
Northwestern Illinois Area Agency on Aging



Public Information Document

NIAAA's Fiscal Year 2016-2019 Area Plan on Aging

April 21, 2016

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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 Fiscal Year 2016-2019 Area Plan.

PURPOSE OF THE PUBLIC HEARING: The public hearing is an opportunity to comment on NIAAA's proposed 2016-2019 Area Plan (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 2016-2019 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 testimony, which is due no later than 4:00 p.m. on May 22, 2015 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: (816) 226-8984, 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 2016-2019 Area Plan. The Public Information Document will be made available beginning April 21, 2015 through the NIAAA office and the NIAAA website (www.nwilaaa.org). Copies of the Public Information Document will be available at the public hearing sites on the day of the hearing or upon request by emailing gn@nwilaaa.org.

PUBLIC HEARING INFORMATION

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
May 21, 2015	9:30 a.m.	Northwestern Illinois Area Agency on Aging 1111 S. Alpine Road, Suite 600, Rockford, IL 61108
May 21, 2015	2:00 p.m.	Boone County Council on Aging 2141 Henry Luckow Lane, Belvidere, IL

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)
ADRC	Aging and Disability Resource Center (NIAAA is the pilot ADRC in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
ACL	Administration on Community Living (federal aging agency formerly known as the AoA)
ACO	Accountable Care Organization (Medicare providers join an ACO to try and earn a bonus for reducing Medicare costs)
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 IDoA 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
BIP	Balancing Incentive Program (HFS initiative to increase community services in Medicaid program)
CMS	Centers for Medicare and Medicaid Services (federal agency which administers Medicare and Medicaid throughout the nation)
CR	Continuing Resolution (method to continue federal government without a budget)
FY	The federal fiscal year which for 2016 begins on October 1, 2015
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
ICP	Integrated Care Program (pilot program for privatizing Medicaid)
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDoA	Illinois Department on Aging (state agency)
HFS	Illinois Department of Healthcare and Family Services (state agency that administers Medicaid)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
MCE	Managed Care Entities (private company managing Medicaid services)
M-Team	Multi-Disciplinary Teams (comprised of various groups involved in elder abuse)
MSSP	Medicare Shared Savings Program (part of the Affordable Care Act for reducing Medicare expenses)
n4a	National Association of Area Agencies on Aging
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SCSEP	Senior Community Service Employment Program (service provided by NIAAA)
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 V	Senior Community Service Employment Program (NIAAA funded service)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

Purpose Of This Public Information Document

This Public Information Document provides a summary of NIAAAA's proposed 2016-2019 Area Plan including a plan for distribution of federal/state funds in NIAAAA'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 NIAAAA'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 FY16 federal nor the FY16 state appropriations have been finalized so the funding amounts in this PID are projections.

Purpose of the FY16-19 Area Plan on Aging

The FY16-19 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, NIAAAA 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 NIAAAA'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 15, 2015, the NIAAAA Board of Directors will review and approve NIAAAA's proposed 2016-2019 Area Plan and it will be submitted to the Illinois Department on Aging before July 1, 2015.

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 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. As part of the "aging network," including 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 18 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.] NIAAA no longer manages the APS Program for IDoA but is still responsible under the Older Americans Act for coordinating elder abuse prevention in Area 01.
- 6. Senior Employment Programs** – NIAAA provides employment and training opportunities for persons 55 and older, through two grants from IDOA. The Older Americans Community Service Employment Program, authorized by Title V of the OAA and funded by the Department of Labor, provides part-time job placement and on-the-job training for low income persons 55 and older. The Senior Employment Specialist Program, funded through Illinois General Revenue Funds, links older persons seeking employment and training through Illinois WorkNet Centers serving Area 01.
- 7. Aging and Disability Resource Center** – NIAAA is the first Aging and Disability Resource Center (ADRC) not only in Area 01 but in Illinois. The ADRC provides information and referral to programs and services for older adults and individuals with disabilities. NIAAA also is responsible for expanding the ADRC network in Area 01.

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 655 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 III-C1 – 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.

2015

The OAA is up for renewal and modification by Congress.

Federal Advocacy

NIAAA regularly takes positions on federal issues by contacting our legislators and through membership in the National Association of Area Agencies on Aging (n4a). A current issue of particular interest for NIAAA is the recent trend of area agencies on aging (AAAs) selling services to for-profit organizations such as Managed Care Entities (see paragraph 6 below for a description of MCEs in Medicaid). This practice has been strongly encouraged by the Administration on Community Living (ACL).

The problem with AAAs selling services is that the OAA has four specific provisions that essentially prohibit AAAs from contracting with for-profit organizations except in very limited circumstances. Also, AAAs selling services likely creates an improper conflict of interest as AAAs will usually be competing against grantees for managed care business. Finally, AAAs working together in selling services is also a possible violation federal antitrust law which is punishable by up to \$100 million fine and 10 years in prison.

