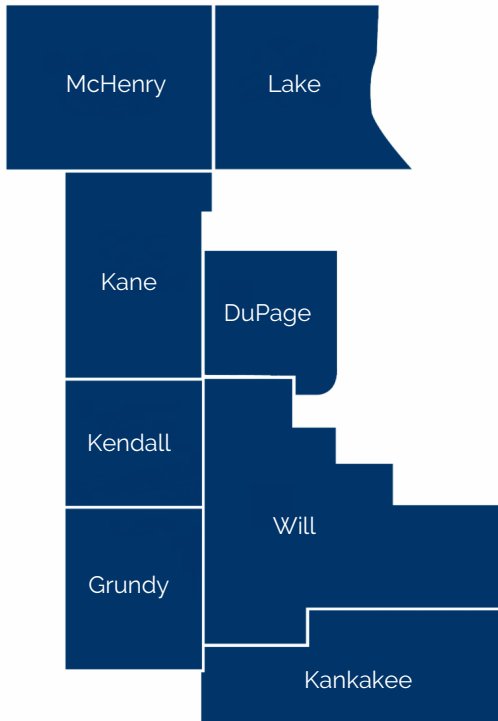




PUBLIC INFORMATION DOCUMENT

AREA PLAN SUMMARY FISCAL YEARS 2022-2024



Mission of AgeGuide Northeastern Illinois

At AgeGuide, we empower older adults to remain independent, connected and to age well. We do this through our advocacy and coordination of life-changing resources such as meals, transportation, and caregiver and family support. These meaningful services optimize the quality of life and offer peace of mind.

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

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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, 2021 and extends to September 30, 2024.

The purpose of this Public Information Document is to provide a summary of the Northeastern Illinois Area Agency on Aging's (AgeGuide) proposed service design, delivery, and the associated fund distributions, and other activities in which AgeGuide anticipates involvement. This report is intended to outline AgeGuide's plan for allocating funds so that the public can review this plan and provide comments and questions at the public hearing.

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 this document and anticipated to be carried out during Fiscal Years 2022 through 2024 Area Plan Cycle. The Public Hearings provide information about AgeGuide's proposed plans, budget, funding formula, and priorities for funding community-based services for older adults and family caregivers.

Public Hearings will be held virtually on the following dates:

Wednesday, May 26, 2021
1:30 p.m.

AND

Thursday, May 27, 2021
10:00 a.m.

If you need special assistance, a translator, closed captioning, or other accommodations, please contact Jen Hill 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 **Friday, June 4, 2021 at 4:00 p.m.** Comments may be faxed, e-mailed, or mailed to the following address:

AgeGuide Northeastern Illinois

Attention: Marla Fronczak, Chief Executive Officer

1910 S. Highland Ave, Suite 100, Lombard, IL 60148

Fax: 630-293-7488; E-mail: info@ageguide.org

A Message from our Chief Executive Officer

The COVID-19 pandemic showed us that everything in our lives can change in a moment. Older adults understand this best as they often experience tremendous change over their lives and the loss that comes with it. This may be why they have been so resilient during the pandemic. The Aging network quickly recognized that our response to this extraordinary time would require extraordinary measures. The pandemic revealed that while aging IS a universal human process it is NOT the same for everyone.

Regrettably, as of April 15th, 2021, of the 21,000 COVID-19 deaths in Illinois over 89% were adults 60 years or older. The health crises and protests over racial injustice highlighted existing inequity for older adults and communities of color who were disproportionately impacted by COVID-19. We recognize the need for more inclusive and equitable approaches to alleviate the health and economic disparities for older adults.

Restrictions on social gatherings increased the negative impact of social isolation, loneliness, and food insecurity. It also heightened already existing vulnerabilities like access to food, medication, and medical care. Our Older Americans Act funded programs became a lifeline to helping older adults stay safe and connected at home.

To address technology barriers for older adults we taught them how to use Zoom, Facebook, and on-line shopping. This was vital not only to connect with family and friends, but also to access tele-health doctor visits.

Caregiver needs increased during COVID as more people were providing help for their older family members to keep them safe at home. Caregiver support programs like counseling and support groups were expanded and adapted to help them cope with the stress and isolation of caregiving. To further reduce burnout, we offered caregivers a tailored assessment called TCARE to pinpoint their stressors and to prevent burnout. Isolation was magnified for family caregivers especially those caring for loved ones with dementia. To combat increased caregiver isolation caused by the pandemic, we offered virtual programs like intergenerational Music and Memory, Sounds Good Choir and Memory Cafes.

Even prior to the pandemic, older adults were experiencing food insecurity so making sure older adults receive the nutrition they needed during the pandemic was AgeGuide's top priority. We had to modify how we distributed meals to accommodate the new reality. The additional federal and state support we received for these programs during COVID was a lifeline for the aging network and continued support will be needed to maintain the growing demand.

The experiences of the past year allowed us to reinvent and expand programs that further improved the quality of life of older adults and caregivers. This three-year Area Plan describes how the pandemic ignited the long overdue spark of change that will move us to support all older adults and caregivers to stay healthy and engaged in their communities.

Marla Fronczak
Chief Executive Officer

WHO WE ARE

Northeastern Illinois Area Agency on Aging (AgeGuide), began in 1972 as a model project and was formally designated by the Illinois Department on Aging in 1974. There are over 622 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 operate 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.

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

The US Census Bureau reports that it's 2019 estimates 725,493 persons age 60 years of age and older live in AgeGuide's region. Over 101,799 older adults and their caregivers received OAA services in the Agency's eight county PSA in Fiscal Year 2020.



A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS
TO CONSUMERS IN THEIR LOCAL PLANNING & SERVICE AREA (PSA)

WHAT WE DO



ADVOCACY

AgeGuide advocates for older adults, weighing in on policy-making at the local, state and national level. We advocate to effect policy change that supports aging at home and in the community with maximum health, independence, and well-being. Our advocacy activities are designed to induce a change in attitude and stereotypes, legislation, and policies around older adults, adults with disabilities and those who care for them. As advocates for services and funding at the federal and state levels, AgeGuide informs older adults, caregivers, and legislators of the impact of proposed legislation on people and services.



COORDINATION

AgeGuide builds working relationships with other local non-profit organizations, governmental agencies, and aging network partners to develop a comprehensive and integrated service delivery system. We seek input from the communities we serve through our Advisory Council, and participation in community-based collaborations. Organizations funded by AgeGuide provide guidance on services and the changing needs of their communities.



PLANNING & PROGRAM DEVELOPMENT

AgeGuide leverages federal dollars, building on Older Americans Act (OAA) funding to expand economic support for Home and Community Based Services. The U.S. Administration on Aging estimates that for every \$1 of federal OAA investment, an additional \$3 is leveraged. AgeGuide understands that bringing services to people where they live in their communities helps them save their own resources and government dollars, making this a more sensible approach from a fiscal and human perspective. AgeGuide conducts a tri-annual community needs assessment that informs our planning and program development processes. We assess the needs of older adults, their caregivers and families and uses this information to create, improve and/or expand OAA services.



ADMINISTRATION

AgeGuide administers federal and state funding for Older Americans Act services that are available to any person age 60 or older, their caregivers and families. These services are targeted to older adults in greatest social and economic need. AgeGuide closely monitors service delivery to ensure that funded partners provide quality outcomes and funding is spent appropriately. AgeGuide awards more than \$16 million annually in federal, state, and private funds to more than 34 community-based service organizations (Page 45). AgeGuide expends no more than the allowed 10% of administration funding in order to preserve maximum funding for direct service-related costs.

The Planning Process and Its Outcomes

Summary of the AgeGuide's Planning Process and its Outcomes

In preparation for the Fiscal Year 2022-2024 Area Plan Cycle, AgeGuide engaged in a 5-step planning process to assess the needs of older adults, caregivers, and their families. These steps activities and analysis are outlined below.

Five Step Planning Process

Step 1: *Assess the needs of Older Adults, Caregivers & Their Families*

Step 2: *Evaluate the Existing Service System*

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

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

Step 5: *Modification and Refinement*

Step 1: Assess the Needs of Older Adults, Caregivers & Their Families

Community Stakeholders and Partners

AgeGuide enlisted the assistance of the Board of Directors, Advisory Council members, staff and the following community stakeholders and partners to help develop the Area Plan which is our guide to distribute federal and state funding to deliver Older Americans Act services to older adults, people with disabilities and caregivers throughout our planning and service area.

Advocate Good Shepherd Advocate Health Aurora Aurora Township Senior Citizens Service Committee Aetna Better Health Member Advisory Council AARP Association for Individual Development Alzheimer's Disease Advisory Committee Alzheimer's Association Greater Illinois Chapter AMITA Health Saint Joseph Hospital Elgin Aurora Community Resource Team Barrington Area Council on Aging Blue Cross Blue Shield Stakeholders Care for the Underserved Chicago Metropolitan Agency for Planning Cognitive and Memory Professionals Community Services Council of Will Co. Continuity of Care Networks	DuPage Co. Community Services The DuPage Federation Elia Township Fox Valley Community Services Gail Borden Public Library Glen Ellyn Senior Center Grundy Co. Senior Provider Group Illinois Association of Area Agencies on Aging Illinois Coalition on Mental Health and Aging Illinois Cognitive Resource Network Illinois State Medicaid Policy Institute on Family Caregiving Kane Co. Health Dept. Kankakee Co. Health Dept. Kankakee Co. YMCA Kankakee Senior Provider Group Kankakee Mental Health Council Kendall Co. Health Dept.	Kendall Co. Senior Provider Group Kinship Navigator Task Force Lake Co. CaregiverNet Lake Co. Health Dept. and Community Health Center Metropolitan Mayors Caucus McHenry Co. Dept. of Health McHenry Co. Task Force on Aging Northern Illinois Food Bank Open Safe Illinois Coalition Pembroke Township SAGE Spanish Community Center Senior Services Coalition of Lake Co. TRIADs United Way of Greater McHenry Co. United Way of Kankakee and Iroquois Co. Village of Woodridge Waukegan Township Will Co. Health Dept. Will Grundy Medical Clinic Xilin Association
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Step 2: Evaluate the Existing Service System

Needs Assessment Activities

Methodology & Design

In its Needs Assessment activities, AgeGuide took into consideration older adults with low incomes, and those with greatest economic and social need with particular attention to low-income minority older adults and those with limited English proficiency. In addition, AgeGuide prioritized diversity, equity, and inclusion to examine the ease at which diverse older adults can access services. To apply this inclusive lens, AgeGuide researched existing assessment tools and selected an award-winning model to best capture the input of communities of color, non-English speakers, and LGBT communities. The assessment tool with its diversity methodology was then applied to the chosen implementation tools of both a survey and listening session format.

The listening session and survey questions were organized around service categories based on Older Americans Act and other federally funded programs. The service categories included:

- Information/Referral & Outreach Services
- Nutritional Health Services
- Healthy Aging Services
- Caregiver Support & Education
- Legal Services
- Veterans Services
- Housing Services
- Abuse Prevention Services
- Counseling & Mental Health

Listening Sessions

AgeGuide held 25 community listening sessions which included over 250 participants. Overall, AgeGuide spent a total of 36 hours listening to the community. Listening sessions were held virtually due to state health department guidelines around COVID-19. Sessions were held for each of the eight counties served by AgeGuide with two sessions for the more populous counties. Knowing that the virtual platform was not conducive to full participation by those without internet connection or comfort with technology, AgeGuide made an extra effort to engage older adult participants in the listening sessions by partnering with senior centers and other programs already engaging with participants online. This was very successful and resulted in extensive feedback from older adults. In addition, AgeGuide held one listening session to specifically capture input about non-English speaking older adults from diverse backgrounds to determine identified needs for this underserved group. This listening session gathered input from caregivers who work directly with this population.

Surveys

AgeGuide designed and distributed a survey to gain input from those not comfortable participating online or needed the survey translated into a different language. The survey was also designed to be inclusive and equitable to capture results from a wide range of stakeholders representing our diverse region. The survey was translated into the six most common languages besides English, in our region. We partnered with diverse community leaders and with the Coalition for Limited English-Speaking Elderly (CLESE) to distribute surveys to their clients. Overall, the survey captured input from over 465 participants.

