

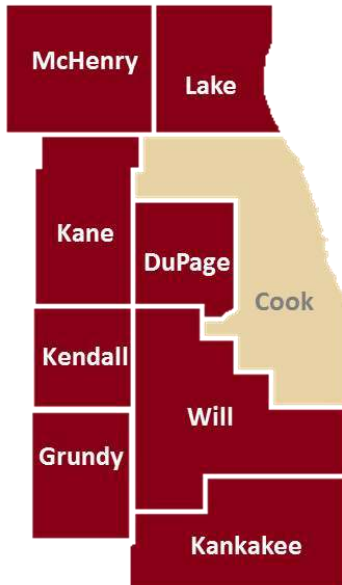
# Public Information Document



*“Working Harder To Make Aging Easier”*

## *Area Plan Summary*

### *Fiscal Year 2019*



#### **FY19 through FY21**

Serving Older Americans in the following counties of Northeastern Illinois: DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will Counties (Planning and Service Area – PSA 02)

#### **Mission of the Northeastern Illinois Area Agency on Aging**

**We believe that all older adults should be respected for their individual value, dignity, and contributions to society, and that their autonomy and privacy must be protected.**

**We strive to make aging easier through the development and promotion of a network of services for older persons designed to optimize the quality of their lives.**

Published 5/1/18

## **Purpose of the Public Information Document and the Public Hearings**

The Illinois Department on Aging and the thirteen Area Agencies on Aging in this State have agreed to a **three year planning cycle**, which begins on October 1, 2019 and extends to September 30, 2021.

***The purpose of this Public Information Document*** is to provide a brief summary of the Northeastern Illinois Area Agency on Aging's proposed service delivery design and the associated fund distributions, and other activities in which this Area Agency anticipates involvement. Under the Older Americans Act and the Illinois Department on Aging's direction, it is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services.

***The purpose of the Public Hearing*** is to provide an open forum for the general public to comment on proposed services, expenditures, and other activities as outlined in the Document and anticipated to be carried out during Fiscal Years 2019 through 2021 Area Plan Cycle. The Public Hearings provide information about the Agency on Aging's proposed plans, budget, funding formula, and priorities for funding community-based services for older adults and family caregivers.

### **Public Hearings will be held at the following locations:**

**GRUNDY KANKAKEE KENDALL WILL COUNTIES**

Thursday, May 31, 2018

10:00 a.m.

#### **Senior Services of Will County**

251 N. Center Street, Joliet, IL 60435

**DUPAGE KANE MCHENRY LAKE COUNTIES**

Thursday, May 31, 2018

1:30 p.m.

#### **The Agency on Aging Field Office**

245 Roosevelt Road, Bldg. 6, Suites 41-43

West Chicago, IL 60185

If you need special assistance, a translator, sign language, or other accommodations, please contact Linda Williamson at (630) 293-5990 prior to the hearing. If you are unable to attend a hearing and would like to comment on this proposed Plan, written statements will be received through **Monday, June 4, 2018 at 4:00 p.m.** Comments may be faxed, e-mailed or mailed to the following address:

Attention: Marla Fronczak, Executive Director  
**Northeastern Illinois Area Agency on Aging**  
P.O. Box 809, Kankakee, IL 60901  
Fax: 815-939-0022; E-mail: [info@ageguide.org](mailto:info@ageguide.org)

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**Let's face it we are all aging and that's a good thing!** While this undoubtedly involves challenges it also offers many opportunities. People are living longer and healthier lives but we have not all figured out how to make the most of this change. There is much we can do to yield better outcomes because don't we all want to age well? Wellbeing in life is influenced by a range of social policies such as health care and taxes, and by social structures, such as housing and transportation.

As Americans we are problem solvers. When something isn't working we rethink our approach, and when something is working we continue to support it. Area Agencies on Aging are the change agents that maximize opportunities for older adults to maintain their wellbeing. We understand that health happens in the home and community, and that access to affordable and appropriate housing and transportation options reduces barriers to full independence and engagement. Our society can best reach its potential when everyone can participate and contribute to their communities.

Over 654,000 adults 60+ years live in our eight-county planning and service area as of July 1, 2016 and the total is undoubtedly higher today. In each of these counties, the Agency on Aging makes grants available to local agencies to provide Older Americans Act (OAA) services such as Information and Assistance, Home Delivered Meals, Legal Assistance and many other services as outlined in this document. These grants are a combination of federal and state funds, and cover roughly 40-60% of the total cost of most services. Service providers must secure additional local and private resources to supplement their OAA programs. The U.S. Administration on Agency (AoA) surveys show that ***every \$1 in federal funding for the OAA leverages an additional \$3 in funding.*** This return on investment is one of the ways home and community-based providers are able to do so much with limited resources. The Agency on Aging closely monitors these services to ensure that they deliver quality outcomes and funding is spent appropriately.

Here in Illinois, human service providers persist in their recovery from the destabilizing effects of the two year budget impasse. Efforts to serve vulnerable populations in a delayed and/or reduced payment cycle are likely to continue as the State's backlog of unpaid bills at the Comptroller's office is upwards of \$8 billion. The financial benefit to taxpayers and return on investment inherent in supporting aging in place will be lost if older adults are forced into receiving services in a more restrictive environment (nursing home) or unnecessary hospitalizations. Community based organizations are at a tipping point from which they may never recover due to loss of experienced and trained staff and agency closures.

In light of this uncertainty, the Agency on Aging seeks ***public and private partnerships*** to supplement its funding. The Agency hosts two annual activities, the **Senior Lifestyle Expo (August 21-22, 2018)** and the **Celebrity Chefs Brunch (November 4, 2018)**, which are designed to support several Older Americans Act services. The Expo offers two days of information, assistance and outreach to raise the general public's awareness on aging well, with special emphasis on caregiver concerns. The Celebrity Chefs Brunch raises funds that support aging services programs such as the Home Delivered Meals program for homebound seniors to reduce senior hunger (Page 25). The Agency partners with the Veterans Administration through an agreement with local Veterans Administration Medical Centers (VAMC) to administer the

**Illinois Veterans Independence Program (VIP).** The program offers Veterans-Directed Home & Community-Based Services (VDHCBS) to eligible veterans of any age at risk of nursing home placement (Page 26).

Consistent with national trends to enhance the partnership between aging and disability services, the Agency continues to integrate the Aging and Disability Resource Center concept within its Coordinated Entry Point (CEP) service providers. The term Aging and Disability Resource Network (ADRN) was adopted to reflect a ***no wrong door*** network of access to long-term support service information and assistance. Seeking information and services is often a daunting task for older adults, people with disabilities and their caregivers. The ADRN is visible, accessible, consumer-focused, and supportive to facilitate access into the system, no matter what the one's or family's economic or social need (Page 23).

In FY19, the Agency will enhance its ***No Wrong Door network*** and focus on developing dementia-capable access for people with dementia and their family caregivers through information, assistance and referral to Dementia Care Specialists. The Agency continues its work on developing Dementia Friendly communities across Illinois by enhancing the ADRN capacity to **engage local communities in identifying and executing Dementia Friendly initiatives.** The Agency is creating Dementia Friendly communities in North Chicago (Lake County) and Kankakee/Bourbonais (Kankakee County) through advisory councils, memory cafes and educational workshops (Page 26).

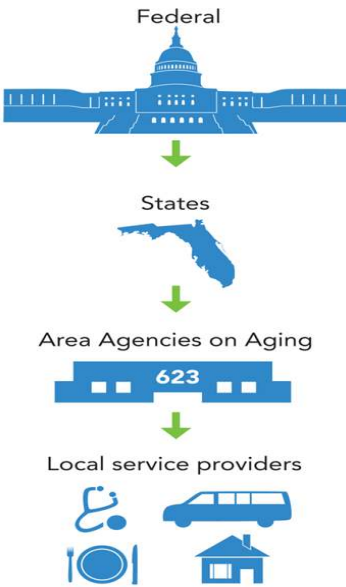
This planning and service area reflects the national and state demographic pressures of an expanding aging society whose needs must be met. Over the next 10 years, the proportion of the U.S. population over age 60 will dramatically increase, as 77 million baby boomers reach traditional retirement age. By the year 2030, older Americans will be almost 20% of the U.S. population (Page 12). This demographic shift will bring an increased need for access to community-based services that offer financial, health and social supports so older adults can live independently while engaged in their communities. We recognize that this means both preserving and enhancing effective programs and services that operate today, and looking ahead to how we can evolve to be of the greatest benefit to our communities in the future. **As we previously stated, while this undoubtedly involves challenges, it also offers many opportunities to adjust our systems and policies to make the most of this new reality.**

The following is a summary of the Northeastern Illinois Area Agency FY19-21 Area Plan and is presented to aid in the public's awareness of the role the Agency plays in developing, maintaining and promoting a coordinated and comprehensive aging services delivery system. Discussions take place at our public hearings on proposed service priorities for community-based services for older adults and family caregivers, funding availability and how we intend to distribute federal and state funds throughout our eight county planning and service area of northeastern Illinois. Please feel free to share this document and announce our public hearing dates, times, and locations within your organization, newsletters or social media.

Marla Fronczak,  
*Marla Fronczak*  
Executive Director

## WHO WE ARE

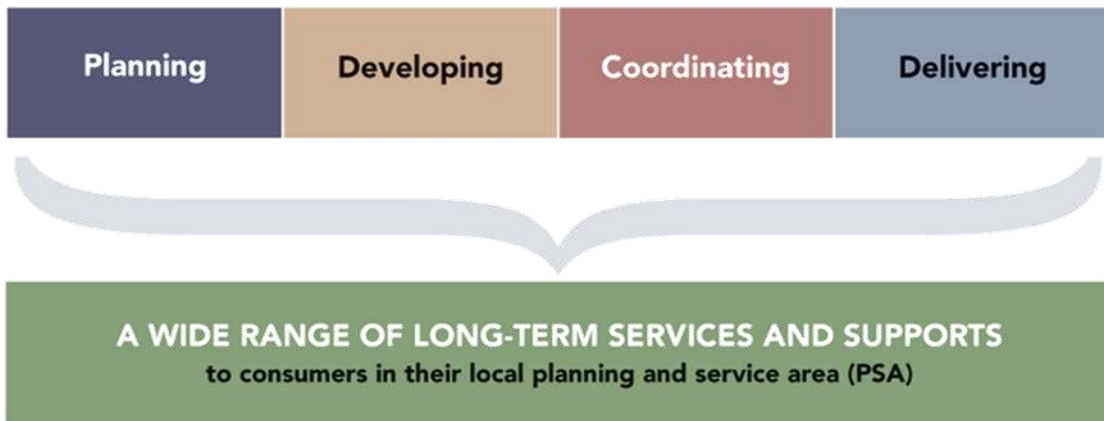
The Northeastern Illinois Area Agency on Aging, began in 1972 as a model project and was formally designated by the Illinois Department on Aging in 1974. There are over 655 Area Agencies on Aging (AAAs) nationwide. We are a nonprofit 501c3 governed by a Board of Directors. The Board sets policy and makes decisions about programs and is advised by an Advisory Council. Both the Board and Advisory Council are comprised of volunteer members from its eight county planning and service area (PSA) and the majority of its members are age 60 years and older.



We are one of thirteen area agencies in Illinois and operates within the aging network which includes the federal Administration on Community Living, the Illinois Department on Aging (IDoA) at the state level, and local community based organizations who work together to serve older adults.

The Agency on Aging is engaged in its leadership role of developing or enhancing a comprehensive and coordinated community based service system for older adults, including Elder Rights services and the National Family Caregiver Support Program.

IDoA reports 502,500 Illinois seniors received Older American Act services through Area Agencies on Aging and their funded service providers in Fiscal Year (FY) 2017. **Over 100,000 seniors and their caregivers received OAA services in the Agency's eight county PSA.**



## WHAT WE DO

### Advocacy

Activities designed to induce a change in attitude and stereotypes, legislation, and agency policies and their implementation pertaining to services for older persons, older adults, those who care for them, and adults with disabilities. As advocates for services and funding at the federal and state levels, the Agency on Aging informs older adults, caregivers and legislators on the impact of proposed legislation on older persons and our services.

### Coordination

Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relationships with other funding agencies and service providers. The Agency on Aging seeks input from the community through our Advisory Council, and our participation in community based organization meetings. Organizations funded by the Agency on Aging provide guidance on services and gaps in the service delivery system.

### Planning and Program Development

Activities directly related to either the establishment of a new service or the improvement, expansion, or integration of an existing service within a fiscal year. The Agency on Aging assesses the needs of older adults and their caregivers to establish service and funding priorities and to develop new or expanded programs.

### Administration

Activities directly related to administering federal Older Americans Act (OAA) and state General Revenue funding for services to older adults and their caregivers. OAA services are available to any person age 60 or older, their caregivers and grandparents and other relatives raising children. These services are targeted to older adults in greatest social and economic need. The Agency on Aging closely monitors these services to ensure that they deliver quality outcomes and funding is spent appropriately. The Agency awards more than \$14 million annually in federal, state, and private funds to more than 20 community-based senior service organizations (Page 46).

The full 10% of Older Americans Act Title III funds allowed for administration will be expended before any costs are incurred for the administratively direct service-related costs.

|   |           |
|---|-----------|
| AAA Admin Direct Services:                    | \$403,722 |
| (Advocacy, Coordination, Program Development) |           |

## Summary of the Area Agency's Planning Process and its Outcomes

The Agency on Aging participated in a variety of activities to assess the needs of older adults, adults with disabilities, caregivers, and relatives raising children.

## **Five Step Planning Process**

### ***Step 1: Assess the needs of Older Persons, Family Caregivers & Grandparents Raising Grandchildren residing in its service area.***

In preparation for and during the Fiscal Year 2019-2021 Area Plan Cycle, the Agency on Aging has conducted several needs assessment activities:

#### **Needs Assessment Activities**

- ✦ Conducted a Planning Retreat (December 2017) with the Agency's Board of Directors, Advisory Council, and staff to identify opportunities and threats most critical for the agency to explore or address in the next three to five years. Strengths and weaknesses were also considered in crafting the Agency's strategic goals and local initiatives
- ✦ Conducted a Grantee Retreat (November 2017) to identify unmet needs they believe exist in their service areas and opportunities for new services to address gaps in services in their service areas
- ✦ Hosted 4 regional listening sessions (April 2018) to garner stakeholder input on community needs and the Agency's strategic planning process
- ✦ Examination of recent census data, service provider records and program performance
- ✦ Review of relevant local needs assessments, including Community Health Needs Assessments conducted by county health departments
- ✦ Examination of the latest research and reports from academic journals and local, state and national organizations and initiatives to identify key factors influencing current conditions and determine programmatic considerations
- ✦ Review of data from the National Aging Program Services Information System (NAPIS) gauged trends in service provision
- ✦ Analysis of federal and state resources and legislation such as the Affordable Care Act (ACA), Older Adult Services Act (P.A. 093-1031), the reauthorization of the Older Americans Act and the Long-Term Care Rebalancing Act (P.A. 96-1501)

## **Analysis of Significant Trends and Legislation**

### **Uncertainty of Federal and State Resources**

***At the federal level***, an aging population poses challenges to meet the increasing demands on federal entitlement programs such as Social Security, Medicare, Medicaid and the Older Americans Act. However, planning for an aging population is also an investment in the wellbeing of all Americans as it benefits people of all ages and abilities.

