
Northwestern Illinois Area Agency on Aging



Public Information Document

NIAAA's 2024 Amendment
to the 2024-2024 Area Plan on Aging

April 17, 2024

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Funded By Older Americans Act and Illinois General Revenue Funds
from the Illinois Department on Aging

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1. About this Public Information Document

Public Hearing Notice Northwestern Illinois Area Agency on Aging

The Northwestern Illinois Area Agency on Aging (NIAAA) is conducting two (2) Public Hearings on the proposed 2024 Area Plan Amendment.

PURPOSE OF THE PUBLIC HEARING: The public hearing is an opportunity to comment on NIAAA's proposed 2024 Area Plan Amendment (Area Plan) to the 2022-2024 area plan. The Area Plan is a planning document for services/funds made available to NIAAA under the federal Older Americans Act (OAA) and Illinois General Revenue Funds (GRF) through the Illinois Department on Aging (IDoA). The Area Plan includes both a statewide and local aging initiative and a description of changes in aging services related to Illinois' Older Adult Services Act (P.A. 093-1031) and other state and federal legislation.

INVITATION TO ATTEND: Older adults, caregivers, grandparents raising grandchildren, aging service providers, public officials and other interested individuals are invited to attend and share comments about NIAAA's proposed Area Plan.

TESTIMONY: Testimony or comments may be presented verbally or in writing. The amount of time available to testify may be limited depending on the number testifying. Those testifying at the public hearing are encouraged to submit a written copy of comments. If you are not able to attend the public hearing, you are encouraged to submit written testimony, which is due no later than 4:00 p.m. on May 19, 2023 to the following address:

Attention: Grant Nyhammer, Executive Director
Northwestern Illinois Area Agency on Aging
1111 S. Alpine Road, Suite 600
Rockford, IL 61108
Fax: (815) 246-8984, email: gn@nwilaaa.org

Contact NIAAA if you have questions about the public hearing or need special accommodations.

PUBLIC INFORMATION DOCUMENT: The Public Information Document provides a summary of funded services and anticipated funding levels for the Area Plan. The Public Information Document will be made available beginning April 17, 2023 through the NIAAA office and the NIAAA website (www.nwilaaa.org). Copies of the Public Information Document or upon request by emailing gn@nwilaaa.org.

PUBLIC HEARING INFORMATION

The public hearings will be conducted via Zoom and in-person at NAAA's office at 1111 S. Alpine Road, Suite 600, Rockford, IL. The hearing times are as follows:

<u>DATE</u>	<u>TIME</u>
May 17, 2023	9:30 a.m.
May 18, 2023	1:00 p.m.

You may join the **May 17** hearing by clicking <https://us02web.zoom.us/j/81893346022?pwd=NSTYR29GUE9zVHZCWVp0WWJGWHpaUT09>
Meeting ID: 818 9334 6022
Passcode: 875099
Or by calling: (312) 626-6799

You may join the **May 18** hearing by clicking

Meeting ID: 831 2729 7640
Passcode: 093941
Or by calling (312) 626-6799

SUMMARY OF PUBLIC HEARING TESTIMONY: Contact the NIAAA office if interested in obtaining a copy of the summary of public hearing testimony, NIAAA's response to the testimony, and any action taken as a result of the testimony.

Glossary of Terms

AAAs	Area Agencies on Aging (NIAAA is one of thirteen in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
ACL	Administration on Community Living (federal aging agency formerly known as the AoA)
AoA	Administration on Aging (which is the former name for the federal agency now known as the Administration on Community Living)
APS	Adult Protective Services (program to prevent abuse to disabled and older adults)
APSPA	Adult Protective Services Provider Agency (nonprofits who contract with NIAAA to do investigations and provide case management for the APS program)
Area 01	NIAAA's service area which is comprised of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties
CCP	Community Care Program (program to prevent premature institutionalization)
FY	The federal fiscal year which for 2024 begins on October 1, 2024
FHP	Family Health Program which is a Medicaid managed care program
GRF	General Revenue Funds from the State of Illinois
HDM	Home Delivered Meals (service funded by NIAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDoA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
M-Team	Multi-Disciplinary Teams (comprised of various groups involved in elder abuse)
MMAI	Medicare-Medicaid Alignment Initiative which is a Medicaid managed care program
n4a	National Association of Area Agencies on Aging
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PCPs	Primary care providers in the Medicaid program (aka MCOs)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SHAP	Senior Health Assistance Program (state funding for I&A)
TES	Training, education, support for the Caregiver Program
Title III-B	Community based services (services to prevent premature institutionalization)
Title III-C1	Congregate Meals (NIAAA funded service)
Title III-C2	Home Delivered Meals (NIAAA funded service)
Title III-D	Health Promotion (NIAAA funded service)
Title III-E	Caregiver services (NIAAA funded service)
Title IV	Research and innovations programs (services funded by ACL)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

Purpose Of This Public Information Document

This Public Information Document (PID) provides a summary of NIAAA's proposed Area Plan including a plan for distribution of federal/state funds in NIAAA's nine county service area of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties. These nine counties are designated by the Illinois Department on Aging (IDoA) as Service Area 01 (Area 01).

Because funding levels are determined by Federal and State government regulations, **allocation levels listed in this document and NIAAA's Area Plan may change**. If major changes are required, public hearings will be scheduled to receive comments on the proposed changes. At the time of publication of this Public Information Document, neither the FY24 federal nor the FY24 state appropriations have been finalized so the funding amounts in this PID are projections.

Purpose of the Area Plan

The Area Plan is a comprehensive planning document for aging services in northwestern Illinois. Services in the Area Plan promote the dignity and independence of older adults. In developing the Area Plan, NIAAA assesses the needs of older adults and their caregivers, identifies issues for long-range planning, and sets priorities for funding.

The Public Hearings will provide information about the NIAAA's proposed plans, budget, funding formula, and priorities for community-based services for older adults and family caregivers, including:

Illinois and federal budgets for aging; Access to Services; Transportation; Gap-Filling Services; Congregate Meals; Home Delivered Meals; Legal Assistance; Respite Care, the Adult Protective Services Program, changes in the aging network, the Long Term Care Ombudsman Program; and the Senior Community Service Employment Program.

On June 19, 2023, the NIAAA Board of Directors will review and approve NIAAA's proposed Area Plan and it will be submitted to the Illinois Department on Aging before July 1, 2023.

2. Information about NIAAA

About NIAAA

NIAAA is a non-profit organization designated by the State of Illinois in 1974 to be the area agency on aging and is governed by a volunteer Board of Directors. The NIAAA Board sets policy and makes decisions about programs and is advised by an Advisory Council comprised of volunteer members from the nine counties with the majority of members' age 60 years and older.

NIAAA's mission is to assist older adults age 60 and older remain in their homes safely and with dignity as long as possible. NIAAA also provides support services to caregivers of older adults, adults with disabilities, and grandparents raising grandchildren.

NIAAA is one of 13 Area Agencies in Illinois and over 650 across the nation sharing the mission stated in the OAA. NIAAA is part of the "aging network," which includes the federal Administration on Community Living, IDoA, and local public and private agencies serving older adults.

