

PUBLIC INFORMATION DOCUMENT



**Summary of the Proposed
Area Plan for Fiscal Year 2023**
FINAL RELEASE Published: April 20, 2022

**OLDER
AMERICANS
MONTH**



AGE MY WAY: MAY 2022

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 2023 Public Information Document

Proposed Area Plan for FY 2023



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 2023. A summary of this document will be presented at Public Hearings (see schedule below).

A summary of public comments will be presented to the ECIAAA Advisory Council on May 4, 2022, and to the ECIAAA Corporate Board on May 18, 2022, for their consideration.

Comments on the proposed **Area Plan** for Fiscal Year 2023 may be sent by mail, fax, or e-mail to ECIAAA no later than 4:00 p.m., May 2, 2022, 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

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 2023.

Public Hearing Dates

- **Wednesday April 27th**
 - 10:00-11:30am
 - 2:00-3:30pm
- **Thursday, April 28th**
 - 10:00-11:30am
 - 2:00-3:30pm
- **Friday, April 29th**
 - 10:00-11:30am

Join By

Link: <https://meet.goto.com/817788901>

Dial in: [+1 \(646\) 749-3122](tel:+16467493122) Access Code: 817-788-901

The Public Hearings will present information about national, state, and local initiatives, including:

- Proposed Older Americans Act funding for FY 2023 for services in Planning and Service Area 05, as allocated by Illinois Department on Aging (IDOA)
- Proposed Illinois General Revenue & Illinois General Fund allocations for FY 2023 for services in Planning & Service Area 05, as allocated by IDOA

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 as contained in its AAA Planning Allocation Directive (AAAL #924) for FY 2023. 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 2023 ECIAAA GRANT EXTENSION WORKSHOP
GOTOWEBINAR – 10:00 A.M. MAY 19, 2022**

FY 2023 Grant Extension Process will be implemented for ECIAAA-funded providers. FY 2022 grants will be extended to FY 2023 for the following services:

1. Coordinated Point of Entry/Senior Information Services
2. Caregiver Advisory Services
3. Nutrition Services
4. Legal Services
5. Healthy-Aging/Evidence Based Programs
6. Reducing Social Isolation Pilot Projects

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.

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.

Our purpose is to empower older adults, persons with disabilities, caregivers, and grandparents to age strong and live long – to live in their homes with dignity and safety, manage chronic health conditions, participate in community-based programs, prevent unnecessary institutionalization, and make informed decisions.

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 190,000 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.

There are over 600 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 05.

ECIAAA 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.

ECIAAA 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.

What We Do

ECIAAA plans, coordinates, and advocates for the development of opportunities and services to achieve outcomes which promote the health, strength, independence, dignity, and autonomy of older persons and persons with disabilities, and supports families caring for older persons, and grandparents and other relatives raising children.

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- Home Delivered Meals, Individual Needs Assessments for 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 Seniors), 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 and the Long-Term Care Ombudsman Program.

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 in PSA 05.

Long-Term Care Systems Development- ECIAAA assists with Community Care Program (CCP) operational activities and management issues. ECIAAA also assists with 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 seniors 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 seniors, 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 seniors, persons with disabilities, caregivers, and grandparents, 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 seniors 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. Older adults, persons with disabilities and caregivers show their support by donating their time, talents, and voluntary 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, 11 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. This collaboration is known as the Aging & Disability Resource Network. Our partners take a “no wrong door” approach to inform adults, persons with disabilities, and their families 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 with 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 will 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 with the Illinois Department on Aging. ECIAAA manages grants with 6 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.

ECIAAA FY 2021 Factsheet

[View Online](#)

ECIAAA
Live Strong
Age Strong

ECIAAA FY2021 Factsheet

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 190,000 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.

23,060 people served through OAA Title III Supported Services

<p>57,662 Information and Assistance Service Units</p>	<p>2,106 units of Outreach provided</p>
<p>Health Promotion provided to 76 Older Adults</p>	<p>3,101 units of Legal Assistance Provided</p>

Nutrition

<p>30,374 Congregate Meals served to 1,348 Older Adults</p>	<p>702,850 Home Delivered Meals served to 5,902 Older Adults</p>
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Family Caregiver Services

<p>Grandparents and Other Elderly Caregivers Serving Children</p> <p>Counseling Support Groups and Training: 236 Caregivers Served</p> <p>Supplemental Services: 65 Caregivers Served</p>		<p>Caregivers Serving Elderly Individuals</p> <p>Counseling, Support Groups and Training: 716 Caregivers Served</p> <p>Supplemental Services: 148 Caregivers Served</p> <p>Respite: 10 Caregivers Served</p>
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OAA Title VII Elder Justice

<p>1,671 Adult Protective Services Intakes</p>	<p>5,127 Long-Term Care Ombudsman Consultations</p>
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1003 Maple Hill Rd.
Bloomington, IL 61705
(309) 829-2065

County Snapshots

Click the links below to see demographic and ECIAAA FY21 service data for each county in Planning & Service Area 05

[Champaign](#)

[Clark](#)

[Coles](#)

[Cumberland](#)

[DeWitt](#)

[Douglas](#)

[Edgar](#)

[Ford](#)

[Iroquois](#)

[Livingston](#)

[Macon](#)

[McLean](#)

[Moultrie](#)

[Piatt](#)

[Shelby](#)

[Vermilion](#)

Demographic Characteristics and Trends

Fiscal Year 2023 Public Information Document
Proposed Area Plan for FY 2023



A National Profile of Older Americans

Source: “[2020 Profile of Older Americans](#),” Administration on Aging/Administration for Community Living, May 2021

- The older population (65+) numbered 54.1 million in 2019 (16% of the population), an increase of 37% since 2009.
- People 65 and older represented 16% of the population in the year 2019 but are expected to grow to 21.6% of the population by 2040.
- Between 2009 and 2019 the population age 60 and over increased by 14.4 M a 36% increase.
- The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% increase).
- In 2019, persons reaching 65 had an average life expectancy of an added 19.6 years.
- Racial and ethnic minority populations increased from 7.8 million in 2009 (20% of older Americans) to 12.9 million in 2019 (24% of older Americans) and expected to increase to 27.7 million in 2040 (34% of older adults).
- Nearly 1 in 4 older adults were members of racial or ethnic minority populations 65+ in 2019.
- Of the older adults 65+ living in the community, 61% lived with their spouse/partner in 2020, about 27% lived alone.
- The 2019 median income of older persons was \$27,398 (\$36,921 for men and \$21,815 for women).
- In 2019, 4.9 million people age 65+ lived below the poverty level. Another 2.6 million were “near-poor.”
- In 2020, 10.6 million Americans 65+ were in the labor force (working or actively seeking work).
- Older adults who completed high school: 28% in 1970 contrasted by 89% in 2020.
- Consumers age 65+ averaged out-of-pocket healthcare expenditures of \$6,833 in 2019, up 41% from 2009.
- In 2019, about 1.1 million people age 60+ were responsible for the needs of least one grandchild under 18 living with them.
- Out of the 50 states, Illinois has the 7th largest population of older adults (2 million)
- 16.12% of Illinois’ population is age 65 or older.
- In 2019, nearly 1 in 10 people age 65 and older lived below the poverty level (8.9% of 4.9 million).
- The highest poverty rates were experienced among older Hispanic women who lived alone (32.1%) and older African American women who lived alone (31.7)
- In 2019, 45% of older householders spent one-third or more of their income on housing costs: 36% for owners and 76% for renters.
- In 2019, 13% of people age 65 and older reported taking prescription medication for feelings of worry, nervousness, or anxiety and 12% reported taking prescription medicine for depression.

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 Area 05

Source: "[Population Estimates for Fiscal Year 2022](#)," Illinois Department on Aging.

Total Population & 60+ Population

County Name	2019 Census Population Estimates Total Population	2019 Census Population Estimates 60+ Population	60+ Population % of Total Population
Champaign	209,689	38,857	18.5%
Clark	15,441	4,212	27.3%
Coles	50,621	12,234	24.2%
Cumberland	10,766	3,026	28.1%
DeWitt	15,638	4,319	27.6%
Douglas	19,465	4,924	25.3%
Edgar	17,161	5,239	30.5%
Ford	12,961	3,529	27.2%
Iroquois	27,114	8,115	29.9%
Livingston	35,648	9,532	26.7%
Macon	104,009	28,677	27.6%
McLean	171,517	33,073	19.2%
Moultrie	14,501	3,730	25.7%
Piatt	16,344	4,497	27.5%
Shelby	21,634	6,641	30.7%
Vermilion	75,758	20,295	26.8%
PSA 05 Total	818,267	190,900	23.3%

Key Population Indicators: Number of People

County	75+	85+	60+ Minority	60+ Poverty	60+ Living Alone	60+ Rural
Champaign	11,455	3,782	6,300	2,966	9,260	0
Clark	1,398	430	82	191	895	26
Coles	3,936	1,246	444	1,202	3,220	276
Cumberland	959	316	55	273	655	61
DeWitt	1,337	377	102	230	970	78
Douglas	1,625	494	219	409	1,215	59
Edgar	1,734	527	104	492	1,280	127
Ford	1,242	468	89	225	1,035	24
Iroquois	2,788	859	334	593	2,180	14
Livingston	3,177	1,096	340	872	2,430	129
Macon	9,437	3,117	3,742	2,957	8,030	0
McLean	9,689	3,012	2,837	3,006	7,195	0
Moultrie	1,263	459	74	157	976	11
Piatt	1,409	391	68	150	990	0
Shelby	2,246	722	114	530	1,580	98
Vermilion	6,646	1,908	2,189	1,458	5,400	0

