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# Northwestern Illinois Area Agency on Aging



## Public Information Document

NIAAA's 2019-2021 Area Plan on Aging

April 17, 2018

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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 2019-2021 Area Plan.

**PURPOSE OF THE PUBLIC HEARING:** The public hearing is an opportunity to comment on NIAAA's proposed 2019-2021 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 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 11, 2018 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) 226-8984, email: [gn@nwilaaa.org](mailto: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, 2018 through the NIAAA office and the NIAAA website ([www.nwilaaa.org](http://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](mailto:gn@nwilaaa.org).

### PUBLIC HEARING INFORMATION

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
May 16, 2018	9:30 a.m.	Northwestern Illinois Area Agency on Aging 1111 S. Alpine Road, Suite 600, Rockford, IL 61108
May 16, 2018	2:00 p.m.	Sycamore Public Library, 103 E. State Street, Sycamore, IL Parking is available in the county parking lots west of library. The Sycamore Library is not responsible for the content of the public hearing.

**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 (NIAAAA is one of thirteen in Illinois)
ADRC	Aging and Disability Resource Center (NIAAAA is the pilot ADRC in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAAA)
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 IDoA to do investigations and provide case management for the APS program)
Area 01	NIAAAA'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)
CR	Continuing Resolution (method to continue federal government without a budget)
FY	The federal fiscal year which for 2019 begins on October 1, 2018
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 NIAAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAAA)
ICP	Integrated Care Program which is a Medicaid managed care program
IDoA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
MCOs	Managed Care Organizations in the Medicaid program (aka PCPs)
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
NIAAAA	Northwestern Illinois Area Agency on Aging
NWD	No Wrong Door (intake system for human services)
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 NIAAAA 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 (NIAAAA funded service)
Title III-C2	Home Delivered Meals (NIAAAA funded service)
Title III-D	Health Promotion (NIAAAA funded service)
Title III-E	Caregiver services (NIAAAA funded service)
Title IV	Research and innovations programs (services funded by ACL)
Title VII	Elder Abuse and LTC Ombudsman (NIAAAA 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 FY19 federal nor the FY19 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 18, 2018, 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, 2018.

## 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. 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 19 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.]
6. **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.

### **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 developing a plan (Statewide Plan) with other area agencies on aging and IDoA in addressing the problem social isolationism for older adults. NIAAA has proposed the following as the method for developing the Statewide Plan:

1. Obtaining public support from the relevant leaders (i.e. Director of IDOA, State Disability Units, CCUs, Governor, etc.) that the Statewide Initiative is a priority;
2. Evaluating what is successful/unsuccessful with past attempts to address the issue in Illinois and in other states;
3. Consulting with outside experts as necessary in formulating a workable Statewide Plan;
4. Gathering input from stakeholders (i.e. clients, the aging network, disability organizations, CCUs, etc.);
5. Identifying adequate funding sources for both starting and sustaining the Statewide Initiative;
6. Determining how the various networks (aging, disability, CCP, etc.) will be integrated into the Statewide Initiative;
7. Summarizing the information gathered above in steps 1-7 in the Statewide Plan and describing how the information will be used by AAAs in implementing the Statewide Initiative;
8. Garnering public support from state leaders for the Statewide Plan; and
9. Disseminating the Statewide Plan to the AAAs for implementation.

#### Local Initiative – Improving Legal Services

The Local Initiative will be evaluating the delivery of legal services to older adults in Area 01. NIAAA plans to review how legal services are currently being provided, 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 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.