Participant demographics were as follows:

Survey Respondents Characteristics	
80% Over 60	25% Non-White (11% Asian American/Pacific Islander, 7% Black, 3% Hispanic/Latino)
27% Live Alone	19% Speak a Language Other Than English
19% Veterans	4% LGBT
11% Caregivers	82% Female

Also of note, 90% of the survey respondents had not participated in a listening session. Between the listening sessions and the survey, AgeGuide received over 700 responses.

Findings

The top identified challenges that came up in the listening sessions, across all service categories were technology, need for cultural support and services in a language other than English, and the COVID-19 pandemic. On the latter issue, participants said their biggest needs were figuring out how to navigate restrictions, navigating changes to services due to the pandemic and dealing with the many challenges presented by the health crisis.

Transportation was the most discussed service category in the listening sessions. Within this category, participants indicated a need for increased availability, flexibility, and affordability. Nutrition was the second most common service need mentioned. Participants indicated the need for more home delivered meals, congregate dining sites, and more nutritious meals.

Other Feedback & Input

In addition to these needs assessment activities, AgeGuide gathered input and feedback from the community, funded partners and stakeholders through the following:

- Hosted a planning retreat (January 2021) with AgeGuide's Board of Directors, Advisory Council and staff.
- Presented a Grantee Diversity Equity and Inclusion Training (January 2021) to explore diversity, equity, and inclusion in the service delivery system.
- Convened local, state, and federal legislators and community participants at Advocacy Collaboratives across the region.
- Examined various informational sources including census data, service provider reports and program performance, 2020 County Health Rankings Report, the AARP Disrupt Disparities Report, research and reports from academic journals, local, state, and national organizations and initiatives.
- Collected input from Information and Assistance calls to determine community needs.
- Reviewed data from the National Aging Program Services Information System (NAPIS) to gauge trends in service provision.

- Tracked federal and state resources and legislation such as the Older Americans Act, Federal COVID-19 Relief legislation, and the proposed Illinois Family Caregiver Support Act Legislation (HB 293 and SB 1766).

What We Learned

Before the global health threat of COVID-19 or the national conversation about systemic racism began last year, AgeGuide was preparing to address the question of how Older Americans Act services could better serve diverse older adults. With assistance from SAGE Care trainings, AgeGuide staff and our partner organizations are becoming SAGE Care bronze credentialed providers, which involves continued education in providing culturally competent care and fostering a welcoming environment for LGBT older adults.

AgeGuide offered training to members of its Board of Directors, Advisory Council, staff, and funded partners to foster an open dialogue on prejudice, discrimination, and equity on an organizational level. The goal was to help participants understand how systemic racism impacts aging services and healthcare and to move toward increased equity and inclusion.

AgeGuide is focusing on service delivery and examining who is being served. As demographics shift, AgeGuide is taking a hard look at whether Older Americans Act services are reaching the full spectrum of the older adults in our communities. The AARP Disrupt Disparities Report states that 33% of Illinoisians age 50 and older are minorities. Our funded partners are deeply rooted in the communities they serve and are adapting to changing demographics by striving to hire multi-lingual, diverse staff who reflect their communities. To enhance these efforts, AgeGuide is partnering with the Coalition of Limited English-Speaking Elders to provide translation services and assistance to culturally and ethnically diverse older adults as they navigate aging services.

AgeGuide and its network of funded partners were already addressing social isolation and loneliness before the pandemic hit, but necessary mitigation strategies, such as sheltering in place and physical distancing further exacerbated these challenges and required a swift ramp up of efforts to enhance existing services, pivot to virtual programing, and create new opportunities for connection. The pandemic exposed service gaps that AgeGuide is committed to addressing in the FY22-FY24 area plan cycle and beyond:

- **Technology:** Access to technology is not equal and people of color have less access to the internet and technology. AgeGuide offered a technology and education special project in FY21 and with additional CARES Act funding was able to expand this special project to provide technology to more older adults, with a focus on limited English individuals. During the pandemic, Older Americans Act services such as recreational and health promotion programs transitioned from in person to virtual events. Counseling and training and support groups were also offered virtually for caregivers, and our Long-Term Care Ombudsman partners used technology to monitor residents and help them connect with loved ones via virtual face-to-face visits. These pivots will now become opportunities for homebound individuals and those without transportation to stay engaged and connected from their homes.
- **Telehealth:** AgeGuide saw older adults accessing healthcare through Telehealth visits and recognizes telemedicine as an invaluable means of health improvement and maintenance, especially for homebound individuals. AgeGuide will push for even greater access for low-income older adults and especially those in the black and brown communities who face greater barriers to technology access and connectivity.

- **Long Term Care:** Almost 50% of COVID-19 deaths have occurred in LTC facilities. When visitation was limited for LTC residents, our aging network provided technology so their friends and families could visit. AgeGuide will advocate for the continuation of virtual visitation options for residents especially when distance is a barrier. In addition, we will continue to advocate for greater protection and improved infectious disease controls to ensure the health and safety of LTC residents.
- **Social Isolation:** According to AARP 56% of adults age 50+ said they felt isolated in June 2020, double the number who felt lonely in 2018. More volunteer opportunities (in-person or virtual) will be needed to help older adults feel purposeful and lower levels of physical and mental decline. AgeGuide will support our funded partners as they rebuild their community dining programs, and transition back to in-person programming while continuing to offer virtual options to reduce isolation for all older adults. AgeGuide is implementing Friendly Visiting and Telephone Reassurance programs, which were pilot programs in FY21, are now being offered in every county in our region.
- **Caregiving and In-Home Care:** During COVID-19 many families took their loved ones out of Long-Term Care and into their homes to keep them safe. These families quickly found a lack of resources to pay for in home services and supports. AgeGuide recognizes that there is greater need for expanding Medicaid programs to pay family caregivers for in-home care. AgeGuide is advocating for the funding of the Illinois Family Caregiver Act which provides support for non-paid caregivers. AgeGuide has expanded its pilot program, Tailored Caregiver Assessment and Referral (TCARE) for FY2022 to all counties so that family caregivers can get the resources and support they need to care for their loved ones and improve their quality of life. In addition, AgeGuide, with the support of General Revenue Funding from the state, caregivers and their care receivers can participate in Stress-Busting for Family Caregivers, Music and Memory, the Good Memories Choir and sing-along memory cafes. Due to the pandemic, these programs pivoted to virtual participation and soon caregivers will have the choice to participate with their care receiver either in-person or virtually in FY22.
- **Emergency Preparedness:** The pandemic revealed a lack of awareness and connectivity among agencies, organizations, and older adults. AgeGuide has been working with the local health departments and funded partners in our region to create awareness and education regarding COVID-19, vaccine importance and safety. AgeGuide continues to assist in registering older adults for vaccine appointments on local health department vaccine registries and helping older adults schedule vaccines. AgeGuide also provided additional funding to our funded partners for transportation to and from vaccine appointments, if necessary. In addition, AgeGuide has created and maintained a COVID-19 Resource page on our website to help people get the information and resources they need to stay safe. We continue to produce a bi-weekly COVID Resource e-newsletter that is shared with the aging network, funded and community partners and older adults and their families.
- **Health:** A healthy 75-year-old was 1/3 as likely to die from the virus as a 65-year-old with multiple chronic health issues. Addressing health factors like poor diet and environment that caused so much preventable illness and death is important. There is an opportunity to expand person-centered care to improve outcomes for people with complex medical conditions. Research confirms that integrating medical and social services improves health and lowers costs. AgeGuide supports the health-care industry expanding their efforts to move more services out of clinical settings to where people live. AgeGuide is working to create awareness that greater value needs to be placed on OAA services like meals, transportation, and caregiver support to address social determinants of health.

- **Housing:** During the pandemic, our homes became our world but not everyone was safer at home. We quickly learned that we need more homes with features that enable social connectivity and safety so older adults can age in their community. There is also a growing demand for affordable, accessible, and innovative housing options. Meeting the housing needs of the middle-income baby boomers is going to be one of our most urgent needs and will be important to preventing them from falling into poverty. Because of this, AgeGuide supports Expansion of the Earned Income Credit which would amend the Illinois Income Tax Act to provide a \$600 earned income tax credit to working adults 65 and over without dependents. It would also extend the tax credit to unpaid caregivers of someone over age 65.
- **Transportation:** Increasing opportunities to provide more affordable, integrated transportation options is a must. The community needs assessment findings showed that our region's older adults have prioritized transportation as an unmet need that must be addressed. AgeGuide will offer transportation services in all eight counties in the FY22-FY24 area plan cycle. We will advocate for a revision of local transit guidelines to address the mobility needs of older adults and the expansion of transportation programs that include mobility navigation so older adults can find transportation that meets their needs. AgeGuide will work with transportation funded partners and service providers throughout the region to advocate for a variety of transportation options from local transit to volunteer drivers, to the use of on-line transportation platforms to get older adults where they need and want to go.

Federal & State Resources and Policy Implications

Federal and State Resources affect public policies which in turn affect the services that are available to address the needs of the community. From a policy perspective, 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 our services benefit people of all ages and abilities.

Federal Level

On April 9th, the Biden Administration released a \$1.5 trillion FY 2022 discretionary budget request. While the proposal is limited on detailed funding levels, it does specify a 16% increase to domestic spending, including increases to Older Americans Act programs and other supports for older adults including:

- \$14.2 billion for the Social Security Administration
- \$551 million for home and community-based services

Congress has already started the process of determining regular FY 2022 funding levels in the leadup to the October 1st deadline to enact the 12 individual appropriations bills.

In addition to the growth in numbers of clients in need of AgeGuide's programs and services due to the pandemic, years of stagnant funding and budget cuts have taken their toll on aging programs. To be clear, while desperately needed and greatly appreciated, the several rounds of relief funding Congress provided in response to the pandemic was simply that, a response to the needs that arose due to the pandemic—not a recognition that funding for Aging Network programs and services needs to be significantly increased on a long-term basis to serve the rapidly growing numbers of older adults who need them.

To ensure AgeGuide can continue to provide older adults and their caregivers critical access to services past the pandemic while accommodating the demographic growth that is happening everywhere in our region, AgeGuide and Area Agencies on Aging across the country are prioritizing policies that provide bold investments in OAA programs and services.

Specifically, AgeGuide, along with the National Association of Area Agencies on Aging, is advocating for Congress to double the investment in Titles III programs including Title III-B (Supportive Services), III-D (evidence-based health and wellness), and III-E (National Family Caregiver Support Program). This is the level of investment these programs should have had before COVID-19 and reflects what these programs will absolutely need after it. A decade of cuts followed by austerity has led to significant erosion in the ability of the Aging Network to meet the need.

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.

State Level

Governor Pritzker introduced his \$41.6 billion operating budget for FY22 on February 17, 2021. The budget includes \$1.4 billion for the Department on Aging. It prioritizes strengthening safety net services for Illinoisans in need. It also includes protections for education funding, criminal justice reform and investments in infrastructure and environment. The total amount for general operations to cover education, human services, health care, and other government services is essentially flat (just over \$30 billion). The budget calls for no tax increases. Rather, the Governor proposed eliminating or curtailing \$932 million in tax expenditures in FY22.

The Governor's FY22 Budget included the following support for the Department on Aging:

- **Reducing Social Isolation Programs** – \$1,000,000 allocation sustained from FY 2021 to support programs that reduce social isolation during the pandemic as older adults are forced to self-isolate for their own protection.
- **Alzheimer's Disease and Related Dementias** - \$1,000,000 sustained from FY 2021 to continue building an improved system of supports for those with Alzheimer's and related dementias. One in ten people over the age of 65 live with these challenges. This funding will support evidence-based caregiver programs and provide Gap-Filling supportive services.
- **Home Delivered Meals** - an additional \$11,300,000 to keep pace with the emergency need experienced by the pandemic, eliminate waiting lists, and to sustain the daily delivery of meals to vulnerable older adults.
- **Emergency Senior Services Program** - \$5,000,000 to continue addressing seniors' emergency needs
- **Community Care Program** – Increase of \$29,400,000 to cover the costs of a proposed rate increase for Homemaker services, plus an additional \$1,000,000 to add assistive technology

Legislation AgeGuide Supports

- **Illinois Family Caregiver Support Act Legislation** - HB 293 (Willis) and SB 1766 (Belt) propose a \$6 million appropriation to fund the Illinois Family Caregiver Act that was passed in 2004. The goal is to provide support to unpaid family caregivers, so they can continue in their caregiver role, allowing their loved one to remain at home rather than in a costly institutional setting.

