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# Northwestern Illinois Area Agency on Aging



## Public Information Document

NIAAA's 2020 Area Plan on Aging Amendment

April 15, 2019

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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 2020 Area Plan Amendment.

**PURPOSE OF THE PUBLIC HEARING:** The public hearing is an opportunity to comment on NIAAA's proposed 2020 Area Plan Amendment (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 10, 2019 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 15, 2019	9:30 a.m.	Northwestern Illinois Area Agency on Aging 1111 S. Alpine Road, Suite 600, Rockford, IL 61108
May 15, 2019	1:00 p.m.	Byron Public Library, 100 S. Washington Street, Byron, IL 61010

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

## Glossary of Terms

AAAs	Area Agencies on Aging (NIAAA is one of thirteen in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
ACL	Administration on Community Living (federal aging agency formerly known as the AoA)
AoA	Administration on Aging (which is the former name for the federal agency now known as the Administration on Community Living)
APS	Adult Protective Services (program to prevent abuse to disabled and older adults)
APSPA	Adult Protective Services Provider Agency (nonprofits who contract with NIAAA to do investigations and provide case management for the APS program)
Area 01	NIAAA's service area which is comprised of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties
CCP	Community Care Program (program to prevent premature institutionalization)
CR	Continuing Resolution (method to continue federal government without a budget)
FY	The federal fiscal year which for 2020 begins on October 1, 2019
FHP	Family Health Program which is a Medicaid managed care program
GRF	General Revenue Funds from the State of Illinois
HDM	Home Delivered Meals (service funded by NIAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDoA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
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
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PCPs	Primary care providers in the Medicaid program (aka MCOs)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SHAP	Senior Health Assistance Program (state funding for I&A)
TES	Training, education, support for the Caregiver Program
Title III-B	Community based services (services to prevent premature institutionalization)
Title III-C1	Congregate Meals (NIAAA funded service)
Title III-C2	Home Delivered Meals (NIAAA funded service)
Title III-D	Health Promotion (NIAAA funded service)
Title III-E	Caregiver services (NIAAA funded service)
Title IV	Research and innovations programs (services funded by ACL)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

## Purpose Of This Public Information Document

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

Because funding levels are determined by Federal and State government regulations, **allocation levels listed in this document and NIAAA's Area Plan may change**. If major changes are required, public hearings will be scheduled to receive comments on the proposed changes. At the time of publication of this Public Information Document, neither the FY20 federal nor the FY20 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 17, 2019, 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, 2019.

## 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 20 and under. OAA services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and persons with limited English proficiency, and older adults in rural areas.
- 4. Advocacy for Residents in Long Term Care Facilities** – NIAAA manages a regional Long Term Care Ombudsman Program through a grant with the IDOA and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and advocate for public policies and culture change practices to improve the quality of life of the residents.

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

### **Area Plan Initiatives**

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

#### Statewide Initiative – Social Isolationism

The Statewide Initiative will be 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.

As an initial step in the process, NIAAA is planning on providing \$60,000 in extra funding to Prairie State Legal Services to hire a paralegal to work cases in Area 1. NIAAA is using funding from our budget so it will not affect funding levels for other services.

### **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.

### 2019

OAA is up for renewal.

### 3. Funding for FY 2020

The Governor's proposed state funding for aging programs for FY 2020 is as follows:

<b>Governor's Aging 2020 Budget by Funding Source</b>					
(dollars in thousands)	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>\$</b>	<b>%</b>
	<b>Funding</b>	<b>Funding</b>	<b>Budget</b>	<b>Increase</b>	<b>Increase</b>
General Revenue Funds (GRF)	\$276,514.99	\$ 369,909.60	\$ 319,751.20	\$ (50,158)	-13.6%
Commit. To Human Services	618,998.76	610,000.00	764,618.20	\$ 154,618	25.3%
Federal Funds	57,933.62	95,394.20	124,913.70	\$ 29,520	30.9%
Ombudsman	1,092.88	2,600.00	2,600.00	\$ -	0.0%
Other state funding	<u>1,800.03</u>	<u>2,145.00</u>	<u>3,145.00</u>	<u>\$ 1,000</u>	<u>46.6%</u>
<b>Total</b>	<b>956,340.28</b>	<b>1,080,048.80</b>	<b>1,215,028.10</b>	<b>\$ 134,979</b>	<b>12.5%</b>
<b>Governor's Proposed FY20 State budget for select aging services</b>					
(dollars in thousands)					
	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>\$</b>	<b>%</b>
<b>Service</b>	<b>Funding</b>	<b>Funding</b>	<b>Budget</b>	<b>Increase</b>	<b>Increase</b>
Senior Employment Program	\$ 172.41	\$ 190.30	\$ 190.3	\$ -	0%
Grandparents Raising children	241.5	300.0	300.0	\$ -	0%
Home Delivered Meals (state funding)	21,800.0	21,800.0	23,800.0	\$ 2,000	9%
Home Delivered Meals (fed. funding)	7,836.4	16,000.0	22,000.0	\$ 6,000	38%
Adm. Of Senior Meal Program	40.0	40.0	40.0	\$ -	0.0%
RSVP	487.3	551.8	551.8	\$ -	0.0%
Grants to AAAs	7,548.3	8,600.0	11,500.0	\$ 2,900	33.7%
Foster Grandparents Program	237.2	241.4	241.4	\$ -	0.0%
AAAs Long Term Care	273.1	273.8	273.8	\$ -	0.0%
Community Based Services	1,751.2	1,751.2	1,751.2	\$ -	0.0%
Federal Refunds	-	-	1,502.8	\$ 1,503	
AAA LTC grants	273.8	273.8	273.8	\$ -	0.0%
AAA training	43.9	100.0	100.0	\$ -	0.0%
Discretionary Projects	1,035.9	1,200.0	1,500.0	\$ 300	25.0%
Community Based Services (Title III)	14,434.8	23,000.0	25,000.0	\$ 2,000	8.7%
Ombudsman Program (state funding)	788.4	1,000.0	3,000.0	\$ 2,000	200.0%
Ombudsman Program (federal)	614.6	1,000.0	1,500.0	\$ 500	50.0%
National lunch program	1,999.9	2,800.0	3,500.0	\$ 700	25.0%
Caregiver Support Program	5,398.9	7,000.0	11,500.0	\$ 4,500	64.3%
Elder Abuse (Title VII)	192.3	500.0	1,000.0	\$ 500	100.0%
Preventative Health (Title III-D)	762.7	2,000.0	3,000.0	\$ 1,000	50.0%
Nutrition Services Incentive Program	5,784.2	8,500.0	11,500.0	\$ 3,000	35.3%
Congregate Meals (Title III C-1)	12,573.3	20,000.0	24,000.0	\$ 4,000	20.0%
Community Care Program	808,279.0	870,600.0	960,100.0	\$ 89,500	10.3%
Adult Protective Services	17,983.7	27,400.0	27,400.0	\$ -	0.0%
Elder Rights Discretionary Projects	572.5	1,400.0	2,500.0	\$ 1,100	78.6%
Senior HelpLine	1,836.1	2,608.7	2,608.7	\$ -	0.0%
Senior Health Insur. Prog. (SHAP)	1,510.8	2,500.0	2,700.0	\$ 200	8.0%

## 4. NIAAA Allocation Process

### FY20 Funding and Designation Status

Grants awarded in the 2020 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 is currently requesting proposals from interested organizations in providing services starting on July 1, 2019.

