



AgeGuide
Northeastern Illinois

General Service Requirements

- I. **Purpose of Section:** The purpose of this section is to identify specific responsibilities of service providers in the provision of services funded by AgeGuide.

II. **General Requirements Applicable to All Services**

- A. **Licensure and Safety Requirements (IDOA 602.2):** All services provided must meet any existing State and local licensure and safety requirements for the provision of those services.
- B. **Eligible Populations (IDOA/OAA 306.a.7):** The Area Plan shall provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers. Older adults living in long term care facilities are only eligible for Ombudsman services under the Area Plan (AgeGuide).
- C. **Target Population (IDOA 602.4/602.5/AgeGuide):** Providers must assign priority, in the provision of services, to those older adults in greatest economic and social need, at a rate at least in proportion to the incidence level of each group within the county, with particular attention to:
1. Low-income minority individuals,
 2. Frail individuals,
 3. Individuals who reside in rural settings or are otherwise isolated,
 4. Individuals whose incomes are at or below poverty,
 5. Minority individuals,
 6. Individuals 75 years and older,
 7. Individuals living alone,
 8. Older individuals at risk of institutional placement, and
 9. Older individuals with limited English proficiency.

The Illinois Act on the Aging [20 ILCS 105/3.11] expanded the definition of “greatest social need” to the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently. These factors include:

1. Physical or mental disability,
2. Language barriers, and
3. cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, gender identity, gender expression, or HIV status.

Service Providers may use methods such as location of services and specialization in the types of services most needed by the groups to meet this requirement.

Needs Assessment: The provider must maintain current demographic information on the number and location of older persons in the service area, and develop a service plan which maximizes the number of persons the service will reach. This information should be kept on file and made available to AgeGuide upon request to support planning decisions.

D. Outreach (IDOA 602.3A): All providers must comply with procedures established by AgeGuide for outreach activities to ensure participation of eligible older persons with special emphasis on:

1. The target population as defined above,
2. Older adults with severe disabilities, as defined in the Older Americans Act (Section 102.48), and
3. Older individuals with Alzheimer's Disease or related disorders with neurological and/or organic brain dysfunction (and the caregivers of such individuals)

E. Training (IDOA 602.3B): All providers must comply with procedures established for training by AgeGuide for volunteers and paid personnel in each applicable service standard.

F. Coordination (IDOA 602.3C/AgeGuide): Coordinate with services provided under the Older Americans Act and with other local and State services that benefit older individuals. No single organization can fulfill the needs of the service population. Creating partnerships is critical for the success of Older Americans Act services. AgeGuide strongly suggests that the provider creates "non-traditional" partnerships/collaborations with public, non-profit or private organizations to serve the older persons and other eligible populations.

1. All providers are required to maintain linkages with other service providers and organizations in their service area, for example:
 - a. Case Coordination Unit, Managed Care Organizations, and other Older Americans Act provider agencies as appropriate,
 - b. health professional services, community nursing services, health clinics, hospital discharge planners, health departments, and nursing homes;
 - c. emergency services including police and fire departments and other disaster preparedness services such as Red Cross; and including the local office of the Illinois Emergency Services and Disaster Agency;
 - d. Townships, park districts, libraries, and other applicable service providers and community entities such as food pantries and transportation providers.
2. The provider must demonstrate involvement in strengthening community relationships by:
 - a. Participating in community outreach efforts,
 - b. Encouraging participation in services without expressed favoritism toward any one of the equally qualified competing service providers and,
 - c. Participating in community volunteer recruitment, when applicable.

G. Multigenerational Requirements (IDOA 602.3): All providers must comply with procedures established in the applicable service standard by AgeGuide for the provision of multigenerational activities.

H. Voluntary Contributions for Services Under the Area Plan (IDOA 602.7):

1. Opportunity to Contribute: Each provider must –
 - a. Provide each older person with an opportunity to voluntarily contribute to the cost of the service,
 - b. Protect the privacy of each older person with respect to his or her contributions,
 - c. Establish appropriate procedures to safeguard and account for all contributions and,

- d. Use all contributions to expand the services of the provider under this part and supplement (not supplant) funds received under the Older Americans Act. Nutrition service providers must use participant contributions to increase the number of meals served, facilitate access to such meals, or to provide other supportive services directly related to nutrition services.
2. Contribution Schedules: Contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services. Each service provider may develop a suggested contribution schedule for services provided under this part. In developing a contribution schedule the provider must consider the income ranges of older persons in the community and the provider's other sources of income.
3. Means Tests & Failure to Contribute: The provider shall not means test for any service for which contributions are accepted or shall not deny any older person service because the older person will not or cannot contribute to the cost of the service.
4. Contributions as **Program Income**: Contributions made by older persons are considered program income.