## 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.

### 3. Funding for FY 2019

#### A. Federal funding

The President's proposed funding for FY 2019 is as follows:

Aging Programs - Proposed FY19 Federal budget					
(dollars in millions)					
	FY 2017	FY 2018	Fy 2019	Increase	Percent
<u>Service</u>	<u>Funding</u>	<u>Request</u>	<u>Request</u>	<u>from 2017</u>	<u>Increase</u>
Aging Network Support	\$ 10.00	\$ 10.00	\$ 9.00	\$ (1.0)	-10%
Senior Centers and support	350.2	247.1	350.0	(0.2)	0%
Congregate meals	450.3	447.5	450.3	-	0%
Home Delivered Meals	227.3	225.9	227.3	-	0%
Nutrition Services Incentive Program	160.1	259.8	160.1	-	0%
Preventive Health	19.8	19.8	25.0	5.2	26%
Caregiver Support	150.6	150.3	151.0	0.4	0%
Protection for Vulnerable Adults	20.7	20.6	31.0	10.3	50%
Elder Rights Support Activities	13.9	11.9	12.0	(1.9)	-14%
Adult Protective Services	10.0	8.0	8.0	(2.0)	-20%
Chronic Disease Self-Mangement	8.0	5.0	-	(8.0)	-100%
Elder Falls Prevention	5.0	5.0	-	(5.0)	-100%
Aging & Disability Resource Centers	6.1	6.1	6.0	(0.1)	-2%
State Health Insurance Assit. Prog.	47.1	-	-	(47.1)	-100%
Alzheimer's Programs	19.5	19.5	19.0	(0.5)	-3%
Respite Care	3.4	3.4	3.0	(0.4)	-12%
Low-Income Energy Assist. (LIHEAP)	3,390.3	-	-	(3,390.3)	-100%
Community Services Block Grant	715.0	-	-	(715.0)	-100%
HUD Block Grants	3,000.0	-	-	(3,000.0)	-100%
Senior Employment Program (SCSEP)	400.0	-	-	(400.0)	-100%
Senior Corps (from CNCS)	202.1	0.4	-	(202.1)	-100%
Social Services Block Grant	1,700.0	-	-	(1,700.0)	-100%

B. State funding

The Governor's proposed state funding for aging programs for FY 2019 is as follows:

Aging Programs - Proposed FY19 State budget					
(dollars in thousands)					
	FY 2017	FY 2018	Fy 2019	Increase	Percent
Service	Funding	Funding	Projected	from 2018	Increase
Administration of senior meal progr.	\$ 32.30	\$ 40.00	\$ 40.00	\$ -	0%
Adult Protective Services	49,367.7	22,600.0	22,900.0	300.0	1%
Grandparents Raising children	541.0	300.0	300.0	-	0%
Home Delivered Meals	17,600.0	21,800.0	21,800.0	-	0%
Illinois Council on Aging	46.9	28.0	28.0	-	0%
Monitoring and Support Services	328.2	182.0	182.0	-	0%
Operational Expenses	3,000.0	-	-	-	0%
Training	432.1	475.0	475.0	-	0%
Senior Employment Program	343.2	190.3	190.3	-	0%
Senior Helpline	4,651.0	3,028.1	2,608.7	(419.4)	-14%
AAA LTC grants	493.8	273.8	273.8	-	0%
Balancing Incentive Program	9,151.2	-	-	-	0%
AAA Community Services Grants	2,225.1	1,751.2	1,751.2	-	0%
CCP Coordinated Care	50,898.5	-	-	-	0%
CCP Case Management	82,151.6	64,100.0	69,600.0	5,500.0	9%
CCP Services	1,312,898.4	868,873.0	754,000.0	(114,873.0)	-13%
Community Transition & System	31,765.2	34,900.0	34,300.0	(600.0)	-2%
Foster Grandparents Program	435.3	241.4	241.4	-	0%
Ombudsman Program	10,032.1	4,000.0	4,500.0	500.0	13%
Service grants to AAAs	13,925.1	7,549.3	8,600.0	1,050.7	14%
RSVP	995.1	551.8	551.8	-	0%
SHAP grants	1,600.0	1,800.0	1,800.0	-	0%

## 4. NIAAA Allocation Process

### FY19 Funding and Designation Status

Grants awarded in the 2019 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:** The NIAAA designates adult protective service agencies by location. The following are the designated agencies through June 30, 2019: 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 (July 1, 2013 through June 30, 2019). NIAAA will be requesting proposals from interested organizations in providing services on July 1, 2019.

