



“Working Harder To Make Aging Easier”

PUBLIC HEARING INFORMATION

Area Service Funding And Development Plan Summary

Fiscal Year 2018

FY16 through FY18

Purpose of the Public Information Document And the Associated Public Hearings

Under the Older Americans Act, “*Each area agency on aging designated under section 3025(a) (2) (A) of this title shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary.*” Older Americans Act, Sec. 3026. - Area plans (a) Preparation and development by area agency on aging; requirements.

The Illinois Department on Aging and the thirteen Area Agencies on Aging in this State have agreed to a **three year planning cycle**, which begins on October 1, 2015 and extends to September 30, 2018.

The purpose of this Public Information Document is to provide a brief history of the Northeastern Illinois Area Agency on Aging and to outline its proposed service delivery design and the associated fund distributions, and other activities in which this Area Agency anticipates involvement.

The purpose of the Public Hearing is to provide an open forum for the general public to comment on proposed services, expenditures, and other activities as outlined in the Document and anticipated to be carried out during Fiscal Years 2016 through 2018 Area Plan Cycle.

Public Hearings will be held at the following locations:

DUPAGE KANE MCHENRY LAKE COUNTIES

Wednesday, May 31, 2017

10:00 a.m.

The Agency on Aging Field Office

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

West Chicago, IL 60185

GRUNDY KANKAKEE KENDALL WILL COUNTIES

Wednesday, May 31, 2017

1:30 p.m.

Senior Services of Will County

251 N. Center Street, Joliet, IL 60435

If you are unable to attend a hearing and would like to comment on the proposed Plan, written statements will be received through **Monday, June 5, 2017 at 4:00 p.m.** Comments may be faxed, e-mailed or mailed to the following address:

Attention: Lucia West Jones, Executive Director

Northeastern Illinois Area Agency on Aging

P.O. Box 809, Kankakee, IL 60901

Fax: 815-939-0022; E-mail: info@ageguide.org

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Mission of the Agency on Aging for Northeastern Illinois

Section 1321.539(a) of the Rules and Regulations promulgated on August 8, 1988, by the U.S. Administration on Aging defined the mission of Area Agencies on Aging under the Older Americans Act as follows:

The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the Area Agency shall proactively carry out, under the leadership and direction of the State agency (the Illinois Department on Aging), a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in or serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

The Northeastern Illinois Area Agency on Aging, begun in 1972 as a model project and formally designated by the Illinois Department on Aging in 1974, **adopted the following statement of its values and mission in February, 2001:**

We believe that all older adults should be respected for their individual value, dignity, and contributions to society, and that their autonomy and privacy must be protected. We strive to make aging easier through the development and promotion of a network of services for older persons designed to optimize the quality of their lives.

Agency on Aging AAA's Older Americans Act and State Revenues

By authorization of the Older Americans Act and in support of the mission and purpose stated above, the Illinois Dept. on Aging provides funds from the Administration on Community Living in the U.S. Dept. of Health & Human Services to the Northeastern Illinois Area Agency on Aging.

These funds are to be used in the eight-county planning and service area that includes DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will Counties for the purposes described below:

Older Americans Act Resources

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

Illinois General Revenue Funds

Title III Match: Administration and Home Delivered Meals, Information & Assistance, Transportation, or other Area Plan services

Home Delivered Meals: mandated IDOA-determined set-aside for Home Delivered Meals

Community-Based Services: Information & Assistance, Transportation, or other community-based services

Adult Protective Services (APS) Program: provides investigation, intervention and follow-up services to victims of alleged abuse, neglect or financial exploitation of persons 60 years of age and older and persons 18–59 years of age with a disability

Ombudsman Services: mandated IDOA-determined set-aside for Ombudsman services

Senior Employment Advocacy: Advocacy and Active Referrals to Senior Community Service Employment Program (SCSEP) grantees in our planning and service area

Systems Development Grant: Advocacy, Program Development, and Coordination related to the State-administered Community Care Program and assistance with the No Wrong Door (NWD)/Aging Disability Resource Center (ADRC) Statewide Initiative development and implementation

Nutrition Services Incentive Program Funds

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

IDOA Minimum Percentage Requirements

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

Administratively Related Direct Services

In order to accomplish the mission of an Area Agency on Aging as defined by the Older Americans Act, the Area Agency on Aging must accomplish a wide range of activities under cost centers referred to as administratively-related direct services.

Advocacy: Activities designed to induce a change in attitude and stereotypes, legislation, and agency policies and their implementation pertaining to services for older persons.

Coordination: Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relationships with other funding agencies and service providers.

Program Development: Activities directly related to either the establishment of a new service or the improvement, expansion, or integration of an existing service within a fiscal year.

AAA Admin Direct Services:	\$373,722
(Advocacy, Coordination, Program Development)	

The full 10% of Title III funds allowed for administration will be expended before any costs are incurred for the administratively related costs. The proposed FY18 budget is on the following page. *Note: Allocations are based on Area Agency on Aging Letter #870. Federal planning allocations are based on projected Administration on Community Living FY18 Title III and Title VII, State General Revenue planning allocations are based on the Governor's proposed budget for Aging.*

NORTHEASTERN ILLINOIS AREA AGENCY ON AGING

PROPOSED FY18 RESOURCES

04/25/2017

	FY18 TOTAL AGENCY	FY18 BUDGETED ADMIN	FY17 BUDGETED ADMIN
ITEM:			
Federal Grants:			
Title IIIB	2,322,881	298,548	298,548
Title IIIB Ombudsman	148,667	14,867	14,429
Title IIIC-1	3,022,987	217,706	217,706
Title IIIC-2	1,576,739	192,815	180,566
Title IIID	135,365		0
Title IIIE	1,047,859	104,786	102,950
Title VII Ombudsman	119,585	11,959	11,607
Title VII Elder Abuse	27,713	2,771	2,749
MIPPA	89,152	8,915	13,431
Nutrition Services Incentive Program	574,670		
Federal Sub-Total:	9,065,618	852,367	841,986
Title IIIB Direct Services	373,722	373,722	373,722
IIID Direct Service	36,437	36,437	8,384
Title IIIB & IIIE I & A Direct Service	118,000	118,000	118,000
Federal Sub-Total:	9,593,777	1,380,526	1,342,092
State Grants:			
GRF Match	451,341	276,241	271,400
GRF Community Service	1,191,012		0
Equal AAA's	134,708		
LTC Bed Tax Ombudsman	201,081	0	0
GRF Home Delivered Meals	4,104,940		0
GRF Ombudsman	638,559		0
GRF Elder Abuse	52,573	52,573	52,573
GRF Administrative Support Agreement	25,010	25,010	25,010
GRF Senior Employment Specialist	18,060	18,060	20,205
GRF SHAP	246,824	24,682	24,373
State Sub-Total:	7,064,108	396,566	393,561
Other Funds:			
Veterans Independence Project	40,000	40,000	52,000
SHIP	54,000	5,400	6,464
MFP			5,163
MMAI *			6,588
Dementia Capable *			1,237
Interest on Principal	250	250	250
MOW Admin/Intrest	350	350	900
Brunch	34,100	34,100	29,600
Senior Lifestyle Expo	95,170	95,170	96,285
Other Funds Sub-Total:	223,870	175,270	198,487
Other Sub-Total:	0	0	0
Total Agency Resource Budget:	16,881,755	1,952,362	1,934,140
* Grants ended			

Fiscal Year 2016-2018 Area Plan Summary

State of the Planning and Service Area

This overview of the Northeastern Illinois Area Agency on Aging is presented to aid in the public's awareness of the role the Agency plays in developing, maintaining and promoting a coordinated and comprehensive aging services delivery system. We strive to optimize the quality of life for people over age 60 and their families, people with disabilities, grandparents raising grandchildren and family caregivers who live in the agency's eight-county service area: DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will.

Let's face it we are all aging and that's a good thing! While this undoubtedly involves challenges it also offers many opportunities. People are living longer and healthier lives but we have not all figured out how to make the most of this change. There is much we can do to yield better outcomes because don't we all want to age well? Wellbeing in life is influenced by a range of social policies such as health care and taxes, and by social structures, such as housing and transportation. As Americans we are problem solvers. When something isn't working we rethink our approach, and when something is working we continue to support it. Area agencies are the change agents that maximize opportunities for older adults to maintain their wellbeing. We understand that health happens in the home and community, and that access to affordable and appropriate housing and transportation options reduces barriers to full independence and engagement. Our society can best reach its potential when everyone can participate and contribute to their communities.

There are over 634,000 adults 60+ years live in our eight-county planning and service area as of July 1, 2015 and the total is undoubtedly higher today. In each of these counties, the Agency on Aging makes grants available to local agencies to provide Older Americans Act (OAA) services such as Information and Assistance, Home Delivered Meals, Legal Assistance and many other services as outlined in this document. These grants are a combination of federal and state funds, and cover roughly 40-60% of the total cost of most services. Service providers must secure additional local and private resources to supplement their OAA programs. The U.S. Administration on Aging (AoA) surveys show that ***every \$1 in federal funding for the OAA leverages an additional \$3 in funding.*** This return on investment is one of the ways home and community-based providers are able to do so much with limited resources. The Agency on Aging closely monitors these services to ensure that they deliver quality outcomes and funding is spent appropriately.

The Agency on Aging also seeks ***public and private partnerships*** to supplement its funding. The Agency hosts two annual activities, the **Senior Lifestyle Expo (August 22-23, 2017)** and the **Celebrity Chefs Brunch November 5, 2017**, which are designed to support several Older Americans Act services. The Expo offers two days of information, assistance and outreach to raise the general public's awareness on aging well, with special emphasis on caregiver concerns. The Celebrity Chefs Brunch raises funds that support aging services programs such as the Home Delivered Meals program for homebound seniors to reduce senior hunger. The Agency partners with the Veterans Administration through an agreement with local Veterans Administration Medical Centers (VAMC) to administer the **Illinois Veterans Independence Program (VIP)**. The program offers Veterans-Directed Home & Community-Based Services (VDHCBs) to eligible veterans of any age at risk of nursing home placement.

Consistent with national trends to enhance the partnership between aging and disability services, the Agency continues to integrate the Aging and Disability Resource Center concept within its Coordinated Entry Point (CEP) service providers. The term Aging and Disability Resource Network

(ADRN) was adopted to reflect a ***no wrong door*** network of access to long-term support service information and assistance. Seeking information and services is often a daunting task for older adults, people with disabilities and their caregivers. ADRNs serve as an integrated access point where consumers of all ages, incomes, and disabilities can receive information and assistance, assessment of needs, options counseling, referral, assistance with benefits applications and follow up to ensure access to referrals and services. The ADRN is visible, accessible, consumer-focused, and supportive to facilitate access into the system, no matter what the one's or family's economic or social need.

