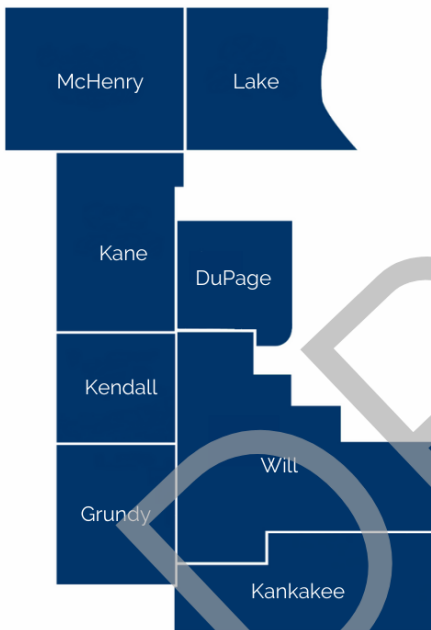




PUBLIC INFORMATION DOCUMENT

FY2022-FY2024 AREA PLAN FY23 AMENDMENT



Mission of AgeGuide Northeastern Illinois

At AgeGuide, it is our mission to be a vital resource and advocate for people as we age by providing thoughtful guidance, supportive services and meaningful connections.

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 began 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 Year 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:

Thursday, May 26, 2022

1:30 pm -3:30 pm

Friday, May 27, 2022

10:00 am - 12:00 pm

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 **Monday, June 6, 2022 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

I would like to express my great admiration and sincere thanks to AgeGuide's staff, funded partners and volunteers (including our Board and Advisory Council members) for continuing to go above and beyond to support people on their aging journey.

During this pandemic we heard a lot about essential workers. They were described as health care workers, first responders and grocery store workers but there were other essential workers that we didn't hear much about, specifically nonprofit social service workers who delivered supportive services that kept people safe and connected in their homes and community. Thousands of older adults and caregivers who were in crisis turned to the aging network and we answered their calls so they could receive life-saving resources and services.

There's nothing like a global health crisis to make us take stock of the work we do serving our aging population, and to make us see our calling in a new light. The stress of the COVID-19 pandemic exposed every weakness in our society's care for older adults. But the same stressor that exposed every flaw also revealed new bright spots of ingenuity and resilience; new ways to engage, empower and advocate. These new lights now show us the way forward.

And to be sure, we need a new way forward. Older adults live longer, healthier lives than ever before. ***For the first time in history, half of the babies born today can expect to reach the age of 100.*** To make this new phase of life the best that it can be demands bold ideas and new ways of thinking about the human lifespan. It is time to rethink aging. What does it mean to age well? How do we all want to use these new years we've been given? Well, the older adults we serve aren't shy about telling us how they want to use these years. They want to age at home, and in their communities.

Unfortunately, not everyone experiences longevity with the same level of health and security. The pandemic magnified the inequities of aging and health disparities which manifest along racial and ethnic lines. Older adults of color don't always enjoy the same access to health care and supportive services, and it shows in their outcomes. As our region's aging population becomes more racially and ethnically diverse, we urgently need to address the social factors that contribute to health inequities such as where we live, our access to fresh food, safe housing, availability of transportation, income, and education. Increasingly, internet access is a new and troubling determinant of health.

From addressing food insecurity and social isolation to utilizing technology to deliver programs and services, we're learning how to make our services even better. Wherever we can provide community-based services to older adults and their caregivers, their health and longevity improves.

Life has always been a journey, but suddenly our itinerary has gotten a lot longer. As our life expectancies increase, we need to ensure that the extra years ahead of us are healthy and rewarding. Most of us want to continue living in our own homes and stay rooted in our communities as we age. But to do this, we may need financial, health, social support, and investment in the home and community-based workforce. The pandemic showed us that we all have a stake in helping people both better prepare for and mitigate whatever crisis may be taking shape over the horizon.

It's time for us to effectively unite around a new longevity agenda where we engage, empower and advocate together to create communities that are **pro-aging because we're all aging**. We do this by changing society's narratives around aging. Narratives of dependency, loss, loneliness, and isolation need to give way to the new realities of this active, engaged and vibrant time of life. This is where our advocacy work becomes critical.

In August, AgeGuide is reimagining its Senior Lifestyle Expo by creating an event that offers people an opportunity to learn about the latest products, services and resources to help them on their aging journey. This 2-day event will be filled with demonstrations, seminars, and activities that can meet their needs now and in the future.

In October, AgeGuide will be kicking off its inaugural Aging Summit. We will create a place to have meaningful conversations around age, longevity, and inclusive communities. This one-day event will bring together aging adults, caregivers, professionals, and thought leaders in the field, or anyone who understands that they too have a vital stake in shaping the aging journey.

As you review AgeGuide's three-year Area Plan you will see how vitally important our work is in expanding and ensuring equitable access to services and supports so everyone can stay engaged, socially connected, active, and vitally integrated into 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 \$23 million annually in federal, state, and private funds to more than 49 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 FY 2021, AgeGuide prepared for the FY 2022-2024 Area Plan Cycle by engaging in a 5-step planning process to assess the needs of older adults, caregivers, and their families. The 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, staff, and the following community stakeholders 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.

| | | |
|--|---|---|
| <p>Advocate Good Shepard 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 Hyde Park Village Chicago Metropolitan Agency for Planning Cognitive and Memory Professionals Community Services Council of Will Co. Continuity of Care Networks</p> | <p>DuPage Co. Community Services The DuPage Federation Ela Township Elgin Human Services Council 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 Department Kankakee Co. Health Dept. Kankakee Co. YMCA Kankakee Senior Provider Group Kankakee Mental Health Council Kendall Co. Health Dept.</p> | <p>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 Milton Township 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</p> |
|--|---|---|

Step 2: Evaluate the Existing Service System

Needs Assessment Activities

Methodology & Design

In planning for the Fiscal Year (FY) 2022-2024 Area Plan, AgeGuide completed an extensive Needs Assessment of the community to inform service design and delivery throughout the

preceding three year planning period. 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 LGBTQ+ 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
- Health Aging Services
- Caregiver Support & Education
- Legal Services
- Veterans Services
- Housing Services
- Abuse Prevention Services
- Counseling & Mental Health Services

Listening Sessions

In 2021, 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 COVID-19 guidelines. Sessions were held for each of the eight counties served by AgeGuide with two sessions for the more populous counties. In addition, AgeGuide held one listening session to specifically capture input from non-English speaking older adults and their caregivers to determine identified needs. This input remains relevant and will be used to plan for the 2023 fiscal year.

Surveys

AgeGuide also designed and distributed a survey in 2021 to inform the three-year planning period. The survey was specifically constructed to be inclusive and equitable to capture results from our diverse region. The survey was translated into the six most common languages besides English. We partnered with diverse community leaders and the Coalition for Limited English-Speaking Elderly (CLESE) to distribute surveys. Overall, the survey captured input from over 465 participants.

Participant demographics were as follows:

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

90% of the survey respondents had not participated in a listening session. Between the listening sessions and the survey, AgeGuide received over 700 responses for the FY 2021 Needs Assessment. This input also remains timely and will be used to plan for the 2023 fiscal year.

Findings

The top identified challenges that came up in the listening sessions, across all service categories, were technology, need for cultural support as well as 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 and 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 2021, in addition to these needs assessment activities, AgeGuide gathered input and feedback from the community, funded partners, and stakeholders through the methods below. This feedback continues to inform and direct our service design and delivery.

- 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 information 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 and the national conversation about systematic racism, 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 LGBTQ+ adults.

At the start of the three-year planning process, 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 systematic racism impacts aging services and healthcare 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 50 or 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.

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 programming, 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 speaking individuals. During the pandemic, Older Americans Act services such as recreational and health promotion programs transitioned from in person to virtual events. Counseling, 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 visits.
- **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 residents' friends and families could visit virtually. AgeGuide will advocate for the continuation of virtual visitation options, 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 residents.
- **Social Isolation:** According to AARP, 56% of adults 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, and are now being offered in every county of 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 a greater need for expanding Medicaid programs to pay family caregivers for in-home care. AgeGuide has expanded its pilot program, Tailored Caregiver Assessment and Referral (TCARE) for FY 2022 to all counties so that family caregivers can get the resources and support they need to care for their loved ones and to improve their quality of life. In addition, AgeGuide, with the support of General Revenue Funding from the state, offers

caregivers and their care receivers the opportunity to 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 as well as 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. 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 monthly 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 that caused so much preventable illness and death is critical. 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 by expanding their efforts to move services out of clinical settings and into communities, where people live. AgeGuide is working to create awareness that greater values need to be placed on OAA services like meals, transportation, and caregiver support.
- **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 prevent them from falling into poverty. Because of this, AgeGuide supported expansion of the Earned Income Credit, which would amend the Illinois Income Tax Act to include working older adults 65 or older.
- **Transportation:** The community needs assessment findings from FY 2021 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 includes mobility navigation. AgeGuide will work with transportation funded partners and service providers throughout the region to advocate for a variety of transportation options from local transit, volunteer drivers, and the use of online 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 well-being of all Americans, as our services benefit people of all ages and abilities.