Key Population Indicators: Percentages of the 60+ Population

County	75+	85+	60+ Minority	60+ Poverty	60+ Living Alone	60+ Rural
Champaign	29.48%	9.73%	16.21%	7.63%	23.83%	N/A
Clark	33.19%	10.21%	1.95%	4.53%	21.25%	0.62%
Coles	32.17%	10.18%	3.63%	9.83%	26.32%	2.26%
Cumberland	31.69%	10.44%	1.82%	9.02%	21.65%	2.02%
DeWitt	30.96%	8.73%	2.36%	5.33%	22.46%	1.81%
Douglas	33.00%	10.03%	4.45%	8.31%	24.68%	1.20%
Edgar	33.10%	10.06%	1.99%	9.39%	24.43%	2.42%
Ford	35.19%	13.26%	2.52%	6.38%	29.33%	0.68%
Iroquois	34.36%	10.59%	4.12%	7.31%	26.86%	0.17%
Livingston	33.33%	11.50%	3.57%	9.15%	25.49%	1.35%
Macon	32.91%	10.87%	13.05%	10.31%	28.00%	N/A
McLean	29.30%	9.11%	8.58%	9.09%	21.75%	N/A
Moultrie	33.86%	12.31%	1.98%	4.21%	26.17%	0.29%
Piatt	31.33%	8.69%	1.51%	3.34%	22.01%	N/A
Shelby	33.82%	10.87%	1.72%	7.98%	23.79%	1.48%
Vermilion	32.75%	9.40%	10.79%	7.18%	26.61%	N/A

Advocacy in Action!

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023





Illinois Association of Area Agencies on Aging State Legislative Priorities 2022

Strengthen Family Caregiver Support

The Illinois Association of Area Agencies on Aging requests a FY2023 appropriation of \$6 million in state funding to support and assist family caregivers under the Illinois Family Caregiver Act. Family caregivers are unpaid family members who care for their loved ones and are essential to helping older adults stay in their communities longer. The ability to care for loved ones at home has been proven to delay nursing home placement and save costly Medicaid funds.

AARP estimates that 1.5 million family caregivers provide \$1.4 billion worth of unpaid care annually in Illinois. Statewide participation in caregiver programs increased substantially during the COVID-19 pandemic. Family caregivers frequently experience tremendous emotional and physical stress, which can lead to burnout and other seriously negative health and financial effects.

The requested state dollars are critical for identifying, through evidence-based technology, those family caregivers who are at high risk of stopping their care to an older loved one living at home. The at-risk family caregivers would then be provided with individualized strategies and care plans to continue to care for their loved ones. Several proven methodologies exist; and while federal dollars have been available for caregiver programs, **state funding for this program has never been provided since the Illinois Family Caregiver Act (320 ILCS 65) was enacted in 2004.** See House Bill 293 and Senate Bill 1766.

Continue Supporting Essential Services for Older Adults

The Illinois Association of Area Agencies on Aging request level funding from FY2022 amounts for nutrition programs, social isolation programs, and for Alzheimer's Disease and Related Disorders. Since the beginning of the COVID-19 pandemic, demand for these programs has skyrocketed. Illinois' Area Agencies on Aging have developed new programs to address social isolation, which can be as physically and psychologically harmful as disease. In addition, the demand for home delivered meals remains much higher than pre-pandemic levels.

The majority of the funding under the American Rescue Plan Act was intended to address nutritional needs, social isolation, and vaccination support. While these funds have been obligated, the increased demand still exists. Without sufficient funding, the Area Agencies will not be able to meet the demand for these services that are critical to older adults, especially those living independently in their own homes.

Support Ongoing Nursing Home Reform Efforts

The Illinois Association of Area Agencies on Aging support the ongoing efforts to rebalance long term care services in the community, and to provide care for older adults in the least restrictive environment possible. Illinois needs to improve the quality of life for its most vulnerable residents. According to AARP Illinois and the Alzheimer’s Association of Illinois, we rank last nationally – 50 out of 50 - for direct care nursing hours per resident per day, and in the Chicago metropolitan area, 78% of facilities fall below the national staffing average. Minimum staffing levels in nursing homes must be complied with and enforced.



Policy Priorities 2022

Source: [“US Aging Policy Priorities 2022.”](#) US Aging, 2022.

The Future of Aging is Now:

As a nation we are no longer preparing for a major historic demographic shift – we are, in fact, deeply immersed in the opportunities, challenges, realities and necessities of a society with a rapidly growing number of older adults. And COVID-19 tragedies have only brought the varied needs of this population even more to the forefront. This demographic reality must inform policy debates and decisions across a spectrum of critical issues.

Invest In Cost-Effective Home and Community-Based Services

Invest in Older Americans Act (OAA), Medicaid and other home and community-based services and programs that help older Americans and people with disabilities live successfully and independently in their homes and communities.

Role and Impact of Area Agencies on Aging (AAAs):

For nearly 50 years, AAAs have served as the local leaders on aging by planning, developing, funding, and implementing local systems of coordinated home and community-based services. AAAs lead local networks of providers to deliver these person-centered services to older adults and – increasingly – to younger adults with disabilities. AAA services include information and referral assistance, in-home care, congregate and home-delivered meals, transportation, legal services, and caregiver support/respite and more.

Promote Successful, Healthy Aging in Community

Promote healthy aging by supporting the community-based options that make it possible for older adults to age well and safely at home and in the community, for caregivers to get the help they need and for communities to be better equipped to support an aging nation.

Role and Impact of Area Agencies on Aging:

AAAs are the local leaders in implementing the National Family Caregiver Support Program; in developing programs to reduce social isolation and loneliness among older adults; in providing evidence-based programs to promote healthy aging and the management of chronic conditions, in supporting accessible transportation options; in preventing and detecting elder abuse; and much more.

Connect Health Care and Aging Sectors to Improve Care and Reduce Costs

Recognize and protect the pivotal role that AAAs play in addressing the social determinants of health and bridging the gaps between the acute care, behavioral health and ‘long-term services and supports’ systems to improve health outcomes and reduce healthcare costs.

Role and Impact of Area Agencies on Aging:

As long-standing, trusted community resources on healthy aging and home and community-based services, AAAs are experts at providing programs and care that address social and environmental factors that affect health outcomes. The Aging Network has an established local infrastructure that, with much-needed investments, can successfully support the integration of a more holistic health care delivery system.

Strengthen Systems to Support an Aging America

Create pathways to successful aging for everyone by supporting the workforce, technology, preparedness, and other infrastructure needs that our nation’s demographics demand.

Role and Impact of Area Agencies on Aging:

The Aging Network in general, and AAAs play a pivotal role in ensuring the needs of our nation’s most at-risk older adults are met during the COVID-19 pandemic. These local leaders on aging played both formal and informal roles working with public health and disaster response roles, adapted programs to meet changing circumstances and technologies, and innovated rapidly to best meet the needs of their clients and communities. AAAs are trusted local resources that bring incredible value to older adults, people with disabilities, caregivers, and the public and private payers of services to these populations. AAAs depend upon a reliable workforce, access to technology for their agencies and clients, and cooperation and partnership with other public systems contributing to the health of older adults.

ECIAAA Advocacy Leadership

ECIAAA implemented the webinars presented to members of the Illinois General Assembly and the Illinois Congressional Delegation. ECIAAA also created the I4A Fact Sheet. ECIAAA authored written testimony presented to the Illinois General Assembly Appropriations Committees (both House & Senate) in support of the Illinois Department on Aging's FY 2023 Budget. ECIAAA has also advocated for the passage for \$6 M in funding under the Illinois Family Caregiver Act to support family caregivers and grandparents raising grandchildren (HB293/SB1766).

Illinois Association of Area Agencies on Aging Advocacy Documents:

1. [I4A Illinois General Assembly Webinar](#) – Update on AAA Service Delivery during the Pandemic – January 21, 2022
2. [I4A Fact Sheet for FY 2021](#) – IL AAA's Service Delivery for FY 2021
3. [2022 I4A Fact Sheet HB293 SB1766](#) – Fund the Illinois Family Caregiver Act!
4. [2022 I4A Concept Paper HB293 SB1766](#) – More details on the benefits of the Illinois Family Caregiver Act
5. [ECIAAA ARPA Factsheet](#) – Describes the ECIAAA planned initiatives and service improvements through the American Rescue Plan Act Grant

Illinois Area Agencies on Aging (I4A) IL General Assembly Update



ILLINOIS GENERAL ASSEMBLY
UPDATE 2022
JANUARY 21, 9-10:00 AM

Illinois Association of Area Agencies on Aging | 1910 S. Highland Ave Lombard, IL 60148 | 630.293.5990

I4A FY 2021 Fact Sheet



Illinois Association of Area Agencies on Aging

2021 I4A Factsheet



(Source: Illinois Department on Aging 2021 Title III and VII State Program Report)

The Illinois 13 Area Agencies on Aging served 564,425 adults age 60 and over during FY 2021 or 20% 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 2021.

The Aging Network continues to provide direct assistance and support to older adults navigating the vaccination process. Area Agencies on Aging and Care Coordination Units have engaged an estimated 156,000 older adults in vaccination education and outreach, helping with transportation to vaccine clinics and arranging for in-home vaccination for homebound individuals.



227 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.

964,789 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.



16,346 Older Adults Received Options Counseling

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

258,090 Rides Provided to Older Adults



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



10,590 Older Adults Received In-Home Services

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

20,567 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.



31,847 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.