### FY19 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 FY19 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 2016 census estimates, there are 156,343 persons 60 years or older living in Area 01. As demonstrated by the below table, NIAAA's older adult population in Area 01 has increased almost 2% since 2015 which is slightly lower than the statewide average of 2.4%:

### Increase in Older Adults from 2015 to 2016 based on census estimates

Age 60 and older				
County	2016	2015	Increase	% Inc.
Boone	10,989	10,732	257	2.4%
Carroll	4,692	4,698	-6	-0.1%
DeKalb	17,638	17,174	464	2.7%
Jo Daviess	7,459	7,407	52	0.7%
Lee	8,749	8,576	173	2.0%
Ogle	12,612	12,462	150	1.2%
Stephenson	13,259	13,055	204	1.6%
Whiteside	15,323	15,018	305	2.0%
Winnebago	65,622	64,396	1,226	1.9%
<b>Area 1 Total</b>	<b>156,343</b>	<b>153,518</b>	<b>2,825</b>	<b>1.8%</b>
State Total	2,652,297	2,590,593	61,704	2.4%
Area 1 % of total	5.9%	5.9%	4.6%	

The census data is important because it is how Area 01 is allocated both federal and state funding. Extra funding is also allocated for older adults contained in six categories known as "greatest social and economic need." The first of these categories is "rural" with Area 01 having six counties (Carroll, Jo Daviess, Lee, Ogle, Stephenson, Whiteside) classified as rural as follows:

### Area 01 Increase in Older Adults Living in Rural Counties

County	2016	2015	Inc.	Inc. %
Boone	0	0	0	0.0%
Carroll	4,692	4,698	-6	-0.1%
DeKalb	0	0	0	0.0%
Jo Daviess	7,459	7,407	52	0.7%
Lee	8,749	8,576	173	2.0%
Ogle	12,612	12,462	150	1.2%
Stephenson	13,259	13,055	204	1.6%
Whiteside	15,323	15,018	305	2.0%
Winnebago	0	0	0	0.0%
<b>Area 1 Total</b>	<b>62,094</b>	<b>61,216</b>	<b>878</b>	<b>1.4%</b>
State Total	387,234	382,540	4,694	1.2%
Area 1 % of total	16.0%	16.0%	18.7%	

As you can see, six counties in Area 01 account for 16% of rural older adults statewide.

In addition to the rural category, the other five greatest need categories are:

- 1) 75 and older;
- 2) 85 and older;
- 3) minority;
- 4) living alone; and
- 5) living below the poverty level.

The change in population for the greatest need categories in Area 01 is as follows:

**Area 01 Increase in people 75 and older**

Age 75 and older				
<b>County</b>	<b>2016</b>	<b>2015</b>	<b>Inc.</b>	<b>Inc. %</b>
Boone	3,135	3,054	81	2.7%
Carroll	1,516	1,508	8	0.5%
DeKalb	5,307	5,222	85	1.6%
Jo Daviess	2,331	2,320	11	0.5%
Lee	2,789	2,763	26	0.9%
Ogle	4,046	4,018	28	0.7%
Stephenson	4,706	4,678	28	0.6%
Whiteside	5,106	5,082	24	0.5%
Winnebago	19,982	19,778	204	1.0%
<b>Area 1 Total</b>	<b>48,918</b>	<b>48,423</b>	<b>495</b>	<b>1.0%</b>
<b>State Total</b>	<b>798,608</b>	<b>791,118</b>	<b>7,490</b>	<b>0.9%</b>
Area 1 % of total	<b>6.1%</b>	<b>6.1%</b>	<b>6.6%</b>	

**Area 01 increase in people 85 and older**

Age 85 and older				
<b>County</b>	<b>2016</b>	<b>2015</b>	<b>Inc.</b>	<b>Inc. %</b>
Boone	834	828	6	0.7%
Carroll	494	503	-9	-1.8%
DeKalb	1,640	1,675	-35	-2.1%
Jo Daviess	669	681	-12	-1.8%
Lee	894	882	12	1.4%
Ogle	1,221	1,204	17	1.4%
Stephenson	1,639	1,618	21	1.3%
Whiteside	1,722	1,714	8	0.5%
Winnebago	6,483	6,480	3	0.0%
<b>Area 1 Total</b>	<b>15,596</b>	<b>15,585</b>	<b>11</b>	<b>0.1%</b>
<b>State Totals</b>	<b>255,498</b>	<b>252,706</b>	<b>2,792</b>	<b>1.1%</b>
Area 1 % of total	<b>6.1%</b>	<b>6.2%</b>	<b>0.4%</b>	<b>6.4%</b>