Approved Federal Budget for FY 2022

Sources: USAging; Meals on Wheels America (MOWA)

In March, the U.S. Congress passed the FY 2022 omnibus appropriations package, known as the Consolidated Appropriations Act, 2022 (H.R.2471), which was signed by the President. The \$1.5 trillion spending package will fund the government for the remainder of Fiscal Year 2022.

Funding details are provided below.

Older Americans Act (OAA):

- \$398.5 million, an increase of \$6 million (1.5 percent) above the FY 2021 enacted level for **OAA Title III B Home & Community-Based Supportive Services.**
- \$967 million, an increase of \$15 million (1.5 percent) above the FY 2021 enacted level for **OAA Title III C Nutrition Services.**
- \$194 million, an increase of \$5 million (2.6 percent) above the FY 2021 enacted level for **OAA Title III E National Family Caregiver Support Program.**
- Level funding at \$24.8 million for **OAA Title III D Evidence-Based Health Promotion and Disease Prevention.**
- \$24.6 million, an increase of \$1 million (4.2 percent) over FY 2021 levels for the **OAA Title VII Long-Term Care Ombudsman Program.**

Other Key Programs:

- **Lifespan Respite Care** received an increase of \$1 million (14 percent) for a total of \$8.1 million to address existing gaps in respite care for older adults and people with disabilities.
- \$231 million, an increase of \$6 million (2.7 percent) in funding for the three programs under the **AmeriCorps Seniors** umbrella—RSVP, the Foster Grandparent Program, and the Senior Companion Program.

- \$405 million for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- \$4 million for the **Community Care Corps** grant program within funding for Aging Network Support Activities.
- The **Community Services Block Grant** received a \$10 million increase (1.3 percent) above FY 2021 levels for a total of \$755 million, while the **Social Services Block Grant** received identical funding at \$1.7 billion. **The Low-Income Home Energy Assistance Program** (LIHEAP) level reflected a \$50 million increase for discretionary funding of \$3.8 billion.
- Funding for **Aging and Disability Resource Centers** remains at \$8 million.
- **State Health Insurance Assistance Programs** received an additional \$1 million (1.9 percent) over FY 2021 levels for a total of \$53 million.
- The bill also encourages ACL to coordinate with the Department of Labor to identify and reduce barriers to entry for a diverse and high-quality **direct care workforce**, and to explore new strategies for the recruitment, retention and advancement opportunities needed to attract or retain direct care workers.
- The bill provides \$1 billion to the **Section 202 Housing for the Elderly program**, an increase of \$178 million from FY 2021 enacted levels.
- Funding levels remain stagnant at \$7.5 million in technical assistance and training activities for the **Federal Transit Administration**, the funding source for the USAging and Easterseals-led **National Aging and Disability Transportation Center** (NADTC). NADTC assists local communities and states in the expansion and provision of transportation services for older adults and people with disabilities.

Next Steps:

The final appropriations bill reflects significant reductions to what was contained in the President's FY22 budget request, and in House and Senate proposed Older Americans Act appropriation levels. AgeGuide and its funded partners will continue to advocate for increased Older Americans Act funding to sustain services to a growing aging population. Please refer to [USAging's Appropriations Chart](#).

Proposed Federal Budget for FY 2023

Source: ["President Biden's FY2023 Budget Includes Significant Increases for Aging Programs"](#)
USAging. Apr 7, 2022

President Biden's FY 2023 budget proposal includes significant increases for aging programs. Signaling his commitment to supporting older adults and those with disabilities to age independently and with dignity at home, the President requested \$3 billion for the Administration for Community Living (ACL). This is an increase of \$565 million (or 32 percent) above FY 2022 appropriations. Most of the proposed additional funding is directed toward Older Americans Act programs and services.

Here's how key Older Americans Act services fared in the President's proposed budget:

- **Supportive Services** would increase by 25 percent (\$101.4 million), reaching \$500 million in FY 2023.
- **Nutrition Programs** earned the largest increase in the Biden budget, with a 31 percent increase (\$305 million). Interestingly, in FY 2022 the President requested a massive increase in home-delivered meal funding. This year's budget puts more funding into congregate meals in an effort to increase social connection.
- **Caregiver Support** would increase by \$56 million, a 29 percent increase over this year's appropriations.
- **Long-Term Care Ombudsman Program/Elder Abuse** would see a 50 percent increase.
- **Lifespan Respite Program** would get a 75 percent increase.
- Other smaller increases are included for **Evidence-Based Health Promotion and Disease Prevention** (6 percent) and the **State Health Insurance Assistance Program** (SHIP; 4 percent).

Other Federal Programs:

The request for the **Low-Income Home Energy Assistance Program** (LIHEAP) reflected a modest \$200 million increase from FY 22's budget request for discretionary funding to \$4 billion. The **Community Services Block Grant** sustained at \$754 million, and the **Social Services Block Grant** would continue to receive level funding at \$1.7 billion.

For additional information, please refer to [US Aging's Appropriations Chart](#).

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.

The presidents' proposed budget is still only a recommended starting point that Congress will debate and fine-tune throughout this legislative session.

Approved State Budget for FY 2023

Source: "[FY 2023 Detailed Budget Pages](#)," Illinois Department on Aging.

On April 9th, the Illinois legislature passed a final Fiscal Year 2023 state budget. The \$46.5 billion spending plan contains some significant wins for older adults, including:

- A new, \$4 million appropriation for **Caregiver Support Services**; and
- An increase of \$14.2 million in the **Home Delivered Meals** allocation.

Other Program Funding Highlights

- \$1 M to sustain **Reducing Social Isolation** among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020, FY 2021, and FY 2022.
- \$ 1 M to sustain **Alzheimer's Disease and Related Dementias** programming launched by AAAs during FY 2022.
- \$ 9.2 M increase to support the **Illinois Adult Protective Services** Program.
- \$ 3.6 M **Senior Health Assistance Program** (SHAP) sustained funding.
- \$ 2.3 M increase to support the **Long-Term Care Ombudsman Program**.
- **Community Care Program**. An increase of \$14.2 M to fund rate increases for Community Care Program providers beginning January 1, 2023.

For more information, please click on the link below:

[Illinois Department on Aging's FY 2023 Detailed Budget Pages](#)

Lawmakers also approved two significant bills to support **long-term care residents**. The first one requires minimum staffing levels in nursing homes and ties this to government funding. Another bill to protect **patients' rights** always guarantees residents access to at least one visitor, even during a pandemic, regardless of public health-related disaster status. The bill will still allow hospitals and long-term care facilities to set guidelines for visitors, such as requiring health screenings, masks and vaccinations.

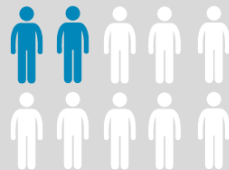
Another bill aims to end **housing** discrimination by ensuring that renters can no longer be turned away for using Social Security, veteran's housing benefits or other sources of income if they are otherwise qualified.

DEMOGRAPHICS OF PSA02

AGEGUIDE'S EIGHT COUNTY REGIONAL POPULATION IS RAPIDLY GROWING

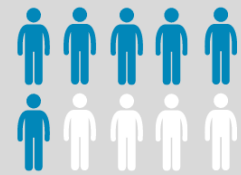
700,416 **OLDER ADULTS**

25% of the State's population of older adults reside in PSA02



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+ (195,733)

21% of older adults age 60+ are minorities (144,988)

12% of older adults age 60+ are Veterans (84,831)

LIVING ALONE



144,988

21% of older adults age 60+ are living alone.

POVERTY



40,948

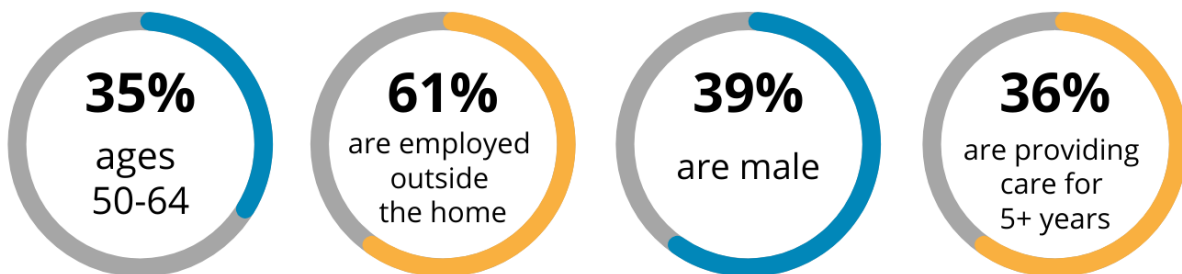
6% of older adults age 60+ live at or below the poverty line.

