

Public Information Document

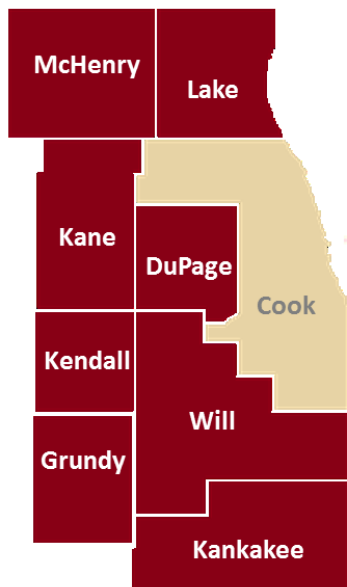


“Working Harder To Make Aging Easier”

Area Plan Summary

Fiscal Year 2020

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.

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, 2018 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 30, 2019

10:00 a.m.

Senior Services of Will County

251 N. Center Street, Joliet, IL 60435

DuPAGE KANE McHENRY LAKE COUNTIES

Thursday, May 30, 2019

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 3, 2019 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

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It is my pleasure to share the following summary of the Northeastern Illinois Area Agency on Aging's Fiscal Year 2020 Area Plan amendment. It is presented to aid in the public's awareness of the evolving role the Agency on Aging plays in developing, maintaining and promoting a coordinated and complex delivery system of Older Americans Act (OAA) services for older adults and their caregivers in Northeastern Illinois. Area Agencies on Aging (AAAs) are charged by Congress to target services to those with the greatest economic or social need but anyone age 60 or older can access OAA services.

This summary highlights our fiscal stewardship in maximizing the use of public and private funding to serve as many older adults as possible. We accomplish this by contracting with local service providers to deliver aging services such as meals, transportation and many other programs 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 Agency on Aging closely monitors these services to ensure that they deliver quality outcomes and funding is spent appropriately. Our agency is also a direct service provider of Information and Assistance, Benefits/Health Insurance Counseling, Family Caregiver support and Health Promotion programs (page 22).

There are over 680,600 adults 60+ years residing in our eight-county planning and service area as of July 1, 2017 and the total is undoubtedly higher today. In the next decade the proportion of the population over age 60 will continue to dramatically increase. By 2030, 1 in 4 Illinoisans will be 60 or older (Page 10). 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.

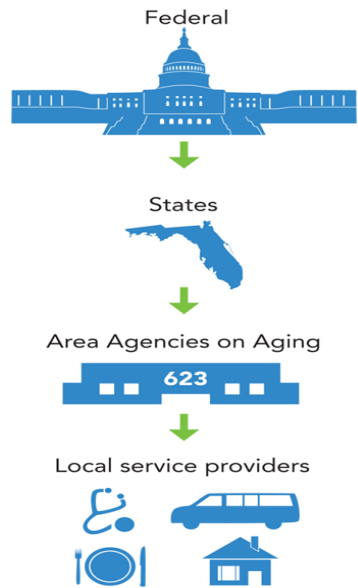
The Area Agencies on Aging (AAA) in collaboration with other community-based providers will work statewide to address **Social Isolation** among older adults. The overall goal is to reduce social isolation among older adults and develop strategies to identify individuals who may be isolated and connect them to resources and supports to improve their overall wellbeing (page 16). The Agency on Aging will continue promoting **Dementia-Friendly Initiatives** to reduce social isolation of older adults and their caregivers and create opportunities to support their ability to remain engaged in their community (Page 18).

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
Executive Director

WHO WE ARE

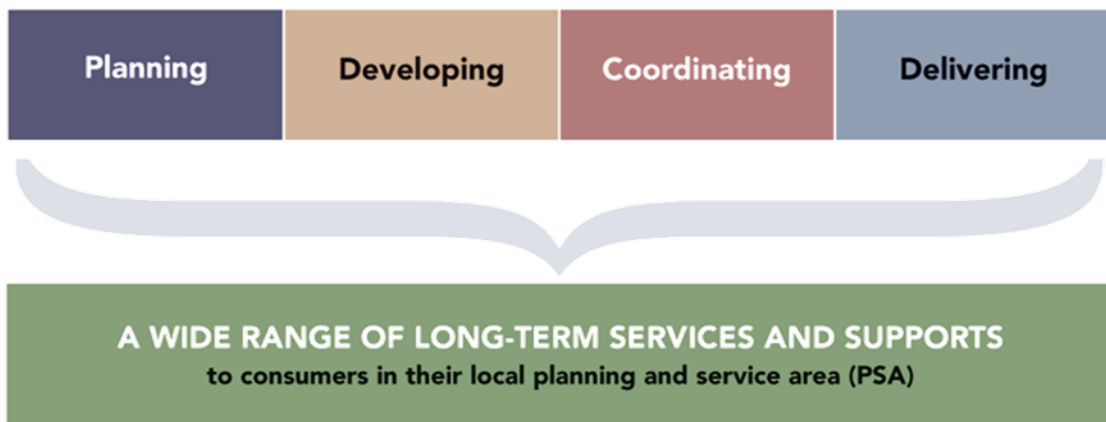
The Northeastern Illinois Area Agency on Aging, began in 1972 as a model project and was formally designated by the Illinois Department on Aging in 1974. There are over 655 Area Agencies on Aging (AAAs) nationwide. We are a nonprofit 501c3 governed by a Board of Directors. The Board sets policy and makes decisions about programs and is advised by an Advisory Council. Volunteers from the eight-county planning and service area (PSA) comprise both the Board and Advisory Council, and the majority of both bodies' 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 599,000 Illinois seniors received Older Americans Act services through Area Agencies on Aging and their funded service providers in Fiscal Year (FY) 2018. **Over 92,000 older adults 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 \$15 million annually in federal, state, and private funds to more than 20 community-based senior service organizations (Page 45).

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: (Advocacy, Coordination, Program Development)	\$519,768
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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.
- Conducted a formal needs assessment survey of stakeholders to assess the availability of services in the 8-county region and to address unmet needs (April 2019).
- 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 need for services provided under the Older Americans Act and under the federal entitlement programs of Medicare, Medicaid, and Social Security. However, planning for and serving our aging population is also an investment in the wellbeing of all Americans, as they benefit people of all ages and abilities.

President's Proposed FY20 Budget – President Trump released the preliminary details of his FY20 budget proposal on March 11. The \$4.7 trillion total included \$750 billion for discretionary defense spending, a 5% increase over FY19, along with deep cuts for non-defense discretionary programs and major funding rescissions for many mandatory line items. Spending for non-defense discretionary programs would be 5% below the \$597 billion total for these programs in FY19, but many individual programs would be cut by a larger proportion because of the inclusion of nearly \$9 billion for border wall spending and other new discretionary funding priorities. Over ten years, the president proposed to cut mandatory and discretionary spending by \$2.7 trillion.

The White House budget proposal also included deep cuts to Medicaid, primarily in the form of state flexibility to enact block grants and per capita caps, as well as cuts to Medicare, the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), and disability programs.

The Department of Health and Human Services (HHS) includes the Administration for Community Living and its Administration on Aging. Proposed HHS funding, at \$87.1 billion, is 12% less than in FY19. A large proportion of that reduction is a \$5 billion cut for the National Institutes of Health and the elimination of several block grant programs.

Compared to the FY19 budget that was finally adopted after the government shutdown, President Trump's budget for OAA services proposes level funding for Title III-B (supportive services), III-C1 and C-2 (congregate and home-delivered meals), the Nutrition Services Incentive Program, III-D (health, especially preventive health), Title VI (services for Native Americans), and Title VII elder rights support activities.