The majority of the funds administered by NIAAA are federal OAA funds. The State of Illinois contributes about one quarter of the resources for services in the Area Plan. Additional funds are raised locally by service providers and/or contributed by those who benefit from the services.

NIAAA Services

NIAAA performs the following services for seniors and caregivers:

- 1. Advocacy** - NIAAA informs seniors and caregivers about proposed legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state and federal levels.
- 2. Planning, Program Development and Coordination** – NIAAA assesses the needs of seniors and caregivers, identifies issues for long range planning, sets priorities for funding, coordinates services, and promotes the development of new or expanded services by forming public and private relationships.
- 3. Supporting Community Programs on Aging** – NIAAA awards federal and state grant assistance to community programs on aging for the provision of services to seniors and caregivers. Services are available to persons 60 and older, caregivers of persons 60 and older, and grandparents and other relatives raising children 17 and under. OAA services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and persons with limited English proficiency, and older adults in rural areas.
- 4. Advocacy for Residents in Long Term Care Facilities** – NIAAA manages a regional Long Term Care Ombudsman Program through a grant with the IDOA and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and advocate for public policies and culture change practices to improve the quality of life of the residents.

5. Elder Abuse and Neglect – NIAAA is the coordinating agency for elder abuse and neglect in Area 01. [Note that while Illinois has changed the name of its elder abuse program to the Adult Protective Services (APS), federal law still uses the term Elder Abuse and Neglect.]

Area Plan Initiatives

As part of the Area Plan, NIAAA has both a 'Statewide Initiative' and a 'Local Initiative'.

Statewide Initiative – Social Isolationism

The Statewide Initiative will be continuing the Social Isolation Initiative (Initiative) that was started in 2019 and was delayed because of the pandemic. The following is a listing of service and program development activities that NIAAA and our provider agencies will use in addressing the Initiative:

- Supporting transportation initiatives for older adults;
- Expanding social facilitation interventions such as friendly visitor, telephone reassurance programs, and befriending interventions;
- Developing leisure/skill development interventions;
- Expanding health prevention and promotion activities;
- Using remote communication and technology to reduce isolation;
- Supporting informal caregivers;
- Increasing the service delivery capacity of small community agencies to address social isolation among the older adults in the service area;
- Supporting the development of volunteer-based outreach programs;
- Supporting and facilitating Intergenerational activities;
- Recruiting volunteers to engage in social isolation activities; and
- Conducting outreach activities that target socially isolated older adults and family caregivers.

Local Initiative – Improving Legal Services

The Local Initiative will be a continuation of the evaluation of the delivery of legal services to older adults in Area 01 which was also started in 2019 and delayed because of the pandemic. NIAAA plans to continue reviewing how legal services are currently being provided post-pandemic, look at how other AAAs provide the service, and then consider if or how the services can be improved.

The Older Americans Act

The purpose of the Older Americans Act (OAA) is to foster maximum independence and improve the lives of all older Americans by providing a wide array of social and community services. OAA services are targeted to those in poverty, minority, living alone, frail, over age 75, limited English proficiency, rural and older individuals at risk of institutional placement.

The OAA provides a national network for the organization and delivery of social, nutritional, and other supportive services to older persons and their caregivers.

1. Mission of AAAs under OAA

Since all 618 Area Agencies on Aging (AAAs) nationwide are subject to the OAA, they all share common mission which is defined by the OAA as follows:

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 [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. 45 C.F.R. § 1321.53(a).

2. History of OAA

Following is a history of the OAA and the changes made by year:

1965

The OAA is enacted and contains ten broad policy objectives aimed at improving the lives of older persons:

- a. an adequate income in retirement;
- b. the best possible physical and mental health;
- c. suitable housing;
- d. full restorative services for those who require institutional care;
- e. opportunity for employment;
- f. retirement in health, honor and dignity;
- g. participate in and contribute to meaningful activity;
- h. efficient community services;
- i. immediate benefit from proven research knowledge;
- j. freedom, independence and the free exercise of individual initiative;
- k. full participation in the planning and operation of community based services; and
- l. protection against abuse, neglect, and exploitation.

1972

The Nutrition Program for the Elderly Act authorized \$100 million for a national nutritional services program is added to the OAA.

1973

State Units on Aging (SUAs) were required to divide their states into planning and service areas (PSAs) and to designate AAAs to administer programs for the elderly in those PSAs. AAAs were assigned the chief responsibility for planning, coordinating, developing programs and pooling resources to assure the availability and provision of a comprehensive range of services in the PSA.

1978

The Commissioner on Aging was allowed to make direct grants to the Indian Tribes. Priority services were also mandated.

1978

Title III – Social Services, Title V – Multipurpose Senior Centers, and Title VII – Nutrition Services were consolidated into one Title III with separate allocations for Title III-B – Social Services, Title IIIC1 – Congregate Meals, and Title III-C2 – Home Delivered Meals.

1981

The Act was amended to streamline and improve the efficiency of programs, increase flexibility to meet local needs, and increase the participation of older persons in the operation of the programs intended to serve them.

1984

Funding was directed to national priority services (access, in-home, legal).

1987

Increased focus was placed on serving low-income minority older persons. Extensive outreach efforts were required to inform older persons in greatest need of their eligibility to receive benefits such as Supplemental Security Income (SSI), Medicaid, and Food Stamps. Title III-D was created to provide funds for in-home services. Ombudsman programs at the state level were strengthened and expanded.

1992

Definitions of caregiver, caretaker, case management, elder abuse, exploitation, frail, greatest social need, multi-purpose senior center, and representative payee are included. A requirement was added that states submit their intrastate funding formulas to the Commissioner for approval. Title III-F was added to provide disease prevention and health promotion services. Title III-G was deleted. A new Title VII was created regarding elder rights services incorporating ombudsman programs, programs for prevention of elder abuse, neglect and exploitation, state elder rights and legal assistance development program and outreach, counseling and assistance programs. Also included was a White House Conference on Aging.

2006

AAAs are required to provide assurances that funding gives priority to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.

AAAs are required to implement, through service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

AAAs are required to conduct analyses for making recommendations for strategies to modify the local system of long term care.

2016

Five years after expiring in 2011, the OAA is reauthorized. The reauthorization made modest changes to a few key programs such as:

- Offering new support for modernizing multipurpose senior centers;
- Highlighting the importance of addressing economic needs;
- Requiring that health promotion and disease prevention initiatives be evidence-based;
- Promoting chronic disease self-management and falls prevention; and
- Strengthening the elder justice and legal services provisions.

2020

This reauthorization increases the emphasis on services and actions that will help older Americans cope with social isolation and extends the RAISE Family Caregivers Act, which requires the federal government to create a nationwide strategy to support family caregiving. Plus, it strengthens the National Family Caregiver Support Program, which provides family caregivers with vital respite care for their loved ones, along with education, training and other support.