1910 S. Highland Avenue

Lombard, IL 60148

(630) 293-5990

I4A Fact Sheet HB293 SB1766



The Illinois Family Caregiver Act: An Opportunity to Support Caregivers Support HB 293 & SB 1766

Support | **Fund the Illinois Family Caregiver Act**

The law, PA 93-0864 passed in 2004 but never funded, 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.

Supporting Caregivers Helps Older Illinoisans Stay Home Longer

- A 2019 report found in Illinois 1.5 million family caregivers provided 1.24 billion hours of unpaid care valued at **\$17.3 billion** annually ¹
- **50%** of voters over age 40 in Illinois are either current or former family caregivers ²
- **70%** of family caregivers felt stress emotionally:
 - According to Blue Star Families' 2020 Military Family Lifestyle Survey, 35% of active duty family respondents and 43% of veteran family respondents report being an unpaid caregiver, commonly for a spouse/partner or a parent or grandparent who is a veteran.
 - 1 in 4 caregivers took a leave of absence to provide care
- **75%** of abuse against older adults involved family members. ³ With effective caregiver support, caregivers will feel less stress which may diminish instances of abuse.

Our Ask | **\$6 million to fund the Illinois Family Caregiver Act, an investment in our family caregivers**

100% of funds will go towards expanding existing services that will almost double support for:

- 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

¹ Valuing the Invaluable: 2019 Update, AARP Public Policy Institute, November 2019 ² AARP Family Caregiving in IL: A Survey of Registered Voters Age 40 and Older, March 2019 ³ IDoA Adult Protective Services Annual Report, fiscal year 2020

ECIAAAA ARPA Factsheet



ECIAAAA

*Live Strong
Age Strong*

American Rescue Plan Act Factsheet

During FY 2022 through FY 2024, ARPA funding will make an enormous difference our ability to serve older adults, people with disabilities and their care partners in East Central Illinois. East Central Illinois Area Agency on Aging will use the funding for the following services:

Older Americans Act Title III-B: Access Services \$1,076,039



Coordinated Points of Entry/ Senior Information Services:
COVID-19 Vaccine Assistance
Expand Options Counseling intake data collection
Develop a method to track Info. & Assistance referrals
One-Time Staff Retention Awards
Sage Training and Certification
Mental Health First Aid Training and Certification
Legal Assistance Expansion

Older Americans Act Title III-C: Nutrition Services \$1,465,207



Congregate Meals \$617,232
Home Delivered Meals: \$847,975
Expand Home Delivered Meal Routes
Implement Innovative Program Design to enhance dining experiences
Offer 2 diet options for congregate and Home Delivered Meal Participants
Offer a 2nd Meal to clients with high nutritional risk
One-Time Staff Retention Awards

Older Americans Act Title III-E: Caregiver Advisory Services: \$302,888



Expand Respite Funding
Conduct Powerful Tools Training for Caregiver Advisory Programs
Support cost of TCARE for all Caregiver Advisory Program

Reducing Social Isolation:



Expand Reducing Social Isolation Pilot Projects to Coles, Clark, and Cumberland Counties
Conduct Reducing Social Isolation provider calls semi-annually
Increased emphasis on cross-referrals
Support 8 current Reducing Social Isolation Pilot Projects

Older Americans Act Title III-D: Evidenced-Based Services \$101,221



Expand Chronic Disease Self- Management Program, Matter of Balance, Bingocize, and Aging Mastery
Conduct training to offer programs virtually

Older Americans Act Title VII: Ombudsman Services \$27,715



Additional Training for Ombudsman
NORC/ Consumer Voice
Pioneer Network
SAGE

Thank you so much for passing this vital funding!

1003 Maple Hill Rd.

Bloomington, IL 61705

(309) 829-2065

Planning & Assessment Process for FY 2022– FY 2024

In Pursuit of Outcomes: Age Strong, Live Strong

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023



ECIAAA’s Planning & Assessment Process for FY 2022 – FY 204

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

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 Program provided by the 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 adults and persons with disabilities and their families, 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 the AgingIS CSD– a statewide resource database, and provide access to evidence-based Healthy Aging services. The ECIAAA requires Coordinated Points of Entry/Senior Information Services to have at least one staff member who is certified by the Alliance of Information and Referral Systems (AIRS). ECIAAA currently funds eleven (11) Coordinated Points of Entry/Senior Information Service Programs.

Cost Benefit:

CPOE/SIS Service Providers enrolled older adults in the following programs, saving East Central Illinois Medicare beneficiaries a total of \$2,816,950.50 to help pay on 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/relatives raising grandchildren/children accessing programs and services to support them in 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. Caregiving services enable older adults to continue living in their homes.

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 eleven (11) Caregiver Advisory Programs.

Cost Benefit:

AARP estimated the economic value of family caregiving was \$470 billion in 2017 based on 41 million caregivers providing an average of 16 hours of care per week at an average value of \$13.81 per hour (*Valuing the Invaluable, AARP Policy Institute, Nov 2019*). Thirty-three percent (33%) of family caregivers report caring for someone who has Alzheimer's disease or other dementias. The total economic value of family caregiving is more than all out-of-pocket spending on U.S. health care (\$366 billion in 2017), and roughly three times the amount Medicaid spent on long-term care services and supports (\$154 billion in 2016).

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.

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 three (3) nutrition programs.

Cost Benefit:

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

Cost of Home Delivered Meals for One Senior for Entire year	Cost of One Day of Hospital Care	Cost of Ten Days in Long Term Care Facilities
\$2,836	\$2,636	\$2,050

Source: [“Delivering So Much More Than a Meal in Illinois.”](#) Meals on Wheels America, 2020.

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.

The agency funded two organizations (Service Providers) 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 cost of Service Provider-approved hourly rates. Funds provided by the ECIAAA enabled Service Providers to provide 2,913 hours of legal services to older adults. This resulted in a cost savings of \$346,271 when program cost is compared to private attorney fees

Source: Illinois Legal Aid Society, May 2020.

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, ECIAAA has developed planning committees to reduce social isolation in McLean, Champaign, Vermilion, and Macon Counties. ECIAAA was able to implement funding for Outreach targeting Hispanic populations, Outreach with Technology, Telephone Reassurance/Friendly Caller and Friendly Visiting programs specifically designed to reduce social isolation.

Programs are implemented in Champaign, McLean, Vermilion, Macon, Douglas. ECIAAA is currently working with leaders in Coles County to implement new Reducing Social Isolation Programs. Participants are 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: Programs include 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 Seniors.

For more information on the ECIAAA Planning Process for FY 2022- FY2024 click on the link below to view the full Planning and Assessment Process Executive Report for FY2022.

[ECIAAA Planning and Assessment Process Executive Report for FY 2022 – FY 2024.](#)

ECIAAA County Conversations: Summary of the Planning Process for FY 2022 – FY 2024

Background. ECIAAA Conducted 12 County Conversations from January 19, 2021, through February 2, 2021, with a total attendance of 216. During the 2021 County Conversations, ECIAAA was able to achieve the following objectives.

Objective I

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

Served as an advocacy platform to inform lawmakers how vital these programs are to their constituents and 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?

Reducing Social Isolation Programming:

Participants reported the need to increase services to reduce social isolation among older adults throughout east central Illinois.

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

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 including the ECIAAA RFP cycle for FY 2022 – FY 2024.
2. Increased federal and state funding is needed to respond to the increased demand for services.
3. Participants reported the need for additional funding for Options Counseling services to respond to the increased demand for services.
4. Participants reported the need for additional Flexible Senior Services (AKA gap filling services) to respond to the increased demand in services.
5. Participants reported the need to support older adults register for the COVID-19 vaccine appointments and provide transportation to obtain the vaccine.
6. Participants reported the need for a consistent technology fund to purchase tablets/iPads, smart phones, and improved internet connectivity access for older adults.
7. Participants reported the need to add friendly caller programs and other reducing social isolation programming to the menu of services offered by Coordinated Points of Entry/Senior Information Services.
8. Participants reported SHIP Counselors provide many important services that are not available online or through IDOA's Senior Helpline.
9. Participants reported that individuals with disabilities continue to be a large portion of the SIS customer base. Continue shifting resources from SIS to SHAP and Options Counseling to address the demand for services.
10. Ethnic diversity is increasing in all communities – ECIAAA needs to ensure services are targeting diverse groups.

Caregiver Advisory Services

1. 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 ECIAAA.
2. Participants reported the continued need to offer online support groups and online Evidence-Based Healthy Aging classes, such as Chronic Disease Self-Management Programs, Diabetes Self-Management Programs, Matter of Balance, Savvy Caregiver and Stress Busting programs.
3. Participants reported challenges in conducting virtual caregiver support services due to spotty internet connectivity. Reported the need for more resources to support access to technology. Reported that many caregivers respond well to virtual programming, such as support groups, due to not having to find substitute care for the care recipients.

4. Participants reported the need to better promote Caregiver Advisory Services for family/informal caregivers and grandparents/relatives raising grandchildren/children in rural areas.
5. Participants reported the need for increased funding for the ECIAAA-funded Caregiver Advisory Program in counties experiencing ever increasing demand.

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 ECIAAA in FY 2015, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles including the upcoming ECIAAA RFP cycle.
2. Participants reported the pressing need to reinstate congregate nutrition sites once it is safe for older adults, post COVID-19 pandemic.
3. Service providers and participants reported that the nutritional needs of rural elders must be met.
4. Participants reported that during post COVID-19 pandemic, more attention needs to be given to increasing nutrition participation in Livingston County.
5. Participants reported that due to the pandemic, the demand for home delivered meals has increased (ECIAAA area-wide by 70% during FY 2020) and funding must be increased to sustain services to address this increased demand.
6. Due to continued increases in state and federal funding to support home delivered meals, the need to eliminate the OAA federal funds transfer from the Congregate Meals (C1) allocation to Home Delivered Meals (C2) has been identified.