In FY18, the Agency will collaborate with Illinois Department on Aging, the Illinois Department of Healthcare and Family Services, other state agencies and disability service providers to implement a **statewide *No Wrong Door* service system in Illinois** to provide streamlined access to state administered Long Term Support Services (LTSS). This system will also focus on developing dementia-capable *no wrong door* access for people with dementia and their family caregivers through information, assistance and referral. The Agency will also work with state agencies to support the development of dementia friendly communities across Illinois by enhancing the ADRN capacity to **engage local communities in identifying and executing dementia friendly initiatives.**

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

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

In preparation and during the Fiscal Year 2016-2018 Area Plan Cycle, the Area Agency on Aging has conducted several activities to formally ***assess the needs of Older Persons, Family Caregivers & Grandparents Raising Grandchildren residing in its service area.***

Needs Assessment Activities

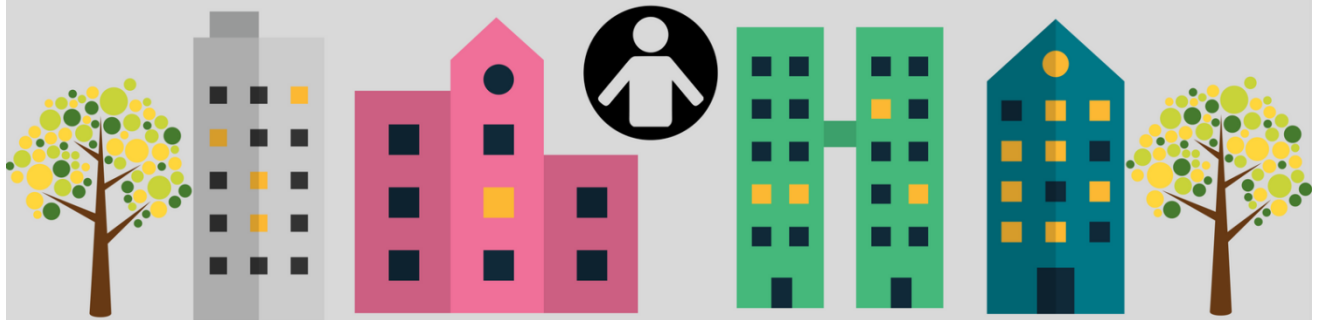
- ✚ A planning retreat for the Agency's Board of Directors, Advisory Council, and staff in September 2014, identified strategic goals and local initiatives;
- ✚ A grantee retreat in October 2014, identified unmet needs in grantees' service areas and new services to address gaps in the network;
- ✚ Needs assessment surveys were conducted at Senior Lifestyle Expos (2013-2016)
- ✚ An assessment of older adults' community needs in January 2016, reevaluate service priorities to meet the changing landscape for older adults; and
- ✚ An examination of recent census data, service provider records and program performance

Analysis of Significant Trends and Legislation

- ✚ An examination of the latest research, reports, relevant regulations and guidelines;
- ✚ A review of data from the National Aging Program Services Information System (NAPIS) gauged trends in service provision;
- ✚ An analysis of federal and state legislation such as the Affordable Care Act (ACA), Older Adult Services Act (P.A. 093-1031), the reauthorization of the Older Americans Act and the Long-Term Care Rebalancing Act (P.A. 96-1501).

Older Persons, Family Caregivers and Grandparent Raising Grandchildren

The Agency on Aging's eight county region's population is rapidly aging. The 2015 census estimates 634,694 adults 60 years or older reside here and represent 9.2 % of the total region population.



19% older adults are living alone (119,135)

27.6% are 75 years or older (175,339)

5.3% are living at or below the federal poverty level of \$12,060 (33,675)

3.6% increase in the 60+ from 2014 and an astounding **78% increase** from the 2000 census

While the increase between the 2000 Census and the 2015 Census for the population aged 60 and older has been dramatic, the increase in the number of minority older adults in the eight county area far exceeds the rate of increase in the general population aged 60 and older

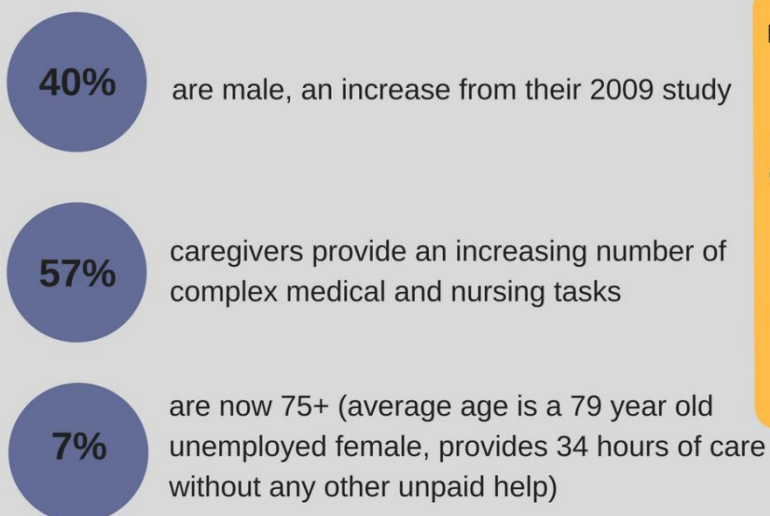
- Minorities represent 17.9% of the region's 60+ population
- Hispanic or Latinos are the largest minority, accounting for 6.8% of the 60+ population
- Asian older adults account for 5.9%
- African American or Blacks account for 4.6% of the 60+ population



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

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

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



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

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

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

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

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



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

The U.S. Census 2005-2009 American Survey

Analysis of Significant Trends and Legislation

Uncertainty of Federal and State Resources

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

Repeal of the Affordable Care Act (ACA) - American Health Care Act (AHCA) Replacement

The ACA “repeal and replace” bill American Health Care Act (AHCA) did not gain enough Republican support in the House. **Of particular interest to older adults in the proposed AHCA:**

- *Increases insurance premiums for people age 50-64 (Age Tax) by as much as \$12,900/year
- *Eliminates Medicaid expansion coverage (eligibility 138% of poverty) leaving millions of adults 55-64 year olds without health care
- *\$880 billion in Medicaid cuts - moving the Medicaid system from an entitlement program with a guaranteed benefit to block grants or per capita funding by state

Implications of Health Care Reform

- *Proposed Medicare reforms cut the program and shift additional costs onto beneficiaries (ex. proposed tax cuts for the wealthy and pharmaceutical companies and increased Part B premiums)
- *Centers for Medicare and Medicaid Services (CMS) may allow state Medicaid programs to impose work requirements or increased premiums and co-payments on their Medicaid beneficiaries
- *Per capita caps may result in Medicaid reductions that will force states to eliminate programs needed to access home and community based services (HCBS)
- *Elimination of ACA premium protections that extend solvency of the Medicare Part A trust fund (ex. repealing provision to increase hospital insurance payroll tax on wages above \$200K would accelerate the Medicare trust fund insolvency by 4 years - Brookings Institution)
- *Medicaid could still be cut through tax reform efforts (AHCA was needed to fund tax cuts)
- *FY17 Prevention & Public Health fund received \$931 million from the ACA to fund OAA Falls Prevention (\$5 million) and Chronic Disease Self-Management Program (\$8 million)
- *Administration may defund parts of ACA such as cost-sharing reduction payments for some low-income enrollees or not promoting or enforcing other provisions, such as the individual mandate
- *In Illinois, changes to Medicaid funding may force cuts to services, restrict eligibility and reduce benefits for older adults, people with disabilities and low-income older adults

FY17 Federal Budget

In December 2016, Congress extended FY17 funding by Continued Resolution (CR) at FY16 levels for all federal discretionary programs (OAA) until April 28, 2017. Congress now can either extend the CR for the remainder of FY17 or take up the FY17 funding bills through the budget reconciliation process. Finalizing the FY17 funding before the CR expires would continue to provide funding for discretionary programs such as the OAA senior nutrition and supportive services. Passing a budget resolution allows lawmakers to pass legislation that enacts policy initiatives. On March 28, 2017, President Trump proposed cutting \$18 billion for non-defense discretionary (NDD) funding in FY17. While there appears to be little support for these cuts in Congress, **of particular interest to older adults in the President’s FY17 Budget proposal:**

- *State Health Insurance Program (SHIPs) -eliminates \$49 million from the \$52 million (leaves Medicare beneficiaries without vital counseling and assistance)
- *OAA Title V Senior Community Service Employment Program (SCSEP) - total elimination
- *Senior Corps (Senior Companion, RSVP, Foster Grandparents) - 60-80% cuts
- *Community Development Block Grant - 50% cut

FY18 Federal Budget

On March 16, 2017, President Trump sent Congress an FY18 budget outline that changes the course of federal investments in both defense and non-defense discretionary funding. The President's *Skinny Budget* had funding priorities but did not contain many individual program line items so it is difficult to know what the proposed funding levels will be for many OAA programs. A full FY18 budget which will include entitlement programs such as Medicare and Medicaid is expected in May. The President's budget begins the annual process of setting spending levels for all discretionary federal programs. The House and Senate will still need to draft their annual funding bills and send them to the President for approval. There have been some early objections from the House and Senate about the level of cuts and Congress may not draft their own budget until it receives a more detailed one from the President in May. **Of particular interest to older adults in the President's FY18 "Skinny Budget" proposal:**

- *HHS funding (includes OAA) - \$65.1 billion (\$12.6 billion in cuts or 16.2%)
- *Eliminates OAA Title V SCSEP (job training/placement for adults 55+ who have limited income); LIHEAP (energy assistance to low-income households -about 1/3 of recipients are seniors); Community Service Block Grant (funds programs that improve economic security/independence for low income seniors-2.4 million people 55+); Community Development Block Grant (CDBG)—one of HUDs longest continuously run programs; and Corp. for Natl and Community Services (CNCS) – funds Senior Corp, Retired Senior Volunteer Program (RSVP) and Foster Grandparents – these programs leverage 96 million hours of volunteer service at a value of \$2.1 billion

Implications of the FY17 and FY18 Federal Budgets

- *Cuts to mandatory spending (Medicare/Medicaid entitlement programs) may be necessary to pay for potential tax cuts
- *Elimination of Social Service Block Grant and Community Service Block Grant funding will put an increased strain on OAA funded programs
- *2015 Bipartisan Agreement (BAA) expires at the end of FY17 (provided relief from 2011 Budget Control Act (BCA) sequester spending constraints by raising the budget caps for all federal discretionary programs above the levels for FY16 and FY17) may cause cuts to OAA funding
- *Sequester budget caps may cause even more drastic cuts to non-defense discretionary spending (OAA) if more funding is needed for defense discretionary spending as the President has indicated - abandoning a long-standing bipartisan agreement to spread funding cuts across DD and NDD.

