

**REQUEST FOR PROPOSALS TO PROVIDE
TAILORED CARE ASSESSMENT AND COUNSELING SERVICES
FISCAL YEARS, 2022, 2023, AND 2024**

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TO: Interested Parties

FROM: Central Illinois Agency on Aging

DATE: 5/26/2022

SUBJECT: Request for Proposals to Provide Tailored Caregiver Assessment and Referral or TCARE assessment and follow-up for informal family caregivers for Fiscal Years 2022, 2023 and 2024.

Central Illinois Agency on Aging, Inc. (CIAA) is accepting Applications for funds for the provision of **Tailored Caregiver Assessment and Referral (TCARE)** for family caregivers as defined in section 600 of the Illinois Department on Aging Older Americans Act January 1, 2018. See section on eligible persons below.

These services will be targeted to informal caregivers of older persons with greatest economic or social need, with particular attention to low-income minority individuals and older individuals residing in rural areas; and frail/disabled older persons will be given priority for services. Funds are available for the provision of these services to older persons in Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties.

Funds are available under the Older Americans Act and the Illinois Act on Aging through the Illinois Department on Aging for a two-year period beginning **October 1, 2022**, and ending **September 30, 2024**. To request an Application form, a Letter of Intent must be submitted to CIAA by 5:00 P.M. on **July 11th, 2022** as specified in this Request for Proposals in the section entitled "Applications." An Application form must be completed and received by CIAA by 5:00 P.M. on **August 8th, 2022** Letters of Intent and Applications received after the respective deadlines will not be considered.

ELIGIBLE APPLICANTS

The service provider must be organized and formally recognized by the Illinois Secretary of State as being a not-for-profit corporation, a unit of local government, or a profit making organization. An Award to a profit making organization requires prior approval from the Illinois Department on Aging.

ELIGIBLE PERSONS

An adult family or another individual who is an informal provider of in home and community care to an older individual age 60+ or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction and are under age 60.

NOTE: Reference to "Family" in the Older Americans Act

In United States v. Windsor, the Supreme Court struck down as unconstitutional section 2 of the

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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 Reference to “Family” in the Older Americans Act (Continued) ‘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, 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.

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 Program); 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.

TARGETED PERSONS

Services must be made available in such a way as to provide optimum access for caregivers of older persons with greatest economic or social need, with particular attention to low-income minority individuals and older individuals residing in rural areas; and persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services.

PERSONS WITH GREATEST ECONOMIC NEED

Local policy provides that persons with greatest economic need are given highest priority for services. Greatest economic need results from an income level at or below the poverty line defined by the Office of Management and Budget. The **2022** poverty level for a family of one is **\$13,590** and for a family size of two is **\$18,310**. Income levels for families with more than two persons are listed in the instructions to the Application.

PERSONS WITH GREATEST SOCIAL NEED

Greatest social need is defined as: (1) minority (2) limited English-speaking, (3) 75 years of age or older or (4) living alone. Minority is defined as those persons who are either (a) African American (a person having origins in any of the black racial groups in Africa); (b) Hispanic (a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race); (c) Asian American (a person having origins in any of the

original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands); or (d) American Indian or Alaskan Native (a person having origins in any of the original peoples of North America).

FRAIL/DISABLED OLDER PERSONS

Informal or family caregivers of persons age 60 or older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services. “Frail,” means the older individual is determined to be functionally impaired because the individual a) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cuing, or supervision’ or b) Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

TCARE CAREGIVER ASSESSMENT SERVICES DEFINITION

Based upon the priorities established as a result of CIAA’s planning process, the following services, as defined by Illinois Department on Aging Implementation Guidelines and/or local policy, will be provided to participants.

T-CARE assessment services are provided via phone and or in person using a web-based application tool. Assessments are provided by certified T-CARE Managers to adult family members or other individuals providing informal care of in home and community care for an older individual 60+ or adult under 60 with Alzheimer’s disease, or related disorders and organic brain dysfunctions.

TCARE assessment would be counted the same as counseling/education services. A unit of service is a session per participant.