### Area 01 Increase in Minority Population for older adults

Minority population				
County Name	2016	2015	Inc.	Inc. %
Boone	1,005	1,008	-3	-0.3%
Carroll	135	140	-5	-3.6%
DeKalb	1,169	1,118	51	4.6%
Jo Daviess	178	165	13	7.9%
Lee	466	474	-8	-1.7%
Ogle	559	574	-15	-2.6%
Stephenson	934	904	30	3.3%
Whiteside	1,154	1,117	37	3.3%
Winnebago	9,084	8,717	367	4.2%
<b>Area 1 Total</b>	<b>14,684</b>	<b>14,217</b>	<b>467</b>	<b>3.3%</b>
<b>Statewide Total</b>	<b>688,026</b>	<b>666,103</b>	<b>21,923</b>	<b>3.3%</b>
Area 1 % of total	2.1%	2.1%	2.1%	

There is not a 2015 census estimate for the 'living alone' and 'poverty' categories so the following is the latest information (2014) for these two categories:

### Area 01 increase in older persons living alone

Living Alone				
County Name	2014	2013	Inc.	Inc. %
Boone	1,750	1,565	185	11.8%
Carroll	1,065	1,070	-5	-0.5%
DeKalb	4,085	3,990	95	2.4%
Jo Daviess	1,465	1,350	115	8.5%
Lee	1,990	1,910	80	4.2%
Ogle	3,320	3,060	260	8.5%
Stephenson	3,080	3,245	-165	-5.1%
Whiteside	3,465	3,465	0	0.0%
Winnebago	15,885	15,125	760	5.0%
<b>PSA TOTAL</b>	<b>36,105</b>	<b>34,780</b>	<b>1,325</b>	<b>3.8%</b>
<b>Statewide</b>	<b>615,325</b>	<b>604,154</b>	<b>11,171</b>	<b>1.8%</b>
Area 1 % of total	5.9%	5.8%	11.9%	



### Area 01 Increase in older persons living in poverty

Older adults living in poverty				
County Name	2016	2015	Increase	Inc. %
Boone	689	835	-146	-17.5%
Carroll	304	230	74	32.2%
DeKalb	1,070	1,067	3	0.3%
Jo Daviess	416	425	-9	-2.1%
Lee	493	512	-19	-3.7%
Ogle	892	814	78	9.6%
Stephenson	975	865	110	12.7%
Whiteside	876	821	55	6.7%
Winnebago	4,695	4,679	16	0.3%
<b>PSA TOTAL</b>	<b>10,410</b>	<b>10,248</b>	<b>162</b>	<b>1.6%</b>
<b>Statewide</b>	<b>223,714</b>	<b>213,900</b>	<b>9,814</b>	<b>4.6%</b>
<b>Area 1 % of total</b>	<b>4.7%</b>	<b>4.8%</b>	<b>1.7%</b>	

As you can see from these tables, Area 01 has increased greater than the State average in three (Rural, 75 years and older, and living alone) of the six greatest need 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 FY19

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 2016 Census information from the Administration on Community Living is used by the IDoA to allocate FY19 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	2018	2019
Boone	4.5%	5.3%	6.4	6.1%
Carroll	3.8	3.3	3.1	3.1
DeKalb	8.1	8.5	9.6	9.7
Jo Daviess	5.0	5.1	4.9	4.8
Lee	6.9	6.3	6.0	6.0
Ogle	8.2	8.3	8.8	9.0
Stephenson	10.9	10.0	9.6	9.7
Whiteside	11.9	11.4	10.5	10.6
Winnebago	40.7	41.8	41.1	41.0
Total	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 FY19.
- 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 19, 2004 by the NIAAA Board.) In FY19, 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 in several counties. For the first time in decades, however, there is no unmet need in four counties (Winnebago, Boone, Ogle, and Lee). This unmet need is expected to continue in the other five counties in FY19 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 17 due to a lack of funding and older persons currently on waiting lists:

Name of County	FY 2017 # of Older Persons Denied HDMS due to Lack of Funding	Current # of Older Persons on Waiting Lists
<b>NICAA</b>		
Carroll County	2	2
Jo Daviess County	6	6
Stephenson County	4	4
Whiteside County	3	3
<b>Voluntary Action Center (VAC)</b>		
Dekalb	5	29
<b>Lifescape</b>		
Winnebago	0	0
Boone	0	0
Ogle	0	0
Lee	0	0
Area 01 total	20	44

The following is a list of older persons needing home delivered meals by township and townships with unmet needs in FY17:

County	Unserved Townships/Communities/Neighborhoods	Older Persons Needing HDMS
Boone	Spring, Flora, Manchester, Leroy	0
Carroll County	Cherry Grove, Washington, Woodland	12
DeKalb	Afton Township	0
	Pierce Township	0
	Portion of Squaw Grove Township	0
	South Grove Township	0
	Mayfield Township	0
	Milan Township	0
	Paw Paw Township	2
Jo Daviess County	Derinda, Rawlins, Rice, Thompson, Vinegar Hill, Wards Grove	20
Lee	Brooklyn, China, East Grove, Hamilton, Harmon, Marion, May, Nachusa, Nelson, Pawpaw, Reynold, South Dixon, Viola, Willow Creek, Wyoming	0
Ogle	Chana, Eaglepoint, Lafayette, Lincoln, Lynville, Maryland, Monroe, Pinecreek, Pinerock, Rockvale, Taylor, White Rock, Woosing	0
Stephenson County	Jefferson, Kent , Loran, Oneco	21
Whiteside County	Clyde, Garden Plain. Hahnaman, Hume, Jordon, Portland, Ustick	19
Winnebago	Laona, Shirland, Harrison, Burritt, Seward, Owen	0
<b>Area 01 Total</b>		<b>74</b>

### 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 2017. 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 – Medicaid privatization

While NIAAA is not planning any significant changes to the service delivery system, the Illinois Department of Healthcare and Family Services (HFS) is continuing the privatization of traditional Medicaid (i.e. government run fee for service program) into what is being called *HealthChoice Illinois*. On April 1, 2018, HFS transitioned over 550,000 clients statewide to *HealthChoice Illinois* which is operated by private companies known as primary care providers (PCPs). PCPs are also referred to as managed care organizations (MCOs).

In making the change, HFS sent a letter earlier this year telling the 550,000 clients that they needed to choose one of the five PCPs or one would be chosen for them. The five PCPs are: Blue Cross Community Health Plans; Harmony Health Plan; IlliniCare Health; Meridian Health Plan; and Molina Healthcare. Going forward, clients will be able to change their choice of PCPs only once annually during the open enrollment period but during this initial transition clients will be given a grace period until June 29, 2018 to change PCPs.

On April 1, 2018, 1,352 NIAAA clients previously in managed care programs were transitioned to *HealthChoice Illinois* as follows:

County	ICP	FHP	MMAI	Total
Boone	8	2	59	69
Carroll	2		17	19
DeKalb	14	1	80	95
Jo Daviess	1	-	18	19
Lee	5	2	38	45
Ogle	7	-	62	69
Stephenson	18	2	82	102
Whiteside	8	-	97	105
Winnebago	156	19	654	829
Area 01 totals	219	26	1,107	1,352
<b>Statewide totals</b>	<b>8,454</b>	<b>824</b>	<b>30,978</b>	<b>40,256</b>
Area 01 % of total	3%	3%	4%	3%

“ICP” is the Integrated Care Program which is for seniors and persons with disabilities who are eligible for Medicaid but not eligible for Medicare. ICP was started as a pilot in the Chicago area in 2011.

“MMAI” is the Medicare-Medicaid Alignment Initiative which is for seniors and persons with disabilities who have full Medicaid and Medicare benefits. MMAI was started in Illinois in 2014.