### FY20 Planning Process — NIAAA Priority Services by Funding Source

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

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

**1. Community Based Services (Title III-B)**

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

**2. Home Delivered Meals (Title III-C2)**

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

**3. Congregate Meals (Title III-C1)**

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

**4. Health Promotion (Title III-D)**

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

**5. Caregiver Support (Title III-E)**

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

## Older Adults Living in Area 01

Based on the 2017 census estimates, there are 160,037 persons 60 years or older living in Area 01. As demonstrated by the following table, NIAAA's older adult population in Area 01 has increased 2.4% since 2016 which is slightly lower than the statewide average of 3.2%:

### Increase in Older Adults from 2016 to 2017 based on census estimates

Over 60 County Name	2017 Census Estimates	2016 Estimates	Increase	Inc. %
Boone	11,339	10,989	350	3.2%
Carroll	4,794	4,692	102	2.2%
DeKalb	18,083	17,638	445	2.5%
Jo Daviess	7,653	7,459	194	2.6%
Lee	9,058	8,749	309	3.5%
Ogle	12,739	12,612	127	1.0%
Stephenson	13,335	13,259	76	0.6%
Whiteside	15,500	15,323	177	1.2%
Winnebago	67,536	65,622	1,914	2.9%
<b>Area 1 total</b>	<b>160,037</b>	<b>156,343</b>	<b>3,694</b>	<b>2.4%</b>
<b>State Total</b>	<b>2,736,286</b>	<b>2,652,297</b>	<b>83,989</b>	<b>3.2%</b>
<b>Area 1 % of total</b>	<b>5.8%</b>	<b>5.9%</b>	<b>4.4%</b>	

The census data is important because it is how Area 1 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 1 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

Rural County Name	60+ Rural 2017	60+ Rural 2016	Increase	Inc. %
Boone	0	0	0	0.0%
Carroll	4,794	4,692	102	2.2%
DeKalb	0	0	0	0.0%
Jo Daviess	7,653	7,459	194	2.6%
Lee	9,058	8,749	309	3.5%
Ogle	12,739	12,612	127	1.0%
Stephenson	13,335	13,259	76	0.6%
Whiteside	15,500	15,323	177	1.2%
Winnebago	0	0	0	0.0%
<b>PSA TOTAL</b>	<b>63,079</b>	<b>62,094</b>	<b>985</b>	<b>1.6%</b>
<b>TOTAL</b>	<b>391,942</b>	<b>387,234</b>	<b>4,708</b>	<b>1.2%</b>
<b>Area 1 % of total</b>	<b>16.1%</b>	<b>16.0%</b>	<b>20.9%</b>	

As you can see, six counties in Area 01 accounts for over 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**

Over 75 years				
County Name	2017	2016	Increase	Inc. %
Boone	3,407	3,135	272	8.7%
Carroll	1,602	1,516	86	5.7%
DeKalb	5,334	5,307	27	0.5%
Jo Daviess	2,434	2,331	103	4.4%
Lee	2,897	2,789	108	3.9%
Ogle	4,045	4,046	-1	0.0%
Stephenson	4,644	4,706	-62	-1.3%
Whiteside	5,142	5,106	36	0.7%
Winnebago	20,599	19,982	617	3.1%
<b>Area 1 total</b>	<b>50,104</b>	<b>48,918</b>	<b>1,186</b>	<b>2.4%</b>
<b>State Total</b>	<b>828,508</b>	<b>798,608</b>	<b>29,900</b>	<b>3.7%</b>
<b>Area 1 % of total</b>	<b>6.0%</b>	<b>6.1%</b>	<b>4.0%</b>	

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

85 and older				
County Name	2017 Census Estimates	2016	Increase	% Increase
Boone	919	834	85	10.2%
Carroll	512	494	18	3.6%
DeKalb	1,638	1,640	-2	-0.1%
Jo Daviess	700	669	31	4.6%
Lee	944	894	50	5.6%
Ogle	1,169	1,221	-52	-4.3%
Stephenson	1,601	1,639	-38	-2.3%
Whiteside	1,710	1,722	-12	-0.7%
Winnebago	6,525	6,483	42	0.6%
<b>PSA TOTAL</b>	<b>15,718</b>	<b>15,596</b>	<b>122</b>	<b>0.8%</b>
<b>TOTAL</b>	<b>255,228</b>	<b>255,498</b>	<b>-270</b>	<b>-0.1%</b>
<b>Area % of total</b>	<b>6.2%</b>	<b>6.1%</b>		