At the state level, as of April 2017, the state of Illinois entered its 22nd month, a first in the state's history, of operating without enacted budgets for State Fiscal year (SY) 2016 and SY17. SY16 ended with an 18 month Stop Gap Appropriation Bill, all of state fiscal year 2016 and the first half of SY17, that released funds to pay human services providers. The 18 month Stop Gap billed expired on December 31, 2016 and since January 1, 2017 the state, once again, can only release certain state funding for IDoA programs through **appropriation bills, court-mandates and/or consent decrees**. With no enacted SY17 State budget or Stop Gap appropriation bill, as of March 31, 2017, the State's backlog of unpaid bills at the Comptroller's office has reached approximately \$12.8 billion. Note that with the expiration of the temporary income tax increase in January 2015 Illinois has lost \$4 billion in annual revenue per year.

State Fiscal Year (SY) 2017 Budget

The Governor's proposed SY17 budget largely reflected SY15 service levels. The budget totaled nearly \$39 billion but was only supported by \$32.8 billion in revenue. To reduce the revenue gap, the Governor proposed initial spending cuts of \$2.6 billion however this was not enough to fill the \$6.2 billion hole. The Governor's proposed IL Dept. on Aging's (IDoA) SY17 budget of \$987.5 million – a \$55.5 million (5.3%) reduction from SY16. The IDoA budget included \$608.7 million for the Community Cares Program (CCP) to serve Medicaid-only CCP clients and \$228.4 million for the *new initiative* Community Reinvestment Program (CRP) to serve non-Medicaid eligible CCP clients.

While there is still no enacted SY17 budget, there has been some bipartisan effort by the Senate to get an SY17 budget in the form of a *Grand Bargain* - a proposed package of 13 bills that identify priorities for revenue, spending and savings. The proposed bills includes an income tax increase to 4.99%, spending plan for the rest of the state fiscal year, term limits for legislative leaders, pension reform, temporary property tax freeze, etc. Each bill is needed to pass in the Senate before the package can be sent to the House for its vote or amendment. Neither the Governor nor the House has taken a public position on the Senate's proposed bill package and it is still being worked on in the Senate. Meanwhile, the House has proposed *Life Line Bill* HB 108 (Amendment 1) to fund higher education and human services for the remainder of SY17.

State Fiscal Year (SY) 2018 Budget

The Governor's proposed SY18 budget again largely reflects SY15 service levels. The budget totals nearly \$37.3 billion in spending but is only supported by \$32.7 billion in revenue creating a \$4.6 billion hole. The proposed budget also does not reflect the lack of payments for SY17 budget obligations and there is also no way to know if some of the projected revenue and savings can actually be achieved. **Of particular interest to older adults in the Governor's SY18 budget proposal:**

- *\$4 million increase in funding for Home Delivered Meals (\$21.8 million)
- *\$2.6 million increase in funding for the Long Term Care (LTC) Ombudsman program
- *\$1.8 million increase in Senior Health Assistance Program (SHAP)
- *Implementation of the Community Reinvestment Program (CRP) with approx. 36,000 clients to transition from CCP to CRP - anticipates savings of nearly \$95 million from reduced CCP liabilities
- *Approximately 70% of IDoA's budget funds the Community Care Program (CCP) and it is anticipated to serve 78,000 CCP clients in SY17

Implications of the State Budget Impasse

- *Human service providers continuing to face uncertainty for state payments is destabilizing efforts to serve vulnerable populations and the delayed payment cycle is likely to increase significantly
- *Financial benefit to taxpayers and return on investment inherent in supporting aging in place will be lost if older adults are forced into receiving services in a more restrictive environment (nursing home)
- *Over 22,000 older adults lost OAA services during the 2016 IL budget impasse - estimate is low because not all OAA services were included in the sample (IL Assoc. of Area Agencies on Aging I4A survey)
- *Human services sector as a whole is at a tipping point from which it may never recover due to loss of experienced and trained staff and agency closures

Community Care Program (CCP) and Community Reinvestment Program (CRP)

The Governor's SY17 and SY18 budget proposals included changing the Community Care Program's (CCP) to Medicaid-only eligibility for participants and offering a new initiative, the Community Reinvestment Program (CRP), to non-Medicaid eligible participants who meet the

functional and financial requirements of CCP. The Dept. on Aging projects that 36,000 non-Medicaid CCP participants would be disenrolled from their current CCP service levels and transferred to CRP with a modified service package of home and community based services (HCBS) that includes CCP core services and regional services unique to each PSA. IDoA proposes that the Area Agencies on Aging (AAA's) will collaborate with the Care Coordination Units (CCUs) in the development of a person-centered plan to support CRP participant's ability to remain in their own homes. (Source: IDoA)

Key implications of the Implementation of the Community Reinvestment Program (CRP):

- *Shifts 36,000 non-Medicaid eligible participants from CCP to CRP
- *Reducing access to current CCP service levels will likely cause costly premature institutional care
- *CRP would offer a different set of services and service cost maximums than the CCP program
- *Makes CRP participants more vulnerable to future state elimination of LTSS benefits
- *May cause wait lists for eligible CRP participants due to lack of funding, services and/or vendors
- *Weakens CMS protection of the Determination of Need (DON) program eligibility

Grant Accountability and Transparency Act (GATA)

Illinois is the first state in the nation implementing a statewide lifecycle grant management program. The Governor's Office of Management and Budget (GOMB) is working with state agencies under the Grant Accountability and Transparency Act (GATA) to establish cost principles and audit and administrative requirements for state and federal pass-through awards. GOMB is centralizing federally-required grant management functions in an effort to increase effectiveness in statewide grant management. All agencies receiving state of Illinois funding must comply with this mandate.

Summary of Current Trends and Key Implications

- ✚ Government funded services will continue to focus on improving efficiency, improving client outcomes, and effectively targeting services to vulnerable populations
- ✚ Traditional Federal and State resources that the Aging Network relies on are facing potential over-all reductions reflecting a multi-year period when national and State expenditures exceeded collected revenues due to no enacted balanced budgets
- ✚ While facing a decline in traditional resources, opportunities may exist for the Aging Network to take advantage of new sources of revenue and to participate in health care system reform
- ✚ Opportunities also may exist for the Aging Network to participate in the rebalancing of the long-term care system in Illinois
- ✚ The Caregiver study underscored the need to support family members in managing their health and stress and to provide assistance as they manage work and caregiving duties
- ✚ The growth of persons with Alzheimer's disease and related dementias emphasizes the need to prioritize services, training and education to caregivers providing care to those persons
- ✚ The Agency will promote training and education for its workforce so they may identify characteristics of dementia disorders and the special needs of these family caregivers

Outcomes of the Planning Process

The staff assembled and reviewed the data derived from the needs assessment process to form the foundation for the FY16-18 Area Plan. Information (statistical data, anecdotal information, philosophical changes) garnered from these activities and from the individual counties was thoughtfully compiled into a regional perspective to arrive at the following Area Plan Initiatives and Service Priorities:

Area Plan Initiatives

Statewide Initiative:

During FY18, the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services will work with other state agencies and service providers to implement the Uniform Assessment Tool and Level 1 Screening Tool. Late last year, the Lewin Group (a consulting firm) worked with state agencies to finalize a three-year No Wrong Door (NWD) Plan. This NWD Plan will be implemented in FY18.

The following describes strategies and activities the Agency on Aging has accomplished in FY17 for the ADRC/NWD statewide initiative.

1. Describe specific program development and coordination activities that the Area Agency on Aging conducted in the continued development of the NWD system in the PSA in FY17.

- Implemented the Aging and Disability Resource Network (ADRN) model that defines the roles and responsibilities of core partners, critical pathway partners and other resource providers in its FY16-18 ADRN Access service design. This model designates Centers for Independent Living (CILs) and Care Coordination Units (CCUs) as ADRN Core Partners because they offer “no wrong door” access to information and assistance. The Agency on Aging will continue to support this model in FY18.

ADRN Core Partner Responsibilities include:

- Assist individuals with the Level 1 Screening Tool being developed by the State of Illinois
 - Participate in the ADRN Advisory Council, as well as aging and disability trainings; and resource and information sharing
 - Collaborate with local ADRN Core Partner (e.g. referrals, advocacy, outreach)
- Supported the FY16-18 ADRN Access Package provider agencies to meet the above ADRN Core Partner responsibilities and to provide the three core services (Information & Assistance (I&A), Outreach & Options Counseling)
 - Supported the four CILs that signed FY17 ADRN Core Partner agreements to meet the above ADRN Core Partner responsibilities and provide Options Counseling services. (Options CIL/Kankakee signed a FY17 ADRN Core Partner agreement.) The CILs will again be offered an ADRN Core Partner agreement in FY18.
 - Expanded the ADRN by collaborating with organizations that work with seniors, persons with disabilities and family caregivers not currently involved in its ADRN. The Agency on Aging will continue to expand its ADRN Advisory Council membership by reaching out to representatives from agencies such as county mental health departments, county health departments, legal services and critical pathway health care providers.
 - Promoted awareness of the ADRN and its partner agencies through information sharing at community presentations, senior provider groups, and the Agency’s Senior Lifestyle Expo.

2. Describe any Person-Centered training that was conducted for NWD Sites in FY17.

CCUs participated in Person Centered Planning trainings for care coordination staff facilitated by IDoA in October 2016. To support CCU and CIL Core Partners providing ADRN Options Counseling, the Agency on Aging held an ADRN Options Counseling Workshop where staff shared best practices for providing ADRN Options Counseling. Further, the Agency updated the ADRN Options Counseling Self-Training and Resources to improve program implementation barriers identified by CCU and CIL Core Partners. The Agency requires CCUs and CIL Core Partners to utilize the ADRN Options Counseling Self-Training and Resources to train new Options Counseling staff and to educate other staff who may be potential referral sources.

