

PUBLIC INFORMATION DOCUMENT



**Summary of the Proposed
Area Plan for Fiscal Year 2025**
FINAL RELEASE Published: April 2, 2024
(REVISED: April 10, 2024)

**OLDER
AMERICANS
MONTH**



POWERED BY CONNECTION: MAY 2024

Serving Older Americans in the following counties of East Central Illinois:

Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby, and Vermilion

The East Central Illinois Area Agency on Aging does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voice and TDD), or contact the Area Agency's Civil Rights Coordinator at 1-800-888-4456.

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Introduction

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed **Area Plan** for Fiscal Year 2025. A summary of this document will be presented at the ECIAAA Public Hearings (see schedule below).

Comments on the proposed Area Plan for Fiscal Year 2025 may be sent by mail, fax, or e-mail to ECIAAA no later than 4:00 p.m., April 29, 2024, to the following address:

Attention: Susan C. Real, Executive Director
East Central Illinois Area Agency on Aging
1003 Maple Hill Road – Bloomington, IL 61705-9327
Fax: (309) 829-6021
E-Mail: sreal@eciaaa.org

A summary of public comments will be presented to the ECIAAA Advisory Council on May 1, 2024, and to the ECIAAA Corporate Board on May 15, 2024, for their consideration.

Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed Area Plan with the Illinois Department on Aging for FY 2025.

Public Hearing Dates

- **Wednesday, April 24th**
 - 10:00-12:00pm - LifeSpan Center
 - 11021 E. County Road, 800 North Charleston, IL 61920
- **Thursday, April 25th**
 - 10:00-12:00pm – Decatur Park District Scovill Activity Center
 - 3909 W. Main Street, Decatur, IL 62522
- **Friday, April 26th**
 - 10:00-12:00pm – ECIAAA Office
 - 1003 Maple Hill Rd. Bloomington, IL 61705

Join By

Link: <https://meet.goto.com/333928661>

Dial in: [+1 \(646\) 749-3122](tel:+16467493122) Access Code: 333-928-661

Under the Older Americans Act and the Illinois Department on Aging's direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services for FY 2025. The Public Hearings provide information about ECIAAA's proposed plans, budget, funding formula, and priorities for funding community-based services for older adults and family caregivers, including: Coordinated Points of Entry/Senior Information Services, Legal Assistance, Congregate Meals, Home Delivered Meals, Evidence-Based Health Promotion Programs, Gerontological Counseling, Caregiver Advisory Services, Respite Care, the Adult Protective Services Program, and the Long-Term Care Ombudsman Program.

**IMPORTANT ANNOUNCEMENT:
FY 2025 ECIAAA REQUEST FOR PROPOSALS (RFP)
WORKSHOP
10:00 a.m. - 11:30 a.m.
May 16, 2024
GoToMeeting Webinar**

FY 2025 Request for Proposals for interested applicants serving PSA 05 will be released for the following services:

1. Coordinated Point of Entry/Senior Information Services
2. Caregiver Advisory Services
3. Legal Services

NOTE: ECIAAA will extend OAA Nutrition Services (Congregate and Home Delivered Meals) in PSA for FY 2025.

ECIAAA Mission Statement

Our mission is to lead and advocate for inclusive resources and services that empower the optimal aging of East Central Illinois' diverse older adults, individuals with disabilities, and their care partners.

ECIAAA Vision Statement

Optimize aging through innovative person-centered services in East Central Illinois.

ECIAAA Core Principles

Lead

We are committed to leading through collaborative planning, effective communication and oversight, advocacy, and innovative service development to meet the diverse needs of those we serve.

Advocate

We are committed to optimal aging through advocacy that is person-centered, supported by public policy, and provided by adequately funded services.

Innovate

We are committed to encouraging, valuing, and supporting new and creative service ideas that meet the needs of those we serve.

Collaborate

We are committed to strengthening programs and services through inclusive and diverse community partnerships.

Who We Are

The East Central Illinois Area Agency on Aging is a non-profit organization, founded in 1972, and authorized under the federal Older Americans Act and the Illinois Act on Aging to plan and administer services for older adults, persons with disabilities, caregivers, and grandparents and other relatives raising children.

Our vision is to optimize aging through innovative person-centered services in East Central Illinois.

There are over 600 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of 13 Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves as the planning and grant awarding agency for services to older adults, caregivers, grandparents and relatives raising grandchildren/children in East Central Illinois – also known as Planning & Service Area 05 (PSA 05).

ECIAAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 188,000 persons 60 years of age and older, persons with disabilities, caregivers, grandparents, and other relatives raising children in communities throughout the 16 counties of East Central Illinois.

ECIAAAA is governed by a Corporate Board comprised of up to 20 members representing 16 counties. The Corporate Board establishes policies and priorities and makes decisions about programs and funding.

ECIAAAA is advised by an Advisory Council comprised of up to 32 members, with the majority of its members aged 60 years and older. The Advisory Council informs the Area Agency on Aging about the needs and preferences of older persons, persons with disabilities, caregivers, and grandparents, and provides advice on the Area Plan and senior services.

Programs & Services

Access Services- Information & Assistance provided by a network of 11 Coordinated Points of Entry, and coordination with 7 Care Coordination Units and public and private transportation providers.

In-Home Services- Individual Needs Assessments for Home Delivered Meals, Home Delivered Meals, Respite Care, and other consumer-directed Long-Term Services and Supports (LTSS).

Community Services- Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

Healthy Aging Programs- Chronic Disease Self-Management, Diabetes Self-Management, PEARLS (Program to Encourage Active, Rewarding Lives for Older adults), Bingocize[®], A Matter of Balance, and Aging Mastery.

Caregiver Support Programs- Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren, and educational programs such as *Savvy Caregiver* and *Stress Busters for Caregivers*.

Elder Rights Programs- Adult Protective Services addressing abuse, neglect and exploitation, and self-neglect; and the Long-Term Care Ombudsman Program advocating for long-term care residents in licensed facilities.

Senior Health Assistance Program (SHAP)- The Benefit Access program, the Medicare Part D Benefit, Low-Income Subsidy, and the Medicare Savings Programs.

Senior Health Insurance Program (SHIP)- A counseling service provided to individuals who are seeking help regarding information and enrollment assistance for Medicare, Medicare Supplemental plans, Medicare Advantage plans, and prescription drug coverage through Medicare Part D and other sources, etc.

Medicare Improvement for Patients and Providers (MIPPA)- Grant funds used to expand services through SIS/CPoE. These funds are used to increase outreach activities about Medicare Savings Programs, Low-Income Subsidy, and prescription coverage available under Medicare Part D drug plans. It also promotes the Medicare Part B Prevention and Wellness benefits included in the Affordable Care Act.

Veterans Independence Program- ECIAAA administers the Veteran-Directed Home and Community Based Services program which provides consumer directed home based supports to help veterans at risk of nursing home placement stay in their homes.

Long-Term Care Systems Development- ECIAAA assists with Community Care Program (CCP) operational activities and management issues. ECIAAA also assists Illinois Department on Aging planning and development activities, as requested, including the implementation of the No Wrong Door service system in PSA 05.

Senior Medicare Patrol (SMP)- Education and information provided to older adults on how to protect their personal information to avoid healthcare fraud and abuse. Older adults learn how to protect, detect, and report Medicare fraud and abuse.

Senior Farmer Market Nutrition Program (SFMNP)- Fresh fruit and vegetables provided to eligible older adults who are nutritionally at risk.

* Only available during the summer months.

ECIAAA Serves Older Americans, Family Caregivers and Grandparents/ Relatives Raising Grandchildren/Children through...

Advocacy In Action- ECIAAA informs older adults, persons with disabilities, and their care partners about legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state, and federal levels.

Planning, Program Development and Coordination- ECIAAA assesses the needs of older adults, persons with disabilities, caregivers, and grandparents and other relatives raising children; identifies planning issues; sets priorities for funding; coordinates community services; develops new or expanded services; and forms partnerships with other organizations, for example, collaboration with Centers for Independent Living to develop an Aging and Disability Resource Network in Planning and Service Area 05.

Supporting Community Programs on Aging- ECIAAA awards federal and state grant assistance to local agencies to provide services to older adults and caregivers. Services are available to persons 60 and older, persons with disabilities, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and younger. Service recipients may show their support by donating their time, talents, and through voluntary financial contributions. Older Americans Act services are targeted to older adults in greatest social and

economic need, especially low-income minority older persons, persons with limited English proficiency, and older adults in rural areas.

Providing Easy Access to Information, Assistance, Services and Supports- ECIAAA supports a network of 11 Coordinated Points of Entry who work with 7 Care Coordination Units, 9 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, and other community organizations. Together these agencies are known as the Aging & Disability Resource Network. Our partners take a “no wrong door” approach to inform adults, persons with disabilities, and their care partners about their options, make informed choices, and help them apply for benefits and services.

Developing Community-Based Long-Term Services and Supports- ECIAAA works with Coordinated Points of Entry, Comprehensive Care Coordination Units, Centers for Independent Living, hospitals, and service providers in the Aging Network to help older adults make successful transitions from home to hospital, to rehabilitation facilities, and home again. We also work with the VA Illiana Healthcare System and Comprehensive Care Coordination Units on the Veterans-Directed Home and Community Based Services Program to provide consumer-directed services to enable disabled veterans to live independently at home.

Advocacy For Residents in Long-Term Care Facilities- ECIAAA sponsors a regional Ombudsman Program through a grant from the Illinois Department on Aging 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, and advocate on behalf of all residents of licensed long-term care facilities.

Responding To Abuse, Neglect and Exploitation- ECIAAA is the Regional Administrative Agency for the Illinois Adult Protective Services Program in Area 05 under a grant from the Illinois Department on Aging. ECIAAA manages grants with 4 Adult Protective Service provider agencies who investigate reports of alleged abuse, neglect, exploitation, and self-neglect of persons with disabilities ages 18-59 and older persons 60 years of age and older.

Demographic Characteristics and Trends

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025

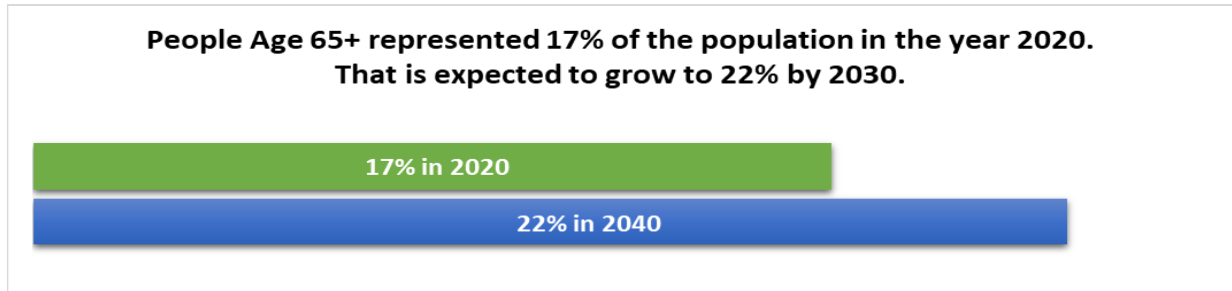


A National Profile of Older Americans

Source: “[2021 Profile of Older Americans](#),” Administration on Aging/Administration for Community Living, Nov 2022.

Profile Highlights

Size of the Older Adult Population



- The older population (65+) numbered 55.7 million in 2020 (17% of the population), an increase of 38% since 2010.
- Between 2010 and 2020 the population age 60+ increased by 19 million a 33% increase.
- The 85 and older population is projected to more than double from 6.7 million in 2020 to 14.4 million in 2040 (a 117% increase).
- In 2020 the four states with the highest percentage of populations age 65+ were Maine, Florida, West Virginia, and Vermont.
- Out of the 50 states, Illinois has the 7th largest population of older adults (2 million)
- 16.6% of Illinois’ population is age 65 or older.

Gender & Marriage

- In 2020, the population age 65+ was 30.8 million women and 24.8 million men.
- In 2021, a larger percentage of older men (69%) than older women (47%) were married.
- Of older adults age 65+ living in the community, 60% lived with their spouse/partner in 2021. About 27% lived alone.

Income, Expenses, & Poverty Levels

The median household income of older adults 75+ in 2019 was



- The 2020 median income of older persons was \$26,668 (\$35,808 for men and \$21,245 for women).
- Consumers age 65+ averaged out-of-pocket health care expenditures of \$6,668 in 2020, up 38% from 2010.

- In 2020, 5 million people age 65+ lived below the poverty level. Another 2.6 million were “near-poor.”
- The highest poverty rates were experienced among older Hispanic women who lived alone (35.6%) and older African American women who lived alone (31.7%).

Race & Ethnicity

- Nearly 1 in 4 older adults were members of racial or ethnic minority populations in 2020.

Employment & Education

- In 2021, 10.6 million Americans age 65+ were in the labor force (working or actively seeking work).
- The percentage of older adults who had completed high school was 28% in 1970 vs. 89% in 2021.

Life Expectancy & Chronic Conditions

- In 2020, persons reaching age 65 had an average life expectancy of an additional 18.5 years (19.8 years for women and 17.0 years for men). This is a decrease from 2019 when the average was 19.6 additional years.
- Most older Americans have at least one chronic condition, and many have multiple conditions.

Caregiving

- In 2020, about 1.1 million people age 60+ were responsible for the basic needs of at least one grandchild under age 18 living with them.

Note: Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

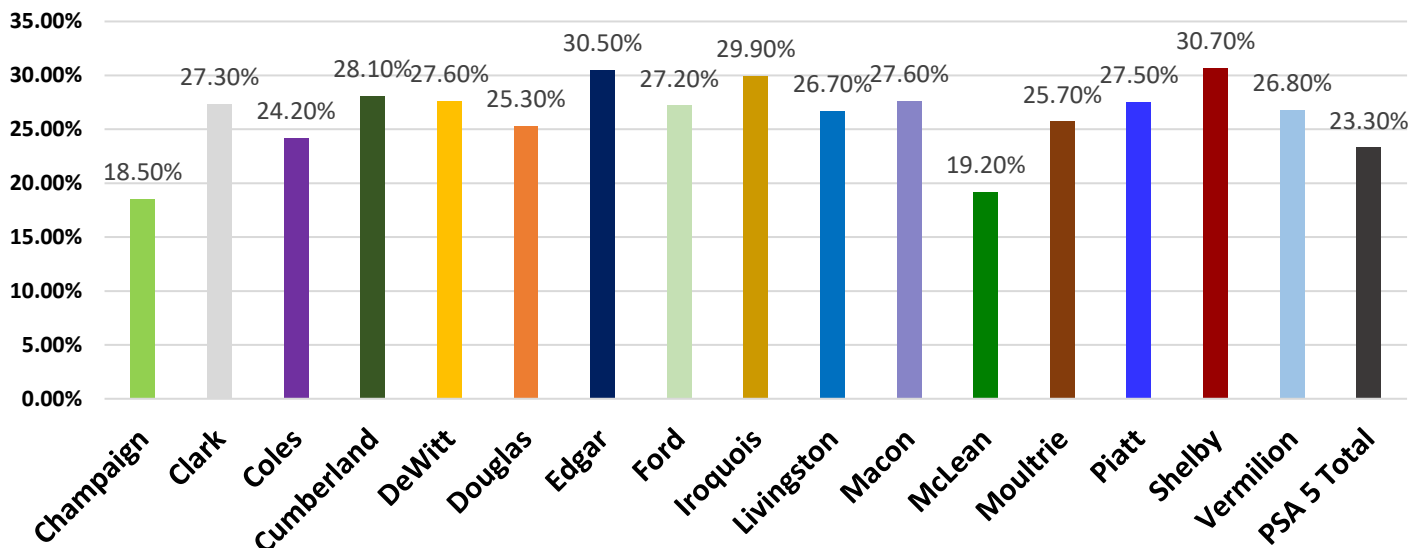
A Profile of Older Adults in Planning and Service in PSA 05

Source: "Population Estimates for Fiscal Year 2025," Illinois Department on Aging.

Total Population & 60+ Population

County Name	2022 ACS 5-YR Estimates Total Population	2022 ACS 5-YR Estimates 60+ Population	60+ Population % of Total Population
Champaign	206,525	38,130	18.5%
Clark	15,467	4,180	27.3%
Coles	47,076	11,565	24.2%
Cumberland	10,447	2,911	28.1%
DeWitt	15,535	4,199	27.6%
Douglas	19,714	4,954	25.3%
Edgar	16,852	5,310	30.5%
Ford	13,484	3,644	27.2%
Iroquois	27,043	8,126	29.9%
Livingston	35,771	9,761	26.7%
Macon	104,542	28,156	27.6%
McLean	171,274	33,222	19.2%
Moultrie	14,531	3,734	25.7%
Piatt	16,698	4,693	27.5%
Shelby	21,042	6,381	30.7%
Vermilion	74,113	19,572	26.8%
PSA 05 Total	810,114	188,538	23.3%

60+ Population % of Total Population



Key Population Indicators: Number of People

County	75+	85+	60+ Poverty	60+ Minority	60+ Living Alone	60+ Rural
Champaign	11,274	3,398	3,003	6,780	9,855	0
Clark	1,297	426	270	104	940	4,180
Coles	3,622	1,350	1,097	477	3,210	11,565
Cumberland	874	363	274	81	695	2,911
DeWitt	1,276	334	231	117	1,265	4,199
Douglas	1,648	581	452	248	1,255	4,954
Edgar	1,778	474	502	115	1,440	5,310
Ford	1,151	404	256	114	985	3,644
Iroquois	2,654	678	722	378	2,100	8,126
Livingston	3,113	1,163	774	387	2,605	9,761
Macon	9,013	2,882	2,574	3,951	8,005	0
McLean	9,484	2,755	2,958	3,211	8,775	0
Moultrie	1,175	405	170	72	1,065	3,734
Piatt	1,445	524	277	84	960	0
Shelby	2,107	607	535	123	1,580	6,381
Vermilion	6,286	1,690	1,937	2,148	6,055	0

Key Population Indicators: Percentages of the 60+ Population

County	75+	85+	60+ Poverty	60+ Minority	60+ Living Alone	60+ Rural
Champaign	29.57%	8.91%	7.88%	17.78%	25.85%	N/A
Clark	31.03%	10.19%	6.46%	2.49%	22.49%	100%
Coles	31.32%	11.67%	9.49%	4.12%	27.76%	100%
Cumberland	30.02%	12.47%	9.41%	2.78%	23.87%	100%
DeWitt	30.39%	7.95%	5.50%	2.79%	30.13%	100%
Douglas	33.27%	11.73%	9.12%	5.01%	25.33%	100%
Edgar	33.48%	8.93%	9.45%	2.17%	27.12%	100%
Ford	31.59%	11.09%	7.03%	3.13%	27.03%	100%
Iroquois	32.66%	8.34%	8.89%	4.65%	25.84%	100%
Livingston	31.89%	11.91%	7.93%	3.96%	26.69%	100%
Macon	32.01%	10.24%	9.14%	14.03%	28.43%	N/A
McLean	28.55%	8.29%	8.90%	9.67%	26.41%	N/A
Moultrie	31.47%	10.85%	4.55%	1.93%	28.52%	100%
Piatt	30.79%	11.17%	5.90%	1.79%	20.46%	N/A
Shelby	33.02%	9.51%	8.38%	1.93%	24.76%	100%
Vermilion	32.12%	8.63%	9.90%	10.97%	30.94%	N/A

Advocacy in Action!