### **President's Proposed FY19 Budget**

Overall, the \$4.4 trillion budget is a visioning document as it outlines funding priorities. It cuts Non-Defense Discretionary programs by 2% each year over the next decade. It includes deep cuts to Medicaid, Medicare, SNAP and disability programs and would repeal and replace the Affordable Care Act (ACA). Due to last year's tax cuts, this budget would never balance with accumulated deficits estimated at \$7.2 trillion over 10 years. It is very unlikely to be approved as submitted by Congress.



### **FY18 Bipartisan Budget Act**

Lifts the budget caps imposed by the Budget Control Act of 2011 for both FY18 and FY19 and removes the looming threat of government shut downs. It is good news for Non-Defense Discretionary (NDD) funded programs such as the Older Americans Act. The \$1.3 trillion omnibus FY18 spending bill provides the most significant funding boosts for Older Americans Act and many other aging programs since 2010, and rejects many of the cuts the House and the President previously proposed. Overall, the omnibus bill would fund the Administration on Community Living at \$2.17 billion, which is \$178 million above FY17 levels. *Of significance to older adults:*

#### **Older Americans Act Title III Programs and Aging Program Funding**

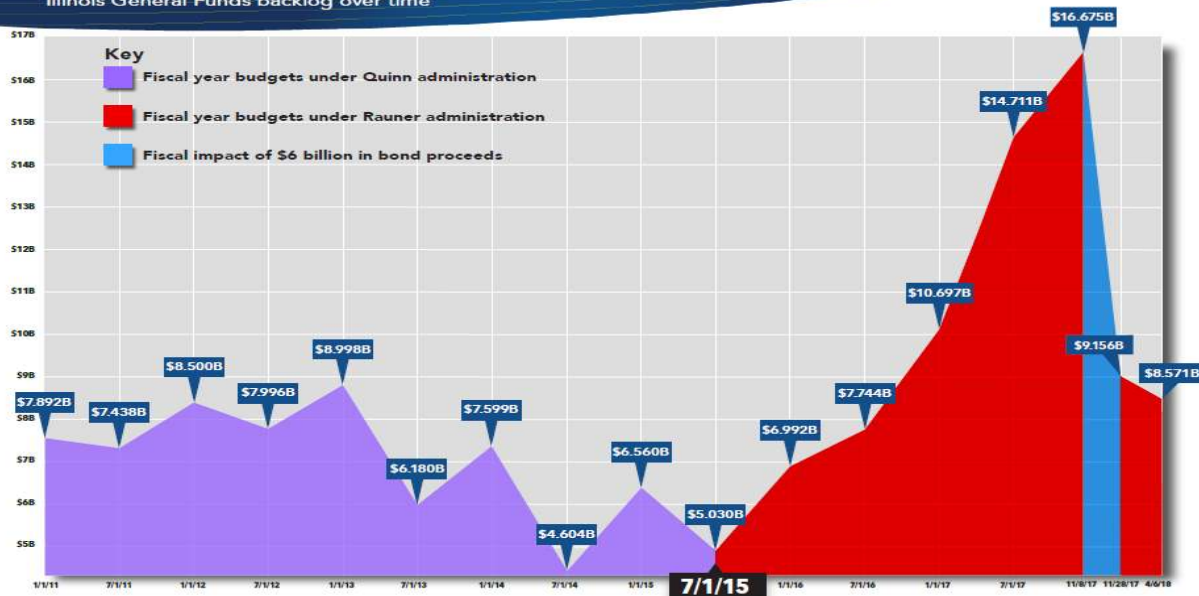
- Title III-B Home and Community-Based Supportive Services received a 10% increase
- Title III-C Nutrition Services received a total \$59 million (7%) increase
- Title III-E Family Caregiver Support received a \$30 million (20%) increase
- Title III-D Preventative Health received a \$5 million (25%) increase
- State Health Insurance Assistance Program (SHIP) received a total \$49.1 million (which restored \$2 million of the \$5 million cut in FY17)
- Elder Justice Initiative received \$15.8 million (\$2 million more than FY17)

**At the state level** On February 14, 2018, Governor Rauner presented his state budget for SY19 which has not been enacted by the General Assembly. While there is good news for aging programs in the Governor's proposed budget, there is uncertainty on the revenue needed as the State's estimated backlog of unpaid bills at the Comptroller's office as of 4/9/18 has reached over \$8.4 billion (<http://illinoiscomptroller.gov>). The General Assembly is likely to pass a spending plan, but it will probably be unbalanced which could result in lengthier payment delays.

The website states *Pursuant to authorization granted by the General Assembly under Public Act 100-0023, the State of Illinois issued \$6 billion in General Obligation bonds in October 2017 for the purpose of paying vouchers incurred by the state prior to July 1, 2017... The tracking of the state's bill backlog beginning with the first payments made with bond fund proceeds and resulting federal reimbursements is the Backlog Voucher Report (BVR).* (<http://illinoiscomptroller.gov>)

## BACKLOG VOUCHER REPORT (BVR)

Illinois General Funds backlog over time



STATE OF ILLINOIS  
COMPTROLLER  
SUSANA A. MENDOZA

All dates as of 8 A.M.

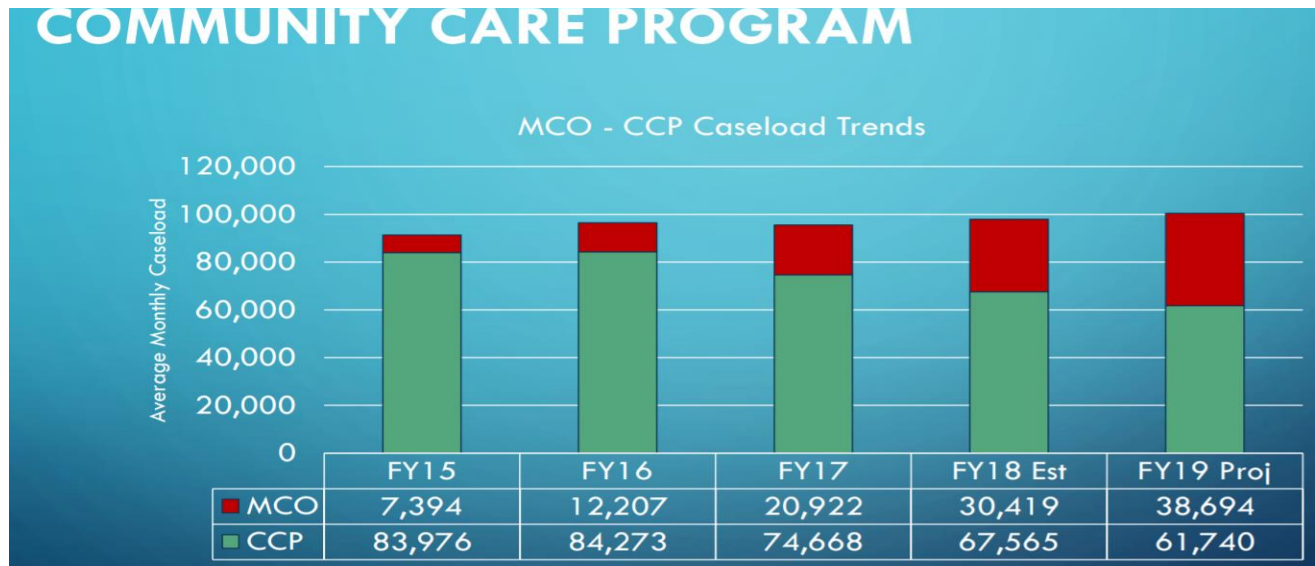
Sources:  
Office of the Comptroller's End-of-Day Balance Tables  
Debt Transparency Report Summary and Agency Submissions  
Bills are not processed on non-business days and state holidays.

### Governor's Proposed SY19 State Budget (IL Dept. on Aging Budget)\*

- **Adult Protective Services Program:** \$22.9 million (1.3% increase) to promote prevention of abuse, neglect and financial exploitation
- **Long Term Care Ombudsman Program:** \$8.25 million (6% increase) to advocate for the rights of vulnerable adults in institutional home and community based settings
- **Planning & Services Grants to Area Agencies:** proposed 14% increase
- **Senior Health Assistance Programs (SHAP)** proposed slight increase and the **Senior Health Insurance Program (SHIP)** level funding
- **Home Delivered Meals & Senior Employment Specialist Program:** proposed level funding
- **Illinois Community Care Program\*** (1.2% decrease) provides in-home, adult day services and case management to approximately **62,000 eligible persons** to prevent inappropriate or premature institutionalization
  - IDoA reports in FY17 there were **74,702 CCP participants** at **\$880 avg. monthly cost**
  - Expanded to include **Automated Medication Dispenser** services to participants
  - **Case Management** (\$5.5 million increase) enhancement of quality CCP service delivery by:
    - Renewed focus on evolving client needs through redesigning of intensive casework and intensive monitoring
    - **Person-Centered Planning** for all CCP participants to ensure compliance with the new federal CMS waiver requirements
    - IDoA projects **40% growth** in CCP caseload over the **next 10 years**
  - Implemented an **automated critical event reporting** system with risk mitigation focus to improve quality and timeliness of services and prevent premature hospitalizations

- Implemented **Choices for Care** prescreen policy expediting client screenings to more effectively match individuals with services appropriate to their needs
  - IDoA reports in FY17: **110,016 seniors received prescreens** and **4,744 became CCP participants**

\*<https://www2.illinois.gov/sites/budget/Documents/Budget%20Book/FY%202019/Fiscal-Year-2019-Operating-Budget-Book.pdf>



[https://www2.illinois.gov/aging/AboutUs/Documents/IDOA\\_GovernorsIntroducedBudget\\_%20FY19.pdf](https://www2.illinois.gov/aging/AboutUs/Documents/IDOA_GovernorsIntroducedBudget_%20FY19.pdf)

#### Implications of Federal and State Resources and Health Care Reform


- *Proposed Medicare reforms cut the program and shift additional costs onto beneficiaries*
- *Centers for Medicare and Medicaid Services (CMS) may allow state Medicaid programs to impose work requirements or increased premiums and co-payments to Medicaid beneficiaries*
- *Per capita caps may result in Medicaid reductions that will force states to eliminate programs needed to access home and community based services (HCBS)*
- *In Illinois, changes to Medicaid funding may force cuts to services, restrict eligibility and reduce benefits for older adults, people with disabilities and low-income older adults*
- *Statewide expansion of Illinois' Managed Care Organizations (MCO) may restrict older adults ability to access OAA home and community based supportive services*

## **Description of Older Persons, Family Caregivers and Grandparents Raising Grandchildren**

## Older Persons, Family Caregivers and Grandparents Raising Grandchildren

### The Agency on Aging eight county regional population is rapidly growing

**24.7%** of the state population of adults 60 years or older reside in the PSA (654,647)

 Since 2000, the 60+ population in the PSA has increased by an astounding **82.3%**

It has the second fastest growing 60+ population in the state with a **3.1%** increase between 2015 and 2016



#### Within the eight counties:

**27.5%** of older adults are 75 years or older (179,846), an increase of 2.6% from 2015 to 2016, outpacing the statewide increase of 0.9% for this population

**18.7%** of older adults live alone (122,385)

**5.5%** of older adults live at or below the poverty level of \$12,140 (36,323)

#### Minorities represent 17.9% of the region's 60+ population:

- Hispanic older adults account for 7.0%
- Asian older adults account for 6.0%
- Black older adults account for 4.6%





The Agency on Aging serves family members, neighbors and friends that provide care to older persons and Grandparents Raising Grandchildren through the Family Caregiver Support Program.

The program has grown since FY 2002 when the Agency aided 1,542 family caregivers and in FY 2015 the Agency served over 14,202 family members for all services.

**A 2015 National Survey of Caregiving in the United States revealed a family caregiver profile:**



are male, an increase from their 2009 study



caregivers provide an increasing number of complex medical and nursing tasks



are now 75+ (average age is a 79 year old unemployed female, provides 34 hours of care without any other unpaid help)

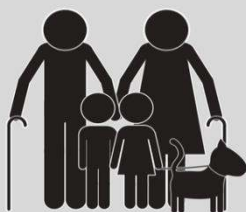
provides longer hours of care per week – over 21+ hours

6 out of 10 still work while they take care of a loved one and exhibit greater needs

Typically the older caregiver takes care of their spouse (a 77 year old male who has Alzheimer's, issues of old age or heart disease)

The Family Caregiver Support Program serves grandparents age 55 and over and other relatives who are raising grandchild because the parents are unable or unwilling to take on their responsibilities. Grandparents require help with legal, financial, health, medical, education and other matters.

***In Illinois 99,783 grandparents are householders-responsible for their grandchildren living with them***



- 44% of the grandparents are White (non-Hispanic)
- 35% are Black/African American
- 17% are Hispanic/Latino
- 2% are Asian
- 31% have no parents of children present in the home
- 68% of the grandparents are under age 60
- 20% live at or below 100% of the poverty level

The U.S. Census 2005-2009 American Survey

## **Key Implications of Demographic Trends**

The aging population in our planning and service area is a microcosm of most national and trends. The Agency on Aging reviews data from the U.S. Census, the latest studies, reports, relevant regulations and guidelines, service provider records and the National Aging Program Services Information System (NAPIS) to gauge trends in service provision.