President Trump also proposed significant cuts for a wide variety of other aging programs: 17% in Title III-E, family caregiver support; 50% in Title VI support for Native American caregivers; 34% in aging network support, including the Eldercare Locator; 25% for Title II's aging and disability resource centers; 5% in Title VII Ombudsman elder abuse programs; 17% in Title VII adult protective services and the elder justice initiative; 27% in the Senior Health Insurance Program (SHIP); and 17% in Alzheimer's Disease supportive services and caregiving. Dedicated funding for the elder fall prevention and the chronic disease self-management programs would be eliminated, and these programs would be funded under Title III-D, but without any increase to cover them.

President Trump also proposed eliminating the Title V Senior Community Service Employment Program run by the Department of Labor, and several large programs and grants administered by Health and Human Services, including the social services block grant, the community services block grant, the Low-Income Home Energy Assistance Program (LIHEAP), and the Senior Corps.

Historically, presidents' proposed budgets are only the starting point in the long and complex process of developing a budget that Congress is willing to adopt and the president to sign. The House and Senate each adopt their own budget resolutions, and a great deal of debate and compromise are invariably necessary before the process is completed. The budget as adopted is unlikely to bear much resemblance to the president's proposal from months ago. Nevertheless, President Trump's budget proposal is disquieting to seniors, their advocates, and the aging network.

At the state level – Governor Pritzker introduced his \$39 billion operating budget for FY20 on February 20. It included \$1.1 billion in new revenue from a variety of sources, including new or increased taxes on plastic bags, e-cigarettes, conventional cigarettes, sports betting, recreational marijuana, and video gambling terminals. He also proposed a constitutional amendment to allow a graduated income tax, rather than the flat rate now in effect, but such an amendment cannot even be considered by the electorate until the 2020 general election, so no revenue from this proposal change is included in this FY20 budget. The budget also does not tax retirement income, an issue of great importance to seniors. The governor also did not propose extending the sales tax to services or amending the constitution to reduce pension benefits. The aging network was heartened by proposed increases in state funding for home delivered meals by 9%, for planning and service grants to AAAs by 34%, for the Senior Health Assistance Program by 56%, and for SHIP by 8%. The proposal also includes a 34% increase in the Community Care Program budget to support a growing caseload and higher service use, and funding to accommodate a higher minimum wage for many workers. As with the proposed federal budget, the governor’s proposal for Illinois is the first step in the process of determining revenue and spending levels. The final version of the state budget is difficult to predict, but after two recent years with no state budget at all, most Illinoisans are hopeful of a balanced FY20 budget on schedule.

Governor’s Proposed SY20 State Budget (IL Dept. on Aging Budget)*

- **Adult Protective Services Program:** \$22.9 million, maintained at current level to promote prevention of abuse, neglect and financial exploitation.
- **Long Term Care Ombudsman Program:** \$8.25 million maintained at current level to advocate for the rights of vulnerable adults in institutional home and community-based settings.
- **Planning & Services Grants to Area Agencies:** proposed \$2 million for planning and service grants to Area Agencies on Aging. \$1 million to address Alzheimer’s Disease and related dementia and \$1 million to address social isolation issues with older adults.
- **Senior Health Assistance Programs (SHAP)** proposed \$1 million increase to create a performance-based reimbursement system to assist SHAP sites with the costs of assisting older adults and persons with disabilities with the completion of their Benefit Access Applications. and the **Senior Health Insurance Program (SHIP)** level funding.
- **Home Delivered Meals:** proposed a \$2 million increase to eliminate current waiting lists thus increasing the current meals and persons served.
- **Illinois Community Care Program*** provides in-home, adult day services and case management to approximately **80,000 eligible persons** to prevent inappropriate or premature institutionalization. Proposed more than \$12 million in funding to address changes in the minimum wage and potential increases for Emergency Home Response, adult day centers and homemaker services.
- **Care Coordination Units*** function as gatekeepers to the State long-term services and supports system by coordinating and integrating community-based care services available throughout the entire aging network for older persons. Provides \$24 million in funding to support Care Coordination Units in completing Medicaid applications for clients.


*<https://www2.illinois.gov/aging/Resources/Documents/StatePlanOnAging.pdf>

Description of Older Persons, Family Caregivers and Grandparents Raising Grandchildren

Older Persons, Family Caregivers and Relatives Raising Children

The Agency on Aging eight county regional population is rapidly growing

26.07% of the state population of adults 60 years or older reside in the PSA (681,660)

 Since 2000, the 60+ population in the PSA has increased by an astounding **89.8%**

It has the second fastest growing 60+ population in the state with a **4.1%** increase between 2016 and 2017



Within the eight counties:

27.6% of older adults are 75 years or older (188,223), an increase of 4.7% from 2016 to 2017, outpacing the statewide increase of 0.9% for this population

18% of older adults live alone (122,385)

6.5% of older adults live at or below the poverty level of \$12,490 (36,323)

Minorities represent 17.7% of the region's 60+ population:

- *Hispanic older adults account for 7.1%*
- *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 Relatives Raising Children (aka 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 2018 the Agency served over 11,439 family members for all services.

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

- 40%** are male, an increase from their 2009 study
- 57%** caregivers provide an increasing number of complex medical and nursing tasks
- 7%** 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 children 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 93,300 grandparents are householders-responsible for their grandchildren living with them



- 47% of the grandparents are White (non-Hispanic)
- 29.9% are Black/African American
- 19.4% are Hispanic/Latino
- 2.5% are Asian
- 27.5% have no parents or children present in the home
- 63.3% of the grandparents are under age 60
- 21.7% live at or below 100% of the poverty level

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).
 - 9.2% Limited English-speaking (LES) older adults age 65+ reside in the eight-county service area of Northeastern Illinois (2013-2017 American Community Survey).
 - Poverty rate of LES older adults (16.2%) is double the rate of other older adults (8%) (CLESE report, 2010).
- *Assist providers in identifying racially and culturally diverse senior populations.*
- *Provide more targeted services to older adults in cultural and racially groups - engage faith-based organizations and other organizations serving culturally diverse senior populations (SAGE) to assist with these endeavors.*

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+) fall each year, but studies indicate that less than half of these adults 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 230,000 older adults (65+) live with Alzheimer's disease in Illinois. By the year 2025, this number is expected to increase to 260,000 – a projected increase of 13% (Alzheimer's Association, 2019).

- 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).
- *Create 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 provide assistance as they manage work and caregiving duties.*
- *Pilot the evidence-based, Medicaid 1115 approved and ACL accredited TCare online caregiver screening and assessment tool to assist care coordinators in developing individualized tailored care plans.*
- *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 (e.g. vouchers for discounted taxi service).*
- *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).
 - The rising cost of health care services and long-term services and supports inhibits aging in place.
 - 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 cannot 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 FY19 and FY20 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.
- Examined the ADRN Access and Family Caregiver Support Program service delivery models and available resources to determine whether any significant adjustments to their service designs were needed (November and December 2018). A review of the Community Connection Collaborative service delivery model will also be conducted.
- 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. Geo-mapping analysis will also be made available to existing grantees as a tool assist in their evaluation of their services.

- 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.

According to a study in the Proceedings of the National Academy of Sciences, both social isolation and loneliness are associated with a higher risk of mortality in adults aged 52 and older.

Additionally, seniors who feel lonely and isolated are more likely to report also having poor physical and/or mental health, as reported in a study using data from the National Social Life, Health, and Aging Project.