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 8,146 caregivers for all services in FY21.

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, there are 204,486 children under the age of 18 living in a grandparent-headed home. More than 100,000 grandparents are caring for their grandchildren.

- **204,486** children under the age of 18 are living in grandparent headed households
- **46%** are White (non-Hispanic)
- **37%** are Black/African American
- **29%** are Hispanic/Latino
- **27%** have no parents of children present in the home

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 the efficacy and effectiveness of OAA service provision and delivery in our service area.
- 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 FY 2021 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 the limited contact has had adverse personal consequences for them.

AARP 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 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 adults are twice as likely to be single and 3-4 times less likely to have children. Additionally, many are estranged from their 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, white, and 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 risks while remaining at safe physical distances from others (Smith, Steinman, Casey, 2020).

As the COVID-19 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 existing area plan Title III-B funding and fund one service in each county.
2. Expand collaboration with local high schools to increase intergeneration 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 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 older adults in AgeGuide's eight county regions. 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

During FY 2022-2024, AgeGuide will continue to work with the Department on Aging to focus on increasing outreach, services and supports to family caregivers who reside in PSA02.

According to the Caregiving in the US 2020 Report, unpaid caregiving is increasing in prevalence as the US population continues to age and live longer with more complex and chronic conditions. This increase is up among all racial/ethnic groups, education 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 previous 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 worked full-time (60%) and another 15% worked 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 would 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 care for a workforce priority plan for employers.
3. Host an annual November Caregiver Conference or Round Table Event (including employers & working caregivers) to discuss how we can further support working caregivers’ needs. AgeGuide hosted its first Caregiver Seminar on November 30th, 2021, with speaker and published author Loretta Veney who shared motivational tools for caregivers.
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 MCOs to encourage enhanced caregiver support.

AgeGuide Service Priorities

| Service Definition | FY23 Projected Persons | FY23 Projected Units |
|--------------------|------------------------|----------------------|
|--------------------|------------------------|----------------------|

Title III-B Access Services

| | | |
|--------------------|-----|------|
| Options Counseling | 950 | 2080 |
|--------------------|-----|------|

Person-centered, interactive, decision-making support to help people make informed choices about long-term services and options.

| | | |
|--------------------------|-------|-------|
| Information & Assistance | 45960 | 84160 |
|--------------------------|-------|-------|

Provides individuals with current information on long-term services and support and connects people with resources such as transportation, benefits, utility assistance, homemaker services, etc.

| | | |
|----------|------|------|
| Outreach | 3290 | 3615 |
|----------|------|------|

Identifies potential clients and caregivers who could use services and shares information and resources.

| | | |
|----------------|------|-------|
| Transportation | 2035 | 25777 |
|----------------|------|-------|

Assistance with scheduling and providing door-to-door or curb to curb transportation services including volunteer transportation.

Title III-B In Home Services

| | | |
|-------------------|-----|------|
| Friendly Visiting | 202 | 8900 |
|-------------------|-----|------|

Regular visits by volunteers to provide companionship and social connection.

| | | |
|-----------------------|-----|------|
| Telephone Reassurance | 150 | 8000 |
|-----------------------|-----|------|

Telephone calls to and from individuals who live alone for emotional support and social connection.

Title III-B Community Services

| | | |
|------------|-----|------|
| Counseling | 780 | 7519 |
|------------|-----|------|

Provides individualized mental-health support to help people develop healthy problem-solving and coping skills.

| | | |
|-----------|------|-------|
| Education | 3749 | 25870 |
|-----------|------|-------|

Group-oriented lectures, classes, or workshops that provide people with opportunities to learn and grow new skills to fit their interests and abilities, including proven effective health promotion curriculum.

| | | |
|------------------|------|------|
| Health Screening | 1882 | 1346 |
|------------------|------|------|

Assists individuals in identifying, detecting, and evaluating their health needs or potential issues.

| | | |
|------------|------|-------|
| Recreation | 4736 | 16417 |
|------------|------|-------|

Group activities to foster health and social well-being.

| | | |
|------------------|------|------|
| Legal Assistance | 1718 | 7902 |
|------------------|------|------|

Arranges and provides assistance in resolving legal matters.

Title III-B Community Services (cont.)

| | | |
|-----------------------------|-----|-----|
| Flexible Community Services | 200 | 200 |
|-----------------------------|-----|-----|

Financial assistance for various resources not covered by insurance or other services including medical care and supplies, housing and basic needs (rent/mortgage, food, minor home modifications), and transportation. These services are available for anyone age 60+ or 18-59 with a disability.

Title III-B/Title VII Ombudsman

| | | |
|-----------|-------|-------|
| Ombudsman | 33235 | 33235 |
|-----------|-------|-------|

Resident-directed advocacy program which protects and improves the quality of life for people living in long-term care by working to resolve problems related to health, safety, and rights of individuals. (Projected persons and units is the bed count in the region.)

Title IIIV Elder Abuse Community Services

| | | |
|-------------|-----|-----|
| Elder Abuse | N/A | N/A |
|-------------|-----|-----|

Provides investigation, intervention, and follow-up services to victims of alleged abuse, neglect, or financial exploitation of anyone age 60+ or 18-59 with a disability.

Title C-1 Community Services

| | | |
|------------------|------|-------|
| Congregate Meals | 3500 | 80000 |
|------------------|------|-------|

Meals provided in the community to promote socialization and connection.

Title C-2 In Home Services

| | | |
|----------------------|------|---------|
| Home Delivered Meals | 7000 | 1000000 |
|----------------------|------|---------|

Supports home and community living by delivering meals to homebound older adults who struggle to meet their own nutritional needs.

Title III-D Health Promotions

| | | |
|---------------------------|-----|------|
| Health Promotion Programs | 457 | 4560 |
|---------------------------|-----|------|

Evidence based programs are education-based workshops, proven through research to be effective for supporting health and wellness. These programs build life skills, teach self-care, promote socialization, and provide exercise activities.

Title III-E Assistance Services

| | | |
|-----------------|-------|-------|
| Case Management | 10055 | 14285 |
|-----------------|-------|-------|

Provides information, resources and support for those giving unpaid care to adults age 60+ and those with Alzheimer's disease or related disorders, or for relatives age 55+ raising children under 18 or giving unpaid care to adults with disabilities.

| | | |
|----------------------------|-----|-----|
| Information and Assistance | 875 | 875 |
|----------------------------|-----|-----|

Provides caregivers 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.

Title III-E Counseling/Training/Education

| | | |
|------------|-----|------|
| Counseling | 653 | 2098 |
|------------|-----|------|

Provides advice, guidance, and emotional support to caregivers or relatives raising children to assist them in their caregiving role.

| | | |
|----------------|-----|------|
| Support Groups | 259 | 1263 |
|----------------|-----|------|

Provides advice, guidance, and emotional support to caregivers in a group setting to assist them in their caregiving role and provide social connection to other caregivers.

| | | |
|------------------------|-----|------|
| Training and Education | 935 | 2297 |
|------------------------|-----|------|

Provides education to caregivers about self-care and best practices for caring for their loved one.

| | | |
|---|-----|-----|
| Alzheimer's & Related Dementias Education | 115 | 650 |
|---|-----|-----|

Provides education and support to caregivers and people with Alzheimer's Disease and Related Dementias through proven effective programming such as Music & Memory and Stressbusters for Family Caregivers.

Title III-E Respite

| | | |
|---------|-----|-------|
| Respite | 611 | 22150 |
|---------|-----|-------|

Provides a break from caregiving. Services can be provided in the home, an adult or child day center or at another location.

Title III-E Supplemental Services

| | | |
|-------------|-----|-----|
| Gap Filling | 548 | 548 |
|-------------|-----|-----|

Supports caregivers through financial support for unexpected needs and circumstances.

| | | |
|-----------------------------|-----|-----|
| ADRD Supportive Gap Filling | 142 | 142 |
|-----------------------------|-----|-----|

Supports people with Alzheimer's and Related Dementias (ADRD) through financial support for unexpected needs and circumstances.

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 a variety of region-wide Information & Assistance activities for older adults, their caregivers, persons with disabilities, and relatives raising children. AgeGuide and its network 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 and direct older adults and their loved ones to our funded III-B Aging and Disability Resource Network (ADRN) partners and III-E Caregiver Support Program partners.