3. Describe continued activities the Area Agency on Aging conducted in information sharing and cross-training of disability key partners in FY17.

The Agency on Aging continues to promote information sharing and cross-training opportunities between the ADRN Core Partners. The ADRN Advisory Council members are encouraged to utilize the Enhanced Services Program (ESP) database and ensure that its information is accurate and up-to-date. The Agency on Aging distributed ADRN-related information including, but not limited to, Options Counseling updates, training opportunities, webinars, and resources benefitting older adults, persons with disabilities and family caregivers to its CCU and CIL Core Partners. The Agency on Aging facilitates educational seminars at its quarterly ADRN Advisory Council meetings to support CCU and CIL Core Partners as “no wrong door” ADRN providers, with topics such as “Fair Housing”, the “Statewide Referral Network/Section 811 Housing Resources”, and “How to Pay for Long Term Care”. If additional GRF is made available for NWD activities, the Agency on Aging intends to facilitate additional cross-training opportunities for CCU and CIL Core Partners, key disability partners including mental health and ID/DD agencies and key referral sources (e.g. critical pathway health care providers) to encourage networking and information sharing with a focus on available community long term services and supports (LTSS).

4. Describe public outreach and coordination activities that were conducted in FY17 with key referral sources as outlined below:

•**Information and Referral Entities:** The Agency on Aging conducted outreach and coordination activities with key referral sources including local Information, Referral and Assistance Programs. The ADRN Advisory Council also provided opportunities to promote resource sharing and cross training between CCU and CIL Core Partners. The Agency intends to collaborate on the Illinois 211 initiative to ensure that Agency on Aging funded providers are listed in 211 resource files, directories and on-line databases. In addition, the Agency will help promote the Balancing Incentive Program (BIP) 1-800 Call Center number and BIP website, once these systems are implemented.

•**Nursing Homes and other Institutions:** The Agency on Aging conducted outreach to representatives from agencies like county mental health departments, county health departments, nursing homes and hospitals that are potential referral sources and thus would benefit from education on the spectrum of LTSS that are available in the community.

•**Acute Care Systems:** Agency on Aging staff attended monthly county-specific senior service provider meetings to develop relationships with critical health care providers in each of its PSA counties to engage them more in the NWD system for potential referrals.

•**VA Medical Centers:** The Agency collaborated with VA Medical Centers (Lovell, Hines and Jesse Brown) through its Veterans Independence Program (VIP) and VA Caregiver programs.

FY18 Level 1 Screening Activities

Describe any issues that NWD sites will experience in the PSA with the implementation of the Level 1 Screening Tool in FY18:

- Identifying appropriate client situations that will require the use of the Level 1 Screening Tool.
- Obtaining accurate and complete client information for the Level 1 screening tool in order to make appropriate referrals and/or assist clients with the Level 2 assessment, if applicable. If a client provides incorrect information or refuses to share information, it may lead to inappropriate referrals.

- Determining which agency (the NWD site or receiving agency) is responsible for follow-up when the NWD site makes a referral to another agency (for example, mental health provider) and the receiving agency does not respond or accept the referral.
- Ensuring the NWD site is notified that the referral was received and that the receiving agency has conducted follow-up with the client.

ADRN Core Partners FY17									
Name of ADRN	Service Area	I&A	CCU	SHIP	SHAP	Adult Protective Services	Long-Term Care Ombudsman	Center Indep. Living	Other (Describe Below)
Northeastern Illinois Area Agency on Aging	All Counties	Yes	No	Yes	Yes	Oversight	Oversight	No	OC/VIP
DuPage Dept. of Community Services	DuPage County	Yes	Yes	Yes	Yes	Yes	Yes	No	OC/VIP
Grundy County Health Department	Grundy County	Yes	Yes	Yes	Yes	No ¹	No ²	No	OC/VIP
Senior Services Associates, Inc.	Kane County	Yes	Yes	Yes	Yes	Yes	Yes	No	OC/VIP
Senior Services Associates, Inc.	Kendall County	Yes	Yes	Yes	Yes	Yes	Yes	No	OC/VIP
Senior Services Associates, Inc.	McHenry County	Yes	Yes	Yes	Yes	Yes	Yes	No	OC/VIP
Catholic Charities, Diocese of Joliet	Kankakee County	Yes	Yes	Yes	Yes	Yes ¹	Yes ²	No	OC/VIP
Catholic Charities of Lake County	Lake County	Yes	Yes	Yes	Yes	Yes	No ³	No	OC/VIP
Senior Services Center of Will County	Will County	Yes	Yes	Yes	Yes	No ⁴	No ²	No	OC/VIP
AIM Center for Independent Living	DuPage, Kane, Kendall	No	No	Yes	No	No	No	Yes	OC
Lake-McHenry Center for Independent Living	Lake & McHenry	No	No	No	No	No	No	Yes	OC
Options Center for Independent Living	Kankakee County	No	No	No	No	No	No	Yes	OC
Disability Resource Center ⁵	Will & Grundy	No	No	Yes	No	No	No	Yes	OC

1) Catholic Charities, Diocese of Joliet provides Adult Protective Services in Grundy County as well as in Kankakee County.
2) Catholic Charities, Diocese of Joliet provides LTC Ombudsman services in Grundy and Will Counties as well as in Kankakee County.
3) The Legal Assistance Foundation of Metropolitan Chicago provides LTC Ombudsman Services in Lake County.
4) Guardian Angel Community Services provides Adult Protective Services in Will County.
5) Formerly known as the Will-Grundy Center for Independent Living

Local Initiative #1:

Increase educational opportunities that promote public awareness, advocacy and information for the aging network of services for all older persons, their families, persons with disabilities and caregivers.

The strategic planning process reinforced the importance of providing educational opportunities that promote public awareness and advocacy for the aging network. These efforts will be needed to safeguard that older persons and their families, persons with disabilities and caregivers know that help is available and how to best access it. Older persons, persons with disabilities and their family caregivers are increasingly asked to assume greater personal responsibility to provide financial, health and social supports so they have the opportunity to age in place with dignity and independence. This has led to a growing need for better information, education and support so they can better care for themselves. Helping consumers make informed decisions will require adequate access to information and more proactive advocacy will be needed so local communities can become knowledgeable about the needs of older persons and options available.

Local Initiative #2:

Promote Quality Outcomes by demonstrating program and intervention effectiveness.

The Older Americans Act's legislative intent that the Aging Network support community-based services with particular attention to serving economically and socially vulnerable elders, has led to a focus on measuring efficiency and improving client outcomes. OAA programs need to show how they can meet the goals of helping to keep older Americans healthy and active in their homes and communities and prevent the need for more costly interventions through the provision of healthy meals, social interaction, health promotion, and linking older adults to other appropriate services. **Outcomes communicate value** and proper evaluation provides organizations with proof of their value to existing funders, potential funders and the larger community.

While program evaluation and outcome measurements offer a system to assess the extent to which a program has achieved its intended results it also poses a significant investment of time and resources

such as staff labor, supplies, and technology. The Agency on Aging will strive to evaluate programs in an integrated manner combining process, outcome, impact and cost-benefit analysis of evaluation activities and work to incorporate evidenced-based designs and performance-based outcome measures in its funded programs.

Strategic Planning and Service Design Changes

Service Priorities

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

Services designed to decrease isolation and maintain independence:

ADRN Access Package

- **Information & Assistance (I&A):** provides individuals with current information on opportunities and services available within their communities
- **Outreach:** identifying potential clients (or their caregivers) and encourages use of existing services and benefits
- **Options Counseling:** person-centered, interactive, decision-support process to make informed choices about long-term services and supports
- **Flexible Community Services (FCS):** flexible and include emergency response services and items not covered by insurance or paid by any other means for older adults and persons with a disability

Congregate Meals: meal served to an older person in a center strategically located to maximize access by older persons within a community

Home Delivered Meals: a meal served to older persons who are home-bound due to physical or mental impairment and unable to adequately provide their own meals

Legal Services: arranging for and providing assistance in resolving civil legal matters

Transportation: scheduling and providing door-to-door, fixed and/or unfixed route transportation service

Counseling: to help older individuals and families cope with personal problems

Community Connection Collaborative Services

- **Information and Assistance (I&A)**
- **Education:** group-oriented lectures or classes provide individuals with opportunities to acquire knowledge and skills suited to their interest and capabilities
- **Health Screening:** assist individuals in identifying and evaluating their health needs
- **Recreation:** group activities which foster the health and social well-being of individuals

Caregiver Resource Center Services* (CRC)

- **Caregiver Assistance:** assists them to obtain access to the services and resources that are available within their communities
- **Respite:** temporary, substitute supports or living arrangements for care receivers in order to provide a brief period of relief or rest for primary caregivers
- **Gap-Filling:** flexible and include emergency response services and items not covered by insurance nor paid by any other means
- **Caregiver Legal Services:** to protect the caregiver's legal rights and/or the rights of the relative raising a child; or to provide legal advice and legal education

Caregiver Counseling Center Services (CCC)

- **Individual Counseling:** advice, guidance and coaching to an individual caregiver
- **Caregiver Training:** education to caregivers either individually or in a group.

- **Support Groups:** organization of one or more group settings to provide advice, guidance and support to caregivers on an ongoing basis
- *Family Caregiver Services include support for Grandparents Raising Grandchildren**

Services designed to protect and assist older persons:

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

Service Delivery Changes

Short Term (S-T) Special Projects

The Agency on Aging will set aside three percent of initial Title III Social Service and Nutrition Program and all-purpose State General Revenue funds, adjusted for Area Agency on Aging direct service waivers, for S-T Special Projects. These projects could include new services and programs to address unmet needs. Funding for these projects might also be used for capacity building or planning programs. Historically these funds were set aside for One-Time allocations to address one-time needs within the region. In FY18, the Agency on Aging will again set aside Titles B/C/E funds for S-T Special Projects however with the advent of expected reductions in federal support for Older Americans Act services there is good reason to believe that these funds may be needed to offset any funding reductions that might harmfully impact existing service support levels.

Agency on Aging Direct Services & Waiver Justification

Direct Service Waiver - Information & Assistance:

The Agency will serve 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. Activities performed by the Area Agency will create a “no wrong door” access to long term support service information and assistance for older persons and their families, persons with a disability and a special emphasis on caregivers.