### **Significant Growth in Racially and Culturally Diverse Senior Population**

- Belonging to a minority group may increase one’s risk for social isolation (AARP Foundation, 2012)
  - Number of gay, lesbian and bisexual people aged 65 and older is projected to double (<https://www.sageusa.org/issues/general.cfm>)
  - A 2010 national AAA survey found that less than 8% of reporting AAAs offered services targeted at LGBT older adults and only 12% reported outreach efforts to this population (SAGE, 2010)
  - 13% of Limited English-speaking (LES) older adults reside in metropolitan Chicago (includes Cook/excludes Kankakee) and approximately 8.1% of the LES older adult population resides in DuPage County (CLESE report, 2010)
  - Poverty rate of LES older adults (16.2%) is double the rate of other older adults (8%)
- *Assist providers in identifying racially and culturally diverse senior populations*
- *Provide more targeted services to older adults in cultural and racially groups*

### **Health and Safety Challenges Impact Quality of Life**

- Millions of older adults experience health and safety challenges such as chronic disease, falls, and mental health issues—all of which can severely impact quality of life (NCOA, 2018)
- Approximately 80% of adults age 65 and older have at least one chronic condition; 68% have two or more which is categorized as “Multiple Chronic Conditions” (NCOA, 2018).
- Risks associated with multiple chronic conditions include decreased quality of life, increased risk of death, treatment complications and nursing home placement
- “Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars are spent on public efforts to improve overall health” (NCOA, 2018).
- Majority of adults age 65+ have health insurance coverage (98.8%) but they may experience barriers to primary care and/or hospital care due to issues of mobility, transportation, or a shortage of health providers in their community (2016 Census)
- Falls are the leading cause of fatal and non-fatal injuries among older Americans
- 1 in 4 older adults (65+) falls each year, but studies indicate that less than half of these adults actually report falls to their doctor
- A growing number of older adults fear falling and, as a result, limit their activities and social engagements resulting in further physical decline, depression, social isolation, and feelings of helplessness (NCOA, 2018)
- Approximately 220,000 older adults (65+) live with Alzheimer’s disease in Illinois
- By the year 2020, this number is expected to increase to 230,000 people – and up to 260,000 people by the year 2025 – a projected increase of 18.2%

- Studies indicate that caregivers of those with dementia are twice as likely to report significant physical, financial and emotional difficulties, when compared to caregivers of people without dementia (Kasper, Freedman, and Spillman, 2014).
- *Opportunities for the Aging Network to partner with healthcare organizations including hospital systems, Managed Care Organizations and nursing homes to decrease admission rates from hospitals and decreased rates of avoidable nursing home use (Brewster, Kunkel, Straker and Curry, 2018)*
- *Increase support for families and other informal caregivers in managing their health and stress, and to provide assistance as they manage work and caregiving duties*
- *Prioritize services to persons with Alzheimer's disease and related dementias as well as support, training and education to caregivers providing care to them*
- *Support health promotion interventions to manage chronic diseases and fall risks*

### **Mobility Barriers Pose Challenges to Senior Independence**

- 25.3% of people aged 65 to 75 had a disability, and this increased to 49.5% for people aged 75 and older (2016 American Community Survey)
- Homebound individuals due to functional limitations (mobility impairments, limited available transportation options) are often unable to access office-based health care and social services, leading to unmet needs, increased risk of isolation, and increased health care spending
- 1 in 3 older adults (65+) have trouble using some feature of their home (Census, 2016)
- 79% of older adults who report difficulty using the bathroom live in a home without accessible bathroom features (Census, 2016)
- 26% of older adults who report difficulty with walking or climbing stairs live in a home without a bedroom and bathroom on the first floor (Census, 2016)
- 2 million older adults are homebound due to illness, functional impairment or frailty and another 5 million have difficulty leaving home without assistance (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4749137/>).
- Many older adults are outliving their ability to drive safely by an average of 7 to 10 years due to living longer and experiencing chronic conditions such as vision and hearing loss (American Automobile Association -AAA)
- Transportation was the number one request for assistance in 2016, comprising 21% of all calls to the National Eldercare Locator Call Center - Top 3 transportation requests were: routine medical appointments, general transportation (for example, rides to the grocery store), wheelchair/scooter assistance, dialysis assistance, and long-distance transportation
- *Cultivate opportunities for partnering with innovative transportation options, such as volunteer driving programs and ride sharing programs like GoGoGrandparent.*
- *Advocate for affordable, flexible and accessible transportation options for older adults*
- *Increase access to assistive technology, adaptive equipment and affordable home modification options to help older adults live in their homes safely and independently*
- *Encourage support services, housing options, and accessible designs to promote independence, social engagement and aging in place*

## **Financial Vulnerability Hinders Older Adults Aging in Place**

- Older women (65+) are 80% more likely to live in poverty than men (National Institute on Retirement Security)
  - Women caregivers are twice as likely to end up in poverty than non-caregivers (Women's Institute for a Secure Retirement - WISER)
  - Rising cost of health care services and long term services and supports
  - Seniors living below an economic security income may be forced to go without, or make difficult choices among basic needs such as nutritious foods, prescription medications, or adequate heating or cooling, unless they are eligible for and enroll in benefits that can help to pay those expenses
  - Many older adults make too much money to qualify for public benefits, but do not have enough income (and often adequate savings) to maintain their standard of living when they retire and meet all of their basic needs
  - Causes of increased poverty among middle class older adults include declining pensions and stagnant wages making saving for retirement difficult
- *Advocate for more affordable home-and-community based supports such as adult day services and homemaker services*
  - *Support employment programs targeted at older adults and possibly educating businesses on the importance of maintaining and hiring older workers*
  - *Deliver accessible and accurate information on the services, resources and benefits available for older adults*
  - *Promote the importance of age-friendly, affordable and accessible housing for low- and middle-income older adults – including housing programs that offer supportive services*
  - *Offer education on long-term financial planning possibly targeting LGBT individuals, racial/ethnic minorities, women, caregivers, and young adults*

## **Step 2: Evaluating the Existing Service System:**

Based on the Agency on Aging's needs assessment activities, in FY18 and FY19 the Agency proposes conducting the following activities to evaluate its existing service delivery system:

- ✚ Establish a Grantee advisory committee to seek input on current service delivery design and generate ideas for new innovative programs or service delivery designs
- ✚ Identify strengths and gaps in existing service system
- ✚ Examine the Community Connection Collaborative and ADRN Access service delivery models and the available resources to determine whether any significant adjustments to their service designs are needed
- ✚ Conduct geo-mapping of community-based and health care resources in the 8-county region to identify pockets of need, gaps in service, and potential partners
- ✚ Develop methods to quantify benefits and identify strengths and weaknesses of the nutrition program. Particular focus will be on surveying older adults to determine how to make the congregate dining program more relevant to contemporary seniors. Data on the role of both congregate and home delivered meal programs on reducing social isolation will be explored
- ✚ Conduct a cost benefit analysis of services
- ✚ Assess impact of Managed Care Organizations on older adults' access to OAA services



- ✦ Evaluate consequences of any proposed cuts to federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need

### ***Step 3: Determine Availability of Resources to Meet Needs and Alternative Approaches Available to Meet Needs***

The Agency on Aging will continue to perform the following activities to weigh the need and to identify resource availability.

- ✦ Continue to seek input from stakeholders (service providers, older persons, family caregivers and grandparents raising grandchildren, Advisory Council/Board, and other constituents)
- ✦ Review alternative approaches to improve efficiency and effectiveness of OAA service provision and delivery in PSA 02
- ✦ Determine the appropriateness of a service in helping seniors in greatest economic and social need (i.e., seniors with one or more of the characteristics in the regional funding formula), most at risk of loss of independence, or most in need of protection of their basic rights
- ✦ Gauge the adequacy of funds to support a level of service that addresses the need effectively at an acceptable cost
- ✦ Assess the ability of other service providers or systems to address unmet needs

### ***Step 4: Area Plan Initiatives and Service Priorities:***

Staff assembled and reviewed the data derived from the needs assessment process to form the foundation for the FY19-21 Area Plan. Information (statistical data, anecdotal information, philosophical changes) garnered from these activities and from the individual counties was thoughtfully compiled into a regional perspective to arrive at the following area plan initiative and service priorities.

## **Area Plan Initiatives**

### **Statewide Initiative:**

### **ENHANCE ILLINOIS' EXISTING COMMUNITY-BASED SERVICE DELIVERY SYSTEM TO ADDRESS SOCIAL ISOLATION AMONG OLDER ADULTS.**

During FY 2019-FY 2021, the Illinois Department on Aging and Area Agencies on Aging will work in collaboration with other community-based providers within the planning and service area to address social isolation among older adults. The overall goal is to reduce social isolation among older adults within Area Agency selected communities in the planning and service area.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. A recent review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function and mortality (Courtin & Knapp, 2015). Social isolation refers to the objective absence of contacts and interactions between a person and a social network (Gardner et al, 1999). Thus, socially isolated older adults have poor or limited contact with others and they view this level of contact as inadequate, and/or that the limited contact has had adverse personal consequences for them.

The AARP Foundation has defined social isolation as the following:

Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that "socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth" (Flowers, Shaw, and Farid, 2017). Other surveys have indicated that gender, education and race/ethnicity were not related to loneliness (Wilson & Moulton, 2010). Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses and have difficulty performing activities of daily living (Flowers, Shaw, and Farid, 2017).

The primary risk factors associated with isolation are:

- Living alone;
- Mobility or sensory impairment;
- Major life transitions;
- Socioeconomic status (low income, limited resources);
- Being a caregiver for someone with severe impairment;
- Psychological or cognitive vulnerabilities;
- Location: rural, unsafe or inaccessible neighborhood/community;
- Small social network and/or inadequate social support;
- Language (non-English speaking); and
- Membership in a vulnerable group (AARP Foundation).

### **Agency on Aging's strategy to reduce social isolation among older adults**

The Agency on Aging will work with colleagues from the Area Agencies on Aging in Illinois and will participate in facilitated conversations around the topic of Social Isolation. The conversations will help to uncover synergies among the Planning and Services Areas and also determine potential private partnerships to help address social isolation.

In collaboration with other Area Agencies on Aging, the Agency on Aging will work with local service providers to develop strategies to identify individuals who may be isolated and engage community groups to combat this problem.

### **Local Initiative #1:**

**Foster Effective Cross-Sectoral Informal Partnerships: Strengthen the aging network of services for all older persons, their families, persons with disabilities and caregivers.**

The strategic planning process reinforced the importance of fostering informal partnerships across community based organizations. The Agency on Aging’s role in creating these partnerships would be to promote collaboration, address common interests, embrace best practices, to help each organization accomplish more and avoid duplication of efforts. These partnerships should align with each organization’s mission, add value and be both coordinated and collaborative. This strategic goal is supported by a research study *Cross-Sectional Partnerships by Area Agencies on Aging: Associations with Health Care Use* (Brewster, Kunkel, Straker and Curry, 2018). This study used data from a 2013 national survey of AAAs and examined whether their partnership activities were associated with 2014 levels of avoidable health care use and spending for older adults in counties served by each AAA. The study’s findings suggested that “AAAs may be a promising source of leadership for cross-sectoral partnerships that effectively address both social and medical determinants of health for older adults who account for a substantial share of overall health care spending.”

It concluded that AAA partnerships appear to be linked to value health outcomes for older adults. The authors cited that Area Agencies on Aging can be successful in fostering effective cross-sectoral partnerships when they identify a clear vision, financial support and leadership processes. Counties where AAAs established informal partnerships with a variety of organizations in health care and other sectors lowered hospital readmission rates were found in this study. This research supports the need for the Agency on Aging to coordinate with other organizations to create diverse informal partnerships which can potentially create a stronger, more interconnected network of services and supports that help patients recover after hospitalization or avoid nursing home admission.

### **Agency on Aging’s strategy to foster informal cross-sector partnerships to strengthen the aging network**

1. Identify potential cross-sector partners such as advocacy organizations, health care organizations, local businesses/corporations, Veterans Administration, faith-based organizations, health departments, managed care organizations, mental health hospitals and other potential partners
2. Establish informal partnerships with organizations that align with the Agency’s mission and values to improve health outcomes and reduce the need for costly health care services
3. Expand efforts to leverage existing networks of social services within communities to improve overall health and wellbeing of older adults.

### **Local Initiative #2**

#### **Promote Dementia-Friendly Initiatives to reduce social isolation of older adults and support their ability to remain engaged in their community.**

A few medical and demographic facts about Alzheimer’s disease and related dementias make it abundantly clear why the aging network must increase its efforts to respond to the disease:

- About 5.4 million Americans currently have dementia, including 16% of those aged 65-74 and 38% of those aged 85+. People aged 75+ account for 82% of Alzheimer’s cases.

- Approximately 220,000 people aged 65 and older with Alzheimer's disease live in Illinois and by 2025 this number is expected to increase to 260,000 people or 18.2%!
- The number of Americans with Alzheimer's is projected to double by 2050, because of the huge growth of the most susceptible age group.
- Health care and long-term care for Alzheimer's cost \$259 billion last year. Medicare and Medicaid paid 67% of that (\$175 billion), and 21% (\$56 billion) was the patient's or caregiver's direct expense.
- In Illinois, \$1.649 billion is expected to be paid by Medicaid in 2018 to care for persons with Alzheimer's disease and these Medicaid costs are expected to increase to 36.4% by 2025.
- In 2017, the per capita Medicare spending on people with dementia in Illinois was \$26,667.
- Over 15 million people are unpaid caregivers – spouses, adult children, siblings, close friends – to someone with dementia. About 70% of these caregivers are women.
- According to a 2011 National Health and Aging Trends Study, caregivers of those with dementia are twice as likely to report significant physical, financial and emotional difficulties, when compared to caregivers of people without dementia.
- The Alzheimer's Association cites the health care costs of caregivers are estimated to be higher than non-caregivers and the estimated health care costs for caregivers in Illinois was approximately \$428 million in 2017.
- Despite years of research, there is still no effective way to prevent, slow or cure Alzheimer's.

These staggering facts and information demonstrate two clear needs: to greatly increase research on the prevention and treatment of dementia, and to better meet the immediate and continuing needs of those with dementia and their caregivers. In the latter effort, the federal Administration for Community living has launched its Alzheimer's Disease Supportive Services Programs, which Illinois is implementing through its Alzheimer's Disease Initiative and Specialized Supportive Services. At both the federal and state level, these are efforts to help the aging network and our broader communities respond to the needs of people with Alzheimer's disease or other dementias and their caregivers. The Agency on Aging and two other Illinois Agencies on Aging are participating in this 16-month pilot project. The Agency intends to continue fostering the Dementia Friendly America goals by raising awareness and reducing stigma, encouraging the adoption of dementia friendly practices, and supporting training and education on how to effectively interact with people living with dementia.

#### **Agency on Aging's strategy to promote Dementia-Friendly Initiatives**

1. Continue its work with IDoA to pilot a Dementia Care Specialist Program at Aging and Disability Resource Network (ADRN) core partner agencies. The Agency will aid in the establishment of core competencies for Dementia Care Specialists and will develop additional Dementia Care Specialist trainings for our ADRN core partners. The Agency will continue its collaboration with IDoA and the Illinois Cognitive Resource Network (ICRN) to ensure sustainability of the dementia capability of the ADRN core partners.
2. Support efforts to make communities in the region dementia friendly. The Agency will help facilitate specialized training on the concept of dementia friendly communities. This

will include outreach and education to libraries and service providers on implementing Memory Cafés and *Tales and Travels Memories* library programs in their communities.