Legal Services

1. Service Providers and participants support the current Legal Assistance for Older Adults Service Program Design as originally implemented by ECIAAA that has been established in subsequent ECIAAA Request for Proposals (RFP) cycles, including the ECIAAA RFP cycle for FY 2022 – FY 2024.
2. Participants reported the need to reach homebound older adults needing legal assistance.
3. Legal Service providers reported the consideration to cover lawsuit filing fees.
4. Participants reported the need to better promote services to older adults needing legal assistance.
5. Participants reported the need to increase funding to legal assistance providers to meet the demand for legal services for older adults.

FY 2022 Home Delivered Meals Survey
Identification of Needs & Gaps in Nutrition Services in PSA 05

FY 2022 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 2022 Numbers of Older Persons Needing HDMs in Unserved Areas

County	Unserved Townships/Communities/Neighborhoods	Number of Older Persons Needing HDMs
Champaign	Ayers, Compromise, Crittenden, East Bend, Kerr, Ogden, Raymond, Stanton, St. Joseph	55
Clark	N/A	0
Coles	N/A	0
Cumberland	N/A	0
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Turnbridge, Wapello, Waynesville, Wilson	35
Douglas	N/A	0
Edgar	Brouilletts Creek, Elbridge, Hunter, Prairie, Stratton	10
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall	15
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland	45
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Forrest, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo	45
McLean		0
Moultrie	Dora, Lovington, Lowe	15
Piatt	Cerro Gordo, Sangamon, Unity, Willow Branch	15
Shelby	Flat Branch, Penn, Pickaway, Ridge, Rural	10
PEACE MEAL SENIOR NUTRITION TOTAL	<i>Sponsored by Sarah Bush Lincoln: Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby- 35 Sponsored by OSF: Champaign, DeWitt, Ford, Iroquois, Livingston, McLean, and Piatt- 210</i>	245
Vermilion – CRIS	None	0
Macon – MOWs	None	0
GRAND TOTAL		245

**FY 2022 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 HDM	0	173
Champaign	Rural Champaign	0	47
Champaign	Champaign Housing	9	0
Champaign	Fisher	0	7
Champaign	Homer	2	5
Champaign	Ludlow	12	1
Champaign	Mahomet	0	20
Champaign	Rantoul	11	86
Champaign	Sidney	0	5
Clark	Casey	5	33
Clark	Martinsville	0	8
Coles	Charleston	15	71
Coles	LifeSpan	7	0
Coles	Mattoon	23	133
Coles	Oakland	5	21
Cumberland	Toledo	10	61
De Witt	Farmer City Site	1	16
De Witt	Farmer City Restaurant	3	0
De Witt	Weldon	0	4
De Witt	Weldon	0	4
Douglas	Arcola	0	7
Douglas	Atwood	0	13
Douglas	Murdock	0	7
Douglas	Tuscola	2	25
Douglas	Villa Grove	2	11
Edgar	Brocton	0	4
Edgar	Chrisman	0	6
Edgar	Hume	0	2
Edgar	Kansas	0	11
Edgar	Paris	3	21
Edgar	Paris Restaurant	10	0
Ford	Gibson City	4	4
Ford	Paxton	7	15
Ford	Roberts	7	7
Iroquois	Cissna Park	171	15
Iroquois	Milford	3	7
Iroquois	Watseka	10	0
Livingston	Dwight	0	28
Livingston	Pontiac	1	36
Livingston	Flanagan	0	7
Livingston	Streator	0	6

Macon	DMH	0	437
McLean	Bloomington HDM	4	290
McLean	Bloomington Lincoln Towers	6	12
McLean	Bloomington Phoenix Towers	40	25
McLean	Bloomington Woodhill Towers	1	23
McLean	McLean County Rural	0	41
McLean	Chenoa	8	16
McLean	Danvers	3	5
McLean	LeRoy	2	14
McLean	Lexington	7	9
McLean	Normal	20	0
McLean	Saybrook	19	2
McLean	Heyworth	0	11
Moultrie	Bethany	17	13
Moultrie	Sullivan	8	15
Piatt	Bement	0	14
Piatt	Monticello	4	29
Piatt	Mansfield	0	7
Shelby	Findlay	0	6
Shelby	Herrick	1	20
Shelby	Moweaqua	0	7
Shelby	Shelbyville	1	54
Shelby	Windsor	4	7
Vermilion	CRIS breakfast opened 9/8	5	0
Vermilion	CRIS hdm	0	356
Vermilion	Hoopeston	0	30
Champaign Special	Champaign County	0	474
DeWitt Special	DeWitt County	0	103
Ford Special	Ford County	0	69
Iroquois Special	Iroquois County	0	576
Livingston Special	Livingston County	0	88
McLean Special	McLean County	0	681
Piatt Special	Piatt County	0	71
Total		473	4,476

FY 2022 Congregate Meals:
Hot, Cold & Frozen Meals

Name of Nutrition Program (C)	Number of Hot Congregate Meals (D)	Number of Cold Congregate Meals (E)	Number of Frozen Congregate Meals (F)	Total Number of Congregate Meals Served (G)
OSF Peace Meal	23,709	0	0	23,709
SBL Peace Meal	6,571	0	0	6,571
Macon County Meals on Wheels	0	0	0	0
CRIS	94	0	0	94
SBL Peace Meal Special	0	0	0	0
Total	30,374			30,374

FY 2022 Congregate Meals: # of Serving Days Per Week

Name of Nutrition Program (C)	Number of Sites Serving 6-7 Days per Week (D)	Number of Sites Serving 5 Days per Week (E)	Number of Sites Serving 3-4 Days per Week (F)	Number of Sites Serving 1-2 Days per Week (G)
OSF Peace Meal	2	26	0	2
SBL Peace Meal	0	19	0	0
Macon County Meals on Wheels	0	0	0	0
CRIS	0	1	0	0
SBL Peace Meal Special	0	0	0	0
Total	2	46		2

FY 2022 Home Delivered Meals:
Hot, Cold, Frozen, and Shelf-Stable Meals

Name of Nutrition Program (C)	Number of Hot HDM Meals (D)	Number of Cold HDM Meals (E)	Number of Frozen HDM Meals (F)	Number of Shelf-Stable HDM Meals (G)	Total Number of HDM Meals Served (H)	Number of HDMs that were considered "Take Out" or "To-Go" (I)
OSF Peace Meal	256,272	0	530	6,251	263,053	50,764
SBL Peace Meal	158,019	0	281	3,829	162,129	21,920
Macon County Meals on Wheels	111,641	2,315	0	609	114,565	0
CRIS	0	0	95,924	12,810	108,734	0
Special SBL Peace Meal	54,369	0	0	0	54,369	0
Total	580,301	2,315	96,735	23,499	702,850	72,684

FY 2022 Home Delivered Meals: # of Serving Days Per Week

Name of Nutrition Program (C)	Number of Sites Serving 6-7 Days per Week (D)	Number of Sites Serving 5 Days per Week (E)	Number of Sites Serving 3-4 Days per Week (F)	Number of Sites Serving 1-2 Days per Week (G)
OSF Peace Meal	2	26	0	2
SBL Peace Meal	0	23	0	0
Macon County Meals on Wheels	0	1	0	0
CRIS	0	2	0	0
SBL Peace Meal	0	26	0	0
Total	2	78		2

State & Local Initiatives

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023



Statewide Initiative:

Enhance Illinois' Existing Community-Based Service Delivery System to Address Social Isolation among Older Adults

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 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 a study by Steptoe, Shankar, Demakoos, and Wardle (2013), in the Proceedings of the National Academy of Sciences, both social isolation and loneliness are associated with a [higher risk of mortality](#) in adults aged 52 and older (p. 5797-5801).

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.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that, “Socially isolated

respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth” (Flowers, Shaw, Arid, 2017). Other surveys have indicated that gender, education, and race/ethnicity were not related to loneliness. Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses, and have difficulty performing activities of daily living.

The primary risk factors associated with isolation include:

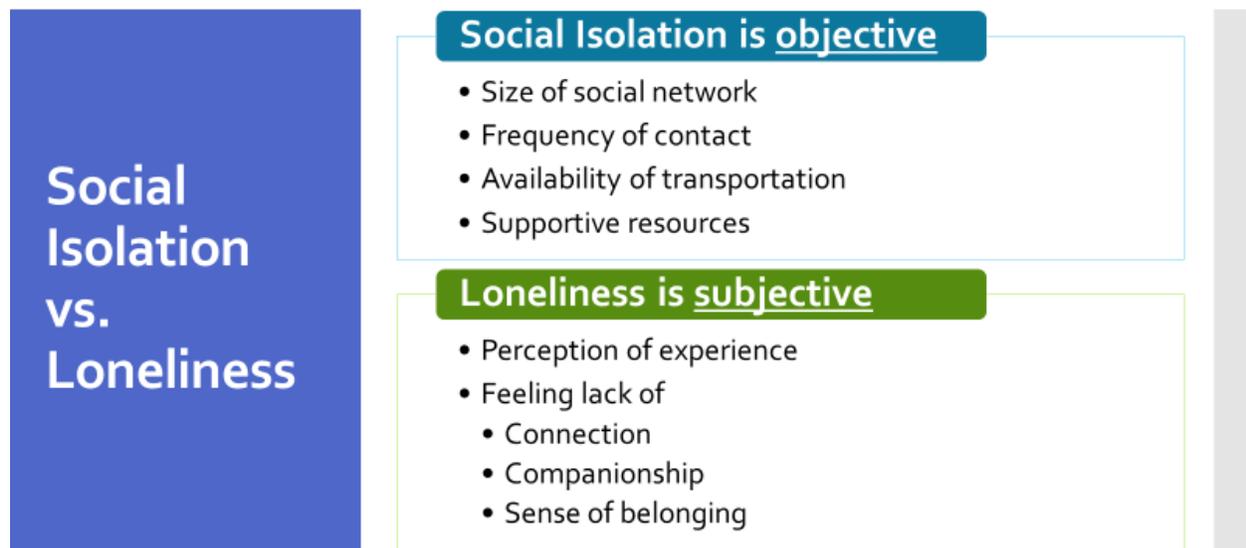
- Living alone
- Mobility or sensory impairment
- Major life transitions
- Socioeconomic status (low income, limited resources)
- Being a caregiver for someone with severe impairment
- Psychological or cognitive vulnerabilities
- Location: rural or inaccessible neighborhood/community
- Small social network and/or inadequate social support
- Language (limited English-speaking)
- Membership in a vulnerable group (AARP Foundation)