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

Minority				
County Name	2017	2016	Increase	Inc. %
Boone	1,067	1,005	62	6.2%
Carroll	149	135	14	10.4%
DeKalb	1,245	1,169	76	6.5%
Jo Daviess	167	178	-11	-6.2%
Lee	515	466	49	10.5%
Ogle	624	559	65	11.6%
Stephenson	968	934	34	3.6%
Whiteside	1,205	1,154	51	4.4%
Winnebago	9,645	9,084	561	6.2%
<b>Area 1 Total</b>	<b>15,585</b>	<b>14,684</b>	<b>901</b>	<b>6.1%</b>
<b>State Total</b>	<b>724,981</b>	<b>688,026</b>	<b>36,955</b>	<b>5.4%</b>
<b>Area 1 % of total</b>	<b>2.1%</b>	<b>2.1%</b>	<b>2.4%</b>	

There is not a 2017 census estimate for the 'living alone' and 'poverty' categories so the following is the latest information (2015) for these two categories:

### Area 01 increase in older persons living alone

Living alone				
County Name	2015	2014	Increase	Inc. %
Boone	1,895	1,750	145	8.3%
Carroll	1,205	1,065	140	13.1%
DeKalb	3,995	4,085	-90	-2.2%
Jo Daviess	1,460	1,465	-5	-0.3%
Lee	2,150	1,990	160	8.0%
Ogle	3,380	3,320	60	1.8%
Stephenson	3,165	3,080	85	2.8%
Whiteside	3,890	3,465	425	12.3%
Winnebago	16,225	15,885	340	2.1%
<b>Area 1 Total</b>	<b>37,365</b>	<b>36,105</b>	<b>1,260</b>	<b>3.5%</b>
<b>State total</b>	<b>631,945</b>	<b>615,325</b>	<b>16,620</b>	<b>2.7%</b>
<b>Area 1 % of total</b>	<b>5.9%</b>	<b>5.9%</b>	<b>7.6%</b>	

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

Living in Poverty				
County Name	2017	2016	Increase	Inc. %
Boone	823	689	134	19.4%
Carroll	333	304	29	9.5%
DeKalb	1,172	1,070	102	9.5%
Jo Daviess	412	416	-4	-1.0%
Lee	546	493	53	10.8%
Ogle	802	892	-90	-10.1%
Stephenson	1,084	975	109	11.2%
Whiteside	859	876	-17	-1.9%
Winnebago	4,752	4,695	57	1.2%
<b>Area 1 Total</b>	<b>10,783</b>	<b>10,410</b>	<b>373</b>	<b>3.6%</b>
<b>State total</b>	<b>231,776</b>	<b>223,714</b>	<b>8,062</b>	<b>3.6%</b>
<b>Area 1 % of total</b>	<b>4.7%</b>	<b>4.7%</b>	<b>4.6%</b>	

As you can see from these tables, Area 01 has increased greater than the State average in four (Rural, 85 years and older, minority, 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 FY20

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 2017 Census information from the Administration on Community Living is used by the IDoA to allocate FY20 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:

<b>County Funding Formula Percentages</b>					
<b>County</b>	<b>2000</b>	<b>2010</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Boone	4.5%	5.3%	6.4%	6.1%	6.4%
Carroll	3.8	3.3	3.1	3.1	3.3
DeKalb	8.1	8.5	9.6	9.7	9.7
Jo Daviess	5.0	5.1	4.9	4.8	4.8
Lee	6.9	6.3	6.0	6.0	6.1
Ogle	8.2	8.3	8.8	9.0	8.6
Stephenson	10.9	10.0	9.6	9.7	9.8
Whiteside	11.9	11.4	10.5	10.6	10.5
Winnebago	40.7	41.8	41.1	41.0	40.8
<b>Total</b>	100%	100%	100%	100%	100%