Our needs assessment process in FY 2021 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. (CRS A/D).
- Promote AgeGuide's 800 number to assist older adults and their caregivers through warm transfers to AgeGuide-funded partners or other resources when more in-depth assistance is needed.
- Respond to inquiries from individuals and family caregivers requesting training, education and support services.
- Maintain resources and access to the AgingIS database.
- Provide training and technical assistance to ADRN and Caregiver 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.
- 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 home-and-community based services available through our regional Aging Network.
- 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 & Assistance (I&A), Outreach and Options Counseling partners at the county level. However, AgeGuide determined that it should provide Information & Assistance directly as organizations, businesses, and government entities 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 (USAging) and the IDoA Helpline directs callers seeking information to AgeGuide. Many of these calls are then connected to the ADRN partners as they continue to be the primary agency for coordination of long-term support services in their communities. This creates a “no wrong door” access to long-term support service information and assistance for older persons, their families, and 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 Disability Resource Network.

Projected number of persons: 4,285; Projected units: 4,285

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

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. Furthermore, 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 FY2021, AgeGuide expanded this program regionwide. In response to the 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 translation into different languages.

The Impact of the Services:

Utilizing a non-profit technology education organization, AgeGuide provided the handout template developed for the program and 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 education programming, AgeGuide’s Learning Center, or Senior Planet free tutorials from the O.A.T.S. – Older Adults Technology Services, should the older adult need assistance with their tablet when 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 well-being. 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.

The pilot program, GetSetUp-AgeGuide Learning Center did not yield the expected participation and will not be renewed for FY23.

AgeGuide is seeking continued approval for FY22-24 and is requesting \$22,000 for IIB Tech and Education activities. This is an increase from last year’s request of \$3,000 due to increased program costs.

Title III-D Health Promotion Service:

AgeGuide proposes to continue to provide Title III-D direct service as it is a unique position to more efficiently provide Title III-D Health Promotion activities through its regional coordination and its active participation in statewide health 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 ACL grant.

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 AgeGuide's licensing 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.

AgeGuide has had a decrease in staffing available to conduct Title IIID programs for direct service, thereby limiting the number of classes that can be conducted by the Health Promotions Specialist. Newer offerings are longer in time to not require a decrease in units.

Projected number of persons: 45; 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 FY22, AgeGuide continued and expanded this program virtually regionwide, targeting caregivers and persons with dementia who are socially isolated as Adult Day Centers and Senior Centers had been shuttered because of the COVID-19 pandemic. In FY23, AgeGuide will continue this multi-generational program region-wide utilizing high school music student volunteers and will return to in-person programming. These volunteers will continue to partner with adults living with Alzheimer's Disease and Related Dementias (ADRD) to conduct interviews and create a specialized playlist on a headset. These customized playlists and headsets are then given to the person with ADRD to be used on demand, providing relief for persons with ADRD and the caregiver as well. 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: 30; Projected units: 90

Title III-E Good Memories Choir & Memory Café Sing-Along 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 Good Memories Choir "Summer Rocks" concert. All rehearsals have returned to in-person post pandemic. 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 FY23, 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.

Projected number of persons: 40; Projected Units: 360

The main goal of the 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 nothing more than to obtain information about additional OAA resources.

During FY22, as a result of the COVID-19 pandemic, AgeGuide continued an online format for Memory Cafes and is partnering with AgeOptions to continue to offer weekly sing-alongs region wide. These one-hour cafes are conducted over ZOOM by a professional musician. To help those with limited access to technology, the Cafes 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 FY23, AgeGuide will continue the Sing-Along Café program virtually to maximize the number older adults with dementia the opportunity to have socialization through the power of music and singing together. Each participant is required to register, complete and 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 from FY 2021 as well as the 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 of OAA services and supports.
- Title III-B Transportation was the most expressed need throughout the region and 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 (35%) 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 the 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 FY23, it anticipates \$61,503 in funding under this grant to perform the RAA activities.

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 older. 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 FY23, 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, Lake, and McHenry Counties. Organizations collaborating with AgeGuide to distribute SFMNP coupons will 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 FY23, AgeGuide anticipates receiving \$10,000 in funding to perform the above activities.

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

In Illinois, there are 220,088 children under the age of 18 living in a grandparent-headed home. 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, those relatives under the age of 55 are not funded through the OAA services. Therefore, there are few resources to assist them. In FY22 to date, AgeGuide has provided funding to 15 younger grandparents raising 38 grandchildren and is assisting additional grandparents and children with remaining FY22 funding. If awarded funding in FY23, 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. The Systems Development Grant activities focus on developing dementia friendly communities and No Wrong Door/Aging and Disability Resource Network activities. AgeGuide anticipates receiving \$25,010 in funding to perform the grant activities.

Special Projects – Public/Private Collaboration

Senior Lifestyle Expo

In its 27th year, the Senior Lifestyle Expo was created as an outreach and advocacy event designed to provide information on aging issues, highlight the programs and services available through the Aging Network and generate funds to maintain and enhance the quality of programs and services. In addition to providing valuable information, the Expo offers a wide variety of activities, including educational seminars, demonstrations, and health screenings that inspire older adults to explore the aspects of healthy aging, promote a positive attitude and encourage social engagement. There will also be an exhibit and vendor hall where seniors can

explore goods and services that allow them to safely Age-in-Place and remain as independent as possible in their homes and communities.

In August 2022, the Senior Lifestyle EXPO will be returning to Drury Lane Theater and Events in Oakbrook, IL., as an in-person event. In planning this event, our highest priority is to ensure the safety and welfare of older adults attending the Expo. AgeGuide is working with CompuSystems, Inc., our event management company, to develop a comprehensive Health and Safety Plan that adheres to country, city/state, and venue regulations and protocols for the safety of the attendees.

Illinois Veterans Independence Program

The Veterans Independent 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 (VDHCBS), now nationally known as the Veterans Direct Care Program. The program's goal is to provide eligible Veterans at risk of nursing home placement with 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 to remain living in their homes and communities. AgeGuide's role is to provide overall program management for the VAMC (VA Medical Centers) and person-centered guidance and support to the Veterans. 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 has begun directly providing VIP Options Counseling/Case Management to McHenry County Veterans enrolled in VIP in 2019 and Lake County VIP participants in 2020.

Currently, Capt. James T. Lovell FHCC actively refers 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 (VA Medical Center) to offer VIP Options Counseling/Case Management services to their Veterans who may be at risk of nursing home placement and currently on a waiting list for nursing home placement. In June of 2022, Jesse Brown VAMC (VA Medical Center) will begin referring Veterans to VIP Program.

Since the program's inception in 2010, AgeGuide has received three hundred (300) referrals. As of April 2022, seventy-eight (78) Veterans are enrolled, with seventy (70) actively receiving services. More than sixty-five percent (65%) of Veterans have been active for over 12 months.

Since March 2015, fifteen percent (15%) of Veterans dis-enrolled from VIP due to institutionalization, and fifty-six percent (56%) of Veterans could remain in their homes until their death.

Quality of Life: In FY21, the program satisfaction survey responses showed that ninety-five percent (95%) of Veterans expressed satisfaction with the program overall. One hundred percent (100%) reported that the program improved the quality of life of their primary caregiver. One Hundred percent (100%) of Veterans enrolled in the program said that the VIP helps them remain safely in their home, and the services offered by VIP help the Veteran become more independent. Of the Veterans surveyed, ninety percent (90%) agree that VIP services prevented them from being admitted to a nursing facility.

Caregiving Seminar

On November 30, 2021, AgeGuide held a virtual Caregiver Seminar entitled, *“Moving Caregivers from “I Give Up” to “I Got This.”* The Keynote speaker was renowned Author Loretta Woodward Verney. After her mom’s dementia diagnosis, Loretta began learning everything she could about the disease and became a fierce advocate for her mom. Loretta’s caregiving journey has been featured in articles published in the Wall Street Journal, Psychology Today, The Washington Post, The NY Times, AARP Caregiver Stories, and a PBS special. In 2019, Johns Hopkins Medicine honored Loretta as *“Trailblazer of the Year.”*

AgeGuide was excited to Partner with AARP Illinois, the Alzheimer’s Association, and the Good Memories Choir. Over 325 people registered for the seminar, and close to two hundred were actively engaged in the seminar. Participants were able to take away key points and motivational tools and resources on how to thrive while caregiving for a loved one. All participants and registrants received an autographed copy of Loretta’s Book *“Refreshment for the Caregiver’s Spirit”* and a resource sheet of all the different tools for addressing caregiver stress.