Since the possible consequences of violating these federal laws is severe, NIAAA asked ACL in November 2014 to provide guidance on how and when AAAs should be contracting with for-profit organizations. ACL states they are working on guidance.

State Advocacy

NIAAA regularly takes positions on state issues by contacting our legislators and by our participating in the legislative committee of the Illinois Association of Area Agencies on Aging (I4A). An issue of recent interest to NIAAA is the Illinois Department Public Health (IDPH) publishing a new form in March 2015 for what are known as "practitioner orders for life-sustaining treatment" or POLST. While "*physician* orders for life-sustaining treatment" were just introduced to Illinois the previous year, the Generally Assembly dramatically expanded who can now enter a POLST by giving non-physician practitioners the power to enter medical orders that can result in a patient dying.

NIAAA opposes this change and asked IDPH to withdraw the POLST form because it: 1) is ambiguous; 2) improperly gives non-physician practitioners authority to enter medical orders; 3) violates the Health Care Surrogate Act; and 4) is prohibited by three healthcare licensing statutes. NIAAA is waiting for a response from IDPH.

3. Funding

Summary of the President's FY2016 Budget for Aging (February 2015)

Program	2015 Enacted	2016 President's Budget	+/- FY 2015
Health and Independence for Older Adults			
Home & Community-Based Supportive Services	347,724	386,182	38,458
Nutrition Services	814,657	874,557	59,900
<i>Congregate Nutrition Services (non-add)</i>	<i>438,191</i>	<i>458,091</i>	<i>19,900</i>
<i>Home-Delivered Nutrition Services (non-add)</i>	<i>216,397</i>	<i>236,397</i>	<i>20,000</i>
<i>Nutrition Services Incentive Program (non-add)</i>	<i>160,069</i>	<i>160,069</i>	--
<i>Nutrition Innovations (non-add)</i>	--	<i>20,000</i>	<i>20,000</i>
Preventive Health Services	19,848	19,848	--
<i>Chronic Disease Self-Management Education [PPHF]</i>	<i>8,000</i>	<i>8,000</i>	--
<i>Falls Prevention [PPHF]</i>	<i>5,000</i>	<i>5,000</i>	--
Native American Nutrition & Supportive Services	26,158	29,100	2,942
Aging Network Support Activities	9,961	9,961	--
<i>Holocaust Survivor Assistance (non-add)</i>	<i>2,500</i>	<i>2,500</i>	--
<i>Subtotal, Health and Independence</i>	1,231,348	1,332,648	101,300
Caregiver & Family Support Services			
Family Caregiver Support Services	145,586	150,586	5,000
Family Support	--	15,000	15,000
Native American Caregiver Support Services	6,031	6,800	769
Alzheimer's Disease Supportive Services Program	3,800	3,800	--
<i>Alzheimer's Disease Initiative—Services [PPHF]</i>	<i>10,500</i>	<i>10,500</i>	--
Lifespan Respite Care	2,360	5,000	2,640
<i>Subtotal, Caregiver & Family</i>	168,277	191,686	23,409
Protection of Vulnerable Adults			
Long-Term Care Ombudsman Program	15,885	15,885	--
Prevention of Elder Abuse & Neglect	4,773	4,773	--
Senior Medicare Patrol Program	8,910	8,910	--
<i>Health Care Fraud and Abuse Control [HCFAC] 1/</i>	<i>8,710</i>	<i>8,710</i>	--
Elder Rights Support Activities	7,874	28,874	21,000
<i>Elder Justice (non-add)</i>	<i>4,000</i>	<i>25,000</i>	<i>21,000</i>
<i>Subtotal, Vulnerable Adults</i>	46,152	67,152	21,000
Disability Programs, Research & Services			
State Councils on Developmental Disabilities	71,692	71,692	--
Developmental Disabilities Protection and Advocacy	38,734	38,734	--

University Centers for Excellence in Developmental Disabilities	37,674	38,619	945
Projects of National Significance	8,857	14,500	5,643
<i>Youth Transitions (non-add)</i>	--	5,000	5,000
National Institute on Disability, Independent Living, and Rehabilitation Research 3/	103,970	108,000	4,030
Independent Living 3/	101,183	106,183	5,000
<i>Subtotal, Disability Programs</i>	362,110	377,728	15,618
Consumer Information, Access & Outreach			
Aging and Disability Resource Centers	6,119	20,000	13,881
State Health Insurance Assistance Program	52,115	52,115	--
Voting Access for People with Disabilities (HAVA)	4,963	4,963	--
Assistive Technology 3/	33,000	31,000	(2,000)
<i>Alzheimer's Disease Initiative—Communications Campaign [PPHF]</i>	4,200	4,200	--
National Clearinghouse for Long-Term Care Information	--	1,000	1,000
Limb Loss Resource Center	2,800	2,810	10
Paralysis Resource Center	6,700	6,700	--
<i>Medicare Improvements for Patients and Providers Act [TRA/BBA]2/</i>	8,750	--	(8,750)
<i>Subtotal, Consumer Information</i>	118,647	122,788	4,141
Program Administration 4/	37,709	40,063	2,354
Subtotal, Program Level	1,964,243	2,132,065	167,822
Less: Funds From Mandatory Sources			
HCFAC Wedge Funds 1/	(8,710)	(8,710)	--
Prevention & Public Health Fund (ACA)	(27,700)	(27,700)	--
Medicare Improvements for Patients and Providers Act 2/	(8,750)	--	8,750
Total, Discretionary Budget Authority	1,919,083	2,095,655	176,572