COVID-19 IMPACT

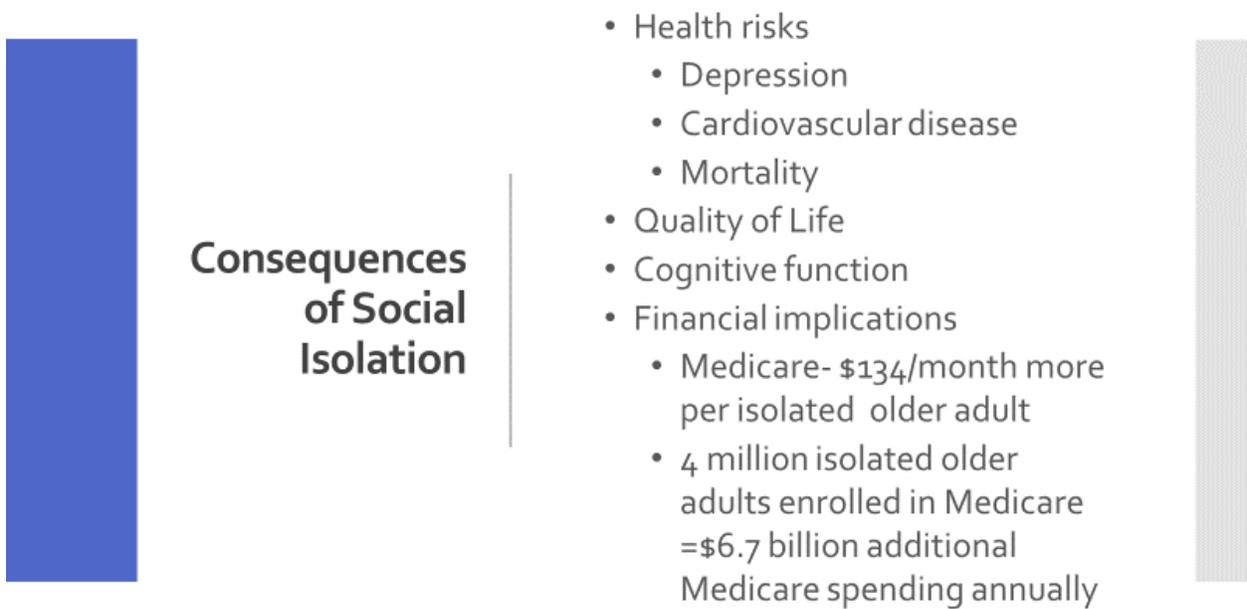
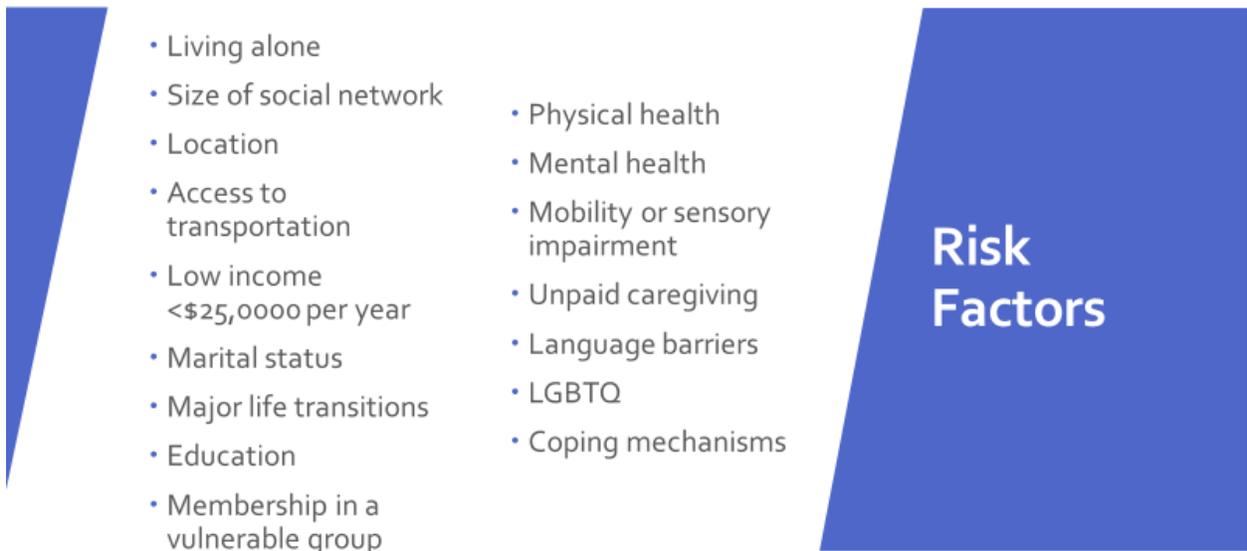
Social isolation as a health risk for seniors has gained more recognition during the COVID-19 pandemic. Older adults are especially at risk for COVID-19 complications because they have higher rates of disease and co-morbidities than younger adults. To remain safe from the virus, older adults must strictly limit their contact with others. As a result, the AAAs and their providers must effectively modify existing strategies to improve connectivity in a time of recommended and required physical distancing. By modifying existing services and interventions as well as introducing new, it allows older adults to mitigate social isolation risk while remaining at safe physical distances from others (Smith, Steinman, Casey, 2020).



The Reducing Social Isolation initiative is a statewide program recognized by the Illinois Department on Aging as well as the Older Americans Act. The East Central Illinois Area Agency on Aging launched this initiative for our planning and service area in FY 2019. Our mission was to enhance the community-based service delivery systems currently in place to address social isolation among older adults. So far, we have established local planning committees in McLean and Champaign counties that include representatives from various community-based organizations. Our goals for the initiative are to collaborate with community-based providers to establish a vision for that service area and implement pilot interventions to address social isolation among older adults. The purpose of the Reducing Social Isolation committees is to create a space where community leaders can come together to talk about what they are doing in the community. 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.



ECIAAAA has indicated the importance of distinguishing between social isolation and loneliness. Social isolation is objective, and it can be empirically (by means of observation and experience rather than theory or pure logic) measured, taking into consideration the size of one's social network- that is, how many connections does the individual have, how frequently do they come in contact with those individuals, do they have access to transportation, and are they able to take advantage of supportive resources. Loneliness is a subjective, perceived experience. People may have measurable connections with others, but one can still feel that they lack connection, companionship, or a sense of belonging with people in their lives. (AARP pg. iv).



Both prolonged isolation and loneliness have health risks similar to smoking 15 cigarettes a day (pg. iv). AARP’s research shows that few people talk about isolation with their healthcare providers even though loneliness and isolation can be detrimental to mental and physical health (pg. v). Health issues such as depression and cardiovascular disease due to isolation can reduce one’s quality of life and cognitive functions, and there are also financial implications. As you can see here, isolation can result in additional Medicare spending on health problems. It is estimated that social isolation costs \$134 more in healthcare per person per month, which adds up to an additional \$6.7 billion in annual Medicare spending.

FY 2022 – FY 2024 Reducing Social Isolation Plan

ECIAAA will continue using both IL GRF and Title III-B funding to support Reducing Social Isolation Programming PSA 05. ECIAAA has targeted the communities of Bloomington/Normal, Champaign/Urbana, Decatur, Charleston/Mattoon, and Danville. 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.

ECIAAA 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.

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, as a way to gauge program effectiveness, and recommend modifications, as necessary.

UCLA Loneliness Scale Report

YTD FY 2022

UCLA Loneliness Scale	3	4	5	6	7	8	9	Total
Individuals Pre-Tested	9%	10%	19%	14%	19%	15%	14%	152
Individuals Post-Tested	31%	24%	9%	13%	12%	10%	2%	94

- 18% of participants reported Pre-test scores of 3 or 4 “Least Lonely”
- 55% of participants who received a Post-Test reported “Least Lonely”
- Conversely, 30% of participants reported Pre-test scores of 8 or 9 “Most Lonely”
- 12% of participants reported Post-test scores of “Most Lonely”

For more information on the individual reducing social isolation pilot projects in PSA05, click on the link below to view each pilot’s presentation from the ECIAAA FY2022 Annual Retreat.

[Annual Retreat Presentations](#)

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 seniors 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 seniors using transportation services rely on them for the majority 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 seniors across the nation, 493,000 Illinois Seniors, and over 27,000 older adults in Area 05. However, community programs on aging have lacked the resources and the training to deliver healthy aging programs to seniors 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 December through February of FY 2021

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, 117 older adults participated in the programs, attending a total of 627 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 Seniors.