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



ECIAAA and Illinois Association of Area Agency on Aging (I4A) Advocacy Materials

ECIAAA serves as a leader in advocating at the federal and state level for increased funding to meet the needs of older adults in East Central Illinois.

View our advocacy efforts by clicking on the links below:

[I4A Legislative Priorities 2024](#)

[USAgging Policy Priorities 2024](#)



Illinois Association of Area Agencies on Aging 2024 State Legislative Priorities

SUPPORT UNPAID FAMILY CAREGIVERS

Increase Illinois Family Caregiver Act¹ funding from \$5m to \$6m to support unpaid family caregivers through the Area Agency on Aging Caregiver Resource Centers. An AARP study found there are over 1.5 m caregivers in Illinois providing 1.24 billion hours of unpaid work annually with an estimated value of \$17 billion. [Support for unpaid caregivers is proven to delay nursing home placement and save Medicaid dollars.](#)

A 75-year-old male caregiver to his sister states the T-Care assessment was "to see if you are under stress and help you find resources . . . without that, I was just floating on my own". I want policy makers to know that caregivers need "reliable expert assistance that they can trust and depend on." I want society to realize that when trying to help someone with dementia, you don't have any sense of how to go about it . . . without help, you are just struggling in the dark."

INCREASE STATE FUNDING TO COMBAT SOCIAL ISOLATION . . .

From \$1m to \$2m to support programs to alleviate isolation among older people. Lack of Social Connection increases the risk of premature death as if smoking 15 cigarettes a day. The US Surgeon General – Vivek H. Murthy, MD, cites in his 2023 Report: "Loneliness can have profound effects on mental health, heart disease, stroke and dementia, resulting in billions of dollars spent in health care costs."

INCREASE STATE FUNDING FOR ALZHEIMER'S DISEASE AND RELATED DISORDERS . . .

From \$1m to \$2m to "fill the gaps" in services and fund evidence-based training for caregivers. Without this support, caregivers may face placing their loved ones into long-term care settings prematurely. Alzheimer's is the 6th leading cause of death and most expensive disease in America.

SUSTAIN STATE FUNDING FOR HOME DELIVERED MEALS

This funding meets increased demands for meals, supports the skyrocketing costs for food, gas, and labor.

REDUCE ELDER FINANCIAL EXPLOITATION

Reported scams impacting those aged 60+ ballooned from \$931 million in 2021 to \$1.54 billion in 2022, an **increase of 66%**. Unreported incidents would push these numbers much higher. Resources are needed for Area Agencies on Aging to educate and increase awareness of scams and reduce financial exploitation.

For more information, please contact: A4A Legislative Committee Co-Chair, Susan Igel, CEO East Central Illinois Area Agency on Aging at (309) 829-2054, 21c@eciaaa.org OR Dana Sivola, CEO AgeOptions at (708) 383-0758, Dana_Sivola@ageoptions.org

¹ FA 93-0814 was passed in 2004 but went unfunded until 2022.

² Protecting Older Consumers: A Report of the Federal Trade Commission, 2021-2022 and 2022-2023



Policy Priorities 2024

Promote the Health, Security and Well-Being of Older Adults



I4A Factsheet for FY23



Illinois Association of Area Agencies on Aging 2023 I4A Factsheet

Source: I4A Department of Aging, 2023 I4A Fact Sheet (https://eciaaa.org)

The Illinois 13 Area Agencies on Aging served 503,766 adults age 60 and over during FY 2023 or 17.5% of the senior population. Since the 1970s, each Area Agency on Aging has helped to build a network of aging services at the local level, incorporating the preferences of local participants.

Aging services assist older adults, their caregivers, grandparents raising grandchildren, people with disabilities, and veterans. The Area Agencies continued the initiative to reduce social isolation among older adults and their caregivers during 2023.



303 Provider Agencies

Area Agencies on Aging collaborate with community providers to ensure older adults and their caregivers have access to home and community-based services.

809,992 Service Units Provided for Information, Assistance, & Outreach

Information, assistance, and outreach helps older adults make informed decisions about program, benefits, and services to help them live independently at home for as long as possible.

12,188 Older Adults Received Options Counseling

Options Counseling advises older adults about cost-effective options for community-based, long-term services and supports.

348,812 Rides Provided to Older Adults

Transportation programs provide older adults access to medical appointments, shopping, congregate dining locations, and senior centers.

9,710 Older Adults Received In-Home Services

In-home services include housekeeping, respite care, telephone reassurance, and minor home repairs.

14,934 Adult Protective Services Reports

The Illinois Department on Aging awards grants to Area Agencies on Aging to serve as Regional Administering Agencies for the statewide Adult Protective Services Program.

37,708 Consultations provided by the Ombudsman Program

The Illinois Long-Term Care Ombudsman Program (LTCOP) is a resident-directed advocacy program which protects and improves the quality of life for residents in a variety of long-term care settings.

[I4A Illinois General Assembly Webinar](#)



**Legislative Update
2023 Accomplishments & 2024 Priorities
February 2, 2024 – 10:00 am -11:15 am**

IL Family Caregiver Act



The Illinois Family Caregiver Act An Opportunity to Support Caregivers Support HB 5358

- Support** **Fund the Illinois Family Caregiver Act**
The law, PA 93-0864 passed in 2004, established a caregiver support program to assist unpaid caregivers including grandparents raising grandkids (kinship care) through training and education to develop essential caregiving skills and other interventions to provide relief and reduce stress. In 2023, the Illinois General Assembly passed \$5 million in funding to support the Illinois Family Caregiver Act for FY24. This was the second time the act has been funded at the state level. We greatly appreciate the \$5 million appropriation however more funding is needed to adequately support Illinois Family Caregivers.
- Our Ask** **Increase from \$5 to \$6 million to fund the Illinois Family Caregiver Act, an investment in our family caregivers.**
100% of funds will go towards expanding existing services to support:
 - Evidence-based assessments that tailor interventions to caregivers' unique needs
 - Support services and respite care that provide temporary relief to caregivers
 - Hands-on caregiver training, education and stress relief programs
 - A wide range of other support for Grandparents & others raising children
 - Saves Medicaid dollars by delaying costly nursing home placement
- Reach Out** **Questions or comments, please contact:**
Diane Slezak – Diane.Slezak@AgeOptions.org, Susan Real – Sreal@eciaaa.org



IL Family Caregiver Excerpts

The Caregiver Advisor connected Suzanne to a support group that provides her with the opportunity to “know and talk to other people in my situation. Caregivers need support.”

Suzanne
A family caregiver served by an ECIAAA funded provider.
*Caring for her 78-year-old husband with Alzheimer's disease.

Caregiver Magazine

COVER

Meet Joan, who is caring for her mother and adult granddaughter.

Joan and her husband are currently caregivers for Joan's mother, 88, and five adult granddaughters, 35, who live with them on their farm. Their granddaughter has cerebral palsy, is nonverbal, needs extensive physical assistance, and has multiple health conditions that require special attention. They are no longer in contact with their daughter who had a history of not caring for their granddaughter. Joan and her husband adopted their granddaughter about five years ago.

Then, last year, Joan's mother broke her hip and was told she could no longer live alone in her Indiana home. Joan and her sister considered finding their mother a nursing home, but Joan and her husband decided to move Joan's mother in with them. She uses a walker, needs assistance getting out of bed, and is incontinent. Joan takes on most of the personal care, cooking and driving for both her mother and granddaughter. Her husband farms and helps with some cooking. The couple hired a certified nursing assistant to help every other Tuesday, giving Joan time for shopping. "Caringiving is not easy," Joan says. "I work as hard now as I did when I was holding down a couple of jobs."

Managing the daily tasks is a struggle, but Joan recently acquired a home that had worked as a therapy center. Her goal became to get her granddaughter back on a horse. Joan feeds the horses daily and takes a ride with her husband to check on the calves. "That really helps me because I grew up in the country, and if it wasn't for that, I'd be probably about ready to climb the wall. You gotta get out and do something," Joan says.

Utilizing Resources
Joan heard about respite care from her sister's wife. The respite care services, however, were only available for a limited time. Joan has since called the agency that provided respite to ask questions and has been happy to hear that it is a resource. She did not realize that when her granddaughter turned 18 years old, she would no longer be eligible for many of the benefits and resources she'd had as a disabled child. The process of sorting out her eligibility for financial support and care options was very confusing for Joan, especially during the pandemic, when the Social Security office was closed. The Illinois Division of Rehabilitative Services has since appeared to be her granddaughter's personal assistant, which has eased some of the financial burden for her. They recently received approval for a wheelchair-accessible bathroom, enabling Joan to bathe her granddaughter. However, they have not been able to find contractors willing to provide bids.

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USAgings's Older Americans Act Reauthorization Recommendations

USAgings POLICY BRIEF
Leaders in Aging Well at Home

Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act authorization will expire at the end of FY 2024. As it has for every past reauthorization, USAgings will work with policymakers and stakeholders to update this vital Act, which supports millions of older adults and caregivers annually, and is the foundation of the Aging Network's ability to create a wide range of programs and services to support older adults' health, well-being and ability to age well at home and in the community.

Introduction

The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's "Great Society" initiative aimed at eliminating poverty and injustice among the country's most vulnerable populations. Over time, the Act created a nationwide network of organizations delivering community-based services for older Americans to support sustained health, independence and dignity.

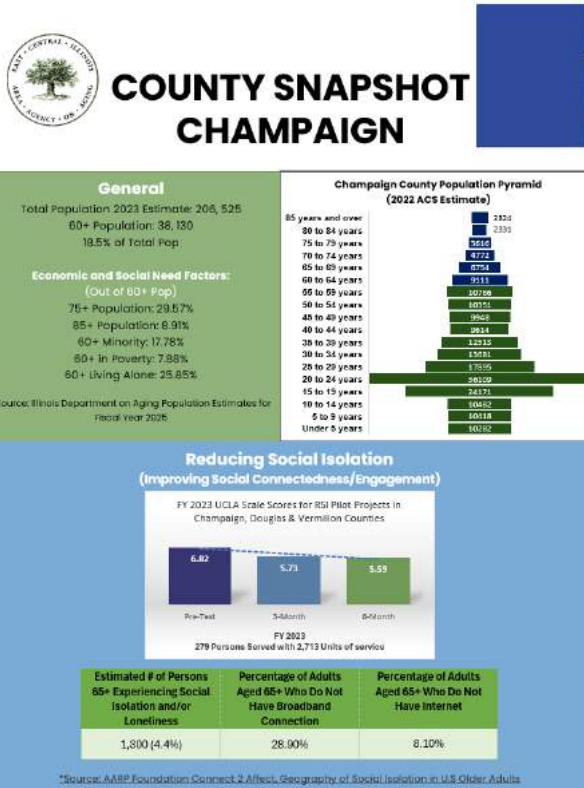
Today the vision and mission of the Older Americans Act is even more important than it was nearly six decades ago, as our nation faces an unprecedented demographic shift. According to US Census data, in 2019, 16 percent—or 54.1 million—of Americans were 65 or older. With approximately 10,000 Baby Boomers turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, or 21.8 percent of the population. And by 2034, older adults are expected to outnumber children under 18 for the first time in history.¹ The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades.

One thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those age 65 and older want to remain in their home and community as they age.²

Enabling aging in place should be a national bipartisan priority. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect and bolster the foundation upon which this goal was built. The Older Americans Act is that foundation, and as federal policymakers consider the Act's reauthorization, USAgings urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative updates that enable

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ECIAAA County Snapshots



ECIAAA FY2023 Factsheet



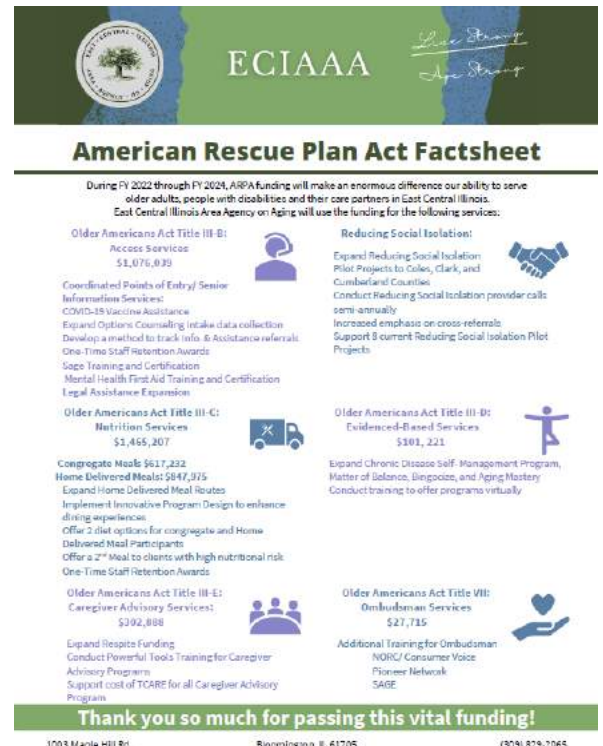
Personal Needs Allowance Update



HB 3193 & SB 1966

APPROVED!

ARPA Fact Sheet



Older Americans Act Reauthorization for FY 2025

ECIAAA has major advocacy challenges ahead – top of the list is advocating for the reauthorizing of the Older Americans Act! Please find a summary courtesy of our association representing all 614 Area Agencies on Aging across the Nation – USAging!

USAging – Recommendations for the Reauthorization of the Older Americans Act (source: USAging Policy Brief, January 2024)

The Older Americans Act authorization will expire at the end of FY 2024. As it has for every past reauthorization, USAging will represent Area Agencies on Aging across the US while working with policymakers and stakeholders to update this vital Act, which supports millions of older adults and caregivers annually, and is the foundation of the Aging Network’s ability to create a wide range of programs and services to support older adults’ health, well-being and ability to age well at home and in the community.

Introduction

The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson’s “Great Society” initiative aimed at eliminating poverty and injustice among the country’s most vulnerable populations. Over time, the Act created a nationwide network of organizations delivering community-based services for older Americans to support sustained health, independence, and dignity.

Today, the vision and mission of the Older Americans Act are even more important than it was nearly six decades ago, as our nation faces an unprecedented demographic shift. According to US Census data, in 2019, 16 percent—or 54.1 million—of Americans were 65 or older. With approximately 10,000 Baby Boomers turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, or 21.8 percent of the population. And by 2034, older adults are expected to outnumber children under 18 for the first time in history. The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades. One thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those aged 65 and older want to remain in their home and community as they age.

Enabling aging in place should be a national bipartisan priority. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect, and bolster the foundation upon which this goal was built. The Older Americans Act is that foundation, and as federal policymakers consider the Act’s reauthorization, USAging urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative updates that enable continued innovation, flexibility, and greater capacity to meet the needs of this nation’s rapidly growing population and their caregivers.

Goal 1: To Serve More Older Adults Who Need Help to Age Well at Home.

Recommendation 1.1: Significantly increase authorized funding levels to meet the real and urgent needs of a rapidly growing older population and the rising costs of service delivery.

Recommendation 1.2: Ensure that Area Agencies on Aging (AAAs) and other Aging Network community-based organizations are able to further meet their missions by securing health care or other private funding to serve more older adults.

Recommendation 1.3: It is recommended to allow Title III D health and wellness programs to be evidence-informed—not just evidence-based—to expand the Aging Network’s ability to reach older adults with emerging interventions and to extend the reach, especially in rural areas and other areas which *have* limited funding for this important work.

Recommendation 1.4: It is recommended to expand Title VI, Grants for Native American Aging Programs, to include a dedicated Supportive Services funding stream and boost the capacity of grantees through more robust training and technical assistance.

GOAL 2: To Meet the Needs of Today’s and Tomorrow’s Older Adults Recommendation

Recommendation 2.1: Unify and modernize the Title III C nutrition funding streams and programs to reflect recent innovations, the changing needs of consumers and the goal of local decision making inherent in the Act.

Recommendation 2.2: Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to providing training and technical assistance for Aging Network professionals on innovative strategies to build and expand social engagement programs and activities.

GOAL 3: To Maintain Efficient Oversight and Management of Local Service Delivery to Ensure Quality

Recommendation 3.1: Increase the administrative funding ceiling by two percentage points to ensure appropriate program development, oversight and network management amid rising costs and eroding federal OAA funding.

Assessment & Planning Process for FY 2025– FY 2027

In Pursuit of Outcomes: *Age Strong, Live Strong*

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



ECIAAA's Assessment & Planning Process for FY 2025 – FY 2027

In Pursuit of Outcomes: Age Strong, Live Strong

ECIAAA Performance Outcome Service Performance FY 2024 County Conversations

Overall Cost Benefit: Services provided during FY 2023 saved over \$437 million in long-term care costs.

