



**Department for
the Aging**

The City of New York
Department for the Aging
2 Lafayette Street
New York, New York 10007

DFTA Case Management Program Concept Paper

April 8, 2015

A. Purpose

This concept paper is a precursor to the New York City Department for the Aging's (DFTA) forthcoming Case Management Program (CMP) Request for Proposals (RFP). Though subject to change, DFTA's expectation is to issue an RFP in late spring/early summer 2015, for contracts to commence on July 1, 2016.

This concept paper highlights some of the defined and developing parameters, expectations and standards of the CMP funded by DFTA, as well as a description of the approach and vision for the program. DFTA plans to take into consideration the feedback, suggestions and comments offered by the community when crafting the planned CMP RFP. This is an opportunity for the public to comment on program elements and structures that will best enable DFTA and its partner organizations to assist older adults in their efforts to remain connected and live fully in the community as they age.

B. Program Details

The primary purpose of DFTA's case management program is to assist older adults, who live with functional and/or cognitive impairment(s), in their efforts to remain safe at home and meaningfully engaged in their communities and to do so in a manner that takes into consideration that person's uniqueness. The core functions of the case management program that enable an older adult to remain at home and engaged in his/her community include:

1. Identification of a client's needs and capabilities through a comprehensive strength-based intake and assessment;
2. A financial assessment to determine whether clients are enrolled in or eligible for various city, state and federal programs and services;
3. In collaboration with the client and caregivers, the development of a comprehensive care plan, which identifies interventions that are based on his/her needs and preferences;
4. Activation of the care plan, including service authorization and/or linkages to services;
5. Care plan management including monitoring of the effectiveness of interventions and service delivery; and
6. Overall care coordination that enables clients and caregivers to make informed choices about long- term care options, costs and planning for future needs.

To be eligible for the case management program, a client must meet the following eligibility requirements:

- Be age 60 or older;
- Be functionally and/or cognitively impaired, which results in the need for assistance with at least one Activity of Daily Living (ADL) such as bathing, grooming, dressing, washing,

feeding, toileting, mobility, and transferring, or assistance with at least two Instrumental Activities of Daily Living (IADL) such as shopping, laundry, meal preparation, reheat meals and cleaning; and

- Have an unmet need for case management assistance.

Case management programs help clients access many different services, benefits and entitlements, such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Personal Emergency Response System, the Senior Citizen Rent Increase Exemption (SCRIE), telephone reassurance, friendly visiting, home-delivered meals, home care, amongst other services and supports. While CMPs authorize DFTA-funded home delivered meals and home care, programs can and must help clients access services appropriate to their needs and eligibility regardless of the funding source.

Over the past several years, the case management program has adopted new policies to respond to the changing needs and funding landscapes, but the core services offered by case managers remain relevant. The following list provides an overview of DFTA's functions for the CMP.

Intake: Persons making initial inquiries are interviewed in sufficient enough depth to determine the type of assistance needed and if the person appears eligible to receive case management. The intake process: 1) lays the groundwork for a trusting relationship with the prospective client; 2) provides the client/caller with accurate information; 3) establishes preliminary eligibility for the program and, 4) results in a decision about next-steps. At intake, clients are: 1) assisted with needs that do not require an in-home assessment; 2) scheduled for assessments immediately or within ten business days; and/or 3) placed on a waiting list for assessment. CMPs are expected to be open during normal business hours (Monday–Friday) for intake. The intake, which is documented in the STARS database, should be completed within five days of referral.

Assessment: DFTA's CMP requires an initial (with minor exceptions) in-person, in-home comprehensive assessment within ten days of referral. If an in-home assessment cannot be completed within the ten-day time frame, the client is placed on a waiting list for an in home assessment. Case managers utilize the State mandated COMPASS for the purpose of assessing the potential client. Case managers using the COMPASS gather information on the demographic information on the client, housing situation, psycho-social well being, health and functional status, medications, eating and nutrition, informal support network and financial information. DFTA has supplemented the COMPASS, requiring case managers to assess clients in the areas of oral care, elder abuse and depression. After it has been completed, the case manager writes a detailed, strengths-based summary of the client that is supported by the assessment's findings. Clients are reassessed at least annually, or more often as appropriate based on the needs of the client, i.e., if there is a significant change in the client's condition or situation.