3. Continue to offer caregiver training such as the Stress-Busters Program for Family Caregivers of People with Dementia. The Stress-Busters program is recognized by the Administration on Aging (AoA) for Title III-D Highest-Level Criteria for Evidence-Based Disease Prevention and Health Promotion Programs, meets AoA requirements for Title III-E Caregiver Education and Training and is recognized by the Veterans Administration (VA) as an evidence-supported program. The Agency will evaluate whether the Stress-Busters program and other pilot-tested supportive services should be included as part of another existing program.

## **Strategic Planning and Service Design Changes**

### **Service Priorities**

These are the services that the Agency on Aging provides or funds for seniors and their caregivers in the PSA, from the many services that are allowed under the funding provisions of the Older Americans Act. The following list does not indicate the relative importance of one service over another, but rather a service priorities package designed to address the issues of aging holistically.

### ***Services designed to decrease isolation and maintain independence:***

- ✚ **ADRN Access Package (Title III-B and State GRF)**
  - **Information & Assistance (I&A):** provides individuals with current information on opportunities and services available within their communities
  - **Outreach:** identifying potential clients (or their caregivers) and encourages use of existing services and benefits
  - **Options Counseling:** person-centered, interactive, decision-support process to make informed choices about long-term services and supports
  - **Flexible Community Services (FCS):** flexible and include emergency response services and items not covered by insurance or paid by any other means for older adults and persons with a disability
- ✚ **Counseling (Title III-B):** to help older individuals and families cope with personal problems
- ✚ **Legal Services (Title III-B):** providing assistance in resolving civil legal matters
- ✚ **Transportation (Title III-B):** scheduling and providing door-to-door, fixed and/or unfixed route transportation service
- ✚ **Community Connection Collaborative Services (Title III-B):**
  - **Education:** group-oriented lectures or classes provide individuals with opportunities to acquire knowledge and skills suited to their interest and capabilities
  - **Health Screening:** assist individuals in identifying and evaluating their health needs

- **Recreation:** group activities which foster the health and social well-being of individuals
- ✚ **Congregate Meals (Title III-C1):** meal served to an older person in a center strategically located to maximize access by older persons within a community
- ✚ **Home Delivered Meals (Title III-C2):** meal served to older persons who are home-bound due to physical or mental impairment and unable to adequately provide their own meals
- ✚ **Caregiver Resource Center Services [CRC]\* (Title III-E)**
  - **Caregiver Assistance:** assists them to obtain access to the services and resources that are available within their communities
  - **Respite:** temporary, substitute supports or living arrangements for care receivers in order to provide a brief period of relief or rest for primary caregivers
  - **Gap-Filling:** flexible and include emergency response services and items not covered by insurance nor paid by any other means
  - **Caregiver Legal Services:** to protect the caregiver's legal rights and/or the rights of the relative raising a child; or to provide legal advice and legal education
- ✚ **Caregiver Counseling Center Services [CCC] (Title III-E)**
  - **Individual Counseling:** advice, guidance and coaching to an individual caregiver
  - **Caregiver Training:** education to caregivers either individually or in a group.
  - **Support Groups:** organization of one or more group settings to provide advice, guidance and support to caregivers on an ongoing basis

**\*Family Caregiver Services include support for Grandparents Raising Grandchildren**

***Services designed to protect and assist older persons:***

- ✚ **Long Term Care Ombudsman (Title III-B/GRF/Title VII):** resident-directed advocacy program which protects and improves the quality of life for long term care residents
- ✚ **Adult Protective Services (Title VII):** provides investigation, intervention and follow-up services to victims of alleged abuse, neglect or financial exploitation of persons 60 years of age and older and persons 18–59 years of age with a disability
- ✚ **Senior Medicare Patrol:** to ensure fewer people become victims of health care fraud
- ✚ **Evidence-Based Health Promotion Programs Services (Title III-D):** promotes better health among older persons by providing evidence-based health promotion programs

## FY18 ADRN CORE PARTNERS

| Name of NWD Site                          | Service Area          | I&A | CCU | SHIP | SHAP | Adult Protective Services | Regional LTC Ombudsman | CIL | Other (Describe Below) |
|---|-----------------------|-----|-----|------|------|---------------------------|------------------------|-----|------------------------|
| Agency on Aging                           | see list below        | X   |     | X    | X    | X                         |                        |     | VIP                    |
| DuPage County Senior Services             | DuPage County         | X   | X   | X    | X    | X                         | X                      |     | VIP/OC                 |
| Grundy County Health Department           | Grundy County         | X   | X   | X    | X    |                           |                        |     | OC                     |
| Senior Services Associates                | Kane County           | X   | X   | X    | X    | X                         | X                      |     | VIP/OC                 |
| Senior Services Associates                | Kendall County        | X   | X   | X    | X    | X                         | X                      |     | VIP/OC                 |
| Senior Services Associates                | McHenry County        | X   | X   | X    | X    | X                         | X                      |     | VIP/OC                 |
| Catholic Charities Diocese of Joliet(*)** | Kankakee County       | X   | X   | X    | X    | X                         | X                      |     | OC                     |
| Catholic Charities of Lake County         | Lake County           | X   | X   | X    | X    | X                         |                        |     | VIP/OC                 |
| Senior Services of Will County            | Will County           | X   | X   | X    | X    |                           |                        |     | OC                     |
| AIM Center for Independent Living         | DuPage, Kane, Kendall |     |     | X    |      |                           |                        | X   | I&R/OC                 |
| Lake County Center for Independent Living | Lake and McHenry      |     |     |      |      |                           |                        | X   | I&R/OC                 |
| Options Center for Independent Living     | Kankakee County       |     |     |      |      |                           |                        | X   | I&R/OC                 |
| Disability Resource Center***             | Will and Grundy       |     |     | X    |      |                           |                        | X   | I&R/OC                 |

\*Catholic Charities Diocese of Joliet provides Adult Protective Services (APS) in Grundy County as well as in Kankakee County.

Guardian Angel Community Services provides APS in Will County.

\*\*Catholic Charities Diocese of Joliet

provides LTC Ombudsman services in

Foundation provides LTC Ombudsman services in Lake County.

\*\*\* Formerly known as the Will-Grundy Center for Independent Living

### Step 5: Changes based on the Outcomes of the Planning process

The Agency on Aging recognizes the need to both preserve and enhance effective programs and services funded today, and to look ahead to how its service design can evolve to be of the greatest benefit to its communities in the future. Based on the outcomes of the planning process, the Agency on Aging proposes changes in its service design in the following ways:

- ✚ In FY19 the Agency on Aging will offer grant renewals to help providers stabilize their program delivery due to the two year state budget impasse
- ✚ In FY20-21 the Agency will seek Competitive Requests for Proposals for OAA services which will include a multi-year phased redesign of OAA funded bundled service packages based on its assessment of the existing service delivery system
- ✚ In FY20-21 the Agency will look at funding new OAA supportive services that address social isolation which may include Friendly Visiting, Telephone Reassurance, Adult Day Services and/or Multi-purpose Senior Centers

### Agency on Aging Direct Services and Waiver Justification

The Agency on Aging proposes to continue its provision of III-B/E Information & Assistance and III-D Health Promotion & Disease Prevention and requests Direct Service Waivers to directly provide these services in FY19-21.

#### III-B/III-E Information & Assistance:

The Agency on Aging provides region-wide Information & Assistance for older adults, their caregivers, persons with disabilities and relatives raising grandchildren. It serves as a visible, accessible, consumer-focused integrated access point where consumers of all ages, incomes, and disabilities can receive information and assistance, assessment of needs, options counseling,

referral, assistance in completing benefits applications and follow up to ensure that referrals and services are accessed. Our goal is to increase public awareness of supportive services available to direct older adults and their loved ones to our funded III-B Aging and Disability Resource Network core partners and IIE caregiver partners.

Because the 8-county region is so large, and the needs of each individual is unique, it is necessary to have the Agency on Aging perform a variety information and assistance activities. At the recent grantee retreat, the Agency's funded providers emphasized the need for the Agency on Aging to continue its efforts to promote the availability of Older Americans Act (OAA) supportive community based services to hospitals, senior centers, faith-based organizations and other community organizations. The Agency on Aging continues to be in the best position to offer these services as it is a well-known and respected organization whose only interest is to represent the aging network across all 8 counties. For example, in targeting businesses their employees who are caregivers and relatives raising children likely reside throughout the 8 counties as well as the neighboring PSA's – not just in the county where the business is located. The Agency is able to offer regional information, as well as information about services provided in the other PSAs. **The Agency intends to continue to perform the following activities:**

- Maintain Certified Information & Referral Specialist for Aging and Disabilities (CIRS A/D)
- Promote Agency's 800 number to provide assistance to older adults and their caregivers and warm transfers to ADRN core partners or other resources when more in-depth assistance is needed
- Maintain resources and access to Enhanced Services Program (ESP) database for PSA 02
- Provide training and technical assistance to ADRN core partners
- Provide updated information on services and resources through the Agency's website ([www.ageguide.org](http://www.ageguide.org)) and ESP as the most effective means of 24/7 access in our area
- Responds to inquiries from individuals and family caregivers requesting training/education and support services
- Hosts its Annual Senior Lifestyle Expo and Caregiver Seminar to expand sources of information on aging and caregiver issues and to increase visibility for the aging network
- Produce quarterly e-newsletters and social media (Facebook/Twitter) to reach busy caregivers to inform them on resources and supportive services
- Attend vendor fairs to promote ADRN and Caregiver partner agency services
- Produce region-wide resource materials promoting OAA services to be distributed across the 8 county region at senior centers, hospitals, faith-based organizations, libraries, etc.

**Agency on Aging Direct Service Waiver Justification:**

The Agency funds six local Care Coordination Unit (CCU) core partner agencies to deliver Information and Assistance (I&A), Outreach and Options Counseling at the county level. However, the Agency determined that it should provide Information and Assistance directly as organizations, businesses, and the government consider Agencies on Aging the most efficient and manageable place to start. The Agency on Aging's 800 number and website continue to be an effective means of access in our area for statewide and federal initiatives. The Elder Care Locator (National Association of Area Agencies on Aging) and the IDoA Helpline directs callers



seeking information to the Agency on Aging. Many of these calls are then connected to the CCU core partners as they continue to be the primary agency for coordination of long term support services in their communities. This creates a “no wrong door” access to long term support service information and assistance for older persons and their families, persons with disabilities, with a special emphasis on caregivers and relatives raising grandchildren. The Agency has demonstrated that it is more effective in meeting the needs of caregivers through its delivery of caregiver information and its representation of the regional caregiver partner network.

**The Agency on Aging is seeking continued approval for FY19-21 and is requesting \$118,000, shared among III-B and III-E funds to support the activities of the Aging and Disability Resource Network. This is the same funding level that was requested in FY16.**

Projected number of persons: 2,170 (based on FY17 experience) projected units: 2,170

**Health Promotion Service - Chronic Disease Self-Management Program (CDSMP) & Diabetes Self-Management (DSMP) and A Matter of Balance Programs:**

The Agency on Aging proposes to continue to provide Title III-D direct service as it is in a unique position to more efficiently provide Title III-D Health Promotion activities through its regional coordination and its active participation in statewide healthy aging collaborations. Delivering CDSMP/DSMP and A Matter of Balance programs region-wide requires support for the training, program costs and licensing fees for providing these programs in PSA 02. **The Agency intends to continue to perform the following activities:**

- Facilitate program coordination, supplying program materials in bulk, and distributing program resources for overall partner operations
- Hold program licensing for Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Tomando Control de su Salud (Spanish CDSMP), A Matter of Balance and Fit & Strong
- Retain Master trained staff in CDSMP and A Matter of Balance
- Recruit and train additional leaders through grantees and professional partnerships
- Monitor program fidelity to ensure quality assurance for all participants
- Participate in the statewide healthy aging collaborations such as the Illinois Community Health and Aging Collaborative and Illinois Pathways to Health ACL grant

**Agency on Aging Direct Service Waiver Justification**

Provision of these activities by the Agency is necessary to assure an adequate, equitable supply of health promotion programs across the region and to target these limited resources to better serve high risk populations. The Agency holds licensing for Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Tomando Control de su Salud (Spanish CDSMP), A Matter of Balance and Fit and Strong. The Agency has Master trained staff in Chronic Disease Self-Management Program and A Matter of Balance.

To leverage the impact of available funding and reach the most participants, providers may operate these programs and receive training support under the Agency’s license agreements. The Agency will focus heavily on recruiting and training additional leaders through our relationships with grantees and professional partnerships. The Agency will continue to assist our

Title III-D funded providers in facilitating programs, providing support to all leaders in the areas of program fidelity, recruiting and retaining leaders, tracking and preparing workshops and completion of all required reports to retain licensure. The Agency on Aging is seeking an increase in its Title III-D direct service funding to assist our funded providers in outreach and marketing of their Title III-D programs as they are experiencing challenges in recruiting participants to their programs.

**The Agency on Aging is seeking continued approval for FY19-FY21 and is requesting \$45,000 for III-D Health Promotion Program activities.**

Projected number of persons: 70 (based on FY17 experience) projected units: 400

### **Other Area Agency on Aging Resources and Responsibilities**

The Area Agency receives funds outside of traditional Older Americans Act programs and these responsibilities fall into two categories: 1) Additional Services for Older Adults and 2) Special Projects – Public/Private Collaborations.

#### ***Additional Services for Older Adults***

##### **Adult Protective Services**

The Agency on Aging is the Regional Administering Agency (RAA) for the IL Adult Protective Services (APS) program in PSA 02 under an Illinois Department on Aging (IDoA) grant. The Agency oversees five Adult Protective Service Provider Agencies (APSPAs) who investigate reports of alleged abuse, neglect and exploitation for adults 60+ and persons with disabilities ages 18-59. It also participates in the Illinois Adult Protective Services Advisory Council. APSPAs are paid directly by IDoA to conduct investigations and/or case management. The Agency does fund APSPAs for Multi-Disciplinary Teams (M-Teams) activities and Title VII training. In FY19 it anticipates \$52,573 in funding under this grant to perform these activities.

The Adult Protective Services Program in Illinois responded to more than 16,000 reports of abuse, neglect and exploitation in FY17 according to IDoA and projects the number of reports to exceed 18,000 in FY19. In FY17, Adult Protective Services responded to 2,484 reports of abuse, neglect, and exploitation in PSA 02.

##### **Alzheimer's Disease Supportive Services Program (ADSSP) Part B Grant**

The goal of the ADSSP is to further develop the dementia capability of the Aging and Disability Resource Network (ADRN) and eliminate service gaps by expanding person-centered supportive services that meet the needs of persons living with Alzheimer's disease and related dementias and their family caregivers. The grant is funded by IDoA through the Administration for Community Living (ACL). The 16 month ADSSP grant ends January 31, 2019.