- *Service Providers utilized \$7,784,168 to assist 23,237 older adults.*
- *The cost benefit is derived by enabling these individuals to continue living in the community versus a nursing facility is immense.*
- *Illinois' median cost for a semi-private room in a nursing home is \$206.*
- *If 25% of those 23,237 individuals would have been at risk of nursing home placement if no ECIAAA support services were available – that means our services have saved older persons and taxpayers over \$437 million in East Central Illinois.*

Outcome #1: Older adults served by Coordinated Points of Entry/ Senior Information Services are empowered to engage in services and improve their quality of life.

The Coordinated Point of Entry/ Senior Information Services (CPoE/ SIS) Program provided by ECIAAA is resulting in older adults and disabled persons experiencing financial security; peace of mind; independence; and improving their overall health, well-being, and quality of life.

Coordinated Points of Entry/Senior Information Services serve as a “central clearinghouse” for older adults, persons with disabilities, and their care partners. They provide ongoing coordination and connection to services, utilize a standardized intake process, complete referrals and “warm transfers”, provide follow-up monitoring, utilize Options Counseling for participants, engage participants in available programming such as Plan Finder and Benefits Access, utilize a statewide resource database AgingIS CSD, and provide access to evidence-based Healthy Aging services. ECIAAA requires Coordinated Points of Entry/ Senior Information Services providers to have at least one staff member who is certified by *Inform USA* (formerly known as the Alliance of Information and Referral Systems [AIRS]). ECIAAA currently funds 11 Coordinated Points of Entry/Senior Information Service Programs.

Cost Benefit:

By enrolling older adults in the programs above, CPoE/ SIS providers have saved East Central Illinois Medicare beneficiaries a total of \$1.3 million to help pay for other necessities such as groceries, utilities, and home repairs.

Outcome #2: Caregivers are supported to enable them to continue caring for their loved ones.

The caregiver services provided by the ECIAAA are resulting in caregivers and grandparents and other older relatives raising children accessing programs and services to support them in their caregiving roles, by receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. By helping caregivers maintain their caregiving longer, caregiver advisory services enable older adults to stay in their homes for longer periods of time.

Caregiver Advisory Services provide help to an adult family member or another individual, who is an informal provider of in-home care to an older individual. The program is a source of information for caregivers, assists them in accessing services, and offers individual counseling/consultation and support services to help caregivers and grandparents/relatives raising grandchildren/children cope with their caregiving roles and/or develop and strengthen capacities for more adequate social and personal adjustments. Respite services provide temporary, substitute care or supervision of a functionally impaired person. It allows the primary caregiver time away to complete other tasks without disruption of the care of the individual. ECIAAA currently funds 9 Caregiver Advisory Programs.

Cost Benefit:

According to AARP in 2019 “In Illinois, it is estimated that there are nearly 1.5 million caregivers who provide more than 1.24 billion hours of unpaid care valued at over \$17 billion each year”¹. Thirty-three percent (33%) of family caregivers report caring for someone who has Alzheimer’s disease or other dementias. In East Central Illinois, total economic value of family/informal caregiving is estimated at \$1.17 million in unpaid work annually.

Outcome #3: Older adults have improved food security and reduced social isolation.

Nutrition services provided by the ECIAAA are improving food security; increasing opportunities for socialization; reducing feelings of isolation; helping participants to eat healthier, make better food choices, and improve their health; promoting independence; and enabling older adults to live at home.

1 Valuing the Invaluable: 2019 Update, AARP Public Policy Institute, November 2019.

Congregate meals are served at familiar locations, such as senior centers, to promote health and reduce isolation. Home-delivered meals are provided to older adults who are homebound because of illness, physical or mental impairment or otherwise isolated.

Nutrition programs are required to implement creative program design and menu planning that optimize consumer choice, provide consistent meal provision meeting dietary standards, provide a five-day per week meal program, conduct activities to increase socialization and reduce feelings of isolation, provide access to Healthy-Aging services/programs such as A Matter of Balance and Chronic Disease Self-Management, provide nutrition education, conduct individual needs assessments with home-delivered meal recipients to identify operational and safety issues, and conduct wellness checks on home-delivered meal recipients. ECIAAA currently funds 4 nutrition programs.

Cost Benefit:

Home delivered meals are cost-effective and help keep older adults healthier and able to remain independent.

Cost of One OAA-Funded Nutrition Meal for One Senior for Entire Year	Cost of One Day of Hospital Care	Cost of Ten Days in Long Term Care Facilities
\$2,602	\$2,754	\$2,070

Source: [“Delivering So Much More Than a Meal in Illinois.”](#) Meals on Wheels America, 2021.

Outcome #4: Older adults receive specialized legal services to address their legal needs.

Legal services provided by ECIAAA are promoting the independence and financial stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights, and responsibilities.

The agency funds two provider organizations to deliver legal assistance throughout its 16-county geographic service area: Land of Lincoln Legal Aid, serving 13 counties; and Prairie State Legal Services, serving three counties.

The provision of legal services includes advocating for and assisting with basic civil needs of an older adult. Assistance can be provided to help in cases of elder abuse and neglect, financial exploitation, consumer fraud, landlord/tenant relationships, and public benefit programs. Criminal, real-estate, and damage award cases cannot be handled by legal assistance.

Legal service programs are required to provide legal advice and representation, inform older adults about the availability and location of their services and case acceptance priorities, provide community education opportunities on legal issues, prioritize legal assistance for Adult Protective Service cases, attend court hearings and prepare legal documents, provide referral

and follow-up for additional services to benefit the client, provide assistance in obtaining public benefits such as Social Security, Medicare, Medicaid, etc., and collaborate and consult with other service providers serving the same populations.

Cost Benefit:

On average, private attorney fees are 2.4 times the legal assistance provider's approved hourly rates². Funds provided by the ECIAAAA enabled Service Providers to provide 2,913 hours of legal services to older adults. This resulted in a cost savings of \$276,271 when compared to private attorney fees.

We have two performance goals that permeate all services and programs:

1. Older Americans will experience reduced social isolation by engaging in all services.

Results:

Since FY 2019, ECIAAAA has developed planning committees to reduce social isolation in McLean, Champaign, Vermilion, Macon, Clark, Cumberland, and Coles Counties. ECIAAAA was able to implement funding for outreach targeting Hispanic and English as a second language populations, outreach with technology, telephone reassurance/ friendly caller and friendly visiting programs specifically designed to reduce social isolation. The programs' effectiveness is assessed using the UCLA Loneliness Scale.

2. Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results:

ECIAAAA funded providers offer programs including Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Strong for Life, Aging Mastery, Bingocize and Program to Encourage Active Rewarding Lives for Older adults.

² Illinois Legal Aid Society, May 2020.

ECIAAA County Conversations: Summary of the Assessment & Planning Process for FY 2025 – FY 2027

FY 2024

ECIAAA AREA-WIDE COUNTY CONVERSATION SUMMARY

ECIAAA conducted twelve (12) County Conversations from January 23, 2024, through February 9, 2024.

Total Attendees – 300 Participants (200 unduplicated/100 duplicated)

1. *Livingston* – Livingston County Health Department, 310 E Torrance, Pontiac, IL
2. *Piatt & DeWitt* – Kirby Medical ,1000 Medical Center Drive, Monticello, IL
3. *Clark & Cumberland* – Harlan Hall, 603 Locust Street, Marshall, IL
4. *Edgar* – Chester P. Sutton Community Center, 256 W Court Street, Paris, IL
5. *McLean* – ARC Auditorium, 600 E Willow Street, Normal, IL
6. *Ford & Iroquois* – Paxton Civic Center, 601 S. Fall Street, Paxton, IL
7. *Macon* – Decatur Park District–Scovill Activity Center, 3909 W Main Street, Decatur, IL
8. *Champaign* – CRIS Healthy Aging, 4116 Fieldstone Road, Champaign, IL
9. *Vermilion* – CRIS Healthy Aging, 309 N Franklin Street, Danville, IL
10. *Moultrie & Douglas* – Elizabeth Titus Memorial Library, 2 West Water Street, Sullivan, IL
11. *Shelby* – Shelby County Senior Center, 325 E. North Ninth Street, Shelbyville, IL
12. *Coles* – Lifespan Center, 11021 E County Road 800 N, Charleston, IL

Objective I

Presented the FY ECIAAA Performance Outcomes Report to Constituents on Older Americans Act Services - Legal, Nutrition, Caregiver Advisory and CPoE/ SIS services.

Objective II

Obtained input from participants how ECIAAA can improve the OAA services provided, and how ECIAAA can improve OAA service delivery.

Objective III

Utilized the County Conversations as an advocacy platform to inform lawmakers how vital these programs are to their constituents and why funding must be preserved and increased!

Questions Asked During the County Conversations...

- How can we improve the OAA services provided?
- How can we improve OAA service delivery?

County Conversation Feedback

Reducing Social Isolation Programming:

1. Participants reported the need to increase services to reduce social isolation (i.e. improve social connections) among older adults. Pilot programs have been launched in Champaign, Clark, Coles, Cumberland, Douglas, Macon, McLean, and Vermilion Counties. However, all counties in PSA 05 could benefit from such programs.
2. Based on preliminary results of an IDOA pilot project in Coles County, more older individuals have expressed their lack of social and family connections.

Senior Information Services/Coordinated Points of Entry (CPoE/SIS)

1. Service Providers and participants support the current SIS/CPoE Service Program Design as originally implemented by ECIAAA in FY 2011, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles and will be continued during the ECIAAA RFP cycle for FY 2025 – FY 2027.
2. Federal and state funding has remained stagnant since FY 2011, increased funding is needed to respond to the growing demand for services.
3. Participants expressed appreciation for the availability of Flexible Senior Services (i.e. gap filling services) at the beginning of the fiscal year. However, participants reported the need for increased funding additional to respond to the increased demand in services.
4. Participants reported SHIP Counselors provide many important services that are not available online or through IDOA's Senior Helpline.
5. Participants reported that individuals with disabilities continue to be a large portion of the SIS customer base. Options Counseling added to the SIS/CPoE Program area wide has helped address the demand for services.
6. Ethnic diversity is increasing in all communities – ECIAAA needs to ensure services are targeting diverse groups.
7. It was a consistent theme that the ECIAAA Aging Network needs to do a better job of reaching out to older adults. ECIAAA is in the process of establishing a messaging and public relations plan to help promote the Senior Information Services/Coordinated Point of Entry services throughout PSA 05.

Caregiver Advisory Services

1. Service Providers and participants support the current Caregiver Advisory Program Design as originally implemented by ECIAAA in FY 2002, which was continued in

subsequent ECIAAAA Request for Proposals (RFP) cycles and will be continued during the ECIAAAA RFP cycle for FY 2025 – FY 2027.

2. Participants reported the need to establish Kinship Care programs in PSA 05 – allowing grandparents/relatives raising children of all ages (not just 55+) access to support services.
3. Participants reported that caregivers appreciate the Flexible Senior Services (AKA) gap filling services and Alzheimer’s Disease and Related Dementias Gap Filling Services implemented by ECIAAAA.
4. Participants reported the need to better promote Caregiver Advisory Services for family/informal caregivers and grandparents/relatives raising grandchildren/children throughout PSA 05.
5. Participants reported the need for increased funding for the ECIAAAA- funded Caregiver Advisory Program due to the growing demand for services.

Nutrition Services

1. Service Providers and participants reported no recommendations for changes to the current service delivery design for Nutrition Services as originally implemented by ECIAAAA in FY 2015, which was continued in subsequent ECIAAAA Request for Proposals (RFP) cycles and will continue during the upcoming ECIAAAA RFP cycle (FY 2025 – FY 2027).
2. Service providers and participants reported that the nutritional needs of rural elders must be met.
3. Increased funding is needed to sustain the American Rescue Plan Act (ARPA) initiative of targeting a second meal to nutrition clients assessed at higher risk.
4. Participants reported the need to better promote the OAA-funded Nutrition Programs throughout PSA 05.

Legal Services

1. Service Providers and participants reported no recommendations for changes to the current service delivery design for Nutrition Services as originally implemented by ECIAAAA in FY 2015, which was continued in subsequent ECIAAAA Request for Proposals (RFP) cycles and will continue during the upcoming ECIAAAA RFP cycle (FY 2025 – FY 2027).
2. Service providers and participants reported that the nutritional needs of rural elders must be met.

3. Increased funding is needed to sustain the American Rescue Plan Act (ARPA) initiative of targeting a second meal to nutrition clients assessed at higher risk.
4. Participants reported the need to better promote the OAA-funded Nutrition Programs throughout PSA 05.

Adult Protective Services (APS)

1. Social isolation is a major risk factor among victims of abuse, neglect and exploitation.
2. ECIAAAA needs to continue promoting awareness and training to members of law enforcement throughout PSA 05.
3. ECIAAAA needs to continue supporting the development of TRIADs throughout PSA 05.
4. The collaboration between APS providers and legal service providers needs to increase when working with victims of abuse, neglect and exploitation.

ECIAAAA Regional Long-Term Care Ombudsman Program

1. Legal service providers have assisted an increased number of residents of long-term care facilities facing involuntary discharge action. Continued collaboration is needed.

Transportation Services in PSA 05

1. The need for transportation services for older adults was a consistent theme at all twelve (12) county conversations.
2. Participants reported that current urban/rural public transportation programs are not able to address the need for person-centered, assisted transportation that many older adults require.

Adult Day Services (ADS) in PSA 05

1. ECIAAAA experienced the loss of the ADS Provider in Bloomington/Normal in 2020 and another in Decatur in 2021. The need for ADS services in PSA 05 was the highest-ranking need at 956. Therefore, ECIAAAA needs to take action to recruit new ADS providers to serve both Bloomington/Normal and Decatur.

The Final ECIAAAA Executive Report outlining the FY 2025-FY 2027 Planning Process will be posted on www.eciaaaa.org once finalized.

FY 2023 Home Delivered Meals Survey
Identification of Needs & Gaps in Nutrition Services in PSA 05

FY 2023 Numbers of Older Persons Denied HDMS & Current Numbers of Older
 Persons on Waiting Lists

Name of County	Number of Older Persons Denied HDMS due to Lack of Funding	Current Number of Older Persons on Waiting Lists
Champaign	0	0
Clark	0	0
Coles	0	0
Cumberland	0	0
DeWitt	0	0
Douglas	0	0
Edgar	0	0
Ford	0	0
Iroquois	0	0
Livingston	0	0
McLean	0	0
Moultrie	0	0
Piatt	0	0
Shelby	0	0
Vermilion	0	0
Macon	0	0
Grand Total:	0	0

FY 2023 Numbers of Older Persons Needing HDMs in Unserved Areas

County	Unserved Townships/Communities/Neighborhoods	Number of Older Persons Needing HDMs
Champaign	Ayers, Broadlands, Compromis, Crittenden, East Bend, Kerr, Philo, Raymond, Sadoris, Stanton, St. Joseph	0
Clark	N/A	0
Coles	N/A	0
Cumberland	N/A	0
DeWitt	Barnett, Clintonia, Creek, DeWitt, Harp, Nixon, Rutledge, Texas, Turnbridge, Wapello, Wilson, Waynesville	0
Douglas	N/A	0
Edgar	N/A	0
Ford	Brenton, Button, Cabery, Dix, Drummer, Elliott, Kempton, Lyman, Melvin, Mona, Patton, Peach Orchard, Pella, Piper City, Rogers, Sibley, Wall	0
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland	0
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Fayette, Forrest, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Reading, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo	0
McLean	Allin, Bellflower, Blue Mound, Cheney's Grove, Dale, Dawson, Dry Grove, Empire, Funk's Grove, Lawndale, Martin, Money Creek, Mount Hope, Old Town, Randolph, West, White Oak, Yates	0
Moultrie	N/A	0
Piatt	Cerro Gordo, Cisco, DeLand, Hammond, Ivesdale, LaPlace, Lodge, Sangamon, Unity, Willow Branch, White Heath	0
Shelby	N/A	0
PEACE MEAL SENIOR NUTRITION TOTAL	Sponsored by Sarah Bush Lincoln: Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby- 0 Sponsored by OSF: Champaign, DeWitt, Ford, Iroquois, Livingston, McLean, and Piatt- 0	0
Vermilion – CRIS	None	0
Macon – MOWs	Blue Mound, Macon, Elwin, Maroa, Warrensburg, Harristown, Oreana, Argenta, Boody, Hervy City, Oakley	600
GRAND TOTAL		600

FY 2023 Average # of Older Persons
Served Congregate Meals & HDMs Per Day

Name of County (C)	Name of Nutrition Site/Community (D)	Number of Older Persons Served Congregate Meals Each Serving Day (E)	Number of Older Persons Served HDMs Each Serving Day (F)
Champaign	Champaign-Urbana	0	243
Champaign	Champaign-Urbana Housing	10	0
Champaign	Homer	4	7
Champaign	Ludlow	13	4
Champaign	NE Rural Champaign	0	15
Champaign	NW Rural Champaign	0	46
Champaign	Rantoul	8	75
Champaign	SW Rural Champaign	0	50
Clark	Casey	4	41
Clark	Martinsville	0	17
Coles	Charleston	22	75
Coles	LifeSpan Center	14	0
Coles	Mattoon	16	169
Coles	Oakland	4	18
Cumberland	Toledo	8	89
DeWitt	Clinton	1	42
De Witt	Farmer City	2	17
De Witt	Farmer City Restaurant	10	0
De Witt	Weldon	2	4
Douglas	Arcola	0	6
Douglas	Arthur	0	1
Douglas	Atwood	0	7
Douglas	Murdock	0	6
Douglas	Tuscola	5	20
Douglas	Villa Grove	1	20
Edgar	Brocton	0	7
Edgar	Chrisman	0	2
Edgar	Hume	0	5
Edgar	Kansas	0	11
Edgar	Paris	6	25
Edgar	Paris Restaurant	15	0
Ford	Gibson City	4	0
Ford	Paxton	7	33
Ford	Roberts	10	6
Iroquois	Cissna Park DQ	162	27
Iroquois	Cissna Park Restaurant	9	0
Iroquois	Milford	0	3
Iroquois	Watseka	2	7
Livingston	Dwight	9	37
Livingston	Flanagan	0	31
Livingston	Pontiac	0	88