Other agencies in the PSA and alternative arrangements were considered as the Agency on Aging funds six local Care Coordination Units (CCUs) agencies to deliver Information and Assistance (I&A), Outreach and Options Counseling at the county level. However, the Agency on Aging determined that it should provide the service directly as organizations, businesses, and the government consider AAAs the most efficient and manageable place to start. The Agency on Aging’s 800 number and website continue to be the most effective means of access in our area for statewide and federal initiatives. Though the Agency on Aging continues to experience a significant number of calls, it refers many of these calls to the CCUs for more in-depth assistance as they will continue to be the primary agency for coordination of ADRN services in their communities.

In addition, the Agency on Aging staff continuously responds to inquiries from individuals and family caregivers requesting referrals to resources, training/education and services. The Agency on Aging gets the calls, determines the depth of the callers' needs, and provides the information or refers the individual to the CCUs through a warm transfer when more in-depth assistance is needed.

The Agency on Aging is seeking continued approval for FY16-FY18 and is requesting \$118,000, shared among Titles III-B and III-E Program funds to support the activities of the Aging and Disability Resource Network. This is the same funding level that was requested in FY16.

Projected number of persons: 7,050 (based on FY16 experience) projected units: 7,750

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

The Northeastern Illinois Area Agency on Aging (Agency on Aging) is requesting a direct service waiver from the Illinois Department on Aging for supporting regional CDSMP/DSMP, A Matter of Balance programs and its active participation in statewide healthy aging collaboratives. Provision of the service by the Area Agency on Aging is necessary to assure an adequate, targeted and equitable supply of such service across the region. The Agency on Aging is in a unique position to more efficiently provide Title IIID Health Promotion CDSMP services by facilitating program coordination, supplying program materials in bulk, and distributing program resources for overall partner operations. It has Master trained staff and holds licensing for Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Tomando Control de su Salud (Spanish CDSMP). The Agency also holds licensing for A Matter of Balance and Fit & Strong. These programs have been researched and demonstrated to show positive results in helping older adults confidently manage their chronic health conditions and reduce the risk of falls. Comprehensive leader trainings and materials are provided and used in accordance with license agreements. To leverage the impact of available funding and reach the most participants, providers may operate these programs and receive training support under the Agency's license agreements.

The Agency on Aging will manage and maintain compliance for our and our partners' Multi Program license from Stanford University to facilitate CDSMP / DSMP and Tomando Control de su Salud (Spanish CDSMP). Agency on Aging has CDSMP and A Matter of Balance Master trainers and can co-lead trainings with other PSA 02 service providers. The Agency will focus heavily on recruiting and training additional leaders through our relationships with grantees and professional partnerships. In addition, the Agency will assist in facilitating programs, providing support to all leaders in the areas of marketing, program fidelity, and recruiting and retaining leaders, track and prepare workshops and complete all required reports to retain licensure. Through consistent monitoring of program fidelity, the Agency ensures quality assurance for all participants within our service area.

The Agency on Aging actively participates in the Illinois Community Health and Aging Collaborative, Illinois Pathways to Health ACL grant and the Geriatric Workforce Enhancement Program (GWEP) to increase statewide participation in evidence based health promotion programs. The Agency can target these limited resources to better serve high risk populations and will continue to develop referral and facilitate partnerships to reach these populations. The Agency on Aging is requesting \$33,679 for Title IIID Health Promotion Program funds for FY18 to support the training, program costs and licensing fees for providing CDSMP / DSMP and A Matter of Balance programs region-wide in PSA 02 and for its active participation in statewide healthy aging collaboratives.

Projected number of persons: 89 (based on FY16 experience) projected units: 417

Dissemination of Federal and State Resources

Funding Allocation Process & Associated Policies and Practices

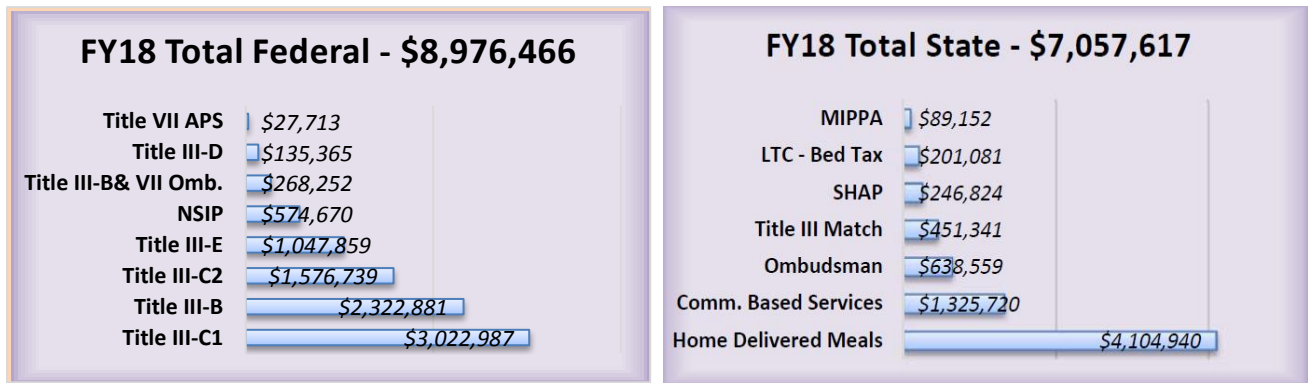
This process applies to services funded under Titles III and VII of the Federal Older Americans Act and Illinois General Revenue Funds provided by the Illinois General Assembly. In addition, these funds are subject to all regulations stipulated by Federal and State mandates.

Illinois Department on Aging Notification - Federal and State Resources:

The IL Dept. on Aging has informed the Agency on Aging of initial FY18 allocations. Allocations are based on Area Agency on Aging Letter #870, which is the IL Dept. on Aging's allocation letter currently in effect for FY18 and in the Governor's budget. The Illinois General Assembly has not yet approved the Governor's Budget nor has the United States House or Senate approved the President's Federal Budget.

The Agency on Aging estimates that \$8,976,466 in Federal funds will be available for FY18 for services funded under Titles III-B, -C, -D, and -E and Title VII of the Older Americans Act. This figure is based on projected FY18 grant awards from the U.S. Administration on Aging. This is a projected increase of \$185,616 in resources compared to current FY17 planning allocations.

The FY18 total includes Federal funds for core and county-specific services and for set-asides and special mandates. Set-asides and mandates are determined by IDoA to reflect legislative directives. There are no provisions for transfers from the set-asides. The specific set-asides of Federal funds are Titles III-B and VII Ombudsman, Title III-D Health Promotion & Disease Prevention, Title III-E the National Family Caregiver Support Program, and Title VII Elder Abuse.



In addition, the Agency on Aging projects a total allocation of \$7,057,617 General Revenue Funds for services within this PSA in FY18. This is based on the Governor's proposed FY18 allocation. The Long Term Care (Bed Tax), Senior Health Assistance Program and MIPPA allocations are not included in the IL Dept. on Aging's letters and are based on FY17. The General Assembly has not yet approved a budget for FY17, nor has it approved the Governor's proposed budget for FY18. The state may therefore begin FY18 with a General Fund budget deficit, and the Agency on Aging anticipates that reductions to the Governor's proposed budget for FY18 are likely.

Carryover from FY17 into FY18 in Titles III-B and III-C is projected to be \$150,000, and \$20,000 in Title III-E, for a total of \$170,000. No carryover is projected for the mandated services, and no carryover of State funds is allowed.

AAA Funding Policies and Practices

Region-Wide Allocations

Set-Aside Short-Term Projects

By policy, these funds will be reduced before existing grants are reduced. During FY16, the Area Agency was able to offset some of the harmful impact to existing service support levels the uncertainty of GRF caused by the lack of SY16 State budget. In FY 2018 the Agency will again set aside Titles B/C/E funds for Short-Term Projects; however with the advent of expected reductions in federal support for OAA services there is good reason to believe that these funds may again be needed to offset any funding reductions that might harmfully impact existing service support levels.

Community Connection Collaboratives (CCC)

In FY16 Community Connection Collaborative funding was expanded to serve all eight counties and competitive Request for Funding Proposals (RFPs) was released in every county. Awards were made in all counties except in DuPage and Grundy where no acceptable applications were received and their CCC allocations were redistributed using the regional funding formula share to the III B/C services in these counties. In FY17 and FY18, the CCC funds intended for DuPage and Grundy counties will be redistribute as determined by the county service providers by either applying the regional funding formula share or through One Time funding awards within each county. The Agency will continue to evaluate the outcomes from this service delivery model and the available resources to determine whether any significant adjustments to this service design are needed.

Community Connection Collaborative funding is set at 5.25% of Title B/C and General Revenue resources and for FY18, the allocation for Community Connection Collaboratives is \$494,305.

Title III D Health Promotion Programs

The Agency on Aging is requesting Direct Service Waivers for Title IIID Health Promotion Program funds in FY17 and FY18 to support the training, program costs and licensing fees for providing Chronic Disease Self-Management Program/Diabetes Self-Management Program and A Matter of Balance programs region-wide in PSA 02; and active participation in statewide healthy aging collaboratives. Again, in FY18 the Agency on Aging will maintain FY16 level funding to not harmfully impact existing service support levels, and only request the additional \$12,000 FY 18 IIID funding available at the regional level. In the absence of a Title IIID Health Promotion provider agency in Lake County for FY17 and FY18, the Agency will target its direct service health promotion activities in Lake County to ensure that its older adults have access to these programs.

County Formula Shares

Funding resources will be distributed equitably among the eight counties of the PSA according to the Agency's regional funding formula. The formula determines the percentage of total resources available for services to be allocated in each of the PSA's eight counties and has three purposes:

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

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

- **.20 of the county's percentage** of the region's population aged 60+;

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

*Eligibility for funding under the formula's ***Fixed Cost*** factor is limited to counties whose 60+ population is no more than 4.00% of the region's total 60+ population - ***Grundy, Kankakee and Kendall Counties meet this criterion.*** The Agency on Aging assigns weight to qualifying county shares for this factor in reverse order – that is, the smaller the regional share of the population, the larger the share of the Fixed Cost factor.

The agency's longstanding policy is that the funding formula uses the most current data and estimates from the U.S. Census Bureau and the Illinois Bureau of the Budget. Such adjustments are made up until the fiscal year begins, but the demographic data and the formula itself are not adjusted for a fiscal year once that year has begun.