Notes: 1/ \$8,710,146 is a placeholder amount in FY 2016. The Secretary and Attorney General will determine the final amount.

2/ Includes funding for ADRCs, AAAs, and the National Center for Benefits Outreach Enrollment. Funding for the SHIPs is appropriated to CMS and administered by ACL through an Intra-Departmental Delegation of Authority (IDDA).

3/ Funding for FY 2015 reflects the estimated annualized amount for programs transferred from the Department of Education to ACL by the Workforce Innovation and Opportunity Act. For FY 2016, ACL is requesting funding for these programs directly.

4/ Funding for FY 2015 includes the estimated annualized amount for program administration transferred from the Department of Education to ACL for WIOA programs, based on a determination order between the Department of Education and ACL. For FY 2016, ACL is requesting these funds directly.

Summary of the Governor's FY2016 Budget
For the Illinois Department on Aging (February 18, 2015)

Line Item	FY2014 Actual Expenditure	FY 15 Enacted	FY 16 Governor's Budget	Increase	Inc. %
BIP	\$0	\$ 3,476,600	\$ 5,074,700	\$ 1,598,100	45.97%
CCP Capitated Coordinated Care	\$ 6,345,000	\$ 32,230,000	\$ 167,000,000	\$ 134,770,000	418.15%
CCP Case Management	\$ 54,675,200	\$ 60,757,900	\$ 62,600,000	\$ 1,842,100	3.03%
CCP Services Grants & Admin.	\$ 826,116,500	\$ 745,286,900	\$ 604,545,600	\$ (140,741,300)	-18.88%
CCP Subtotal	\$ 887,136,700	\$ 838,274,800	\$ 834,145,600	\$ (4,129,200)	-0.49%
CTSR		\$ 32,496,400	\$ 32,496,400	\$ -	0.00%
APS	\$ 14,183,700	\$ 23,059,700	\$ 22,400,000	\$ (659,700)	-2.86%
BEAM	\$ 1,319,600	\$ 1,848,700	\$ 1,877,200	\$ 28,500	1.54%
SHIP (CMS)	\$ 3,000,000	\$ 3,000,000	\$ 2,300,000	\$ (700,000)	-23.33%
Senior helpline	\$ 1,289,800	\$ 1,393,900	\$ 1,500,000	\$ 106,100	7.61%
AAA Grants for CBS (Equal)	\$ 758,800	\$ 751,200	\$ 751,200	\$ -	0.00%
AAA Planning & Service Grants	\$ 7,800,000	\$ 7,722,000	\$ 7,722,000	\$ -	0.00%
Subtotal AAAs	\$ 8,558,800	\$ 8,473,200	\$ 8,473,200	\$ -	0.00%
SHAP (transfer)	\$ 1,600,000	\$ 1,600,000	\$ 1,600,000	\$ -	0.00%
LTC Systems Development	\$ 246,300	\$ 243,800	\$ 273,800	\$ 30,000	12.31%
HDMs	\$ 12,169,500	\$ 11,623,200	\$ 14,005,200	\$ 2,382,000	20.49%
Senior Employment	\$ 190,300	\$ 190,300	\$ 190,300	\$ -	0.00%
GRG Program	\$ 298,700	\$ 300,000	\$ 300,000	\$ -	0.00%
RSVP	\$ 557,400	\$ 551,800	\$ 551,800	\$ -	0.00%
Foster Grandparents	\$ 243,800	\$ 241,400	\$ 241,400	\$ -	0.00%
Special Training	\$ 50,000	\$ 50,000	\$ 20,000	\$ (30,000)	-60.00%
LTCOP (GRF)	\$ 1,443,300	\$ 1,478,100	\$ 5,500,000	\$ 4,021,900	272.10%
LTCOP Other	\$ 1,115,300	\$ 3,000,000	\$ 2,600,000	\$ (400,000)	-13.33%
Total LTCOP	\$ 2,558,600	\$ 4,478,100	\$ 8,100,000	\$ 3,621,900	80.88%

Key

- AAAs – area agencies on aging
- APS – Adult Protective Services
- BEAM - Benefits Eligibility Assistance & Monitoring
- BIP – Balancing Incentive Program
- CBS – Community based services
- CCP – Community Care Program