Care Planning: Care planning is an active and ongoing process. The care plan is developed with the client and/or his or her caregiver and contains mutually agreed upon interventions, services, linkages and referrals. The care plan contains short and long-term goals. It also addresses the level of need for more intensive long-term care especially where it is anticipated that at some point, the level of services in the care plan may not be sufficient to maintain the client safely in his or her home. The care plan should identify, incorporate, strengthen and support existing informal caregivers when possible.

Authorization of services: The CMP has the prime responsibility for authorizing clients for DFTA-funded home care and home delivered meals¹.

Service Agreements: Case managers create service agreements with the clients. Essentially, the service agreement is a contract between the client and the case manager that outlines the type(s) of DFTA-funded service(s) the case manager will authorize for the client.

Contributions and Cost Share: One role of the case manager is to assess the client's financial information, in part to determine if a client is eligible for community benefits and resources. For clients in need of home care, case managers determine if the client would be required to contribute to the cost of the DFTA home care and/or housekeeping². While the case management agency does not collect the cost share, case managers may be called upon to assist in the collection of the fees should the home care agency need assistance mediating, particularly in cases of late payment. If a certain time period has passed without any payment and several attempts at mediating the situation, the case management agency would be responsible for terminating the service. Case management agencies are also free to collect voluntary contributions for its services to the clients should it be deemed appropriate.

Waiting Lists: There may be a need to place a client on a waiting list for case management, home delivered meals, and/or home care. If a CMP cannot do an in-home assessment within 10 days of the completed intake, a client should be put on the waiting list for an in-home case management assessment. Clients can only be put on a waiting list for a home delivered meal and home care once an in-home assessment has been made. Programs are expected to monitor the waiting list, with the goal of decreasing it, and employ a methodology for prioritizing waiting list clients using criteria such as functional status, level of risk, and number of unmet needs as identified during the intake process.

Community Linkages and Partnerships: A mainstay of an effective case management program is its connection to and engagement with the community it serves. Case management programs are expected to have robust and diverse linkages with other community partners and providers to ensure seniors receive adequate wrap around care.

Client and Care Plan Monitoring: Programs are required to follow up with both clients and service providers concerning the status and adequacy of their individualized care plan to help ensure that the client has been linked to the service identified and to ensure adequacy and appropriateness of those services and interventions. To fully achieve the goal of this program, case managers will gauge and employ a level of monitoring (phone calls, visits, emails if appropriate) necessary to help ensure that the client's health and well being are being maintained and/or improved with this service. The CMP is required to follow up with clients at least every two months by telephone.

Senior Tracking, Analysis and Reporting System (STARS): All DFTA funded case management contractors must utilize STARS for tracking, reporting and analysis of their clients and data.

Emergency Planning: In addition to maintaining and employing policies related to individual client emergencies such as suicidal ideation or suspected neglect and abuse, case management agencies play a significant role in responding to weather related emergencies

¹ Of note, DFTA-funded home delivered meal (HDM) programs also have the option of completing a full intake on a client, authorizing them for HDM and referring immediately to the CMP for an assessment.

² Determining cost share is a State requirement.

and other emergencies during non-traditional work hours. Case management agencies may be called upon to assist with evacuations, coordination of services for the homebound population, and provision of supplies. Case management agencies are also expected to contact DFTA in the case of emergency effecting their clients and/or agency.

Time frames: Based on SOFA regulations, DFTA has established certain timeframes for follow-up.

Assessment, Reassessment & Event-Based Reassessment	In-home assessment within 10 business days of completion of the intake.
	If emergency in-home services are initiated, in-home assessment must be completed within 5 business days.
	Reassessments are done annually.
	An event-based reassessment must be done within 5 business days of the precipitating event.
	If an assessment is performed at a location other than the client's usual residence, a home visit must be conducted within 5 business days of the client returning home.
Waiting List	If the client cannot be assessed within 10 days, the client must be put on a waiting list for an in-home assessment.
Care Planning/Care Plan	A care plan must be written within 6 business days of completion of assessment.
	A new care plan must be written every 12 months.
Services Follow-Up, Coordination and Client Monitoring	1 business day contact after expected start of services.
	15 business day contact after start of service; if home care, contact must be a home visit.
	Monitoring call at least once every 2 months.
	Annual supervisory review of all cases.

The services and functions described above are for illustrative purposes and are meant to provide a broad overview of the case management program. DFTA is planning to release revised program standards with the RFP that will provide additional information and expectations of contractors related to the core functions of the program.