FY18 County Share Funding Formula													
FY18 County Share funding formula, using the same factors, definitions and weights as in FY16 , but with updated Data Sources: U.S. Census Bureau estimates for 2015 for 60+, 75+, minority 60+ and fixed cost American Community Survey data for 2009-2013 for living 60+ living alone and 60+ under 125% of poverty (newer data not yet available)													
	60+		75+		Minority		125% Poverty		Living Alone		Fixed Cost		FY18 shares
	#	Share	#	Share	#	Share	#	Share	#	Share	#	Share	
DuPage	187,936	29.61%	53,400	30.46%	35,130	30.97%	12,040	27.08%	36,585	30.50%	0	0.00%	27.83%
Grundy	9,472	1.49%	2,691	1.53%	471	0.42%	789	1.77%	2,255	1.88%	9,472	2.03%	3.42%
Kane	93,662	14.76%	25,653	14.63%	19,236	16.96%	6,770	15.23%	17,055	14.22%	0	0.00%	14.41%
Kankakee	23,877	3.76%	7,433	4.24%	3,575	3.15%	2,700	6.07%	5,685	4.74%	23,877	1.30%	5.68%
Kendall	16,620	2.62%	4,123	2.35%	2,331	2.05%	1,110	2.50%	2,905	2.42%	16,620	1.67%	3.96%
Lake	129,916	20.47%	36,450	20.79%	24,093	21.24%	9,370	21.07%	25,265	21.07%	0	0.00%	19.86%
McHenry	57,260	9.02%	14,537	8.29%	4,315	3.80%	3,665	8.24%	9,985	8.33%	0	0.00%	7.34%
Will	115,951	18.27%	31,052	17.71%	24,297	21.42%	8,020	18.04%	20,200	16.84%	0	0.00%	17.50%
Region	634,694	100.00%	175,339	100.00%	113,448	100.00%	44,464	100.00%	119,935	100.00%	49,969	5.00%	100.00%
Weight	20%		20%		15%		30%		10%		5%		

Service Shares and Base Funding Levels

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

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

The Agency strives to maintain all services at no less than *Base Funding Levels* in each county. A service that is below its *Base Funding Level* in any county will be given a high priority for any additional funds available in that county. ***Base Funding Levels are not applicable to services with***

special mandates, because funds reserved for those services cannot be transferred to other services. A county's formula share of set-aside funds, allocated by IDoA, is its service's funding level.

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

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

Service Allocation Principles

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

When resources increase

- ✓ The Agency on Aging will fund each service at least its base funding level, by making any services in a county that are funded below their base level the first priority for any new resources allocated to that county. However, funds may be transferred between services to the extent possible in order to address the county's service needs most effectively.
- ✓ When all services are funded at or above their base funding levels, all new funds allocated to that county will be distributed among the services according to their service shares.
- ✓ When new dollars are not sufficient to bring all services to at least the base funding levels, the Agency will distribute any new funds to services below their base levels in proportion to their share of the deficit, while holding services funded above their base levels constant.

When resources decline

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

Fund Allocations Greater Than Fund Requests

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

Information on a Variety of Funding Opportunities

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

Service Categories

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

Core Services: Title III-B and III-C services, including:

- + **Aging and Disability Resource Network (ADRN) Access Services** (Information & Assistance, Outreach, Options Counseling and Flexible Community Services)
- + **Legal Assistance**
- + **Transportation**
- + **Counseling**
- + **Congregate Meals**
- + **Home Delivered Meals**
- + **Community Connection Collaboratives** (Information and Assistance, Health Screening Education and Recreation)

County-specific Services: These are any Title III-B services an individual county has chosen to maintain. They currently include: **Counseling and Transportation**

Special Mandates: These are services mandated outside Titles III-B and III-C or under special Federal, State, or the Agency on Aging regulation. They include:

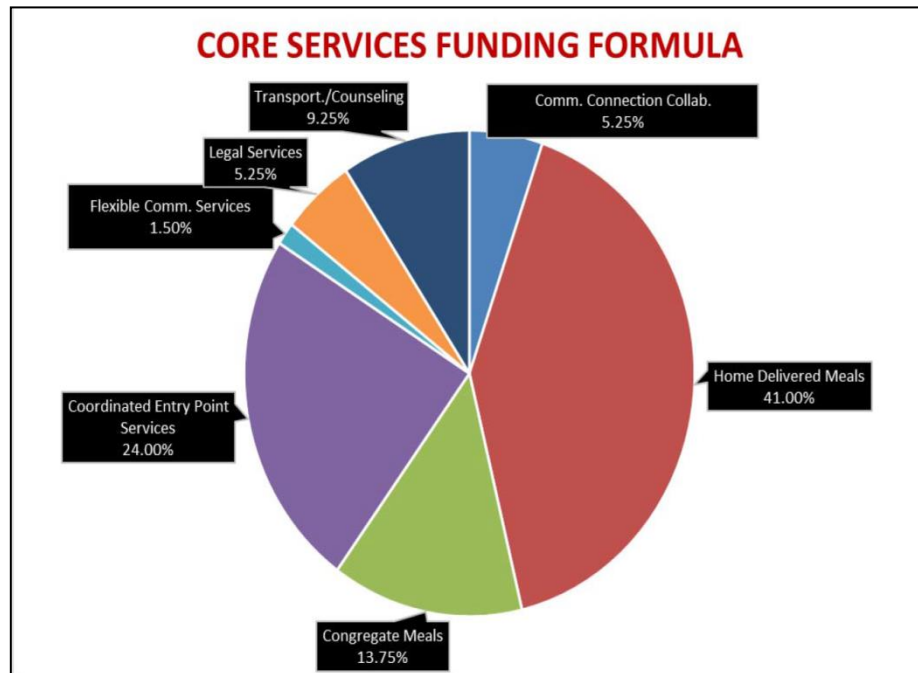
- + Titles III-B, VII and Illinois GRF, Ombudsman
- + Title III-B, Residential Repair and Renovation
- + Titles VII, Adult Protective Services and Ombudsman Training and Support
- + Title III-D, Health Promotion and Disease Prevention
- + Title III-E, National Family Caregiver Support Program
- + Illinois GRF, State Pharmaceutical Assistance Program

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

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

Service Formula Shares*

Once resources have been allocated to counties using the County Share Funding Formula, resources are then distributed to services using a Service Share Formula. The FY16-18 Service Shares are:



*The additional FY17 Home Delivered Meals (HDM) General Revenue Funding (GRF) has eliminated the perpetual waiting list in Will County as well as the sporadic wait lists that have occurred in DuPage, Kane and Lake. The FY17 GRF increases and the anticipated FY18 GRF increases for the Home Delivered Meals program have gradually skewed the Agency's funding formula shares for the Title IIIB and Title IIIC Core Services. The Area Agency tries to at least minimally maintain current levels of service from year to year whenever possible. Therefore in FY18 the Agency will take incremental steps to restore the integrity of its Service Formula Share by requesting IDoA's approval to reduce its Title III C1 (Congregate Meal) transfer amount to the Title III C2 Home Delivered Meals. This transfer reduction will restore funding to the Congregate Meals (C1) program and increase its actual service share to 12.20%; bringing it closer to its Core Service share of 13.75%. If the increased GRF funding for Home Delivered Meals remains consistent for FY19 the Agency on Aging will again request IDoA's approval to further reduce its Title III C1 transfer amount to return all of its Core Services to their Services Share percentages.

Family Caregiver Support Services (III-E)

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

Caregiver Resource Center Services (CRC):

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

Ombudsman Service Formula Shares: The Agency uses a special formula to distribute Ombudsman funds to counties within the planning and service area. Ombudsman shares are determined once at the beginning of each fiscal year and are not adjusted during the fiscal year.

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

FY18 UPDATE - OMBUDSMAN SERVICE FORMULA SHARE								
Fiscal Year	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will
FY2016	28.80%	2.29%	15.15%	6.58%	2.51%	21.78%	6.74%	16.15%
FY2017	28.61%	2.30%	15.73%	6.48%	2.54%	21.53%	6.72%	16.09%
FY2018	28.83%	2.30%	15.96%	6.30%	2.52%	21.30%	6.76%	16.03%

Waiver request for In-Home Services

The Illinois Department on Aging requires Area Agencies on Aging to allocate at least .04% of their resources to in-home services. The Agency on Aging AAA budgets 1% of its resources for such services and therefore does not need to request a waiver from this requirement for FY17.

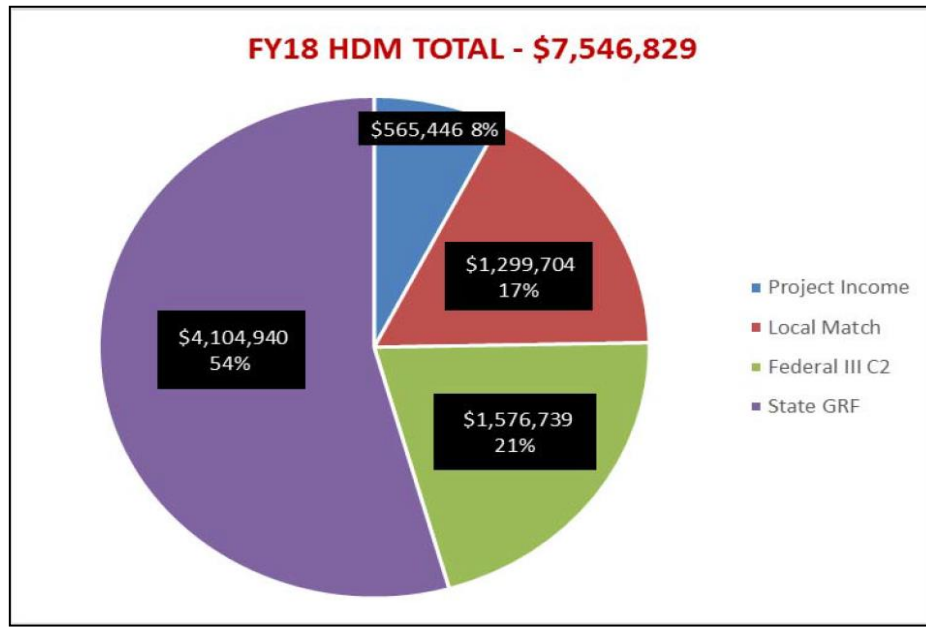
Home Delivered Meals (HDMs) Funding & Unmet Needs

Northeastern Illinois Area Agency on Aging and its Title III-C grantee agencies recognize and appreciate the increased support of the home-delivered meals program by the Illinois General Assembly. Since FY98 there has been a specific set-aside for the provision and expansion of home-delivered meals. This service has grown over the years and this additional funding has enabled our grantees to provide more meals to more persons for a longer period of time in a broader service area. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for the other home and community-based services. Home-delivered meals also represent an essential service for many caregivers, by helping them to maintain their own health and well-being.