“FHP” is the Family Health Program which is for kids, parents, and Affordable Care Act adults and was started in 2014.

HFS claims it will save as much as \$300 million over the next four years because of the competitive rates, less overhead and more efficient administration. State lawmakers are skeptical so they ordered a January 2018 audit to analyze the state’s costs for traditional Medicaid compared with the pilot MCO programs that were being operated in 2016. Based on the findings of the audit, Representatives Fred Crespo (D-Hoffman Estates), David McSweeney (R-Barrington Hills) and Emanuel Welch (D-Hillside) sent a letter in March 2018 to the Office of the Illinois Attorney General asking them to investigate the failure of HFS to monitor \$7.1 billion in payments to MCOs during 2016. The Attorney General is reviewing the matter.

## 7. Funding Allocations

### FY19 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 FY19 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. FY19 Allocation for Community Services and Health Promotion

The following is a table of FY19 allocation for community based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

#### FY19 Community Based Services and Health Promotion Allocations

COUNTY	Info. & Assistance	Transp.	Home Maker	Legal	Gaps in Service funding	Ombudsman	Health Promotion
BOONE	\$ 42,157	\$ 7,893	\$ 31	\$ 6,100	\$ 1,830	\$ 18,224	\$ 2,526
CARROLL	21,424	4,011	16	3,100	930	9,261	1,284
DEKALB	67,037	12,551	49	9,700	2,910	28,979	4,017
JO DAVIESS	33,173	6,211	24	4,800	1,440	14,340	1,988
LEE	41,466	7,764	30	6,000	1,800	17,925	2,485
OGLE	62,199	11,646	45	9,000	2,700	26,888	3,727
STEPHENSON	67,037	12,551	49	9,700	2,910	28,979	4,017
WHITESIDE	73,257	13,716	53	10,600	3,180	31,668	4,390
WINNEBAGO	283,354	53,053	203	41,000	12,300	122,487	16,982
Total Area 01	\$ 691,104	\$ 129,396	\$ 500	\$ 100,000	\$ 30,000	\$ 298,751	\$ 41,416

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

## FY19 Projected People and Units

The following are the projected people and units for FY 19 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 19 Projected People and Units

Service	Actual 2017		Estimated 2018		Projected 2019	
	People	Units	People	Units	People	Units
Info. & Assistance	15,584	87,409	20,802	94,144	20,000	92,000
Transportation	1,288	38,825	1,810	28,946	1,500	30,000
Legal Services	507	1,800	500	1,800	450	1650
GAP Filling	-	-	-	-	-	-
Congregate Meals	6,265	146,392	8,802	140,232	9,400	138,000
Home Delivered Meals	2,260	390,439	3,650	410,160	3,200	320,000
Ombudsman	N/A	N/A	N/A	N/A	N/A	N/A
Health Promotion	<u>385</u>	<u>915</u>	<u>600</u>	<u>2000</u>	<u>600</u>	<u>2000</u>
<b>Total</b>	<b>26,289</b>	<b>665,780</b>	36,586	675,594	34,980	581,850

## FY19 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 FY19 is \$15,955 which is a little less than FY18.

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 \$1,955 available for reimbursement for training expenses (\$1,155 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.

<p><b>FY19 Proposed Allocation for Congregate and Home Delivered Meals By Service Area</b></p>
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Following is a table of the anticipated funding for meals by county service area:

SERVICE AREAS	FORMULA %	Congregate III-C1	HDM federal III-C2	HDM State GRF	HDM TOTAL	TOTAL
<b>BOONE, LEE, OGLE, WINN</b>	62.1%	\$ 300,371	\$ 517,704	\$ 829,867	\$1,347,571	\$ 1,647,942
<b>CARROL, JO DAVIESS</b>						
<b>STEPHENSON, WHITESIDE</b>	28.2%	136,400	235,092	376,848	611,940	748,340
<b>DEKALB</b>	9.7%	46,918	80,865	129,625	210,490	257,408
<b>TOTAL for Area 01</b>		\$ 483,689	\$ 833,661	\$ 1,336,340	\$2,170,001	\$ 2,653,690