- Minimum Wage - \$2,400,000 will support the cost of the minimum wage increase for the provision of homemaker, meals, and other essential older adult services.
- Expansion of the Earned Income Credit (EIC) – HB2792 (Ammons) and SB2184 (Sims) would amend the Illinois Income Tax Act to provide a \$600 earned income tax credit to working adults 65 and over without dependents. It would also extend the tax credit to unpaid caregivers of someone over age 65.
- Amendment to the Network Adequacy and Transparency Act – SB 332 (Collins) adds to the state's current insurance network provider directory information on availability of telehealth services and whether a provider allows family caregivers to join their loved one's appointment remotely.



DEMOGRAPHICS OF PSA02

AGEGUIDE'S EIGHT COUNTY REGIONAL POPULATION IS RAPIDLY GROWING

725,493

25% of the State's
population of older
adults reside in PSA02
(725,493)

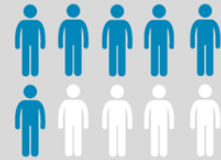
OLDER ADULTS



51%

INCREASE

in the population of
older adults in PSA02
from 2010 to 2019



Within the eight counties:

28 %

of older adults are age 75+ (204, 842)

20%

of older adults age 60+ are minorities

3%

The change of 60+ from 2018 (703,733) to 2019 (725,493) is 21, 706

4%

The change of 75+ from 2018 (197,219) to 2019 (204,842) is 7,623

LIVING ALONE



136,295

19% of older adults
age 60+ are living
alone.

POVERTY



40,276

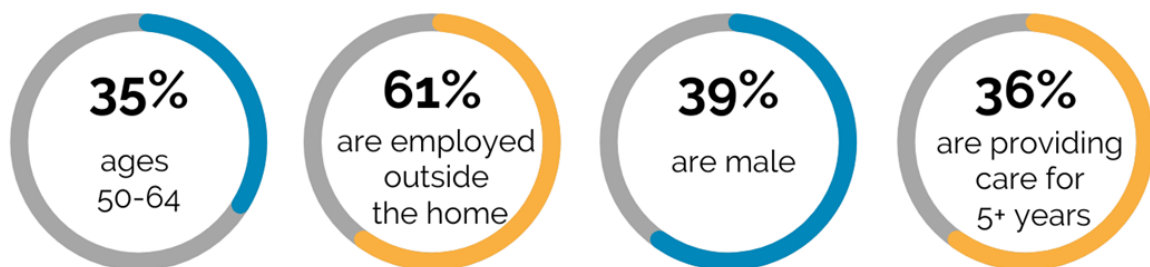
5.5% of older adults age
60+ live at or below the
poverty line.

FAMILY CAREGIVER & RELATIVES RAISING CHILDREN DEMOGRAPHICS

AgeGuide serves family members, neighbors and friends that provide informal care to older adults and relatives raising children (aka Grandparents Raising Grandchildren) through the Family Caregiver Support Program.

AgeGuide's Family Caregiver Program began in 2002 serving 1,542 caregivers in its first year. The program has grown since serving 12,265 caregivers for all services in FY20.

THE CAREGIVING IN THE U.S. 2020 – AARP RESEARCH REPORT REVEALED A FAMILY CAREGIVER PROFILE:



OTHER NOTEABLE STATISTICS:

- The growth in caring for an adult relative is up remarkably among African American caregivers (88% compared to 77% in 2015) and Hispanic caregivers (92% vs. 85% in 2015).
- Most caregivers take care of a relative (89%), while just 10% care for a friend, neighbor, or other non-relative.
- Generation X caregivers (41-65 years old) more often report they had no choice in taking on care of their family member or loved one (58% compared to 45% in 2015).

The Family Caregiver Support Program serves grandparents and other relatives age 55 and older who are raising children because the parents are unable or unwilling to take on their responsibilities. Grandparents and other relatives require assistance with financial, health, legal, education and other necessities.

In Illinois 102,000 grandparents are responsible for their grandchildren living with them

- **212,000** children under the age of 18 are living in grandparent headed households
- **50%** are White (non-Hispanic)
- **33%** are Black/African American
- **27%** are Hispanic/Latino
- **27%** have no parents of children present in the home
- **72,609** Grandparents are between 30 to 59 years
- **30,342** Grandparents are 60 years and over

Source: Illinois Department on Aging Illinois Facts

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

AgeGuide 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 relatives raising children, 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 and at an acceptable cost.
- Assess the ability of other service providers or systems to address unmet needs.

Step 4: Support Area Plan Initiatives and Service Priorities:

Staff assembled and reviewed the data derived from the needs assessment process to form the foundation for the FY22-24 Area Plan. Information garnered from Steps 1, 2 and 3 of these activities and from the individual counties was thoughtfully compiled into a regional perspective to arrive at the following area plan initiatives and service priorities.

Area Plan Initiatives

STATEMENT OF THE STATEWIDE INITIATIVE: ENHANCE ILLINOIS' EXISTING COMMUNITY-BASED SERVICE DELIVERY SYSTEM TO ADDRESS SOCIAL ISOLATION AMONG OLDER ADULTS.

During FY 2022-2024, the Illinois Department on Aging and Area Agencies on Aging will continue its 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).

Social isolation as a health risk for seniors has gained more recognition during the COVID-19 pandemic. Older adults are especially at risk for COVID-19 complications because they have higher rates of disease and co-morbidities than younger adults. To remain safe from the virus, older adults must strictly limit their contact with others. As a result, the AAAs and their providers must effectively modify existing strategies to improve connectivity in a time of recommended and required physical distancing. By modifying existing services and interventions as well as introducing new ones, older adults were provided more opportunities to mitigate social isolation risk while remaining at safe physical distances from others (Smith, Steinman, Casey, 2020).

As the COVID-19 pandemic continues but optimistically resolves, AgeGuide will continue to focus on expanding in person and virtual programming to meet the needs of older adults who are socially isolated. During the previous Area Plan cycle (FY19-21), AgeGuide piloted numerous programs to reduce social isolation, pivoting many of those programs virtually to accommodate the COVID-19 safety restrictions while still conducting programming. AgeGuide will conduct the following activities to decrease social isolation during the FY22-24 Area Plan Cycle:

1. Integrate Telephone Reassurance and Friendly Visiting programs into the existing area plan Title III-B funding and fund one service in each county.
2. Expand collaboration with local high schools to increase intergenerational program offerings.
3. Continue funding targeted outreach to culturally diverse communities.
4. Expand Health Promotion (III-D) programming to serve culturally diverse older adults and older adults with developmental disabilities.
5. Promote social connectedness, self-care, and lifelong learning through AgeGuide's Online Learning Center in partnership with GetSetUp.
6. Continue distribution of the IL Dept. On Aging's Social Isolation brochure.
7. Evaluate program effectiveness using the UCLA Loneliness Scale Assessment Tool.
8. Increase access to technology and virtual programming.
9. Expand transportation services and options in each county.
10. Continue to offer music-based programming for persons with dementia and their caregivers.

Local Initiative #1: Promote Digital Equity Among Older Adults

Pre and post pandemic, the digital divide continues to create health and safety issues for older adults and barriers to connecting with their friends, family, community, and health care providers. AgeGuide seeks to become a catalyst in bridging the digital divide thus increasing access to services, socialization opportunities and improving health outcomes.

AgeGuide will lead the effort and the advocacy of expanding internet access among the older adults in AgeGuide's eight county region. Expansion will take many forms, starting with joining in the statewide Digital Inclusion initiatives and efforts that seek to expand availability and reach of technology to older adults. AgeGuide will identify and employ supportive strategies such as:

- Identify traditional and non-traditional carriers who provide access in different parts of the region.
- Match financial opportunities to disadvantaged individuals.
- Offer technology training and education based on individuals' needs and capacities.
- Utilizing multiple sources of education including online, in-person, multi-generational, volunteer etc.
- Strengthen the educational network among community partners and stakeholders.

- Sourcing or supplying technology such as laptops, tablets, webcams, and/or hotspots based on individuals' needs and capacities.

Local Initiative #2: Family Caregiver Outreach and Support

According to the Caregiving in the US 2020 Report, unpaid caregiving is increasing in prevalence as the U.S. population continues to age and live longer with more complex and chronic conditions. This increase is up among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations. Caregivers feel the push and pull of providing care on their time, their financial well-being, their health, their family, their work, and their own personal well-being.

- Using a 2019 estimate of 249,193,093 Americans ages 18 and older, 53 million adults have been caregivers to an adult or child in the past 12 months. This means that today, more than 1 in 5 Americans are caregivers.
- In Illinois, if the work of family caregivers had to be replaced by paid home care staff, the estimated cost would be \$45 to \$94 billion per year.
- Over half of caregivers expect they will be a caregiver for some adult (either their current recipient or someone else) during the next five years (54 percent).
- Sixty-one percent of caregivers were employed at some point in the past year while also caregiving. Of those, 6 in 10 employed caregivers work full time (60%) and another 15% work between 30 and 39 hours. 1 in 4 work fewer than 30 hours a week. On average, employed caregivers work 35.7 hours a week.
- Analysis of economic projections to determine how much GDP would grow if employers and governments offered better supports for caregivers show that the economy could retain 10.7 million jobs in 2030 just by providing working family caregivers age 50-plus with policies that offered them more support.

AgeGuide's strategy to promote family caregiver outreach and support:

1. Create and implement an outreach plan to help caregivers self-identify as caregivers early on in their caregiving journey.
2. Create and distribute a Caregiver Survey for working caregivers that gathers necessary data and makes the case for a workforce priority plan for employers.
3. Host a November Caregiver Conference or Round Table Event (including employers & working caregivers) to discuss how we can further support working caregivers' needs.
4. Continue collaboration with IDoA and the NASHP State Medicaid Policy Institute on Family Caregiving to work toward expanding Medicaid Waivers to include support for caregivers.
5. Promote volunteer respite programs and Friendly Visiting.
6. Increase outreach and collaboration with MCO's to encourage enhanced caregiver support.

Service Design Expansion, Enhancements and Changes

These are the services that AgeGuide provides or funds for older adults 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:

Aging and Disability Resource Network Access Package (Title III-B and State GRF)

- **Information & Assistance (I&A):** provides individuals with current information on long term services and support and connects people with resources that can help them such as accessing transportation, benefits, utility assistance, homemaker services, etc.
- **Outreach:** Identifies 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):** Financial assistance for the purchase of various services such as medical care and supplies, environmental and material aids-such as rent/mortgage, food, minor home modifications, and community access services-such as transportation, not otherwise covered by insurance or other programming. FCS services are available for persons age 60+ or persons 18-59 with a disability.
- **Counseling (Title III-B):** Provides personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments.
- **Legal Services (Title III-B):** Includes arranging for and providing assistance in resolving civil legal matters, protecting legal rights, providing legal advice, community legal education and conducting research concerning legal rights and responsibilities by an attorney-at-law or a person under the supervision of an attorney.
- **Transportation (Title III-B):** Assistance with scheduling and providing door-to-door, curb to curb, fixed and/or unfixedroute transportation service including volunteer transportation.
- **Community Connection Collaborative Services (Title III-B):** An intentional bundling of three services, designed to support older adults in gaining or maintaining their health while fostering social connections. Education is the anchor to Community Connections Collaboratives. Health screenings assist in developing relevant educational topics and Recreation provides an opportunity to connect socially in fun and engaging activities.
- **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 to two 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.

- **Friendly Visiting (Title III-B):** Regular visits by volunteers to socially isolated older adults to provide companionship and social contact with the community.
- **Telephone Reassurance (Title III-B):** Telephone calls at specific times to/from individuals who live alone to provide psychological reassurance and reduce isolation.
- **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 and to promote socialization among older persons.
- **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 thus enabling them to remain in their homes rather than be institutionalized.
- **Evidence-Based Health Promotion Programs Services (Title III-D):** Evidence-based programs are multi-week, education-based workshops that promote better health and wellness among older persons. Strategies employed within these programs build life skills emphasizing self-care and management. These programs also promote socialization, reduce isolation through group classes and exercise activities. Only programs that are accepted as highest-tiered evidence-based programs by any operating division of the U.S. Department of Health and Human Services (HHS) can be considered under Title III-D. This includes programs listed on ACL's Aging and Disability Evidence-Based Programs and Practices.