3. Funding for FY 2024

A. Illinois Department on Aging Budget Highlights

The proposed budget for fiscal year 2024 maintains previous year funding and includes \$27.4 million in increased funding for the Community Care Program (CCP) to accommodate caseload growth and utilization, and annualizes a rate increase scheduled for March 1, 2023 for in-home providers. CCP helps senior citizens, who might otherwise need nursing home care, remain in their own homes by providing in-home and community-based services. The budget also includes \$8.0 million to continue to meet demand for the Home-Delivered Meals Program. The AAAs annually provide more than 12 million meals to homebound older adults across Illinois.

B. Federal

On March 9, 2023, the Biden administration released its budget request for the next fiscal. The request proposes an historic \$3 billion budget for the Administration on Community Living. It reflects the new realities from the pandemic, including increased demand for services, a continued preference for in-home versus congregate services, and the ongoing struggle to secure an adequate paid and volunteer workforce.

Notable Older Americans Act (OAA) increases:

- Supportive services and senior centers: \$90 million
- Nutrition services: \$217.6 million
- Falls prevention competitive grants: \$2.5 million
- Native American Nutrition & Supportive Services: \$32 million
- Family Caregiver Support Services: \$45 million
- Elder Justice/Adult Protective Services: \$43 million
- Aging Network Support: \$9.5 million (including \$8 million for Direct Care Workforce Demonstration)
- Lifespan Respite Care: \$4.2 million

The budget request also calls for a five-year extension of the Medicare Improvements for Patients and Providers Act to continue efforts to provide outreach and assistance to low-income Medicare beneficiaries with continued funding of the Research, Demonstration, and Evaluation Center at the current levels secured.

4. NIAAA Allocation Process

FY24 Funding and Designation Status

NIAAA conducted an open bid process and selected grantees for funding in 2023. Grantees for the 2024 Area Plan will be for one-year and renewed dependent upon satisfactory performance by the grantee in meeting grant requirements.

Long Term Care Ombudsman Program Designation: In 2022, Catholic Charities was the designated ombudsman for Area 01.

Adult Protective Services Designation: NIAAA designates adult protective service agencies by location. The following were the designated agencies in 2022: DeKalb County (Elder Care Services of DeKalb); Carroll, Lee, Ogle and Whiteside Counties (Lifescape Community Services); Jo Daviess and Stephenson Counties (Stephenson Resource Center); and Boone and Winnebago Counties (VNA of

Rockford). Adult protective service contracts are for a one-year period, with the option to extend a maximum of five additional one-year periods for a total of six years (2024 through June 30, 2028).

FY24 Planning Process —NIAAA Priority Services by Funding Source

NIAAA collected, reviewed and analyzed a variety of information to identify the needs of older adults and caregivers in Area 01. Needs assessment information was collected primarily from a written survey that was disseminated to any interested parties. The NIAAA Board, NIAAA Advisory Council, and the NIAAA ADRC Advisory Council also provided input to the NIAAA Area Plan.

Service priorities for community based services (which are funded by Title III-B of the OAA and GRF from IDOA) funding are:

1. Community Based Services (Title III-B)

Funding is used to foster the development of a comprehensive and coordinated service system. IDOA mandates the following minimums for categories of service: access 33.1%, in-home 0.4%, and legal 3.2%. Given this, Title III-B funded services in FY20 are: Information and Assistance, Transportation, Respite, Legal, Gap Filling, and Ombudsman.

2. Home Delivered Meals (Title III-C2)

Funding is used to provide home delivered meals to persons aged 60 and over who are homebound by reason of illness, incapacitating disability, or are otherwise isolated. Illinois General Revenue Funds also support this service.

3. Congregate Meals (Title III-C1)

Funding is used to meet the nutritional and social needs of people 60 and over who do not eat adequately due to limitations of income, mobility, lack of food preparation skills and equipment, or lack of incentive to prepare and eat meals alone.

4. Health Promotion (Title III-D)

Funding is used to provide disease prevention and health promotion services and information at senior centers, congregate meal sites, through home delivered meal programs or at other appropriate sites. Priority in Title III-D funds must be given to areas which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for services.

5. Caregiver Support (Title III-E)

Funding is used to provide assistance under the Caregiver Support Program. Services include information about and assistance in gaining access to available services, training/education/support, respite and gap filling services. The OAA requires no more than twenty percent of federal funding can be expended for gap filling service. Up to ten percent (federal and non-federal) can be allocated to grandparents raising grandchildren.

Older Adults Living in Area 01

There are 164,248 persons 60 years or older living in Area 01 which constitutes about 5.2% of all older adults in Illinois.

COUNTY	RURAL?	TOTAL	55+	60	65+	75+	85+	POVERTY	MINORITY	LIVING ALONE	RURAL
Boone	N	53,592	15,547	11,931	8,596	3,303	992	759	1,408	2,310	
Carroll	Y	15,586	6,332	5,063	3,919	1,670	448	381	174	1,325	
DeKalb	N	100,922	23,948	17,832	12,762	4,998	1,496	1,202	1,625	4,170	
Jo Daviess	Y	21,995	9,748	7,914	6,166	2,518	778	501	200	1,955	
Lee	Y	34,373	11,904	9,213	6,768	2,874	973	794	638	2,480	
Ogle	Y	51,787	17,292	13,498	9,692	4,205	1,517	775	752	3,400	
Stephenson	Y	44,817	16,974	14,008	10,362	4,515	1,520	1,066	1,137	3,610	
Whiteside	Y	55,932	19,833	15,941	11,529	4,950	1,691	908	1,358	4,145	
Winnebago	N	285,471	88,976	68,848	49,935	20,325	7,266	5,773	11,284	17,885	
Total		664,475	210,554	164,248	119,729	49,358	16,681	12,159	18,576	41,280	65,637
Statewide		12,821,813	3,696,132	2,826,635	2,012,735	822,448	255,197	258,757	766,473	704,400	390,064
% in Area 1		5.2%	5.7%	5.8%	5.9%	6.0%	6.5%	4.7%	2.4%	5.9%	16.8%

Federal/state funding is allocated based on the older adult population and the number of older adults in the 'greatest needs categories' such over 85 years old, poverty, rural, etc. The following is a comparison between NIAAA in Area 1 and the other twelve AAAs regarding greatest needs categories.