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) FY19 federal appropriation; 2) number of meals provided nationwide in FY17; and 3) number of meals provided throughout Illinois in FY17. The NSIP projected allocation will, consequently, be revised when the actual FY17 meal count is calculated and the FY19 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY19:

**FY 19 NSIP Allocations**

SERVICE AREAS	Congregate	Home Del. Meals	Total of Home Del. And Cong.
<b>BOONE, LEE, OGLE, WINN</b>	\$ 56,962.0	\$ 146,472	\$ 203,434
<b>CARROL, JO DAVIESS</b>			
<b>STEPHENSON, WHITESIDE</b>	27,005	69,442	96,447
<b>DEKALB</b>	11,864	30,507	42,371
<b>TOTAL</b>	\$ 95,831	\$ 246,421	\$ 342,252

<b>FY19 Proposed Allocation for Caregivers and Grandparents by Service and County</b>
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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 FY19 allocation:

**FY19 Caregiver Allocation by County**

COUNTY	I & A	G/P I & A	GAP	RESPITE	T/E/S	TOTAL
BOONE	\$ 7,788	\$ 1,220	\$ 1,978	\$ 4,758	\$ 1,525	\$ 17,269
CARROLL	3,958	620	1,005	2,418	775	8,776
DEKALB	12,385	1,940	3,145	7,566	2,425	27,461
JO DAVIESS	6,128	960	1,556	3,744	1,200	13,588
LEE	7,661	1,200	1,945	4,680	1,500	16,986
OGLE	11,491	1,800	2,918	7,020	2,250	25,479
STEPHENSON	12,385	1,940	3,145	7,566	2,425	27,461
WHITESIDE	13,534	2,120	3,437	8,268	2,650	30,009
WINNEBAGO	52,347	8,200	13,292	31,980	10,250	116,069
<b>Total</b>	<b>\$ 127,677</b>	<b>\$ 20,000</b>	<b>\$ 32,421</b>	<b>\$ 78,000</b>	<b>\$ 25,000</b>	<b>\$ 283,098</b>

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

Service	FY 2017 Actual		FY 2018 Estimated		FY 2019 Projected	
	People	Units	People	Units	People	Units
Caregiver - I&A	2,627	5,756	2,650	5,800	2,600	5,800
Grandparent - I&A	160	978	175	1,000	175	1,000
Caregiver GAP Filling	76	76	80	80	80	80
Caregiver Respite	81	4,394	85	4,450	85	4,400
TES	181	679	150	450	150	450
<b>Total</b>	<b>3,125</b>	<b>11,883</b>	<b>3,140</b>	<b>11,780</b>	<b>3,090</b>	<b>11,730</b>

The above projections are for unduplicated clients by service.

## **8. Funding Changes**

### **FY19 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 FY19 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 FY19 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 FY19, 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 \$267,093) (GRF \$ 89,031)	\$356,124	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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This amount is \$5,351 less than what was budgeted in FY 2018. 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.
<b>Total ARE</b>	<b>\$180,000</b>	

The amount NIAAA is retaining for ARE in FY19 is the same amount for the past seven years. Should AAA FY18 carryover become available FY19, 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 FY19 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

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 FY19 which is a \$19,000 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.

<b>NIAAA FY19 Projected People and Units for Direct Services for I&amp;A and Caregiver</b>
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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 FY19 projections.

**NIAAA Direct Service History  
FY06-19**

Fiscal Year	I&A People	I&A	Title III-E	Title III-E
		Units	People	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
FY09	6,431	11,603	449	560
FY10	7,067	11,964	452	563
FY11	5,681	12,103	489	793
FY12	3,266	8,624	435	702
FY13	2,103	3,668	672	898
FY14	1,223	2,705	670	904
FY15	1,666	2,918	669	899
FY16	1,779	2,981	657	882
FY17	1,615	2,864	650	850
FY18 estimated	1,800	3,000	600	900
FY 19 projected	1,800	3,000	600	900

**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 Hearing Aid Project which helps older adults purchase hearing aids;
- 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 FY19 Allocations by County

TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	\$ 59,922	\$ 30,452	\$ 95,286	\$ 47,152	\$ 58,940	\$ 88,409	\$ 95,286	\$ 104,126	\$ 402,752	\$ 982,325
IIIB/GRF/VII OMBUDSMAN	18,224	9,261	28,979	14,340	17,925	26,888	28,979	31,668	122,487	298,751
IIIC-1 CONGREGATE MEALS	29,505	14,994	46,918	23,217	29,021	43,532	46,918	51,271	198,313	483,689
IIIC-2/GRF HOME DEL MEALS	132,370	67,270	210,490	104,160	130,200	195,300	210,490	230,020	889,701	2,170,001
IIID HEALTH PROMOTION	2,526	1,284	4,017	1,988	2,485	3,727	4,017	4,390	16,982	41,416
IIIE CAREGIVER SUPPORT	17,269	8,776	27,461	13,588	16,986	25,479	27,461	30,009	116,069	283,098
<b>TOTAL ALL TITLES</b>	<b>\$259,816</b>	<b>\$ 132,037</b>	<b>\$ 413,151</b>	<b>\$204,445</b>	<b>\$255,557</b>	<b>\$383,335</b>	<b>\$ 413,151</b>	<b>\$ 451,484</b>	<b>\$ 1,746,304</b>	<b>4,259,280</b>
<b>2018 Allocations by County</b>										
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	\$ 62,847	\$ 30,442	\$ 94,271	\$ 48,118	\$ 58,919	\$ 86,415	\$ 94,271	\$ 103,109	\$ 403,598	\$ 981,990
IIIB/GRF/VII OMBUDSMAN	18,692	9,054	28,039	14,311	17,524	25,702	28,039	30,667	120,042	292,070
IIIC-1 CONGREGATE MEALS	32,249	15,621	48,374	24,691	30,233	44,342	48,374	52,909	207,098	503,891
IIIC-2/GRF HOME DEL MEALS	140,649	68,127	210,973	107,684	131,858	193,392	210,973	230,752	903,228	2,197,636
IIID HEALTH PROMOTION	2,656	1,287	3,985	2,034	2,490	3,653	3,985	4,358	17,058	41,506
IIIE CAREGIVER SUPPORT	18,497	8,959	27,745	14,162	17,341	25,433	27,745	30,346	118,787	289,015
<b>TOTAL ALL TITLES</b>	<b>\$275,590</b>	<b>\$ 133,490</b>	<b>\$ 413,387</b>	<b>\$211,000</b>	<b>\$258,365</b>	<b>\$378,937</b>	<b>\$ 413,387</b>	<b>\$ 452,141</b>	<b>\$ 1,769,811</b>	<b>4,306,108</b>
2019 Increase	\$ (15,774)	\$ (1,453)	\$ (236)	\$ (6,555)	\$ (2,808)	\$ 4,398	\$ (236)	\$ (657)	\$ (23,507)	\$ (26,163)
2019 Increase Percent	-6.1%	-1.1%	-0.1%	-3.2%	-1.1%	1.1%	-0.1%	-0.1%	-1.3%	-0.6%
<b>2019 Increase by funding category</b>										
		2018	2019	Increase	Increase %					
VII ELDER ABUSE		12,000	\$ 12,000	-	0.0%					
III-C NSIP Meals		342,252	\$ 362,917	20,665	6.0%					
IIIB/GRF SUPPORTIVE SER		981,990	982,325	335	0.0%					
IIIB/GRF/VII OMBUDSMAN		292,070	298,751	6,681	2.3%					
IIIC-1 CONGREGATE MEALS		503,891	483,689	(20,202)	-4.0%					
IIIC-2/GRF HOME DEL MEALS		2,197,636	2,170,001	(27,635)	-1.3%					
IIID HEALTH PROMOTION		41,506	41,416	(90)	-0.2%					
IIIE CAREGIVER SUPPORT		289,015	283,098	(5,917)	-2.0%					
Total		\$4,660,360	\$4,634,197	\$ (26,163)	-0.6%					