Caregiver Resource Center Services [CRC]* (Title III-E):

- **Assistance:** Provides Tailored Caregiver Assessment and Referral (TCARE) assessments on caregivers to develop a care plan and determine if Respite and/or Gap-Filling services might be needed. Also assists caregivers to obtain access to other services and resources that are available within their communities.
- **Respite:** Provides 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:** Provides flexible funding and includes emergency response services and items not covered by insurance nor paid by any other means.

Caregiver Counseling Center Services [CCC] (Title III-E):

- **Counseling:** Provides advice, guidance, and life coaching to an individual caregiver or relative raising children. Counseling assists with role identity, permission to seek help, decision-making and solving problems relating to their caregiving roles.
- **Caregiver Training:** Provides education to caregivers either individually or in a group. Caregiver training is designed to inform caregivers about self-care skills and/or to instruct them in skills to care for the care receiver.
- **Support Groups:** Provides for the organization of one or more group settings to provide advice, guidance, and support to caregivers on an ongoing basis.

**Family Caregiver Support Services include support for Relatives Raising Children.*

Alzheimer's Disease and Related Dementias Funding (General Revenue Funding):

- AgeGuide will continue to use Alzheimer's Disease and Related Dementias funding to develop an improved system of supports for those with Alzheimer's Disease and Related Dementias.
- This funding supports evidence-based caregiver programs and provides resources for Gap-Filling supportive services.

Evidence-Based Programs:

- AgeGuide will continue to offer the Stress-Busting Program for Family Caregivers to provide support to family caregivers of people with Alzheimer's disease and related dementias (ADRD) and other chronic illnesses. This program has proven to reduce stress and improve the quality of life of caregivers.
- According to the Alzheimer's Association 2020 Facts & Figures Report, there are 230,000 Illinoisans over the age of 65 living with Alzheimer's disease. AgeGuide will offer the Music & Memory/Alive Inside Intergenerational Program to improve the quality of life of those living with dementia and help bridge the generational gap through personalized music.

Supportive Gap Filling Services:

- Financial assistance funding to support caregivers for and persons with Alzheimer's disease and related dementias to remain in the community.
- Financial assistance can be provided for services such as respite, assistive technology, home modifications, transportation, and other eligible services.

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 facility residents by working to resolve problems related to the health, safety, welfare, and rights of the individuals.
- **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 (Federal):** ensures fewer people become victims of health care fraud through outreach, education, and one-on-one counseling on how Medicare and Medicaid beneficiaries can Protect, Detect, and Report Healthcare Fraud.

AgeGuide Direct Services and Waiver Justification

AgeGuide proposes to continue its provision of Title III-B/E Information & Assistance and Title III-D Health Promotion & Disease Prevention and requests Direct Service Waivers to directly provide these services in FY22-24.

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

AgeGuide provides region-wide Information & Assistance for older adults, their caregivers, persons with disabilities and relatives raising children. 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 Support Program partners.

Because the eight-county region is so large, and the needs of each individual is unique, it is necessary to have AgeGuide perform a variety of information and assistance activities. Our needs assessment process identified that AgeGuide should 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. AgeGuide 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 eight counties.

AgeGuide intends to continue to perform the following activities:

- Maintain Certified Information & Referral Specialist(s) for Aging and Disabilities (CIRS A/D).
- Promote AgeGuide'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 the AgingIS database.
- Provide training and technical assistance to ADRN core partners.
- Provide updated information on services and resources through AgeGuide's website (www.ageguide.org), its monthly e-newsletter, The Aging Report, its AgeGuide Listserv, and social media outlets.
- Respond to inquiries from individuals and family caregivers requesting training/education and support services.
- Host its annual Senior Lifestyle Expo to expand sources of information on aging and caregiver issues and to increase visibility for the aging network.
- Produce Constant Contact e-blasts, The Aging Report, and social media posts (Facebook/Twitter/LinkedIn) to reach caregivers and 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 for distribution across the eight-county region at senior centers, hospitals, faith-based organizations, libraries, etc.

AgeGuide Direct Service Waiver Justification:

AgeGuide funds eight local ADRN Information and Assistance (I&A), Outreach and Options Counseling at the county level. However, AgeGuide 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. AgeGuide'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 AgeGuide. Many of these calls are then connected to the ADRN core partners as they continue to be the primary agency for coordination of long-term support services in their communities. This creates a "nowrong 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 children. AgeGuide 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.

AgeGuide is seeking continued approval for FY22-24 and is requesting \$118,000, shared among Title III-B and III-E funds to support the activities of the Aging and Disability Resource Network.

Projected number of persons: 4,125 projected units: 4,125

Title III-B Education Service- Tech and Education and GetSetUp (Social Isolation Funding)

Tech and Education: According to Karina Alibhai, a Social Connectedness Fellow and the Samuel Centre for Connectedness in British Columbia, the use of technology by older adults has great potential to support older adults in living and aging well by addressing their physical, mental and social challenges. Further a 2016 study identified eight different technologies that have been applied to alleviate social isolation social management systems, peer support chat rooms, and social network sites were included in the list of technologies being successful in reducing social isolation among older adults.

In FY2020, AgeGuide piloted programming in Grundy County, funded by AgeGuide with Social Isolation General Revenue Funds, that produced positive effects on reducing social isolation, through technology use. T-Mobile and the Morris Public Library collaborated to provide free tablets to socially isolated seniors who agreed to attend 3 tutorial classes provided by the library staff so they can use the technology to interact and connect with their family, friends and other community resources to reduce their social isolation and loneliness. In FY20-21, AgeGuide expanded this program regionwide. In response to COVID-19 pandemic, the three tutorial sessions were presented virtually. In FY2022, this program will continue to be delivered virtually as well as in-person to accommodate new tutorial partnerships and translated into different languages.

The Impact of the Services:

Utilizing a non-profit technology education organization, AgeGuide provided the handout template developed for the program for the tutors to present. Content includes information regarding services available in the community to help participants engage in new ways. New participants will have multiple ways to engage in training on how to use their tablets including intergenerational or "teen tutors", assistance from their local library's "Device Advice" technology educational programming, through AgeGuide's Learning Center, or through Senior Planet free tutorials from O.A.T.S.-Older Adults Technology Services, should the older adult need assistance with their tablet when the educational sessions are not available. New participants complete a

“Welcome Packet” which includes the State of Illinois Social Isolation brochure and a questionnaire based on the UCLA Three-Item Loneliness Scale. Participants complete the questionnaire prior to receiving the tablet and before the beginning of the tutorials. Participants are asked to complete the questionnaire again after 9 months and record the results. AgeGuide anticipates the survey will continue to reveal positive feedback from older adult participants indicating a decrease in feelings of loneliness and isolation and an increase in overall health and wellbeing. This program will serve 60 persons and 180 units: approximately 3 hours/units tutors’ time at a minimum expended on behalf of a participant over the duration of the service.

GetSetUp-AgeGuide Learning Center:

According to Cathie Hammond, Oxford Review in 2004, participation in lifelong learning had effects upon a range of health outcomes; well-being, protection and recovery from mental health difficulties, and the capacity to cope with potentially stress-inducing circumstances including the onset and progression of chronic illness and disability. Additional studies have shown that continued learning, particularly in humanities related courses helps reduce social isolation and reduces the onset of Alzheimer’s and related dementias by preserving cognitive reserve.

In FY2021, AgeGuide launched the Learning Center as a pilot program funded by CARES Act funding and partnering with GetSetUp, a provider of retired educator or professional led virtual classes. GetSetUp offers over 350 live and interactive classes across multiple categories, providing participants access to a broad range of learning opportunities to increase and enhance their skills and interests. There are also multiple opportunities to socialize, thereby reducing social isolation. AgeGuide plans to extend this successful program in FY22 with funding provided by the American Rescue Plan.

The Impact of the Services:

AgeGuide is leveraging the Tech and Education program to identify at-risk of social isolation older adults to provide them quality programs to support their continued learning and socialization. Other participants from other AgeGuide programs such as caregivers, are the first to be invited to take part in the Learning Center. New program participants will fill out the questionnaire based on the UCLA 3-Item loneliness scale upon registration. Participants will be asked to fill out the questionnaire again after 9 months of participation and results recorded and compared with initial questionnaire. This program will serve 200 persons and 900 units.

Title III-D Health Promotion Service:

AgeGuide 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. Providing and delivering evidence-based programs region-wide requires support for the training, program costs and licensing fees. AgeGuide 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 Bingocize, 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 A Matter of Balance and Stress Busting for Family Caregivers.

- 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 ACLgrant.

AgeGuide Direct Service Waiver Justification

Provision of these activities by AgeGuide 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.

To leverage the impact of available funding and reach the most participants, providers may operate these programs and receive training support under the AgeGuide's license agreements. AgeGuide will focus heavily on recruiting and training additional leaders through our relationships with grantees and professional partnerships. AgeGuide 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. AgeGuide will continue to assist its funded providers in outreach and marketing of their Title III-D programs to overcome barriers in recruiting participants to their programs.

AgeGuide is seeking continued approval for FY22-24 and is requesting \$45,000 for III-D Health Promotion Program activities.

Projected number of persons: 60 (based on FY18 experience) projected units: 250

Title III-E Music and Memory Direct Service Justification (ADRD Funding)

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.

In FY21, AgeGuide continued and expanded this program regionwide. targeting caregivers and persons with dementia who are socially isolated as Adult Day Centers and Senior Centers have been shuttered because of the COVID-19 pandemic. In FY22, AgeGuide will continue this multi-generational program region-wide utilizing high school music student volunteers. These volunteers will continue to partner with adults living with Alzheimer's Disease and Related Dementias (ADRD) and their caregivers via ZOOM to conduct interviews and create a specialized playlist on a headset. These customized playlists and headsets are then shipped to the person with ADRD to be used on demand, providing relief for the person with ADRD and the caregiver as well. Each participant and caregiver is required to register, complete an AgeGuide intake form that includes IDoA required demographics and complete the UCLA Loneliness Scale pre and post evaluations.

Projected number of persons: 30 projected units: 90

Title III-E Good Memories Choir & Memory Café Sing-Alongs Direct Services Justification (ADRD Funding)

The Good Memories Choir is a fun, upbeat community where people with early-stage memory loss sing familiar music that they love, together with their care partners. The region wide program is an 8-week summer session (singing 1950s and '60s rock music) that will culminate with a “virtual” Good Memories Choir “Summer Rocks” concert at AgeGuide’s 26th Annual Senior Lifestyle Expo on August 17 & 18, 2021. All rehearsals are online in a virtual choir dedicated ZOOM rehearsal room. Each participant is required to register, complete an AgeGuide intake form that includes IDoA required demographics and complete the UCLA Loneliness Scale pre and post evaluations. In FY22: AgeGuide will continue the Good Memories Choir program to offer older adults the opportunity to have socialization through the power of music and singing together. Each participant is required to register, complete an AgeGuide intake form that includes IDoA required demographics and complete the UCLA Loneliness Scale pre and post evaluations.

Projected number of persons: 40 projected units: 360

The main goal of a Memory Café Sing-along is to reduce the social isolation for the family caregiver and the person living with memory loss. It does this by offering a safe, welcoming, and mentally stimulating environment for the caregiver and their loved one. Cafes provide mutual support and exchange information. This by itself is valuable if for nothing more than to obtain information about additional OAA resources.

During FY21, as a result of the COVID-19 pandemic, AgeGuide pivoted to an online format for Memory Cafes and is partnering with AgeOptions to continue to offer weekly sing-alongs region-wide. These one-hour cafés are conducted over Zoom by a professional musician. To help those with limited access to technology, the Cafés are available by phone to people who want to dial in and sing along that way. There is no sheet music, just familiar songs on a weekly theme. In FY22, AgeGuide will continue the Sing-Along Café program to offer older adults with dementia the opportunity to have socialization through the power of music and singing together. Each participant is required to register, complete an AgeGuide intake form that includes IDoA required demographics and complete the UCLA Loneliness Scale pre and post evaluations.

Projected number of persons: 110 projected units: 550

Step 5: Modification and Refinement

AgeGuide 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. If there is a need for modification and/or refinement to a service, AgeGuide will take the following steps:

- Identify any modification or refinement by the applicable fiscal year and date submitted
- Describe what intervention caused the AAA to change its Area Plan.
- Identify the modifications to the Area Plan because of the intervention.

