
Northwestern Illinois Area Agency on Aging



Public Information Document

NIAAA's 2022-2024 Area Plan on Aging

April 19, 2021

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

Index

	Page
1. About this Public Information Document	
Public Hearing Notice.....	3
Glossary of terms.....	4
Purpose of this Public Information Document.....	5
Purpose of the FY22 Area Plan on Aging.....	5
2. Information about NIAAA	
About NIAAA.....	6
NIAAA Services.....	6
Area Plan Initiatives.....	7
Older Americans Act.....	7
3. Funding	
Proposed Funding for Aging services.....	10
4. NIAAA Allocation Process	
FY22 Funding and Designation Status.....	11
FY22-24 Planning Process — NIAAA Priority Services by Funding Source.....	11
Older Adults Living in Area 01.....	12
NIAAA Allocation Process.....	16
NIAAA Geographic Funding Formula for FY22.....	16
Inter-Title Transfer of III-C Funds / III-C Priorities.....	17
5. Home Delivered Meals Unmet Needs	18
6. FY22 Changes in the Service Delivery System	
AAA review and possible consolidation.....	19
7. Funding Allocations	
FY22 Proposed Allocation for Community Based Services by Service and County.....	21
FY22 Projected People and Units.....	21
FY22 Proposed Allocation for Elder Abuse Prevention Funding.....	21
FY22 Proposed Allocation for Congregate and Home Delivered Meals by Service Area.....	23
FY22 Proposed Allocation for Caregivers and Grandparents by Service and County...	25
8. Funding Changes and other Possibilities	
FY22 Funding Increases, Decreases and Carryover Funds.....	26
Information on Funding Possibilities.....	26
9. NIAAA Expenses and Direct Services	
NIAAA Administrative Expenses.....	28
NIAAA Administratively Related Expenses.....	28
Information & Assistance Services Provided Directly By NIAAA.....	28
Caregiver Access Services Provided Directly By NIAAA.....	29
NIAAA FY22 Projected People and Units for Direct Services for I&A and Caregiver....	30
Proposed FY22 Allocations by County	31

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 2022 Area Plan.

PURPOSE OF THE PUBLIC HEARING: The public hearing is an opportunity to comment on NIAAA's proposed 2022 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 21, 2021 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

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 19, 2021 through the NIAAA office and the NIAAA website (www.nwilaaa.org). Copies of the Public Information Document or upon request by emailing gn@nwilaaa.org.

PUBLIC HEARING INFORMATION

The public hearings will be conducted via Zoom because of the pandemic. The hearing times are as follows:

<u>DATE</u>	<u>TIME</u>
May 19, 2021	9:30 a.m.
May 20, 2021	1:00 p.m.

You may join the **May 19** hearing by clicking <https://us02web.zoom.us/j/84849411890?pwd=U0V3RGJlMyticUhyUDMxdXM4UCtYdz09> or by calling (312) 626-6799. The Meeting ID is 848 4941 1890 and the Passcode is 483392.

You may join the **May 20** hearing by clicking <https://us02web.zoom.us/j/89956772451?pwd=NGIzS1daU1dOTFVodVdKWm9DdnJtQT09> or by calling (312) 626-6799. The Meeting ID is 899 5677 2451 and the Passcode is 108536.

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

Glossary of Terms

AAAs	Area Agencies on Aging (NIAAA is one of thirteen in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
ACL	Administration on Community Living (federal aging agency formerly known as the AoA)
AoA	Administration on Aging (which is the former name for the federal agency now known as the Administration on Community Living)
APS	Adult Protective Services (program to prevent abuse to disabled and older adults)
APSPA	Adult Protective Services Provider Agency (nonprofits who contract with NIAAA to do investigations and provide case management for the APS program)
Area 01	NIAAA's service area which is comprised of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties
CCP	Community Care Program (program to prevent premature institutionalization)
FY	The federal fiscal year which for 2022 begins on October 1, 2021
FHP	Family Health Program which is a Medicaid managed care program
GRF	General Revenue Funds from the State of Illinois
HDM	Home Delivered Meals (service funded by NIAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDoA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
M-Team	Multi-Disciplinary Teams (comprised of various groups involved in elder abuse)
MMAI	Medicare-Medicaid Alignment Initiative which is a Medicaid managed care program
n4a	National Association of Area Agencies on Aging
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PCPs	Primary care providers in the Medicaid program (aka MCOs)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SHAP	Senior Health Assistance Program (state funding for I&A)
TES	Training, education, support for the Caregiver Program
Title III-B	Community based services (services to prevent premature institutionalization)
Title III-C1	Congregate Meals (NIAAA funded service)
Title III-C2	Home Delivered Meals (NIAAA funded service)
Title III-D	Health Promotion (NIAAA funded service)
Title III-E	Caregiver services (NIAAA funded service)
Title IV	Research and innovations programs (services funded by ACL)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