Aging Summit

Our vision at AgeGuide is to enhance the quality of life for people on their aging journey. We do this by changing society’s narratives around aging. Narratives of dependency, loss, loneliness, and isolation need to give way to the new realities of this active, engaged, connected, and vibrant time of life. On October 3, 2022, AgeGuide will bring its vision to life in the first northeastern Illinois Aging Summit, where we will create space for meaningful conversations around age, longevity, and inclusive communities. The northeastern Illinois Aging Summit will be held at Northern Illinois University Naperville Campus from 8:00 am-3:30 pm. We will bring together aging adults, caregivers, professionals, and thought leaders in the field, or anyone who understands that they too have a vital stake in shaping the aging journey.

Ramsey Alwin, President, and CEO of the National Council on Aging will set the tone for the day as our key-note speaker. Next, we will delve into conversations around age-inclusive communities, digital equity, age-friendly healthcare, volunteerism, housing, transportation, and inclusive access to services. The day will culminate with fresh perspectives provided by a new generation of leaders in the field of aging about what we can all do to embrace and enhance our aging journey.

FY2023 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 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: Evidence-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.
- **Caregiver Support Services:** Caregiver services including Assistance, Gap, Respite, Training & Education, Counseling, and Support Groups.
- **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 Administration 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 and Medicaid fraud, waste, and abuse.

Illinois Department on Aging Notification – Federal and State Resources

The Illinois Department on Aging has informed AgeGuide of initial FY23 allocations. Allocations are based on Area Agency on Aging Letter **#924**, which is IDoA's allocation letter currently proposed for FY23 and in the Governor's budget. The Illinois General Assembly passed the Governor's \$45.5 million budget for FY 23 on April 9, 2022. President Biden's FY23 Federal Budget proposal has not yet passed in the House or Senate. The Federal budget proposal includes significant increases for aging programs. Signaling his commitment to supporting older adults and those with disabilities to age independently and with dignity at home, the President requested \$3 billion for the Administration for Community Living (ACL). This is an increase of \$565 million (or 32 percent) above FY 2022 appropriations. Most of the proposed additional funding is directed toward Older Americans Act programs and services.

AgeGuide estimates that \$9,555,175 Federal funds will be available for FY23 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 FY23 grant awards from the U.S. Administration on Aging. This is a projected decrease of \$3,876 compared to FY22 planning allocations.

The FY23 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 \$13,652,439 State General Revenue Funds for services within this PSA in FY23. This figure is based on the Governor's proposed FY23 budget.

In the charts below, the Long-Term Care Ombudsman, Senior Health Assistance Program (SHAP), and MIPPA allocations are based on FY22 funding levels.

| | |
|----------------------------|---------------------|
| Total Federal | \$10,335,699 |
| Title VII APS | \$33,249 |
| MIPPA | \$127,984 |
| Title IIID | \$162,615 |
| Title IIIB & VII Ombudsman | \$311,211 |
| NSIP | \$652,540 |
| Title IIIE | \$1,315,453 |
| Title IIIC2 | \$1,934,394 |
| Title IIIB | \$2,512,604 |
| Title IIIC1 | \$3,285,649 |

| | |
|----------------------------|---------------------|
| Total State | \$13,652,439 |
| LTC Ombudsman | \$229,318 |
| SHAP | \$300,233 |
| Title III Match | \$468,599 |
| Ombudsman | \$497,587 |
| Caregiver Support Services | \$782,000 |
| Supplemental Community | \$2,714,052 |
| Home Delivered Meals | \$8,660,650 |

**AgeGuide Northeastern Illinois
Proposed FY 2023 Resources
IDOA Letter 924**

| | | | | FY 23 | FY 23 | FY 22 |
|--------------------------------------|--|--|--|------------|-------------|--------------|
| | | | | TOTAL | BUDGETED | ANTICIPATED |
| | | | | AGENCY | ADMIN* | ADMIN BUDGET |
| ITEM: | | | | | (estimated) | |
| Federal Grants: | | | | | | |
| | Title IIIB | | | 2,512,604 | 588,731 | 593,669 |
| | Title IIIB Ombudsman | | | 158,245 | 15,825 | 11,889 |
| | Title IIIC-1 | | | 3,285,649 | 75,620 | 75,620 |
| | Title IIIC-2 | | | 1,934,394 | 125,838 | 126,893 |
| | Title IIID | | | 162,615 | - | - |
| | Title IIIE | | | 1,315,453 | 131,545 | 132,689 |
| | Title VII Ombudsman | | | 152,966 | 14,814 | 11,613 |
| | Title VII Elder Abuse | | | 33,249 | 3,179 | 3,337 |
| | Medicare Improvements for Patients & Providers (MIPPA) | | | 127,984 | 12,798 | 12,798 |
| | Nutrition Services Incentive Program (NSIP) | | | 652,540 | | - |
| Federal Sub-Total | | | | 10,335,699 | 968,350 | 968,508 |
| | 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 | | | | - | 106,995 |
| | Title IIID Direct Services | | | | 45,000 | 45,000 |
| | Title IIIE Direct Services - Information & Assistance | | | | 54,000 | 54,000 |
| | | | | 10,335,699 | 1,651,118 | 1,758,271 |
| State Grants: | | | | | | |
| | Title III Match | | | 468,599 | 312,310 | 313,587 |
| ** | Community Based Services (includes ADRD & Social Isolation) | | | 2,579,344 | 24,800 | 42,400 |
| | Community Based Services - AAA Equal Distribution | | | 134,708 | - | - |
| | Long Term Care (LTC) Provider Fund Ombudsman | | | 229,318 | - | - |
| | Home Delivered Meals | | | 8,660,650 | - | - |
| | Ombudsman | | | 497,587 | - | - |
| | Senior Health Insurance Program (SHIP) | | | 208,244 | 20,824 | 20,824 |
| | 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) | | | 15,000 | | |
| | Senior Employment Specialist Program (SESP) | | | 17,968 | 17,968 | 17,968 |
| | Senior Health Assistance Program (SHAP) | | | 300,233 | 30,023 | 30,023 |
| State Sub-Total: | | | | 13,198,164 | 492,438 | 511,315 |
| Other Funds: | | | | | | |
| | Veterans Independence Program (VIP) | | | 250,000 | 250,000 | 250,000 |
| | Senior Medicare Patrol (SMP) | | | 5,000 | 10,000 | 5,000 |
| | Medicare Medicaid Alignment Initiative (MMAI) | | | 53,333 | 5,333 | 5,333 |
| | State Interest | | | 3,000 | 3,000 | 3,000 |
| | Farmers Market | | | 1,000 | 1,000 | 1,000 |
| Other Funds Sub-Total: | | | | 312,333 | 269,333 | 264,333 |
| Total Agency Resource Budget: | | | | 23,846,196 | 2,412,889 | 2,533,919 |

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 regulations stipulated by Federal and State mandates.

Allocating Funds Across the Region: County Finding 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 response to changing populations 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 becomes available. If more recent census data becomes available after this document is prepared, but before the start of FY23, AgeGuide will make adjustments insofar as possible.

FY2023 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 | 204,178 | 29.15% | 58,610 | 29.89% | 42,843 | 29.87% | 10,747 | 26.22% | 43,175 | 30.82% | 0.00% | 27.24% |
| Grundy | 9,917 | 1.42% | 2,865 | 1.46% | 631 | 0.44% | 643 | 1.57% | 2,165 | 1.55% | 33.33% | 2.93% |
| Kane | 103,238 | 14.74% | 28,838 | 14.71% | 24,812 | 17.30% | 6,620 | 16.15% | 20,420 | 14.58% | 0.00% | 14.79% |
| Kankakee | 25,259 | 3.61% | 8,039 | 4.10% | 4,135 | 2.88% | 2,576 | 6.29% | 5,815 | 4.15% | 33.33% | 5.94% |
| Kendall | 18,579 | 2.65% | 5,152 | 2.63% | 3,318 | 2.31% | 751 | 1.83% | 3,090 | 2.21% | 33.33% | 3.84% |
| Lake | 144,152 | 20.58% | 40,293 | 20.55% | 31,141 | 21.71% | 8,559 | 20.89% | 28,935 | 20.65% | 0.00% | 19.81% |
| McHenry | 64,766 | 9.25% | 17,197 | 8.77% | 5,768 | 4.02% | 3,610 | 8.81% | 12,315 | 8.79% | 0.00% | 7.73% |
| Will | 130,327 | 18.61% | 35,070 | 17.89% | 30,781 | 21.46% | 7,475 | 18.24% | 24,180 | 17.26% | 0.00% | 17.72% |
| Region | 700,416 | 100.00% | 196,064 | 100.00% | 143,429 | 100.00% | 40,981 | 100.00% | 140,095 | 100.00% | 0.00% | 100.00% |
| WEIGHT | 20% | | 20% | | 15% | | 30% | | 10% | | 5% | 100% |

Data Sources: U.S. Census Bureau ACS 5-year estimates for 2020 for 60+ ,75+, and Poverty
 ACL Special Tabulation from the American Community Survey 2014-2018 for 60+ living alone.
 2019 American Community Survey 5-Year Estimates used for 60+ poverty