According to Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), LGBT older adults are twice as likely to live alone. Research has shown that both loneliness and social isolation tend to be more evident among people who have outlived family members and friends and live alone. LGBT older people are twice as likely to be single and 3-4 times less likely to have children. Additionally, many are estranged from the biological families.

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).

Analysis of the Initiative – FY 2019

As part of the initial planning process, the Agency on Aging engaged in facilitated conversations around the topic of Social Isolation with colleagues from the Area Agencies on Aging in Illinois. The conversations helped to uncover synergies among the Planning and Service Areas to address the initiative, as well as helped the Agency on Aging identify local activities that will advance greater connection and community for older adults and caregivers within its own service area. The Agency on Aging has also engaged existing grantees and potential community partners regarding innovative programs they currently provide to address the needs of seniors and caregivers in their communities experiencing social isolation and how these programs can be further expanded within their communities.

During FY19, the Agency on Aging has undertaken several activities to address the Social Isolation initiative:

- Hosted four Advocacy Breakfast Collaboratives within the region to educate state and federal elected officials and community members on the importance of reducing Social Isolation among older adults and connecting them to community-based services.
- Increased awareness of the issue of Social Isolation, the Statewide initiative activities and community-based programs available reduce Social Isolation via several mediums:
 - Agency’s newly designed website includes a webpage dedicated to Social Isolation (<https://www.ageguide.org/advocacy/social-isolation/>).
 - Content in the Agency’s monthly e-newsletter, *The Aging Report* and the Agency’s 2018 Annual Report.
 - Newsletter articles submitted to the *Seniors Blue Book* publication and to other community partners, including Antioch Junior Women’s Club.
 - Created and distributed *Friendship Line* postcards to target isolated older adults and caregivers via the Senior Nutrition Programs and Care Coordination Units. Postcards were also distributed to attendees at the Advocacy Breakfasts, the Annual Meeting and at other events, fairs and presentations where Agency staff participated.
- The Agency’s FY 2020-21 Request for Proposals for III-B Transportation, III-D Disease Prevention and Health Promotion Services, and III-B Community Connections Collaboratives ask applicants to specifically address how they currently work to reduce social isolation among older adults and provide examples of new programming that will enhance and expand current efforts as these services are on the frontlines of providing access to important social connections and to assist older adults in developing new social supports.

Agency on Aging’s Strategy – FY 2020

During FY20, the Agency on Aging will continue to build upon the strategies implemented and identified during FY19:

- Host region-wide Advocacy Breakfast Collaborative events with the continued message of reducing social isolation in different communities with a stronger focus on older adult attendance by marketing these events at libraries, senior centers, community dining sites, and local businesses. The Agency will work closely with transportation providers to ensure attendance by older adults.
- Expand the Friendship Line postcard program by creating magnets that older adults can easily access. Focus on distributing these magnets to townships, libraries, local businesses, etc.
- The Agency will also participate in a Statewide public education campaign by distributing the Department on Aging and Area Agencies on Aging-developed Social Isolation brochure to these and other targeted partners, in addition to funded service providers, in the region. The goal of the brochure is to raise awareness of the significant health risks of social isolation along with education on the social supports available to promote greater connection and community for older adults and caregivers in Illinois.
- Engage Volunteer organizations within each county (such as RSVP and Home Delivered Meals service providers) and the Agency's Board of Directors and Advisory Council members to identify older adults and caregivers experiencing social isolation and help connect them with services. To assist with their efforts, volunteers would be provided with the Social Isolation brochure.

Further, the Agency on Aging intends to pilot five local projects, identified during the FY2019 planning process, that directly address social isolation among older adults and caregivers. These local projects will expand and enhance programs currently provided by community partners that address the needs of older adults and caregivers in their communities experiencing social isolation. Proposed projects include: a friendly visiting program, a Senior Companion program, targeted outreach to culturally diverse communities, and expanding ethnic community dining programs. To evaluate the effectiveness and outcomes of these projects in addressing social isolation, project partners will distribute standardized pre- and post-surveys to clients new to receiving the service.

State-wide Initiative:

ENHANCE ILLINOIS' EXISTING NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM SERVICES BY ADDRESSING THE SPECIALIZED NEEDS OF PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

As the number of older Americans grows rapidly, the number of new cases of Alzheimer's Disease and related Dementia will also increase. In 2016, it is estimated that Illinois has 220,000 individuals age 65 and older with Alzheimer's Disease. It is projected that this number will increase to 260,000 (by 18 percent) by 2025 (Alzheimer's Association, 2016). With this increase in the number of persons with some form of dementia, Illinois will need to develop specialized services that will meet their needs, as well as services that meet the needs of family caregivers who provide ongoing care to the individuals with dementia.

According to the Alzheimer's Association, 83% of care provided in the community is conducted by unpaid caregivers, primary family members (Alzheimer's Association, 2016 Facts and Figures). In Illinois there are an estimated 590,000 providing an estimated 671 million hours of unpaid care to family members (Alzheimer's Association, 2016 Stats Illinois) during a given year.

When caregivers in Illinois were given a list of difficulties often experienced by caregivers and asked which difficulty was the greatest that they have faced, the difficulty most reported was the stress caregiving creates (24.4%). In Illinois, the National Family Caregiver Support Program (NFCSP) provides a core of support services to caregivers of older adults, including information about services; assistance in accessing services; counseling, support groups and training and education; respite care and supplemental services. These services can be enhanced to provide supportive services that can focus on the needs of persons with Alzheimer's Disease and Related Dementia (ADRD).

Even though Illinois has focused on creating a more effective dementia capable home and community-based service delivery system with the use of federal discretionary grants, service gaps still exist for individuals with ADRD and their family caregivers.

The Agency on Aging will collaborate with our local Aging Network, funded service providers, and other community partners to address the needs of persons with ADRD and their caregivers in a variety of ways including:

- Piloting the Evidence-Based **Music and & Memory Program** in DuPage County. *The Journal of Prevention of Alzheimer's Disease* recognizes that personally meaningful music may facilitate attention, reward and motivation, which in turn makes it more possible to manage emotional distress in Alzheimer's. Furthermore, familiar music is a therapeutic mechanism to address measurable improvement in mood, awareness, and quality of life for people with dementia. The Agency will implement a multi-generational program utilizing college student volunteers. These volunteers will partner with adults living with ADRD in the community to create a specialized playlist on an IPOD or similar device. These customized playlists will be given to the person with ADRD to be used on demand; providing relief for the person with ADRD and the caregiver as well.
- The Agency will expand the Evidence-based Stress-Busting Program for Family Caregivers of those with Dementia by providing a 9-week class in each of the eight counties in our region. The Agency will also have a Train the Trainer in August of 2019 to increase the number of facilitators and promote sustainability of this program in our region. This training will also be offered in Spanish to target minority communities.
- The Agency will provide gap-filling services throughout the region to assist persons with ADRD and their informal caregivers with respite care, adult day services, home health care, behavioral health assessments and interventions, companion care, wander alarm systems, and other goods and services that will improve their quality of life and help them maintain more independence in their home and community.

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 is 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

During FY19, the Agency on Aging focused on identifying potential partnerships with a variety of cross-sector organizations that align with the Agency's mission and values to improve health outcomes and reduce the need for costly health care services. Identified partners include 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. The Agency then began its ongoing process to establish informal partnerships with these organizations through a variety of activities:

- Utilizing the Agency on Aging's monthly E-newsletter to foster communication with these partners.
- Conducting presentations to statewide associations: Illinois Continuity of Care, Illinois Homecare Association and the Illinois Hospital Association.
- Establishing a collaborative working group with other community-based organizations and healthcare entities serving older adults and caregivers to better coordinate access to home and community-based services in DuPage County.
- Establishing a regional Pioneer Coalition which includes participation by a variety of long-term care and healthcare providers, such as: nursing homes, homecare agencies, hospital discharge staff, assisted living facilities, and hospice agencies.
- Partnering with Aetna Better Health, a Managed Care Organization, to educate their staff on the Aging Network and Older Americans Act Services.
- Conducting outreach to and engaging with hospitals/healthcare entities and faith-based partners to explore opportunities for collaboration.