CMS – Centers for Medicare & Medicaid Services
CTSR - Community Transition and System Rebalancing
GRF – Illinois general revenue funds
GRG – Grand Parents Raising Grandchildren
HDM – Home delivered meals
LTC – Long Term Care
LTCOP – Long Term Care Ombudsman Program
RSVP – Retired and Senior Volunteer Program
SHAP – State Health Assistance Program
SHIP – State Health Insurance Program

Highlights of 2016 Proposed Budget

- FY2016 is an overall decrease of 8.4% from FY2015 appropriated levels
- The budget requests an additional \$2,382,000 GRF for HDMs to sustain 6 million meals for 40,700 seniors and address current waiting list of 1,120 persons
- Ombudsman Program will now also be advocating for persons enrolled in the Medicare-Medicaid Alignment Initiative and Integrated Care Program
- Currently 50% of CCP clients are enrolled in Managed Care Organizations and the goal is to increase to 60% in FY2016
- The 76,000 CCP clients served monthly will lose an average of one hour of service per week

4. NIAAA Allocation Process

FY16 Funding and Designation Status

Grants awarded in the 2016 Area Plan are for a one-year and renewed dependent upon satisfactory performance by the grantee in meeting grant requirements.

Long Term Care Ombudsman Program Designation: Catholic Charities is the designated ombudsman for Area 01.

Adult Protective Services Designation: As of February 1, 2014, the designation of APS provider agencies is now the responsibility of IDoA and not NIAAA.

FY16-19 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 FY16 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

Based on the 2013 census estimates, there are 147,279 persons 60 years or older living in Area 01. As demonstrated by the below table, NIAAA's senior population in Area 01 has increased nearly 8% since 2010 and this increase is double the statewide rate. Area 01, consequently, accounts for nearly 12% of the statewide increase of older adults between 2010 and 2013.

Increase in Older Adults from 2010 Census to 2013 Census Estimates

	<u>2010</u>	<u>2013</u>	<u>Increase</u>	<u>Inc. %</u>
Boone	9,096	10,189	1,093	12.0%
Carroll	4,432	4,576	144	3.2%
DeKalb	14,650	16,132	1,482	10.1%
JoDaviess	6,704	7,147	443	6.6%
Lee	7,883	8,264	381	4.8%
Ogle	11,164	12,006	842	7.5%
Stephenson	11,886	12,576	690	5.8%
Whiteside	13,822	14,490	668	4.8%
Winnebago	<u>57,345</u>	<u>61,899</u>	<u>4,554</u>	<u>7.9%</u>
Total	136,982	147,279	10,297	7.5%
Statewide	2,383,042	2,469,688	86,646	3.6%
Area 01 % of statewide	5.7%	6.0%	11.9%	

Area 01 has also seen an increase in older adults in what the OAA deems as 'greatest social and economic need'. (Note that IDoA has determined that all older adults living in Boone, DeKalb and Winnebago to be urban and the remaining counties in Area 01 to be rural. This means that an older adult living on a farm in Winnebago County is considered urban while someone living in downtown Dixon is rural.) As demonstrated by the table below, Area 01 has seen a large increase in the number of poor and minority seniors.

**2013 Census Older Adults
by Greatest Social & Economic Need**

	<u>60+</u> <u>Poverty</u>	<u>60+</u> <u>Minority</u>	<u>75+</u> <u>Population</u>	<u>Living</u> <u>Alone</u>	<u>Rural</u>
Boone	602	854	2,811	1,540	0
Carroll	228	118	1,537	1,030	4,576
DeKalb	812	938	5,050	3,975	0
JoDaviess	400	134	2,193	1,450	7,147
Lee	487	440	2,710	2,075	8,264
Ogle	621	479	3,826	2,560	12,006
Stephenson	880	809	4,582	3,225	12,576
Whiteside	752	1001	5,022	3,325	14,490
Winnebago	<u>4,871</u>	<u>7,822</u>	<u>19,508</u>	<u>14,360</u>	<u>0</u>
Total	9,653	12,595	47,239	33,540	59,059
2010	7,999	10,342	46,346	31,950	55,891
Increase	1,654	2,253	893	1,590	3,168
Inc. %	20.7%	21.8%	1.9%	5.0%	5.7%

Despite poor and minority older adults increasing the past three years in Area 01, the percentage of older adults in these categories in Area 01 is still less than statewide average. The following table is a comparison of the percent of older adults in Area 01 the greatest needs categories compared to the statewide averages:

Percent of Total by Greatest Need Category					
	<u>60+</u> <u>Poverty</u>	<u>60+</u> <u>Minority</u>	<u>75+</u> <u>Population</u>	<u>Living</u> <u>Alone</u>	<u>Rural</u>
Area 01	6.6%	8.6%	32.1%	22.8%	40.1%
Statewide	8.0%	23.9%	31.5%	24.1%	15.0%

As the table demonstrates, Area 01 is above the statewide percent only in the '75 + years old' and 'rural' categories.