Purpose Of This Public Information Document

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

Because funding levels are determined by Federal and State government regulations, **allocation levels listed in this document and NIAAA's Area Plan may change**. If major changes are required, public hearings will be scheduled to receive comments on the proposed changes. At the time of publication of this Public Information Document, neither the FY22 federal nor the FY22 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 21, 2021, 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, 2021.

2. Information about NIAAA

About NIAAA

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

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

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

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

NIAAA Services

NIAAA performs the following services for seniors and caregivers:

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

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

Area Plan Initiatives

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

Statewide Initiative – Social Isolationism

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

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

Local Initiative – Improving Legal Services

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

The Older Americans Act

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

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

1. Mission of AAAs under OAA

Since all 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 IIIC1 – Congregate Meals, and Title III-C2 – Home Delivered Meals.

1981

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

1984

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

1987

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

1992

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

2006

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

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

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

2016

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

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

2020

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

3. Funding for FY 2022

A. Illinois

The Governor is proposing a 4.3% increase in state funding for aging programs for FY 2022. Highlights of the increase includes:

- \$11.3M for the expansion of home delivered meals to meet the increased demand as a result of COVID 19 and to address waiting lists in two planning and service areas;
- \$5M to continue addressing seniors' emergency needs through the Emergency Senior Services Program;
- \$1M to add Assistive Technology to the Community Care Program;
- Addressing Minimum Wage issues such as:
 - \$204K to allow for the continuation of the Senior Employment program at \$15 an hour;
 - \$2.4M to address minimum wage increase within Older American services programming; and
 - \$29.3M which will address the minimum wage pressures with the Community Care Program Services. The in-home services rate will go to \$24.96/hour, Adult Day Services will move to \$15.30/hour, and Adult Day Services Transportation rate will go to \$11.29/ride.

B. Federal

As of April 6, 2021, the White House has not released its budget for the 2022 fiscal year which will delay the start of the annual process of funding the government. While the budget law sets February as the deadline for the president's budget request, new administrations typically delay but usually not to this extent which we assume is because of the pandemic.

4. NIAAA Allocation Process

FY22 Funding and Designation Status
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Grants awarded in the 2022 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: 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 designed provider agencies in 2019 but NIAAA's designation was rejected by IDoA. Since IDoA's rejection of NIAAA's designation is in litigation, the above provider agencies are continuing until the matter is resolved.

FY22 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 2019 census estimates (which are the most current data available), there are 165,576 persons 60 years or older living in Area 01 which is an increase 3.3% since 2017:

Increase in Older Adults from 2017 to 2019 based on census estimates

Over 60 County Name	2017 Census Estimates	2019 Estimates	Increase	Inc. %
Boone	11,339	11,931	592	5.0%
Carroll	4,794	4,810	16	0.3%
DeKalb	18,083	19,165	1,082	5.6%
Jo Daviess	7,653	7,927	274	3.5%
Lee	9,058	9,445	387	4.1%
Ogle	12,739	13,281	542	4.1%
Stephenson	13,335	13,805	470	3.4%
Whiteside	15,500	15,827	327	2.1%
Winnebago	67,536	69,385	1,849	2.7%
Area 1 total	160,037	165,576	5,539	3.3%