2022 Illinois Totals by Greatest Needs Categories

PLANNING & SERVICE AREA		TOTAL POPULATION	55+	60+	65+	75+	85+	POVERTY	MINORITY	LIVING ALONE	RURAL
01	Northwestern	664,475	210,554	164,248	119,729	49,358	16,681	12,159	18,576	41,280	65,637
02	AgeGuide	3,465,603	963,140	714,176	498,346	193,056	56,508	43,058	151,890	146,265	-
03	Western	460,155	156,572	123,650	91,073	38,992	11,937	10,152	10,095	33,910	67,378
04	Central	404,226	127,832	101,481	73,625	31,235	10,067	8,482	8,649	26,465	-
05	East Central	812,649	238,059	185,686	134,235	55,928	17,887	15,808	17,588	50,060	63,980
06	West Central	116,371	40,845	31,970	23,946	10,800	3,559	2,774	1,142	8,330	30,527
07	AgeLinc	443,127	148,139	114,696	83,415	34,827	10,899	9,022	7,290	31,760	44,419
08	AgeSmart	657,752	205,993	158,647	111,183	45,713	13,810	13,559	24,211	41,395	12,137
09	Midland	144,546	47,776	37,429	27,328	11,619	3,651	3,343	1,596	9,645	37,429
10	Southeastern	115,367	40,181	31,614	23,121	10,239	3,204	3,024	882	9,005	31,614
11	Egyptian	272,144	90,192	71,094	52,455	21,949	6,757	7,918	5,210	20,095	36,943
12	Senior Services, Chicago	2,742,119	658,558	498,445	350,443	142,387	43,157	80,683	326,097	148,350	-
13	AgeOptions, Inc.	2,523,279	768,291	593,499	423,836	176,345	57,080	48,775	193,247	137,840	-
STATEWIDE TOTAL		12,821,813	3,696,132	2,826,635	2,012,735	822,448	255,197	258,757	766,473	704,400	390,064

As the above demonstrates, while Area 01 has about 5.2% of the general Illinois population, it exceeds this percent in seven of the above OAA greatest need categories which will result in Area 01 receiving greater funding.

NIAAA Allocation Process

NIAAA allocates funds for specific services and counties within the Area 01 through the following process:

- NIAAA's Geographic Funding Formula provides the county based total dollar amounts for all funds (except Title III-B ombudsman and Title VII elder abuse prevention, which require different formulas).
- The OAA and IDOA regulations allocate dollars for specific Titles and identify services eligible for funding under each Title.
- Funds within the NIAAA Board's discretion are prioritized by the NIAAA Board for funding levels using NIAAA's planning process.
- Funding received from IDOA for Title III-B and Title VII Ombudsman is determined by the number of licensed long term beds in Area 01 as contained in the "Illinois Department of Public Health List of Long Term Care Beds."

Application of these requirements establishes the dollar amounts available for allocation.

NIAAA Geographic Funding Formula for FY24

The OAA and accompanying GRF must be targeted to older persons in greatest economic and social need with particular emphasis on low-income minority seniors. The NIAAA Advisory Council recommended and the NIAAA Board of Directors approved continuation of the factors and weightings for NIAAA's geographic funding formula. The 2022 Census information from the Administration on Community Living is used by the IDoA to allocate FY24 Area Plan Older Americans Act and General Revenue Funding to Illinois' thirteen area agencies on aging. NIAAA also uses the geographic formula to determine the amount of Title III services (except Long Term Care Ombudsman Program and Title VII elder abuse prevention) allocated to each of the nine counties in Area 01.

The weight given to each targeted category for the geographical funding formula is as follows:

NIAAA Geographic Funding Formula Weight and Factors

41.0%	weight to 60+ Population
25.0%	weight to 60+ Population in Poverty
10.0%	weight to 60+ Minority Population
7.5%	weight to 75+ Population
7.5%	weight to 60+ Living Alone
<u>9.0%</u>	weight to Rural Population
100.0%	

Using this data in the geographic formula, the percentages of funds available by county are:

County Funding Formula Percentages									
County	2000	2010	2018	2019	2020	2021	2022	2023	2024
Boone	4.5%	5.3%	6.4%	6.1%	6.4%	6.5	6.2	6	6.2
Carroll	3.8	3.3	3.1	3.1	3.3	3.1	3.2	3.1	3.3
DeKalb	8.1	8.5	9.6	9.7	9.7	9.7	10	9.7	9.3
Jo Daviess	5.0	5.1	4.9	4.8	4.8	4.8	4.9	5	4.9
Lee	6.9	6.3	6.0	6.0	6.1	6.4	6.4	6.3	6.4
Ogle	8.2	8.3	8.8	9.0	8.6	8.6	8.3	8.5	8.5
Stephenson	10.9	10.0	9.6	9.7	9.8	9.5	9.7	9.8	9.6
Whiteside	11.9	11.4	10.5	10.6	10.5	10.4	10.1	10.1	10.3
Winnebago	<u>40.7</u>	<u>41.8</u>	<u>41.1</u>	<u>41.0</u>	<u>40.8</u>	<u>41</u>	<u>41.2</u>	<u>41.5</u>	<u>41.5</u>
Total	100%	100%	100%	100%	100%	100	100	100	100

The NIAAA Board may vary the distribution of funds within 10% of the county/geographic formula allocation.

Inter-Title Transfer of III-C Funds / III-C Priorities

The NIAAA Board is allowed to transfer funds as follows:

- A maximum of 15% can be transferred annually between community-based services (i.e., Title III-B) and meals (i.e., Title III-C) only. The NIAAA Board proposes no transfers for FY24.
- A maximum of 15% of available dollars can be transferred annually from congregate meals (Title III-C1) to home delivered meals (Title III-C2). NIAAA has requested and received a waiver to increase this amount to 40% since 2004. (The 40% transfer was approved on March 20, 2004 by the NIAAA Board.) In FY24, NIAAA will again be requesting to increase this transfer from 15% to 40% as the trend (which has been ongoing for decades) continues in that demand for congregate service is decreasing while demand for home delivered meal services is increasing. This is evidenced by the unmet needs for home delivered meals which is described in the below in the next section titled "Home Delivered Meals Unmet Needs." Any interested party in Area 01 may testify in person or in writing regarding this waiver request to increase the transfer from congregate meals to home delivered meals to 40%.
- Money allocated for Title III-D, III-E, Long Term Care Ombudsman Program and Title VII cannot be transferred to other Titles.

5. Home Delivered Meals Unmet Needs

Home Delivered Meals Unmet Needs

While Area 1 still has unmet needs for Home Delivered Meals (HDMs), the decades old problem of people on a waiting list for HDMs has been eliminated in Area 1. The following is a list of older persons needing HDM by township and townships with unmet needs in FY23:

County	Unserved Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
Boone	Flora, Leroy, Spring	5
Carroll County	Cherry Grove & Woodland	0
DeKalb	Afton Township, Pierce Township, Portion of Squaw Grove Township, South Grove Township, Mayfield Township, Milan Township, Paw Paw Township	
Jo Daviess County	Wards Grove, Vinegar Hill, Rice, Rawlins	0
Lee	Brooklyn, China, E. Grove, Harmon, Marion, May, Nachusa, Nelson, Paw Paw, Reynold, S. Dixon, Viola, Willow Creek, Wyoming	5
Ogle	Chana, Eagle Point, Lafayette, Lincoln, Lynville, Marylsnd, Monroe, Pinecreek, Pinerock, Rockvale, Teylor, White Rock, Woosing	0
Stephenson County	Jefferson, Loran, Oneco	0
Whiteside County	Clyde, Garden Plain, Hume, Portland, Uslick	0
Winnebago	Burritt, Harrison, Laona, Owen, Seward, Shirland	21
Area 01 Total		31

Reasons for Unmet Need

While the unmet need has significantly decreased over the past few years due to additional funding, a lack of funding is still the main reason for the unmet need in 2020. This is exacerbated by variable fuel costs for providers and aging equipment/vehicles that require more maintenance. Delays in state payments have also strained the budgets of providers as vendors are starting to charge late fees. This increase in costs reduced the number of meals served. All of these contributed to the unmet need in Area 01.