In FY20, the Agency on Aging will continue its outreach, engagement and collaborative activities with identified cross-sector partners including MCOs, hospitals/healthcare entities, faith-based partners, agencies that serve Limited English Speaking (LES) older adults, and agencies that serve diverse

populations, including those who identify as LGBT. The Agency on Aging will also expand efforts to leverage existing networks of social services within communities to improve overall health and wellbeing of older adults through a variety of activities such as convening meetings between hospitals, grantees and identified partners to promote networking, education, collaboration and problem-solving on community needs.

Local Initiative #2

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

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:

- Approximately 230,000 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.
- In Illinois, \$1.713 billion is expected to be paid by Medicaid in 2019 to care for persons with Alzheimer's disease.
- In 2018, the per capita Medicare spending on people with dementia in Illinois was \$27,193.
- Over 558,000 people in Illinois are unpaid caregivers – spouses, adult children, siblings, close friends – to someone with dementia. About 70% of these caregivers are women.
- 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 \$440 million in 2018.

The Agency will continue to foster 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 continue 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.
2. With funding from the ADSSP Part B grant which was extended to January 31, 2020, the Agency will continue to support efforts to make communities in the region dementia friendly. In FY19, the Agency received national recognition from Dementia Friendly America for the communities of North Chicago/Lake County and Kankakee County. In FY20, the Agency will help facilitate the national recognition of six (6) additional communities in our region including Elgin, Oswego, the tri-cities (Geneva/Batavia/St. Charles), Naperville/Lisle Townships, Highland Park and Fox Lake. The Agency will aid in conducting Dementia Friendly Business sector trainings for Healthcare, Transportation, Elder Rights, Faith communities and the General Community at large. Additional activities include support for the implementation of Memory Cafés and the provision of *Tales and Travels Memories* library programs in their communities.

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.
 - **Residential Renovation and Repair (RR):** renovation and repair assistance for home modifications and minor home repairs to ensure older adults can remain independent in their homes.
- **Counseling (Title III-B):** to help older individuals and families cope with personal problems.
- **Legal Services (Title III-B):** aids 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, classes, or workshops provide individuals with opportunities to acquire knowledge and skills suited to their interest and capabilities. Delivery of one highest tier evidence-based health promotion program is required.
 - **Health Screening:** assist individuals in identifying, detecting and evaluating their health needs or potential issues.
 - **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):** Highest tier programs promote better health among older persons through life skills building workshops emphasizing self-care and management.

FY20 ADRN Core Partners									
ADRN Core Partner Site	Service Area	I&A	CCU	SHIP	SHAP	Adult Protective Services	Regional LTC Ombudsman	CIL	Other (Describe Below)^
Agency on Aging	8 county region	X		X	X	X			VIP
DuPage County Community Services	DuPage County	X	X	X	X	X	X		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		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 and Kankakee Counties.
Guardian Angel Community Services provides APS in Will County.
**Catholic Charities Diocese of Joliet provides LTC Ombudsman services in Kankakee, Grundy & Will Counties.
LAF provides LTC Ombudsman services in Lake County.
^The CCUs and four CILs are ADRN Options Counseling (OC) Providers.
^The Agency on Aging and three CCUs are Veterans Independence Program (VIP) Provider Agencies.

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 III-E 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 of 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) and ESP as the most effective means of 24/7 access in our area.
- Respond to inquiries from individuals and family caregivers requesting training/education and support services.
- Host 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 of 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: 2,700 (based on FY18 experience) projected units: 2,700+

Health Promotion Service - Chronic Disease Self-Management Program (CDSMP) & Diabetes Self-Management (DSMP) Stress-Busting for Family Caregivers of persons with Dementia (English and Spanish versions), and Stress-Busting for Family Caregivers of persons with chronic illnesses 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 the above-mentioned 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, Fit & Strong, Stress-Busting for Family Caregivers of Persons with Dementia (English and Spanish versions), and Stress-Busting for Family Caregivers of persons with chronic illnesses.
- 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 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, Fit and Strong!, Stress-Busting for Family Caregivers of persons with Dementia (English and Spanish versions), and Stress-Busting for Family Caregivers of persons with chronic illnesses. The Agency has Master trained staff in Chronic Disease Self-Management Program, A Matter of Balance and Stress-Busting for Family Caregivers of persons with Dementia (English and Spanish versions), and Stress-Busting for Family Caregivers of persons with chronic illnesses.

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: 60 (based on FY18 experience) projected units: 250

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, exploitation, and beginning in FY19, self-neglect, for adults 60+ and persons with disabilities ages 18-59. It also participates in the Illinois Adult Protective Services Advisory Council. In FY20 it anticipates \$61,503 in funding under this grant to perform these activities. 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.

The Adult Protective Services Program in Illinois responded to more than 17,085 reports of abuse, neglect and exploitation in FY18 according to IDoA and projects the number of reports to exceed 18,000 in FY19. In FY18, Adult Protective Services responded to 2,616 reports of abuse, neglect, 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) and has been extended to January 31, 2020.

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, State Employment Offices and Workforce Boards. In FY20 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 has administered the SFMNP in Kankakee, McHenry and Lake Counties with the help of Kankakee County Community Services, Catholic Charities, Senior Services Associates, Avon Township, and Harvard Senior Center. Starting in 2019, Kendall County will also be included

in the SFMNP and the Agency will work with senior network providers to distribute coupons to eligible older adults in Kendall County. Organizations collaborating with the Agency to distribute SFMNP coupons will 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)

Medicare enrollees and people approaching Medicare eligibility often need assistance on when and how to enroll; the choices they have for drug plans, Medicare Advantage plans, and supplemental policies; the costs and benefits of various parts of Medicare; the availability of financial assistance for low-income participants; Medicare's relationship to other forms of health insurance; and sources of information and assistance about Medicare, along with many other questions.

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. Funds provided by the Medicare Improvement for Patients and Providers Act (MIPPA) supplement SHAP funds, and concentrate 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 supported the help that SHAP sites and four other SHIP sites offered to those eligible for MMAI, so they could understand their options and make well-informed choices.

Program benefits in this region: The savings from the SHAP and SHIP programs are difficult to quantify, because every case is unique. No dollar value can be assigned to the peace of mind and confidence that these services give many Medicare enrollees, nor to the mistakes that were avoided because of SHAP and SHIP assistance. But by a very conservative estimate, SHAP saved its beneficiaries in this region at least \$3.4 million in 2018, and probably considerably more.

- At an average of \$1,945 each, SHAP helped 984 Part D drug plan enrollees save over \$1.9 million;
- At an average of \$4,000 each, SHAP saved 282 drug plan enrollees over \$1.1 million by helping them apply for the Part D Low-Income Subsidy.
- By enrolling 239 people in the Medicare Savings Program, SHAP saved them over \$384,000 – but almost certainly much more than that, because MSP benefits automatically enroll people in the Low-Income Subsidy (another \$4,000 a year, on average, if they were not already receiving this benefit), and one tier of the Medicare Savings Program also pays Part A and Part B deductibles and copayments as well as the Part B premium (\$134 a month in 2018).