Livingston	Streator	0	10
Macon	Catholic Charities Macon County	0	355
Macon	Macon County Senior Center	9	0
Macon	Oxford House	13	0
Macon	The Woods	8	0
McLean	Bloomington-Normal	4	328
McLean	Chenoa	13	9
McLean	Danvers	2	8
McLean	Heyworth	0	10
McLean	LeRoy	3	16
McLean	Lexington	5	7
McLean	Lincoln Tower	5	18
McLean	McLean County Rural	0	45
McLean	Miller Park	0	0
McLean	Normal	33	0
McLean	Phoenix Towers	35	0
McLean	Saybrook	0	4
McLean	Western Ave	5	0
McLean	Woodhill Site	21	20
Moultrie	Bethany	20	11
Moultrie	Sullivan	9	26
Piatt	Bement	0	5
Piatt	Holly's Country Kitchen	6	0
Piatt	Monticello	7	18
Piatt	Piatt County Rural	0	33
Shelby	Findlay	1	10
Shelby	Herrick	15	21
Shelby	Moweaqua	0	9
Shelby	Shelbyville	5	62
Shelby	Windsor	4	15
Vermilion	112 Café	0	0
Vermilion	Cahill's Family Pancake House	11	0
Vermilion	County Market - Tilton	0	0
Vermilion	CRIS Healthy Aging Vermilion	20	326
Vermilion	Gilbert Street Café	23	0
Vermilion	Hoopeston Multi Agency	9	1
Vermilion	McDonald's - Georgetown	1	0
Vermilion	McDonald's - Hoopeston	0	0
Total	81	662	2,621

FY 2023 Congregate Meals:
Hot, Cold & Frozen Meals

Name of Nutrition Program (B)	Number of Hot Congregate Meals (C)	Number of Cold Congregate Meals (D)	Number of Grab & Go Congregate Meals (E)	Total Number of Congregate Meals Served (F)
OSF Peace Meal	112,230	0	0	101,311
SBL Peace Meal	40,388	0	0	31,830
Macon County Meals on Wheels	7,469	0	0	7,526
CRIS	15,444	0	0	3,332
Total	175,531	0	0	175,531

FY 2023 Congregate Meals: # of Serving Days Per Week

Name of Nutrition Program (B)	Number of Sites Serving 6-7 Days per Week (C)	Number of Sites Serving 5 Days per Week (D)	Number of Sites Serving 3-4 Days per Week (E)	Number of Sites Serving 1-2 Days per Week (F)
OSF Peace Meal	2	28	0	0
SBL Peace Meal	2	17	0	1
Macon County Meals on Wheels	0	3	0	0
CRIS	1	8	0	0
Total	5	56	0	1

FY 2023 Home Delivered Meals:
Hot, Cold, Frozen, and Shelf-Stable Meals

Name of Nutrition Program (B)	Number of Hot HDM Meals (C)	Number of Cold HDM Meals (D)	Number of Frozen HDM Meals (E)	Number of Shelf-Stable HDM Meals (F)	Total Number of HDM Meals Served (G)	Number of HDMs that were considered "Take Out" or "To-Go" (H)
OSF Peace Meal	292,909	15,492	5,188	4,387	336,889	0
SBL Peace Meal	159,425	9,693	1,540	23,310	175,045	0
Macon County Meals on Wheels	89,042	4	2,929	195	92,170	0
CRIS	5,250	5,250	79,765	0	85,030	0
Total	546,626	25,204	89,422	27,892	689,144	0

FY 2023 Home Delivered Meals: # of Serving Days Per Week

Name of Nutrition Program (B)	Number of Sites Serving 6-7 Days per Week (C)	Number of Sites Serving 5 Days per Week (D)	Number of Sites Serving 3-4 Days per Week (E)	Number of Sites Serving 1-2 Days per Week (F)
OSF Peace Meal	0	34	0	0
SBL Peace Meal	0	26	0	0
Macon County Meals on Wheels	1		0	0
CRIS	0	1	0	0
Total	1	61	0	0

State & Local Initiatives

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



FY 2025 Statewide Initiatives

The Illinois Department on Aging released the following three (3) initiatives for FY 2025 as outlined in their instructions for the completion of Area Plan for FY 2025-FY 2027.

Initiative #1: Increase statewide visibility of the Aging Network to connect Illinoisans with supports and services that encourage independence, dignity, and quality of life as we age.

The mission of the AAAs as defined by the Older Americans Act is in part to: “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 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 CFR 1321.53)

To build upon the mission statement, IDoA has selected increasing public visibility as a Statewide Initiative with a focus on raising awareness and sharing information about the availability of aging services and supports. Due to the impacts of the COVID pandemic, as well as the changing ways that individuals and communities consume media and communicate, it has become increasingly difficult to reach the targeted populations that would benefit from OAA-funded programs. A dedicated statewide initiative to increase the visibility of the available programs and services throughout Illinois will increase both the awareness, as well as the utilization of much needed and sought after services.

Increasing public awareness should be embedded in every program and service justification, with a focus on promoting programs and services to traditionally underserved and unserved populations. Every service should be viewed through the lens of increasing public visibility with a corresponding inclusive approach to planning for integration into each service provided.

UPDATE: As part of ECIAAA’s Strategic Plan, ECIAAA has embarked on a public relations plan beginning mid-FY 2024 with scheduled completion in FY 2025 for PSA 05. Steps have been taken to obtain information to create effective and meaningful messaging to increase awareness of the Area Agency Network of services in PSA 05.

Initiative #2: Drive continuous quality assurance and improvement activities that emphasize person-centered and trauma informed services while maximizing effectiveness of services delivered through the Aging Network.

As the lead agencies in the state and local areas, it is a duty of the State Units on Aging (IDoA) and the Area Agencies on Aging (AAAs) to ensure the programs and services provided directly and through the community partner network are delivered utilizing person-centered and trauma informed methods. Over time, Illinois has experienced significant changes in population, including an unprecedented increase in the percentage of older adults in our population. There has also been a significant increase in the number of older adults within racial and ethnic minority, sexual and gender minority, and minority religious populations. The inclusion of quality assurance and improvement activities for this initiative should include evaluations of current programs and services to ensure that the programs and services are meeting their intended objectives and are providing services in a person-centered and trauma informed manner.

Access to accurate, comprehensive, and timely data is vital to be able to make informed decisions regarding community needs and service prioritization at the local, regional, and state levels. A focus on maximizing the effectiveness and accuracy of services and programs will ensure maximization of the return on investment for funding and will ensure we are meeting the directives provided through the Older Americans Act and the Administration for Community Living's priorities.

UPDATE: ECIAAA's has already established a successful Quality Assurance Process in PSA 05 described below:

ECIAAA Performance Outcomes – Age Strong, Live Strong - Implemented in FY 2015

ECIAAA implemented its Age Strong, Live Strong Performance Outcomes Program to assure older Americans will maintain their independence and quality of life in PSA 05. Older Americans Act (OAA) funded service providers are required to conduct certain activities to evaluate the effectiveness of each OAA Core Service – Coordinated Points of Entry/Senior Information Services, Caregiver Advisory Services, Nutrition Services, and Senior Legal Services.

Age Strong, Live Strong Performance Outcomes

Older Americans will maintain their independence and quality of life.



Age Strong, Live Strong Performance Outcomes

#1: Participants are empowered to engage in services and improve their quality of life.



- Utilize a standard intake - Move in this direction
- Utilize the Enhanced Services Program (ESP)
- Provide ongoing coordination and connection to services
- Complete referrals and warm transfers
- Utilize OPTIONS counseling for participants
- Engage participants in available programming (Plan Finder and Benefit Access)
- Provide follow up monitoring
- Access to Healthy Aging Services

#2: Caregivers are supported to enable them to continue caring for their loved one(s).



- Provide information and assistance (consulting)
- Organize and facilitate appropriate support groups, and/or refer to existing support groups.
- Build and maintain local Caregiver Support Team (CST) to provide support to the Caregiver Advisor
- Offer training and education
 - Grandparents Raising Grandchildren
 - Powerful tools Curriculum
 - Education topics meaningful and needed for participants
- Caregiver and GRG intake and Screening Completion
- Provide caregiver centered respite as
- Provide follow-up monitoring
- Provide OPTIONS counseling when appropriate
- Access to Healthy Aging Programs

#3: Participants have improved food security.



- Utilize the Nutritional Risk Assessment
- Utilize the intake and screening form
- Implement creative program design that optimizes participant choice
- Provide consistent meal provision (Dietary Reference Intake's- DRI's)
- Provision of a Five (5) Day Meal Program
- Reduce the feeling of isolation in their participants
- Access to Healthy Aging services
- Provide wellness checks that follow best-practice guidelines
- Provide nutrition education
- Enhance the socialization of participants

#4: Participants receive specialized legal service to address their legal needs.



- Prioritize Adult Protective Services cases
- Provide legal advice and representation
- Attend court hearings, prepare legal documents, etc.
- Provide caregiver support services
- Facilitate referrals and follow-up for additional services to benefit the client
- Provide community education opportunities on legal issues impacting target population
- Provide consultations and collaboration with other services providers serving the same population

Senior Information Services (SIS)- Coordinated Points of Entry

ECIAAA Performance Outcome #1: Participants are empowered to engage in services and improve their quality of life.

The Coordinated Point of Entry/Senior Information Services Program provided by the ECIAAA is resulting in older adults and disabled persons experiencing financial security, peace of mind, and independence; and improving their overall health, well-being, and quality of life.

- Outputs- Persons Served, Contacts Provided, POMP Surveys Completed
- Indicators that Support Performance Outcome #1
 - Financial Security
 - Health & Well Being
 - Independence & Quality of Life
 - Client Satisfaction

Caregiver Advisory Services (Informal Caregivers and Grandparents/Relatives Raising Grandchildren/Children)

ECIAAA Performance Outcome #2: Caregivers are supported to enable them to continue caring for their loved one(s).

The Caregiver Advisory Program services provided by the ECIAAA helps caregivers and grandparents/relatives raising grandchildren/children (GRG) access programs and services to support them in caregiving roles, and receiving counseling and/or participating in support

groups to better equip them to cope with the responsibilities of caring for their loved ones. Caregiving services enable older adults to continue living in their homes, and supporting grandparents/relatives raising grandchildren/children.

- Outputs- Persons Served, Contacts Provided, POMP Surveys Completed
- Indicators that Support Performance Outcome #2
 - Education & Information
 - Support for Better Care
 - Independence of Care Recipient
 - Client Satisfaction

Nutrition Services- Congregate & Home Delivered Meals

ECIAAA Performance Outcome #3: Participants have improved food security.

Nutrition services provided by the ECIAAA are improving food security, increasing opportunities for socialization; reducing feelings of isolation; helping participants to eat healthier, make better food choices, and improve their health; promoting independence; and enabling older adults to live at home.

- Outputs- Persons Served, Meals Provided, POMP Surveys Completed
- Indicators that support Performance Outcome #3
 - Food Security
 - Socialization
 - Dietary Intake, Health and Nutritional Knowledge
 - Independence
 - Client Satisfaction

Legal Services

ECIAAA Performance Outcome #4: Older adults receive specialized legal services to address their legal needs.

Legal services provided by the ECIAAA are promoting the independence and financial stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights and responsibilities.

ECIAAA Cross Cutting Performance Outcomes

Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Older Americans will experience reduced social isolation by engaging in all services.

Initiative #3: Increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma informed, and evidence-based programs and services.

Throughout 2023, IDoA partnered with the AAA network to facilitate twenty in-person Caregiver Roundtables across the state of Illinois, along with three virtual roundtables to hear from informal and family caregivers about the needs and challenges faced by caregivers, both met and unmet, and explore additional support that can enhance the caregiving journey. Upon completion of this series, we expect to hear directly from more than 400 Illinoisans whose voices will help move this program towards fulfillment of needs and preferences of the modern family caregiver.

Conversations so far have both articulated the need for these services and the need to increase visibility for these resources. Across sessions, attendees discussed caregiving from a holistic lens cutting across systems including healthcare, transportation, community supportive services, and individual (both caregiver and care receiver) needs, values, and preferences. Training and education across the domains that fall in the scope of caregiving are also needed for family caregivers and paid caregivers, including better understanding chronic and terminal diseases, navigating healthcare systems including palliative care and hospice, physical caregiving (how to lift, transfer, bathe, groom, etc.), available caregiver resources, available resources for older people, and caring for the caregiver.

UPDATE: As part of ECIAAA's Strategic Plan, ECIAAA has embarked on a public relations plan beginning mid-FY 2024 with scheduled completion in FY 2025 for PSA 05. Steps have been taken to obtain information to create effective and meaningful messaging to increase awareness of the Area Agency Network of services in PSA 05.

LOCAL INITIATIVES

Improve Social Connections/Social Engagement by Reducing Social Isolation among Older Adults

ECIAAA PERFORMANCE OUTCOME: Older Americans will experience reduced social isolation by engaging in all services.

Background Information

ECIAAA will continue to work in collaboration with other community-based providers to address social isolation among older adults. The goal is to reduce social isolation among older adults within PSA 05.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. A recent review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function, and mortality.

Social isolation refers to the objective absence of contacts and interactions between a person and a social network. Thus, socially isolated older adults have poor or limited contact with others, and they view this level of contact as inadequate, and/or that the limited contact has had adverse personal consequences for them.

The U.S. Surgeon General – Vivek H. Murthy, M.D., B.B.A. Report, 2023 – Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on Healthy Effects of Social Connections and Community. (p.4) cites:

“Given the profound consequences of loneliness and isolation, we have an opportunity, and obligation, to make the same investments in addressing social connection that we have made in addressing tobacco use, obesity, and the addiction crisis.”

The *AARP Foundation* has defined social isolation as the following:

“Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person’s lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual’s physical, social, and psychological health, ability, and motivation to access adequate support for themselves, and the quality of the environment and community in which they live.”

According to SAGE: [Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders \(2020\)](#), LGBT older adults are twice as likely to live alone. [Research has shown](#) that both loneliness and social isolation tend to be more evident among people

who have outlived family members and friends and live alone. LGBT older people are twice as likely to be single and 3-4 times less likely to have children. Additionally, many are estranged from the biological families.

According to the Surgeon General’s Report:

- Half of US Adults experience loneliness.
- Between 2003-2020, time spent with friends decreased by 20 hours per month.
- Between 2003-2020, time spent alone increased by 24 hours per month.
- Lack of social connection increased the risk of premature death as if smoking 15 cigarettes daily.

Social Isolation major health impacts are more widespread than common chronic conditions:

- Smoking impacting 12.5% of US Adults
- Diabetes impacting 14.7% of US Adults
- Obesity impacting 41.9% of US Adults
- Loneliness experienced by 50% US Adults.

The Surgeon General also cites in his report: “according to the AARP Public Policy Institute, Medicare spends an additional \$6.7 billion on socially isolated individuals.” The primary risk factors associated with isolation include:



Consequences of Social Isolation

- Health risks
 - Depression
 - Cardiovascular disease
 - Mortality
- Quality of Life
- Cognitive function
- Financial implications
 - Medicare- \$134/month more per isolated older adult
 - 4 million isolated older adults enrolled in Medicare = \$6.7 billion additional Medicare spending annually

Social Isolation vs. Loneliness

Social Isolation is objective

- Size of social network
- Frequency of contact
- Availability of transportation
- Supportive resources

Loneliness is subjective

- Perception of experience
- Feeling lack of
 - Connection
 - Companionship
 - Sense of belonging

As cited in the 2023 Report, the U.S. Surgeon General has proposed a National Strategy for Six Pillars to Advance Social Connection:

1. Strengthen Social Infrastructure in Local Communities ***Establish and Scale Community Connection Programs
2. Enact Pro-Connection Public Policies
3. Mobilize the Health Sector
4. Reform Digital Environments
5. Deepen our Knowledge *** Increase Public Awareness
6. Build a Culture of Connection***Expand Conversation on Social Connection

ECIAAA REDUCING SOCIAL ISOLATION INITIATIVE

For FY 2025, the Illinois Department on Aging has no longer identified – Reducing Social Isolation among Older Adults – as a statewide initiative. However, social isolation is a national crisis and ECIAAA is committed in keeping it as a local initiative for PSA 05. The East Central Illinois Area Agency on Aging launched the initiative back in FY 2019. Our mission was to enhance the community-based service delivery systems currently in place to address social isolation among older adults. We have established local planning and advising committees in the counties of McLean, Champaign, Douglas, Vermilion, Macon, Coles, Clark and Cumberland Counties that include representatives from various community-based organizations. Our original goals have been met through collaborations with community-based providers to establish a vision for that service area and implement pilot interventions to address social isolation among older adults. However, more work needs to be done. ECIAAA will continue facilitating the reducing social isolation committees since they create a space where community leaders can come together to talk about what they are doing to reduce social isolation among older adults. This strengthens community connections and is a great way to brainstorm new initiatives that could supplement existing programs to help reduce social isolation among program participants.

Mission: to Enhance Illinois' existing community-based service delivery system to address social isolation among older adults.

Goal 1:
Collaborate with
community-based
providers

Goal 2:
Establish a vision
for our service
area

Goal 3:
Implement pilot
interventions

FY 2025 – FY 2027 Reducing Social Isolation Plan

ECIAAAA will continue using both IL GRF and Title III-B funding to support Reducing Social Isolation Programming in PSA 05. ECIAAAA has targeted the communities of Bloomington/Normal, Champaign/Urbana, Decatur, Charleston/Mattoon, Danville and Clark & Cumberland Counties. Expansion to the counties of Livingston and DeWitt is planned. The counties of Champaign, Coles, Macon, McLean, and Vermilion rank as PSA 05's top four based on targeting priorities: 60+ Minority; 60+ Living Alone; 75+ Population; and 60+ Poverty.