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 the area of unplanned inpatient hospitalizations, skilled nursing facilities and home health. During FY 2019, the 367 participants potentially experienced a savings \$344,246 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 2022-2024

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) and Diabetes Self-Management Programs (DSMP) 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 cofacilitate CDSMP and DSMP classes.
- Four funded partners disseminating A Matter of Balance in ten counties in PSA 05.
- Three funded partners with A Matter of Balance Master Trainers- two of which acquired training through partnership with the Illinois Community Health and Aging Collaborative.

ECIAAA Funding for Healthy Aging/Evidence Based Programming for FY 2022 – FY 2024:

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 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 Seniors (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 Communities*

BACKGROUND: Dementia Friendly America Communities

As the population ages and the instances of people living with dementia increases, IDoA is requiring that each Area Agency participate in the Dementia Friendly America initiative as referenced in the Illinois State Plan on Aging 2022 – 2024. Area Agencies are required to establish at least one Dementia Friendly America Community in its PSA.

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.

1. 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

2. 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.

3. 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).

4. 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.

5. 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.

6. 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%.

- Target Communities: Decatur and Danville, IL

Recently Approved & Proposed Federal & State Budgets for FY 2022 & FY2023

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023



Approved Federal Budget for FY 2022

Sources: USAging; Meals on Wheels America (MOWA)

In March, the U.S. Congress passed the FY 2022 omnibus appropriations package, known as the *Consolidated Appropriations Act, 2022* (H.R.2471), which was signed by the President. The \$1.5 trillion spending package will fund the government for the remainder of the Fiscal Year (FY 2022) and provide emergency aid to Ukraine. Funding details are provided below.

Older Americans Act (OAA):

- \$398.5 million, an increase of \$6 million (1.5 percent) above the FY 2021 enacted level for **OAA Title III B Home & Community-Based Supportive Services**.
- \$967 million, an increase of \$15 million (1.5 percent) above the FY 2021 enacted level for **OAA Title III C Nutrition Services**.
- \$194 million, an increase of \$5 million (2.6 percent) above the FY 2021 enacted level for **OAA Title III E National Family Caregiver Support Program**.
- \$47.5 million, an overall increase of \$1.5 million (3.2 percent) above FY 2021 enacted level, for **OAA Title VI Native American Nutrition, Supportive and Caregiver Services**. Part A received a \$1 million increase for a total of \$36.2 million and Part C received \$500 thousand for a total of \$11.3 million, respectively.
- Level funding at \$24.8 million for **OAA Title III D Evidence-Based Health Promotion and Disease Prevention**.
- \$24.6 million, an increase of \$1 million (4.2 percent) over FY 2021 levels for the **OAA Title VII Long-Term Care Ombudsman Program**.

Other Key Programs:

- **Lifespan Respite Care** received an increase of \$1 million (14 percent) for a total of \$8.1 million to address existing gaps in respite care for older adults and people with disabilities.
- \$231 million, an increase of \$6 million (2.7 percent) in funding for the three programs under the **AmeriCorps Seniors** umbrella—RSVP, the Foster Grandparent Program, and the Senior Companion Program.
- \$405 million for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- \$4 million for the **Community Care Corps** grant program within funding for Aging Network Support Activities.
- The **Community Services Block Grant** received a \$10 million increase (1.3 percent) above FY 2021 levels for a total of \$755 million, while the **Social Services Block Grant** received identical funding at \$1.7 billion. The **Low-Income Home Energy Assistance Program** (LIHEAP) level reflected a \$50 million increase for discretionary funding of \$3.8 billion.
- Funding for **Aging and Disability Resource Centers** remains at \$8 million.

- **State Health Insurance Assistance Programs** received an additional \$1 million (1.9 percent) over FY 2021 levels for a total of \$53 million.
- 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.
- The bill provides \$1 billion to the **Section 202 Housing** for the Elderly program, an increase of \$178 million from FY 2021 enacted levels
- Funding levels remain stagnant at \$7.5 million in technical assistance and training activities for the Federal Transit Administration, the funding source for the USAging and Easterseals-led **National Aging and Disability Transportation Center (NADTC)**. NADTC assists local communities and states in the expansion and provision of transportation services for older adults and people with disabilities.

Next Steps:

The final bill reflects significant reductions to what was contained in the President’s FY22 budget request, and in House and Senate proposed Older Americans Act appropriation levels. 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 10, 2022.

Proposed Federal Budget for FY 2023

Source: “[President Biden’s FY2023 Budget Includes Significant Increases for Aging Programs](#)” USAging. Apr 7, 2022.

On March 28, President Biden released his FY 2023 budget request, providing Congress clear direction on the Administration’s policy priorities which includes increased in spending levels for discretionary federal programs like the Older Americans Act (OAA).

OAA Title III B Supportive Services:

The proposed budget includes an increase of \$101.4 million, resulting in a 25% increase for FY 2023. Total recommendation for OAA Title III B is \$500 million. This has been a top priority for OAA advocates since funding has not kept pace with the demand for supportive services.

OAA Title III C Nutrition Services:

The proposed budget includes a net increase of \$305 million, resulting in a 31% increase for FY 2023. Total recommendation for OAA Title III C1 (Congregate) is \$762 million, and total recommendation for OAA Title III C2 (Home Delivered Meals) is \$410 million. Nutrition Services Incentive Program (NSIP) funds proposed at \$100 million.

Note: Overall, this reflects a significant increase in the congregate program, with proposed cuts in NSIP (Nutrition Incentive Services Program).

OAA Title III E National Family Caregiver Support Program:

The proposed budget includes an increase of \$56 million, resulting in a 29% increase for FY 2023. Family caregivers to older adults and grandparents/relatives raising grandchildren/children suffered during the pandemic resulting in an increased demand for services.

OAA Title III D Evidence-Based Healthy Aging Programs:

Preventive health programs dedicated to evidence-based interventions 6% (to \$26 million).

OAA Long-Term Care Ombudsman/Elder Abuse:

The proposed budget includes a 50% increase (to \$36.9 million) to support on-site visitation and post-pandemic in-person contact with residents in long-term care facilities.

Other Federal Programs:

Proposed increases in the State Health Insurance Assistance Program of \$2 million (to \$55.2 million); The request for the Low-Income Home Energy Assistance Program (LIHEAP) reflected a modest \$200 million increase from FY 22's budget request for discretionary funding to \$4 billion. The Community Services Block Grant sustained at \$754 million, and the Social Services Block Grant would continue to receive level funding at \$1.7 billion.

For additional information, please refer to [US Aging's Appropriations Chart](#) updated March 20, 2022.

Approved State Budget for FY 2023

Source: ["FY 2023 Detailed Budget Pages,"](#) Illinois Department on Aging.

On April 9, 2022, the Illinois General Assembly Approved the Illinois Aging Budget for FY 2023.

FY 2023 Approved Illinois Department on Aging Budget Highlights:

Fund Name	FY 2022 Enacted Appropriations (\$ thousands)	FY 2023 Governor's Introduced (\$ thousands)	Change from FY 2022 (\$ thousands)	Percentage Change from FY 2021
General Revenue Funds	\$349,851.2	\$435,565.7	\$85,714.5	24.5%
Commitment to Human Services Fund	\$806,654.6	\$907,758.7	\$101,104.1	12.5%
Federal Funds	\$292,321.8	\$309,491.3	\$11,169.5	3.8%
Other State funds	\$6,745.0	\$6,745.0	\$0.0	0.0%
Total All funds	\$1,455,572.6	\$1,653,560.7	\$197,988.1	13.6%

Program Highlights

- **Home Delivered Meals (HDMs):** \$14.2 M increase to meet the increased demands for HDMs as a result of the pandemic. The increase will allow Area Agencies on Aging:
 - Expand the provision of cultural/ethnic meals
 - Add medically tailored meals
 - Provide two meals per day for older adults determined to be at high nutritional risk
 - Expand partnerships with non-traditional meal providers, including restaurants and hospitals
- **Caregiver Support: New Funding** -- \$4 M to Area Agencies on Aging to strengthen services to caregivers in Illinois. One of the greatest benefits of these services is to reduce social isolation among older adults and enhance support for family caregivers to avoid burnout and premature placement in a long-term care facility.
- \$1 M to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020, FY 2021, and FY 2022.
- \$ 1 M to sustain Alzheimer's Disease and Related Dementias programming launched by AAAs during FY 2022.

- \$ 9.2 M increase to support the Illinois Adult Protective Services Program.
- \$ 3.6 M Senior Health Assistance Program (SHAP) sustained funding.
- \$ 2.3 M increase to support the Long-Term Care Ombudsman Program.
- Community Care Program. An increase of \$14.2 M to fund rate increases for Community Care Program providers beginning January 1, 2023.

For information, please click on the link below:

[Illinois Department on Aging's FY 2023 Detailed Budget Pages](#)

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

&

ECIAAAA FUNDING FORMULA

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023



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 2023

PSA	60+	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.81	4.38	2.26	6.05	5.88	16.45	6.14
02	25.44	16.68	18.36	23.63	20.37	0.00	19.57
03	4.39	3.89	1.23	4.76	4.75	17.45	5.14
04	3.58	3.15	1.06	3.80	3.74	0.00	3.05
05	6.69	6.38	2.19	6.96	7.07	16.55	7.06
06	1.15	1.07	0.14	1.34	1.18	7.93	1.66
07	4.08	3.25	0.87	4.27	4.52	11.39	4.30
08	5.63	5.28	3.01	5.65	5.92	3.11	5.13
09	1.32	1.24	0.19	1.41	1.38	9.52	1.95
10	1.13	1.33	0.10	1.26	1.34	8.12	1.69
11	2.55	3.20	0.66	2.74	2.83	9.47	3.25
12	17.79	31.46	45.06	17.90	20.67	0.00	22.22
13	20.24	18.69	24.87	20.24	20.35	0.00	18.84
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 increased from 6.83 in FY 2020 to 7.06 for FY 2023 – an increase of 0.23%.