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

County Name	60+ Rural 2017	60+ Rural 2019	Increase	Inc. %
Boone	0	0	0	0.0%
Carroll	4,794	4,810	16	0.3%
DeKalb	0	0	0	0.0%
Jo Daviess	7,653	7,927	274	3.5%
Lee	9,058	9,445	387	4.1%
Ogle	12,739	13,281	542	4.1%
Stephenson	13,335	13,805	470	3.4%
Whiteside	15,500	15,827	327	2.1%
Winnebago	0	0	0	0.0%
PSA TOTAL	63,079	65,095	2,016	3.1%

Area 01 has a significant portion of rural older adults in Illinois as the relevant six counties account 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

County Name	2017	2019	Increase	Inc. %
Boone	3,407	3,658	251	6.9%
Carroll	1,602	1,644	42	2.6%
DeKalb	5,334	5,625	291	5.2%
Jo Daviess	2,434	2,579	145	5.6%
Lee	2,897	2,994	97	3.2%
Ogle	4,045	4,251	206	4.8%
Stephenson	4,644	4,863	219	4.5%
Whiteside	5,142	5,200	58	1.1%
Winnebago	20,599	21,594	995	4.6%
Area 1 total	50,104	52,408	2,304	4.4%

Area 01 increase in people 85 and older

County Name	2017	2019	Increase	
Boone	919	945	26	2.8%
Carroll	512	495	-17	-3.4%
DeKalb	1,638	1,654	16	1.0%
Jo Daviess	700	681	-19	-2.8%
Lee	944	961	17	1.8%
Ogle	1,169	1,185	16	1.4%
Stephenson	1,601	1,596	-5	-0.3%
Whiteside	1,710	1,642	-68	-4.1%
Winnebago	6,525	6,465	-60	-0.9%
PSA TOTAL	15,718	15,624	-94	-0.6%

Area 01 Increase in Minority Population for older adults

County Name	60+ Minority			Increase
	2017	2019	Increase	Percent
Boone	1,067	1,274	207	19.4%
Carroll	149	165	16	10.7%
DeKalb	1,245	1,512	267	21.4%
Jo Daviess	167	179	12	7.2%
Lee	515	607	92	17.9%
Ogle	624	699	75	12.0%
Stephenson	968	1,080	112	11.6%
Whiteside	1,205	1,385	180	14.9%
Winnebago	9,645	10,759	1,114	11.6%
PSA TOTAL	15,585	17,660	2,075	13.3%

Area 01 increase in older persons living alone

County Name	2016	2019	Increase	Inc. %
Boone	1,895	2,445	550	22.5%
Carroll	1,205	1,325	120	9.1%
DeKalb	3,995	3,820	-175	-4.6%
Jo Daviess	1,460	1,720	260	15.1%
Lee	2,150	2,265	115	5.1%
Ogle	3,380	3,395	15	0.4%
Stephenson	3,165	3,280	115	3.5%
Whiteside	3,890	3,865	-25	-0.6%
Winnebago	16,225	17,195	970	5.6%
PSA TOTAL	37,365	39,310	1,945	4.9%

Area 01 Increase in older persons living in poverty

County Name	2016	2019	Increase	Inc. %
Boone	823	658	165	25.1%
Carroll	333	346	-13	-3.8%
DeKalb	1,172	1,209	-37	-3.1%
Jo Daviess	412	432	-20	-4.6%
Lee	546	664	-118	-17.8%
Ogle	802	654	148	22.6%
Stephenson	1,084	1,027	57	5.6%
Whiteside	859	718	141	19.6%
Winnebago	4,752	4,872	-120	-2.5%
PSA TOTAL	10,783	10,580	203	1.9%

The following is the statewide totals for these greatest need categories by areas:

2021 Illinois Totals by Greatest Needs Categories

Area	Total					Living		
	Population	60+	75+	85+	Minority	Poverty	Alone	Rural
1 NIAAA	660,965	165,576	52,408	15,624	17,660	10,580	39,310	65,095
2 Collar counties	3,440,282	725,493	204,842	59,647	143,429	40,276	136,295	-
3 Rock Island	456,136	125,224	41,233	12,790	9,640	9,392	31,760	69,045
4 Peoria	400,561	101,977	32,922	10,540	8,282	7,607	25,025	-
5 Bloomington	818,267	190,900	60,341	19,204	17,093	15,411	47,310	65,501
6 Quincy	116,789	32,921	11,573	3,885	1,063	2,574	7,915	31,391
7 Springfield	439,987	116,363	36,995	11,489	6,810	7,856	30,235	45,064
8 O'Fallon	656,946	160,515	48,961	15,321	23,527	12,759	39,575	12,301
9 Centralia	143,417	37,681	12,190	3,695	1,488	3,005	9,250	37,681
10 Mt. Carmel	115,251	32,128	10,962	3,432	784	3,215	8,935	32,128
11 Carterville	272,987	72,784	23,742	6,750	5,186	7,728	18,950	37,468
12 Suburban Cook	2,693,959	507,364	155,184	47,259	352,111	75,961	138,325	-
13 Chicago	2,456,274	583,282	175,406	57,333	194,303	45,122	136,165	-
Illinois total	12,671,821	2,852,208	866,759	266,969	781,376	241,486	669,050	395,674
NIAAA % of total	5.2%	5.8%	6.0%	5.9%	2.3%	4.4%	5.9%	16.5%

As the above demonstrates, while Area 01 has about 5% of the general Illinois population, it exceeds this percent in five of the above OAA categories which will result in Area 01 receiving greater funding.

NIAAA Allocation Process

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

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

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

NIAAA Geographic Funding Formula for FY22

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 2019 Census information from the Administration on Community Living is used by the IDoA to allocate FY22 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	2020	2022
Boone	4.50%	5.30%	6.50%	6.20%
Carroll	3.8	3.3	3.10%	3.20%
DeKalb	8.1	8.5	9.70%	10.00%
Jo Daviess	5	5.1	4.80%	4.90%
Lee	6.9	6.3	6.40%	6.40%
Ogle	8.2	8.3	8.60%	8.30%
Stephenson	10.9	10	9.50%	9.70%
Whiteside	11.9	11.4	10.40%	10.10%
Winnebago	40.7	41.8	41.00%	41.20%
Total	100%	100%	100.00%	100.00%

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 FY22.
- 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 FY22, 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 reduced to under 100 clients with unmet needs. 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 FY2022. The following is a list of older persons needing HDM by township and townships with unmet needs in FY20:

County	Unserved Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
Boone	Flora, Leroy, Spring	0
Carroll County	Cherry Grove & Woodland	12
DeKalb	Afton Township, Pierce Township, Portion of Squaw Grove Township, South Grove Township, Mayfield Township, Milan Township, Paw Paw Township	0
Jo Daviess County	Wards Grove, Vinegar Hill, Rice, Rawlins	18
Lee	Brooklyn, China, E. Grove, Harmon, Marion, May, Nachusa, Nelson, Paw Paw, Reynold, S. Dixon, Viola, Willow Creek, Wyoming	0
Ogle	Chana, Eagle Point, Lafayette, Lincoln, Lynville, Marylsnd, Monroe, Pinecreek, Pinerock, Rockvale, Teylor, White Rock, Woosing	0
Stephenson County	Jefferson, Loran, Oneco	29
Whiteside County	Clyde, Garden Plain, Hume, Portland, Uslick	17
Winnebago	Burritt, Harrison, Laona, Owen, Seward, Shirland	0
Area 01 Total		76