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 the counties we serve. 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 FY20, 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 CCUs 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 hosts ADRN trainings 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 and to promote information sharing and cross-training opportunities between the ADRN Core Partners. In FY20, 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 28th year, the Celebrity Chefs Brunch is the principal 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 24th 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. New to the Expo is the Tech Connect Ballroom. This new feature will bring in technology companies geared toward older adults and feature demonstrations of products they can use in their home and connect them virtually with friends and family in hopes to combat social isolation in our communities. 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 provides VIP management for one Veteran in suburban Cook County through Edward J. Hines VAMC in May 2018.

Since the program's inception in 2010, the Agency has received 204 referrals. As of April 2019, 57 Veterans are currently enrolled, 51 are actively receiving services. Since March 2015, only 20% of Veterans dis-enrolled from VIP was due to institutionalization and 43% 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 2018, the median daily cost for nursing home care in the Chicagoland area is \$236/day (\$7316/mo.). Regionally, the highest cost of care provided by the VIP is approximately \$145/day (\$4354/mo.). An FY18 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 FY20 budget is on the following page. *Note: Allocations are based on Area Agency on Aging Letter #890. Federal planning allocations are based on projected Administration on Community Living FY19 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 2020 RESOURCES
Letter 890**

Apr-19

	FY 20 TOTAL AGENCY	FY 20 BUDGETED ADMIN	FY 19 ANTICIPATED ADMIN
Federal Grants:			
Title IIIB	1,830,571	298,548	298,548
Title IIIB Ombudsman	155,399	15,540	15,137
Title IIIC-1	3,241,958	245,433	221,433
Title IIIC-2	1,756,707	213,562	192,815
Title IIID	116,762	-	-
Title IIIE	1,203,927	125,793	104,769
Title VII Ombudsman	130,962	13,096	12,093
Title VII Elder Abuse	27,826	2,783	3,030
MIPPA	81,970	8,197	7,678
USDA Commodities (NSIP)	663,843	-	-
Federal Sub-Total:	9,209,925	922,952	855,503
Title IIIB Direct Services (Adv, Coord, PD)	481,248	519,768	403,722
Title IIID Direct Services	45,000	45,000	45,000
Title IIIB & IIIE Direct Services I & A	118,000	118,000	118,000
Federal Sub-Total:	9,854,173	1,605,720	1,422,225
State Grants:			
GRF Match	461,648	299,625	277,567
GRF Community Service	1,753,252	-	-
Equal AAA's	134,708	-	-
LTC Bed Tax Ombudsman	210,906	-	-
GRF Home Delivered Meals	4,583,880	-	-
GRF Ombudsman	680,931	-	-
Social Isolation	173,340	19,260	
Social Isolation Program Development	19,260	19,260	
ADRD (Alzheimer's Disease & Related Dementia)	173,340	19,260	
ADRD Program Development	19,260	19,260	
GRF Elder Abuse*	61,503	61,503	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*	291,490	29,149	28,826
State Sub-Total:	8,606,496	510,295	401,944
Other Funds:			
Veterans Independence Project	85,000	85,000	70,000
SMP	11,000	11,000	11,000
MMAI thru 12/31/18			16,200
ADSSP thru 04/19			16,605
Interest on Principal	500	500	500
MOW Admin/Interest	6,000	6,000	6,000
Brunch	35,000	35,000	34,100
Senior Lifestyle Expo	79,000	79,000	95,170
State Interest	8,000	8,000	8,000
Other Funds Sub-Total:	224,500	224,500	257,575
Total Agency Resource Budget:	18,685,169	2,340,515	2,081,744

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 FY20 allocations. Allocations are based on Area Agency on Aging Letter #890, 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 \$9,772,203 Federal funds will be available for FY20 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 FY20 grant awards from the U.S. Administration on Aging. This is a projected increase of \$702,643 in resources compared to FY19 Public Hearing planning allocations.

The FY20 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. 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.

Total Federal - \$9,772,203		Total State - \$8,185,903	
Title VII APS	\$27,826	MIPPA	\$76,781
Title III-D	\$161,762	LTC Ombudsman	\$206,440
Title III-B & VII Ombudsman	\$286,361	SHAP	\$288,263
NSIP	\$663,843	Title III Match	\$461,648
Title III-E	\$1,257,927	Ombudsman	\$680,931
Title III-C2	\$1,756,707	Supplemental Community	\$1,887,960
Title III-B	\$2,375,819	Home Delivered Meals	\$4,583,880
Title III-C1	\$3,241,958		

In addition, the Agency on Aging projects a total allocation of \$8,185,903 General Revenue Funds for services within this PSA in FY20. This is based on the Governor's proposed FY20 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 FY19. The General Assembly has not yet approved the Governor's proposed budget for FY20. The State may therefore begin FY20 with a General Fund budget deficit, and the Agency on Aging anticipates that reductions to the Governor's proposed budget for FY20 are likely.

Carryover from FY19 into FY20 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 \$505,877 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 and to address the needs of persons with Alzheimer's Disease and related dementias (ADRD) and their caregivers. 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 Northeastern Illinois Agency on Aging is soliciting competitive Request for Funding Proposals for OAA services, including the CCC program, in our eight-county region for FY20. Non-profit and local government organizations are eligible to apply. 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 FY21.

Community Connection Collaborative funding is set at 5.25% of Title III-B/C and General Revenue resources and the FY20 proposed allocation for the six participating Community Connection Collaborative counties is \$544,305.

Title III-D Health Promotion Programs

In FY18 and FY19 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 January of FY19, The Agency on Aging contracted with White Crane Wellness Center to provide Health Promotion programs in Lake County. The agency is again requesting Title III-D direct service waiver health promotion program funds in FY20 to support the training, program costs and licensing fees for providing Chronic Disease Self-Management Program/Diabetes Self-Management Program, A Matter of Balance, Stress-Busting for Family Caregivers of persons with Dementia (English and Spanish versions), and Stress-Busting for Family Caregivers of persons with chronic illnesses region-wide in PSA 02; and active participation in statewide healthy aging collaborations.

Regional Funding Formula

The agency's regional funding formula determines the distribution of most of the agency's resources among the PSA's eight counties. The funding formula 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.

The formula uses five demographic measurements: each county's population aged 60+ and 75+, its minority population aged 60+, its population aged 60+ with incomes under 125% of the federal poverty level, and its population aged 60+ who live alone. The formula's sixth factor, known as Fixed Cost, uses a weighted measurement of the population aged 60+ in the smallest counties. The weighting gives the county with the smallest senior population the largest share of this factor.

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

- .20 of the county's percentage of the region's population aged 60+.
- .20 of the county's percentage of the region's population aged 75+.
- .15 of the county's percentage of the region's minority population aged 60+. "Minority" includes all non-whites plus white Hispanics; in other words, everyone except non-Hispanic whites.
- .30 of the county's percentage of the region's population aged 60+ with incomes under 125% of the federal poverty level.
- .10 of the county's percentage of the region's population aged 60+ who live alone.
- .05 of the county's percentage of the weighted population aged 60+ of counties whose population aged 60+ is no more than 4.0% of the region's total population aged 60+. Currently Grundy, Kankakee, and Kendall Counties qualify for this factor. Each of these counties' weighted population aged 60+ is half the combined population aged 60+ of the other two qualifying counties.