ECIAAA Funding Formula for FY2022- FY2024 Updated April 21, 2021

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 Formula for FY 2022 has been updated, effective April 21, 2021.

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 2023 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 2023, all allocated funds will be distributed on the formula share per county.

Nutrition Services

FY 2021 county allocations will serve as the Base Level of Funding per county in FY 2023. New and/or increased funding for nutrition services, will be distributed 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 2023, 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 2023, ECIAAA will continue the Base Level of Funding at \$500 per county established in FY 2022. The remaining Respite funding will be distributed on the formula share per county.

Performance-Based Funding Allocations by Program

(Updated January 2019)

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 Seniors 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 FY2023

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2023, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2013-2017.

ECIAAAA will retain its current funding formula for Area 05 for Fiscal Year 2023 and has updated its funding formula with the Population Estimates for Fiscal Year 2023 as released by the Illinois Department on Aging.

Estimates” <https://data.census.gov/cedsci/>

75+	2020 ACS 5-YR Estimates, Table DP05 “ACS Demographic and Housing Estimates” https://data.census.gov/cedsci/
Minorities	CC-EST2019-ALLDATA, “Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2010, to July 1, 2019”
Poverty	2020 ACS 5-YR Estimates, Table B17020 for Illinois, “Poverty Status in the Past 12 Months by Age” https://data.census.gov/cedsci/ (B17020)
Living Alone	2014-2018 ACS Special Tabulation, Table S2110B (ILs21010b)
Rural	White House, Office of Management and Budget Bulletin 20-01.

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

Assumptions & Contingency Funding Plan for FY 2023

Fiscal Year 2023 Public Information Document

Proposed Area Plan for FY 2023



ECIAAA Budget Assumptions for FY 2023

1. The Illinois approved Aging Budget for FY 2023 includes:
 - \$14.2 M increase for the expansion of Home Delivered Meals (HDMs) to meet the increased demands due to the pandemic. The funding will allow AAAs: to expand the provision of cultural/ethnic meals; add medically tailored meals; provide two meals per day for older adults determined to be at high nutritional risk; and expand partnerships with non-traditional meal providers, including restaurants and hospitals.
 - \$4 M NEW FUNDING – to support current Illinois Family Caregiver & Relatives Raising Children programs (receiving OAA funding).
 - \$1 M to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020, FY 2021, and FY 2022.
 - \$ 1 M to sustain Alzheimer’s Disease and Related Dementias programming launched by AAAs during FY 2020, FY 2021, and FY 2022.
 - \$ 3.6 M Senior Health Assistance Program (SHAP) sustained funding.
 - \$2.3 M Long-Term Care Ombudsman Program sustained funding.
 - \$2.4 M to address minimum wage increases within Older Americans Act services.
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 2023 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 2023. ECIAAA plans to budget \$1,329,707 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois State Funds, and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). The proposed amount represents a combined increase of 4% and is contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations. The Illinois General Assembly has been approved Governor's Aging Budget for SFY 2023.
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 has been approved by the Illinois General Assembly for SFY 2023.
3. ECIAAA proposes to budget \$102,051 in federal OAA Title III-B funds for legal assistance for seniors in FY 2023. The proposed amount represents an increase of 7% in funding contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations.
4. ECIAAA proposes to budget \$55,704 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 2023. The proposed amount represents a decrease of 2% and is contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations.
5. ECIAAA proposes to budget \$41,700 in federal OAA Title III-B funds for Gerontological Counseling -PEARLS. The proposed amount represents an increase of 13.6% contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations.
6. ECIAAA proposes to budget \$875,674 in federal OAA Title III-C 1, a decrease of 0.2%, and \$52,973 (n/c) in Nutrition Services Incentive Funds (NSIP) for congregate nutrition in FY 2023. The proposed amount represents a slight decrease and is contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations.
7. ECIAAA proposes to budget a total of \$4,291,337 in FY 2023 for home delivered meals, including \$598,132 in federal OAA Title III-C-2 funds, \$3,233,371 in Illinois State Funds (GRF) and \$459,834 in Nutrition Services Incentive Funds (NSIP). The

proposed amount represents a combined increase of 17.5% and is contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations. The Illinois General Assembly has approved the Illinois State Funds for Home Delivered Meals for FY 2023.

8. As a top service priority under Title III-E for FY 2023, ECIAAA proposes to budget \$680,162 in federal OAA Title III-E funds and NEW Illinois State Funds for Caregiver Advisory Services. With the new Illinois State Funds, the combined amount represents an increase of 70%. The federal portion is contingent upon approval by the U.S. Congress of FY 2023 OAA appropriations. The Illinois General Assembly has approved the Illinois State Funds for Caregiver Advisory Services for FY 2023.
9. ECIAAA proposes to budget \$16,000 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY 2023. The proposed amount represents an increase of 16% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
10. ECIAAA proposes to budget \$130,000 in Illinois State Funds and OAA Title III-B funds to support social isolation programming in PSA 05 for FY 2023. This funding is contingent upon U.S. Congress' approval of FY 2023 OAA appropriations. The Illinois General Assembly has approved the Illinois State Funds for social isolation programming for FY 2023.
11. ECIAAA proposes to budget \$72,000 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 2023 budget.
12. ECIAAA proposes to budget \$123,885 for Coordinated Points of Entry/SIS Providers, and \$101,361 for Nutrition Providers for FY 2023 to help subsidize the minimum wage increase from \$12.00 per hour to \$13.00 per hour beginning January 1, 2023. This funding has been approved by the Illinois General Assembly for FY 2023.

FY 2022 – FY 2024 Funding Contingency Planning

1. In case of any contingency involving an increase or a decrease in federal and/or state funds, ECIAAAA 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. ECIAAAA 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, and third priority to evidence-based health aging programs.
4. ECIAAAA will adjust interfund transfers among OAA Titles III-B and C-1 to sustain Coordinated Points of Entry/Senior Information Services.
5. ECIAAAA will use additional 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 ECIAAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce expenditures for Respite Services.
7. ECIAAAA will use additional state funds for the Long-Term Care Ombudsman Program to comply with statutory requirements and program standards.
8. ECIAAAA 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 2023 ECIAAAA Budget Summary

Fiscal Year 2023 Public Information Document
Proposed Area Plan for FY 2023



FY 2023 Budget Summary

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$8,732,101** in Federal and State funds for Fiscal Year 2023 for the period of October 1, 2022, through September 30, 2023. The table below is based on the initial FY 2023 Planning Allocations released by the Illinois Department on Aging on April 7, 2022 (AAAL#924). The allocations are based on actual FY 2021 grant awards from the Administration for Community Living and the Governor's approved FY 2023 budget for the Illinois Department on Aging.

<u>FEDERAL FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Older Americans Act – Title III-B	\$ 1,097,212	\$ 45,625	\$ -	\$	\$ 1,142,837
Older Americans Act – Title III-C1	\$ 999,650	\$ 59,663	\$ -	\$	\$ 1,059,313
Older Americans Act – Title III-C2	\$ 699,548	\$ 35,126	\$ -	\$	\$ 734,674
Nutrition Service Incentive Program C1 & C2	\$ 512,807	\$ -	\$ -		\$ 512,807
Older Americans Act – Title III-D	\$ 55,704	\$ 5,688	\$ -	\$	\$ 61,392
Older Americans Act – Title III-E	\$ 475,717	\$ 23,887	\$ -	\$	\$ 499,604
Older Americans Act – Title VII Elder Abuse	\$ 24,152	\$ 2,416 -	\$ -	\$	\$ 26,568
Older Americans Act - Title B/VII Ombudsman/EA	\$ 108,442	\$ 11,800	\$ -	\$	\$ 120,242

<u>STATE FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Planning and Service Grant Match	\$ -	\$ -	\$ 170,182	\$	\$ 170,182
Home Delivered Meals	\$ -	\$ -	\$ 2,492,100	\$	\$ 2,492,100
Planning and Service Grant Community Based	\$ -	\$ -	\$ 904,503	\$	\$ 904,503
Community Based Services	\$ -	\$ -	\$ 134,708	\$	\$ 134,708
Caregiver Support Services	\$ -	\$ -	\$ 282,800		\$ 282,800
Social Isolation & Alzheimer's Disease and Related Dementia			\$ 141,400		\$ 141,400
Ombudsman Services	\$ -	\$ -	\$ 192,374	\$ 171,359	\$ 363,733
<u>OTHER FUNDS</u>					
Other Grants	\$ -	\$ -	\$ -	\$ 85,238	\$ 85,238
<u>GRAND TOTAL</u>					
Grand Total Federal & State Funds	\$ 3,973,232	\$ 184,205	\$ 4,318,067	\$ 256,597	\$ 8,732,101

Note: Cash and in-kind match including voluntary contributions from program participants support services funded by federal and state funds in the above charts.

Federal Carry-Over Funds

Carry-over funds are projected in the amount of \$184,205 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, 2023.