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 FY16

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 2013 Census information from the Administration on Community Living is used by the IDoA to allocate FY16 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
9.0% 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	2013
Boone	4.5%	5.3%	5.9%
Carroll	3.8	3.3	3.1%
DeKalb	8.1	8.5	9.0%
Jo Daviess	5.0	5.1	4.9%
Lee	6.9	6.3	6.1%
Ogle	8.2	8.3	8.3%
Stephenson	10.9	10.0	9.8%
Whiteside	11.9	11.4	10.5%
Winnebago	<u>40.7</u>	<u>41.8</u>	<u>42.4%</u>
Total	100%	100%	100.0%

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 FY16.
- 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 16, 2004 by the NIAAA Board.) In FY16, 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

Despite NIAAA exceeding the maximum amount transferable to home delivered meals (HDMS), unmet need still continues. This unmet need is expected to continue in FY16 as NIAAA is anticipating an increase in demand as the baby boomers continue to retire.

The following is a list of older persons denied home delivered meals in FY 14 due to a lack of funding and older persons currently on waiting lists:

Name of County	FY 2014 # of Older Persons Denied HDMS due to Lack of Funding	Current # of Older Persons on Waiting Lists
Winnebago	263	0
Boone	4	8
Ogle	3	0
Lee	4	4
DeKalb	6	36
Stephenson	0	0
Carroll	0	0
Jo Daviess	0	0
Whiteside	0	0
Total:	280	48

The following is a list of older persons needing home delivered meals by township and townships with unmet needs in FY13:

County	Townships	# of Older Persons Needing HDMs
Lee	Alto	5
	East Grove	4
	Hamilton	1
	Harmon	4
	Marion	1
	May	4
	Nelson	8
	Palmyra	27
	S. Dixon	7
	Viola	3
Ogle	Willow Creek	3
	Eagle Point	4
	Lafayette	1
	Lincoln	5
	Taylor	15
Boone	White Rock	7
	Woosung	6
	Bonus	25
Winnebago	Flora	37
	Burritt	9
	Laonaa	15
Stephenson	Shirland	10
	Rock Creek, Jefferson, Oneco	18
Jo Daviess	Barreman, Council Hill, Pleasant Valley, Rawlins, Rice, Vinegar Hill	22
Whiteside	Clyde, Hahnaman, Hume, Jordan, Portland, Ustick, Tampico	26
Carroll	Washington, Woodland, Freedom	19
DeKalb	Afton	2
	Pierce	1
	Squaw Grove	2
	Franklin	1
PSA Total		292

Reasons for Unmet Need

A lack of funding is the main reason for the unmet need. 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.

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6. Changes in Service Delivery System

While NIAAA is not planning any changes in our service delivery system, there are three major governmental reforms in progress. Two of the changes are being done by the Illinois Department of Healthcare and Family Services (HFS) and the third change is being done on the federal level by the Centers for Medicare and Medicaid Services (CMS).

Privatization of Medicaid

The first change is HFS's privatization of Medicaid. HFS, which has managed Medicaid the past 50 years, is essentially contracting with private corporations known as Managed Care Entities (MCEs) to manage Medicaid. HFS does this by paying MCEs a flat fee per Medicaid recipient (which MCEs call 'enrollees') to provide medical and community based services to the enrollees.

The HFS goal is to have nearly all of the 2.7 million people in Illinois on Medicaid mandatorily enrolled in MCEs by the end of 2015. With the overwhelming majority of NIAAA's 35,000 annual clients eligible for Medicaid, it is expected that nearly all will be enrolled in MCEs this year. Since the services that NIAAA funds are not reimbursed by Medicaid, the future of our current service delivery system is in flux in the impending MCE environment.

HFS started the privatization process in 2011 through pilot projects such as the Integrated Care Program (ICP) which began in the Chicago suburbs and which has now expanded to Winnebago/Boone Counties. The ICP is for older adults and adults with disabilities who are eligible for Medicaid but not eligible for Medicare so it is a small fraction of NIAAA clients. The following are ICP enrollees ICP in Winnebago/Boone Counties:

MCE	Feb. 2015	Jan. 2015	Feb. 2014
Aetna Better Health	1,399	1,366	1,073
IlliniCare Health Plan	1,515	1,477	1,512
Community Care Alliance of Illinois	1,414	1,371	1,472
Total	4,328	4,214	4,057

As the above demonstrates, enrollees in the ICP are increasing as are the number of enrollees statewide in the ICP which has doubled to 120,000 in the past year.

The following is a description of the three MCEs currently operating in Area 01:

1. Aetna Better Health is a billion dollar for-profit company operating Medicaid programs in ten states, serving 1.2 million enrollees.
2. Centene, which operates in Illinois under the name IlliniCare Health Plan, is also a billion dollar for-profit company which has Medicaid managed care programs in 18 states, serving 2.5 million enrollees.
3. Community Care Alliance is a not-for-profit owned by the Family Health Network which serves Illinois Medicaid enrollees through a network with over 4,300 providers (i.e. physicians, clinics and hospitals, etc.).