A county's formula share determines its percentage of most federal and state funds that the agency distributes. An exception to this is Ombudsman funds, for which there is a different formula; see the Ombudsman Service Formula Shares section of this document. Some other funds are available on a regionwide drawdown basis, such as legal services for caregiver support, and some on the basis of applications for funding under specific terms, such as the MMAI Assistance grant and the Dementia-Friendly grant.

The agency's longstanding policy is that its funding formula uses the most current data and estimates from the U.S. Census Bureau. However, the formula is not updated once a fiscal year has begun, even if more recent demographic data become available. If more recent census data become available after this document is prepared but before the start of FY20, the agency will make the adjustment insofar as possible.

FY20 Regional Funding Formula

Data sources: U.S. Census Bureau estimates for 2017 for 60+, 75+, minority 60+, and Fixed Cost;

ACL Special Tabulation from the American Community Survey 2009-13 for 125% of poverty (until more recent data are available)

American Community Survey data for 2011-2015 for 60+ living alone

	60+		75+		Minority		125% Poverty		Living Alone		Fixed Cost		Formula
	#	Share	#	Share	#	Share	#	Share	#	Share	#	Share	Share
DuPage	200,181	29.37%	56,487	30.01%	38,247	30.53%	12,040	27.08%	38,735	30.48%	0	0.00%	27.63%
Grundy	9,825	1.44%	2,794	1.48%	509	0.41%	789	1.77%	2,200	1.73%	9,825	40.69%	3.38%
Kane	100,338	14.72%	27,402	14.56%	21,330	17.03%	6,770	15.23%	18,755	14.76%	0	0.00%	14.45%
Kankakee	24,985	3.67%	7,810	4.15%	3,805	3.04%	2,700	6.07%	5,435	4.28%	24,985	26.32%	5.59%
Kendall	17,956	2.63%	4,477	2.38%	2,679	2.14%	1,110	2.50%	2,765	2.18%	17,956	32.99%	3.94%
Lake	139,696	20.49%	38,856	20.64%	26,889	21.46%	9,370	21.07%	26,695	21.00%	0	0.00%	19.87%
McHenry	63,036	9.25%	16,538	8.79%	4,899	3.91%	3,665	8.24%	10,615	8.35%	0	0.00%	7.50%
Will	<u>125,643</u>	<u>18.43%</u>	<u>33,859</u>	<u>17.99%</u>	<u>26,921</u>	<u>21.49%</u>	<u>8,020</u>	<u>18.04%</u>	<u>21,890</u>	<u>17.22%</u>	<u>0</u>	<u>0.00%</u>	<u>17.64%</u>
Region	681,660	100.00%	188,223	100.00%	125,279	100.00%	44,464	100.00%	127,090	100.00%	52,766	100.00%	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 FY20. The Agency will assess the appropriateness of the factors in these formulas during FY20 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

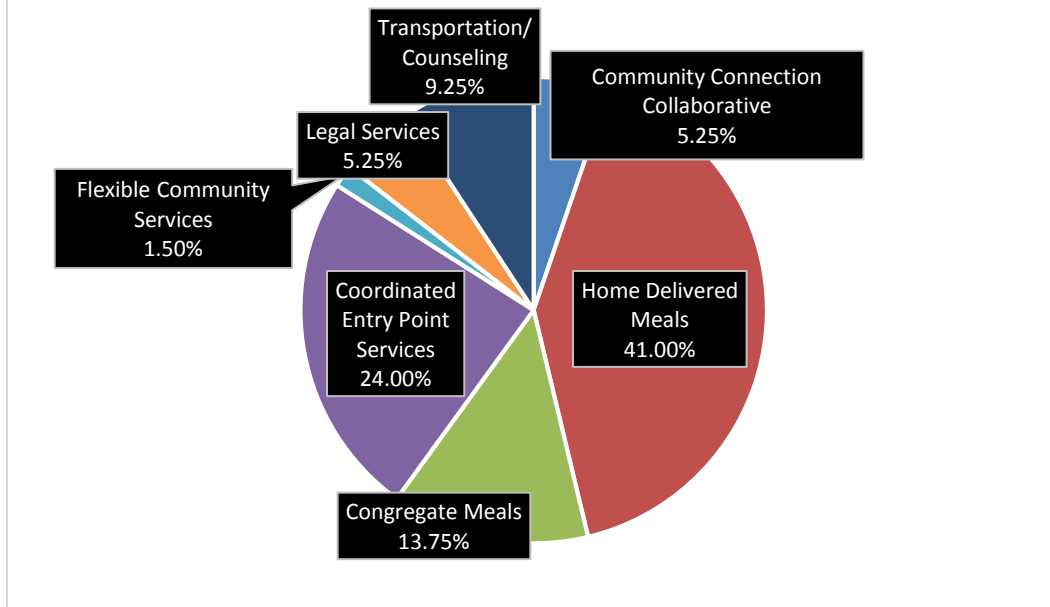
Service Bundles: The Agency on Aging bundles the following services into packets whereby providers must apply for all services within the packet:

- **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:

CORE SERVICES FUNDING FORMULA



*The FY17 - FY19 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 FY19 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 FY20, the Agency will again request IDoA’s approval to further reduce its Title III-C1 transfer amount to try to fully restore all of its Core Services to their Services Share percentages.

Family Caregiver Support Services (III-E)

Caregiver Resource Center: Assistance, Respite and Gap Filling Services, Legal Services	Caregiver Counseling Center: Individual Counseling, Caregiver Training, Developing Support Groups
77%	23%

Family Caregiver Support Services:

- A portion 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 among its eight counties. The formula is not adjusted during the fiscal year.

- 50% of funds are distributed according to the regional funding formula, as described in the Regional Funding Formula section of this document;
- 50% of funds are distributed based on the county’s total number of licensed skilled, intermediate, MC/DD, and sheltered care beds, plus half the number of licensed Assisted Living facility and Supportive Living units in each county, in proportion to the totals of these beds and units in the eight-county region.

Since October, 2017, the Regional Ombudsman Programs were also required to visit residents aged 18+ in Medically Complex Facilities for Individuals with Developmental Disabilities (MC/DD).

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%
FY2020	28.73%	2.40%	16.03%	6.12%	2.49%	21.66%	6.65%	15.93%

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 AAA budgets 1% of its resources for such services and therefore does not need to request a waiver from this requirement for FY20.

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 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. Consistent funding provides for stable programs that can focus on providing reliable, quality meal services and provides peace of mind to home delivered meal clients that their meals will continue. Delays in receiving funds for home delivered meals strains the financial resources of providers and makes operating consistently at full capacity challenging.

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 homebound older persons 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.

- In **FY18: 859,274 meals were delivered to 5,400 homebound** older adults in the PSA.
- There are currently waiting lists in Kankakee, McHenry and Will counties. Waiting lists may be attributed to need for meals greater than resources available and to issues with delivery capacity.
- The Agency is working with nutrition providers and care coordination units to better understand and address the waiting lists in these counties.
- Weekend meals are provided to those clients most in need in seven counties of the PSA. Providers in DuPage, Grundy, Kankakee, Kendall, and Lake Counties are also providing two meals per day to those clients most in need.
- In FY19: 750,000 home delivered meals are projected to be provided in the PSA.

