civil Rights Act, Rehabilitation Act, Immigration Reform and Control Act, American's with Disabilities Act, and/or the Department's Civil Rights Program?	
Does your Agency have a policy regarding assignment of cases to APSCWs and assignment of substitute case workers in the absence of assigned CW?	

Does your Agency have a policy, and the ability to report data, regarding non-English speakers and the hearing impaired?	
Does your Agency have a policy regarding personnel work, benefits, promotion and evaluation criteria?	
Does your Agency have a policy regarding for situations when the Adult Protective Services Program supervisor is not available to discuss the Adult Protective Services report with a caseworker.	
Does your Agency have a policy regarding recruiting M-Team members, preparing for and conducting M-Team meetings, and financial management of the M-Team funds?	
<b>Section 3 - Community Collaborative Experience</b>	
Does your Agency have collaborative agreements with local law enforcement, substance abuse, mental health, etc. providers?	
If marked "YES" above, please specify agencies:	
<b>Section 4 - Agency Investigation and Service Experience</b>	
Provider Agency has experience with investigation/forensic services	
Provider Agency has experience with capacity screening or other similar screenings	
Provider Agency has experience writing case plans/treatment plans etc.	
Provider Agency currently utilizes evidenced based programs/practice/tools in services provision.	
If marked "YES" above, please specify:	
<b>Section 5 - Diversity</b>	
Provider Agency has policies ensuring equitable representaiton of minority groups in the workplace.	
Provider Agency conducts trainings on cultural competency and diversity/inclusion.	
Please describe how you promote diversity and inclusion in the workplace:	

## 8. PUBLIC INFORMATION DELIVERY

### Section 1: Delivery of Public/Broadcast Communications

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

### Section 1- Delivery of Public/Broadcast Media

Will your agency utilize print and/or broadcast media and public educational presentations in order to make the general public aware of the Adult Protective Services Program?

## 9. Business and Directory Information

Please complete all below fields with relevant details about your agency.

Legal Name of the Offerer	
Agency Address 1	
Agency Address 2	
Agency Address 3	
Agency Telephone Number	
Agency/Offerer Email Address	
<b>If a Division or Subsidiary of another organization provide the name, address of the parent (Note "NA" if not)</b>	
Parent Name	
Parent Address 1	
Parent Address 2	
Parent Address 3	

Agency Billing Address 1	
Agency Billing Address 2	
Agency Billing Address 3	
Name of Chief Executive Officer, Director, or equivalent	
Name of Offeror Authorized Representatives (Authorized representative must have legal authority to commit the Offeror to a financial or contractual obligation.)	
Agency Website Address	
Type of Organization (Include Legal Structure Documentation as required by 89 Ill. Admin. Code 240.1310(e))	