Balancing Incentive Program

In addition to the privatization of Medicaid, HFS (in partnership with IDoA) is also in the process of implementing what is known as the Balancing Incentive Program (BIP). The BIP is a provision in the Affordable Care Act of 2010 which provides extra funding to states that have less than 50 percent of long-term care expenditures being used to for home and community-based services.

According to the BIP website (<http://mfp.illinois.gov/bip.html>), the purpose of BIP is to make three major structural reforms in Illinois which are:

1. A no wrong door/single entry point system;
2. Conflict-free case management services; and
3. Core standardized assessment instruments.

The future of BIP, however, is unclear as the new Governor has indicated he wants to reevaluate the grant so the implementation has fallen farther behind schedule. For example, the conflict-free case management redesign (reform #2 above) which was supposed to be completed March 1, 2014 has not been started. More details about BIP, therefore, are expected in the next six months as the new administration decides how to proceed.

The BIP application (http://mfp.illinois.gov/assets/BIP_app_508.pdf), however, provides some guidance as it revives a plan first introduced by IDoA in 2011 in which the area agencies on aging would be doing all Medicaid eligibility determinations for the Community Care Program. The BIP application states:

The current service delivery systems are not coordinated across disability populations resulting in fragmentation and difficulty in navigating care. However, the Department [IDoA] is moving toward a redesign of older adult access to services in Illinois that separates case management services between the Care Coordination Units and the designated Area Agencies on Aging (AAAs) whereby the AAAs would determine eligibility while the CCUs would provide care planning, care coordination and ongoing monitoring of participants.

It is expected, therefore, that BIP could have a major impact in fiscal year 2016.

Accountable Care Organizations in Medicare

The third change in the delivery system is being done to Medicare by CMS through a pilot program called the Medicare Shared Savings Program (MSSP) which is also a provision of the Affordable Care Act. A key component of the MSSP is the creation of new entities called Accountable Care Organizations (ACOs). An ACO is basically a large (they must serve at least 5,000 Medicare recipients) administrative organization of affiliated Medicare providers (Providers) who are working together to reduce Medicare costs. Only Providers (i.e. physicians, physician assistants, nurse practitioners, hospitals, pharmacies such as Walgreens, etc.) who render Medicare primary services may start or join an ACO.

If the ACO reduces Medicare expenditures in comparison to previous three years, it will be eligible to receive a bonus from CMS which the ACO will distribute it to the Providers. The distribution of the bonus to the Providers can be complicated as it can involve hundreds of recipients working in multiple organizations. The MSSP only affects Medicare providers and does not generally change how Medicare recipients receive Medicare services.

There are about 300 MCOs in the nation, eleven in Illinois, and one in Area 01 (OSF Healthcare).

Since the MSSP will be ending this year, CMS is currently soliciting proposals from future ACOs “to assume higher levels of financial risk and reward than are available under the current MSSP.” It is expected that ACOs are the first of many future changes to Medicare.

7. Funding Allocations

FY16 Proposed Allocation for Community Based Services By Service and County
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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 FY16 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. FY16 Allocation for Community Services and Health Promotion

The following is a table of FY16 allocation for community based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

FY16 Community Based Services and Health Promotion Allocations

COUNTY	I & A	Transport.	Legal	Gap Filling	Ombudsman	Health Promotion
BOONE	\$ 34,159	\$ 7,634	\$ 5,900	\$ 2,065	\$ 8,896	\$ 2,357
CARROLL	17,948	4,011	3,100	1,085	4,674	1,239
DEKALB	52,106	11,646	9,000	3,150	13,570	3,596
JO DAVIESS	28,369	6,340	4,900	1,715	7,388	1,958
LEE	35,317	7,893	6,100	2,135	9,198	2,437
OGLE	48,054	10,740	8,300	2,905	12,515	3,316
STEPHENSON	56,738	12,681	9,800	3,430	14,777	3,915
WHITESIDE	60,791	13,587	10,500	3,675	15,832	4,195
WINNEBAGO	245,478	54,864	42,400	14,840	63,932	16,940
Total	\$ 578,960	\$ 129,396	\$ 100,000	\$ 35,000	\$ 150,782	\$ 39,953
2015 Total	\$ 610,390	\$ 129,396	\$ 100,000	\$ 35,000	\$ 161,751	\$ 40,327
Increase	31,430	0	0	0	10,969	374
Increase %	5.4%	0.0%	0.0%	0.0%	7.3%	0.9%

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

FY16 Projected People and Units

The following are the projected people and units for FY 16 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 16 Projected People and Units

<u>Service</u>	<u>Actual 2014</u>		<u>Projected FY16</u>	
	<u>People</u>	<u>Units</u>	<u>People</u>	<u>Units</u>
Info. & Assistance	16,774	75,922	18,000	80,000
Transportation	1,171	24,693	1,200	27,000
Legal Services	508	1,692	500	1,800
Gap Filling	100	100	100	100
Congregate Meals	7,624	130,733	8,000	150,000
Home Delivered Meals	2,362	384,611	2,500	400,000
Ombudsman	N/A	N/A	N/A	N/A
Health Promotion	<u>1,117</u>	<u>1,748</u>	<u>1,000</u>	<u>1,100</u>
Total	29,656	619,499	34,000	693,100

FY16 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); LSSI (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 FY16 is \$16,179 which is a little less than FY15.