FY2022-24 Pilot: Health Factor Funding Formula

The Health Factor Funding Formula is a special pilot formula for FY2022-24 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 "FY2022-24 Changes to the Funding Formulas" below.

| 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 | Share | Quartile | Share | |
| DuPage | 204,178 | 29.15% | 58,610 | 29.89% | 42,843 | 29.87% | 10,747 | 26.22% | 43,175 | 30.82% | 0.00% | 1 | 9.09% | 26.74% |
| Grundy | 9,917 | 1.42% | 2,865 | 1.46% | 631 | 0.44% | 643 | 1.57% | 2,165 | 1.55% | 33.33% | 1 | 9.09% | 3.13% |
| Kane | 103,238 | 14.74% | 28,838 | 14.71% | 24,812 | 17.30% | 6,620 | 16.15% | 20,420 | 14.58% | 0.00% | 1 | 9.09% | 14.65% |
| Kankakee | 25,259 | 3.61% | 8,039 | 4.10% | 4,135 | 2.88% | 2,576 | 6.29% | 5,815 | 4.15% | 33.33% | 4 | 36.36% | 6.76% |
| Kendall | 18,579 | 2.65% | 5,152 | 2.63% | 3,318 | 2.31% | 751 | 1.83% | 3,090 | 2.21% | 33.33% | 1 | 9.09% | 4.00% |
| Lake | 144,152 | 20.58% | 40,293 | 20.55% | 31,141 | 21.71% | 8,559 | 20.89% | 28,935 | 20.65% | 0.00% | 1 | 9.09% | 19.53% |
| McHenry | 64,766 | 9.25% | 17,197 | 8.77% | 5,768 | 4.02% | 3,610 | 8.81% | 12,315 | 8.79% | 0.00% | 1 | 9.09% | 7.73% |
| Will | 130,327 | 18.61% | 35,070 | 17.89% | 30,781 | 21.46% | 7,475 | 18.24% | 24,180 | 17.26% | 0.00% | 1 | 9.09% | 17.48% |
| Region | 700,416 | 100.00% | 196,064 | 100.00% | 143,429 | 100.00% | 40,981 | 100.00% | 140,095 | 100.00% | 0.00% | 11 | 100.00% | 100.00% |
| WEIGHT | 17.5% | | 20% | | 15% | | 30% | | 10% | | 5% | 2.5% | | 100% |

Data Sources: U.S. Census Bureau ACS 5-year estimates for 2020 for 60+ ,75+, and Poverty
 ACL Special Tabulation from the American Community Survey 2014-2018 for 60+ living alone
 2019 American Community Survey 5-Year Estimates used for 60+ poverty
 2021 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 Assisted Living facilities 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).

| FY23 UPDATE - OMBUDSMAN SERVICE FORMULA SHARE | | | | | | | | |
|---|--------|--------|--------|----------|---------|--------|---------|--------|
| Fiscal Year | DuPage | Grundy | Kane | Kankakee | Kendall | Lake | McHenry | Will |
| FY2023 | 28.51% | 2.17% | 16.20% | 6.26% | 2.50% | 21.44% | 7.11% | 15.81% |
| FY2022 | 28.57% | 2.19% | 16.13% | 6.29% | 2.56% | 21.42% | 7.07% | 15.76% |

| County | Nursing Facility or Skilled Care | 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 Fomula | Ombudsman County Funding Formula |
|--------------|----------------------------------|---|---------------------------|----------------------------|------------------------------|--|-------------|-------------------------------|--------------------------------|----------------------------------|
| DuPage | 5,508 | 64 | 479 | 3,278 | 371 | 156 | 0.148864 | 0.136200 | 27.24% | 28.51% |
| Grundy | 265 | 0 | 0 | 60 | 160 | 0 | 0.006951 | 0.014650 | 2.93% | 2.17% |
| Kane | 3,223 | 112 | 374 | 1,167 | 914 | 0 | 0.088032 | 0.073950 | 14.79% | 16.20% |
| Kankakee | 1,332 | 112 | 79 | 346 | 167 | 0 | 0.032983 | 0.029700 | 5.94% | 6.26% |
| Kendall | 184 | 0 | 0 | 169 | 87 | 0 | 0.005783 | 0.019200 | 3.84% | 2.50% |
| Lake | 4,369 | 290 | 119 | 2,204 | 689 | 0 | 0.115371 | 0.099050 | 19.81% | 21.44% |
| McHenry | 1,034 | 96 | 60 | 903 | 223 | 0 | 0.032492 | 0.038650 | 7.73% | 7.11% |
| Will | 2,741 | 64 | 56 | 1,481 | 299 | 0 | 0.069525 | 0.088600 | 17.72% | 15.81% |
| Region Total | 18,656 | 738 | 1,167 | 9,608 | 2,910 | 156 | 26976.00 | | 100.00% | 100.00% |

Data Source: IDPH Facilities Report

FY2022-2024 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, and Kendall Counties). These counties have been funded inversely to their population, so the smallest county would receive the largest percentage of the fixed cost amounts. 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 100% of poverty data for its formulas, there is no significant change to the funding outcomes.
- 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 that utilizing the Health Factor Rankings 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 III-D Health Promotion Programs. Nutrition,

our largest funded service, and Health Promotion 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 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 Collaborative:** Health Screening, Education, and Recreation
 - **In-Home Services:** Friendly Visiting and 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, 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:

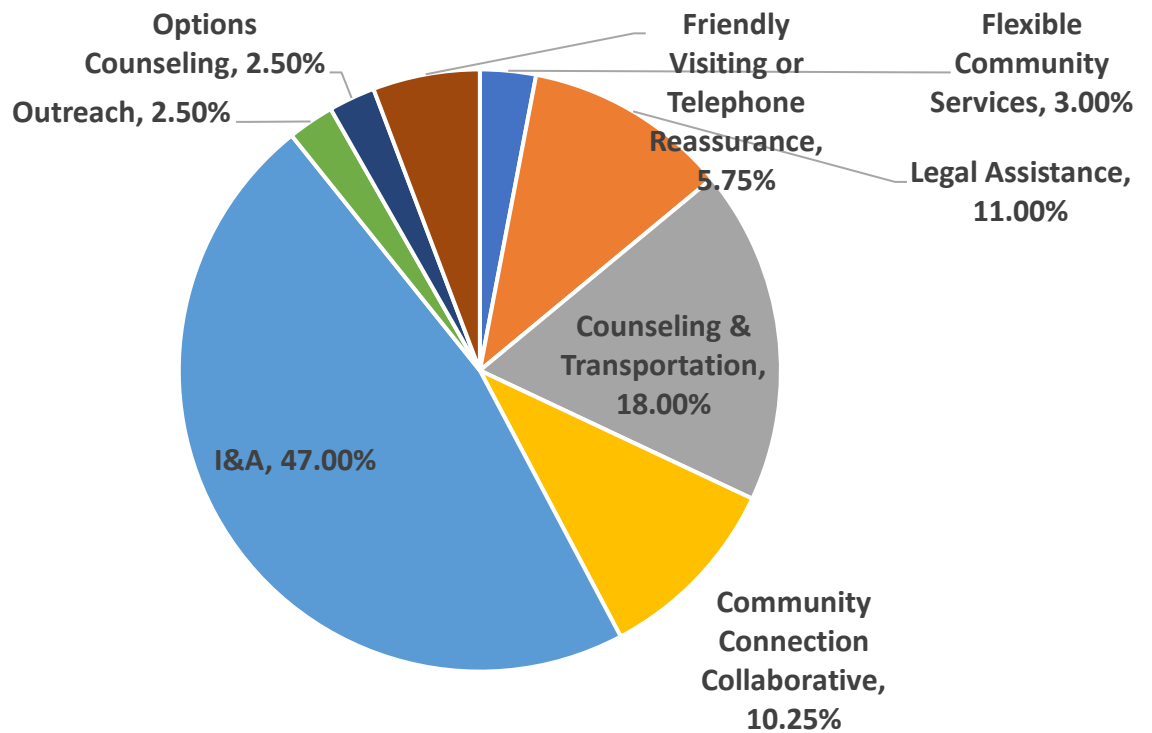
- Titles III-B, VII, and Illinois GRF, Ombudsman
- Titles VII, Adult Protective Services and Ombudsman Training and Support
- Illinois GRF, Senior Health Assistance Program (SHAP)

FY2022-24 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 FY23:



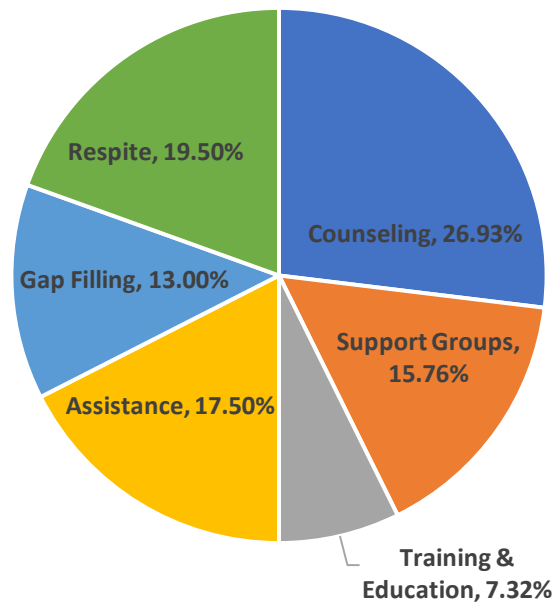
2. Titles III-E Service Share Formula

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 service bundles as follows:

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

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



Set-Aside Special Projects or One-Time Funding

AgeGuide will set aside \$260,350 in Titles III-B/E funds for Special Projects. Funding for these projects might also be used for capacity building or planning programs. If these funds are not used for Special 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 the *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 addressed the need effectively at an acceptable cost; and
- The ability of other service providers or systems to address those needs.