Title III-B Community Based Services	Title III-B Long-Term Care Ombudsman	Title III C1 Congregate Meals	Title III C2 Home Delivered Meals	Title III-D Evidenced Based Programs	Title III-E Caregiver Resources	Title VII Ombudsman	Title VII Elder Abuse	Total
\$45,625	\$5,873	\$59,663	\$35,126	\$5,688	\$23,887	\$5,927	\$2,416	\$184,205

Inter-Fund Transfers

The transfer from Title III-C to Title III-B is 9.99 %. 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 2 of the 3-year planning cycle.

Title III-B	Title III-B Ombudsman	Title III-C1	Title III-C2	Total
\$188,562	-	(\$188,562)	-	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 \$512,807 in NSIP funds or 7% of total meals based on funds available to the State of Illinois. Of the \$512,807, \$52,973, and \$459,834 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 \$22,283. Of the \$22,283 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 2023
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$332,624
Title III-B: Ombudsman	\$5,379
General Revenue Funds – Match	\$112,668
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	\$51,934
General Revenue Funds - Long Term Care Systems Development	\$20,254
Senior Health Assistance Program	\$13,050
Sub Total	\$535,909
ADMINISTRATIVELY RELATED DIRECT SERVICES	
Title III-B – Advocacy, Coordination, and Program Development ¹	\$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) ²	\$461,690
Title VII – Ombudsman: Vulnerable Elder Rights Protection Advocacy Activity	\$5,465
Title VII – Elder Abuse: Vulnerable Elder Rights Protection Advocacy Activity	\$1,869
Sub Total	\$469,024
TOTAL	\$1,548,647

For Fiscal Year 2023 the operational budget for the organization is budgeted at **\$1,548,647** 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

-
1. 1 ECIAAA’s Administratively Related Direct Services budget is \$543,714 less or 45.2% of \$1,202,908 budget amount allowed by Illinois Department on Aging’s policy.
 2. The Long -Term Care Ombudsman Program received an overall reduction in Federal and State Funds totaling \$133,219. IDOA noted in an email that an offset will be made in another state funding source but at the time of this publication the amount has not been released

Aging's Board of Directors establishes the operational budget of the organization with routine monitoring.

ADMINISTRATION

A total of \$ 470,671 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:

- Policy 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
- Audit reviews
- Regular desktop reviews
- Management of grants for caregiver service components
- On-site monitoring and quality assurance
- Maintaining a resource database for the region
- 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 related to pandemic

COORDINATION

- Sharing information about availability of services to the public
- 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
- 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 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
- Coordinating adherence to national 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

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
- 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
- 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

LONG TERM CARE SYSTEMS DEVELOPMENT

A total of \$20,254 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:

- Partnering with the Illinois Cognitive Resources Network (ICRN)
- Updating the national registry
- Creating tools and resources using www.dfamerica.org
- Promoting ADRD services and interventions i.e., Savvy Caregiver, Stress Busting for Caregivers and/or Supportive Gap Filling Services
- Assisting with departmental planning
- Program administration, including reports, audit

requirements, and recordkeeping, etc.

- Developing and implementing the No Wrong Door system

OMBUDSMAN

A total of \$361,690 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 to promote community presence in long-term care facilities and respond to inquiries and complaints made by, or on behalf of nursing home, assisted living, and supportive living community residents. Activities also include elder abuse direct advocacy. The Illinois Department of Public Health recent data shows east central Illinois of having 154 facilities with 11,302 licensed beds. The East Central Illinois area has 7.75% of the total beds in Illinois and 9.35% of facilities in Illinois. Activities may include:

- 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
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Promoting Pioneer Practices
- Regular reports to Reducing Social Isolation Committees
- Investigative Services – opening complaints
- Regular presence in facilities whether in person or virtual
- Resident meetings
- Family council meetings
- Community education
- Consultations with individuals
- Consultations with facility staff
- Participating in facility surveys
- Closing cases
- Facility staff in-services
- Creating and implementing a virtual component to the program services and activities

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$13,050 is being budgeted to serve area administration of the Senior Health Assistance Program through grant awards with Senior Information Service providers in the provision of information and assistance, outreach activities and educational programs, and counseling 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 Transit Ride and the Secretary of State's License Plate Discount Program. The service will include technical assistance, phone support and counseling to help Medicare beneficiaries eligible for Medicare Part D benefits select and enroll in Part D plans and provide application assistance for Social Security, Secretary of State's License Plate Discount Program, and other public benefits programs. Activities may include:

- Procurement to select eligible service providers to receive funding
- Entering client contact data into the SHIP tracking and Reporting System (STARS)
- Monitoring service information in STARS
- 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 \$7,334 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
- Promoting trainings
- Publicity through social media
- Investigative services
- Technical advisor to multi-disciplinary teams and fatality review team

Service Grants	Program Projections		2023 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	\$326,862	-	-	-	-	-	-	-	\$56,795	\$828,605*		\$117,445	\$1,329,707
Options Counseling/SIS – CPoE	3,000	7,500	-	-	-	-	-	-	-	-	-	\$52,530		-	\$52,530
Flexible Community Services	132	132	2,500									\$25,698			\$28,198
Social Isolation Services-Outreach & Flex Comm	250	2,100	\$13,725	-	-	-	-	-	-	-	-	\$89,000		-	\$102,725
Community Services:															
Health Promotion Programs -CDSMP/DSMP	25	125	-	-	-	-	-	\$18,000	-	-	-	-		-	\$18,000
A Matter of Balance/Bingocize	75	400	-	-	-	-	-	\$31,958	-	-	-	-		-	\$31,958
Aging Mastery Program	15	65	-	-	-	-	-	\$5,746	-	-	-	-		-	\$5,746
Gerontological Counseling - PEARLS	75	720	\$41,700	-	-	-	-	-	-	-	-	-		-	\$41,700
Legal	470	2,600	\$102,051	-	-	-	-	-	-	-	-	-		-	\$102,051
Elder Abuse & Neglect	-	-	-	-	-	-	-	-	-	\$21,924	-	-		-	\$21,924
In-Homes Services:															
Social Isolation Services-Telephone/Visiting	140	2,500	\$7,000	-	-	-	-	-	-	-	-	\$41,000		-	\$48,000
Nutrition Services:															
Congregate Meals	3,700	200,000	-	\$875,674	\$52,973	-	-	-	-	-	-	-		-	\$928,647
Home Delivered Meals	2,900	627,000	-	-	-	\$598,132	\$459,834	-	-	-	-	\$3,233,371**		-	\$4,291,337
Caregiver Services:															
Counseling/Support Groups (Care/GRG)	1,192	9,941	-	-	-	-	-	-	\$397,362	-	-	-	\$282,800	-	\$680,162
Respite (Care)	20	50	-	-	-	-	-	-	\$16,000	-	-	-		-	\$16,000
CGA Gap Filling	85	85							\$13,783						\$13,783
Alzheimer’s Disease and Related Dementia Services/Gap Filling	100	200							\$1,000	-	-	\$70,700		-	\$71,700
TOTAL			\$493,838	\$875,674	\$52,973	\$598,132	\$459,834	\$55,704	\$428,145	\$21,924	\$56,795	\$4,340,904	\$282,800	\$117,445	\$7,784,168

*Includes \$123,885 in Non-Match Minimum Wage Support to SIS providers

**Includes \$101,361 in Non-Match Minimum Wage Support to Nutrition providers

Additional Notes

- **Minimum Wage-** 25% increase from FY 2022
- **SIS funding-** \$31,793 increase after removing minimum wage support/increase
 - This is a 2.7% increase
 - Continue to promote full utilization of SHIP, SHAP, MIPPA, Options Counseling funding streams
- **Options Counseling-** Flat from FY 2022
- **Flexible Community Services-** Flat GRF allocation to allow persons under 60 with disability to be served Oct 1- small earmark in Federal for reporting purposes- intend to supplement this funding further with carry over
- **Reducing Social Isolation-** \$10,000 increase from FY 2022 PID (Total RSI support in PID \$130,725- beyond the required \$70,700)- significant ARPA funding and ability to utilize carry over to supplement continued RSI growth
- **IIIC-C1 Congregate:** Minimal loss of \$2,459 (significant ARPA support and likely high amounts of carry over)
 - **C1 NSIP-** Is \$52,973 flat from FY 2022
- **IIIC-C2 Home Delivered Meals:** Net increase of \$976,589 This represents a 35.5% increase in comparison to FY 22
 - **C2 NSIP-** Is \$459,834 flat from FY 2022
- **Evidence Based Healthy Aging-** Small III-D loss of \$1,171- reduced out of Matter of Balance/Bingocize- as many start-up costs for Bingocize were incurred in FY 2022 and will not be reoccurring in FY 2023
- **Legal-** Increase by \$7,000 a 7.3% increase
- **PEARLS-** Increased by \$5,000 a 13.6% increase- PEARLS was not increased in FY 2022
- **III-E Caregiver Advisory-** \$3,577 loss offset by state support and significant TCARE support through ARPA funding
- **Total Caregiver Advisory Program** – Increased by 70% due to new Illinois State Funding for FY 2023
- **Respite-** III-E increased by \$2,261 (\$500/county base will continue) additional support reflective of growing CGA service (FYI- III-B Respite removed as RSI programs meet In Home Services requirement- \$450 incorporated into III-E increase)
- **Caregiver Advisory Gap Filling-** \$13,783 with OAA funds effective October 1- flat from FY 2022; Carry over may support an increase
- **Alzheimer's Disease & Related Dementias Gap Filling & Stress Busting-** Very small reduction in allocation by IDoA from \$71,000 to \$70,700- funding have not been fully utilized between ADRD Gap Filling and Stress Busting- utilizing \$1,000 in III-E for 4th QTR ADRD Gap Filling needs and reporting purposes