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

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

The NIAAA Board is allowed to transfer funds as follows:

- A maximum of 15% can be transferred annually between community based services (i.e. Title III-B) and meals (i.e. Title III-C) only. The NIAAA Board proposes no transfers for FY20.
- A maximum of 15% of available dollars can be transferred annually from congregate meals (Title III-C1) to home delivered meals (Title III-C2). NIAAA has requested and received a waiver to increase this amount to 40% since 2004. (The 40% transfer was approved on March 20, 2004 by the NIAAA Board.) In FY20, NIAAA will again be requesting to increase this transfer from 15% to 40% as the trend (which has been ongoing for decades) continues in that demand for congregate service is decreasing while demand for home delivered meal services is increasing. This is evidenced by the unmet needs for home delivered meals which is described in the below in the next section titled "Home Delivered Meals Unmet Needs." Any interested party in Area 01 may testify in person or in writing regarding this waiver request to increase the transfer from congregate meals to home delivered meals to 40%.

- Money allocated for Title III-D, III-E, Long Term Care Ombudsman Program and Title VII cannot be transferred to other Titles.

## 5. Home Delivered Meals Unmet Needs

### Home Delivered Meals Unmet Needs

While Area 1 still has unmet needs for Home Delivered Meals (HDMs), the decades old problem of people on a waiting list for HDMs has been resolved in all but one county (DeKalb) in Area 1. With the expected increase in funding for HDMs, it is likely we will not have anyone on a waiting list for HDMs Area 1 in FY2020.

The following is a list of older persons in 2018 that were on a HDM waiting list:

Name of County	FY 2018 # of Older Persons Denied HDMS due to Lack of Funding	Current # of Older Persons on Waiting Lists
Boone	-0-	-0-
Carroll	-0-	-0-
DeKalb	50	58
Jo Daviess	-0-	-0-
Lee	-0-	-0-
Ogle	-0-	-0-
Stephenson	-0-	-0-
Whiteside	-0-	-0-
Winnebago	-0-	-0-
<b>Area 1 Total:</b>	50	58

The following is a list of older persons needing HDM by township and townships with unmet needs in FY18:

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, Lafatyette, 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	20
Winnebago	Laona, Shirland, Harrison, Burrirt, 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 2018. This is exacerbated by variable fuel costs for providers and aging equipment/vehicles that require more maintenance. Delays in state payments have also strained the budgets of providers as vendors are starting to charge late fees. This increase in costs reduced the number of meals served. All of these contributed to the unmet need in Area 01.

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

## 6. Changes in Service Delivery System – AAA Consolidation

NIAAA is supporting the planned review of the agencies on aging (AAAs) by the Illinois Department on Aging (IDoA). The purpose of the review is to increase efficiencies to better serve older/disabled adult clients (Clients) and NIAAA is advocating that the AAAs consolidate from thirteen to six because we are:

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

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

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

### 1. AAA service areas obsolete

The AAAs should be consolidated because our service areas are obsolete. As background, AAAs were created in 1973 with passage of the federal Older Americans Act (OAA) and there are currently 622 AAAs nationwide which includes thirteen in Illinois who are assigned to particular service areas which are designated by statute. AAAs are quasi-governmental independent nonprofits whose main function is funding local service providers (Service Providers) to assist Clients. It is believed that the thirteen Illinois AAA service areas were copied from the 1973 regions of the Illinois Department of Transportation which has subsequently been consolidated into five regions.