Reasons for Unmet Need

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

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

6. Changes in Service Delivery System – AAA Consolidation

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

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

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

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

1. AAA service areas obsolete

The AAAs should be consolidated because our service areas are obsolete. As background, AAAs were created in 1973 with passage of the federal Older Americans Act (OAA) and there are currently 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	2	3	4	5	6	7	8	9	10	11	12	13	Total
	Rockford	Kankakee	Rock Island	Peoria	Bloomington	Quincy	Springfield	Belleville	Centralia	Mt. Carmel	Carterville	Chicago	Oak Park	
Management Admin.	\$ 364,689	\$ 1,116,114	\$ 316,719	\$ 187,968	\$ 402,476	\$ 203,077	\$ 259,719	\$ 300,876	\$ 117,384	\$ 101,893	\$ 199,345	\$ 2,205,602	\$ 1,136,112	\$ 6,911,974
Advocacy	9,761	62,461	19,841	23,860	61,906	31,000	13,581	93,000	48,257	60,089	27,775	186,986	129,503	768,020
Coordination	26,140	92,769	203,367	79,062	70,579	31,000	37,351	51,000	8,000	12,018	24,754	414,930	96,856	1,147,826
Program Develop.	48,523	173,071	24,800	104,172	240,659	30,974	53,758	93,000	61,102	8,012	31,216	-	347,722	1,217,009
Total Administrative	\$ 449,113	\$ 1,444,415	\$ 564,727	\$ 395,062	\$ 775,620	\$ 296,051	\$ 364,409	\$ 537,876	\$ 234,743	\$ 182,012	\$ 283,090	\$ 2,807,518	\$ 1,710,193	\$ 10,044,829
Percent of total														
Management Admin.	7.6%	8.2%	8.0%	7.5%	7.5%	14.3%	7.6%	7.7%	7.4%	7.1%	7.5%	12.0%	8.1%	9.0%
Advocacy	0.2%	0.5%	0.5%	0.9%	1.2%	2.2%	0.4%	2.4%	3.1%	4.2%	1.0%	1.0%	0.9%	1.0%
Coordination	0.5%	0.7%	5.2%	3.1%	1.3%	2.2%	1.1%	1.3%	0.5%	0.8%	0.9%	2.3%	0.7%	1.5%
Program Develop.	1.0%	1.3%	0.6%	4.1%	4.5%	2.2%	1.6%	2.4%	3.9%	0.6%	1.2%	0.0%	2.5%	1.6%
Total	9.4%	10.6%	14.3%	15.7%	14.5%	20.8%	10.6%	13.8%	14.9%	12.6%	10.7%	15.3%	12.2%	13.0%

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

4. AAAs are competing against Service Providers

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

2017 AAA Spending on Direct Services

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

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

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

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

7. Funding Allocations

FY22 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 FY22 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. FY22 Allocation for Community Services and Health Promotion

The following is a table of FY22 allocation for community-based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

FY22 Community Based Services and Health Promotion Allocations

Service	BOONE	CARROLL	DEKALB	JO DAVIESS	LEE	OGLE	STEPHENSON	WHITESIDE	WINNEBAGO
Information & Assist.	58,092	30,447	93,302	45,577	59,960	77,705	90,500	94,049	384,319
Transportation	8,048	4,218	12,927	6,315	8,307	10,766	12,538	13,030	53,247
Homemaker	31	16	50	24	32	42	48	50	207
Legal	6,220	3,260	9,990	4,880	6,420	8,320	9,690	10,070	41,150
Gap Filling	1,866	978	2,997	1,464	1,926	2,496	2,907	3,021	12,345
Total for Area 1	74,257	38,919	119,266	58,260	76,645	99,329	115,683	120,220	491,268

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

FY22 Projected People and Units

The following are the projected people and units for FY 22 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 22 Projected People and Units

Service	Actual 2017		Actual 2018		Actual 2019		Actual 2020		Projected 2021		Projected 2022	
	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units
Info. & Assistance	16,197	87,409	16,677	85,818	16,492	69,850	16,238	69,146	15,000	72,000	15,000	72,000
Transportation	1,288	38,825	1,336	36,838	957	30,067	789	20,119	700	15,000	750	18,000
Legal Services	507	1,800	488	1,825	448	1,764	477	2,567	475	2,500	475	2,500
GAP Filling	93	93	86	86	84	84	66	66	50	50	60	60
Congregate Meals	6,265	146,392	7,592	151,915	7,345	132,530	4,608	82,906	2,000	30,000	2,000	30,000
Home Delivered Meals	2,260	390,439	5,313	469,427	5,999	517,120	4,932	635,874	5,500	685,000	5,500	685,000
Ombudsman	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Promotion	513	3,255	611	2,258	511	2,094	138	760	50	50	50	50
Total	27,123	668,213	32,103	748,167	31,836	753,509	27,248	811,438	23,775	804,600	23,835	807,610

FY22 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 FY22 is \$16,931 which is a little more than FY21.