In addition to the core functions aforementioned, DFTA is considering ways to strengthen the existing program³:

Caseload Averages: DFTA expects *programs* to have an overall caseload average of 65 per budgeted full-time case manager. DFTA is open to programs determining the model that works best for their organization. Models may include the following:

- Tiering clients based on need⁴ to diversify and manage caseload, perhaps with different caseload averages per tier, but averaging 65 overall;

³ Of note, some of the modifications listed are in relation to other DFTA-funded programs. They are included for their potential impact on case management operations.

- Use of case aides to follow up with clients on benefits and linkages to resources;
- Centralizing intake to hone the skill sets and expertise of a case management staff member(s) (intake and/or case manager); and
- DFTA is interested in comments on other models to consider in order to meet the established caseload ratio.

Career Ladders: DFTA is interested in the implementation of a career ladder for case management program staff which may involve promotions in title, additional training (e.g. in geriatrics), and salary differentials within the case management staffing structure. DFTA is seeking public comment on the implementation of career ladders.

NORC Case Management: DFTA is seeking comments on the possible expansion of the role of the NORC case manager employed by a DFTA baseline-funded Naturally Occurring Retirement Community (NORC) Supportive Service Program (SSP). DFTA is exploring three options. For all three options, the NORC SSP would need to use the same forms as the CMP as well as follow the same standards such as annual reassessments, training, etc. The options are:

1. The NORC SSP enters into an agreement with a CMA. The CMA is the lead contractor and as such, has the ultimate responsibility to ensure that the NORC SPP follows DFTA standards.
2. The NORC SSP would act as the primary case manager and be able to authorize clients for home delivered meals and home care without input or oversight of the local CMP.
3. The NORC SPP would act as the primary case manager and be able to authorize clients only for home delivered meals without input or oversight of the CMP. In this model, if a client needed DFTA funded home care, the NORC SSP would refer the client to the local CMP. On a semi-annual basis, the NORC SSP would need to contact the client.

The NORC SSP serving in the role of primary case management for the NORC population would reduce duplication of services and enable the local CMP to serve more clients in their catchment area. No additional funds would be provided by DFTA to NORCs SSPs for this work.

Case management role in Home Delivered Meals Program (HDM): If a participant does not answer the door for a scheduled meal (i.e., he or she cannot be immediately reached during the time of meal delivery), the current protocol is for the HDM program to call the client. If the client is not reached, the HDM provider would contact the case management agency for follow-up and outreach to the program participant (his/her emergency contacts) from Monday – Friday. Outreach to the program participant, until contact is made with client or emergency contact, is the sole responsibility of the home delivered meal program on Saturday and Sunday. Based on feedback from the community, this process is often cumbersome and time-consuming for the program that is responsible for investigating the situation. While the follow-up is important, in most cases, the case management agency or HDM learns that the program participant was not home during the allotted time frame for the meal delivery; she or he inadvertently forgot or was unaware of the fact that they needed to inform the HDM program of a planned absence. DFTA is seeking the provider community's input and ideas on ways to better structure the response

⁴ DFTA has conducted research and procured funding to evaluate current caseload sizes in the case management program. While decreasing caseload sizes may be appropriate in some settings, findings from this research indicate that a caseload ratio of 1:65 is appropriate for this program. Tiering of clients, maintaining a mix of high and low needs clients with flexibility built in to account for changes in need, has been demonstrated to be one way to confidently manage a caseload of 65.

to a “no answer.” Alternatively, DFTA is considering leaving it to the discretion of the program to determine if follow-up on a “no answer” is necessary beyond leaving a message for the emergency contact and feedback on which program should carry the primary responsibility for this function (HDM or CMP).

Outreach: DFTA is looking to incorporate outreach into the CMP as a way to promote effective engagement with diverse seniors, acknowledging the fact that CMPs have a deep understanding of the communities they serve. DFTA’s plan is to support this effort with data on community demographics so that CMPs can leverage this combined knowledge to develop outreach plans specific to their service areas. The purpose of the plans would be to ensure that: 1) seniors in the community remain aware of case management program; 2) caseloads reflect the population of seniors in need in each specific community; and 3) caseload averages are sustained. The plan may include ways to reach seniors with limited English proficiency, the frailer senior population including those socially isolated, and seniors experiencing financial difficulties.

STARS: DFTA has fully implemented the STARS database for collecting, reporting and analyzing program data. It is DFTA’s goal to have programs use the data available to them through STARS to thoughtfully and effectively plan for and manage the program.

C. Background

Since the last procurement, there have been several demonstration programs implemented, research and evaluations conducted, and shifts in funding due to the economic downturn. Due to a concerted advocacy effort and increased interest in the program, funding has been stabilized and the average case load for case managers has dropped from approximately 77 per case manager to approximately 63 per case manager.