Through this dementia friendly initiative, the Agency is fostering the Dementia Friendly America goals by raising awareness and reducing stigma, encouraging the adoption of dementia friendly practices, and raising awareness through training and education on how to effectively interact with people living with dementia. The Agency engages community stakeholders through

advisory committees to create Dementia Friendly Communities in North Chicago and Kankakee County. The Agency is offering community-based programs to support persons with dementia and their caregivers such as Stress Busting for Family Caregivers (evidenced based program) and the implementation of Memory Cafés in these communities. Supportive Gap Filling Funds are available to assist people living with dementia and their caregivers in meeting the needs of persons with dementia. The Agency will work with IDoA to pilot a Dementia Care Specialist Program through our ADRN core partners and will continue its work with IDoA and the Illinois Cognitive Resource Network (ICRN) to ensure sustainability of the dementia capability of the ADRN.

### **Employment Programs**

The Agency on Aging receives State Senior Employment Specialist Program (SESP) funding to assist seniors 55 and older with job referrals and coordination with National Able Network, Senior Services America (SSA), State Employment Offices and Workforce Boards. In FY19 the Agency anticipates \$17,968 in funding.

***Program Benefit:*** IDoA reports that 38.8% of seniors enrolled in the Senior Community Employment Service Program entered employment.

### **Illinois Senior Farmers' Market Nutrition Program**

The USDA Senior Farmers' Market Nutrition Program (SFMNP) awards grants to provide low-income seniors with coupons that can be exchanged for eligible foods at participating farmers' markets, roadside stands, and community supported agriculture programs. Eligible seniors are 60+ years old with household incomes of not more than 185 percent of the Federal poverty income guidelines. The Agency administers the SFMNP in Kankakee, McHenry and Lake Counties with the help of Kankakee County Community Services and Catholic Charities, respectively, which each receive a portion of \$1,000 to offset the cost of distributing coupons and manage reporting.

### **Senior Health Assistance Program (SHAP) and Senior Health Insurance Program (SHIP)**

To provide objective local assistance, often in-person, with these decisions, Medicare increasingly relies on the Senior Health Insurance Program (SHIP) – known by various names in different states – and on state and local programs. In Illinois, that is the Senior Health Assistance Program (SHAP), which funds local Medicare assistance efforts statewide. Funding under the Medicare Improvement for Patients and Providers Act (MIPPA) supplements SHAP funding and concentrates primarily on benefits for low-income Medicare enrollees.

In Illinois, SHIP uses a small professional staff and a large corps of highly trained volunteers statewide. They assist Medicare enrollees with Part D and a wider range of Medicare issues, some not covered by SHAP, including supplemental insurance and Part A and B enrollment and benefits. SHIP has been a part of the Illinois Department on Aging since 2013, and IDoA is working to integrate SHIP with the closely related SHAP for greater efficiency and service to Medicare enrollees. All the Care Coordination Units in the eight counties of this region are both SHIP and SHAP/MIPPA sites.

A separate but related program is Illinois' Medicare-Medicaid Alignment Initiative, which uses managed care plans for people enrolled in both Medicare and Medicaid. In this region, MMAI is offered in DuPage, Kane, Kankakee, Lake, and Will Counties. In 2018 the MMAI Assistance grant supports the assistance that SHAP sites and other SHIP sites offer to those eligible for MMAI, so they can understand their options and make well-informed choices among them, IDoA recently announced another grant to offer similar support for SHIP sites in the non-MMAI counties (Grundy, Kendall, and McHenry). These funds, not yet awarded for 2018, will provide assistance with Medicare enrollment and related issues, with particular attention to low-income enrollees and others who have special needs or are hard to reach.

***Program Benefits in this region\****: CMS estimates that **Part D** saves enrollees an average of \$1,945/yr. and **Part D Low Income Subsidy (LIS)** saves its recipients an average of \$4,000/yr.

- In 2017, the Agency's funded SHAP agencies assisted 1,384 Part D enrollments with estimated savings of over \$2.69 million for enrollees
- SHAP agencies helped 358 enrollees to obtain **LIS** benefit saving over \$1.43 million
- SHAP agencies helped 311 eligible people apply for the **Medicare Savings Program** (pays their Part B premium of \$134/month) for total savings of over \$500,000
- These three SHAP activities saved Medicare beneficiaries in this region over \$4.62 million in direct costs – along with the unquantifiable health benefits that resulted from this much more affordable care.

\*Source: based on estimates from the Centers for Medicare & Medicaid Services (CMS)

### **Senior Medicare Patrol (SMP)**

With the leadership of a SMP Coordinator and the support of the State Grantee, volunteers with the Senior Medicare Patrol (SMP) are working to ensure fewer people become victims of health care fraud. SMP is an ACL federal initiative that recruits and trains volunteers to help people recognize and report health care billing errors and potential fraud. The main message is to "Protect, Detect and Report" Medicare and Healthcare Fraud.

The Illinois SMP Program is administered by AgeOptions. The Agency has a direct service grant to partner in the delivery of the program in Will, Grundy, Kankakee and DuPage counties. These activities include training and hosting volunteers to provide outreach and education in our community, including presenting to groups, hosting exhibits at community events and senior fairs. In FY19 the Agency anticipates receiving \$11,000 in funding to perform the above activities.

### **Systems Development Grant**

The Agency receives State resources from IDoA to provide long term care systems development activities. The Agency provides assistance with Community Care Program's (CCP) operational and management activities by offering ongoing assistance to CCP providers and Care Coordination Units (CCU) related to their performance of CCP activities. The Agency conducts routine oversight and on-site pre-certification reviews of adult day service sites and in-home CCP provider agencies. The Agency conducts quarterly meetings with CCP providers to communicate regional, state, and national updates on services and funding. The Agency also provides assistance with planning and development as requested by IDoA.

The Agency provides assistance with the Aging and Disability Resource Network (ADRN)/No Wrong Door activities including its development and implementation in our planning and service area. The Agency holds ADRN advisory council quarterly meetings with its ADRN core partners (CCUs and Centers for Independent Living-CILs) in the region to facilitate coordination, development and implementation of the ADRN initiative. In FY19, the Agency anticipates receiving \$25,010 in funding to perform the above activities.

### ***Special Projects – Public/Private Collaboration***

#### **Holiday Meals on Wheels**

The Holiday Meals on Wheels project supplements the publicly funded Title III-C2 Home Delivered Meals program by providing holiday and weekend meals to nutritionally at-risk seniors. The Agency on Agency seeks private and corporate support for the project which survives on special events, donations and community support. In its 27th year, the Celebrity Chefs Brunch is the principle fundraiser for Holiday Meals on Wheels and other aging service programs. The Holiday Meals on Wheels program supports vulnerable older adults in the eight county service area by providing meals when they would otherwise not be offered.

#### **Senior Lifestyle Expo**

Now in its 23<sup>rd</sup> year, the Senior Lifestyle Expo was created as an outreach event to expand sources of information on aging issues, increase visibility for the aging network and generate funds to maintain and enhance quality services. In addition to providing valuable information on a wide variety of topics, activities take place including educational seminars, demonstrations, health screenings and entertainment. In the process of planning this annual event, critical contacts are made that help the Agency on Aging build credibility with the private sector and gain recognition as a source of expertise in the field of aging.

#### **Illinois Veterans Independence Program**

The Veterans Independence Program (VIP) in Illinois was created following the 2009 initiative to enable Veterans Administration Medical Centers (VAMCs) to provide home and community support services through HHS' Veterans Directed Home & Community Based Service Program (VDHCBS). The goal of the VIP program is to provide eligible veterans at risk of nursing home placement the least costly and most beneficial services to meet their disability needs. VIP is a consumer directed program that allows Veterans to develop a service plan that best fits their care needs and to remain living in the community. The Agency on Aging's role is to provide overall program management for the VAMC and conducts program analysis, training, and provides recommendations to the VA for program improvements.

In response to an identified service gap due to the discontinuation of the VIP through AgeOptions (Suburban Cook County Area Agency on Aging), the Agency began providing VIP services in Cook County in March 2018. Currently, the Capt. James T. Lovell FHCC is actively referring Veterans in northern Cook County, and the Agency will provide VIP management for a Veteran in suburban Cook County through Edward J. Hines VAMC beginning in May 2018.

Since the program's inception in 2010, the Agency has received 200 referrals. As of April 2018, 39 Veterans are currently enrolled, 35 are actively receiving services. Since March 2015, only

16% of Veterans dis-enrolled from VIP was due to institutionalization and 52% of Veterans were able to remain in their homes until their death.

***Program Benefits:***

**Long Term Care Savings:** According to the Genworth Cost of Care Study for 2016, the median daily cost for nursing home care in the Chicagoland area is \$225/day (\$6750/mo.). Regionally, the highest cost of care provided by the VIP is approximately \$145/day (\$4354/mo.). An FY17 program analysis estimates VIP saved the VA approximately \$1.5 million dollars in long term care costs.

**Quality of Life:** The VIP increased quality of life for Veterans and their caregivers. In FY18, program satisfaction survey responses showed that 100% expressed satisfaction with the program overall and 100% report that the program improved the quality of life for their primary caregiver.

95% of Veterans enrolled in the program reported that VIP helps them remain safely in their home and 93.4% report that VIP services help them be more independent,

### **Agency on Aging Older Americans Act and State Revenues**

By authorization of the Older Americans Act the Illinois Department on Aging provides funds from the Administration on Community Living in the U.S. Dept. of Health & Human Services to the Northeastern Illinois Area Agency on Aging. These funds are to be used in the eight-county planning and service area that includes DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will Counties for the purposes described below:

#### **Older Americans Act Resources**

- Title III-B** Administration and Social Services, including a mandated IDOA-determined set-aside for Ombudsman
- Title III C-1** Administration and Congregate (Community Dining) Meals
- Title III C-2** Administration and Home Delivered Meals
- Title III-D** Evidenced-Based Health Promotion and Disease Prevention
- Title III-E** Administration and National Family Caregiver Support Program
- Title VII** Administration and Adult Protective Services and Ombudsman training and support

#### **Illinois General Revenue Funds**

- Title III Match:** Administration and Home Delivered Meals, Information & Assistance, Transportation, or other Area Plan services
- Home Delivered Meals:** mandated IDOA-determined set-aside for Home Delivered Meals
- Community-Based Services:** Information & Assistance, Transportation, or other community-based services

**Adult Protective Services (APS) Program:** provides investigation, intervention and follow-up services to victims of alleged abuse, neglect or financial exploitation of persons 60 years of age and older and persons 18–59 years of age with a disability  
**Ombudsman Services:** mandated IDOA-determined set-aside for Ombudsman services  
**Senior Employment Advocacy:** Advocacy and Active Referrals to Senior Community Service Employment Program (SCSEP) grantees in our planning and service area  
**Systems Development Grant:** Advocacy, Program Development, and Coordination related to the State-administered Community Care Program and assistance with the No Wrong Door (NWD)/Aging Disability Resource Network (ADRN) Statewide implementation

### **Nutrition Services Incentive Program Funds**

Based on prior year meals served count and used to support Congregate and Home Delivered Meals.

### **IDOA Minimum Percentage Requirements**

This Public Hearing Document does not include a waiver request for the IDOA minimum percentage requirements: a minimum percentage for Access Services (33.1%), a minimum percentage for In-Home Services (0.04%), and a minimum percentage for Legal Services (3.2%).

The proposed FY19 budget is on the following page. *Note: Allocations are based on Area Agency on Aging Letter #881. Federal planning allocations are based on projected Administration on Community Living FY17 Title III and Title VII, State General Revenue planning allocations are based on the Governor's proposed budget for Aging.*

**NORTHEASTERN ILLINOIS AREA AGENCY ON AGING  
PROPOSED FY 19 RESOURCES**

**Letter 881**

04/10/18

| ITEM:                                      | FY 19<br>TOTAL<br>AGENCY | FY 19<br>BUDGETED<br>ADMIN | FY 18<br>BUDGETED<br>ADMIN |
|--|--------------------------|----------------------------|----------------------------|
| <b>Federal Grants:</b>                     |                          |                            |                            |
| Title IIIB                                 | 2,401,810                | 298,548                    | 298,548                    |
| Title IIIB Ombudsman                       | 151,374                  | 15,137                     | 14,867                     |
| Title IIIC-1                               | 2,963,226                | 221,433                    | 217,249                    |
| Title IIIC-2                               | 1,590,313                | 192,815                    | 192,815                    |
| Title IIID                                 | 135,868                  | -                          | -                          |
| Title IIIE                                 | 1,047,685                | 104,769                    | 98,277                     |
| Title VII Ombudsman                        | 120,931                  | 12,093                     | 11,877                     |
| Title VII Elder Abuse                      | 30,303                   | 3,030                      | 2,771                      |
| MIPPA                                      | 76,781                   | 7,678                      | 7,679                      |
| USDA Commodities (NSIP)                    | 628,050                  | -                          | -                          |
| <b>Federal Sub-Total:</b>                  | 9,146,341                | 855,503                    | 844,083                    |
| Title IIIB Direct Services                 | 403,722                  | 403,722                    | 376,583                    |
| Title IIID Direct Services                 | 45,000                   | 45,000                     | 36,726                     |
| Title IIIB & IIIE I & A Direct Service     | 118,000                  | 118,000                    | 118,000                    |
| <b>Federal Sub-Total:</b>                  | 9,713,063                | 1,422,225                  | 1,375,392                  |
| <b>State Grants:</b>                       |                          |                            |                            |
| GRF Match                                  | 457,094                  | 277,567                    | 273,919                    |
| GRF Community Service                      | 1,317,634                | -                          | -                          |
| LTC Bed Tax Ombudsman                      | 206,440                  | -                          | -                          |
| GRF Home Delivered Meals                   | 4,157,260                | -                          | -                          |
| GRF Ombudsman                              | 664,968                  | -                          | -                          |
| GRF Elder Abuse                            | 52,573                   | 52,573                     | 52,573                     |
| GRF Administrative Support Agreement (SDG) | 25,010                   | 25,010                     | 25,010                     |
| GRF Senior Employment Specialist           | 17,968                   | 17,968                     | 17,968                     |
| GRF SHAP                                   | 288,263                  | 28,826                     | 28,826                     |
| <b>State Sub-Total:</b>                    | 7,187,210                | 401,944                    | 398,296                    |
| <b>Other Funds:</b>                        |                          |                            |                            |
| Veterans Independence Project              | 40,000                   | 40,000                     | 40,000                     |
| SHIP MIPPA                                 | 65,370                   | 6,537                      | 5,400                      |
| SMP  | 11,000                   | 11,000                     | 10,000                     |
| MMAI                                       | 108,000                  | 16,200                     | -                          |
| Alzheimer's Dementia Program (16 mo grant) | 108,334                  | 16,605                     | 49,815                     |
| Interest on Principal                      | 500                      | 500                        | 300                        |
| MOW Admin/Intrest                          | 6,000                    | 6,000                      | 350                        |
| Brunch                                     | 34,100                   | 34,100                     | 34,100                     |
| Senior Lifestyle Expo                      | 95,170                   | 95,170                     | 95,170                     |
| <b>Other Funds Sub-Total:</b>              | 468,474                  | 226,112                    | 235,135                    |
| <b>Other Sub-Total:</b>                    | 468,474                  | 226,112                    | 235,135                    |
| <b>Total Agency Resource Budget:</b>       | 17,368,747               | 2,050,281                  | 2,008,823                  |