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 \$2,482 available for reimbursement for training expenses (\$1,682 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.

No Title VII Elder Abuse funds are used for NIAAA's administrative costs as all funding will be used for APS advocacy activities as outlined above.

FY16 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:

County Service Areas	Formula %	Congregate (Title III-C1)	Home Delivered Meals (HDM) (Title III-C2)	State HDM GRF	Total HDM	Total Congregate and HDM
Boone, Lee, Ogle, Winn., Carrol, Jo Daviess	62.7%	\$326,365	\$514,464	\$543,560	\$1,058,024	\$1,384,389
Stephenson, Whiteside	28.3%	147,307	232,207	245,339	477,546	624,853
DeKalb	9.0%	46,847	73,847	78,023	151,870	198,717
Total		\$520,519	\$20,518	\$866,922	\$1,687,440	\$2,207,959

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) FY16 federal appropriation; 2) number of meals provided nationwide in FY15; and 3) number of meals provided throughout Illinois in FY15. The NSIP projected allocation will, consequently, be revised when the actual FY15 meal count is calculated and the FY16 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY16:

FY 16 NSIP Allocation

SERVICE AREAS	FY14 MEALS	Total C1+C2
BOONE, LEE, OGLE, WINN., CARROL, JO DAVIESS	\$ 247,759	\$ 192,043
STEPHENSON, WHITESIDE	\$ 183,139	\$ 141,984
DEKALB	\$ 84,446	\$ 65,479
TOTAL	\$ 515,344	\$ 399,506

FY16 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 FY16 allocation:

FY16 Caregiver Allocation by County

COUNTY	I & A	Grandparent I & A	GAP	Respite	T/E/S	TOTAL
BOONE	\$ 6,622	\$ 1,180	\$ 1,913	\$ 4,602	\$ 1,475	\$ 15,792
CARROLL	3,479	620	1,005	2,418	775	8,297
DEKALB	10,101	1,800	2,918	7,020	2,250	24,089
JO DAVIESS	5,500	980	1,589	3,822	1,225	13,116
LEE	6,847	1,220	1,978	4,758	1,525	16,328
OGLE	9,316	1,660	2,691	6,474	2,075	22,216
STEPHENSON	10,999	1,960	3,177	7,644	2,450	26,230
WHITESIDE	11,785	2,100	3,404	8,190	2,625	28,104
WINNEBAGO	47,589	8,480	13,746	33,072	10,600	113,487
Total	\$ 112,238	\$ 20,000	\$ 32,421	\$ 78,000	\$ 25,000	\$ 267,659

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

FY16 Caregiver - People and Unit Projections

<u>Service</u>	FY 2014 Actual		FY16 Projected	
	<u>People</u>	<u>Units</u>	<u>People</u>	<u>Units</u>
Caregiver I&A	2,458	5,279	2,500	6,000
Grandparent I&A	143	727	150	900
Caregiver Gap filling	72	72	75	75
Caregiver Respite	54	3,339	60	4,000
TES	<u>152</u>	<u>628</u>	<u>175</u>	<u>650</u>
Total	2,912	13,476	2,960	12,550

The above projections are for unduplicated clients by service.

8. Funding Changes

FY16 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 FY16 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 FY16 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 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 FY16, 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 \$269,339) (GRF \$ 89,780)	\$359,119	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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This amount is \$2,860 (or .8%) less than FY 2015. 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>	\$ 90,000	Creating new services or improving services.
3. <i>Advocacy</i>	\$ 30,000	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	\$180,000	

The amount NIAAA is retaining for ARE in FY16 is the same as the past four years. Should AAA FY15 carryover become available FY16, it will be reprogrammed at the AAA level to the extent allowable by IDOA.

Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY16 through its Aging Disability Resource Center (ADRC) by using \$100,000 from Title III-B/GRF funding. This is a \$75,000 (or 43%) decrease from FY13. NIAAA, consequently, has eliminated four direct services positions in the past several years.

Justification for NIAAA Providing I&A

The ADRC began in 2005 and provides a unique service otherwise not available in Area 01 as the IDOA statewide initiative in the FY16-19 Area Plan is to expand ADRCs statewide. The ADRC will play an integral role in this transition by using its experience as a pilot ADRC project to help develop other ADRCs in Area 01. The ADRC will also continue administering a grant started in FY14 in Area 01 for organizations providing options counseling which is a key component of an ADRC.