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

2017 AAA funding and Clients

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

As the table shows, the three Chicagoland AAAs (Areas 2, 12, and 13) have service areas that contain *fifteen times the number* of Clients than each of the three smallest rural AAAs (Areas 6, 9, and 10) which creates huge disparities in resources for Clients. For example, in 2017 the Oak Park AAA

(serving a half a county) spent over \$347,700 on Program Development while the Mt. Carmel AAA (serving 8 counties) was able to spend only \$8,000 for the same function. Having greater resources also gives the three Chicagoland AAAs more influence with politicians, policy makers, state agencies, private funders, etc. which exacerbates the urban/rural AAA imbalance. The current AAA service areas, therefore, unjustly penalize the Clients of the smaller rural AAAs so we need to consolidate to make AAAs into roughly similar organizations by equalizing our service areas.

**2. Unnecessary duplication**

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

**3. AAAs overspending on administration**

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

2017 AAA Administrative Spending

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

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

**4. AAAs are competing against Service Providers**

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

for direct services by 54% since 2013, some AAAs have taken a different approach as indicated by following table:

### 2017 AAA Spending on Direct Services

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

As the table shows, AAAs vary dramatically on providing direct services from zero to substantial portions of their budgets. Since NIAAA is not privy to the rationale justifying this spending, we are unable to draw any conclusions other than it is troubling given the push by our national association. Even assuming AAAs are not improperly competing against their Service Providers, however, the above indicates that the AAAs are taking vastly different approaches to providing direct services so we need to consolidate to ensure consistency and greater transparency.

NIAAA is, consequently, advocating during the AAA review being conducted by IDoA that we consider consolidation to better serve our clients.

## 7. Funding Allocations

### FY20 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 FY20 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. FY20 Allocation for Community Services and Health Promotion

The following is a table of FY20 allocation for community based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

#### FY20 Community Based Services and Health Promotion Allocations

COUNTY	Information & Assit.	Transport.	Home Maker	Legal	Gap Filling	Elder Abuse	Health Promotion
BOONE	\$ 54,117	\$ 8,281	\$ 32	\$ 10,240	\$ 1,920	\$ 18,739	\$ 3,113
CARROLL	27,904	4,270	17	5,280	990	9,662	1,605
DEKALB	82,020	12,551	49	15,520	2,910	28,401	4,718
JO DAVIESS	40,587	6,211	24	7,680	1,440	14,054	2,335
LEE	51,580	7,893	31	9,760	1,830	17,861	2,967
OGLE	72,719	11,128	43	13,760	2,580	25,180	4,183
STEPHENSON	82,866	12,681	49	15,680	2,940	28,694	4,766
WHITESIDE	88,785	13,587	53	16,800	3,150	30,744	5,107
WINNEBAGO	344,993	52,794	202	65,280	12,240	119,461	19,843
Total Area 1	\$ 845,571	\$ 129,396	\$ 500	\$ 160,000	\$ 30,000	\$ 292,796	\$ 48,637

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

**FY20 Projected People and Units**

The following are the projected people and units for FY 20 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 20 Projected People and Units**

Service	Actual 2017		Actual 2018		Estimated 2019		Projected 2020	
	People	Units	People	Units	People	Units	People	Units
Info. & Assistance	16,197	87,409	16,677	85,818	17,215	70,000	18,000	70,000
Transportation	1,288	38,825	1,336	36,838	1,200	20,000	1,200	25,000
Legal Services	507	1,800	488	1,825	500	1,800	500	1,800
GAP Filling	93	93	86	86	70	70	80	80
Congregate Meals	6,265	146,392	7,592	151,915	7,294	130,000	7,500	130,000
Home Delivered Meals	2,260	390,439	5,313	469,427	5,000	450,000	6,000	470,000
Ombudsman	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Promotion	513	3,255	611	2,258	400	1,500	500	2,000
<b>Total</b>	<b>27,123</b>	<b>668,213</b>	<b>32,103</b>	<b>748,167</b>	31,679	673,370	33,780	698,880

**FY20 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 FY20 is \$16,075 which is a little more than FY19.

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 \$2,075 available for reimbursement for training expenses (\$1,275 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.