## **Dissemination of Federal and State Resources Funding Allocation Process and Associated Policies and Practices**

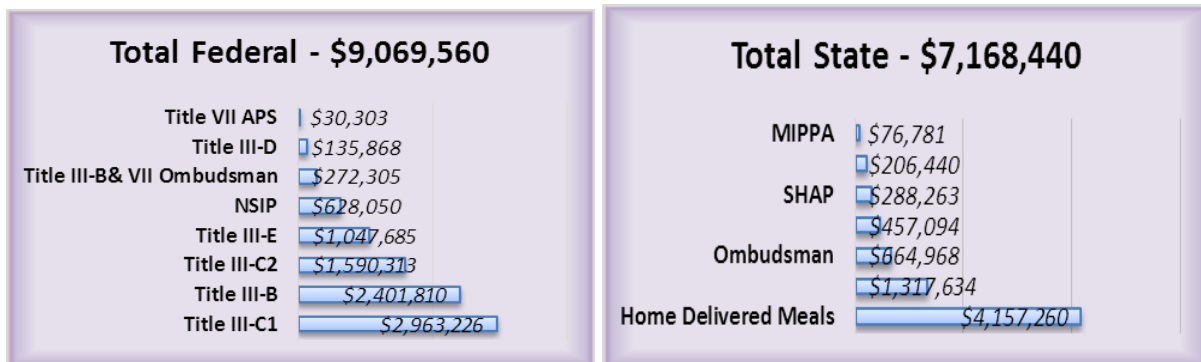
This process applies to services funded under Titles III and VII of the Federal Older Americans Act and Illinois General Revenue Funds provided by the Illinois General Assembly. In addition, these funds are subject to all regulations stipulated by Federal and State mandates.

### **Illinois Department on Aging Notification - Federal and State Resources:**

The IL Department on Aging has informed the Agency on Aging of initial FY19 allocations. Allocations are based on Area Agency on Aging Letter #881, which is the IL Dept. on Aging's allocation letter currently in effect for FY19 and in the Governor's budget. The Illinois General Assembly has not yet approved the Governor's Budget nor has the United States House or Senate approved the President's Federal Budget.

The Agency on Aging estimates that \$9,069,560 Federal funds will be available for FY19 for services funded under Titles III-B, -C, -D, and -E and Title VII of the Older Americans Act. This figure is based on projected FY19 grant awards from the U.S. Administration on Aging. This is a projected increase of \$93,094 in resources compared to FY18 Public Hearing planning allocations.

The FY19 total includes Federal funds for core and county-specific services and for set-asides and special mandates. Set-asides and mandates are determined by IDoA to reflect legislative directives. There are no provisions for transfers from the set-asides. The specific set-asides of Federal funds are Titles III-B and VII Ombudsman, Title III-D Health Promotion & Disease Prevention, Title III-E the National Family Caregiver Support Program, and Title VII Elder Abuse.



In addition, the Agency on Aging projects a total allocation of \$7,168,440 General Revenue Funds for services within this PSA in FY19. This is based on the Governor's proposed FY19 allocation. The Long Term Care (Bed Tax), Senior Health Assistance Program and MIPPA allocations are not included in IDOA's letters and are based on FY18. The General Assembly has not yet approved the Governor's proposed budget for FY19. The State may therefore begin FY19 with a General Fund budget deficit, and the Agency on Aging anticipates that reductions to the Governor's proposed budget for FY19 are likely.

Carryover from FY18 into FY19 in Titles III-B and III-C is projected to be \$175,000, and \$25,000 in Title III-E, for a total of \$200,000. No carryover is projected for the mandated services, and no carryover of State funds is allowed.

## **AAA Funding Policies and Practices**

### **Region-Wide Allocations**

#### **Set-Aside Special Short-Term Projects or One-Time Funding**

The Agency on Aging will set aside \$305,877 in Titles III-B/C/E funds for Special Short-Term Projects. These projects could include piloting new services and/or programs to address social isolation. Funding for these projects might also be used for capacity building or planning programs. If these funds are not used for Special Short-Term Projects then they will be allocated as One-Time funds to address one-time needs within the region. As per policy, if there are reductions in federal support for Older Americans Act services or State General Revenue, these funds may be needed to offset any harmful impact on existing service support levels.

#### **Community Connection Collaboratives (CCC)**

In FY16 Community Connection Collaborative funding was expanded to serve all eight counties through a competitive Request for Funding Proposals (RFPs). Awards were made in all counties except in DuPage and Grundy where no acceptable applications were received. In FY19 the CCC funds intended for DuPage and Grundy counties will be allocated through Special Short-Term or One-Time projects as described above. Based on evaluation of the current service delivery model, peripheral requirements for participation in community dining will be discontinued in order to expand the opportunity for more providers to participate. The Agency will continue to evaluate the outcomes from this service delivery model, availability of resources and seek input from constituents, providers, and the community at-large to determine whether any significant adjustments to this service design are needed in FY20.

Community Connection Collaborative funding is set at 5.25% of Title III-B/C and General Revenue resources and the FY19 proposed allocation for the six participating Community Connection Collaborative counties is \$340,428.

#### **Title III-D Health Promotion Programs**

In FY17 and FY18 the Agency on Aging provided regional Title III-D activities and direct services in Lake County in the absence of a funded Title III-D provider. In FY19, the Agency will seek a Title III-D provider agency to provide Health Promotion programs in Lake County. The Agency on Aging is again requesting Title III-D direct service waiver health promotion program funds in FY19 to support the training, program costs and licensing fees for providing Chronic Disease Self-Management Program/Diabetes Self-Management Program and A Matter of Balance programs region-wide in PSA 02; and active participation in statewide healthy aging collaborations.

## County Formula Shares

The Agency's longstanding policy is that the funding formula uses the most current data and estimates from the U.S. Census Bureau and the Illinois Bureau of the Budget. Funding resources will be distributed equitably among the eight counties of the PSA according to the Agency's regional funding formula. The formula determines the percentage of total resources available for services to be allocated in each of the PSA's eight counties and has three purposes:

- ✓ to reflect the language and fulfill the intent of the Older Americans Act
- ✓ to respond to growth in the population aged 60+
- ✓ to minimize disruption in existing services

Each county's formula share is the sum of six factors:

- **.20 of the county's percentage** of the region's population aged **60+**
- **.30 of the county's percentage** of the region's population aged **60+ and with incomes under 125% of the Federal poverty level**
- **.15 of the county's percentage** of the region's **minority population aged 60+**
- **.20 of the county's percentage** of the region's population aged **75+**
- **.10 of the county's percentage** of the region's population aged **60+ and living alone**
- **.05 of the county's percentage** of the region's senior population of counties with no more than 4% of the region's total senior population, referred to as *Fixed Cost*\*

\*Eligibility for funding under the formula's *Fixed Cost* factor is limited to counties whose 60+ population is no more than 4.00% of the region's total 60+ population - **Grundy, Kankakee and Kendall Counties meet this criterion.**

| <b>FY19 Regional Funding Formula</b>  |                |               |               |               |               |               |              |               |               |               |            |              |               |
|---|----------------|---------------|---------------|---------------|---------------|---------------|--------------|---------------|---------------|---------------|------------|--------------|---------------|
| Data sources: U.S. Census Bureau estimates for 2016 for 60+, 75+, minority 60+, and Fixed Cost                                      |                |               |               |               |               |               |              |               |               |               |            |              |               |
| ACL Special Tabulation from the American Community Survey 2009-13 for 125% of poverty<br>(until more recent ACS data are available) |                |               |               |               |               |               |              |               |               |               |            |              |               |
| American Community Survey data for 2010-2014 for 60+ living alone   |                |               |               |               |               |               |              |               |               |               |            |              |               |
|   | 60+            |               | 75+           |               | Minority      |               | 125% Poverty |               | Living Alone  |               | Fixed Cost |              | Formula       |
|   | #              | Share         | #             | Share         | #             | Share         | #            | Share         | #             | Share         | #          | Share        | Share         |
| <b>DuPage</b>   | 193,124        | 29.50%        | 54,518        | 30.31%        | 36,474        | 30.67%        | 12,040       | 27.08%        | 37,290        | 30.47%        | 0          | 0.00%        | 27.73%        |
| <b>Grundy</b>   | 9,681          | 1.48%         | 2,748         | 1.53%         | 479           | 0.40%         | 789          | 1.77%         | 2,095         | 1.71%         | 9,681      | 2.03%        | 3.40%         |
| <b>Kane</b>   | 96,559         | 14.75%        | 26,366        | 14.66%        | 20,141        | 16.94%        | 6,770        | 15.23%        | 17,735        | 14.49%        | 0          | 0.00%        | 14.44%        |
| <b>Kankakee</b>   | 24,266         | 3.71%         | 7,485         | 4.16%         | 3,671         | 3.09%         | 2,700        | 6.07%         | 5,510         | 4.50%         | 24,266     | 1.32%        | 5.63%         |
| <b>Kendall</b>  | 17,405         | 2.66%         | 4,373         | 2.43%         | 2,561         | 2.15%         | 1,110        | 2.50%         | 2,840         | 2.32%         | 17,405     | 1.65%        | 3.97%         |
| <b>Lake</b>   | 133,707        | 20.42%        | 37,147        | 20.65%        | 25,399        | 21.36%        | 9,370        | 21.07%        | 25,805        | 21.09%        | 0          | 0.00%        | 19.85%        |
| <b>McHenry</b>  | 59,595         | 9.10%         | 15,172        | 8.44%         | 4,604         | 3.87%         | 3,665        | 8.24%         | 10,135        | 8.28%         | 0          | 0.00%        | 7.39%         |
| <b>Will</b>   | <u>120,310</u> | <u>18.38%</u> | <u>32,037</u> | <u>17.81%</u> | <u>25,583</u> | <u>21.51%</u> | <u>8,020</u> | <u>18.04%</u> | <u>20,975</u> | <u>17.14%</u> | <u>0</u>   | <u>0.00%</u> | <u>17.59%</u> |
| <b>Region</b>   | 654,647        | 100%          | 179,846       | 100%          | 118,912       | 100%          | 44,464       | 100%          | 122,385       | 100%          | 51,352     | 5%           | 100.00%       |

### **Service Shares and Base Funding Levels**

All Core and County-specific services have a *Service Share* and a *Base Funding Level*.

- ✓ The *Service Share* is the percentage of the total dollars available for distribution that is allocated to that service.
- ✓ The *Base Funding Levels* are determined regionally by applying the service shares to the total amount of funds allocated in FY07. The purpose of the *Base Funding Level* is to target a minimum amount of funding for each service in each county.
- ✓ The *Service Share Funding Level* for that service in a county is determined by multiplying a county's *Formula Share* to that amount.

The Agency strives to maintain all services at no less than *Base Funding Levels* in each county. A service that is below its *Base Funding Level* in any county will be given a high priority for any additional funds available in that county. *Base Funding Levels are not applicable to services with special mandates*, because funds reserved for those services cannot be transferred to other services. A county's formula share of set-aside funds, allocated by IDoA, is its service's funding level.

In establishing Titles III, VII, and GRF service funding plans, the Agency considers the following criteria:

- ✓ The appropriateness of a service in helping seniors in greatest economic and social need (i.e., seniors with one or more of the characteristics in the regional funding formula), most at risk of loss of independence, or most in need of protection of their basic rights;
- ✓ The adequacy of funds to support a level of service that addresses the need effectively at an acceptable cost; and
- ✓ The ability of other service providers or systems to address those needs.

### **Proposed Changes to Funding Formulas**

The Agency proposes to keep its current County Funding Formula and Service Share Funding Formulas for FY19. The Agency will assess the appropriateness of the factors in these formulas during FY19 through input from its funded providers and stakeholder engagement. The Agency may propose incremental changes to its funding formulas in FY20 and FY21.

### **Service Allocation Principles**

Each county has an established service delivery system in place. The distribution of available resources is designed to provide as little disruption to the existing system as possible and to accurately reflect the increases or decreases that may have occurred in the funding or service environment. Adjustments to the county funding allocations will be made at least annually, and also within a fiscal year when necessary to reflect changes in the funds available to the Agency on Aging for service grants and contract awards. *In addition to the general rule of distributing funds according to county formula shares and service shares, the following principles apply:*

#### **When resources increase**

1. When services in a county are funded below its base level - fund each service to its base funding level by prioritizing new resources

2. When funds are not sufficient to bring all services to at least the base funding levels - *distribute any new funds to services below their base levels in proportion to their share of the deficit while holding services funded above their base levels constant*
3. When services are funded at or above their base funding levels – *funds to a county will be distributed among the services according to their service shares*

**When resources decline**

1. Reduce one-time or special project funds before existing grants are reduced
2. When further resources are decreased - *funding for any services that are funded above their base level will be reduced as needed, in proportion to their share of the total above-base funding* (If a further reduction is necessary, it will be distributed among all services that are funded at the base level, according to service shares)
3. When all services are funded below their base levels and resources are reduced - *reduction will be distributed among all services according to their service shares*

**Fund Allocations Greater Than Fund Requests**

In the event that allocations exceed the level of funds requested in a county, these excesses will be reprogrammed as one-time funds within that county and awarded by consensus of grantees serving that county. If there is no consensus, the Agency on Aging will distribute the funds within the county by proportionate share to each service. Funds mandated for a specific service cannot be used for another service in that county, and therefore any excess in one county will be transferred to other counties for the same service, according to county shares.

**Information on a Variety of Funding Opportunities**

If new sources of funds are received, such as Older Americans Act funds under a new title or a new source of State funds, the Agency's Board of Directors will determine the services, sub areas, and funding levels at that time. To cover the tremendous increase in service demand throughout the service area, the Agency will actively pursue other sources of funding.