Based on the Needs assessment activities and findings as well as an examination of our current design and delivery system, with the approval of the Board of Directors and the Advisory Council, AgeGuide will be instituting the following changes to service design and delivery in our region:

- Title III-B Residential Repair will no longer be funded as an in-home service. AgeGuide currently offers flexible community services which also funds the items being funded by residential repair. AgeGuide will offer Friendly Visiting and Telephone Reassurance services as the in-home service options for each of the counties in our region. Each county is currently offering these services as pilot programs and they have proved to be successful in reducing social isolation.
- Title III-B Options Counseling funding will no longer be provided to Centers for Independent Living. Instead, AgeGuide will use this funding for targeted outreach to minorities and limited English-speaking older adults to remove barriers to the access to OAA services and supports.
- Title III-B Transportation was the most expressed need throughout the region in the community needs assessment activities and will be offered in each county.
- Title III-E Caregiver Resource Centers will be funded at an increased percentage (3%) due to the expectation of provision of the Tailored Caregiver Assessment and Referral (TCARE) program.

Additional Services for Older Adults

AgeGuide 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.

Adult Protective Services

AgeGuide 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. AgeGuide oversees five Adult Protective Service Provider Agencies (APSPAs) who investigate reports of alleged abuse, neglect, exploitation, and self-neglect, for adults 60+ and persons with disabilities ages 18-59. It also participates in the Illinois Adult Protective Services Advisory Council. APSPAs are paid directly by IDoA to conduct investigations and/or case management. AgeGuide does fund APSPAs for Multi-Disciplinary Teams (M-Teams) activities, Fatality Review Teams, and training through Title VII funding. In FY22 it anticipates \$61,503 in funding under this grant to perform the RAA activities.

In FY20, Adult Protective Services responded to 3,219 reports of abuse, neglect, exploitation, and self-neglect in PSA 02.

Employment Programs

AgeGuide 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. The Senior Community Service Employment (SCSEP) is a community service and work-based job training program for adults 55 and better. The program provides training for low-income, unemployed seniors. Eligible participants also have access to employment assistance through American Job Centers. This program can be used as a supplement to Social Security income or as an opportunity for socialization. In FY22 AgeGuide anticipates \$17,968 in funding.

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, and roadside stands. Eligible seniors are 60+ years old with household incomes of not more than 185% of the Federal poverty income guidelines. AgeGuide has administered the SFMNP in Kankakee, Kendall, McHenry and Lake Counties with the help of Catholic Charities Archdiocese of Chicago, Catholic Charities Diocese of Joliet, and Senior Services Associates. The purpose of SFMNP is to:

1. Encourage low-income older adults to eat more fruits, vegetables, cut herbs and honey.
2. Encourage low-income families (women, children and infants 6 months and older) to eat more fruits, vegetables and cut herbs.
3. Help farmers increase their sales of locally grown fruits, vegetables, cut herbs and harvested honey.
4. Increase awareness of farmer markets and roadside stands in communities.

The SFMNP and AgeGuide will work with senior network providers to distribute coupons to eligible older adults in Kankakee, Kendall County, Lake and McHenry Counties. Organizations collaborating with AgeGuide to distribute SFMNP coupons will each receive a portion of \$1,000 to offset the cost of distributing coupons and manage reporting.

Medicare Assistance Activities

Medicare increasingly relies on the Senior Health Insurance Program (SHIP) and in Illinois that is the Senior Health Assistance Program (SHAP), which funds local Medicare assistance efforts statewide.

SHIP uses a small professional staff and a large corps of highly trained volunteers to provide objective local assistance to Medicare enrollees and people approaching Medicare eligibility. SHIP staff help navigate Medicare enrollment, cost and benefit explanation, and the availability of financial assistance programs for low-income participants; along with many other questions related to Medicare and Medicaid. 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. A separate but related program is Illinois' Medicare-Medicaid Alignment Initiative (MMAI), which uses managed care plans for people enrolled in both Medicare and Medicaid.

Medicare enrollees and people approaching Medicare eligibility often need assistance on when and how to enroll; the choices they have for Part D 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. All the Aging and Disability Resource Network (ADRN) providers in the eight counties of this region are both SHIP and SHAP/MIPPA sites. Funding for these activities varies from year to year.

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. AgeGuide 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 FY22, AgeGuide anticipates receiving \$11,000 in funding to perform the above activities.

Grandparents and Other Relatives Raising Children Program (Under 55 State Grant)

In Illinois, there are 71,609 grandparents and other relatives between 30 to 59 years old caring for their grandchildren and that number continues to rise. One main reason for the increase in kinship families is substance abuse and alcoholism that have created a need for grandparents to step in and parent their grandchildren. Unfortunately, this population is not funded through the OAA services therefore there are few resources to assist them. In FY20, AgeGuide provided funding to 10 grandparents raising 21 grandchildren and is assisting additional grandparents and children with FY21 funding. If awarded funding in FY22, AgeGuide will continue to support efforts to provide safe, stable, and loving homes for children by providing counseling, legal assistance, respite and gap-filling services through this program.

Systems Development Grant (GRF)

AgeGuide receives State funding from IDoA to provide long term care systems development activities. Previously, these activities have included assisting with the Community Care Program operational and management activities as well as other No Wrong Door activities. As IDoA evaluates the priorities for FY22 and beyond, the Systems Development Grant activities will now be focused on developing dementia friendly communities. It is unknown at this time what other activities will be included in the reprioritization for this grant. IDoA will be responsible for the Community Care Program management activities previously included

in this grant. Area agencies anticipate that the Department will provide more information regarding this grant opportunity in the coming months as the beginning of the State FY22 begins on July 1st. AgeGuide anticipates receiving \$25,010 in funding to perform the grant activities.

Special Projects – Public/Private Collaboration

Holiday Meals on Wheels

The Holiday Meals on Wheels event supplements the Home Delivered Meals program which supports vulnerable older adults by providing weekend and holiday meals for nutritionally at-risk seniors. It is designed to supplement public funding for Home Delivered Meals provided under the Older Americans Act (Title III-C2 funds). AgeGuide pursues private and corporate support for the event which survives on special events, donations, and community support. In its 29th year, the Celebrity Chefs Brunch to benefit Holiday Meals on Wheels, will not be held in 2021 due to the impact that the pandemic has had on our restaurant partners, participating chefs, and local business partners. AgeGuide will continue advocating for the health, safety and welfare of our staff, volunteers, and donors who have been loyal supporters of the Celebrity Chefs Brunch.

Senior Lifestyle Expo

Now in its 26th year, the Senior Lifestyle Expo was created as an outreach and advocacy event, designed to provide information on aging issues, highlight the programs available through the Aging Network and generate funds to maintain and enhance quality services. In addition to providing valuable information, the Expo offers a wide variety of activities including educational seminars, demonstrations, health screenings and entertainment. In 2020, the event went virtual in order to protect vulnerable older adults. AgeGuide virtually offered town halls, workshops, seminars, classes, and entertainment over a span of two days. The 2021 Senior Lifestyle Expo will again be a virtual event. In planning this annual event, AgeGuide can make essential contacts with the private sector that help to build our credibility and gain recognition as a trustworthy, unbiased 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-based support services through HHS' Veterans Directed Home & Community Based Service Program (VDHCB) now nationally known as the Veterans Direct Care program. The goal of the program is to provide eligible Veterans at risk of nursing home placement the least costly and most beneficial services to meet their health care needs. VIP is a consumer-directed program that allows Veterans to develop a Person-Centered service plan that best fits their particular care needs so they can remain living in their homes and in their community. AgeGuide's role is to provide overall program management for the VAMC and Person-Centered guidance and support to the Veterans as we work together to tailor services and programs to meet the Veterans' health care needs.

In March of 2018, AgeGuide expanded its provision of VIP Options Counseling/Case Management services to suburban Cook County. AgeGuide began directly providing VIP Options Counseling/Case Management to McHenry County Veterans enrolled in VIP in 2019 and to Lake County VIP participants in 2020.

Currently, the Capt. James T. Lovell FHCC is actively referring Veterans in suburban Cook, DeKalb, Lake and McHenry Counties to the VIP program. AgeGuide continues providing VIP Options Counseling/Case Management services for one Veteran through Edward J. Hines VAMC. In response to an identified service gap in our Public Service Area, AgeGuide continues its outreach and advocacy efforts to Edward J. Hines VAMC to offer VIP Options Counseling/Case Management services to their Veterans who may be at risk of nursing home placement and/or currently on a waiting list for nursing home placement.

Since the program's inception in 2010, AgeGuide has received 264 referrals. As of April 2021, 65 Veterans are currently enrolled with 62 actively receiving services. More than 65% of veterans have been active for over 12 months. Since March 2015, 17% of Veterans dis-enrolled from VIP were due to institutionalization and 49% of Veterans were able to remain in their homes until their death. The amount of nursing home cost savings to the VA by AgeGuide Veterans using the VIP program for fiscal year 2020 is estimated to be over \$3.4 million.

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,

FY2022 RESOURCES & FUNDING PRACTICES

AgeGuide Resources

Anticipated Older Americans Act, State General Revenue, and Other Federal Funds

By authorization of the Older Americans Act (OAA), the Illinois Department on Aging (IDoA) provides funds to AgeGuide Northeastern Illinois from the Administration on Community Living (ACL), in the U.S. Department of Health & Human Services. 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:

Federal 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 State General Revenue Funds

Title III Match: Administration and Home Delivered Meals, Information & Assistance, Telephone Reassurance, Friendly Visiting, 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, including special set-aside Social Isolation and Alzheimer's Disease and Related Dementias (ADRD) funds.
- **Alzheimer's Disease and Related Dementia (ADRD):** Funding to provide services for persons (and their care partners) with Alzheimer's disease and related dementias.
- **Social Isolation:** Funding for the development and implementation of programs to combat social isolation and loneliness in older adults.
- **Adult Protective Services (APS) Program Regional Administrative Agency (RAA):** AgeGuide performs regional administrative agency responsibilities to support the Adult Protective Services Program as dictated by the Standards and Procedures.
- **Ombudsman Services:** Mandated IDoA-determined set-aside for Ombudsman services.
- **Long Term Care Ombudsman:** Resolve problems related to the health, safety, welfare, and rights of individuals who live in Long-Term Care facilities.
- **Senior Employment Specialist Program:** Advocacy and Active Referrals to Senior Community Service Employment Program (SCSEP) grantees in our planning and service area

- **Long Term Care Systems Development Grant:** Advocacy, Program Development, and Coordination related to the Dementia Friendly Initiative and assistance with the No Wrong Door (NWD)/Aging Disability Resource Network (ADRN) Statewide-implementation.
- **Illinois Grandparents and other Relatives Raising Children (GRG):** Provides counseling, legal assistance, respite and gap-filling services to grandparents and other relatives under the age of 55 to support grandchildren and to provide safe, stable, and loving homes.
- **Senior Health Assistance Program (SHAP):** Support and counseling for Medicare beneficiaries to enroll in Part D and other benefits.

Other Resources

- **Nutrition Services Incentive Program Funds:** Support for Congregate and Home Delivered Meals based on prior year count of meals served.
- **Medicare Improvements for Patients & Providers (MIPPA):** Outreach and assistance to Medicare beneficiaries to apply for benefit programs.
- **Medicare Medicaid Alignment Initiative (MMAI):** Healthcare program for people who have both Medicare and Medicaid.
- **Senior Health Insurance Program (SHIP)** Health insurance counseling service for Medicare beneficiaries and their caregivers.
- **Senior Medicare Patrol (SMP):** Prevent, detect, and report Medicare & Medicaid fraud, waste, and abuse.

Illinois Department on Aging Notification - Federal and State Resources:

The Illinois Department on Aging has informed AgeGuide of initial FY22 allocations. Allocations are based on Area Agency on Aging Letter #916, which is IDoA's allocation letter currently proposed for FY22 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 FY22 Federal Budget.

AgeGuide estimates that \$9,559,051 Federal funds will be available for FY22 for services funded under Titles III-B, III-C, III-D, III-E and Title VII of the Older Americans Act. This figure is based on projected FY22 grant awards from the U.S. Administration on Aging. This is a projected increase of \$413,859 in resources compared to FY21 planning allocations.

The FY22 total below 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.

In addition, AgeGuide projects a total allocation of \$11,436,977 State General Revenue Funds for services within this PSA in FY22. This figure is based on the Governor's proposed FY22 budget. The Long-Term Care, Senior Health Assistance Program (SHAP) and MIPPA allocations are based on FY21 funding levels.