TCARE or Tailored Care Caregiver Assessment Services

“The purpose of TCARE is to effectively target support services to the specific needs of the caregiver and in this way maximize the impact of supports and services for caregivers (TCARE, 2022).” The assessment process and online tool will identify the strengths, resources and sources of stress, offering guidance to care managers to “tailor” an intervention plan, based on identified resources and areas of stress. The intervention plan will educate caregivers about available options and assist them with developing a plan of action that is consistent with their values, preferences and circumstances (TCARE 2022).

The TCARE assessment process starts with a screening to determine appropriate caregivers for assessment. This screens- out those caregivers who have straightforward questions and don’t have time or the desire for extensive assessment and follow-up. The initial screen takes about 20 minutes and the full assessment takes between 40 minutes to an hour. After the full assessment is completed, care consultation takes placed based on results of the assessment to begin to

develop strategies to help support the caregiver. Once a care plan is agreed upon between the care managers and informal caregiver, there are follow-up sessions scheduled every three months to determine if interventions have proved helpful and stressors have been diminished. Over 100,000 caregivers have been served by this program through-out the United States. 84% of caregivers reported lower levels of stress and depression after using T-Care care management protocol (Northeastern IL AAA, 2019).

An organization receiving funds for the **TCARE Assessment** program needs to comply with numerous service, administrative, financial, Civil Rights, and other requirements. Some of these requirements, those considered necessary to offer a basic description of the services to be provided, are highlighted as follow. Other requirements are attached to this document, in the Assurances, and the Notification of Grant Award.

Outcomes

The organization will serve 50 caregivers and provide 100 units of service during the timeframe specified. Units of Service include;

- a) providing each caregiver with a minimum of one 20 minute screening assessment
- b) providing a follow- up, 40-60 minute, initial assessment for those caregivers who after being screened, score high enough to benefit from the full assessment
- c) providing repeated assessments or “follow-up assessments” at three month intervals so that their care plan can be adjusted as appropriate while caregivers are participating in the program.
- d) providing referrals to evidence based family caregiver burn-out prevention interventions
- e) Staff time expended on behalf of a caregiver including the time necessary for preparation, travel and documentation.

ADVISORY ROLE OF OLDER PERSONS

The service provider must have procedures for obtaining the views of participants about the services they receive.

TRAINING REQUIREMENTS

CIAA will work in coordination with the provider to provide and/or arrange for TCARE certification training of paid and volunteer staff who will provide the TCARE Assessment. After passing a certification exam, staff will become certified TCARE Managers. TCARE training is provided through an online TCARE training site to include six training modules and quizzes. Certified TCARE Managers will be given a login and password to access the TCARE assessment tool and database.

PARTICIPANT CONTRIBUTIONS

Service provider shall: (1) provide each caregiver with an opportunity to voluntarily contribute to the cost of the services; (2) protect the privacy of each older person with respect to his or her contributions; (3) establish appropriate procedures to safeguard and account for all contributions; and may not deny any older person services because the older person will not or cannot contribute to the cost of the services; (4) methods utilized for the collection of voluntary contributions must allow for the maximum privacy and confidentiality of those individuals who chooses to contribute; (5) 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 services providers must use all contributions to increase the number meals served, facilitate access to such meals, or to provide other supportive services directly related to nutrition services.

PARTICIPANT DISCLOSURE OF INFORMATION

The service provider may not require a caregiver of an older person to disclose information about income or resources as a condition for providing services. The service provider may ask the caregiver about the older person's financial circumstances as a part of the process of identifying additional resources and benefits for which an older person may be eligible.

CONFIDENTIALITY

The service provider needs to have procedures to protect the confidentiality of information about informal caregivers of older persons collected in the conduct of their responsibilities.

COORDINATION

The service provider must assure that the services provided are coordinated with other appropriate services in the community. The service provider must be aware of, and knowledgeable about, benefits and services available through its own and other organizations, refer participants as needed, and follow through on referrals to assure that benefits and/or services are received and the need met.

OUTREACH ACTIVITIES

The service provider will work in coordination with CIAA to conduct outreach activities (not outreach services) to identify individuals eligible for assistance, with special emphasis on rural elderly, older individuals who have greatest economic (with particular attention to low-income minority individuals and individuals residing in rural areas), older individuals who have greatest

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social need (with particular attention to low-income minority individuals and older individuals residing in rural areas), older persons with severe disabilities; older individuals with limited English-speaking ability; older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform such persons of the availability of services.