Impact of Service:

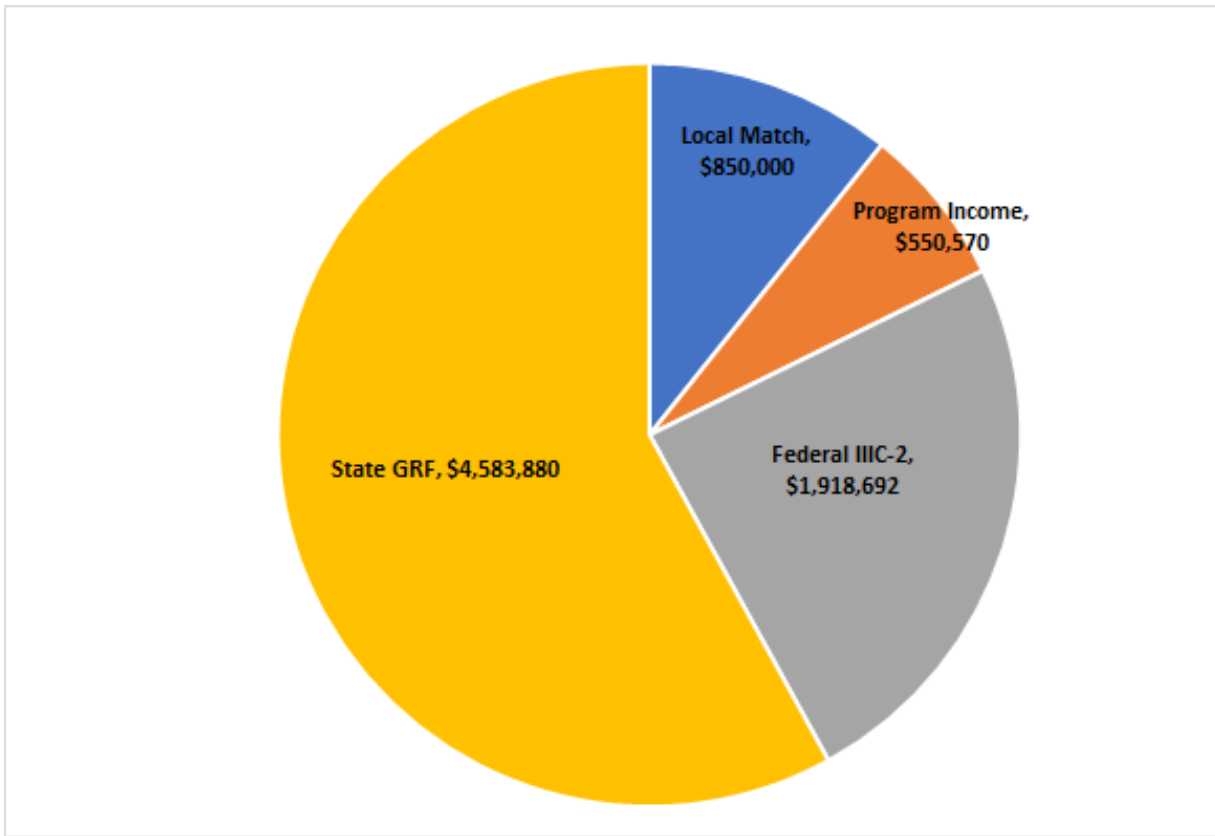
Home delivered meals are many times the first contact a client has with available services and supports to enable them to live in their own home, achieve better health, and feel less isolated. Nationally, the benefits of increased nutritional intake from home delivered meals translate into improved health. According to the 2018 Meals on Wheels America Fact Sheet:

- For the 59% of recipients who live alone, the person delivering the meal is often the only person they will see that day.
- 90% of clients state it makes them feel more secure.
- 90% of home delivered meal clients say the service improves their health.
- Home delivered meals helps keep 8 out of 10 recipients who have previously fallen from falling again.
- Approximately one year of meals can be provided for the same cost as one day in a hospital or 10 days in long-term care.

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 has shown that *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 FY20 Home Delivered Meals Funding
Total: \$7,903,142**



A comparison of projected FY19 and FY20 Area Plan budgets follows on the next pages.

Note: Allocations are based on Area Agency on Aging Letter #890, which is the Illinois Department on Aging's allocation letter currently in effect for FY19 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 FY20 Federal Budget.

PUBLIC HEARING FY2020
Projected ALLOCATIONS AND CARRY-OVER Letter 890
April 30, 2019

	A PH Document FY2019 4/20/2018	B PH Document FY2020 4/20/2019	Difference (A->B)
FEDERAL ALLOCATIONS:			
Title IIIB	\$2,401,810	\$2,375,819	(\$25,991)
Title IIIC-1	\$2,963,226	\$3,241,958	\$278,732
Title IIIC-2	\$1,590,313	\$1,756,707	\$166,394
Title IIID	\$135,868	\$161,762	\$25,894
Title IIIE	\$1,047,685	\$1,257,927	\$210,242
Title VII Elder Abuse	\$30,303	\$27,826	(\$2,477)
Title VII Ombudsman	\$120,931	\$130,962	\$10,031
Title IIIB Ombudsman	\$151,374	\$155,399	\$4,025
<i>Ombudsman Sub-Total</i>	\$272,305	\$286,361	\$14,056
Nutrition Services Incentive Program	\$628,050	\$663,843	\$35,793
Total Federal	\$9,069,560	\$9,772,203	\$702,643
STATE GENERAL REVENUE FUNDS (Governor's Budget) & MIPPA:			
Title III Match	\$457,094	\$461,648	\$4,554
Supplemental - Community	\$1,317,634	\$1,887,960	\$570,326
Supplemental - HDMs	\$4,157,260	\$4,583,880	\$426,620
Ombudsman	\$664,968	\$680,931	\$15,963
1) Long Term Care Provider Fund	\$206,440	\$206,440	\$0
1) State Pharm. (SHAP) Grant	\$288,263	\$288,263	\$0
	\$0	\$0	\$0
1) MIPPA (Federal) Grant	\$76,781	\$76,781	\$0
Total GRF	\$7,168,440	\$8,185,903	\$1,017,463
PSA Allocation Sub-Total	\$16,238,000	\$17,958,106	\$1,720,106
CARRY-OVER FUNDS			
Title IIIB/IIIC Community	\$175,000	\$175,000	\$0
Area Agency IIIB/IIIC	\$0	\$0	\$0
Title IIIB Ombudsman	\$0	\$0	\$0
Title III-E	\$25,000	\$25,000	\$0
Title IIID	\$0	\$0	\$0
Title VII Elder Abuse	\$0	\$0	\$0
Title VII Ombudsman	\$0	\$0	\$0
	\$0	\$0	\$0
Total Carry-Over	\$200,000	\$200,000	\$0
TOTAL REVENUE	\$16,438,000	\$18,158,106	\$1,720,106

1)Column B is Based on the actual FY19 Allocation.