Total Federal \$10,292,981	
Title VII APS	\$33,373
MIPPA	\$81,200
Title IIID	\$163,875
Title IIIB & VII Ombudsman	\$235,024
NSIP	\$652,730
Title IIIE	\$1,326,893
Title IIIC2	\$1,951,215
Title IIIB	\$2,534,452
Title IIIC1	\$3,314,219

Total State \$11,230,767	
LTC Ombudsman	\$218,350
SHAP	\$298,216
Title III Match	\$472,674
Ombudsman	\$672,875
Supplemental Community	\$2,646,932
Home Delivered Meals	\$6,921,720

**AgeGuide Northeastern Illinois
Proposed FY 2022 Resources
IDOA Letter 916**

ITEM:	FY 22 TOTAL AGENCY	FY 22 BUDGETED ADMIN	FY 21 ANTICIPATED ADMIN
Federal Grants:			
Title IIIB	2,534,452	593,669	562,471
Title IIIB Ombudsman	118,892	11,889	15,679
Title IIIC-1	3,314,219	75,620	71,646
Title IIIC-2	1,951,215	126,893	120,225
Title IIID	163,875	-	-
Title IIIE	1,326,893	132,689	126,608
Title VII Ombudsman	116,132	11,613	13,974
Title VII Elder Abuse	33,373	3,337	3,776
Medicare Improvements for Patients & Providers (MIPPA)	81,200	8,120	8,449
Nutrition Services Incentive Program (NSIP)	652,730	-	-
Federal Sub-Total	10,292,981	963,831	922,828
Title IIIB Direct Services - Advocacy, Coordination, Program Development		519,768	519,768
Title IIIB Direct Services - Information & Assistance		64,000	64,000
Title IIIC Direct Services		-	179,004
Title IIID Direct Services		45,000	45,000
Title IIIE Direct Services - Information & Assistance		54,000	54,000
	10,292,981	1,646,599	1,784,600
State Grants:			
Title III Match	472,674	313,587	298,876
Community Based Services (includes ADRD & Social Isolation)	2,512,224	24,800	-
Community Based Services - AAA Equal Distribution	134,708	-	-
Long Term Care (LTC) Provider Fund Ombudsman	218,350	-	-
Home Delivered Meals	6,921,720	-	-
Ombudsman	672,875	-	-
Senior Health Insurance Program (SHIP)	101,729	16,452	16,452
Adult Protective Services RAA	61,503	61,503	61,503
Long Term Care Systems Development Grant (SDG)	25,010	25,010	25,010
Relatives Raising Children (GRG)	20,000		
Senior Employment Specialist Program (SESP)	17,968	17,968	17,968
Senior Health Assistance Program (SHAP)	298,216	29,822	29,405
State Sub-Total:	11,456,977	489,142	449,214
Other Funds:			
Veterans Independence Program (VIP)	250,000	250,000	225,000
Senior Medicare Patrol (SMP)	11,000	11,000	11,000
Medicare Medicaid Alignment Initiative (MMAI)	46,666	4,666	4,666
Interest on Principal	-	-	3,000
Interest on Reserves (previous MOW/Interest Admin)	3,000	3,000	685
Misc (discretionary funds)	1,000	1,000	1,000
Other Funds Sub-Total:	311,666	269,666	245,351
Total Agency Resource Budget:	22,061,624	2,405,407	2,479,165

Dissemination of Federal and State Resources

Funding Allocation Process and Associated Policies & Practices

AgeGuide’s funding allocation 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. These funds are subject to all regulations stipulated by Federal and State mandates.

Allocating Funds Across the Region: County Funding Formulas

Regional Funding Formula

AgeGuide’s regional funding formula determines the distribution of most of AgeGuide’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 changing population and demographic factors in the region;
- 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 at or below 100% of the federal poverty level, and its population aged 60+ who live alone. The formula’s sixth factor, known as Fixed Cost, gives additional weight to the counties with the smallest senior populations.

Each county’s formula share is the sum of these six factors, described in the table below.

Weight	Factor	Calculation
20%	60+ Population	20% of the county's percentage of the region's population aged 60+
20%	75+ population	20% of the county’s percentage of the region’s population aged 75+.
15%	Minority population	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%	Seniors below poverty	30% of the county’s percentage of the region’s population aged 60+ with incomes under 100% of the federal poverty level
10%	Living Alone	10% of the county’s percentage of the region’s population aged 60+ who live alone.
5%	Fixed Cost	5% 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.

A county’s formula share determines its percentage of most federal and state funds that AgeGuide distributes. Some other funds are available on a regionwide drawdown basis, such as ADRD Gap-filling, and some on the basis of applications for funding under specific terms based on additional funding received.

AgeGuide’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 FY22, AgeGuide will make the adjustment insofar as possible.

FY2022 Regional Funding Formula

County	60+ Population		75+ Population		Minority Population 60+		60+ Pop Below 100% Poverty		60+ Living Alone		Fixed Cost	Formula
	#	Share	#	Share	#	Share	#	Share	#	Share	Share	Share
DuPage	211,255	29.12%	60,964	29.76%	42,843	29.87%	10,439	25.92%	41,925	30.76%	0.00%	27.11%
Grundy	10,524	1.45%	3,018	1.47%	631	0.44%	698	1.73%	2,150	1.58%	33.33%	3.00%
Kane	107,536	14.82%	30,305	14.79%	24,812	17.30%	6,809	16.91%	19,795	14.52%	0.00%	15.04%
Kankakee	25,976	3.58%	8,243	4.02%	4,135	2.88%	2,600	6.46%	5,670	4.16%	33.33%	5.97%
Kendall	19,681	2.71%	5,152	2.52%	3,318	2.31%	917	2.28%	2,975	2.18%	33.33%	3.96%
Lake	148,358	20.45%	41,766	20.39%	31,141	21.71%	8,285	20.57%	28,200	20.69%	0.00%	19.66%
McHenry	67,867	9.35%	18,379	8.97%	5,768	4.02%	3,404	8.45%	11,835	8.68%	0.00%	7.67%
Will	134,296	18.51%	37,015	18.07%	30,781	21.46%	7,124	17.69%	23,745	17.42%	0.00%	17.58%
Region	725,493	100.00%	204,842	100.00%	143,429	100.00%	40,276	100.00%	136,295	100.00%	0.00%	100.00%
WEIGHT	20%		20%		15%		30%		10%		5%	100%

Data Sources: U.S. Census Bureau estimates for 2019 for 60+, 75+, minority 60+, and Fixed Cost

ACL Special Tabulation from the American Community Survey 2013-2017 fir 60+ living alone.

2019 American Community Survey 5-Year Estimates used for 60+ poverty

FY2022 Pilot: Health Factor Funding Formula

The Health Factor Funding Formula is a special pilot formula for FY2022 III-C Nutrition Services and III-D Health Promotion services. The Health Factor Funding Formula uses all the factors described above in the Regional Funding Formula; and in addition, uses a “Health Factor” based on county-level health rankings. For more detail about this formula, please see “FY2022 Changes to the Funding Formulas” below.

FY2022 Pilot: Health Factor Funding Formula

County	60+ Population		75+ Population		Minority Population 60+		60+ Pop Below 100% Poverty		60+ Living Alone		Fixed Cost	Health Factor		Formula
	#	Share	#	Share	#	Share	#	Share	#	Share	Share	Quartile	Share	Share
DuPage	211,255	29.12%	60,964	29.76%	42,843	29.87%	10,439	25.92%	41,925	30.76%	0.00%	1	9.09%	26.61%
Grundy	10,524	1.45%	3,018	1.47%	631	0.44%	698	1.73%	2,150	1.58%	33.33%	1	9.09%	3.19%
Kane	107,536	14.82%	30,305	14.79%	24,812	17.30%	6,809	16.91%	19,795	14.52%	0.00%	1	9.09%	14.90%
Kankakee	25,976	3.58%	8,243	4.02%	4,135	2.88%	2,600	6.46%	5,670	4.16%	33.33%	4	36.36%	6.79%
Kendall	19,681	2.71%	5,152	2.52%	3,318	2.31%	917	2.28%	2,975	2.18%	33.33%	1	9.09%	4.12%
Lake	148,358	20.45%	41,766	20.39%	31,141	21.71%	8,285	20.57%	28,200	20.69%	0.00%	1	9.09%	19.38%
McHenry	67,867	9.35%	18,379	8.97%	5,768	4.02%	3,404	8.45%	11,835	8.68%	0.00%	1	9.09%	7.67%
Will	134,296	18.51%	37,015	18.07%	30,781	21.46%	7,124	17.69%	23,745	17.42%	0.00%	1	9.09%	17.35%
Region	725,493	100.00%	204,842	100.00%	143,429	100.00%	40,276	100.00%	136,295	100.00%	0.00%	11	100.00%	100.00%
WEIGHT	17.5%		20%		15%		30%		10%		5%	2.5%	100.0%	

Data Sources: U.S. Census Bureau estimates for 2019 for 60+, 75+, minority 60+, and Fixed Cost

ACL Special Tabulation from the American Community Survey 2013-2017 fir 60+ living alone.

2019 American Community Survey 5-Year Estimates used for 60+ poverty

Illinois County Health Rankings report used for health factor

Ombudsman Funding Formula

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

FY22 UPDATE - OMBUDSMAN SERVICE FORMULA SHARE								
Fiscal Year	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will
FY2020	28.73%	2.40%	16.03%	6.12%	2.49%	21.66%	6.65%	15.93%
FY2022	28.57%	2.19%	16.13%	6.29%	2.56%	21.42%	7.07%	15.76%

FY2022 Ombudsman Funding Formula

County	Nursing Facility or Skilled Care	Intermediate Care Facility for Individuals with Developmental/Intellectual Disabilities	Sheltered care facilities	Assisted Living Facilities	Supportive Living Facilities	Under 22-group homes individuals under 22 with various diagnosis	50% of beds	50% of County Funding Formula	Standard County Funding Formula	Ombudsman County Funding Formula
DuPage	5,508	164	479	3,170	371	156	0.150134	0.135541	27.11%	28.57%
Grundy	265	0	0	60	160	0	0.006970	0.014976	3.00%	2.20%
Kane	3,201	112	395	934	914	0	0.086094	0.075212	15.04%	16.13%
Kankakee	1,332	112	79	346	167	0	0.033075	0.029863	5.97%	6.29%
Kendall	184	0	0	169	87	0	0.005799	0.019803	3.96%	2.56%
Lake	4,373	290	119	2,218	689	0	0.115897	0.098324	19.66%	21.42%
McHenry	1,034	96	60	874	223	0	0.032313	0.038362	7.67%	7.07%
Will	2,741	64	56	1,481	299	0	0.069719	0.087919	17.58%	15.76%
Region Total	18,638	838	1,188	9,252	2,910	156	26901.00		100.00%	100.00%

Data Source: IDPH Facilities Report

FY2022 Changes to Funding Formulas

AgeGuide Northeastern Illinois has reviewed its County Funding Formula for the FY22-FY24 Area Plan cycle, and the Board of Directors has approved the following changes for the County Funding Formula:

- **Fixed Cost Factor:** This factor provides increased funding to those counties with the smallest populations (Grundy, Kankakee & Kendall counties). These counties have been funded inversely to their population, so the smallest county would receive the largest percentage of the fixed cost amount. The fixed cost factor will now be divided evenly between the three counties, instead of by population to better meet the consistent economic and social need in Kankakee County.
- **Percent of Poverty:** This factor looks at the number of older adults in a county that are below the poverty line. This factor will now be based on 100% of poverty instead of 125%. The American Community Survey 5-year data for 125% of poverty is no longer available. The Illinois Department on Aging uses the 100% of poverty data for its formulas, there is no significant change to the funding outcome.
- **Health Factor Pilot Funding:** AgeGuide's Regional Funding Formula considers age, living alone, poverty and minority status, which aligns with the OAA target populations. There is no factor that addresses health disparities, especially for those who are in poverty and/or minorities. AgeGuide has determined the utilizing the Health Factor Ranking from the Illinois County

Health Rankings report is an appropriate measure to consider integrating into our funding formula. AgeGuide is adding the Health Factor into the funding formula as a pilot in Title III-C Nutrition Services and Title III-D Health Promotions Programs. Nutrition, our largest funded service and Health Promotions programs, our smallest funded service, directly correlate with these factors. Adding this factor will help AgeGuide mitigate continual waiting lists for nutrition services in counties such as Kankakee, and address health disparities in counties who have low health rankings.