Home Delivered Meal Providers have used various strategies to address shortages such as: delivering more meals at a time, using frozen meals, limiting service to one meal a day, and applying for more grants. The drawback to these strategies is that the participant loses the daily "welfare" check of having a delivery and some participants cannot accept frozen meals.

6. Changes in Service Delivery System – AAA Consolidation

NIAAA is continuing to advocate for a review of the agencies on aging (AAAs) by the Illinois Department on Aging (IDoA). The purpose of the review would be to increase efficiencies to better serve older/disabled adult clients (Clients). Specifically, NIAAA is advocating that the AAAs consolidate from thirteen to six because we are:

1. Operating obsolete service areas;
2. Duplicating functions;
3. Overspending on administration; and
4. Competing with service providers.

Six AAAs is optimum because it brings the size of the Illinois AAAs up to the national average and creates AAAs large enough to solve the above problems while still being regionally accountable. A straightforward method for doing this geographically is retaining the existing three Chicagoland AAAs (Areas 2, 12, and 13) and dividing the remainder of Illinois into thirds (i.e., Areas 1, 3, 4 in northern Illinois; Areas 6, 7, and 5 in the central Illinois; and Areas 8, 9, 10, and 11 in southern Illinois) which would result in six AAAs with budgets of between \$10-13 million. Combining existing service areas would also lessen the disruption of the transition.

The following is an explanation of why NIAAA is advocating for consolidation.

1. AAA service areas obsolete

The AAAs should be consolidated because our service areas are obsolete. As background, AAAs were created in 1973 with passage of the federal Older Americans Act (OAA) and there are currently 624 AAAs nationwide which includes thirteen in Illinois who are assigned to particular service areas which are designated by statute. AAAs are quasi-governmental independent nonprofits whose main function is funding local service providers (Service Providers) to assist Clients. It is believed that the thirteen Illinois AAA service areas were copied from the 1973 regions of the Illinois Department of Transportation which has subsequently been consolidated into five regions.

The OAA is designed to ensure that AAAs are managing roughly equivalent service areas by standardizing AAA operations and having special protections for rural Clients so that urban regions do not dominate. Illinois, unfortunately, is failing the OAA by not adjusting for decades of demographic changes which has resulted in three huge Chicagoland AAA service areas which dwarf their rural counterparts as indicated by the following table:

2017 AAA funding and Clients

Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
	Rockford	Kankakee	Rock Island	Peoria	Bloomington	Quincy	Springfield	Belleville	Centralia	Mt. Carmel	Carterville	Chicago	Oak Park	
State & fed. funding	\$ 4,787,113	\$ 13,637,685	\$ 3,939,650	\$ 2,522,005	\$ 5,335,389	\$ 1,422,901	\$ 3,425,942	\$ 3,888,834	\$ 1,579,690	\$ 1,439,911	\$ 2,655,815	\$ 18,405,682	\$ 13,971,144	\$ 77,011,761
% of statewide total	6.2%	17.7%	5.1%	3.3%	6.9%	1.8%	4.4%	5.0%	2.1%	1.9%	3.4%	23.9%	18.1%	
Number of Older adults	156,343	654,647	120,231	98,077	179,639	32,171	111,202	148,832	36,548	31,162	70,258	457,110	556,077	2,652,297
% of statewide total	5.9%	24.7%	4.5%	3.7%	6.8%	1.2%	4.2%	5.6%	1.4%	1.2%	2.6%	17.2%	21.0%	

As the table shows, the three Chicagoland AAAs (Areas 2, 12, and 13) have service areas that contain *fifteen times the number* of Clients than each of the three smallest rural AAAs (Areas 6, 9, and 10) which creates huge disparities in resources for Clients. For example, in 2017 the Oak Park AAA (serving a half a county) spent over \$347,700 on Program Development while the Mt. Carmel AAA (serving 8 counties) was able to spend only \$8,000 for the same function. Having greater resources also gives the three Chicagoland AAAs more influence with politicians, policy makers, state agencies, private funders, etc. which exacerbates the urban/rural AAA imbalance. The current AAA service

areas, therefore, unjustly penalize the Clients of the smaller rural AAAs so we need to consolidate to make AAAs into roughly similar organizations by equalizing our service areas.

2. Unnecessary duplication

The AAAs should also be consolidated because it would eliminate unnecessary duplication. Since each AAA is an independent nonprofit (with the exception of the Chicago AAA which is part of City government), there is duplication of functions as we all have Boards, Executive Directors, Fiscal Managers, Grants Managers, etc. Obviously going from thirteen to six for most of these positions will reduce administrative costs which then could be invested in providing more services to Clients. Neighboring states have done similar AAA restructuring to save money such as Wisconsin in 2007 which combined five AAAs into one that serves 70 counties. Similarly, in Iowa in 2012 they went from 13 AAAs to 7 serving 99 counties. NIAAA believes it would cost relatively little to triple our service area and we suspect this is likely true for most Illinois AAAs so consolidation is long past due.

3. AAAs overspending on administration

AAAs should also be consolidated because we overspend on administration. In 2017 AAAs spent a staggering \$10 million on administrative costs as shown in the following table:

2017 AAA Administrative Spending

Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
	Rockford	Kankakee	Rock Island	Peoria	Bloomington	Quincy	Springfield	Belleville	Centralia	Mt. Carmel	Cartersville	Chicago	Oak Park	
Management Admin.	\$ 364,689	\$ 1,116,114	\$ 316,719	\$ 187,968	\$ 402,476	\$ 203,077	\$ 259,719	\$ 300,876	\$ 117,384	\$ 101,893	\$ 199,345	\$ 2,205,602	\$ 1,136,112	\$ 6,911,974
Advocacy	9,761	62,461	19,841	23,860	61,906	31,000	13,581	93,000	48,257	60,089	27,775	186,986	129,503	\$ 768,020
Coordination	26,140	92,769	203,367	79,062	70,579	31,000	37,351	51,000	8,000	12,018	24,754	414,930	96,856	\$ 1,147,826
Program Develop.	48,523	173,071	24,800	104,172	240,659	30,974	53,758	93,000	61,102	8,012	31,216	-	347,722	\$ 1,217,009
Total Administrative	\$ 449,113	\$ 1,444,415	\$ 564,727	\$ 395,062	\$ 775,620	\$ 296,051	\$ 364,409	\$ 537,876	\$ 234,743	\$ 182,012	\$ 283,090	\$ 2,807,518	\$ 1,710,193	\$ 10,044,829
Percent of total														
Management Admin.	7.6%	8.2%	8.0%	7.5%	7.5%	14.3%	7.6%	7.7%	7.4%	7.1%	7.5%	12.0%	8.1%	9.0%
Advocacy	0.2%	0.5%	0.5%	0.9%	1.2%	2.2%	0.4%	2.4%	3.1%	4.2%	1.0%	1.0%	0.9%	1.0%
Coordination	0.5%	0.7%	5.2%	3.1%	1.3%	2.2%	1.1%	1.3%	0.5%	0.8%	0.9%	2.3%	0.7%	1.5%
Program Develop.	1.0%	1.3%	0.6%	4.1%	4.5%	2.2%	1.6%	2.4%	3.9%	0.6%	1.2%	0.0%	2.5%	1.6%
Total	9.4%	10.6%	14.3%	15.7%	14.5%	20.8%	10.6%	13.8%	14.9%	12.6%	10.7%	15.3%	12.2%	13.0%

As you can see, NIAAA spends the least on administration (as a percent of our funding) and is 27% less than the statewide average. NIAAA has accomplished this by cutting our administrative costs by 24% since 2011 because we know that every dollar we save on administration is generally a dollar that goes to Client services. Obviously, consolidating to six AAAs would allow us to more easily ensure that every AAA is operating with equal frugality as NIAAA has been.