I. Cost Sharing for Services Under the Area Plan (IDOA 602.8):

1. Service provider will not be allowed to implement cost sharing for services provided under the Area Plan without submitting a plan to implement cost sharing to AgeGuide and the Illinois Department on Aging and with written approval from AgeGuide and Illinois Department on Aging
2. Service Exceptions for Cost Sharing: Cost sharing is not permitted for the following Area Plan services:
 - a. Information and Assistance, Outreach or Benefits Counseling,
 - b. Ombudsman, Elder Abuse Prevention, Legal Assistance, or other consumer protection services, and
 - c. Congregate Meals and Home Delivered Meals

J. Maintenance of Non-Federal Support for Services (IDOA 602.9):

1. Each service provider must:

- a. Assure that funds under this chapter are not used to replace funds from non-federal sources; and
- b. Agree to continue or initiate efforts to obtain support from private sources and other public organizations for services funded under this chapter.

K. Advisory Role to Service Providers of Older Persons (IDOA

602.10/AgeGuide): Eligible participants' input must be sought and utilized in the planning of services. The service provider must have procedures for obtaining the views of participants about the services they receive. An Advisory Council may be established as a means for participant input.

L. Public Awareness (AgeGuide):

1. Providers must make regular public notice, not less than monthly, regarding the availability of their specific service. This effort must include a means by which the agency may be contacted. Public notice efforts can include mass media notices or presentations, public displays, brochure distribution in public places, website, social media, or other such means of reaching the general public.
2. Providers must establish plans and continually undertake sufficient public information efforts to be recognized in their service area as a center of information for older persons; efforts to promote awareness of the source of information for seniors must be specific to the service provided and not specific to the grantee funded to provide the service.

M. Reports of Abuse, Neglect, and Financial Exploitation (IDOA/AgeGuide)

1. Any Area Agency or Older Americans Act service provider who suspects the abuse, neglect, or financial exploitation of an eligible adult may report this suspicion to an agency designated to receive such reports under Adult Protective Services Act or to the Department on Aging. (IDOA 602.12)
2. In carrying out their professional duties, Area Agencies and Older Americans Act service providers are mandated reporters, if they have reason to believe that an eligible adult, who because of dysfunction is unable to seek assistance for himself or herself, has within the previous 12 months been subjected to abuse, neglect, or financial exploitation. (IDOA 602.12)

3. All providers are required to display how to report to APS in a public area of their agency for the public to view. Posters containing this information can be obtained through AgeGuide.

N. Background Checks: Providers shall have policies and procedures for conducting and evaluating criminal background checks, and shall conduct a criminal background check for all new volunteers participating in AgeGuide funded programs with in-home client contact and/or access to confidential client information including, but not limited to address, social security numbers, and financial information.

O. Disaster Response and Assistance Activities (IDOA 602.11)

1. Disaster Plans: Older Americans Act service providers are required to have disaster plans, so as to expedite the delivery of necessary services when a disaster occurs. The disaster assistance efforts of service providers will complement the existing relief efforts provided by federal, state and voluntary organizations.
2. Written Coordination Agreements: Older Americans Act service providers must enter into written coordination agreements and regular, ongoing working relationships with Emergency Services Disaster Agencies (ESDAs), voluntary relief organizations (e.g. American Red Cross, Salvation Army and the Mennonites, etc.) and with local community-based organizations.
3. Activation of Disaster Plans & Assessment of Needs During a Disaster: An Older Americans Act service provider's disaster plan will be activated upon notification by AgeGuide, the Department on Aging, or the local emergency services disaster official. Activation of the disaster plan requires an assessment of the need to mobilize service provider resources and personnel which will be done in coordination with the American Red Cross, state and local emergency services agencies and/or FEMA during a Presidential declared disaster. The assessment will determine the type of action necessary to serve the special needs of disaster victims, particularly our older persons.
4. "Local emergencies" is defined as significant natural and man-made disaster situations that occur within the planning and service area that affect the lives of senior citizens and their caregivers. AgeGuide may receive a request for assistance from local Emergency Services Disaster Agencies (ESDA), local American Red Cross Chapters, and the Department of Aging.