ECIAAAA will continue to use the UCLA Loneliness scale by requiring the following: 1) Administering the 3-item UCLA Loneliness Scale: 2) UCLA Loneliness Scale Report Form, and 3) Instructions for Completing the UCLA Loneliness Scale Report Form.

To respond to U.S. Surgeon General's national priority, ECIAAAA will continue using both IL GRF and Title III-B funding to support Reducing Social Isolation Programming PSA 05. ECIAAAA has targeted the communities of Bloomington/Normal, Champaign/Urbana, Tuscola, Decatur, Charleston/Mattoon, Danville and Clark & Cumberland Counties. The counties of Champaign, Coles, Macon, McLean, and Vermilion rank as PSA 05's top four based on targeting priorities: 60+ Minority; 60+ Living Alone; 75+ Population; and 60+ Poverty.

ECIAAAA will continue to use the UCLA Loneliness scale by requiring the following: 1) Administering the 3-item UCLA Loneliness Scale: 2) UCLA Loneliness Scale Report Form, and 3) Instructions for Completing the UCLA Loneliness Scale Report Form.

ECIAAAA Evaluation of the Reducing Social Isolation Pilot Projects is conducted on a quarterly basis – which serves as a general evaluation of persons served and units provider. The UCLA Loneliness Scale reports will be evaluated at minimum, annually. Each Reducing Social

Isolation Committee will also serve in an advisory capacity to each RSI Pilot Project, to gauge program effectiveness, and recommend modifications, as necessary.

The ECIAAA Evaluation of the Reducing Social Isolation Pilot Projects is conducted on a quarterly basis – which serves as a general evaluation of persons served and units provider. The UCLA Loneliness Scale reports will be evaluated at minimum, annually. Each Reducing Social Isolation Committee will also serve in an advisory capacity to each RSI Pilot Project, to gauge program effectiveness, and recommend modifications, as necessary.

ECIAAA is proud to provide the progress made by the Reducing Social Isolation Pilot Projects during FY 2023 as described in the following slides.

Reducing Social Isolation Service Providers

CRIS Healthy Aging – Champaign & Vermilion

- Outreach – Activities include EchoShow devices, Buddy Program, fitness watch that accompanies Fit & Strong classes

Starting Point at Macon County Health Department – Macon

- Outreach – Activities include I-Pad and Android Tablets and instructions provided by Decatur Public Library

CCSI, Case Coordination Unit – McLean

- Outreach – Activities include Outreach to Hispanic community, Brain Train, Android Tablets

Catholic Charities – Macon

- Friendly Visiting & Telephone Reassurance

Family Service Senior Resource Center – Champaign & Douglas

- Outreach – Activities include Creativity on Wheels, Creative Senior Connections, Low Vision Groups, Tuscola Tours, Movies at the Moose

Life Center of Cumberland County – Clark & Cumberland

- Outreach – Activities include Telephone Reassurance

Coles County Council on Aging – LifeSpan Center – Coles

- Outreach – Activities include EchoShow devices

Normal Township, The ARC – McLean

- Friendly Visiting & Telephone Reassurance

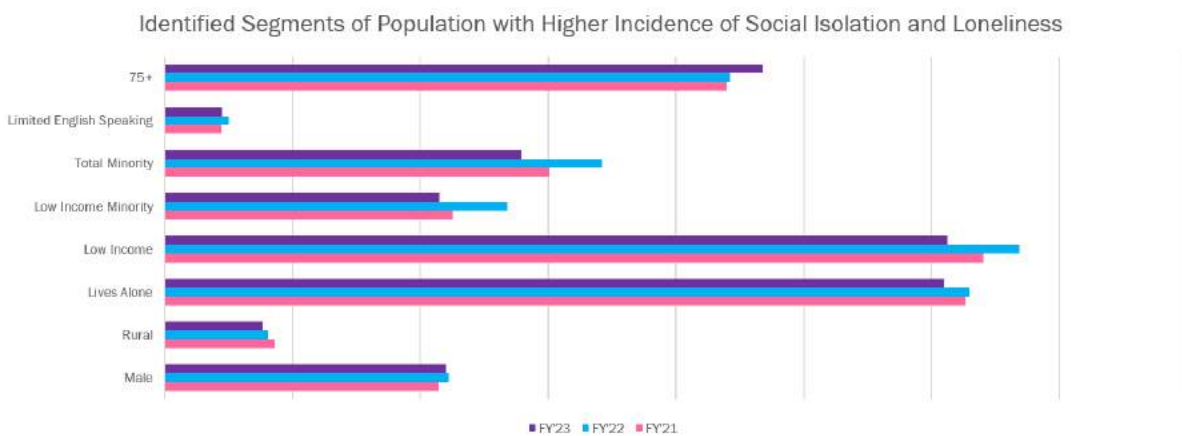


Reducing Social Isolation All Pilot Projects Summary of Performance



FY'23 saw 49.2% growth in persons between FY'22 and FY'23.

FY'23, FY'22 & FY'21 Targeted Performance All Pilot Projects



Targeting efforts continue to be strong in FY'23.

UCLA Loneliness Scale Score Trends FY 2023

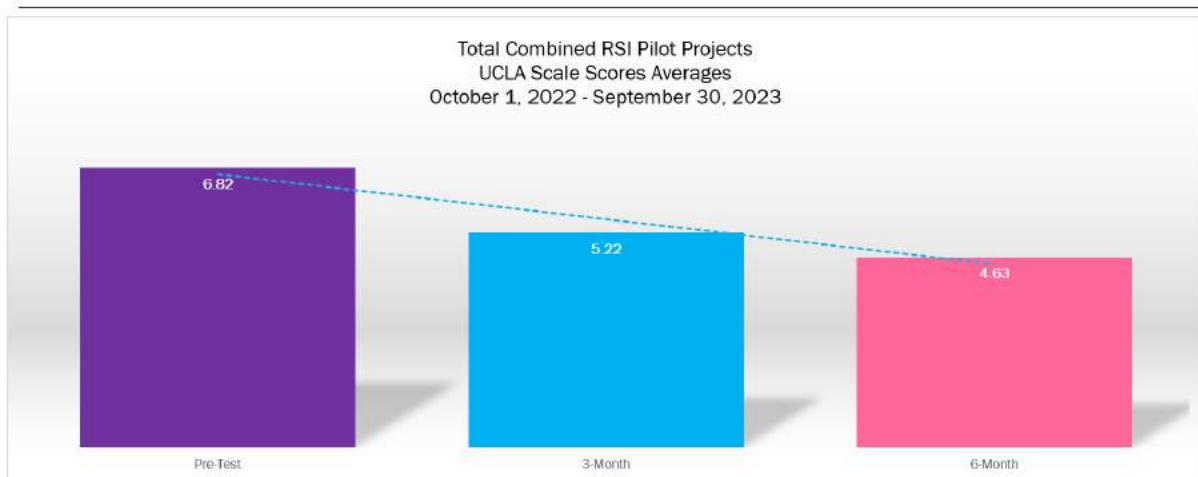
The following data was collected from FY 2023 (October 1, 2022, to September 30, 2023) UCLA Loneliness Scale Scores reported by the eight (8) Reducing Social Isolation pilot projects. Older American Act services conducted include:

- Friendly Visiting
- Telephone Reassurance
- Outreach (with a Technology Component)

Within these services, activities included training and education on using technology devices (Amazon Echo, Android, Chromebook, and iPad) other activities generated from the devices to promote healthy outcomes, outreach to the minority community in McLean County, Brain Train (four types of activities to engage different areas of the brain), Creativity on Wheels activity boxes (includes art, affirmations/quotes, exercises, and music to engage the participant). Additional benefits include medication reminders and alerts to emergency contacts if needed.

Overall, activities implemented by the projects helped reduce loneliness among participants. Below is a chart showing the effectiveness of PSA 05's Reducing Social Isolation pilot projects. There was a 17.8% improvement between pre-test and 3-month scores and 18.6% improvement between pre-test and 6-month scores.

FY'23 UCLA Loneliness Scale Score Averages

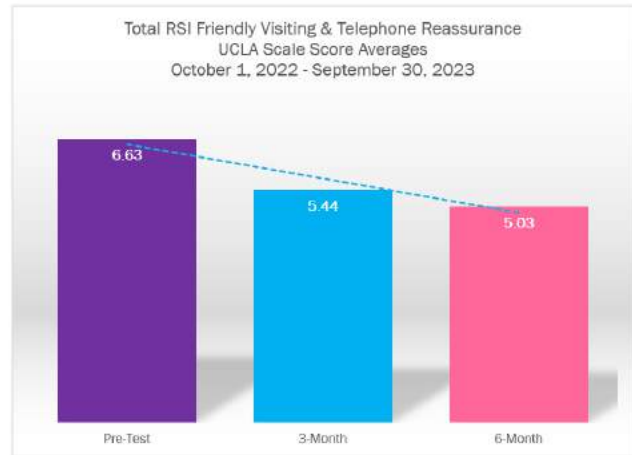


UCLA Scale Scores dropped 47.3% at 6-Month Assessment from Pre-Test.

FY'23 UCLA Loneliness Scale Score Average by RSI Service Activity



UCLA Scale Scores dropped 53.9% at 6-Month Assessment from Pre-Test.



UCLA Scale Scores dropped 31.8% at 6-Month Assessment from Pre-Test.

Local Initiative:

Healthy Aging - helping older adults manage chronic health conditions.

The Administration on Community Living (ACL) reports that due in large part to advances in public health and medical care; Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20th century to over 79 years today (U.S. Census). On average, an American turning age 65 today can expect to live an additional 19.1 years. Not only are Americans living longer, the population of older Americans is also experiencing tremendous growth. According to ACL, the population of age 65 and over has increased from increased from 38.8 million in 2008 to 52.4 million in 2018 (a 35% increase) and is projected to reach 94.7 million in 2060. The 85 and over population is projected to more than double from 6.5 million in 2018 to 14.4 million in 2040. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity. Older Americans Act programs and services help older adults in need maintain their health and independence.

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital care. For example, 62% of congregate and 93% of home-

delivered meal recipients reported that the meals enabled them to continue living in their own homes and 53% of older adults using transportation services rely on them for most of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community. According to studies by the Stanford Patient Education Resource Center, participants in Chronic Disease and Diabetes Self-Management Programs (evidence based healthy aging programs often supported by OAA funds) gained significant improvements in many health factors and self-management skills resulting in fewer and shorter hospital visits. Survey results from another evidence-based program, A Matter of Balance, indicated over 97% of participants felt more comfortable talking about falling, and planned to continue the program's exercises after the conclusion of the workshops.

The Aging Network is faced with the challenge and the opportunity to integrate evidence-based health promotion practices with community-based programs for older adults. Community-based programs such as congregate nutrition programs, senior centers, adult day centers, and home care services are trusted and used by over 11 million older adults across the nation, 493,000 Illinois Older adults, and over 23,000 older adults in Area 05. However, community programs on aging have lacked the resources and the training to deliver healthy aging programs to older adults today and to a growing population of baby-boomers in the future.

Healthy Aging in East Central Illinois: ECIAAA's Assessment & Planning Process conducted during FY 2023

ECIAAA Performance Outcome:

Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results:

ECIAAA provided grant assistance to six organizations to disseminate evidence-based, healthy aging programs. In total, 341 older adults participated in the programs, attending a total of 1,861 individual class sessions prior to the statewide directive to shelter in-place due to COVID. The programs included Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Aging Mastery and Program to Encourage Active Rewarding Lives for Older adults.

Cost Benefit:

Based on healthcare costs savings as determined by the Centers for Medicare and Medicaid Services, participants in A Matter of Balance workshops saved \$70,444 in healthcare costs; and based on the cost-savings reported by BMC Public Health, participants in the Chronic

Disease Self-Management Program experienced a savings of \$1,322. The report to Congress by the Center for Medicare and Medicaid Services which evaluated Community-Based Wellness and Prevention Programs included that A Matter of Balance demonstrated a \$938 savings in unplanned inpatient hospitalizations, skilled nursing facilities and home health. During FY 2023, the 231 participants potentially experienced a savings of \$216,678 in healthcare costs.

Local Initiative:

ECIAAA received input to continue supporting Evidence-Based/Healthy Aging programs in PSA 05.

ECIAAA Area Plan for Fiscal Years 2025-2027

ECIAAA promotes healthy aging with local and statewide partners including:

- ECIAAA collaborates with Illinois Pathways to Health – an ACL grant awarded to and administered by AgeOptions to promote of Chronic Disease Self-Management Programs (CDSMP), Diabetes Self-Management Programs (DSMP), Matter of Balance, and Bingocize statewide.
- Collaboration with University of Illinois Center for Health Aging and Disability including the Age Friendly Champaign-Urbana project.
- Collaboration with University of Illinois Extension offices to co-facilitate CDSMP and DSMP classes.
- Sustain funded partners disseminating A Matter of Balance in PSA 05.
- Sustain funded partners disseminating CDSMP & DSMP in PSA 05.
- Sustain funded partners disseminating Bingocize in PSA 05.
- Sustain the funded partner disseminating Aging Mastery in PSA 05.

**ECIAAA Funding for Healthy Aging/Evidence Based Programming for
FY 2025 – FY 2027:**

In response to multiple State-wide initiatives ECIAAA will direct Title III-D and Title III-B funding to support evidence-based healthy aging programming and services. Programs supported with Title III-D funding include Bingocize, Aging Mastery, A Matter of Balance, *Take Charge of Your Health: Live well, Be Well-* the Chronic Disease Self-Management and Diabetes Self-Management. The national evidence-based treatment program for depression, Program to Encourage Active, Rewarding Lives for Older Adults (PEARLS) will be supported

with III-B funding. ECIAAA will strive to exceed evidence-based healthy aging complete performance. ECIAAA is committed to continued support of Leaders Trainings, fidelity monitoring as well as increasing the number of Master Trainers located in PSA 05. ECIAAA will explore the feasibility of on-line programs that meet the highest tier of evidence-based programs to expand the reach of evidence-based programs in the most convenient format for participants. ECIAAA will aim to make evidence-based programs available across all 16 counties in East Central Illinois.

Sustainability Plan:

ECIAAA continues to utilize III-B and III-D funding to support the highest tier evidence-based programs. PSA 05 has found stability in this consistent funding. The investment in developing Master Trainers within our funded partners allows continued trainings to be offered. ECIAAA will seek additional funding sources and methods of collaboration as they are available.

Local Initiative: Dementia Friendly America

Background:

As the population ages and the instances of people living with dementia increases, ECIAAA is committed to continuing the implementation of the Dementia Friendly America initiative in PSA 05.

Dementia Friendly America Communities consist of a national network of communities, organizations and individuals seeking to ensure that communities across the U.S. are equipped to support people living with dementia and their caregivers.

Dementia Friendly America Communities:

Dementia Friendly America (DFA) Communities are influencers and catalysts for change; and can foster the capability to support people with dementia and their care partners in local communities.

Connecting Across Sectors

- DFA communities convene a cross-sector team across three or more community sectors to advance dementia friendliness. All community sectors should be represented on the cross-sector team.
- The cross-sector team, at minimum, includes:
 - Government
 - Clinical
 - Community-based organizations
 - People living in the community with dementia and their care partners

Inclusion

- People living with dementia and their caregivers are key to leading and shaping dementia friendly communities.
- It is imperative that people living with dementia shape a dementia friendly community effort.
-

Coordination

- DFA communities will benefit from having an organization to champion and coordinate the effort.
- Champion organizations may help recruit or partner with a senior leader of local government in the effort (e.g., mayor, city council, legislative leaders).

Adoption and Communication of Dementia Friendly Practices and Change Goals:

- DFA communities foster sector-specific dementia friendly practices across their communities.
- The DFA toolkit guides communities with a step-by-step process that fosters adoption of dementia friendly practices in all parts of the community.
- Communities may follow the step-by-step process and conduct sector-based outreach and training.

DFA Recognition and Criteria Process:

- Provide a memo summarizing how the community meets the readiness and recognition criteria.
- Provide three or more letters of support representing different community sectors.
- Provide a project description to be used for public dissemination.
- Once DFA has reviewed a community's materials and communicated approval, a community may identify themselves with the Dementia Friendly America logo.

Benefits of Joining DFA Network of Communities:

- Access to webinars for DFA communities.
- Access to DFA communities' listserv.
- One on one technical assistance with DFA staff team.
- Monthly newsletter.
- Ability to connect with other DFA communities.

ECIAAA Strategies & Action Steps to Implement Dementia Friendly America Community(ies) in PSA 05:

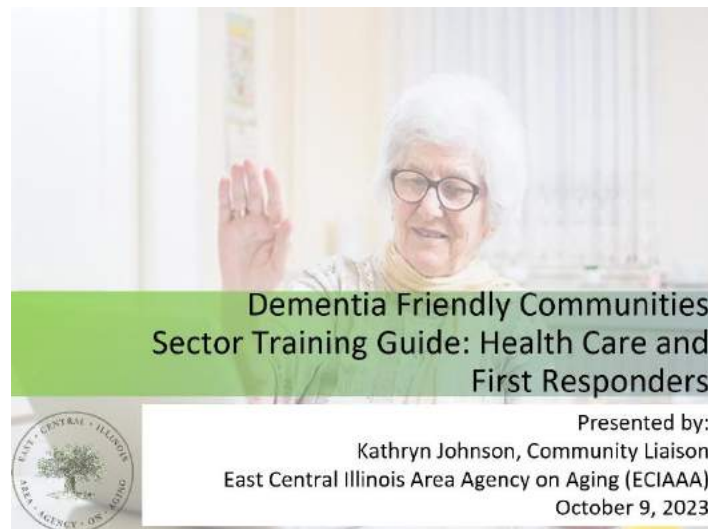
- Partner with the Illinois Cognitive Resources Network (ICRN) to establish at least one dementia friendly community in each PSA by 2024 that currently does not have a community with this designation.
- Partner with the ICRN to increase the number of dementia friendly communities by one in each PSA with existing dementia friendly communities.
- Partner with the ICRN to fulfill the requirements for inclusion on the national registry of dementia friendly communities.
- Utilize the available resources and instructions found at www.dfamerica.org and/or create tools and resources as needed.
- Promote Alzheimer's Disease Related Dementia services and interventions: Savvy Caregiver, Stress Busting for Caregivers, and/or Supportive Gap Filling Services with the

goal of increasing participation by 3%.