4. AAAs are competing against Service Providers

Finally, AAAs should be consolidated because it appears AAAs could be improperly competing against Service Providers by retaining funding to provide direct services to Clients. Despite the OAA basically prohibiting the practice, the AAA national association has been for years encouraging AAAs to ignore the OAA and retain funding so that we can sell our services to the private sector as a possible way to protect ourselves from the managed care movement. While NIAAA has reduced funding that we retain for direct services by 54% since 2013, some AAAs have taken a different approach as indicated by following table:

2017 AAA Spending on Direct Services

Spending by AAAs in 2017														
Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
	Rockford	Kankakee	Rock Island	Peoria	Bloomington	Quincy	Springfield	Belleville	Centralia	Mt. Carmel	Cartersville	Chicago	Oak Park	
Direct Service	\$ 98,595.0	\$ 147,704.0	\$ 69,891.0	\$ 748,623.0	\$ 275,760.0	\$ -	\$ 173,350.0	\$ 277,211.0	\$ 69,576.0	\$ 10,000.0	\$ -	\$ 9,394,668.0	\$ 192,201.0	\$ 11,457,579
% of total funding	2.1%	1.1%	1.8%	29.7%	5.2%	0.0%	5.1%	7.1%	4.4%	0.7%	0.0%	51.0%	1.4%	14.9%

As the table shows, AAAs vary dramatically on providing direct services from zero to substantial portions of their budgets. Since NIAAA is not privy to the rationale justifying this spending, we are

unable to draw any conclusions other than it is troubling given the push by our national association. Even assuming AAAs are not improperly competing against their Service Providers, however, the above indicates that the AAAs are taking vastly different approaches to providing direct services so we need to consolidate to ensure consistency and greater transparency.

While IDoA did say in 2018 that it would consider the issue, nothing has occurred so NIAAA will continue advocating for an evaluation of the AAA structure.

7. Funding Allocations

FY24 Proposed Allocation for Community Based Services By Service and County

Community based services (i.e., Title III-B) are used to develop a comprehensive and coordinated service system. As part of this system, NIAAA will be continuing funding in FY24 the following services: Information and Assistance (I & A), Transportation, Respite, Legal, Gap Filling, and Ombudsman (OMB). As part of I & A, NIAAA plans to continue to fund Options Counseling which was a new service added in FY 2014.

1. FY24 Allocation for Community Services and Health Promotion

The following is a table of FY24 allocation for community-based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

FY24 Community Based Services and Health Promotion Allocations

A 10% variance in distribution may be considered by the NIAAA Board of Directors.

FY2024 ALLOCATIONS BY TITLE B/GRF AND IIID BY SERVICE BY COUNTY							
	B	B	B	B	B	OMB	D
	I & A	TRANS	HOME	LEGAL	GAP	III-B	HEALTH
COUNTY			MAKER		FILLING	GRF VII	PROM
BOONE	65,413	8,023	31	6,200	1,860	14,945	2,874
CARROLL	34,817	4,270	17	3,300	990	7,955	1,530
DEKALB	98,119	12,034	47	9,300	2,790	22,418	4,311
JO DAVIESS	51,697	6,340	25	4,900	1,470	11,812	2,271
LEE	67,523	8,281	32	6,400	1,920	15,428	2,966
OGLE	89,679	10,999	43	8,500	2,550	20,490	3,940
STEPHENSON	101,285	12,422	48	9,600	2,880	23,141	4,450
WHITESIDE	108,670	13,328	52	10,300	3,090	24,829	4,774
WINNEBAGO	437,844	53,699	205	41,500	12,450	100,038	19,235
Totals	1,055,047	129,396	500	100,000	30,000	241,056	46,351

FY24 Projected People and Units

The following are the projected people and units for FY 24 for community services (Title III-B), meals (Title III-C1, C2, and GRF), and health promotion (Title III-D). A unit is generally one hour of service or, in the case of meals, one meal delivered.

FY 24 Projected People and Units

Service	Actual 2017		Actual 2018		Actual 2019		Actual 2020		Actual 2021		Actual 2022		Estimated 2023*		Projected 2024	
	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units
Info. & Assistance	16,197	87,409	16,677	85,818	16,492	69,850	16,238	69,146	17,382	74,901	17,260	85,701	25,000	88,000	25,000	88,000
Transportation	1,288	38,825	1,336	36,838	957	30,067	789	20,107	607	18,398	1,212	52,815	1,400	30,000	1,500	31,000
Legal Services	507	1,800	488	1,825	448	1,764	477	2,567	394	1,764	375	1,750	375	1,750	375	1,750
GAP Filling	93	93	86	86	84	84	65	65	37	37	36	36	50	50	60	60
Congregate Meals	6,265	146,392	7,592	151,915	7,345	132,530	4,608	82,906	2681	47,300	3,296	57,545	3,400	60,000	3,500	65,000
Home Delivered Meals	2,260	390,439	5,313	469,427	5,999	517,120	4,932	635,874	7041	650,280	7,076	650,280	7,000	600,000	7,000	600,000
Ombudsman	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Promotion	513	3,255	611	2,258	511	2,094	304	801	645	2,130	203	1,071	200	1,000	200	1,000
Total	27,123	668,213	32,103	748,167	31,836	753,509	27,413	811,466	28,787	794,810	29,458	849,198	37,425	780,800	37,635	786,810

* based on actual through March 31, 2023

FY24 Proposed Allocation for Elder Abuse Prevention Funding

IDoA has designated four adult protective services prevention agencies (APSPAs) which are: Elder Care Services (for DeKalb County); Lifescape Community Services (Carroll, Lee, Ogle, Whiteside); Senior Resources (Jo Daviess, Stephenson); and VNA (Boone, Winnebago). The APSPAs conduct investigations into reports of abuse against older and disabled adults. APSPAs report their investigations directly to IDoA and are paid accordingly by IDoA for these activities. NIAAA does not fund the APSPAs to conduct investigations or case management.

NIAAA does, however, fund the APSPAs to perform other APS activities as described below. The expected amount available for these activities in FY24 is \$15,770 which is a little less than FY23.