PUBLIC HEARING FY2020
Projected ALLOCATIONS AND CARRY-OVER Letter 890
4/30/2019

ANTICIPATED EXPENDITURES

	A FY2019	B FY2020	Difference
Area Agency on Aging Operations	4/20/2018	4/20/2019	(A->B)
IIIB/C/Omb/VII Admin+Prog Dev, Coord,	\$1,424,345	\$1,608,355	\$184,010
III-E Admin	\$104,769	\$125,793	\$21,024
SHAP Admin	\$28,826	\$28,826	\$0
MIPPA Admin	\$7,678	\$7,678	\$0
Social Isolation Grant Admin	\$0	\$19,260	\$19,260
Alzheimer's/Related Dementia Grant Adm	\$0	\$19,260	\$19,260
TOTAL AAoA Admin	\$1,565,618	\$1,809,172	\$243,554
Area Agency on Aging Direct Services			
IIID: Health Promotion Direct Service	\$45,000	\$45,000	\$0
IIIB: I&A Direct Service	\$64,000	\$64,000	\$0
IIIE: I&A Direct Service	\$54,000	\$54,000	\$0
Total AAoA Direct	\$163,000	\$163,000	\$0
TOTAL AAoA	\$1,728,618	\$1,972,172	\$243,554
Provider Direct Services			
Title IIIB/IIIC Community	\$8,938,199	\$9,108,199	\$170,000
1) IIIC-2 Home-Delivered Meals GRF	\$1,750,000	\$2,100,000	\$350,000
2) IIIB Community Connection Collaboratives	\$340,428	\$544,305	\$203,877
Title IIIB/IIIC Special Projects	\$273,877	\$423,877	\$150,000
Title IIIB Residential Repair/Renov	\$29,547	\$49,547	\$20,000
SHAP	\$259,437	\$259,437	\$0
ADRC Options Counseling	\$224,284	\$224,284	\$0
MIPPA	\$69,103	\$69,103	\$0
3) Nutrition Services Incentive Program	\$628,050	\$663,843	\$35,793
Title IIIE Special Projects	\$32,000	\$82,000	\$50,000
	\$0	\$0	\$0
Caregiver Resource Center Services			
Title IIIE Assistance	\$174,664	\$206,866	\$32,202
Title IIIE Respite	\$331,746	\$381,746	\$50,000
Title IIIE Legal (Regional Drawdown)	\$24,000	\$24,000	\$0
Title IIIE Gap-Filling	\$117,394	\$150,192	\$32,798
Title IIIE Counseling	\$206,320	\$231,320	\$25,000
Title III-E Provider Total	\$854,124	\$994,124	\$140,000
Title IIID	\$90,868	\$116,762	\$25,894
Title VII Elder Abuse	\$12,273	\$7,043	(\$5,230)
Title VII M-Teams	\$15,000	\$18,000	\$3,000
Title IIIB Ombudsman	\$136,237	\$139,859	\$3,622
Title VII Ombudsman	\$108,838	\$117,866	\$9,028
GRF Ombudsman	\$664,968	\$680,931	\$15,963
Long Term Care Provider Fund	\$206,440	\$206,440	\$0
Social Isolation Grant GRF	\$0	\$154,080	\$154,080
Alz. Disease/Related Dementia Grant GR	\$0	\$154,080	\$154,080
Ombudsman TOTAL	\$1,116,483	\$1,453,256	\$336,773
Provider Services TOTAL	\$14,633,673	\$16,113,780	\$1,480,107
TOTAL EXPENDITURES	\$16,362,291	\$18,085,952	\$1,723,661
<i>Balance III B/C</i>	\$47,917	\$45,144	(\$2,773)
<i>Balance III E</i>	\$27,792	\$27,010	(\$782)
	\$16,438,000	\$18,158,106	\$1,720,106

- 1) HDM GRF added directly to C-2 to maintain transfer requirement per IDOA.
- 2) Funding added for DuPage and Grundy in column B for 2020.
- 3) NSIP will be revised when FY19 meals are available.

**PUBLIC HEARING FY2020
PROJECTED ALLOCATIONS (Letter 890)
4/30/19**

	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will	TOTAL	
Congregate Meals	365,203	44,676	190,996	82,672	52,078	262,636	99,133	233,160	\$1,330,554	
Home Delivered Meals	\$1,669,205	\$204,195	\$872,965	\$359,418	\$238,026	\$1,200,402	\$453,096	\$1,065,682	\$6,062,989	
Congregate & HDM NSIP	\$175,727	\$26,273	\$91,368	\$33,451	\$29,772	\$101,913	\$55,673	\$149,676	\$663,843	
Information & Assistance/Outreach	\$642,699	\$78,622	\$336,121	\$142,691	\$91,648	\$462,194	\$174,457	\$410,323	\$2,338,755	
Flexible Community Services	\$34,591	\$4,232	\$18,090	\$10,741	\$4,932	\$24,876	\$9,389	\$22,084	\$128,935	
Residential Repair/Renovation	\$13,690	\$1,675	\$7,160	\$2,770	\$1,952	\$9,845	\$3,716	\$8,739	\$49,547	
ADRC Options Counseling	\$45,392	\$5,553	\$23,739	\$9,183	\$6,473	\$32,643	\$12,321	\$28,980	\$164,284	
SHAP & MPPA	\$90,773	\$11,105	\$47,474	\$18,366	\$12,945	\$65,281	\$24,641	\$57,955	\$328,540	
Transportation	\$42,676	\$0	\$31,053	\$0	\$35,034	\$90,454	\$66,689	\$156,853	\$422,759	
Legal Services	\$139,442	\$17,058	\$72,926	\$31,017	\$19,884	\$100,279	\$37,851	\$89,025	\$507,482	
Counseling	\$203,007	\$30,055	\$97,435	\$0	\$0	\$86,228	\$0	\$0	\$416,725	
IID Services	\$32,261	\$3,947	\$16,872	\$6,527	\$4,600	\$23,201	\$8,757	\$20,597	\$116,762	
Adult Protective Services - VII	\$1,946	\$239	\$1,018	\$394	\$277	\$1,399	\$528	\$1,242	\$7,043	
Adult Protective Serv M-Teams - VII	\$3,000	\$0	\$3,000	\$3,000	\$0	\$3,000	\$3,000	\$3,000	\$18,000	
Ombudsman (B/VII/GRF/LTC/MFP)	\$328,965	\$27,475	\$183,541	\$70,069	\$28,504	\$248,011	\$76,135	\$182,396	\$1,145,096	
Community Connection Colla	\$150,391	\$18,398	\$78,652	\$30,427	\$21,446	\$108,153	\$40,823	\$96,015	\$544,305	
Caregiver Resource Center	\$204,132	\$24,972	\$106,757	\$41,299	\$29,109	\$146,800	\$55,410	\$130,325	\$738,804	
Caregiver Legal Regional Pull-Down			Regional Allocation, Independent of County-Share Formula							\$24,000
Caregiver Counseling Center	\$63,913	\$7,819	\$33,426	\$12,931	\$9,114	\$45,963	\$17,349	\$40,805	\$231,320	
TOTAL	\$4,207,013	\$506,294	\$2,212,583	\$854,956	\$585,794	\$3,013,278	\$1,138,968	\$2,696,857	\$15,239,743	

**Participant Information for Services under the FY20 Area Plan
FY20 Projected Persons and Units**

Area Agency Budget	# Projected Served	# Projected Units
Options Counseling Total	700	1,700
Information & Assistance	45,800	84,000
Outreach III-B	2,700	2,800
Transportation	1,500	32,000
TOTAL III-B Access	50,700	120,500
Res. Repair & Reno	110	110
TOTAL III-B In-Home	110	110
Counseling	900	5,600
Education	4,200	30,000
Health Screening	1,000	2,800
Legal Assistance	1,750	8,000
Recreation	4,000	26,500
Flexible Community Service	200	200
TOTAL III-B Comm.	12,050	73,100
TOTAL Ombudsman	32,337	32,337
Congregate Meals	9,000	143,000
TOTAL III-C-1	9,000	143,000
Home Delivered Meals	5,000	750,000
TOTAL III-C-2	5,000	750,000
Health Promotion Prog.	1,200	5,000
TOTAL III-D Comm Serv	1,200	5,000
Case Management	9,000	13,500
Counseling	575	1,500
Support Groups	240	1,400
Training & Education	500	1,500
Respite	500	19,700
Gap Filling	350	450
Legal Assistance	10	10
Total III-E Caregiver Services	11,175	38,060
Total Access Services	50,700	120,500
Total In Home Services	110	110
Total Community Services	59,587	1,003,437
Grand Total	121,572	1,162,107

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