D. Service Levels

DFTA is looking to procure 20 or more contracts; each contract would cover a designated catchment area (i.e., a pre-determined make up of community districts). Based on the existing configuration of contracts/catchment areas, DFTA has projected a total number of clients to be served annually for general reference purposes only. DFTA may establish minimum services levels related to the number of clients expected to be served in the RFP and the funding available at the time of procurement.

Contract	Community Districts in catchment area	Total Projected Number of Clients at the start of FY17⁵
Bronx 1	1,2,3,4,5,6	920
Bronx 2	7,8,11,12	1,060
Bronx 3	9,10	830
Brooklyn 1	1,3,4	760
Brooklyn 2	2,6,7,8,9,17	990
Brooklyn 3	5,16,18	1000
Brooklyn 4	10,11	620
Brooklyn 5	12,14	930
Brooklyn 6	13	600
Brooklyn 7	15	690
Manhattan 1	1,2,3,5,6	1,760
Manhattan 2	4,7	1,310
Manhattan 3	8,11	1,220

⁵ Projections based on current catchment areas.

Manhattan 4	9,10,12	1,010
Queens 1	1,3	570
Queens 2	2,5	440
Queens 3	7	690
Queens 4	4,6	840
Queens 5	8,11,13	940
Queens 6	9,10,12	1,060
Queens 7	14	430
Staten Island 1	2,3	730
Staten Island 2	1	500

E. Planned Method of Evaluating Proposals

DFTA’s evaluation committee will review, evaluate and rate all responsive proposals. DFTA will evaluate proposals based on the proposers’ experience, capability of delivering the proposed services (e.g., ability to serve the proposed catchment area), and proposed program design. Proposers will be asked to provide evidence of their ability to serve the areas proposed.

F. Proposed Contract Term

It is anticipated that the term of the contract(s) awarded from this RFP will be from July 1, 2016 through June 30, 2019. The contract may include an option to renew for a period of up to three additional years. The Agency reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

G. Anticipated Procurement Timeline

DFTA is currently planning to release an RFP in the late spring/early summer of 2015. The anticipated contract start date is July 1, 2016.

H. Anticipated Funding

Current anticipated funding for Case Management Program is \$23.8 million. Funding may change at the time of the release of the RFP depending on availability of the funds.

I. Contractor Reporting Requirements

The Contractor will follow DFTA’s Case Management Program Standards as they relate to record keeping and reporting. The contractor is expected to use DFTA’s STARS database for data collection and reporting.

J. Use of HHS Accelerator

To respond to the forthcoming Case Management Program RFP and all other client and community services Requests for Proposals, vendors must first complete and submit an electronic pre-qualifications application using the City’s Health and Human Services (HHS) Accelerator system. The HHS Accelerator system is a web-based system maintained by the City of New York for use by its human services agencies to manage procurement of services.

The forthcoming Case Management Program RFP will be released through the HHS Accelerator system. Only organizations with approved HHS Accelerator Business Application and Services Applications for one or more of the following service areas will be able to propose:

- Case Management
- Entitlements Assistance
- Food and Nutrition

Providers who are approved in HHS Accelerator to provide any of these services will be able to submit proposals for the Case Management Program procurement.

In addition to the Department for the Aging, the following City agencies that administer client and community services will be users of the HHS Accelerator System: Administration for Children's Services, Department of Probation, Office of the Criminal Justice Coordinator, Department of Correction, Department of Health and Mental Hygiene, Human Resources Administration, Department of Homeless Services, Department of Housing Preservation and Development, Department of Youth and Community Development, and Small Business Services.

Once vendors prequalify in a service area, they will then be prequalified to submit proposals for procurement opportunities in that service area from the 11 client and community services agencies listed above. HHS Accelerator will also allow providers to manage client and community services budgeting and invoicing through this common user interface. To submit a Business and Services application to become eligible to apply for this and other client and community services RFPs, please visit: <http://www.nyc.gov/hhsaccelerator>.

K. Contact Information and Deadline for Questions/Comments

Comments are invited by no later than 5:00 p.m. on May 6, 2015. Please email Conceptpaper@aging.nyc.gov and write "Case Management Program Concept Paper" in the subject line. Alternatively, written comments may be sent to the following address:

Betty Lee
Agency Chief Contracting Officer
New York City Department for the Aging
2 Lafayette Street, 4th Floor, Room 400
New York, NY 10007