AgeGuide will continually assess the appropriateness of the changes in the factors during FY22-FY24 Area Plan cycle and gather input from its funded providers and stakeholders. AgeGuide may propose incremental changes to its funding formulas in FY23 and FY24.

Allocating Funds by Service: Service Shares

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 Service Share formulas are developed to distribute resources within specific service categories.

Service Categories

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

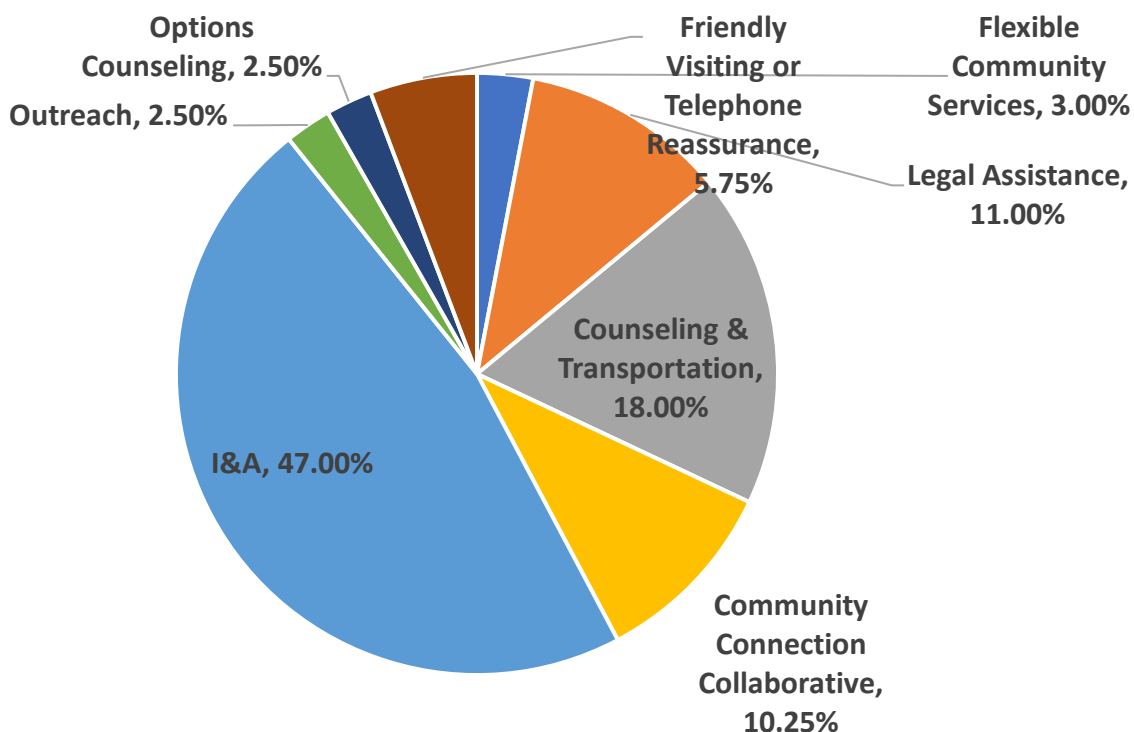
1. **Core Services:** Title III-B, III-C, III-D, and III-E services, including:
 - **Aging and Disability Resource Network (ADRN) Access Services:** Information & Assistance, Outreach, Options Counseling and Flexible Community Services
 - **Community Connection Collaboratives:** Health Screening, Education and Recreation
 - **In-Home Services:** Friendly Visiting & Telephone Reassurance
 - **Legal Assistance**
 - **Transportation**
 - **Counseling**
 - **Congregate Meals**
 - **Home Delivered Meals**
 - **Health Promotion and Disease Prevention**
 - **Caregiver Resource Center Services (CRC):** Access Assistance, Supplemental Gap-Filling, and Respite
 - **Caregiver Counseling Center Services (CCC):** Counseling, Training and Education and Support Groups
2. **Special Mandates:** These are services mandated outside Titles III-B and III-C or under special Federal, State, or AgeGuide regulation. They include:
 - Titles III-B, VII and Illinois GRF, Ombudsman
 - Titles VII, Adult Protective Services and Ombudsman Training and Support
 - Illinois GRF, Senior Health Assistance Program (SHAP)

FY2022 Service Share Formulas

AgeGuide has developed service shares formulas for those specific titles where funding may be used for multiple services. For III-C, III-D, and VII Ombudsman, no specific service share formula is used. For these funding sources, all available funding is devoted to those specific programs. Service Share formulas have been developed for Titles III-B and Titles III-E.

1. III-B Service Share Formula

Funds from Title III-B are used for the following services: Legal Assistance, Counseling, Transportation, Community Connection Collaborative (Education, Recreation, and Health Screening), Information & Assistance, Outreach, Friendly Visiting, Telephone Reassurance, Options Counseling, and Flexible Community Services. Title III-B funding is allocated to these services using the following percentages for FY22:



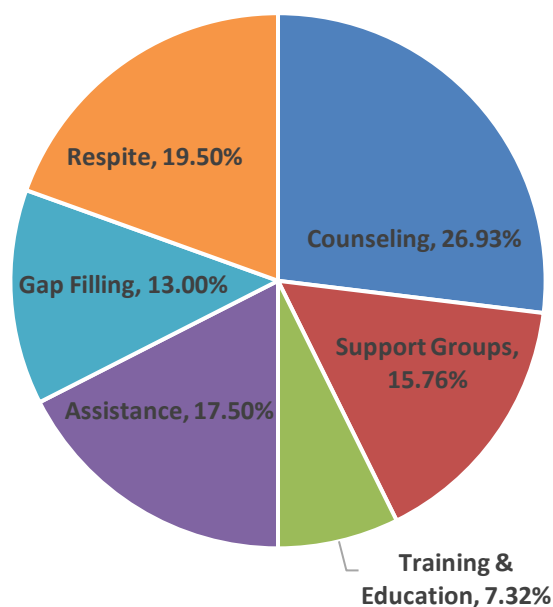
2. Title III-E Service Share Formula

Title III-E funds Family Caregiver Support Services, including 6 separate services: Assistance, Respite, Gap-Filling, Individual Counseling, Caregiver Training, and Support Groups.

These 6 services are broken into 2 service bundles: Caregiver Resource Center, and Caregiver Counseling Center. Resources are divided between these 2 services as follows:

Caregiver Resource Center: Assistance, Respite and Gap Filling Services	Caregiver Counseling Center: Individual Counseling, Caregiver Training, Support Groups
80%	20%

Title III-E funds are allocated to these 6 programs according to the following percentages:



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

AgeGuide will set aside \$275,000 in Titles III-B/C/E funds for Special Short-Term Projects. 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, they will then 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.

Service Allocation Principles

Adjustments to the funding allocations will be made at least annually, and within a fiscal year when necessary to reflect changes in the funds available to AgeGuide 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:

Funding Levels

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.

All Core services are assigned a Service Share Funding Level and a Base Funding Level.

- **Service Share:** The *percentage* of funding that is allocated to a specific service. A county's service share for a specific service is determined using the Service Share Formulas described above.

- **Service Share Funding Level:** The *dollar* amount allocated for a specific county and service. This is determined by multiplying a county's Service Share by the total funding amount available in the county.
- **Base Funding Level:** The minimum funding amount for a specific county and service. AgeGuide strives to support 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, AgeGuide considers the following criteria:

- The appropriateness of a service in helping older adults in greatest economic and social need (i.e., older adults 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.

When Resources Increase

When AgeGuide resources increase, the following principles apply:

1. When services are already funded at or above their Base Funding Levels, additional funds will be distributed among the services according to the County Funding Formulas and the Service Share Formulas.
2. If services in a county are funded below the Base Funding Level, AgeGuide will prioritize new resources to fund each service to its Base Funding Level.
3. When new funds are not sufficient to bring all services to at least the Base Funding Levels, AgeGuide will 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.

When Resources Decline

When resource decline, the following principles apply:

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 share formulas.
3. When all services are funded below their Base Levels and resources are reduced, the reduction will be distributed among all services according to the County Funding Formula and the Service Share Formulas.

Fund Allocations Greater Than Fund Requests

In the event that allocations exceed the level of funds requested in a county, these excesses will be reallocated to the county's funded services within that title.

Information on a Variety of Funding Opportunities

To cover the tremendous increase in service demand throughout the service area, AgeGuide will actively pursue other sources of funding. If new sources of funds are received, AgeGuide's Board of Directors will determine the services, sub areas, and funding levels at that time.

Minimum Percentage Waiver Requests

IDoA requires that a minimum percentage of Federal Title III-B funds be set aside for the following services:

- Access Services: 33.1%
- In-Home Services: .04%
- Legal Services: 3.2%

Area Agencies on Aging that are unable to meet these minimum requirements are required to submit a waiver request.

This Public Hearing Document does not include a waiver request for the IDoA minimum percentage requirements. AgeGuide's FY22 funding plan exceeds the requirements for these services and therefore does not need to request a waiver from this requirement.

Home Delivered Meals (HDMs) Funding & Unmet Needs

AgeGuide 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. AgeGuide 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 offers 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. AgeGuide, in conjunction with its nutrition providers and care coordination units, will continue to closely monitor those areas at risk of developing waiting lists.

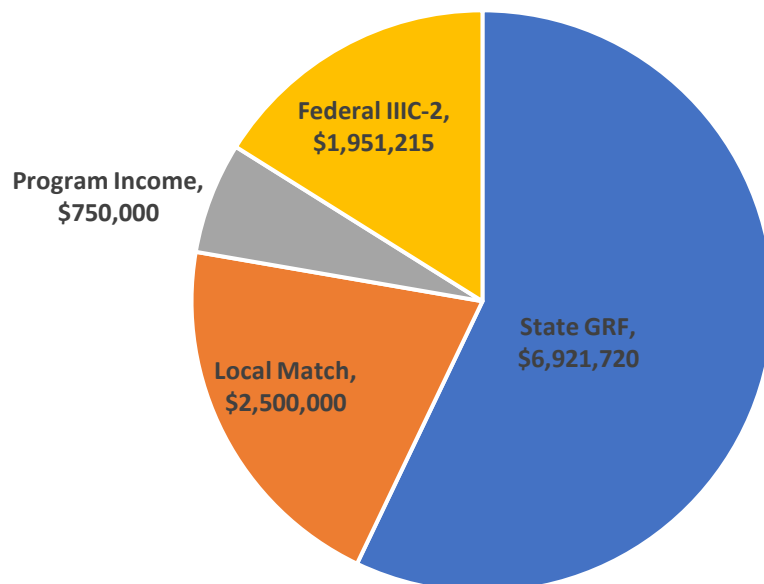
- In FY20, 1,177,878 meals were delivered to 11,630 homebound older adults in the PSA.
- There are currently no waiting lists in the PSA02 eight-county region. The waiting lists in Kankakee, McHenry and Will counties from the previous year have been alleviated with the additional funding such as from Consolidated Appropriations Act (CAA) and Coronavirus Aid, Relief, and Economic Security Act (CARES.) All congregate dining sites are closed and only home delivered meals are available to older adults since March 2020.
- Should waiting lists occur, AgeGuide will work with the nutrition providers and care coordination units to address the waiting lists in these counties.
- Weekend meals are available to those clients most in need when assessed. Nutrition providers in DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties are providing two meals per day to those clients most in need.
- In FY22: 845,000 home delivered meals are projected to be provided in the PSA.

- 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 2020 Meals on Wheels America Fact Sheet:
 - For the 58% of recipients who live alone, the person delivering the meal is often the only person they will see that day.
 - 90% of clients say home delivered meals help them live independently.
 - 90% of home delivered meal clients say the service improves their health.
 - 2 out of 3 participants report the meals make up 50% or more of all food eaten that day.
 - 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 through 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 FY22 Home Delivered Meals Funding: \$12,122,935



FY2022 Projections

The following pages include:

1. A comparison of projected FY2021 and FY2022 Area Plan budgets
2. Projected FY2022 service allocations by county
3. FY2022 projected regional units and persons served

Older Americans Act allocations are based on Area Agency on Aging Letter #916, which is the Illinois Department on Aging's projected allocation letter for FY2022. State General Revenue planning allocations are based on the Governor's proposed FY22 budget for Aging. MIPPA, SHAP, and other projected allocations are based on FY2021 funding amounts.