- Dementia Friendly America Designation – Decatur, Illinois August 2022. Decatur is in process of conducting USAging DFA Evaluation Process to gauge successful implementation activities and training efforts.
- Dementia Friendly America Designation - Moultrie County, Illinois October 2023. Moultrie County's Leadership Team is planning a kick-off celebration in April, 2024.
- Target Areas for FY 2025: Champaign-Urbana and DeWitt County

ECIAAA examples of training and promotion conducted during FY 2024:

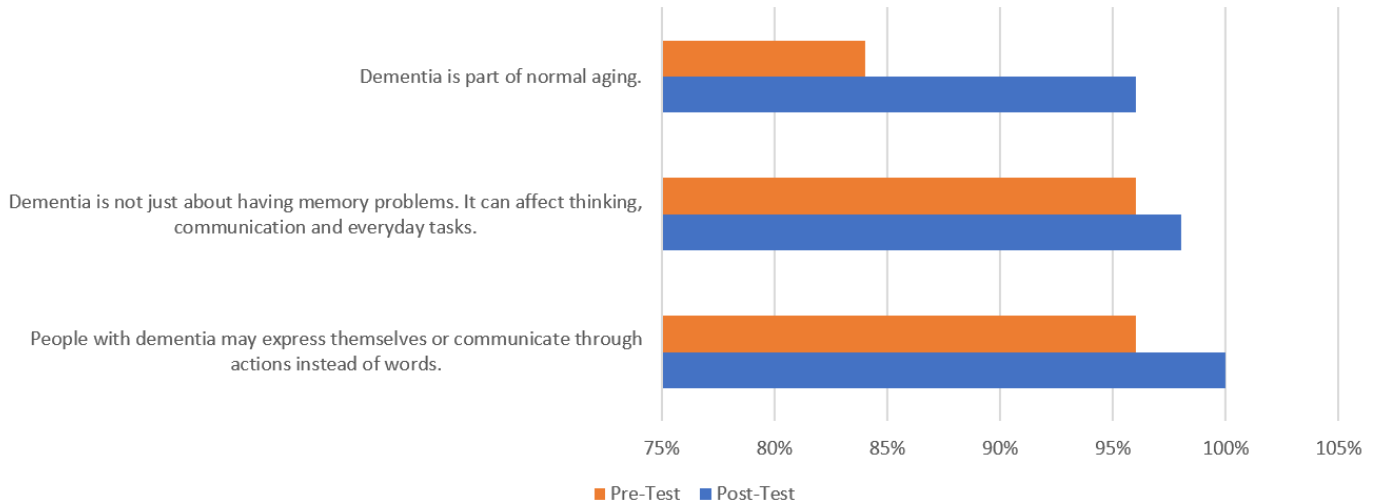
- [Dementia Friendly Sector PowerPoint](#)



- [Dementia Friends Training Results](#)
 - Dementia Friends USA is part of a global movement that is changing the way people think, act, and talk about dementia. Anyone can be a Dementia Friend regardless of age. A Dementia Friend learns about what it is like to live with dementia and then turns that understanding into action. Dementia Friends five key messages:
 - Dementia is not a natural part of aging.
 - Dementia is caused by diseases of the brain.
 - Dementia is not just about losing your memory.
 - It's possible to live well with dementia.
 - There is more to the person than the dementia.

- To measure training effectiveness and learn proven methods to ensure that the original learning goals and purpose are achieved, participants completed a brief pre- and post-test to measure their knowledge and attitudes toward persons living with dementia. Here are results from trainings performed in Moultrie County demonstrating increased knowledge of dementia and improved attitude toward interacting with a person living with dementia.

Dementia Friends Training – Knowledge Questions
Moultrie County



Dementia Friends Training – Attitude Questions
Moultrie County



- [Dementia Friendly Moultrie County Brochure](#)



**Where All People
Can Live, Age and
Thrive**

Approved & Proposed Federal & State Budgets for FY 2024 & FY 2025

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



Approved Federal Budget for FY 2024

On Friday, March 22, 2024, Congress approved, and President Biden signed on Saturday, March 23, 2024, a \$1.2 trillion omnibus appropriations bill funding government operations through September 2024.

Older Americans Act (OAA) FY 2024 Approved Funding Compared to FY 2023 Approved Funding:

- **OAA Title III B Home & Community-Based Supportive Services.** Allocated \$410 million, which is the FY 2023 maintenance level for FY 2024 (+ 0%).
- **OAA Title III C1 Congregate Meals.** Allocated \$565 million, an increase of \$25 million for FY 2024 (+ .044%).
- **OAA Title III C2 Home Delivered Meals.** Allocating \$381 million, an increase of \$15 million for FY 2024 (+ .041%)
- **Nutrition Services Incentive Program.** Allocating \$112 million, a decrease of \$48 million (- 30%).
- **OAA Title III E National Family Caregiver Support Program.** Allocated \$207 million, an increase of \$2 million (+.01%).
- **OAA Title III D Evidence-Based Health Promotion and Disease Prevention.** \$26.3 million, which is the FY 2023 maintenance level for FY 2024 (+ 0%).
- **OAA Title VII Long-Term Care Ombudsman Program.** Allocated \$26.6 million, which is the FY 2023 maintenance level for FY 2024 (+0%)

Other Key Programs:

- \$10 million, level funding at the FY 2023 enacted level for **Lifespan Respite Care** received for a total of to address existing gaps in respite care for older adults and people with disabilities.
- **State Health Insurance Assistance Program.** Allocated 55.2 million, which is the FY 2023 maintenance level for FY 2024 (+0%).
- NOTE: the **AmeriCorps Older Adults** umbrella for RSVP, Foster Grandparent Program and Senior Companion Program is to be determined (TBD) for FY 2024. More information will be forthcoming. In FY 2023, it was funded at \$236 million.
- \$405 million for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- **Senior Medical Patrol (SMP).** Allocated \$35 million which is level funding from FY 2023.

- \$770 million, maintenance at FY 2023 enacted level for the **Community Services Block Grant**. The **Social Services Block Grant** received level funding at \$1.7 billion for discretionary funding of the **Low-Income Home Energy Assistance Program (LIHEAP)**.
- The bill also encourages ACL to coordinate with the Department of Labor to identify and reduce barriers to entry for a **diverse and high-quality direct care workforce**, and to explore new strategies for the recruitment, retention and advancement opportunities needed to attract or retain direct care workers.

Proposed Federal Budget for FY 2025

Sources: "[President Biden's FY2025 Budget](#)" USAging. March 18, 2024.

On March 11, 2024, President Biden presented his FY 2025 budget to Congress which includes a proposed increase in funding for the Older Americans Act. Funding details are provided below.

Older Americans Act (OAA):

- \$5410 million, same level as the FY 2024 enacted level for **OAA Title III B Home & Community-Based Supportive Services**. (+0%)
- **OAA Title III-C1 Congregate Nutrition Program**. Proposed \$621.7 million, an increase from the FY 2024 enacted level of \$565.3 million of \$53.3 million (+.09%).
- **OAA Title III-C2 Home Delivered Meal Program**. Proposed \$447.7 million, an increase of \$66.3 million (+17%).
- **Nutrition Services Incentive Program (NSIP)** funds proposed at \$80 million. Note: Overall, this reflects a significant decreased in NSIP funding from FY 2024. The President proposes a \$32 million cut in NSIP - a 28% cut.
- \$205 million, a decrease of \$2 million (-.01%) from the FY 2024 enacted level for the **OAA Title III E National Family Caregiver Support Program**.
- \$50 million, remained the same (+0%) as the FY 2024 enacted level, for **OAA Title VI Native American Nutrition, Supportive and Caregiver Services**.
- Level funding at \$26.4 million for **OAA Title III D Evidence-Based Health Promotion and Disease Prevention**
- \$26.6 million, remained the same (+0%) as the FY 2024 levels for the **OAA Title VII Long-Term Care Ombudsman Program**.

Other Key Programs:

- **Lifespan Respite Care** proposed at \$10 million, level funding when compared to FY 2024 enacted level (+0%). This funding addresses existing gaps in respite care for older adults and people with disabilities.
- \$235 million proposed funding for the three programs under the **AmeriCorps Older adults** umbrella—RSVP, the Foster Grandparent Program, and the Senior Companion Program. NOTE: FY 2024 enacted budget lists funding for this program to be determined.
- \$405 million proposed for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- \$5.5 million proposed for the **Community Care Corps** grant program providing funding for Aging Network Support Activities. NOTE: FY 2024 enacted budget lists funding for this program to be determined.
- Proposed \$35 million for the **Senior Medicare Patrol** which is at the FY 2024 enacted budget level.
- The **Community Services Block Grant** proposed level funding at \$770 million, while the **Social Services Block Grant** proposed identical funding at \$1.7 billion. The **Low-Income Home Energy Assistance Program** (LIHEAP) proposed discretionary funding at \$4.1 billion (+0%).
- **State Health Insurance Assistance Programs** proposed at level funding at \$55.2 million.

Next Steps

Please note, the President’s budget is a proposal – not an actual appropriations bill. With that said, the projections are encouraging as we advocate for a final appropriations bill starting in April 2024. ECIAAAA will continue to advocate for increased Older Americans Act funding to sustain services to a growing aging population. Please refer to USAging’s [Appropriations Chart](#) updated March 22, 2024.

Proposed State Budget for FY 2025

Source: [“FY 2025 Detailed Budget Pages,”](#) Illinois Department on Aging.

On February 21, 2024, Governor J.B. Pritzker submitted the proposed FY 2025 Illinois operating budget to the members of the General Assembly and people of the State of Illinois. The \$52.7 billion operating budget for the fiscal year beginning July 1st represents a 6% increase compared to the FY 2024 budget.

FY 2025 Introduced Budget Illinois Department on Aging (IDoA) – Total General Revenue Funds increase of 34.5%:

Fund Name	FY 2024 Enacted Appropriations	FY 2025 Governor’s Introduced	Change from FY 2024 \$	Percentage Change from FY 2024 %
General Revenue Fund	\$461,079,788	\$619,997,300	\$158,917,522	34.5%
Commitment to Human Services Fund	\$964,693,700	\$971,162,100	\$6,468,400	0.7%
Other State Funds	\$7,745,000	\$7,745,000	\$0	0%
Federal Funds	\$185,518,200	\$164,395,400	-\$21,122,800	-11.4%
Total All funds	\$1,619,036,678	\$1,763,299,800	\$144,263,122	+8.9%

The decrease in Federal funds reflects the readjusting to pre-pandemic levels of appropriations spending authority.

Budget Highlights

- Both a \$54.6 million supplemental for the Community Care Program (CCP); and a \$3.5 million supplemental for Care Coordination Units (CCUs) are recommended in fiscal year 2024. The recommended fiscal year 2025 budget maintains funding at the new level for CCUs.
- The recommended fiscal year 2025 budget includes \$104.4 million increase in funding for CCP to accommodate caseload growth and utilization and to cover the costs of annualizing the January 1, 2024, \$1.15 per hour rate increase for in-home providers. The CCP helps senior citizens, who might otherwise need nursing home care, remain in their own homes by providing in-home and community-based services.
- The recommended fiscal year 2025 budget includes \$3.0 million to meet increased demand for Home Delivered Meals. The Aging Network provides more than 11 million meals to homebound older adults across the state.
- The recommended fiscal year 2025 budget includes maintenance State funding to support Illinois Family Caregiver Act services. AARP has estimated that in Illinois, over 1.3 million unpaid, informal (family/friends) caregivers provide support their loved ones – preventing premature institutionalization.

- The recommended fiscal year 2025 budget includes maintenance State funding to support services in rural areas and increased outreach to minority communities.
- The recommended fiscal year 2025 budget includes a \$21.1 million reduction in federal funds appropriations due to exhausted COVID relief funding.

FY 2025 Budget Action by the Illinois General Assembly – May 24, 2024.

Illinois lawmakers will take on the review and approval of a final FY 2025 budget during the spring session of the 103rd Illinois General Assembly. We will keep you posted as negotiations develop.

For information, see the links below:

[Proposed FY 2025 Budget in Brief](#)

[Proposed FY 2025 Operating Budget](#)

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

&

ECIAAAA FUNDING FORMULA

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



Illinois Intrastate Funding Formula (IFF)

Percentage Share of Demographic Characteristics Used by the Illinois Department on Aging to Compute Intrastate Funding Formula Weights for the Planning and Service Areas in Illinois for Fiscal Year 2025

PSA	60+	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.81	4.70	2.42	6.00	5.86	16.83	6.20
02	25.27	16.64	19.81	23.47	20.76	0.00	19.82
03	4.37	3.92	1.32	4.74	4.81	17.27	5.17
04	3.59	3.28	1.13	3.80	3.76	0.00	2.97
05	6.57	6.11	2.29	6.81	7.11	16.40	6.97
06	1.13	1.07	0.15	1.31	1.18	7.83	1.64
07	4.06	3.49	0.95	4.23	4.51	11.39	4.31
08	5.61	5.24	3.16	5.57	5.88	3.11	5.06
09	1.32	1.29	0.21	1.41	1.37	9.60	1.96
10	1.12	1.17	0.12	1.24	1.28	8.10	1.68
11	2.52	3.06	0.68	2.67	2.85	9.47	3.14
12	17.63	31.18	45.55	17.31	21.06	0.00	22.16
13	21.00	18.85	25.21	21.44	19.57	0.00	18.92
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 decreased from 7.06 in FY 2023 to 6.97 for FY 2025 – a decrease of 0.09%.

ECIAAA Funding Formula for FY2025- FY2027

The East Central Illinois Area Agency on Aging will allocate Older Americans’ Act Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA’s Funding for FY 2025 is based on 2022 population estimates.

Formula Goals and Assumptions

The goals to be achieved through the ECIAAA funding formula are as follows:

- To develop a formula consistent with the purpose and requirements of the Older Americans Act (OAA) and its regulations
- To provide resources across the PSA for older persons over the age of 60
- To target to areas of the PSA 05 with higher concentrations of older persons in greatest economic and social need, with special emphasis on low-income minority older persons
- To develop a formula that distributes resources solely based on the population characteristics of each county, and that will reflect changes in those characteristics among the PSA as updated data becomes available
- To develop a formula that is easily understood

In reviewing the ECIAAA funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the PSA. Some of the major assumptions implicit in the review of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons aged 60 and older.
- Funding formula factors must be derived from data which is quantifiable by county and based on data from the U.S. Census Bureau and the U.S. Social Security Administration, Office of Retirement and Disability Policy.
- Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.
- The low revenue generating potential of rural areas and high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly populations. The funding formula should compensate for these factors.
- Additional resources to counties with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the local level. This fundamental mandate of the Older Americans Act will be implemented through a combination of federal, state, regional, and local targeting efforts.

Funding Formula Definitions:

Base Level of Funding: A base allocation to each county to minimize the reduction of funds in rural counties due to funding formula implementation.

Living Alone: Being the sole resident of a home or housing unit.

Minority Group: Those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the U.S. Census Bureau (Hispanic, American Indian/Alaska Native, Asian, African American, and Native Hawaiian or another Pacific Islander).

County: The level of government below the State of Illinois and above municipalities.

Poverty Threshold: The income cutoff, which determines an individual's poverty status as defined by the U.S. Census Bureau

Rural Area: A geographic location (county) not with a Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau.

SSI+OASDI: The number of Supplemental Security Income (SSI) recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county as reported by the U.S. Social Security Administration, Office of Retirement and Disability Policy.

Note: Requires a diagnosis by a physician.

Disability: A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities of everyday living, such as walking, bathing, learning, or remembering.

Note: Self-reported by the respondent in the U.S. Census Bureau American Community Survey.

Funding Formula Factors and Weights

In order for a particular factor to be included in the intrastate funding formula, it must:

- Be derived from data which is quantifiable by county.
- Be based on data which is derivable from the U.S. Census Bureau.
- Be based on data derivable by the U.S. Social Security Administration.

The formula contains the following factors:

- **60+ Population:** The number of the state's population 60 years of age and older in the county as an indicator of need
- **60+ Minority:** The number of the state's population 60+ reported in a minority group(s) (Hispanic, American Indian/Alaska Native, Asian, African American and Native Hawaiian or other Pacific Islander) in the county as an indicator of need
- **60+Living Alone:** The number of the state's population 60+ reported as living alone
- **75+ Population:** The number of the state's population aged 75 years of age and older

- **60+ Poverty:** The number of the state’s population 60+ at or below the poverty threshold in the county as an indicator of greatest economic need
- **60+ Rural:** The number of the state’s population 60 years of age and older residing in a rural county, meaning the county is not part of the Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau
- **OASDI:** The number of SSI recipients also receiving Old Age Survivors Disability Insurance by county
- **60+SSI+OASDI with Two or More Disabilities:** The number of 60+ reporting two or more disabilities as defined by the U.S. Census Bureau

Factors by Weight

60+ Population	33%
60+ Minority	10%
60+ Living Alone	7.5%
75+Population	7.5%
Greatest Economic Need (60+ Poverty)	25%
60+ Rural	9.5%
60+ SSI+OASDI+ With Two or More Disabilities	7.5%
Total	100%

Application of the ECIAAA Funding Formula

$$A = (.33 \text{ POP-60} + .10 \text{ MIN-60} + .075 \text{ LA-60} + .075 \text{ POP75} + .25 \text{ POV-60} + .095 \text{ RUR-60} + .075 \text{ SSI/OASDI}) \times (T)$$

Where:

- A) A= Funding allocation from a specific source of funds to a particular county.
- B) POP-60 = Percentage of state’s population within the particular county age 60 and older.
- C) MIN-60 = Percentage of the state’s population within the particular county age 60 and older and a member of a minority group(s).
- D) LA-60 = Percentage of the state’s population within the particular county age 60 and older and living alone.
- E) POP-75 = Percentage of state’s population within the particular county age 75 and older.
- F) POV-60 = Percentage of state’s population within the particular county age 60 at or below the poverty threshold.