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.

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 Funding Levels in proportion to their share of the deficit while holding services funded above their Base Levels constant.

When Resources Decline

When resources 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.

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 FY23 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 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.

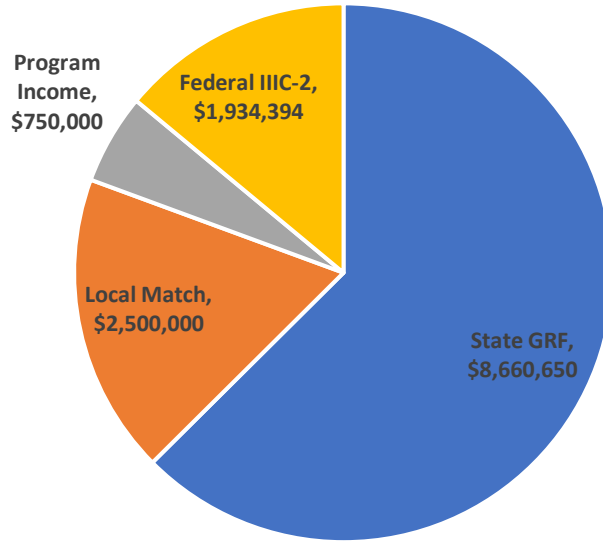
- In FY21, 1,106,602 meals were delivered to 10,385 homebound older adults in the PSA.
- Due to additional federal and state funding, there are currently no waiting lists in the PSA02 eight-county region.
- Should waiting lists occur, AgeGuide will work with the nutrition providers and care coordination 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 FY23: 1,000,000 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 2021 Meals on Wheels America Fact Sheet:
 - For many home-delivered meal recipients, the person delivering the meal is often the only person they will see that day.
 - At their highest numbers served during the pandemic, programs reported serving an average of about 100% more home-delivered meals and serving home-delivered meals to 84% more seniors weekly than they were before the pandemic began.
 - 88% of home-delivered meal recipients say meals help them stay in their own home.
 - 61% of recipients say home-delivered meals make up about half or more of food they eat
 - 84.3% of home-delivered meal recipients say the service helps them live independently as well as helps improve their health.
 - 82.9% of home-delivered meal recipients say the meals help them eat healthier foods.

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 FY2023 Home Delivered Meals Funding: \$13,845,044



FY2022 Home Delivered Meals Status

| County | Units Served YTD | Persons Receiving Meals | Waiting List |
|--------------|------------------|-------------------------|--------------|
| DuPage | 137,297 | 1979 | 0 |
| Grundy | 14,393 | 124 | 0 |
| Kane | 79,975 | 1100 | 0 |
| Kankakee | 49,033 | 516 | 0 |
| Kendall | 14,962 | 202 | 0 |
| Lake | 57,743 | 642 | 0 |
| McHenry | 24,096 | 365 | 0 |
| Will | 91,622 | 932 | 0 |
| Total | 469,121 | 5,860 | 0 |

FY2023 Projections

The following pages include:

1. A comparison of projected FY2022 and FY2023 Area Plan budgets
2. Projected FY2023 service allocations by county

Older Americans Act allocations are based on Area Agency on Aging Letter #924, which is the Illinois Department on Aging's projected allocation letter for FY2023. State General Revenue planning allocations are based on the Governor's FY23 budget for Aging. MIPPA, SHAP, and other projected allocations are based on FY2022 funding amounts.

The United States House and Senate have not yet approved the President's FY23 Federal Budget.

**AREA PLAN FY2023
ALLOCATIONS: Letter 924
April 26, 2022**

| | A Letter 916 FFY2022 4/5/2021 | B Letter 924 FY2023 4/7/2022 | Difference (A->B) |
|---|--|---------------------------------------|----------------------|
| FEDERAL ALLOCATIONS: | | | |
| Title IIIB | \$2,534,452 | \$2,512,604 | (\$21,848) |
| Title IIIC-1 | \$3,314,219 | \$3,285,649 | (\$28,570) |
| Title IIIC-2 | \$1,951,215 | \$1,934,394 | (\$16,821) |
| Title IIID | \$163,875 | \$162,615 | (\$1,260) |
| Title IIIE | \$1,326,893 | \$1,315,453 | (\$11,440) |
| Title VII Elder Abuse | \$33,373 | \$33,249 | (\$124) |
| Title VII Ombudsman | \$116,132 | \$152,966 | \$36,834 |
| Title IIIB Ombudsman | \$118,892 | \$158,245 | \$39,353 |
| <i>Ombudsman Sub-Total</i> | <i>\$235,024</i> | <i>\$311,211</i> | <i>\$76,187</i> |
| Nutrition Services Incentive Program (NSIP) | \$652,730 | \$652,540 | (\$190) |
| Medicare Improvement for Patients and Providers Act (MIPPA) | \$81,200 | \$127,984 | \$46,784 |
| Total Federal | \$10,292,981 | \$10,335,699 | \$42,718 |
| STATE GENERAL REVENUE FUNDS (Governor's Budget): | | | |
| Title III Match | \$472,674 | \$468,599 | (\$4,075) |
| Community Based Services (includes Social Isolation & ADRD) | \$2,646,932 | \$2,714,052 | \$67,120 |
| Home Delivered Meals | \$6,921,720 | \$8,660,650 | \$1,738,930 |
| Caregiver Support Services | \$0 | \$782,000 | \$782,000 |
| Ombudsman | \$672,875 | \$497,587 | (\$175,288) |
| Long Term Care Provider Fund Ombudsman | \$218,350 | \$229,318 | \$10,968 |
| Senior Health Assistance Program (SHAP) | \$298,216 | \$300,233 | \$2,017 |
| Total GRF | \$11,230,767 | \$13,652,439 | \$2,421,672 |
| <i>PSA Allocation Sub-Total</i> | <i>\$21,523,748</i> | <i>\$23,988,138</i> | <i>\$2,464,390</i> |
| CARRY-OVER FUNDS | | | |
| Title IIIB/IIIC Community | \$225,000 | \$225,000 | \$0 |
| AgeGuide IIIB/IIIC | \$0 | \$0 | \$0 |
| Title IIIB Ombudsman | \$0 | \$0 | \$0 |
| Title III-E | \$50,000 | \$50,000 | \$0 |
| Title IIID | \$0 | \$0 | \$0 |
| Title VII Elder Abuse | \$0 | \$0 | \$0 |
| Title VII Ombudsman | \$0 | \$0 | \$0 |
| NSIP | \$0 | \$0 | \$0 |
| Total Carry-Over | \$275,000 | \$275,000 | \$0 |
| TOTAL REVENUE | \$21,798,748 | \$24,263,138 | \$2,464,390 |