Specifically, NIAAA funds the APSPAs for the following:

- Multi-Disciplinary Teams (M-Teams) at the rate of \$250 per meeting. Each APSPA will receive a minimum of \$3,000 for holding 8 required M-Team meetings per fiscal year. APSPAs will receive up to an additional \$250 per meeting for each additional M-Team meeting (maximum of 4) held during the fiscal year;
- Expenses for training including the annual Adult Protective Services Conference. The APSPAs have \$3,931 available for reimbursement for training expenses (\$3,175 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.

**FY22 Proposed Allocation for Congregate and Home Delivered Meals
By Service Area**

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

SERVICE AREAS	FORMULA %	Congregate III-C1	HDM III-C2	State HDM GRF	HDM TOTAL	TOTAL
BOONE, LEE, OGLE, WINN CARROL, JO DAVIESS	62.1%	320,296	587,179	1,325,477	1,912,656	2,232,952
STEPHENSON, WHITESIDE	27.9%	143,878	263,763	595,408	859,171	1,003,049
DEKALB	10.0%	51,518	94,444	213,195	307,639	359,157
TOTAL		515,692	945,386	2,134,080	3,079,466	3,595,158
TOTAL	100.0%	515,692	945,386	2,134,080	3,079,466	3,595,158

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) FY22 federal appropriation; 2) number of meals provided nationwide in FY20; and 3) number of meals provided throughout Illinois in FY20. The NSIP projected allocation will, consequently, be revised when the actual FY20 meal count is

calculated and the FY22 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY22:

FY 22 NSIP Allocations

NSIP						
SERVICE AREAS	FY20 MEALS	%	FY 20 Alloc	FY20 III-C1	FY20 III-C2	Total C1+C2
BOONE, LEE, OGLE, WINN	295,588	61.98%	295,588	82,765	212,823	295,588
CARROL, JO DAVIESS						
STEPHENSON, WHITESIDE	132,629	27.81%	132,629	37,136	95,493	132,629
DEKALB	48,693	10.21%	48,693	13,634	35,059	48,693
TOTAL	476,910	100.00%	476,910	133,535	343,375	476,910

FY22 Proposed Allocation for Caregivers and Grandparents by Service and County

Caregiver funding (Title III-E) provides assistance to caregiver clients. Services include information about and assistance in gaining access to available services (I&A), training/education/support (TES), respite and gap filling services. The OAA requires no more than twenty percent of federal funding can be expended for gap filling service and up to ten percent (federal and non-federal) can be allocated to grandparents raising grandchildren. Given this, the following is the FY22 allocation:

FY22 Caregiver Allocation by County

	I & A	G/P	GAP	RESPITE	T/E/S	TOTAL
COUNTY		I & A				
BOONE	11,990	1,244	2,017	4,852	1,555	21,658
CARROLL	6,284	652	1,057	2,543	815	11,351
DEKALB	19,258	1,998	3,239	7,792	2,498	34,785
JO DAVIESS	9,407	976	1,582	3,806	1,220	16,991
LEE	12,376	1,284	2,081	5,008	1,605	22,354
OGLE	16,039	1,664	2,697	6,490	2,080	28,970
STEPHENSON	18,680	1,938	3,142	7,558	2,423	33,741
WHITESIDE	19,412	2,014	3,265	7,855	2,518	35,064
WINNEBAGO	79,326	8,230	13,341	32,096	10,286	143,279
PSA 01	192,772	20,000	32,421	78,000	25,000	348,193

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

Service	FY 2017 Actual		FY 2018 Actual		FY 2019 Actual		FY 2020 Actual		FY 2021 Estimated		FY 2022 Projected	
	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units
Caregiver - I&A	2,627	6,006	1,506	5,261	1,851	6,386	1,515	5,051	1,200	4,000	1,500	4,500
Grandparent - I&A	160	978	48	735	69	1,110	69	1,750	65	1,500	65	1,500
Caregiver GAP Filling	76	76	158	158	70	70	83	83	75	75	80	80
Caregiver Respite	81	4,394	92	6,056	131	4,137	82	2,485	75	2,000	75	2,000
TES	181	679	163	588	70	266	12	20	15	25	15	25
Total	3,125	12,133	1,967	12,798	2,191	11,969	1,761	9,389	1,430	7,600	1,735	8,105

The above projections are for unduplicated clients by service.