**FY20 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:

Meal Service Areas	FORMULA %	Congregate	HDM Fed.	State HDM	HDM	TOTAL
		III-C1	III-C2	GRF	TOTAL	
<b>BOONE, LEE, OGLE, WINN</b>	61.9%	\$ 323,607	\$ 561,269	\$ 901,611	\$ 1,462,880	\$ 1,786,487
<b>CARROL, JO DAVIESS STEPHENSON, WHITESIDE</b>	28.4%	148,473	257,512	413,663	671,175	819,648
<b>DEKALB</b>	9.7%	50,711	87,953	141,286	229,239	279,950
<b>TOTAL</b>		\$ 522,791	\$ 906,734	\$ 1,456,560	\$ 2,363,294	\$ 2,886,085

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) FY20 federal appropriation; 2) number of meals provided nationwide in FY18; and 3) number of meals provided throughout Illinois in FY18. The NSIP projected allocation will, consequently, be revised when the actual FY18 meal count is calculated and the FY20 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY20:

**FY 20 NSIP Allocations**

SERVICE AREAS	Congregate	HDM	Total
<b>BOONE, LEE, OGLE, WINN</b>	\$ 71,253	\$ 183,220	\$ 254,473
<b>CARROL, JO DAVIESS STEPHENSON, WHITESIDE</b>	\$ 32,001	\$ 82,290	\$ 114,291
<b>DEKALB</b>	\$ 13,115	\$ 33,723	\$ 46,838
<b>TOTAL</b>	\$ 116,369	\$ 299,233	\$ 415,602



<b>FY20 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 FY20 allocation:

**FY20 Caregiver Allocation by County**

COUNTY	I & A	G/P I & A	GAP	RESPITE	T/E/S	TOTAL
BOONE	\$ 11,797	\$ 1,280	\$ 2,075	\$ 4,992	\$ 1,600	\$ 21,744
CARROLL	6,083	660	1,070	2,574	825	11,212
DEKALB	17,879	1,940	3,145	7,566	2,425	32,955
JO DAVIESS	8,847	960	1,556	3,744	1,200	16,307
LEE	11,244	1,220	1,978	4,758	1,525	20,725
OGLE	15,852	1,720	2,788	6,708	2,150	29,218
STEPHENSON	18,064	1,960	3,177	7,644	2,450	33,295
WHITESIDE	19,354	2,100	3,404	8,190	2,625	35,673
WINNEBAGO	75,202	8,160	13,228	31,824	10,200	138,614
<b>Total Area 1</b>	<b>\$ 184,322</b>	<b>\$ 20,000</b>	<b>\$ 32,421</b>	<b>\$ 78,000</b>	<b>\$ 25,000</b>	<b>\$ 339,743</b>

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

Service	FY 2017 Actual		FY 2018 Actual		FY 2019 Estimated		FY 2020 Projected	
	People	Units	People	Units	People	Units	People	Units
Caregiver - I&A	2,627	6,006	1,506	5,261	1,515	4,094	1,500	4,500
Grandparent - I&A	160	978	48	735	82	485	100	800
Caregiver GAP Filling	76	76	158	158	75	100	75	100
Caregiver Respite	81	4,394	92	6,056	75	2,500	75	3,000
TES	181	679	163	588	100	500	100	500
<b>Total</b>	<b>3,125</b>	<b>12,133</b>	<b>1,967</b>	<b>12,798</b>	<b>1,848</b>	<b>7,679</b>	<b>1,850</b>	<b>8,900</b>

The above projections are for unduplicated clients by service.