In addition to the ADRC, 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, the ADRC is strategically located in Winnebago County which has nearly half the seniors in Area 01. NIAAA providing I&A, therefore, is both necessary and sufficient to meet the needs in Area 01. Given our distinctive history and experience as an ADRC, 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 FY16 which is a \$16,000 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 will be doing additional outreach to increase the clients served and will evaluate in FY16 if the caregiver direct service waiver is justified going forward.

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 FY16 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 FY16 projections.

**NIAAA Direct Service History
FY06-14**

Fiscal Year	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	16,575	1,077	1,307
FY08	6,598	8,126	870	1,139
FY09	6,431	11,603	449	560
FY10	7,067	11,964	452	563
FY11	5,681	12,103	489	793
FY 12	3,266	8,624	435	702
FY13	2,103	3,668	672	898
FY14	1,223	2,705	670	904
FY 15 projected*	1,375	2,565	672	907
FY 16 projected	1,500	2,700	600	900

* = based on clients served through February 2015

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 Community Service Employment Program which is an employment training program for clients 55 and older;
- 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;
- Dental Health Program which helps clients receive dental services;
- The Aging & Disability Resource Center Options Counseling program where NIAAA is assisting 11 grantees in implementing options counseling standards; and
- Assisting clients and working the Managed Care Organizations as they begin the process of privatizing Medicaid in Area 01.

Proposed FY16 Allocations by County

TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	49,758	26,144	75,902	41,324	51,445	69,999	82,649	88,552	357,583	843,356
IIIB/GRF/VII OMBUDSMAN	8,896	4,674	13,570	7,388	9,198	12,515	14,777	15,832	63,932	150,782
IIIC-1 CONGREGATE MEALS	30,711	16,136	46,847	25,505	31,752	43,203	51,011	54,654	220,700	520,519
IIIC-2/GRF HOME DEL MEALS	99,559	52,309	151,870	82,685	102,934	140,058	165,369	177,181	715,475	1,687,440
IIID HEALTH PROMOTION	2,357	1,239	3,596	1,958	2,437	3,316	3,915	4,195	16,940	39,953
IIIE CAREGIVER SUPPORT	15,792	8,298	24,089	13,115	16,327	22,216	26,231	28,104	113,487	267,659
TOTAL ALL TITLES	207,073	108,800	315,874	171,975	214,093	291,307	343,952	368,518	1,488,117	3,509,709
VII ELDER ABUSE										
										12,000
III-C NSIP										399,506
TOTAL										3,921,215

Comparison with FY 2015 Allocations by County

TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	46,390	28,884	74,399	44,640	55,143	72,649	87,529	99,783	365,869	875,286
IIIB/GRF/VII OMBUDSMAN	8,043	5,008	12,899	7,739	9,560	12,595	15,175	17,300	63,432	151,751
IIIC-1 CONGREGATE MEALS	27,760	17,285	44,521	26,712	32,998	43,473	52,377	59,710	218,938	523,774
IIIC-2/GRF HOME DEL MEALS	85,270	53,092	136,753	82,052	101,358	133,535	160,886	183,410	672,505	1,608,861
IIID HEALTH PROMOTION	2,137	1,331	3,428	2,057	2,541	3,347	4,033	4,597	16,856	40,327
IIIE CAREGIVER SUPPORT	14,391	8,960	23,079	13,848	17,106	22,536	27,152	30,954	113,497	271,523
TOTAL ALL TITLES	183,991	114,560	295,079	177,048	218,706	288,135	347,152	395,754	1,451,097	3,471,522
VII ELDER ABUSE										
										12,000
III-C NSIP										399,506
TOTAL										3,883,028

Increase from 2015 to 2016	\$23,082	(5,760)	20,795	(5,073)	(4,613)	3,172	(3,200)	(27,236)	37,020	\$ 38,187
Increase %	12.5%	-5.0%	7.0%	-2.9%	-2.1%	1.1%	-0.9%	-6.9%	2.6%	1.1%

Increase from 2015 to 2016				
TITLE	2016	2015	Increase	Inc. %
IIIB/GRF SUPPORTIVE SER	843,356	875,286	(31,930)	-3.6%
IIIB/GRF/VII OMBUDSMAN	150,782	151,751	(969)	-0.6%
IIIC-1 CONGREGATE MEALS	520,519	523,774	(3,255)	-0.6%
IIIC-2/GRF HOME DEL MEALS	1,687,440	1,608,861	78,579	4.9%
IIID HEALTH PROMOTION	39,953	40,327	(374)	-0.9%
IIIE CAREGIVER SUPPORT	267,659	271,523	(3,864)	-1.4%
TOTAL ALL TITLES	3,509,709	3,471,522	38,187	1.1%