Specifically, NIAAA funds the APSPAs for the following:

- Multi-Disciplinary Teams (M-Teams) at the rate of \$250 per meeting. Each APSPA will receive a minimum of \$3,000 for holding 8 required M-Team meetings per fiscal year. APSPAs will receive up to an additional \$250 per meeting for each additional M-Team meeting (maximum of 4) held during the fiscal year;
- Expenses for training including the annual Adult Protective Services Conference. The APSPAs have \$3,770 available for reimbursement for training expenses (\$2,970 allocated to the four APSPAs and \$800 to the long-term care ombudsman program);
- APS presentations at \$50 per event; and
- Public education and training materials which includes: training videos; curriculums; and other materials for use in public education/training such as bookmarks, business cards, magnets, etc.

NIAAA's administrative costs for APS is \$1,393.

**FY24 Proposed Allocation for Congregate and Home Delivered Meals
By Service Area**

Following is a table of the anticipated funding for meals by county service area:

SERVICE AREAS					HDM	
FY 2024 4/4/23	FORMULA %	III-C1	III-C2	GRF	TOTAL	TOTAL
BOONE, LEE, OGLE, WINN	62.6%	319,818	719,786	2,029,867	2,749,653	3,069,471
CARROL, JO DAVIESS						
STEPHENSON, WHITESIDE	28.1%	143,561	323,099	911,171	1,234,270	1,377,831
DEKALB	9.3%	47,513	106,933	301,562	408,495	456,008
TOTAL		510,892	1,149,818	3,242,600	4,392,418	4,903,310

These figures reflect a 40% transfer from Title III-C-1 to Title III-C-2. A 10% variance in distribution may be considered by the NIAAA Board of Directors.

In addition to the above meal funding, NIAAA also receives additional federal funding from the Nutrition Services Incentive Program (NSIP). NSIP funding is based on the: 1) FY24 federal appropriation; 2) number of meals provided nationwide in FY21; and 3) number of meals provided throughout Illinois in FY21. The NSIP projected allocation will, consequently, be revised when the actual FY21 meal count is calculated and the FY24 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY24:

FY 24 NSIP Allocations

NSIP						
4/4/2023						
SERVICE AREAS	FY21 MEALS	%	FY 21 Alloc	FY21 III-C1	FY21 III-C2	Total C1+C2
BOONE, LEE, OGLE, WINN	384,804	60.46%	286,686	80,272	206,414	286,686
CARROL, JO DAVIESS						
STEPHENSON, WHITESIDE	184,054	28.92%	137,131	38,397	98,734	137,131
DEKALB	67,578	10.62%	50,357	14,100	36,257	50,357
TOTAL	636,436	100.00%	474,174	132,769	341,405	474,174

FY24 Proposed Allocation for Caregivers and Grandparents by Service and County

Caregiver funding (Title III-E) provides assistance to caregiver clients. Services include information about and assistance in gaining access to available services (I&A), training/education/support (TES), respite and gap filling services. The OAA requires no more than twenty percent of federal funding can be expended for gap filling service and up to ten percent (federal and non-federal) can be allocated to grandparents raising grandchildren. Given this, the following is the FY24 allocation:

FY24 Caregiver Allocation by County

CAREGIVER FY 2024									
FY24		E	E	E	E	E	GRF Caregiver		
		I & A	G/P	GAP	RESPITE	T/E/S	Support Services	TOTAL	
COUNTY			I & A						
BOONE		13,198	1,240	2,010	4,836	1,550	20,273	43,107	
CARROLL		7,025	660	1,070	2,574	825	10,790	22,944	
DEKALB		19,797	1,860	3,015	7,254	2,325	30,409	64,660	
JO DAVIESS		10,431	980	1,589	3,822	1,225	16,022	34,069	
LEE		13,624	1,280	2,075	4,992	1,600	20,926	44,497	
OGLE		18,094	1,700	2,756	6,630	2,125	27,793	59,098	
STEPHENSON		20,436	1,920	3,112	7,488	2,400	31,390	66,746	
WHITESIDE		21,926	2,060	3,339	8,034	2,575	33,679	71,613	
WINNEBAGO		88,339	8,300	13,455	32,370	10,375	135,694	288,533	
PSA 01		212,870	20,000	32,421	78,000	25,000	326,976	695,267	

Note: GRF Caregiver Support Services is a new category. This funding will be distributed across the other 3 to 5 categories at the discretion of the Illinois Department on Aging (IDoA).

Based on the above caregiver allocation, the following are projections for people and units:

FY 24 Projected People and Units																
Service	FY 2017 Actual		FY 2018 Actual		FY 2019 Actual		FY 2020 Actual		FY 2021 Actual		FY 2022 Actual		FY 2023 Estimated		FY 2024 Projected	
	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units
Caregiver - I&A	2,627	6,006	1,506	5,261	1,851	6,386	1,515	5,051	709	3,129	686	3,129	711	3,200	800	3,200
Grandparent - I&A	160	978	48	735	69	1,110	69	1,750	112	1,557	112	1,517	120	1,500	150	1,600
Caregiver GAP Filling	76	76	158	158	70	70	83	83	29	29	67	67	70	70	70	70
Caregiver Respite	81	4,394	92	6,056	131	4,137	82	2,485	96	4,625	89	4,794	100	4,500	120	4,500
TES	181	679	163	588	70	266	12	20	13	32	9	22	15	35	20	40
Total	3,125	12,133	1,967	12,798	2,191	11,969	1,761	9,389	959	9,372	963	9,529	1,016	9,305	1,160	9,410

8. Funding Changes

FY24 Funding Increases, Decreases and Carryover Funds

NIAAA will comply with the intent of Congress, the Illinois General Assembly or administrative directives (from the ACL or IDoA) in the event of funding increases, decreases and carryover funds.

Carryover Dollars

Carryover funds will be used as follows:

- Carryover from specified Titles will remain with those Titles for reprogramming according to ACL and IDoA policies.
- Any carryover will be reprogrammed and made available for one-time expenditures, including gap-filling and respite services.

Funding Increases

Should the amount of federal or state General Revenue Funds increase at any time during the FY24 funding cycle:

- All increases will go to the specified Title;
- For Title III-C1, all increases will go to the specified Title within the NIAAA Board's 40% transfer policy from C-1 to C-2. If, for example, General Revenue Funds for Home Delivered Meals are increased by the General Assembly, NIAAA will allocate the additional funds for nutrition services;
- The increased funds will be distributed according to the service priority distribution, the geographic funding formula and any other pertinent data;
- If additional GRF for ombudsman services is received, it will be allocated to the designated ombudsman provider and utilized consistent with legislative intent.

Funding Decreases

Should the amount of federal or state General Revenue Funds decrease at any time during the FY24 funding cycle:

- Decreases will come from the corresponding Title (within the transfer policy from C-1 to C-2).
- Under Title III-B/GRF and Title III-C1 and III-C2/GRF, decreases will be determined through the application of the service priority distribution and the geographic funding formula.

Funding Increases and Decreases for NIAAA Administration and Direct Services

To the extent possible, funding increases/decreases will be allocated to the counties by formula by Title.