## 8. Funding Changes

### FY20 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 FY20 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 FY20 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 FY20, 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 \$284,862) (GRF \$ 94,954)	\$379,816	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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This amount is \$23,692 more than what was budgeted in FY 2019. 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>	\$ 46,000	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>	\$ 72,000	Creating new services or improving services.
3. <i>Advocacy</i>	\$ 22,000	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>\$140,000</b>	

The amount NIAAA is retaining for ARE in FY20 is \$40,000 less than last year. The reduction in ARE for NIAAA will be allocated to legal services so that Prairie State Legal Services can hire a new paralegal. Should AAA FY19 carryover become available FY20, 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 FY20 by using \$80,000 from Title III-B/GRF funding. This is a \$20,000 decrease from FY19 which will also be given to Prairie State Legal Services.

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 FY20 which is a \$20,000 decrease (or 43%) from FY13. As with the decrease in NIAAA's I&A clients, a similar reduction has occurred for the number of caregiver clients served by NIAAA.

Justification for Caregiver direct service

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

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

<b>NIAAA FY20 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 FY20 projections.

**NIAAA Direct Service History  
FY06-20**

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	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	1,629	3,006	650	850
FY18	2,215	3,414	600	900
FY19 estimates	1,500	3,000	600	900
FY20 projections	1,500	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 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 FY20 Allocations by County

<b>PROPOSED FY2020 ALLOCATIONS BY COUNTY</b>										
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	\$ 76,595	\$ 39,494	\$ 116,089	\$ 57,446	\$ 73,004	\$ 102,924	\$ 117,286	\$ 125,663	\$ 488,291	\$ 1,196,792
IIIB/GRF/VII OMBUDSMAN	18,739	9,662	28,401	14,054	17,861	25,180	28,694	30,744	119,461	292,796
IIIC-1 CONGREGATE MEALS	33,459	17,252	50,711	25,094	31,890	44,960	51,234	54,893	213,298	522,791
IIIC-2/GRF HOME DEL MEALS	151,251	77,989	229,239	113,438	144,161	203,243	231,603	248,145	964,225	2,363,294
IIID HEALTH PROMOTION	3,113	1,605	4,718	2,335	2,967	4,183	4,766	5,107	19,843	48,637
IIIE CAREGIVER SUPPORT	21,744	11,212	32,955	16,307	20,725	29,218	33,295	35,673	138,614	339,743
<b>TOTAL ALL TITLES</b>	<b>304,901</b>	<b>157,214</b>	<b>462,113</b>	<b>228,674</b>	<b>290,608</b>	<b>409,708</b>	<b>466,878</b>	<b>500,225</b>	<b>1,943,732</b>	<b>4,764,053</b>
<b>2019 Allocations</b>										
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>
Increase	\$ 45,085	\$ 25,177	\$ 48,962	\$ 24,229	\$ 35,051	\$ 26,373	\$ 53,727	\$ 48,741	\$ 197,428	\$ 504,773
Increase %	17.4%	19.1%	11.9%	11.9%	13.7%	6.9%	13.0%	10.8%	11.3%	11.9%
<b>2019 Increase by funding category</b>										
			<b>FY 2019</b>	<b>FY 2020</b>	<b>Inc.</b>	<b>Inc. %</b>				
VII ELDER ABUSE			\$ 12,000	\$ 12,000	-	0.0%				
III-C NSIP Meals			362,917	415,602	52,685	14.5%				
IIIB/GRF SUPPORTIVE SER			982,325	1,196,792	214,467	21.8%				
IIIB/GRF/VII OMBUDSMAN			298,751	292,796	(5,955)	-2.0%				
IIIC-1 CONGREGATE MEALS			483,689	522,791	39,102	8.1%				
IIIC-2/GRF HOME DEL MEALS			2,170,001	2,363,294	193,293	8.9%				
IIID HEALTH PROMOTION			41,416	48,637	7,221	17.4%				
IIIE CAREGIVER SUPPORT			283,098	339,743	56,645	20.0%				
<b>Total</b>			<b>4,634,197</b>	<b>5,191,655</b>	<b>557,458</b>	<b>12.0%</b>				