P. AgeGuide Disaster Planning Requirements for Funded Service Providers:

- 1.** All funded service providers must:
 - a.** Designate an Emergency Coordinating Officer.
 - b.** Include in their Disaster Assistance and Response Plan:
 - i. A procedure for contacting all at-risk provider consumers, on a prioritized basis, prior to and immediately following a disaster.
 - ii. A procedure for after-hours coverage of elder help-lines and other network services, if necessary.
 - iii. A procedure to dispatch the Emergency Coordinating Officer or other staff members to shelters in areas outside of the disaster area, to assist older evacuees with special needs, if necessary.
 - iv. A procedure to help at-risk older consumers register with any Special Needs Registries of local emergency management agencies.
 - v. A procedure for staff members to be issued a picture I.D. badge for use during any disaster/emergency work.
- 2.** ADRN Access Providers must include in their Disaster Assistance and Response Plan:
 - a.** An Outreach procedure to receive referrals from other service agencies, conduct neighborhood canvassing, and deliver services to older persons, other than existing consumers, needing emergency relief assistance.
 - b.** A procedure to make available address lists of isolated, homebound or otherwise at-risk older persons to local Emergency Management Coordination offices as appropriate.
 - c.** A procedure to assign Information & Assistance staff to Emergency Management Coordination centers and/or disaster assistance centers to ensure that older victims in the disaster area receive help, as coordinated through local officials.
- 3.** Nutrition Service Providers must include in their Disaster Assistance and Response Plan:

- a. A procedure to distribute meals to consumers prior to disasters; a procedure to distribute meals to older disaster victims and persons residing with older disaster victims after the disaster, if necessary.
- b. A procedure to make available Home Delivered Meal route sheets to local Emergency Management Coordination offices as appropriate.

Q. Continuity of Operations (AgeGuide)

- 1. All providers are required to ensure continuity of operations in the event services are interrupted.
- 2. Providers must notify AgeGuide of service delivery interruptions related to inclement weather, disaster, major staffing loss, loss of utilities etc.

R. References to “Family” in the Older Americans Act (IDOA 602.13)

- 1. In *United States v. Windsor*, the Supreme Court struck down as unconstitutional section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex marriages and spouses. In keeping with the Supreme Court’s analysis and reasoning in that decision, ACL’s post-Windsor policy calls for treating same-sex marriages on the same terms as opposite-sex marriages to the greatest extent reasonably possible. Thus, ACL programs should recognize as family members individuals of the same sex who are lawfully married under the law of a state, territory, or foreign jurisdiction. This policy applies based on the jurisdiction of celebration. In other words, if individuals of the same sex are legally married in any jurisdiction, ACL will recognize the marriage, regardless of whether the individuals are domiciled or reside in a state or territory that does not recognize the marriage. Thus, when this guidance discusses individuals of the same sex who are “legally married,” the intention is to include all legal marriages, regardless of the individuals’ current domicile or residence.
- 2. The term “family” is used throughout the Older Americans Act. See, e.g., section 102(a)(11), (18) of the Older Americans Act, 42 U.S.C. § 3002(a)(11) (definition of case management services, caregiver); section 201(d)(2)(B)(iii), 42 U.S.C. § 3011(d)(2)(B)(iii) (requirements for the Director of the Office of Long-Term Care Ombudsman Programs); section 302(3), 42 U.S.C., § 3022(3) (definition of family caregiver). ACL will recognize an individual of

the same sex who is legally married as a member of one's family with respect to each such reference.

S. Reporting Requirements (AgeGuide)

1. All providers are required to complete and submit AgeGuide reports by the established due date including but not limited to:
 - a. Annual Demographics Report
 - b. Quarterly Persons, Units, and Expenses Reports
 - c. Monthly Fiscal Reports
2. Providers may be expected to complete and submit additional reports based on new grant, IDOA and/or ACL requirements.

T. Monitoring Requirements (AgeGuide)

1. AgeGuide will conduct onsite program monitoring at least every three years.
2. Providers are required to participant in the monitoring process, provide documents requested, develop, and implement corrective action plans (when needed).
3. Provider performance is monitored on a quarterly basis via required reports and review of database information (i.e. AgingIS)

U. Confidentiality

1. All providers are expected to maintain the privacy of clients that they serve.
2. Providers shall implement policies and procedures to ensure the privacy and security of client information.