- G) RUR-60 = Percentage of state’s population within the particular county age 60 and older not residing in a Metropolitan Statistical Area.
- H) SSI+OASDI with Two or More Disabilities = The percentage based on the total number of SSI recipients also receiving OASDI residing in a particular county, plus percentage of individuals with two or more self-reported disabilities.
- I) T = The total amount of funds appropriated from a specific source of funds.

Base Level of Funding

Senior Information Services/Coordinated Point of Entry

In FY 2024 ECIAAA proposes to maintain the Base Level of Funding at \$35,000 per county. The SIS allocation amount above the \$560,000, reserved for the Base Level of Funding for all counties, will be distributed on the formula share per county. ECIAAA has determined that this base level of funding is necessary to enable Coordinated Points of Entry to build and maintain core competencies, such as options counseling, for the development of a No Wrong Door Network.

Legal Services

For FY 2025, all allocated funds will be distributed on the formula share per county.

Nutrition Services

FY 2025 proposes the implementation of full funding formula allocations on the formula share per county.

Note: Change to the Nutrition Services Incentive Program (NSIP) described in the Performance- Based Funding Allocations by Program section below.

Title III-D Services – Health Promotion Programs & Gerontological Counseling

Due to OAA funding percentage requirements, Title III-D services are not subject to the funding formula.

Title III-E Caregiver Advisor/Respite Services

In FY 2025, ECIAAA will continue the Base Level of Funding at \$5,250 per county established in FY 2023. The remaining Title III-E funding will be distributed on the formula share per county.

Title III-E/III-B Respite Services

In FY 2025, ECIAAA will continue the Base Level of Funding at \$500 per county established in FY 2023. The remaining Respite funding will be distributed on the formula share per county.

Performance-Based Funding Allocations by Program

(Will continue allocation process as updated April 2014)

Senior Health Assistance Program (SHAP) Performance-Based Funding Formula

ECIAAAA will allocate SHAP funding to SIS/CPoE service providers based on the previous year's SHAP-Related Service Performance. The following activities will be factored into the formula:

- Number of applications completed and submitted for older adults Ride Free, Persons with Disabilities Ride Free and license plate sticker discount
- Number of Medicare Part D drug plan enrollments completed and submitted
- Number of LIS applications assisted with on behalf of eligible individuals
- Number of MSP applications assisted with on behalf of eligible individuals

Medicare Improvements for Patients & Providers Act (MIPPA) Performance-Based Funding Formula

ECIAAAA will allocate MIPPA funding to SIS/CPoE service providers based on the county formula share. Fundable activities include:

1. Number of client contacts reported related to Extra Help/Low Income Subsidy (LIS) & Medicare Savings Programs (MSP)
2. Number of outreach events that included information on LIS, MSP, or Medicare Prevention Services
3. Estimated number of attendees at outreach events
4. Number of Medicaid applications assisted on behalf of eligible individuals.

Nutrition Services Incentive Program (NSIP) Performance-Based Funding Formula

ECIAAAA will allocate NSIP funding to Congregate and Home Delivered Meal service providers based on the previous year's congregate, and home delivered meal performance.

Plan for FY 2025

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY 2025, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2022.

ECIAAAA will retain its current funding formula for Area 05 for Fiscal Year 2025 based.

60+ 2022 ACS 5-YR Estimates, Table DP05, <https://data.census.gov>

75+	2022 ACS 5-YR Estimates, Table DP05, https://data.census.gov
Minorities	U.S. Census Population Estimates: 2021 County Characteristics (cc-est2021-alldata-17) Population and Housing Unit Estimates Datasets (census.gov)
Poverty	2022 ACS 5-YR Estimates, Table B17020 for Illinois (by county), https://data.census.gov
Living Alone	2016-2020 ACS Special Tabulation, Table S21010B (ILs21010b) https://data.census.gov
Rural	White House, Office of Management and Budget Bulletin 20-01. Bulletins/OMB/The White House

Older Americans Act & Illinois General Revenue/Illinois General Fund Budget

Assumptions & Contingency Funding Plan for FY 2025

Fiscal Year 2025 Public Information Document

Proposed Area Plan for FY 2025



ECIAAA Budget Assumptions for FY 2025

1. The Proposed Illinois Department on Aging for FY 2025 Budget includes:
 - a. Both a \$54.6 million supplemental for the Community Care Program (CCP); and, a \$3.5 million supplemental for Care Coordination Units (CCUs) are recommended in fiscal year 2024. The recommended fiscal year 2025 budget maintains funding at the new level for CCUs.
 - b. The recommended fiscal year 2025 budget includes \$104.4 million increase in funding for CCP to accommodate caseload growth and utilization and to cover the costs of annualizing the January 1, 2024 \$1.15 per hour rate increase for in-home providers.
 - c. The recommended fiscal year 2025 budget includes a \$3 million increase in State funds to meet ongoing demand for Home Delivered Meals. The Aging Network provides more than 11 million meals to homebound older adults across the state.
 - d. The recommended fiscal year 2025 budget includes maintenance State funding to support Illinois Family Caregiver Act services. AARP has estimated that in Illinois, over 1.3 million unpaid, informal (family/friends) caregivers provide support their loved ones – preventing premature institutionalization.
 - e. The recommended fiscal year 2025 budget includes maintenance State funding to support services in rural areas and increased outreach to minority communities.
 - f. The recommended fiscal year 2025 budget includes a \$21.1 million reduction in federal funds appropriations due to exhausted COVID relief funding.
 - g. Though not specifically identified in the budget, ECIAAA will maintain support to sustain Reducing Social Isolation as a local Older Adults Initiatives which started FY 2019 and will continue during FY 2025.
 - h. Though not specifically identified in the budget, ECIAAA will sustain Alzheimer’s Disease and Related Dementias programming launched by AAAs for FY 2025.
2. ECIAAA must comply with federal Older Americans Act statutory obligations to fund categorical or specified services, e.g., III-B Support Services – including Legal Assistance, III-C Nutrition Services – including Congregate and Home Delivered Meals, and Title III-E Caregiver Support Services – which includes Caregiver Advisory and Respite Services.
3. ECIAAA must comply with a federal Administration on Aging (AoA) requirement that requires all Title III-D funds be used to fund evidence-based services that comply with AoA’s Highest Level Criteria.
4. OAA allows Area Agencies on Aging to apply for 10% of total Title III-B and Title III-C for the cost of administration.

5. Area Agencies on Aging will apply for Title III-B funds for the cost of administrative-related direct services including advocacy, program development, and coordination.
6. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-B and III-C. If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.

ECIAAA's FY 2025 Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers in PSA 05

1. The implementation of Coordinated Points of Entry/Senior Information Services continues to be a top service priority under Title III-B/Illinois State Funds for FY 2025. ECIAAA plans to budget \$1,330,300 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois State Funds, and the Senior Health Assistance Program (SHAP). The proposed amount at level funding and is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations. The proposed amount is also contingent upon approval by the Illinois General Assembly of FY 2025 GRF appropriations.
2. ECIAAA proposes to budget \$52,530 in GRF for all Coordinated Points of Entry for Options Counseling. The proposed amount represents a maintenance level of funding contingent upon approval by the Illinois General Assembly for SFY 2025.
3. ECIAAA proposes to budget \$102,051 in federal OAA Title III-B funds for legal assistance for older adults in FY 2025. The proposed amount represents level funding contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations.
4. ECIAAA proposes to budget \$55,546 in federal OAA Title III-D funds for the Chronic Disease Self-Management Program Diabetes Self-Management Program, Matter of Balance, Bingocize, and Aging Mastery in FY 2025. The proposed amount represents an increase and is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations.
5. ECIAAA proposes to budget \$58,497 in federal OAA Title III-B funds for Gerontological Counseling - PEARLS. The proposed amount represents increased funding contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations.

6. ECIAAA proposes to budget \$950,010 in federal OAA Title III-C 1, a decrease of 0.6%, and \$52,397 (an increase of 13.5%) in Nutrition Services Incentive Program (NSIP) funds for congregate nutrition in FY 2025. The proposed amount represents a net amount of \$1,002,407, which results level funding (+0%) and is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations.
7. ECIAAA proposes to budget a total of \$4,745,293 in FY 2025 for home delivered meals, including \$686,991 in federal OAA Title III-C-2 funds (+14.8%), \$3,603,470 in Illinois State Funds (GRF), a decrease of 4%, and \$454,832 (+13.5%) in Nutrition Services Incentive Funds (NSIP). The proposed amount represents a net allocation level with no change (+0%) and is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations. In addition, the proposed amount is contingent upon Illinois General Assembly's approval of the FY 2025 Illinois State Budget for GRF Home Delivered Meals.
8. As a top service priority under Title III-E for FY 2025, ECIAAA proposes to budget \$781,588 in federal OAA Title III-E funds and Illinois State Funds for Caregiver Advisory Services. The funding is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations, and the FY 2025 Illinois State Budget by the Illinois
9. ECIAAA proposes to budget \$11,781 in federal OAA Title III-E funds for respite services for caregivers, and Caregiver Flexible (Gap) Funds (\$11,589) in FY 2025. The proposed amount represents a decrease of \$8,630 (-54%) and is contingent upon approval by the U.S. Congress of FY 2025 OAA appropriations.
10. ECIAAA proposes to budget \$136,617 in Illinois State Funds (GRF) and OAA Title III-B funds to support reducing social isolation programming in PSA 05 for FY 2025. The proposed funding represents a decrease of \$8,089 (-6%) when compared to FY 2024. This funding is contingent upon U.S. Congress' approval of FY 2024 OAA appropriations, and the Illinois General Assembly approval of the Illinois State Budget for FY 2025.
11. ECIAAA proposes to budget \$35,500 (a decrease of 52%) in Illinois State Funds to provide Alzheimer's Disease and Related Dementias programs, such as Savvy Caregiver and Stress-Busting for Caregivers programs, as well as a Gap-Filling Services to serve individuals with Alzheimer's Disease and their caregivers. This funding is contingent upon the General Assembly's approval of the FY 2025 budget.
12. ECIAAA total amount allocated for services is \$8,368,980, a decrease of .3% from FY 2024.

FY 2025 – FY 2027 Funding Contingency Planning

1. In case of any contingency involving an increase or a decrease in federal and/or state funds, ECIAAA will comply with the intent of Congress and the Illinois General Assembly, and/or administrative directives from the Administration for Community Living/Administration on Aging and the Illinois Department on Aging.
2. If the planning allocation is reduced for a specific revenue source, then funds would be reduced for programs and services which are directly related to that revenue source.
3. ECIAAA will give highest priority to sustain or increase federal OAA and Illinois State Funds for supportive services under the Area Plan for Coordinated Points of Entry/Senior Information Services, second priority to Legal Assistance, third priority to evidence-based health aging programs, and fourth priority to reducing social isolation programs.
4. ECIAAA will adjust interfund transfers among OAA Titles III-B and Title III-C to sustain Coordinated Points of Entry/Senior Information Services.
5. ECIAAA will use OAA Title III C-2 and Illinois State Funds for home delivered meals to sustain current meal delivery, keep pace with rising costs, and respond to increased demand for meals.
6. Caregiver Advisory Services will be given the highest priority for OAA Title III-E funds. If ECIAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce allocations for Respite Services and/or Caregiver Gap Filling Services.
7. ECIAAA will use additional state funds for the Long-Term Care Ombudsman Program to comply with statutory requirements and program standards.
8. ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect or financial exploitation.

FY 2025 ECIAAAA Budget Summary

Fiscal Year 2025 Public Information Document
Proposed Area Plan for FY 2025



FY 2025 Budget Summary

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$10,249,419** in Federal and State funds for Fiscal Year 2025 for the period of October 1, 2024, through September 30, 2025. The table below is based on the initial FY 2025 Planning Allocations released by the Illinois Department on Aging on December 15, 2023 (AAAL 25AP1). The allocations are based on the actual FY 2023 grant awards from the Administration for Community Living. The State Fund allocations (Planning and Service Grants, Home Delivered Meals, Community Based Services, Equal Distribution, and Ombudsman) are based on the Governor’s actual FY 2024 budget for the Illinois Department on Aging. These allocation amounts may change as the final FY 2025 state budget is negotiated and enacted.

<u>FEDERAL FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Older Americans Act – Title III-B	\$ 1,183,709	\$ 49,455	\$ -	\$ -	\$ 1,233,164
Older Americans Act – Title III-C1	\$ 1,113,968	\$ 58,234	\$ -	\$ -	\$ 1,172,202
Older Americans Act – Title III-C2	\$ 730,485	\$ 45,486	\$ -	\$ -	\$ 775,971
Nutrition Service Incentive Program C1 & C2	\$ 507,229	\$ -	\$ -	\$ -	\$ 507,229
Older Americans Act – Title III-D	\$ 55,546	\$ 5,367	\$ -	\$ -	\$ 60,913
Older Americans Act – Title III-E	\$ 479,449	\$ 24,251	\$ -	\$ -	\$ 503,700
Older Americans Act – Title VII Elder Abuse	\$ 24,182	\$ 2,424	\$ -	\$ -	\$ 26,606
Older Americans Act - Title B/VII Ombudsman/EA	\$ 116,567	\$ -	\$ -	\$ -	\$ 116,567

<u>STATE FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Planning and Service Grant Match	\$ -	\$ -	\$ 165,148	\$ -	\$ 165,148
Home Delivered Meals	\$ -	\$ -	\$ 3,603,470	\$ -	\$ 3,603,470
Planning and Service Grant Community Based	\$ -	\$ -	\$ 808,202	\$ -	\$ 808,202
Community Based Services	\$ -	\$ -	\$ 134,708	\$ -	\$ 134,708
Caregiver Support Services	\$ -	\$ -	\$ 363,365	\$ -	\$ 363,365
Social Isolation & Alzheimer's Disease and Related Dementia	\$ -	\$ -	\$ 100,835	\$ -	\$ 100,835
Ombudsman Services	\$ -	\$ -	\$ 200,690	\$ 219,855	\$ 420,545
<u>OTHER FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Senior Health Assistance Program	\$ -	\$ -	\$ -	\$ 128,747	\$ 128,747
Adult Protective Services - Regional Administrative Agreement	\$ -	\$ -	\$ -	\$ 51,934	\$ 51,934
Dementia Friendly America	\$ -	\$ -	\$ -	\$ 37,994	\$ 37,994
<u>GRAND TOTAL</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Grand Total Federal, State & Other Funds	\$ 4,211,135	\$ 185,217	\$ 5,376,418	\$ 438,530	\$ 10,211,300

Note: Carry-over funds are projected in the amount of \$185,217 within various Older Americans Act Titles. Actual carry-over funds will be determined once financial records are

closed out and audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2025.

Inter-Fund Transfers

The transfer from Title III-C to Title III-B is 12.24 %. The transfer from Title III-C1 to Title III-C2 is 0%. The transfer amount to Title III-B is within the 15% transfer authority. Historical data from the planning process support this interfund transfer into year 1 of the 3-year planning cycle.

Title III-B	Title III-B Ombudsman	Title III-C1	Title III-C2	Total
\$257,227	-	(\$88,429)	(168,798)	0

Nutrition Services Incentive Program (NSIP) – C1 & C2

The Nutrition Services Incentive Program is part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and health or well-being of older individuals, and delay adverse health conditions through access to healthy meals, nutrition education, and nutrition counseling. ECIAAA projects a total of \$507,229 in NSIP funds or 7% of total meals based on funds available to the State of Illinois. Of the \$507,229, \$52,937, and \$454,832 are being budgeted for Congregate Meals (C1) and Home Delivered Meals (C2), respectively.

Vulnerable Elder Rights Protection Activities

The East Central Illinois Area Agency on Aging will fund activities that include public information/ education on elder abuse or ombudsman related issues; training on elder abuse, other related trainings, or, arranging or providing elder rights related training; multi-disciplinary teams which will act in a technical advisory role to an elder abuse provider agency; twenty-four hour availability in receiving and responding to elder abuse reports after regular work hours; and fatality review teams; The budget for these service activities is \$22,345. Of the \$22,345 the amount of \$359 will be awarded to the Long-Term Care Ombudsman Program for elder rights activities. This has been a long-standing maintenance of effort requirement of the Illinois Department on Aging.

Internal Operations of The Area Agency on Aging

Funding Source/Program Description	Fiscal Year 2024
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$350,762
Title III-B: Ombudsman	\$5,386
General Revenue Funds – Match	\$120,516
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	\$51,934
Dementia Friendly America	\$37,994
Senior Health Assistance Program	\$12,875
Sub Total	\$579,467
ADMINISTRATIVELY RELATED DIRECT SERVICES	
Title III-B – Advocacy, Coordination, and Program Development (3)	\$543,714
Sub Total	\$543,714
DIRECT SERVICES –	
Long Term Care Ombudsman: Title III-B, VII, VII APS/M-Teams, General Revenue Funds, and Provider Fund (Bed Tax)	\$525,814
Title VII – Ombudsman: Vulnerable Elder Rights Protection Advocacy Activity	\$6,271
Title VII – Elder Abuse: Vulnerable Elder Rights Protection Advocacy Activity	\$1,837
Sub Total	\$533,922
TOTAL	\$1,657,103

For Fiscal Year 2025 the operational budget for the organization is budgeted at **\$1,657,103** in Older Americans Act Funds, Illinois General Revenue Funds, Provider Funds, and other funds to meet statutory responsibilities and program assurances of grants agreements with Illinois Department on Aging, including direct service of Long-Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, consultant, occupancy, telecommunications, training and education, and miscellaneous costs, in conformance with the Grants Accountability Transparency Act (GATA). The Area Agency on Aging’s Board of Directors establishes the operational budget of the organization with routine monitoring. Elements from the Strategic Plan have been incorporated in job descriptions, roles

³ ECIAAA’s Administratively Related Direct Services budget is \$543,714. This \$782,148 less than the maximum budget amount allowed of \$1,325,892. Our budget represents 41.01% of the maximum allowed.

of its Board of Directors and Advisory Council, and other key essentials involved in carrying out the Core Principles: Leadership, Advocacy, Innovation and Collaboration for accountability purposes.