The service provider must make known the availability of the services and how to get the services, to ensure participation of eligible older persons, and must assist participants in taking advantage of benefits under other programs.

MAINTENANCE OF EFFORT

Funds available through this Request for Proposals must be in addition to, and may not be used to supplant, any funds that are or would otherwise be expended under any Federal, State, or local law by a State or unit of general purpose local government. Services for which payment may be made under Title XVIII of Social Security Act (42U.S.C.1395 et seq.) are not included in the services for which funds are available through this Request for Proposals.

GEOGRAPHIC SERVICE AREA

Service areas have been designated within the Planning and Service Area for which CIAA has planning and administrative responsibilities. An Application will be accepted for the provisions Tailored Care program in Fulton, Marshall, Peoria, and Stark, Tazewell, and Woodford counties. The provider must propose services for the entire service area.

PRIORITY TO MEDICALLY UNDERSERVED AREAS

Priority shall be given to areas of the Planning and Service Area that are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services. Information on these areas appears in the ~~attached~~ chart **below** of Medically Underserved Areas.

Medically Underserved Areas

<u>County</u>	<u>Census Tract/Township</u>
Fulton	Astoria Township Cass Township
Marshall	Marshall County

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Peoria	0001.00
	0002.00
	0003.00
	0005.00
	0006.00
	0009.00

PRIORITY TO MEDICALLY UNDERSERVED AREAS (CONTINUED)

	0012.00
	0013.00
	0037.00
	0038.00
	0039.00
	0050.00
Stark	Essex Township
	Valley Township
	West Jersey Township

FUNDING POLICIES

Amount and Sources of Funding

Funds for **T-CARE or Tailored Care Assessment** are available under the Federal Older Americans Act and the Illinois Act on Aging through the Illinois Department on Aging. The amounts of funds available from CIAA, shown below are annualized amounts. These amounts are available for expenditure in **Fiscal Year 2022-(October 1, 2022, to September 30, 2023); Fiscal Year 2023 (October 1, 2023, to September 30, 2024);**

The amounts of funds available are as follows:

SERVICES

AMOUNT OF FUNDS

T-CARE or Tailored Care	<i>\$25,000 per year and Up to \$10,000 in start-up/ Training/supply expenses</i>
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Applicants must propose T-Care program for all six counties: Fulton, Marshall, Peoria, Stark, Tazewell and Woodford.

FUNDING PROCESS

The successful applicant becomes the service provider and is awarded funds through a Notification of Grant Award (NGA). The NGA is the legally binding agreement between CIAA and the service provider and, upon signature, includes the Application and legal, regulatory, and other requirements. Actual funding will be contingent on the availability of funds to CIAA.

APPLICATIONS

Those requesting an Application form must submit a Letter of Intent to CIAA, 700 Hamilton Boulevard, Peoria, Illinois 61603, by 5:00 P.M. on July 11th, 2022. A Letter of Intent received after the deadline will not be considered. The Letter of Intent should state the following: (a) services for which an Application will be made; (b) service area for which Applications will be made; (c) name of the applicant organization and contact person; and (d) the address where the Application is to be sent. CIAA will send an Application form to the contact person at the address specified in the Letter of Intent.

*An Application workshop **via Zoom and/or conference call will be scheduled at a time convenient for CIAA and service provider prior to the end of FY 2022.** A review of the Application form will be presented, with time allotted for questions. Technical assistance will be available upon request.*

An original and one copy of the Application, minimally consisting of the prescribed Application form completed in full, must be submitted to CIAA by 5:00 P.M. on August 8th, 2022. Applications received after 5:00 P.M. on August 8th, 2022 will not be considered.

Applications will be reviewed by CIAA staff according to the criteria that follow, and for technical accuracy. CIAA staff will then present the results of the review to a designated committee comprised of Area Advisory Council members. This committee is charged with responsibility for developing recommendations for funding for Council and Board action. Appeals of Board action will be processed in accordance with established procedures as attached in the policy “Appeals of Probation, Suspension, Termination and Other Adverse Action.”

For additional information, please contact: Mitch Forrest, MSW, LSW, CIRS-A/D, Family Caregiver Information and Assistance Specialist at (309)674-2071

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