- ✚ During **FY16 590,630 meals were delivered to 4,313 homebound** older adults in the planning and service area (PSA)
- ✚ In FY16 three counties within the eight county PSA placed 639 eligible older persons on waiting lists for home-delivered meals due to lack of resources
 - DuPage County – 200 Older Adults
 - Kankakee County – 80 Older Adults
 - Will County – 359 Older Adults
- ✚ **Due to increased FY17 State General Revenue Funds (GRF) there is currently No Waiting List within the eight county PSA - first time in many years!!!**
- ✚ All PSA counties except for Will County provide weekend and 2 or more meals per day to HDM clients
- ✚ For FY17 the projected HDMs to be provided within the PSA is **736,346 meals**

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

Anticipated FY18 Home Delivered Meals Funding



FY17-FY18 Budget Comparison

A comparison of projected FY17 and FY18 Area Plan budgets follows on the next pages.

Note: Allocations are based on Area Agency on Aging Letter #870, which is the Illinois Department on Aging's allocation letter currently in effect for FY17 and is the Governor's Budget. The Illinois General Assembly has not yet approved the Governor's Budget nor has the United States House or Senate approved the President's Federal Budget.

PUBLIC HEARING FY2018
Projected ALLOCATIONS AND CARRY-OVER (Letter 870)
April 26, 2017

Page 1

		A	B	
		PH Document	PH Document	
		FY2017	FY2018	Difference
FEDERAL ALLOCATIONS:		4/20/2016	4/20/2017	(A->B)
	Title IIIB Community	\$2,282,172	\$2,322,881	\$40,709
	Title IIIC-1	\$2,970,009	\$3,022,987	\$52,978
	Title IIIC-2	\$1,549,107	\$1,576,739	\$27,632
	Title IIID	\$131,828	\$135,365	\$3,537
	Title IIIE	\$1,029,495	\$1,047,859	\$18,364
	Title VII Elder Abuse	\$27,490	\$27,713	\$223
	Title VII Ombudsman	\$116,067	\$119,585	\$3,518
	Title IIIB Ombudsman	\$144,294	\$148,667	\$4,373
	<i>Ombudsman Sub-Total</i>	\$260,361	\$268,252	\$7,891
	NSIP Commodities	\$540,388	\$574,670	\$34,282
	Total Federal	\$8,790,850	\$8,976,466	\$185,616
STATE GENERAL REVENUE FUNDS (Governor's Budget) & MIPPA:				
	Title III Match	\$443,431	\$451,341	\$7,910
	Supplemental - Community	\$1,119,846	\$1,325,720	\$205,874
	Supplemental - HDMs	\$3,265,250	\$4,104,940	\$839,690
	Ombudsman	\$506,625	\$638,559	\$131,934
1)	LTC Bed Tax Ombudsman	\$201,081	\$201,081	\$0
2)	Money Follows the Person Ombudsman	\$51,207	\$0	(\$51,207)
2)	State Pharm. (SHAP)	\$243,733	\$246,824	\$3,091
	Senior Health Insurance Program	\$26,474	\$54,000	\$27,526
2)	MIPPA (Federal)	\$134,309	\$89,152	(\$45,157)
	Total GRF	\$5,991,956	\$7,111,617	\$1,119,661
	PSA Allocation Sub-Total	\$14,782,806	\$16,088,083	\$1,305,277
CARRY-OVER FUNDS				
	Title IIIC/B Community	\$150,000	\$150,000	\$0
	Area Agency IIIC/B	\$0	\$0	\$0
	Title IIIB Ombudsman	\$0	\$0	\$0
	Title III-E	\$20,000	\$20,000	\$0
	Title IIID	\$0	\$0	\$0
	Title VII Elder Abuse	\$0	\$0	\$0
	Title VII Ombudsman	\$0	\$0	\$0
		\$0	\$0	\$0
	Total Carry-Over	\$170,000	\$170,000	\$0
TOTAL REVENUE		\$14,952,806	\$16,258,083	\$1,305,277

1) Letter 860

2) Based on the FY16 Allocation.

PUBLIC HEARING FY2018
Projected ALLOCATIONS AND CARRY-OVER (Letter 870)
4/26/2017
ANTICIPATED EXPENDITURES

	A FY2017 4/20/2016	B FY2018 4/20/2017	Difference (A->B)
Area Agency on Aging Operations			
IIIB/C/Omb/VII Admin+Prog Dev, Coord,	\$1,370,727	\$1,388,629	\$17,902
III-E Admin	\$102,950	\$104,786	\$1,836
SHAP Admin	\$24,373	\$24,682	\$309
MIPPA Admin	\$13,431	\$8,915	(\$4,516)
SHIP Admin	\$26,474	\$5,400	(\$21,074)
LTC Bed Tax Ombudsman	\$0	\$0	\$0
Money Follows the Person Ombudsman	\$5,121	\$0	(\$5,121)
			\$0
TOTAL AAoA Admin	\$1,543,076	\$1,532,412	(\$10,664)
Area Agency on Aging Direct Services			
IIID: Health Promotion Direct Service	\$8,384	\$36,437	\$28,053
IIIB: I&A Direct Service	\$64,000	\$64,000	\$0
IIIE: I&A Direct Service	\$54,000	\$54,000	\$0
Total AAoA Direct	\$126,384	\$154,437	\$28,053
TOTAL AAoA	\$1,669,460	\$1,686,849	\$17,389
Provider Direct Services			
Title IIIC/B Community	\$8,588,199	\$8,838,199	\$250,000
1) IIIC-2 Home-Delivered Meals	\$810,000	\$1,750,000	\$940,000
Community Connection Centers	\$494,305	\$494,305	\$0
Title IIIC/B Special Projects	\$180,000	\$150,000	(\$30,000)
Title IIIB Residential Repair/Renov	\$29,547	\$29,547	\$0
SHAP	\$219,360	\$222,142	\$2,782
2) ADRC Options Counseling	\$224,284	\$224,284	\$0
MIPPA	\$120,878	\$80,237	(\$40,641)
3) NSIP Commodities	\$540,388	\$574,670	\$34,282
Title IIIE Special Projects	\$32,000	\$32,000	\$0
Senior Health Insurance Program		\$48,600	\$48,600
Caregiver Resource Center Services			
Title IIIE Assistance	\$172,425	\$174,664	\$2,239
Title IIIE Respite	\$333,985	\$331,746	(\$2,239)
Title IIIE Legal (Regional Drawdown)	\$29,000	\$29,000	\$0
Title IIIE Gap-Filling	\$109,394	\$117,394	\$8,000
Title IIIE Counseling	\$198,320	\$206,320	\$8,000
Title III-E Provider Total	\$843,124	\$859,124	\$16,000
Title IIID	\$123,444	\$98,928	(\$24,516)
Title VII Elder Abuse	\$9,741	\$9,942	\$201
Title VII M-Teams	\$15,000	\$15,000	\$0
Title IIIB Ombudsman	\$129,865	\$133,800	\$3,935
Title VII Ombudsman	\$104,460	\$107,626	\$3,166
GRF Ombudsman	\$506,625	\$638,559	\$131,934
LTC Bed Tax Ombudsman	\$201,081	\$201,081	\$0
Money Follows the Person Ombudsman	\$26,086	\$0	(\$26,086)
Base Funding for OMB MFP	\$20,000	\$0	(\$20,000)
Ombudsman TOTAL	\$988,117	\$1,081,066	\$92,949
Provider Services TOTAL	\$13,218,387	\$14,508,044	\$1,289,657
TOTAL EXPENDITURES	\$14,887,847	\$16,194,893	\$1,307,046
<i>Balance III B/C</i>	<i>\$47,538</i>	<i>\$45,241</i>	<i>(\$2,297)</i>
<i>Balance III E</i>	<i>\$17,421</i>	<i>\$17,949</i>	<i>\$528</i>
	\$14,952,806	\$16,258,083	\$1,305,277

- 1) HDM increase added directly to C-2 to maintain transfer requirement per IDOA.
2) Includes \$60,000 GRF for Centers for Independent Living + \$22,743 for CCUs.
3) NSIP will be revised when FY16 meals are available.

PUBLIC HEARING FY18

PROJECTED ALLOCATIONS (Letter 870)

4/25/17

	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will	TOTAL
Congregate Meals	356,944	43,865	184,821	81,513	50,790	254,722	94,142	224,453	\$1,291,250
Home Delivered Meals	\$1,551,367	\$190,646	\$803,278	\$338,035	\$220,748	\$1,107,085	\$409,164	\$975,528	\$5,595,851
Congregate & HDM NSIP	\$135,807	\$23,627	\$104,113	\$29,622	\$26,440	\$118,628	\$59,282	\$77,151	\$574,670
Information & Assistance/Outreach	\$628,318	\$77,214	\$325,335	\$140,722	\$89,404	\$448,379	\$165,716	\$395,084	\$2,270,172
Flexible Community Services	\$33,651	\$4,135	\$17,424	\$10,558	\$4,789	\$24,015	\$8,875	\$21,174	\$124,621
Residential Repair/Renovation	\$8,222	\$1,011	\$4,258	\$1,678	\$1,170	\$5,868	\$2,169	\$5,171	\$29,547
ADRC Options Counseling *	\$45,720	\$5,619	\$23,673	\$9,331	\$6,506	\$32,627	\$12,058	\$28,750	\$164,284
SHAP & MIPPA	\$84,152	\$10,343	\$43,573	\$17,175	\$11,974	\$60,052	\$22,194	\$52,916	\$302,379
Transportation	\$41,711	\$0	\$30,049	\$0	\$34,168	\$87,728	\$63,332	\$150,996	\$407,984
Legal Services	\$136,288	\$16,748	\$70,568	\$30,582	\$19,393	\$97,258	\$35,945	\$85,700	\$492,482
Counseling	\$198,415	\$29,509	\$94,285	\$0	\$0	\$83,630	\$0	\$0	\$405,839
IIID Health Promotion Services	\$34,354	\$4,222	\$17,788	\$7,012	\$4,888	\$0**	\$9,061	\$21,603	\$98,928
Adult Protective Services - VII	\$2,766	\$340	\$1,433	\$565	\$394	\$1,974	\$730	\$1,740	\$9,942
Adult Protective Serv M-Teams - VII	\$3,000	\$0	\$3,000	\$3,000	\$0	\$3,000	\$0	\$3,000	\$15,000
Ombudsman (B/VII/GRF/LTC/MFP)	\$311,673	\$24,864	\$172,538	\$68,106	\$27,244	\$230,266	\$73,081	\$173,294	\$1,081,066
Community Connection Collab	\$137,565	\$16,906	\$71,229	\$28,077	\$19,574	\$98,169	\$36,282	\$86,503	\$494,305
Caregiver Resource Center	\$173,605	\$21,334	\$89,890	\$35,432	\$24,703	\$123,887	\$45,787	\$109,166	\$623,804
Caregiver Legal Regional Pull-Down	Regional Allocation, Independent of County-Share Formula								\$29,000
Caregiver Counseling Center	\$57,419	\$7,056	\$29,731	\$11,719	\$8,170	\$40,975	\$15,144	\$36,106	\$206,320
TOTAL	\$3,940,977	\$477,439	\$2,086,986	\$813,127	\$550,355	\$2,818,263	\$1,052,962	\$2,448,335	\$14,217,444