**Service Categories**

In an attempt to direct limited resources to the most needed services, the Agency on Aging's Advisory Council and Board of Directors established three service categories:

1. **Core Services:** Title III-B and III-C services, including:
  - ✚ **Aging and Disability Resource Network (ADRN) Access Services** (Information & Assistance, Outreach, Options Counseling and Flexible Community Services)
  - ✚ **Legal Assistance**
  - ✚ **Transportation**
  - ✚ **Counseling**
  - ✚ **Congregate Meals**
  - ✚ **Home Delivered Meals**
  - ✚ **Community Connection Collaboratives** (Health Screening, Education and Recreation)
2. **County-specific Services:** These are any Title III-B services an individual county has chosen to maintain. They currently include: **Counseling and Transportation**

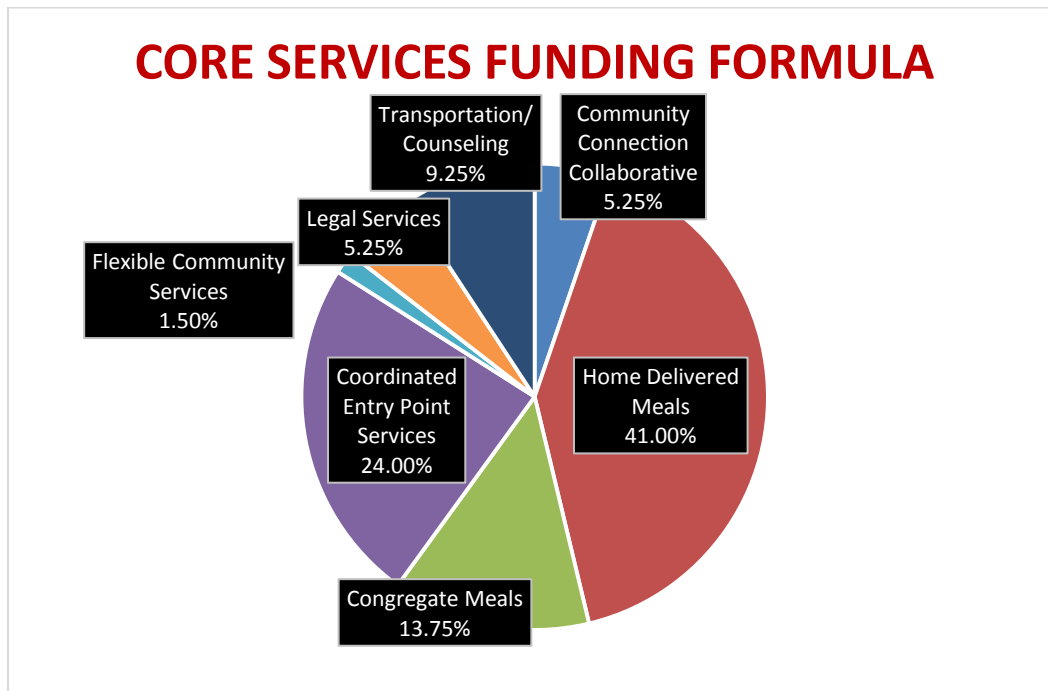
3. **Special Mandates:** These are services mandated outside Titles III-B and III-C or under special Federal, State, or the Agency on Aging regulation. They include:
  - + Titles III-B, VII and Illinois GRF, Ombudsman
  - + Title III-B, Residential Repair and Renovation
  - + Titles VII, Adult Protective Services and Ombudsman Training and Support
  - + Title III-D, Health Promotion and Disease Prevention
  - + Title III-E, National Family Caregiver Support Program
  - + Illinois GRF, State Pharmaceutical Assistance Program

**Service Bundles:** the Agency on Aging bundles the following services into packets whereby providers must apply for all services within the packet:

- + **ADRN Access Services:** [I&A, Outreach, Options Counseling and FCS]
- + **Caregiver Resource Center Services (CRC):** [Access Assistance, Supplemental Gap-Filling Respite and Caregiver Legal Services]
- + **Caregiver Counseling Center Services (CCC):** [Counseling, Training and Education and Support Groups]

**Service Formula Shares\***

Once resources have been allocated to counties using the County Share Funding Formula, resources are then distributed to services using a Service Share Formula. The FY19-21 Service Shares are:



\*The FY17 and FY18 GRF increases for the Home Delivered Meals program have gradually skewed the Agency’s funding formula shares for the Title III-B and Title III-C Core Services. The Agency tries to at least minimally maintain current levels of service from year to year whenever possible. In FY18 the Agency took incremental steps to restore the integrity of its

Service Formula Share by requesting IDoA’s approval to reduce its Title III-C1 (Congregate Meal) transfer amount to the Title III-C2 Home Delivered Meals. This transfer reduction restored funding to the Title III-C1 (Congregate Meals) program and increase its actual service share closer to its Core Service share of 13.75%. In FY19, the Agency will again request IDoA’s approval to further reduce its Title III-C1 transfer amount to once to try to fully restore all of its Core Services to their Services Share percentages.

**Family Caregiver Support Services (III-E)**

|  |  |
|--|--|
| <b>Caregiver Resource Center:</b><br>Assistance, Respite and Gap Filling<br>Services, Legal Services | <b>Caregiver Counseling Center:</b><br>Individual Counseling, Caregiver<br>Training, Developing Support Groups |
| 77%  | 23%  |

**Caregiver Resource Center Services (CRC):**

- 3.5 % of CRC resources are set aside at the regional level for Legal services, to be drawn down by Caregiver Resource Centers or Caregiver Counseling Centers on a first-come, first-serve basis. The per-person spending cap imposed on Title III-E Legal Services is \$1,000
- Caregiver Assistance is limited to 28% of granted CRC resources (excluding Legal services)

**Ombudsman Service Formula Shares:** The Agency uses a special formula to distribute Ombudsman funds to its counties and are not adjusted during the fiscal year.

- 50% of funds are distributed based on the County Share Funding Formula
- 50% of funds are distributed based on the # of licensed skilled, intermediate, MC/DD and sheltered care beds and ½ of the licensed Assisted Living facility and Supportive Living units in each county.

| FY19 UPDATE - OMBUDSMAN SERVICE FORMULA SHARE |        |        |        |          |         |        |         |        |
|---|--------|--------|--------|----------|---------|--------|---------|--------|
| Fiscal Year                                   | DuPage | Grundy | Kane   | Kankakee | Kendall | Lake   | McHenry | Will   |
| FY2019  | 28.87% | 2.42%  | 15.85% | 6.21%    | 2.52%   | 21.64% | 6.76%   | 15.73% |

Beginning in October 2017, the Regional Ombudsman Programs were also required to visit residents age 18+ in Medically Complex for the Developmentally Disabled Facilities (MC/DD)

**Waiver request for In-Home Services**

The Illinois Department on Aging requires Area Agencies on Aging to allocate at least .04% of their resources to in-home services. The Agency on Aging budgets 1% of its resources for such services and therefore *does not need to request a waiver from this requirement for FY19.*

**Home Delivered Meals (HDMs) Funding & Unmet Needs**

The Agency on Aging and its Title III-C grantee agencies recognize and appreciate the increased support of the home-delivered meals program by the Illinois General Assembly. Since FY98



there has been a specific set-aside for the provision and expansion of home-delivered meals. This service has grown over the years and this additional funding has enabled our grantees to provide more meals to more persons for a longer period of time in a broader service area.

The region-wide priority is to use our services, especially home-delivered meals, to maintain the dignity and independence of the most vulnerable older persons. That is, to provide hot, frozen or shelf-stable meals for any older person in need residing in the eight-county PSA. The Agency on Aging, in conjunction with its nutrition providers and care coordination units, will continue to closely monitor those areas with and at risk of developing waiting lists. Additionally, the Agency will advocate for continued, consistent funding to provide home-delivered meals for homebound older adults residing in the PSA who are in need of meals.

- ✚ In **FY17: 756,601 meals were delivered to 5,015 homebound** older adults in the PSA
- ✚ During FY17, due to increased State GRF for home delivered meals, waiting list in DuPage, Kankakee, and Will counties were eliminated. **This was the first time in many years there was not a waiting list for home-delivered meals within the eight county PSA!**
- ✚ As of March 2018, Kane Senior Council, a subsidiary of DuPage Senior Citizens Council, became the nutrition provider in Kane County and Catholic Charities of the Archdiocese of Chicago became the nutrition provider in McHenry County. Both providers serve adjacent counties and have diligently worked to start nutrition programs in an additional county.
- ✚ There is currently a waiting list of 11 clients in Kane County and 67 clients in McHenry County. The Agency is working with nutrition providers and the care coordination unit to better understand and address the waiting list resulting from the recent program transition.
- ✚ All PSA counties provide weekend meals to those clients in most need. Providers in DuPage, Grundy, Kankakee, Kendall, and Lake Counties are also providing 2 meals per day to those clients most in need.
- ✚ In **FY18: 796,519 home delivered meals are projected to be provided in the PSA**

### **Impact of Service:**

Home delivered meals are many times the first contact a client has with available services and supports to enable them to live in their own home, achieve better health, and feel less isolated. Nationally, the benefits of increased nutritional intake from home delivered meals translate into improved health. According to the 2017 Meals on Wheels America Fact Sheet:

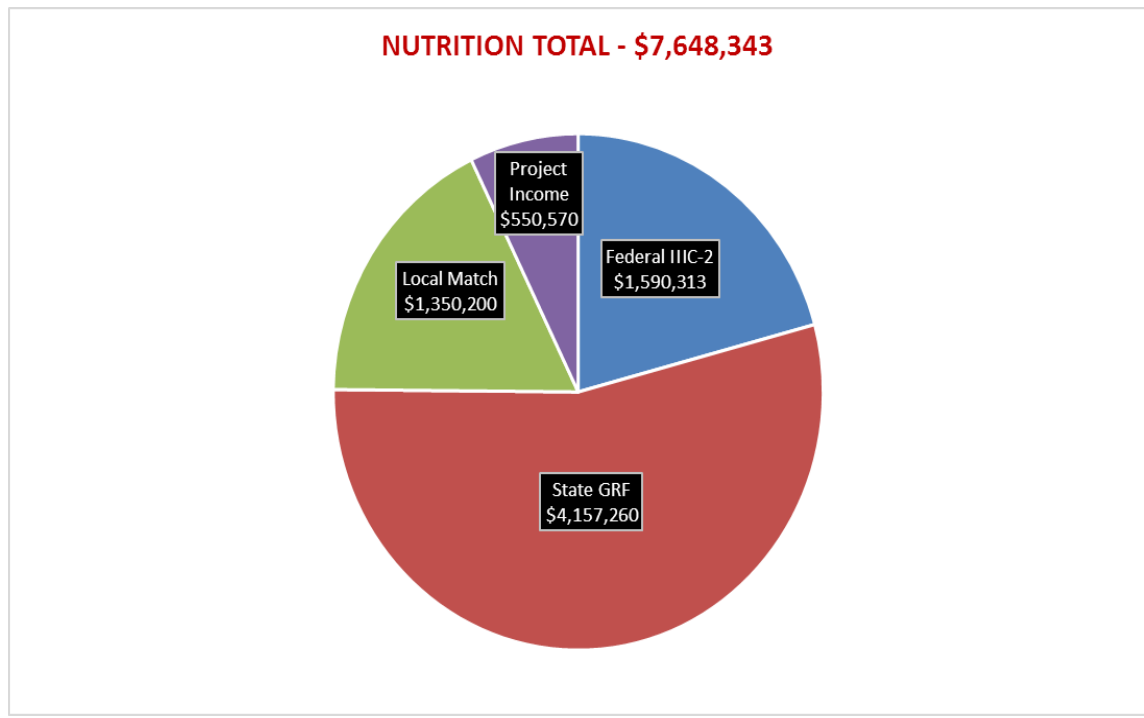
- 92% of clients say home delivered meals enable them to remain living at home.
- 81% of home delivered meal clients say the service improves their health
- Approximately one year of meals can be provided for the same cost as one day in a hospital
- Home delivered meal recipients also report fewer falls
- 90% of clients state it makes them feel more safe and secure reducing feelings of isolation and loneliness

Home delivered meals are a community effort bringing meal providers, volunteers, and other community organizations together to improve the quality of life for seniors and their caregivers.



Research also shows daily delivery of meals increases these benefits. Home-delivered meals also represent an essential service for many caregivers, by helping them to maintain their own health and well-being. Throughout the eight county PSA, nutrition providers strive to develop a network of volunteers and staff to provide consistent delivery Monday thru Friday. Continued adequate funding and consistent cash flow are critical to keep this extensive network operating to deliver meals and the many associated benefits of better health and improved quality of life.

### Anticipated FY19 Home Delivered Meals Funding



A comparison of projected FY18 and FY19 Area Plan budgets follows on the next pages.