Information on Funding Possibilities

NIAAA receives most of its funding under the federal OAA and Illinois GRF but it is always seeking other sources of funding. NIAAA recently applied for funding from several foundations for the Chronic Disease Self-Management Program and legal services grant. Other possible funding sources for NIAAA include:

- National nonprofits such as the National Council on Aging;

- Local nonprofits such as the United Way;
- Other State units such the Illinois Department of Public Health;
- Special project grants from the Administration on Aging;
- Community Development Block Grants from local government such as Winnebago County; and
- Community foundations (both local and national) such as the Northern Illinois Community Foundation.

NIAAA plans to explore these as well as other funding for sources.

9. NIAAA Expenses and Direct Services

NIAAA Administrative Expenses

During FY24, NIAAA is proposing to provide services for its administration function. NIAAA is limited by federal law to receiving 10% of total Title III and Title VII funding. Given this, NIAAA projects the amount available for its administration expenses to be as follows:

Administrative - (OAA \$324,441) (GRF \$ 108,147)	\$432,588	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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Funds will be expended for administration before costs are incurred for administratively related direct services.

NIAAA Administratively Related Expenses (ARE)

In addition to the 10% administration amount above, NIAAA has discretion to retain extra funding for three activities under what is known as 'Administratively Related Expenses' (ARE). The three activities under ARE are: 1) coordination; 2) program development and 3) advocacy. NIAAA proposes retaining the following amounts for these ARE activities:

<u>Activity</u>	<u>Amount</u>	<u>Purpose</u>
1. <i>Coordination</i>	\$ 60,000	Developing a comprehensive and integrated service delivery system through the creation of working relationships with funding agencies and service providers.
2. <i>Project Development</i>	\$ 80,000	Creating new services or improving services.
3. <i>Advocacy</i>	\$ 70,000	Representing, supporting, or helping seniors get needed services, inducing change in stereotypes, or influencing legislation and policies which impact the lives of seniors.
Total ARE	\$210,000	

Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY24 by using \$100,000 from Title III-B/GRF funding.

Justification for NIAAA Providing I&A

NIAAA has a long history of providing I&A as it has been doing so since 1974. NIAAA has been, and will continue to be, the back-up provider for all funded I&A in Area 01 as we will serve all clients of Area 01 regardless of where they live. Further, with the continuing privatization of Medicaid, it is expected that the

demand for NIAAA assisting clients with the complex transition will continue. NIAAA providing I&A, therefore, is both necessary and sufficient to meet the needs in Area 01. Given our distinctive history and experience, NIAAA is again requesting a waiver to provide I&A.

Caregiver Access Services Provided Directly By NIAAA

NIAAA is also proposing to continue to provide Title III-E caregiver access at a cost of \$20,000 in FY24 which is a \$20,000 decrease (or 43%) from FY13. As with the decrease in NIAAA's I&A clients, a similar reduction has occurred for the number of caregiver clients served by NIAAA.

Justification for Caregiver direct service

NIAAA has provided area wide caregiver assistance since FY01 and is the only regional caregiver assistance provider in northwestern Illinois. NIAAA also serves as the back-up provider for Area 01 funded caregiver assistance.

NIAAA's past Request for Proposal for caregiver I&A service yielded only county-based or two county providers of caregiver assistance service. NIAAA providing caregiver access services, therefore, is both necessary and sufficient to meet the needs in Area 01.

NIAAA FY24 Projected People and Units for Direct Services for I&A and Caregiver

As stated above, NIAAA has a long history with providing both I&A and caregiver access services in Area 01. The following is a summary of recent direct service activity along with FY24 projections.

**NIAAA Direct Service History
FY2006-2024**

Fiscal Year	I&A People	I&A Units	Title III-E People	Title III-E Units	I&A People	I&A Units	Title III-E People	Title III-E Units
FY06	9,624	18,972	1,005	1,181				
FY07	7,591	17,575	1,077	1,307				
FY08	6,598	8,126	870	1,139	7,256	15,481	869	1,139
FY09	6,431	11,603	449	560	5,982	11,043	449	560
FY10	7,067	11,964	452	563	7,067	11,964	452	563
FY11	5,681	12,103	489	793	5,392	11,710	289	393
FY12	3,266	8,624	435	702	3,031	8,322	235	302
FY13	2,103	3,668	672	898	2,114	3,799	72	98
FY14	1,223	2,705	670	904	1,963	3,531	68	87
FY15	1,666	2,918	669	899	1,681	3,041	109	238
FY16	1,779	2,981	657	882	1,831	3,166	248	321
FY17	1,629	3,006	650	850	1,629	3,006	137	175
FY18	2,215	3,414	600	900	2,215	3,414	105	199
FY19	1,500	3,000	600	900	1,018	1,977	150	322
FY20	1,500	3,000	500	1200	1,099	3,047	106	277
FY21	1,200	3,500	300	2000	1,315	4,009	127	399
FY22	1,200	3,500	300	2000	1,504	4,030	158	712
FY23 estimated	1,200	3,500	300	2000	1,500	3,000	160	700
FY24 projections	1,200	3,500	300	2000	1,500	4,000	160	700
					The Green numbers are actual counts			
					Red numbers = YTD counts as of 3/31/2023			

OTHER NIAAA ACTIVITIES

NIAAA administers the following additional programs:

- The Chronic Disease Self-Management Program which is an evidenced based program designed to help clients with chronic diseases manage their illness;
- The Senior Health Assistance Program which provides counseling to clients about health benefits;
- The Senior Medicare Patrol which trains Medicare beneficiaries how to prevent fraud;
- The State Health Insurance Program which helps clients with health insurance issues; and
- Assisting clients and working the Managed Care Organizations as they begin the process of privatizing Medicaid in Area 01.

Proposed FY24 Allocations by County

PROPOSED FY2024 ALLOCATIONS BY COUNTY											
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total	
IIIB/GRF SUPPORTIVE SER	91,157	48,519	136,735	72,043	94,097	124,973	141,146	151,438	610,160	1,470,268	
IIIB/GRF/VII OMBUDSMAN	14,945	7,955	22,418	11,812	15,428	20,490	23,141	24,829	100,038	241,056	
IIIC-1 CONGREGATE MEALS	31,675	16,859	47,513	25,034	32,697	43,426	49,046	52,622	212,020	510,892	
IIIC-2/GRF HOME DEL MEALS	272,330	144,950	408,495	215,229	281,115	373,356	421,672	452,419	1,822,852	4,392,418	
IIID HEALTH PROMOTION	2,874	1,530	4,311	2,271	2,966	3,940	4,450	4,774	19,235	46,351	
IIIE CAREGIVER SUPPORT	22,834	12,154	34,251	18,047	23,571	31,305	35,356	37,934	152,839	368,291	
TOTAL ALL TITLES	435,815	231,967	653,723	344,436	FALSE	597,490	674,811	724,016	2,917,144	7,029,276	
VII ELDER ABUSE			PER ELDER ABUSE AGENCY - FOR M-TEAM SUPPORT								12,000
III-C NSIP										474,174	
TOTAL										7,515,450	