The Illinois General Assembly has not yet approved the Governor's Budget nor has the United States House or Senate approved the President's FY22 Federal Budget.

AREA PLAN FY2022
ALLOCATIONS: Letter 916
April 21, 2021

Page 1

		A	B	
		Letter 902	Letter 916	
		FY2021	FY2022	Difference
		4/6/2020	4/5/2021	(A->B)
FEDERAL ALLOCATIONS:				
	Title IIIB	\$2,407,043	\$2,534,452	\$127,409
	Title IIIC-1	\$3,152,617	\$3,314,219	\$161,602
	Title IIIC-2	\$1,822,978	\$1,951,215	\$128,237
	Title IIID	\$162,186	\$163,875	\$1,689
	Title IIIE	\$1,266,075	\$1,326,893	\$60,818
	Title VII Elder Abuse	\$37,764	\$33,373	(\$4,391)
	Title VII Ombudsman	\$139,742	\$116,132	(\$23,610)
	Title IIIB Ombudsman	\$156,787	\$118,892	(\$37,895)
	<i>Ombudsman Sub-Total</i>	\$296,529	\$235,024	(\$61,505)
	Nutrition Services Incentive Program (NSIP)	\$738,528	\$652,730	(\$85,798)
	Medicare Improvement for Patients and Providers Act (MIPPA)	\$81,200	\$81,200	\$0
	Total Federal	\$9,964,920	\$10,292,981	\$328,061
STATE GENERAL REVENUE FUNDS (Governor's Budget):				
	Title III Match	\$469,078	\$472,674	\$3,596
	Community Based Services (includes Social Isolation & ADRD)	\$2,151,020	\$2,646,932	\$495,912
	Home Delivered Meals	\$5,049,060	\$6,921,720	\$1,872,660
	Ombudsman	\$677,815	\$672,875	(\$4,940)
	Long Term Care Provider Fund Ombudsman	\$215,968	\$218,350	\$2,382
	Senior Health Assistance Program (SHAP)	\$294,046	\$298,216	\$4,170
	Total GRF	\$8,856,987	\$11,230,767	\$2,373,780
	PSA Allocation Sub-Total	\$18,821,907	\$21,523,748	\$2,701,841
CARRY-OVER FUNDS				
	Title IIIB/IIIC Community	\$0	\$225,000	\$225,000
	AgeGuide IIIB/IIIC	\$0	\$0	\$0
	Title IIIB Ombudsman	\$0	\$0	\$0
	Title III-E	\$0	\$50,000	\$50,000
	Title IIID	\$0	\$0	\$0
	Title VII Elder Abuse	\$0	\$0	\$0
	Title VII Ombudsman	\$0	\$0	\$0
	Total Carry-Over	\$0	\$275,000	\$275,000
TOTAL REVENUE		\$18,821,907	\$21,798,748	\$2,976,841

AREA PLAN FY2022
ALLOCATIONS: Letter 916
4/21/2021
ANTICIPATED EXPENDITURES

	A FFY2021 4/6/2020	B FY2022 4/5/2021	Difference (A->B)
AgeGuide Operations			
III-B Admin	\$562,471	\$593,669	\$31,198
III-C Admin	\$191,871	\$202,513	\$10,642
III-B and VII Ombudsman Admin	\$29,653	\$23,502	(\$6,151)
VII Elder Abuse	\$3,776	\$3,337	(\$439)
Program Development, Coordination & Advocacy (III-B)	\$519,768	\$519,768	\$0
Title III Match	\$298,876	\$313,587	\$14,711
III-E Admin	\$126,608	\$132,689	\$6,081
SHAP Admin	\$29,405	\$29,822	\$417
MIPPA Admin	\$8,120	\$8,120	\$0
<i>TOTAL AgeGuide Admin</i>	<i>\$1,770,548</i>	<i>\$1,827,007</i>	<i>\$56,459</i>
AgeGuide 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
ADRD/Social Isolation	\$24,800	\$24,800	\$0
<i>Total AgeGuide Direct</i>	<i>\$187,800</i>	<i>\$187,800</i>	<i>\$0</i>
TOTAL AgeGuide	\$1,958,348	\$2,014,807	\$56,459
Provider Direct Services			
Title III-B Access Services (Transportation, I&A, Options Couns, Outreach)	\$3,032,747	\$3,678,755	\$646,008
Title III-B In-Home Services (RR, Friendly Visiting, Telephone Reassurance)	\$255,000	\$320,000	\$65,000
Title III-B Legal Services	\$517,776	\$605,012	\$87,236
Title III-B Community Connection Collaboratives	\$380,821	\$564,056	\$183,235
Title III-B Other Programs (FCS, Counseling)	\$576,073	\$396,513	(\$179,560)
Title III-C Nutrition Programs	\$3,211,934	\$3,399,570	\$187,636
Title IIIC-2 Home-Delivered Meals GRF	\$5,049,060	\$6,921,720	\$1,872,660
Nutrition Services Incentive Program	\$738,528	\$652,730	(\$85,798)
Title III-D Health Promotion Programs	\$117,186	\$118,875	\$1,689
Title III-E Caregiver Resource Center	\$812,710	\$912,163	\$99,453
Title III-E Caregiver Counseling Center	\$242,757	\$228,041	(\$14,716)
Title III-E Special Projects	\$30,000	\$50,000	\$20,000
Title VII Elder Abuse - Training	\$10,024	\$10,716	\$692
Title VII Elder Abuse - M-Teams	\$18,000	\$18,000	\$0
Title VII Fatality Review Teams (Elder Abuse & Ombudsman)	\$5,964	\$6,148	\$184
Title IIIB Ombudsman	\$141,108	\$107,003	(\$34,105)
Title VII Ombudsman	\$125,768	\$99,691	(\$26,077)
GRF Ombudsman	\$677,815	\$672,875	(\$4,940)
Long Term Care Provider Fund Ombudsman	\$215,968	\$218,350	\$2,382
SHAP	\$264,641	\$268,394	\$3,753
MIPPA	\$73,080	\$73,080	\$0
Title III-B and Title III-C Special Projects	\$366,600	\$462,250	\$95,650
Provider Services TOTAL	\$16,496,960	\$19,783,942	\$3,286,982

TOTAL EXPENDITURES	\$18,455,308	\$21,798,749	\$3,343,441
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PUBLIC HEARING FY2022
PROJECTED ALLOCATIONS (LETTER 916)

Title	Service	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will	Totals
IIIB	Targeted Outreach	\$16,265	\$1,797	\$9,025	\$3,584	\$2,376	\$11,799	\$4,603	\$10,550	\$59,999
IIIB	Flexible Community Services	\$44,691	\$4,938	\$24,798	\$9,847	\$6,529	\$32,420	\$12,649	\$28,989	\$164,861
IIIB	Legal Assistance	\$164,008	\$18,122	\$91,008	\$36,135	\$23,962	\$118,974	\$46,419	\$106,385	\$605,013
IIIB	Counseling	\$88,581	\$9,787	\$49,154	\$19,517	\$12,942	\$64,258	\$25,071	\$57,459	\$326,769
IIIB	Transportation	\$179,847	\$19,871	\$99,797	\$39,625	\$26,276	\$130,463	\$50,902	\$116,658	\$663,439
IIIB	Community Connection Collaborative*	\$152,906	\$16,894	\$84,847	\$33,689	\$22,340	\$110,920	\$43,277	\$99,183	\$564,056
IIIB	Aging & Disability Resource Network (ADRN)									
IIIB	I&A	\$700,866	\$77,436	\$388,908	\$154,421	\$102,398	\$508,417	\$198,366	\$454,619	\$2,585,431
IIIB	Outreach	\$37,243	\$4,116	\$20,666	\$8,206	\$5,441	\$27,016	\$10,541	\$24,158	\$137,387
IIIB	Options Counseling	\$37,243	\$4,116	\$20,666	\$8,206	\$5,441	\$27,016	\$10,541	\$24,158	\$137,387
IIIB	Friendly Visiting or Telephone Reassurance	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$320,000
IIIC1	Congregate Meals	\$419,136	\$50,189	\$234,697	\$106,995	\$64,900	\$305,294	\$120,756	\$273,280	\$1,575,247
	NSIP C-1 Congregate Meals	\$31,987	\$11,464	\$5,995	\$7,984	\$6,263	\$18,750	\$5,919	\$10,642	\$99,004
IIIC2	Home Delivered Meals	\$2,327,111	\$278,659	\$1,303,077	\$594,052	\$360,338	\$1,695,048	\$670,459	\$1,517,297	\$8,746,042
	NSIP C-2 Home Delivered Meals	\$153,572	\$19,734	\$82,906	\$31,930	\$26,609	\$97,288	\$43,024	\$98,663	\$553,726
IIID	Health Promotion	\$32,225	\$3,560	\$17,882	\$7,100	\$4,708	\$23,376	\$9,121	\$20,903	\$118,875
IIIE	Caregiver Resource Center (CRC)	\$247,272	\$27,320	\$137,211	\$54,480	\$36,127	\$179,374	\$69,985	\$160,394	\$912,163
IIIE	Assistance	\$86,545	\$9,562	\$48,024	\$19,068	\$12,644	\$62,781	\$24,495	\$56,138	\$319,257
IIIE	Gap	\$64,291	\$7,103	\$35,675	\$14,165	\$9,393	\$46,637	\$18,196	\$41,702	\$237,162
IIIE	Respite	\$96,436	\$10,655	\$53,513	\$21,247	\$14,090	\$69,956	\$27,294	\$62,554	\$355,745
IIIE	Caregiver Counseling Center (CCC)	\$61,818	\$6,830	\$34,303	\$13,620	\$9,032	\$44,844	\$17,496	\$40,098	\$228,041
IIIE	Counseling	\$33,289	\$3,678	\$18,472	\$7,334	\$4,864	\$24,148	\$9,422	\$21,593	\$122,800
IIIE	Support Groups	\$19,485	\$2,153	\$10,812	\$4,293	\$2,847	\$14,135	\$5,515	\$12,639	\$71,879
IIIE	Training	\$9,044	\$999	\$5,018	\$1,993	\$1,321	\$6,561	\$2,560	\$5,866	\$33,362
VII	Adult Protective Services									
	M Team	\$3,000	\$0	\$3,000	\$3,000	\$0	\$3,000	\$3,000	\$3,000	\$18,000
	Fatality Review Team	\$660	\$0	\$660	\$0	\$0	\$0	\$0	\$0	\$1,320
	ANE Training	\$3,062	\$236	\$1,728	\$674	\$274	\$2,295	\$758	\$1,689	\$10,716
	Ombudsman (IIIB, VII, GRF, LTC)	\$313,674	\$24,154	\$177,095	\$69,060	\$28,107	\$235,175	\$77,622	\$173,031	\$1,097,918
	SHAP & MIPPA	\$92,568	\$10,228	\$51,366	\$20,395	\$13,524	\$67,150	\$26,199	\$60,044	\$341,474
TOTAL - ALL SERVICES		\$5,147,735	\$629,451	\$2,878,788	\$1,262,521	\$797,587	\$3,742,877	\$1,486,708	\$3,321,201	\$19,266,868

Participant Information for Services under the FY22 Area Plan
FY22 Projected Persons and Units

Services	# Projected Persons Served	# Projected Units
Title III-B:		
Options Counseling	1,010	2,160
Information & Assistance	45,800	84,000
Outreach	3,025	3,350
Transportation	2,035	25,777
Telephone Reassurance	150	8,000
Friendly Visiting	202	8,900
Counseling	780	7,519
Education	4,149	26,770
Health Screening	882	1,346
Legal Assistance	1,718	7,902
Recreation	4,776	16,777
Flexible Community Service	200	200
Ombudsman	32,612	32,612
Title III-C		
Congregate Meals	9,000	152,000
Home Delivered Meals	5,000	845,000
Title III-D		
Health Promotion Prog.	472	4,560
Title III-E		
Case Management	10,055	14,285
Assistance	875	875
Counseling	653	2,098
Support Groups	259	1,263
Training & Education	548	1,387
Respite	611	22,150
Gap Filling	548	548
ADRD EB Education	115	650
ADRD Supportive Gap Filling	142	142
Total Access Services	51,870	115,287
Total In Home Services	352	16,900
Total Community Services	59,589	1,094,686
Total III-E Caregiver Services	13,806	43,398
Grand Total	125,617	1,270,271

Outstanding Leadership

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