8. Funding Changes

FY22 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 FY22 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 FY22 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 FY22, 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 \$290,606) (GRF \$ 96,869)	\$387,475	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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Funds will be expended for administration before costs are incurred for administratively related direct services.

NIAAA Administratively Related Expenses (ARE)

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

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

Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY22 by using \$100,000 from Title III-B/GRF funding.

Justification for NIAAA Providing I&A

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

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

Caregiver Access Services Provided Directly By NIAAA

NIAAA is also proposing to continue to provide Title III-E caregiver access at a cost of \$20,000 in FY22 which is a \$20,000 decrease (or 43%) from FY13. As with the decrease in NIAAA's I&A clients, a similar reduction has occurred for the number of caregiver clients served by NIAAA.

Justification for Caregiver direct service

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

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

**NIAAA FY22 Projected People and Units for
Direct Services for I&A and Caregiver**

As stated above, NIAAA has a long history with providing both I&A and caregiver access services in Area 01. The following is a summary of recent direct service activity along with FY22 projections.

**NIAAA Direct Service History
FY2006-2022**

Fiscal Year	I&A People	I&A Units	Title III-E People	Title III-E Units	I&A People	I&A Units	Title III-E People	Title III-E Units
FY06	9,624	18,972	1,005	1,181				
FY07	7,591	17,575	1,077	1,307				
FY08	6,598	8,126	870	1,139	7,256	15,481	869	1,139
FY09	6,431	11,603	449	560	5,982	11,043	449	560
FY10	7,067	11,964	452	563	7,067	11,964	452	563
FY11	5,681	12,103	489	793	5,392	11,710	289	393
FY12	3,266	8,624	435	702	3,031	8,322	235	302
FY13	2,103	3,668	672	898	2,114	3,799	72	98
FY14	1,223	2,705	670	904	1,963	3,531	68	87
FY15	1,666	2,918	669	899	1,681	3,041	109	238
FY16	1,779	2,981	657	882	1,831	3,166	248	321
FY17	1,629	3,006	650	850	1,629	3,006	137	175
FY18	2,215	3,414	600	900	2,215	3,414	105	199
FY19	1,500	3,000	600	900	1,018	1,977	150	322
FY20	1,500	3,000	500	1200	1,099	3,047	146	2588
FY21 estimates	1,200	3,500	300	2000	555	1,753	71	830
FY22 projections	1,200	3,500	300	2000				

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 FY22 Allocations by County

PROPOSED FY2022 ALLOCATIONS BY COUNTY											
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total	
IIIB/GRF SUPPORTIVE SER	83,769	43,905	134,543	65,722	86,463	112,051	130,502	135,620	554,197	1,346,772	
IIIB/GRF/VII OMBUDSMAN	20,428	10,707	32,810	16,027	21,085	27,325	31,825	33,073	135,147	328,427	
IIIC-1 CONGREGATE MEALS	32,076	16,812	51,518	25,166	33,107	42,906	49,971	51,929	212,207	515,692	
IIIC-2/GRF HOME DEL MEALS	191,543	100,391	307,639	150,278	197,702	256,212	298,400	310,102	1,267,200	3,079,467	
IIID HEALTH PROMOTION	2,888	1,514	4,639	2,266	2,981	3,863	4,500	4,676	19,108	46,435	
IIIE CAREGIVER SUPPORT	21,658	11,351	34,785	16,991	22,354	28,970	33,741	35,064	143,279	348,193	
TOTAL ALL TITLES	352,362	184,680	565,934	276,450	363,692	471,327	548,939	570,464	2,331,138	5,664,986	
VII ELDER ABUSE			PER ELDER ABUSE AGENCY - FOR M-TEAM SUPPORT								12,000
III-C NSIP										476,910	
TOTAL										6,153,896	