AREA PLAN FY2023
ALLOCATIONS: Letter 924
4/26/2022
ANTICIPATED EXPENDITURES

| | A FFY2022 4/5/2021 | B FY2023 4/7/2022 | Difference (A->B) |
|---|--------------------------|-------------------------|-------------------------|
| AgeGuide Operations | | | |
| III-B Admin | \$593,669 | \$588,731 | (\$4,938) |
| III-C Admin | \$202,513 | \$200,829 | (\$1,684) |
| III-B and VII Ombudsman Admin | \$23,502 | \$30,639 | \$7,137 |
| VII Elder Abuse | \$3,337 | \$3,179 | (\$158) |
| Program Development, Coordination & Advocacy (III-B) | \$519,768 | \$519,768 | \$0 |
| Title III Match | \$313,587 | \$312,310 | (\$1,277) |
| III-E Admin | \$132,689 | \$131,545 | (\$1,144) |
| SHAP Admin | \$29,822 | \$30,023 | \$201 |
| MIPPA Admin | \$8,120 | \$12,798 | \$4,678 |
| <i>TOTAL AgeGuide Admin</i> | \$1,827,007 | \$1,829,822 | \$2,815 |
| 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 Projects | \$24,800 | \$24,800 | \$0 |
| <i>Total AgeGuide Direct</i> | \$187,800 | \$187,800 | \$0 |
| TOTAL AgeGuide | \$2,014,807 | \$2,017,622 | \$2,815 |
| Provider Direct Services | | | |
| | | | Change from FY21 |
| Title III-B Access Services (Transportation, I&A, Options Couns, Outrea | \$3,678,755 | \$3,693,715 | \$14,960 |
| Title III-B In-Home Services (RR, Friendly Visiting, Telephone Reassura | \$320,000 | \$320,000 | \$0 |
| Title III-B Legal Services | \$605,012 | \$607,791 | \$2,779 |
| Title III-B Community Connection Collaboratives | \$564,056 | \$564,065 | \$9 |
| Title III-B Other Programs (FCS, Counseling) | \$396,513 | \$399,906 | \$3,393 |
| Title III-C Nutrition Programs | \$3,399,570 | \$3,383,833 | (\$15,737) |
| Title IIIC-2 Home-Delivered Meals GRF | \$6,921,720 | \$8,660,650 | \$1,738,930 |
| Nutrition Services Incentive Program | \$652,730 | \$652,540 | (\$190) |
| Title III-D Health Promotion Programs | \$118,875 | \$117,615 | (\$1,260) |
| Title III-E Caregiver Resource Center | \$912,163 | \$1,529,526 | \$617,363 |
| Title III-E Caregiver Counseling Center | \$228,041 | \$382,382 | \$154,341 |
| Title III-E Special Projects | \$50,000 | \$50,000 | \$0 |
| Title VII Elder Abuse - Training | \$10,716 | \$8,607 | (\$2,109) |
| Title VII Elder Abuse - M-Teams | \$18,000 | \$18,000 | \$0 |
| Title VII Fatality Review Teams (Elder Abuse & Ombudsman) | \$6,148 | \$6,284 | \$136 |
| Title IIIB Ombudsman | \$107,003 | \$144,420 | \$37,417 |
| Title VII Ombudsman | \$99,691 | \$133,331 | \$33,640 |
| GRF Ombudsman | \$672,875 | \$497,587 | (\$175,288) |
| Long Term Care Provider Fund Ombudsman | \$218,350 | \$229,318 | \$10,968 |
| SHAP | \$268,394 | \$270,210 | \$1,816 |
| MIPPA | \$73,080 | \$115,186 | \$42,106 |
| Title III-B & Title III-C Special Projects | \$462,250 | \$460,550 | (\$1,700) |
| Provider Services TOTAL | \$19,783,942 | \$22,245,516 | \$2,461,574 |
| TOTAL EXPENDITURES | \$21,798,749 | \$24,263,138 | |
| RESOURCES FROM PAGE 1 | \$21,798,748 | \$24,263,138 | |
| OVERALL BALANCE | (\$1) | \$0 | |

**PUBLIC HEARING FY2023
PROJECTED ALLOCATIONS (LETTER 924)**

| Title Service | DuPage | Grundy | Kane | Kankakee | Kendall | Lake | McHenry | Will | Totals |
|---|--------------------|------------------|--------------------|--------------------|------------------|--------------------|--------------------|--------------------|---------------------|
| IIIB Targeted Outreach | \$16,344 | \$1,758 | \$8,874 | \$3,564 | \$2,304 | \$11,886 | \$4,638 | \$10,632 | \$60,000 |
| IIIB Flexible Community Services | \$45,148 | \$4,856 | \$24,513 | \$9,847 | \$6,364 | \$32,833 | \$12,812 | \$29,369 | \$165,742 |
| IIIB Legal Assistance | \$165,562 | \$17,808 | \$89,893 | \$36,103 | \$23,339 | \$120,403 | \$46,982 | \$107,701 | \$607,791 |
| IIIB Counseling | \$89,407 | \$9,617 | \$48,544 | \$19,496 | \$12,604 | \$65,021 | \$25,371 | \$58,161 | \$328,221 |
| IIIB Transportation | \$181,524 | \$19,525 | \$98,559 | \$39,584 | \$25,589 | \$132,012 | \$51,512 | \$118,084 | \$666,389 |
| IIIB Community Connection Collaborative* | \$153,651 | \$16,527 | \$83,427 | \$33,505 | \$21,660 | \$111,741 | \$43,602 | \$99,952 | \$564,065 |
| IIIB Aging & Disability Resource Network (ADRN) | | | | | | | | | |
| IIIB I&A | \$707,411 | \$76,090 | \$384,090 | \$154,262 | \$99,723 | \$514,458 | \$200,745 | \$460,180 | \$2,596,959 |
| IIIB Outreach | \$37,633 | \$4,048 | \$20,433 | \$8,206 | \$5,305 | \$27,368 | \$10,679 | \$24,481 | \$138,153 |
| IIIB Options Counseling | \$37,633 | \$4,048 | \$20,433 | \$8,206 | \$5,305 | \$27,368 | \$10,679 | \$24,481 | \$138,153 |
| 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 | \$421,182 | \$49,227 | \$230,731 | \$106,489 | \$63,027 | \$307,604 | \$121,690 | \$275,327 | \$1,575,277 |
| NSIP C-1 Congregate Meals | \$31,978 | \$11,459 | \$5,993 | \$7,982 | \$6,261 | \$18,745 | \$5,918 | \$10,639 | \$98,975 |
| IIIC2 Home Delivered Meals | \$2,718,941 | \$317,787 | \$1,489,483 | \$687,440 | \$406,870 | \$1,985,741 | \$785,571 | \$1,777,373 | \$10,169,206 |
| NSIP C-2 Home Delivered Meals | \$153,526 | \$19,728 | \$82,882 | \$31,921 | \$26,601 | \$97,260 | \$43,012 | \$98,635 | \$553,565 |
| IIID Health Promotion | \$31,447 | \$3,675 | \$17,227 | \$7,950 | \$4,706 | \$22,967 | \$9,086 | \$20,557 | \$117,615 |
| IIIE Caregiver Resource Center (CRC) | \$416,642 | \$44,816 | \$226,217 | \$90,854 | \$58,734 | \$302,999 | \$118,232 | \$271,032 | \$1,529,526 |
| IIIE Assistance | \$145,823 | \$15,686 | \$79,176 | \$31,799 | \$20,557 | \$106,050 | \$41,382 | \$94,861 | \$535,334 |
| IIIE Gap | \$108,327 | \$11,651 | \$58,817 | \$23,622 | \$15,271 | \$78,780 | \$30,740 | \$70,469 | \$397,677 |
| IIIE Respite | \$162,491 | \$17,479 | \$88,224 | \$35,433 | \$22,906 | \$118,169 | \$46,111 | \$105,702 | \$596,515 |
| IIIE Caregiver Counseling Center (CCC) | \$104,160 | \$11,204 | \$56,555 | \$22,713 | \$14,684 | \$75,750 | \$29,558 | \$67,758 | \$382,382 |
| IIIE Counseling | \$56,090 | \$6,034 | \$30,454 | \$12,231 | \$7,907 | \$40,791 | \$15,917 | \$36,488 | \$205,912 |
| IIIE Support Groups | \$32,832 | \$3,531 | \$17,826 | \$7,159 | \$4,628 | \$23,877 | \$9,317 | \$21,357 | \$120,527 |
| IIIE Training & Education | \$15,238 | \$1,639 | \$8,274 | \$3,323 | \$2,149 | \$11,082 | \$4,325 | \$9,913 | \$55,943 |
| 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 | \$3,142 | \$0 | \$3,142 | \$0 | \$0 | \$0 | \$0 | \$0 | \$6,284 |
| ANE Training | \$2,345 | \$252 | \$1,273 | \$511 | \$331 | \$1,705 | \$665 | \$1,525 | \$8,607 |
| Ombudsman (IIIB, VII, GRF, LTC) | \$285,857 | \$21,757 | \$162,431 | \$62,766 | \$25,066 | \$214,970 | \$71,289 | \$158,520 | \$1,002,656 |
| SHAP & MIPPA | \$104,829 | \$11,367 | \$57,291 | \$22,930 | \$14,938 | \$76,180 | \$29,725 | \$68,135 | \$385,395 |
| TOTAL - ALL SERVICES | \$5,751,362 | \$685,549 | \$3,154,991 | \$1,397,329 | \$863,411 | \$4,190,011 | \$1,664,766 | \$3,725,542 | \$21,432,961 |

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