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

**Lake County IIID services provided by AAA - \$24,516 allocation

Participant Information for Services under the FY18 Area Plan

FY18 SERVICE DELIVERY OBJECTIVES		
	Number Served	Units of Service
Information & Assistance	52,000	100,000
Outreach III-B	2,700	2,900
Options Counseling	200	400
Transportation	1,500	27,500
TOTAL III-B Access	56,400	130,800
Res. Repair & Renovation	120	120
TOTAL III-B In-Home	120	120
Counseling	1,000	6,500
Legal Assistance	1,800	7,500
Flexible Community Services	130	130
Education	2,800	25,000
Health Screening	600	2,800
Multipurpose Senior Center	0	0
Recreation	4,500	18,000
TOTAL III-B Comm.	10,830	59,930
TOTAL Ombudsman	30,312	30,312
TOTAL VII-EA Comm.	0	0
Congregate Meals	9,500	160,500
TOTAL III-C1	9,500	160,500
Home Delivered Meals	4,500	620,500
TOTAL III-C2	4,500	620,500
Health Promotion	1,200	6,100
TOTAL III-D Comm Service	1,200	6,100
Information & Assistance	7,500	12,000
Counseling	490	1,325
Support Groups	300	1,600
Training & Education	630	2,000
Respite	550	18,500
Gap Filling	260	350
Gap Filling - Legal	10	10
TOTAL III-E Caregiver Serv	9,740	35,785
ACCESS SERVICES	56,400	130,800
IN-HOME SERVICES	120	120
COMMUNITY SERVICES	56,342	877,342
GRAND TOTAL	122,602	1,044,047

Resources and Responsibilities and State Resources

Other Area Agency on Aging Resources and Responsibilities

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

Additional Services for Older Adults

Employment Programs

The Agency on Aging withdrew from Federal Older Americans Act Title V Employment program (SCSEP) in FY12 due to the increasing time commitments and continued difficulty in administering the program. Employment slots previously administered by the Agency on Aging and in the 8 county area were assumed by National Able Network, SSA, and Experience Works. The Agency on Aging continues to receive State Senior Employment Specialist Program (SESP) funding to assist seniors 55 and older with job referrals and coordination with State Employment Offices and Boards.

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 farmers' markets, roadside stands, and community supported agriculture programs. Eligible seniors are 60+ years old with household incomes of not more than 185 percent of the Federal poverty income guidelines. The Agency administers the SFMNP in Kankakee, McHenry and Lake Counties with the help of Kankakee County Community Services, Salvation Army, and Catholic Charities, respectively, which each receive a portion of \$1,000 to offset the cost of distributing coupons and manage reporting.

Illinois Veterans Independence Program

The Veterans Independence Program (VIP) in Illinois was created following the 2009 initiative to enable VA Medical Centers (VAMCs) to provide home and community support services through HHS' Veterans Directed Home & Community Based Service Program (VDHCBS). This program is administered through a Provider Agreement between the VAMC and the Area Agency on Aging. The goal of the VIP program is to provide eligible veterans at risk of nursing home placement the least costly and most beneficial services to meet their disability needs. VIP is a consumer directed program that allows veterans the ability to develop a service plan that best fits their care needs allowing veterans to remain living in the community. Veterans are not directly given the funds to manage; however, veterans are given control over the goods and services they purchase in order to remain in the community. The Agency on Aging's role is to provide program management for the VAMC including reviewing and assessing veteran's budgets, options plans and billing, receiving and reconciling payments to/from the VAMC, CCUs, and FMS. The Agency on Aging conducts overall program analysis, training, and provides recommendations to the VA for program improvements.

The Veterans Administration and veterans have shown great satisfaction with VIP. Since the program's inception in 2010 we have received 137 referrals. As of April, 2017, we have 34 veteran enrolled, 31 of which are currently receiving VIP services.

Pathways to Community Living/Money Follows the Person (MFP)

Money Follows the Person is a federal program authorized by the Deficit Reduction Act of 2005 and extended until 2016 by the Affordable Care Act. The program is known in Illinois as the Pathways to Community Living program. The program seeks to increase the use of community services and

rebalance the state's long term care systems by providing appropriate, person-centered services for individuals interested in transitioning from long term care facilities to community living. Persons that qualify receive one-on-one transition support services throughout the pre-transition process and for one year after transition from Transition Coordinators. The Agency on Aging currently receives a grant to support the MFP program which includes the Ombudsman Program Grant. The Money Follows the Person (Ombudsman) grant is scheduled to end on 6/30/2017 which will be the last day to submit referrals to the program. The MFP will continue to transition residents until 12/31/2017. These participants will have access to case management and waiver services for one year after their transition. The IDoA is trying to identify ways to sustain the MFP activities when this funding ends.

MFP Transition Engagement Specialists

In FY15, through a collaborative initiative with the Department of Healthcare and Family Services, the Agency's MFP Transition Engagement Specialist (TES) grant was extended and expanded to include DuPage, Kane, Lake and Will Counties. These engagement specialists support the ADNRN role as a cross-disability coordinated point of entry to long-term supports and services for older adults and people with disabilities. They provide targeted outreach to ensure that long term care facility residents of any age or disability, who want to return to the community, receive education on the program and community-based services and supports. In the absence of enacted FY16 and FY17 State Budgets, the Agency on Aging decided not to renew this grant for state Fiscal Year 2017.

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

The Medicare Part D drug benefit which took effect in 2006 filled a long-standing void in Medicare, the lack of prescription drug coverage. But its complexity and wide range of drug plan choices made it difficult for many beneficiaries to make a well-informed choice of plans. These new decisions were added to the Medicare program that many enrollees already found complicated.

The Illinois Department on Aging's (IDoA's) Senior Health Assistance Program (SHAP) and the Senior Health Insurance Program (SHIP) provide assistance in selecting a standalone drug plan or Medicare Advantage plan, and in enrolling, using the benefit, applying for the federal Low-Income Subsidy (LIS, also known as Extra Help), and in other tasks related to Part D. SHIP uses a small staff and a large corps of highly trained volunteers statewide. They assist Medicare enrollees with Part D and also a wider range of Medicare issues, including some not covered by SHAP, such as supplemental insurance and Part A and B enrollment and benefits. SHIP, previously a division of the Illinois Department of Insurance, was moved to the Department on Aging in 2013, and soon began taking steps to integrate SHIP with the closely related SHAP program. All SHAP sites in NEIL's eight county, and most SHAP sites throughout the state, also received SHIP training if they were not already SHIP sites. The state's goal for all SHAP agencies to be SHIP sites by July 1, 2015 was met in our eight county region well before the deadline.

Since 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) has provided federal funding for SHIPs, Area Agencies on Aging, and Aging and Disability Resource Centers to help low-income Medicare beneficiaries apply for programs that make Medicare affordable. MIPPA is up for at least an extension this year, and prior bipartisan Senate proposals have made funding for benefits outreach and enrollment permanent.

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 a national initiative, funded by the U.S. Administration on Aging, that recruits and trains volunteers to help people recognize and report health care billing errors and potential fraud.

Northeastern Illinois Agency on Aging is a partner in the Illinois SMP Program and coordinates the program in Will, Grundy, Kankakee and DuPage Counties. The main message is to “Protect, Detect and Report” Medicare and Healthcare Fraud. This is a direct service grant with the agency to provide services. The Agency on Aging trains and hosts volunteers to provide outreach and education in our community, including presenting to groups, hosting exhibits at community events and senior fairs. The SMP program reports the progress of the grant to the State SMP Program with AgeOptions.

Systems Development Grant

The Agency receives State resources from the IDoA to provide long term care systems development activities. We provide assistance with Community Care Program’s (CCP) operational and management activities by offering ongoing assistance to CCP providers and Care Coordination Units (CCU) related to their performance of CCP activities. We conduct routine oversight and on-site pre-certification reviews of adult day service sites and in-home CCP provider agencies. We conduct quarterly meetings with CCP providers to communicate regional, state, and national updates on services and funding. The Area Agency provides assistance with planning and development as requested by the IDoA. We provide assistance with the Aging and Disability Resource Center (ADRC) statewide initiative including its development and implementation in our planning and service area. We hold ADRC advisory council quarterly meetings with the ADRN core partners (CCUs and Centers for Independent Living-CILs) in our region to facilitate coordination, development and implementation of the ADRC initiative.

Special Projects – Public/Private Collaboration

Holiday Meals on Wheels

The Holiday Meals on Wheels project supplements the publicly funded, Monday through Friday, C II Home Delivered Meals program by providing holiday and weekend meals to nutritionally at-risk seniors. The Agency on Agency seeks private and corporate support for the project which survives on special events, donations and community support. In its 26th year, the Celebrity Chefs Brunch is the principle fundraiser for Holiday Meals on Wheels and other aging service programs. The Holiday Meals on Wheels program supports vulnerable older adults in our eight county service area by providing meals when they would otherwise not be offered.

Senior Lifestyle Expo

Now in its 22nd year, the Senior Lifestyle Expo was created as an outreach event to expand sources of information on aging issues, increase visibility for the aging network and generate funds to maintain and enhance quality services. In addition to providing valuable information on a wide variety of topics, activities take place including educational seminars, demonstrations, health screenings and entertainment. In the process of planning this annual event, critical contacts are made that help the Agency on Aging build credibility with the private sector and gain recognition as a source of expertise in the field of aging.

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