ADMINISTRATION

A total of \$476,664 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Activities may include:

- Compliance of Grant Agreements
- Compliance with Internal Revenue Code, Illinois Income Tax Code, and other applicable rules
- Compliance with registration requirements
- Compliance with certifications to the extent certifications apply, i.e. Bribery, Drug-Free Work Place, Debarment, Lobbying, etc.
- Record retention
- Policy & procedure development
- use of State Portal System for filing reports and applying for grant applications
- Strategic planning
- Representation on task forces, committees, and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Purchasing of equipment
- Cash management
- Regular desktop reviews
- Management of grants for caregiver service components
- On-site monitoring and quality assurance
- Single audit and Consolidated Year-End Financial Reports (CYEFR) and Subrecipients audit reviews
- Maintaining a resource database for the region (i.e., electronic service directory)
- Maintaining an updated policy & procedure manual for funded service providers
- Office systems support
- Facilities management
- Computer technology & support
- Data analysis
- Management of contracts for elder abuse activities for multi-disciplinary teams, public information, education, and training
- Procurement of federally and state funded services
- Board, advisory council, staff meetings and staff training
- Membership affiliation with local, state, and national organizations.

- Maintaining a web-based software for funded program demographics
- Modifying web-based reporting system
- Filing & record maintenance
- Telephone reception and referrals
- Digital signature processing

ADVOCACY, COORDINATION & PROGRAM DEVELOPMENT

A total of \$543,714 is being budgeted to provide administratively related direct services of advocacy, coordination, and program development under Title III-B of the Older Americans Act. Activities within the three-administrative related direct services may include:

ADVOCACY – LOCAL, STATE, NATIONAL

- Representing the interest of older persons to public officials, public/private agencies, and organizations.
- Client intervention relating to problems and resolving conflicts
- Conducting public hearings on needs and issues
- Advocacy in action training
- Changing, attitudes, perceptions, and stereotypes as they relate to legislation, agency policies, and policy implementation
- Participation in senior expos hosted by area legislators
- Regular Aging Network Alerts
- Use of social media to provide information on available resources and promote the work of our staff and service providers
- Working with older persons to develop self-advocacy skills
- Reviewing and commenting on public plans, policies, levies, and community action
- Coordinating, and planning activities with community organizations for new and expanded benefits and opportunities
- Maintaining and updating the organization's website
- Maintaining regular communications with legislators and legislative staff in Springfield, Washington DC, and field offices
- Maintaining regular communications with the media
- Responding to increased contacts and publications in follow-up to the pandemic

COORDINATION

- Sharing information about availability of services to the public
- Interagency linkages
- Assisting service providers with development of and adherence to service standards
- Participating with local, state, and federal agencies in coordinating emergency disaster assistance
- Coordinating the Coordinated Points of Entry/ Senior Information Services (CPoE/SIS) with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- Conducting regular meetings and trainings for Nutrition Providers
- Coordinating and integrating of services
- Distribution of Senior Farmer's Market coupons through local service providers
- Developing working relationships with assisted living facilities
- Coordinating evidence-based healthy aging programs
- Coordinating performance-based measurement activities
- Responding to inquiries (phone, email) from older persons, caregivers, and family members about services with referrals to relevant providers
- Coordinating the use of video conferencing platforms
- Disseminating up to date information to the public on aging issues through ECIAAA website, (www.eciaaa.org) and social media e.g., News Releases, I4A and USAging updates, and Executive Director's Reports
- Continuing to build the capacity of CPoE/SIS providers
- Coordinating information and assistance support to funded service providers, affiliated organizations, and the public, including coordinating resource database AgingIS
- Hosting student internships
- Collaborating with 211 Call Center at PATH in Bloomington, Illinois
- Disseminating program/best practices updates to the aging network and collaborating partners
- Establish new collaborations with local hospitals and public health departments.

- Coordinating adherence to national US Inform (formerly known as AIRS) Standards
- Coordinating the dissemination of information relating to the Covid-19 pandemic
- Participation in Human Service Transportation Plan (HSTP) meetings in regions 6 and 8
- Information sharing
- Brokering
- Regular attendance at county interagency meetings
- Official participation in Regions 6 and 8 HTSP meetings
- Regular Senior Medical Patrol presentations and promotional activities

PROGRAM DEVELOPMENT

- Conducting County Conversations for service development and needs assessment
- Evaluating the effectiveness and efficiency of existing resources in meeting needs
- Providing community leaders, organizations, and advocates with current information and predicting future needs.
- Working with local housing authorities
- Maintaining a web-based reporting system
- Collaborating with service providers and community partners, for the dissemination of evidence-based practices
- Maintaining a region-wide system to measure performance outcomes for services
- Developing service options for Alzheimer's, and related dementias
- Developing services to combat social isolation
- Developing options for respite care
- Collaborating with key community leaders and organizations
- Integrating new services into existing delivery systems
- Developing and designing services to meet changing needs
- Providing multifaceted systems of support services for family caregivers and older relatives caregivers
- Developing or strengthening preventive health service and health promotion systems

- Pursuing innovative methods of expanding service and controlling costs
- Quarterly meetings of caregiver advisors
- Collaborating with providers of senior services and behavioral health care
- Promoting CPoE/SIS providers as being “one stop” for Aging Resources
- Responding through modifications to service delivery and design in a pandemic environment
- Regular meetings or Reducing Social Isolation Committee meetings in McLean, Champaign, Vermilion, Douglas, Macon, Coles, and Cumberland counties
- Support of Dementia Friendly America initiatives

ADULT PROTECTIVE SERVICES (APS)

The East Central Illinois Area Agency on Aging will budget \$51,934 as the Regional Administrative Agency in providing oversight to designated adult protective agencies in the sixteen-county planning and service area of east central Illinois.

- Designating adult protective agencies
- Education & attending trainings
- Providing technical assistance to adult protective agencies
- Hosting an Annual Retreat
- Convening regular meetings with provider agencies
- Collaborating with M-Teams/ Fatality Review Teams
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Monitoring the performance of provider agencies
- Continued collaborations with local law enforcement
- Continued collaborations with local TRIADs
- Authorizing provider agency Early Intervention Service expenditures
- Assisting the Illinois Department on Aging and provider agencies in raising awareness and providing education on the issues of abuse, neglect, financial exploitation, and self-neglect

- Compliance of Grant Agreements
- Compliance with Internal Revenue Code, Illinois Income Tax Code, and other applicable rules
- Compliance with registration requirements
- Compliance with certifications to the extent certifications apply, i.e. Bribery, Drug-Free Work Place, Debarment, Lobbying, etc.
- Record retention
- Cash Management
- Single Audit & CYEFR
- Purchasing Equipment

DEMENTIA FRIENDLY AMERICA

A total of \$37,994 in State of Illinois General Revenue Funds is being budgeted for creating Dementia Friendly America Communities in East Central Illinois and to continue the No Wrong Door/ADRN/ADRC service delivery system. Activities may include:

- Compliance with Grant Agreement
- Compliance with registration requirements
- Compliance with Internal Revenue Code, the Illinois Tax Act and other applicable rules
- Compliance with certifications
- Single Audit and CYEFR
- Cash management
- Record Retention
- Purchasing Equipment
- Partnering with the Illinois Cognitive Resources Network (ICRN)
- Conduct evaluations of designated DFA Communities
- Creating new Dementia Friendly Communities
- Updating the national registry
- Annual analysis of service gaps
- Creating tools and resources
- Promoting ADRD services and interventions i.e., Savvy Caregiver, Stress Busting for Caregivers and/or Supportive Gap Filling Services
- Assisting the Illinois Department with planning, operational and development activities
- Reporting (Financial & Program)
- Developing and implementing the No Wrong Door system

OMBUDSMAN

A total of \$525,814 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, and Long-Term Care Provider Funds being budgeted to staff the program and other operational costs for 1 regional ombudsman and 5 ombudsmen. The Program works to protect and promote the rights and quality of life for long-term care residents. The program strives to ensure that existing state and federal laws as well as rules and regulations are adhered to, and that resident and family voices are heard during drafting or revision of laws or rules through the advocacy service components of the program. Activities also include elder abuse direct advocacy. The Illinois Department of Public Health recent data shows east central Illinois of having 153 facilities with 11,267 licensed beds. The East Central Illinois area has 7.76% of the total beds in Illinois and 9.32% of facilities in Illinois. Activities may include:

- Compliance with Grant Agreement
- Compliance with registration requirements
- Compliance with Internal Revenue Code, the Illinois Tax Act and other applicable rules
- Compliance with certifications
- Single Audit and CYEFR
- Cash management
- Record Retention
- Purchasing Equipment
- Holding events and trainings focused on changing, attitudes, perceptions, and stereotypes
- Holding events and trainings focused on changing, attitudes, perceptions, and stereotypes
- Monitoring, developing, and implementing federal, state, and local laws, regulations, and policies
- Public education seminars
- Senior Medicare Patrol (SMP) referrals
- Advocacy on bills relevant to long-term care residents, board and care homes and assisted living facilities
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Promoting Pioneer Practices
- Regular reports to Reducing Social Isolation Committees and other participation
- Investigative Services – opening complaints
- Regular presence in facilities whether in person or virtual
- Facility staff in-services

- Providing information about facilities and what to do to get quality care
- Responding to complaints and advocates for improvements in the long-care system
- Resident meetings
- Family council meetings
- Community education
- Consultations with individuals
- Consultations with facility staff
- Participating in facility surveys
- Closing cases
- Creating and implementing a virtual component to the program services and activities

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$12,875 is being budgeted to provide administration in the provision of information and assistance services, outreach activities and educational programs, and counsel Medicare beneficiaries about prescription coverage available under the Medicare Part D drug plans, Social Security's Extra Help, Medicare Savings Programs, Seniors Free Transit Ride, Persons with Disabilities Free Ride Transit Ride and the Secretary of State's License Plate Discount Program and other public benefit program through grant awards with Senior Information Service providers.

Activities may include:

- Compliance with Grant Agreement
- Entering client contact data into the SHIP Tracking and Reporting System (STARS)
- Monitoring
- Procurement to select eligible service providers to receive funding
- service information in STARS
- Technical assistance
- Working towards the target of achieving 80% of service delivery projections
- Program administration, including reports, audit requirements, and recordkeeping

OMBUDSMAN/ ELDER ABUSE VULNERABLE ELDER RIGHT PROTECTION DIRECT SERVICE ADVOCACY ACTIVITIES

A total budget of \$8,108 is being budgeted to meet Title VII of the Older American Act Direct Advocacy Program to be provided directly by the Area Agency on Aging.

Activities may include:

- Disseminating public information on elder abuse or ombudsman related issues
- Compliance with Grant Agreement
- Promoting trainings
- Publicity through social media
- Investigative services
- Technical advisor to multi-disciplinary teams and fatality review team

FY 2025 Service Coverage Chart

(Select AAA)

Note: A " X " indicates the service is offered in the county listed

Title III-B Supportive Services	CH	CL	CO	CU	DW	DO	ED	FO	IR	LI	MA	MC	MO	PI	SH	VE
Information & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach- RSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Friendly Visiting- RSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Reassurance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gap- RSI Flex Com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flexible Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling- PEARLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Options Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe challenges or barriers to service provision in unserved/underserved counties.

Funding limitation has prevented expansion of additional reducing social isolation programs (Outreach, Friendly Visiting, Telephone Reassurance)

Title III-C Nutrition Services	CH	CL	CO	CU	DW	DO	ED	FO	IR	LI	MA	MC	MO	PI	SH	VE
Congregate Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe challenges or barriers to service provision in unserved/underserved counties.

All 16 counties are served however, providers report rural routes are filling up and more funding would allow additional routes to serve more people.

Title III-D Health Promotion Services	CH	CL	CO	CU	DW	DO	ED	FO	IR	LI	MA	MC	MO	PI	SH	VE
Health Promotion (C/DSMP, F&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ph Fit/Grp Ex (MOB, Bingocize)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnosis, Prevent/Treat (Aging Mastery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe challenges or barriers to service provision in unserved/underserved counties.

The cost of training, fidelity monitoring and supplies is very costly and makes it difficult to expand with limited III-D funding.

Title III-E Family Caregiver	CH	CL	CO	CU	DW	DO	ED	FO	IR	LI	MA	MC	MO	PI	SH	VE
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gap Filling (Care)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gap Filling (OR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling (Care)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Groups (Care)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Training (Care)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADRD Supportive Gap	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling (OR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Groups (OR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Training (OR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ADRD Stress Busting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe challenges or barriers to service provision in unserved/underserved counties.

ADRD Stress Busting is funded for all 16 counties however it can be challenging for small providers that do not have two staff members to facilitate so those providers receive the training and use the content in one training with caregivers. Trualta will serve as support group and training and education virtual access in FY 2025 helping to reduce barriers for rural and urban participants.

Service Grants	Program Projections		FY 2025 Service Budget Projections												
	Persons	Units of Service	Title III-B	Title III-C1	NSIP C1	Title III-C2	NSIP C2	Title III-D	Title III-E	Title VII-EA	GRF Match	GRF & PSG Community Based Services	Caregiver Advisory State Support	SHAP	TOTAL
Access Services:															
Information & Referral/SIS – CPoE	15,500	48,000	\$299,005	-	-	-	-	-	-	-	\$44,632	\$870,791		\$115,872	\$1,330,300
Options Counseling/SIS – CPoE	3,000	7,500	-	-	-	-	-	-	-	-	-	\$52,530		-	\$52,530
Flexible Community Services	100	100	\$14,295	-	-	-	-	-	-	-	-	\$9,000		-	\$23,295
Social Isolation Services-Outreach & Flex Comm	210	1,500	\$56,057	-	-	-	-	-	-	-	-	\$35,569		-	\$91,626
Community Services:															
Health Promotion Programs -CDSMP/DSMP	20	125	-	-	-	-	-	\$17,188	-	-	-	-		-	\$17,188
A Matter of Balance/Bingocize	150	385	-	-	-	-	-	\$31,146	-	-	-	-		-	\$31,146
Aging Mastery Program	20	86	-	-	-	-	-	\$7,212	-	-	-	-		-	\$7,212
Gerontological Counseling - PEARLS	75	720	\$58,497	-	-	-	-	-	-	-	-	-		-	\$58,497
Legal	470	2,600	\$102,051	-	-	-	-	-	-	-	-	-		-	\$102,051
Elder Abuse & Neglect			-	-	-	-	-	-	-	\$21,986	-	-		-	\$21,986
In-Homes Services:															
Social Isolation Services-Telephone/Visiting	140	1,750	\$14,725	-	-	-	-	-	-	-	-	\$30,266		-	\$44,991
Nutrition Services:															
Congregate Meals	3,155	150,000	-	\$950,010	\$52,397	-	-	-	-	-	-	-		-	\$1,002,407
Home Delivered Meals	4,333	615,136	-	-	-	\$686,991	\$454,832	-	-	-	-	\$3,603,470		-	\$4,745,293
Caregiver Services:															
Counseling/Support Groups (Care/GRG)	1,400	9,618	-	-	-	-	-	-	\$418,223	-	-	-	\$363,365	-	\$781,588
Respite (Care)	18	100	-	-	-	-	-	-	\$11,781	-	-	-		-	\$11,781
CGA Gap Filling	75	75	-	-	-	-	-	-	\$1,000	-	-	\$10,589		-	\$11,589
Alzheimer’s Disease and Related Dementia Services/Gap Filling	50	75	-	-	-	-	-	-	\$500	-	-	\$35,000		-	\$35,500
TOTAL			\$544,630	\$950,010	\$52,397	\$686,991	\$454,832	\$55,546	431,504	\$21,986	\$44,632	\$1,043,745	\$363,365	\$115,872	\$8,368,980

Additional Notes

- **SIS funding-** reduction of \$1,211 in SHAP funding offset by increase of \$1,211 in III-B. Net impact- SIS held at FY 2024 resource levels.

- **Options Counseling-** held at FY 2024 resource levels.
- **Flexible Community Services-** decrease of \$4,903. Carry over may support an increase. (State Support portion of the award to support unmet needs of those under 60 with disability as well as those over 60).
- **Reducing Social Isolation-** total funding support held at FY 2024 levels. However, with the number of pilots increased individual provider awards will be lower. RSI Flex Comm was reduced by \$8,089. Carry over may support an increase.
- **IIIC-C1 Congregate:** decrease of \$6,270 offset with an increase of \$6,270 in C 1NSIP. Total resources at FY 2024 levels.
 - **C1 NSIP Total:** \$52,397
- **IIIC-C2 Home Delivered Meals:** decrease of \$54,832 offset with an increase of \$54,832 in C2 NSIP.
 - **C2 NSIP Total:** \$454,832
- **Evidence Based Healthy Aging-** increase of \$1,872 applied to Aging Mastery.
- **Legal-** held at FY 2024 resource levels.
- **PEARLS-** Increased by \$16,796 to support availability across entire PSA
- **III-E Caregiver Advisory-**decrease of \$4,219 in state funding offset by III-E increase of \$17,709 for a net increase of \$13,490. Trualta costs will be budgeted in core Caregiver Advisory budgets. Statewide Advocacy may bring an increase in funding. Carry over may support an increase.
- **Respite-** III-E decreased by \$4,219 (\$500/county base will continue). Carry over may support an increase.
- **Caregiver Advisory Gap Filling-** III-E decrease of \$4,491. Carry over may support an increase.
- **Alzheimer’s Disease & Related Dementias Gap Filling & Stress Busting-** reduction of \$38,200.