*Note: Allocations are based on Area Agency on Aging Letter #881, which is the Illinois Department on Aging's allocation letter currently in effect for FY18 and is the Governor's Budget. The Illinois General Assembly has not yet approved the Governor's Budget nor has the United States House or Senate approved the President's FY19 Federal Budget.*

**PUBLIC HEARING FY2019**  
**Projected ALLOCATIONS AND CARRY-OVER Letter 881**  
**April 17, 2018**

Page 1

|   | A<br>PH Document<br>FY2018<br>4/20/2017 | B<br>PH Document<br>FY2019<br>4/20/2018 | Difference<br>(A->B) |
|---|---|---|----------------------|
| <b>FEDERAL ALLOCATIONS:</b>   |   |   |                      |
| Title IIIB Community  | \$2,322,881                             | \$2,401,810                             | \$78,929             |
| Title IIIC-1  | \$3,022,987                             | \$2,963,226                             | (\$59,761)           |
| Title IIIC-2  | \$1,576,739                             | \$1,590,313                             | \$13,574             |
| Title IIID  | \$135,365                               | \$135,868                               | \$503                |
| Title IIIE  | \$1,047,859                             | \$1,047,685                             | (\$174)              |
| Title VII Elder Abuse   | \$27,713                                | \$30,303                                | \$2,590              |
| Title VII Ombudsman   | \$119,585                               | \$120,931                               | \$1,346              |
| Title IIIB Ombudsman  | \$148,667                               | \$151,374                               | \$2,707              |
| <i>Ombudsman Sub-Total</i>  | \$268,252                               | \$272,305                               | \$4,053              |
| NSIP Commodities  | \$574,670                               | \$628,050                               | \$53,380             |
| <b>Total Federal</b>  | <b>\$8,976,466</b>                      | <b>\$9,069,560</b>                      | <b>\$93,094</b>      |
| <b>STATE GENERAL REVENUE FUNDS (Governor's Budget) &amp; MIPPA:</b> |   |   |                      |
| Title III Match   | \$451,341                               | \$457,094                               | \$5,753              |
| Supplemental - Community  | \$1,325,720                             | \$1,317,634                             | (\$8,086)            |
| Supplemental - HDMs   | \$4,104,940                             | \$4,157,260                             | \$52,320             |
| Ombudsman   | \$638,559                               | \$664,968                               | \$26,409             |
| 1) LTC Bed Tax Ombudsman  | \$201,081                               | \$206,440                               | \$5,359              |
| 1) State Pharm. (SHAP)  | \$246,824                               | \$288,263                               | \$41,439             |
| Senior Health Insurance Program                                     | \$54,000                                | \$0                                     | (\$54,000)           |
| 1) MPPA (Federal)   | \$89,152                                | \$76,781                                | (\$12,371)           |
| <b>Total GRF</b>  | <b>\$7,111,617</b>                      | <b>\$7,168,440</b>                      | <b>\$56,823</b>      |
| <b>PSA Allocation Sub-Total</b>                                     | <b>\$16,088,083</b>                     | <b>\$16,238,000</b>                     | <b>\$149,917</b>     |
| <b>CARRY-OVER FUNDS</b>   |   |   |                      |
| Title IIIC/B Community  | \$150,000                               | \$175,000                               | \$25,000             |
| Area Agency IIIC/B  | \$0                                     | \$0                                     | \$0                  |
| Title IIIB Ombudsman  | \$0                                     | \$0                                     | \$0                  |
| Title IIIE  | \$20,000                                | \$25,000                                | \$5,000              |
| Title IIID  | \$0                                     | \$0                                     | \$0                  |
| Title VII Elder Abuse   | \$0                                     | \$0                                     | \$0                  |
| Title VII Ombudsman   | \$0                                     | \$0                                     | \$0                  |
| <b>Total Carry-Over</b>   | <b>\$170,000</b>                        | <b>\$200,000</b>                        | <b>\$30,000</b>      |
| <b>TOTAL REVENUE</b>  | <b>\$16,258,083</b>                     | <b>\$16,438,000</b>                     | <b>\$179,917</b>     |

1) Column B is Based on the actual FY18 Allocation.

**PUBLIC HEARING FY2019**  
**Projected ALLOCATIONS AND CARRY-OVER Letter 881**  
**4/27/2018**

**ANTICIPATED EXPENDITURES**

|   | A<br>FY2018         | B<br>FY2019         | Difference       |
|---|---------------------|---------------------|------------------|
| <b>Area Agency on Aging Operations</b>      | <b>4/20/2017</b>    | <b>4/20/2018</b>    | <b>(A-&gt;B)</b> |
| II B/C/Omb/VII Admin+Prog Dev, Coord, Advoc | \$1,388,629         | \$1,424,345         | \$35,716         |
| III-E Admin                                 | \$104,786           | \$104,769           | (\$17)           |
| SHAP Admin                                  | \$24,682            | \$28,826            | \$4,144          |
| MIPPA Admin                                 | \$8,915             | \$7,678             | (\$1,237)        |
| SHIP Admin                                  | \$5,400             | \$0                 | (\$5,400)        |
| LTC Bed Tax Ombudsman (no Admin)            | \$0                 | \$0                 | \$0              |
| <b>TOTAL AAoA Admin</b>                     | <b>\$1,532,412</b>  | <b>\$1,565,618</b>  | <b>\$33,206</b>  |
| <b>Area Agency on Aging Direct Services</b> |                     |                     |                  |
| IID: Health Promotion Direct Service        | \$36,437            | \$45,000            | \$8,563          |
| II B: I&A Direct Service                    | \$64,000            | \$64,000            | \$0              |
| III E: I&A Direct Service                   | \$54,000            | \$54,000            | \$0              |
| <b>Total AAoA Direct</b>                    | <b>\$154,437</b>    | <b>\$163,000</b>    | <b>\$8,563</b>   |
| <b>TOTAL AAoA</b>                           | <b>\$1,686,849</b>  | <b>\$1,728,618</b>  | <b>\$41,769</b>  |
| <b>Provider Direct Services</b>             |                     |                     |                  |
| Title III C/B Community                     | \$8,838,199         | \$8,938,199         | \$100,000        |
| 1) III C-2 Home-Delivered Meals             | \$1,750,000         | \$1,750,000         | \$0              |
| Community Connection Collaboratives         | \$494,305           | \$340,428           | (\$153,877)      |
| Title III C/B Special Projects              | \$150,000           | \$273,877           | \$123,877        |
| Title III B Residential Repair/Renov        | \$29,547            | \$29,547            | \$0              |
| SHAP  | \$222,142           | \$259,437           | \$37,295         |
| 2) ADRC Options Counseling                  | \$224,284           | \$224,284           | \$0              |
| MIPPA                                       | \$80,237            | \$69,103            | (\$11,134)       |
| 3) NSIP Commodities                         | \$574,670           | \$628,050           | \$53,380         |
| Title III E Special Projects                | \$32,000            | \$32,000            | \$0              |
| Senior Health Insurance Program             | \$48,600            | \$0                 | (\$48,600)       |
| <i>Caregiver Resource Center Services</i>   |                     |                     |                  |
| Title III E Assistance                      | \$174,664           | \$174,664           | \$0              |
| Title III E Respite                         | \$331,746           | \$331,746           | \$0              |
| Title III E Legal (Regional Drawdown)       | \$29,000            | \$24,000            | (\$5,000)        |
| Title III E Gap-Filling                     | \$117,394           | \$117,394           | \$0              |
| Title III E Counseling                      | \$206,320           | \$206,320           | \$0              |
| <b>Title III-E Provider Total</b>           | <b>\$859,124</b>    | <b>\$854,124</b>    | <b>(\$5,000)</b> |
| Title III D                                 | \$98,928            | \$90,868            | (\$8,060)        |
| Title VII Elder Abuse                       | \$9,942             | \$12,273            | \$2,331          |
| Title VII M-Teams                           | \$15,000            | \$15,000            | \$0              |
| Title III B Ombudsman                       | \$133,800           | \$136,237           | \$2,437          |
| Title VII Ombudsman                         | \$107,626           | \$108,838           | \$1,212          |
| GRF Ombudsman                               | \$638,559           | \$664,968           | \$26,409         |
| LTC Bed Tax Ombudsman                       | \$201,081           | \$206,440           | \$5,359          |
| <b>Ombudsman TOTAL</b>                      | <b>\$1,081,066</b>  | <b>\$1,116,483</b>  | <b>\$35,417</b>  |
| <b>Provider Services TOTAL</b>              | <b>\$14,508,044</b> | <b>\$14,633,673</b> | <b>\$125,629</b> |
| <b>TOTAL EXPENDITURES</b>                   | <b>\$16,194,893</b> | <b>\$16,362,291</b> | <b>\$167,398</b> |
| <i>Balance III B/C</i>                      | \$45,241            | \$47,917            | \$2,676          |
| <i>Balance III E</i>                        | \$17,949            | \$27,792            | \$9,843          |
|   | <b>\$16,258,083</b> | <b>\$16,438,000</b> | <b>\$179,917</b> |

- 1) HDM increase added directly to C-2 to maintain transfer requirement per IDOA.  
2) Includes \$60,000 GRF for Centers for Independent Living + \$22,743 for CCUs.  
3) NSIP will be revised when FY17 meals are available.

**PUBLIC HEARING FY2019  
PROJECTED ALLOCATIONS (Letter 881)  
5/3/18**

|                                     | DuPage      | Grundy    | Kane   | Kankakee  | Kendall   | Lake        | McHenry     | Will        | TOTAL        |          |
|-------------------------------------|-------------|-----------|--|-----------|-----------|-------------|-------------|-------------|--------------|----------|
| Congregate Meals                    | 359,686     | 44,101    | 187,301  | 81,709    | 51,495    | 257,474     | 95,866      | 228,160     | \$1,305,782  |          |
| Home Delivered Meals                | \$1,557,793 | \$191,002 | \$811,198  | \$337,735 | \$223,023 | \$1,115,117 | \$415,149   | \$988,156   | \$5,639,173  |          |
| Congregate & HDMNSIP                | \$175,391   | \$23,270  | \$93,985   | \$32,136  | \$30,550  | \$100,405   | \$63,387    | \$108,926   | \$628,050    |          |
| Information & Assistance/Outreach   | \$633,084   | \$77,623  | \$329,670  | \$141,050 | \$90,636  | \$453,182   | \$168,716   | \$401,585   | \$2,295,546  |          |
| Flexible Community Services         | \$33,970    | \$4,165   | \$17,689   | \$10,596  | \$4,864   | \$24,316    | \$9,053     | \$21,548    | \$126,201    |          |
| Residential Repair/Renovation       | \$8,193     | \$1,005   | \$4,267  | \$1,663   | \$1,173   | \$5,865     | \$2,184     | \$5,197     | \$29,547     |          |
| ADRC Options Counseling *           | \$45,556    | \$5,586   | \$23,723   | \$9,249   | \$6,522   | \$32,610    | \$12,141    | \$28,897    | \$164,284    |          |
| SHAP & MIPPA                        | \$91,104    | \$11,172  | \$47,441   | \$18,496  | \$13,043  | \$65,215    | \$24,279    | \$57,790    | \$328,540    |          |
| Transportation                      | \$42,031    | \$0       | \$30,452   | \$0       | \$34,642  | \$88,676    | \$64,485    | \$153,489   | \$413,775    |          |
| Legal Services                      | \$137,334   | \$16,839  | \$71,515   | \$30,656  | \$19,662  | \$98,308    | \$36,599    | \$87,116    | \$498,029    |          |
| Counseling                          | \$199,940   | \$29,668  | \$95,551   | \$0       | \$0       | \$84,534    | \$0         | \$0         | \$409,693    |          |
| IID Services                        | \$25,198    | \$3,090   | \$13,121   | \$5,116   | \$3,607   | \$18,037    | \$6,715     | \$15,984    | \$90,868     |          |
| Adult Protective Services - VII     | \$3,404     | \$417     | \$1,772  | \$691     | \$487     | \$2,436     | \$907       | \$2,159     | \$12,273     |          |
| Adult Protective Serv M-Teams - VII | \$3,000     | \$0       | \$3,000  | \$3,000   | \$0       | \$3,000     | \$0         | \$3,000     | \$15,000     |          |
| Ombudsman (BVI/GRF/LTC/MFP)         | \$322,327   | \$27,020  | \$176,963  | \$69,334  | \$28,135  | \$241,608   | \$75,474    | \$175,622   | \$1,116,483  |          |
| Community Connection Collab         | \$0         | \$0       | \$71,378   | \$27,829  | \$19,624  | \$98,120    | \$36,529    | \$86,948    | \$340,428    |          |
| Caregiver Resource Center           | \$172,981   | \$21,210  | \$90,077   | \$35,120  | \$24,765  | \$123,825   | \$46,099    | \$109,727   | \$623,804    |          |
| Caregiver Legal Regional Pull-Down  |             |           | Regional Allocation, Independent of County-Share Formula |           |           |             |             |             |              | \$24,000 |
| Caregiver Counseling Center         | \$57,211    | \$7,015   | \$29,793   | \$11,616  | \$8,191   | \$40,955    | \$15,247    | \$36,292    | \$206,320    |          |
| TOTAL                               | \$3,868,203 | \$463,183 | \$2,098,896  | \$815,996 | \$560,419 | \$2,853,683 | \$1,072,820 | \$2,510,596 | \$14,267,796 |          |

\*Options Counseling line does not include CILS funding of \$60,000 GRF.

## Participant Information for Services under the FY19 Area Plan

| FY19 PROJECTED UNITS & PERSONS    |                |                  |
|-----------------------------------|----------------|------------------|
| SERVICE DELIVERY OBJECTIVES       |                |                  |
|                                   | Number Served  | Units of Service |
| Information & Assistance          | 45,800         | 84,000           |
| Outreach III-B                    | 2,550          | 2,700            |
| Options Counseling                | 500            | 1,150            |
| Transportation                    | 1,400          | 28,200           |
| <b>TOTAL III-B Access</b>         | <b>50,250</b>  | <b>116,050</b>   |
| Res. Repair & Reno                | 80             | 80               |
| <b>TOTAL III-B In-Home</b>        | <b>80</b>      | <b>80</b>        |
| Counseling                        | 800            | 5,500            |
| Legal Assistance                  | 1,750          | 7,650            |
| Flexible Community Services       | 180            | 180              |
| Education                         | 3,500          | 26,000           |
| Health Screening                  | 1,000          | 2,500            |
| Recreation                        | 5,000          | 25,500           |
| <b>TOTAL III-B Comm.</b>          | <b>12,230</b>  | <b>67,330</b>    |
| <b>TOTAL Ombudsman</b>            | <b>31,343</b>  | <b>31,343</b>    |
|                                   |                |                  |
| Congregate Meals                  | 9,000          | 140,000          |
| <b>TOTAL III-C1</b>               | <b>9,000</b>   | <b>140,000</b>   |
| Home Delivered Meals              | 5,000          | 775,000          |
| <b>TOTAL III-C2</b>               | <b>5,000</b>   | <b>775,000</b>   |
|                                   |                |                  |
| Health Promotion                  | 1,100          | 5,000            |
| <b>TOTAL III-D Comm Serv</b>      | <b>1,100</b>   | <b>5,000</b>     |
| Information & Assistance          | 7,000          | 12,000           |
| Counseling                        | 350            | 1,400            |
| Support Groups                    | 105            | 1,550            |
| Training & Education              | 300            | 1,800            |
| Respite                           | 400            | 19,500           |
| Gap Filling                       | 270            | 350              |
| Gap Filling - Legal               | 10             | 10               |
| <b>TOTAL III-E Caregiver Serv</b> | <b>8,435</b>   | <b>36,610</b>    |
| <b>ACCESS SERVICES</b>            | <b>50,250</b>  | <b>116,050</b>   |
| <b>IN-HOME SERVICES</b>           | <b>80</b>      | <b>80</b>        |
| <b>COMMUNITY SERVICES</b>         | <b>58,673</b>  | <b>1,018,673</b> |
| <b>GRAND TOTAL</b>                | <b>117,438</b> | <b>1,171,413</b> |



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# Outstanding Leadership

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*The Northeastern Illinois Area Agency on Aging (the Agency on Aging AAA) does not discriminate in admission to programs or in treatment of employment in programs or activities, in compliance with the Illinois Human Rights Act, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act of 1990; the Age Discrimination Act, the Age Discrimination in Employment Act, and the U.S. and Illinois constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the IL Department of Aging. For information, call 800-252-8966 (Voice/TDD), or contact the Agency on Aging AAA at 815-939-0727 or 800-528-2000 [www.ageguide.org](http://www.ageguide.org).*