

PUBLIC INFORMATION DOCUMENT



**Summary of the Proposed
Area Plan for Fiscal Year 2024**
FINAL RELEASE Published: April 7, 2023

**OLDER
AMERICANS
MONTH**



AGING UNBOUND: MAY 2023

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 2024 Public Information Document

Proposed Area Plan for FY 2024



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 2024. A summary of this document will be presented at the ECIAAA Public Hearings (see schedule below).

Comments on the proposed Area Plan for Fiscal Year 2024 may be sent by mail, fax, or e-mail to ECIAAA no later than 4:00 p.m., May 2, 2023, to the following address:

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

A summary of public comments will be presented to the ECIAAA Advisory Council on May 3, 2023, and to the ECIAAA Corporate Board on May 18, 2023, for their consideration.

Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed Area Plan with the Illinois Department on Aging for FY 2024.

Public Hearing Dates

- **Friday, April 28th**
 - 10:00-11:30am - GoToMeeting
 - 1:00 - 2:30pm - GoToMeeting
- **Monday, May 1st**
 - 10:00-11:30am – Decatur-Macon County Senior Center
1430 N 22nd St. Decatur IL, 62526
- **Tuesday, May 2nd**
 - 10:00-11:30am – ECIAAA Office
1003 Maple Hill Rd. Bloomington, IL 61705

Join By

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

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

Under the Older Americans Act and the Illinois Department on Aging's direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services for FY 2024. 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 2024 ECIAAA GRANT EXTENSION WORKSHOP
10:00 a.m. - 11:30 a.m.
May 18, 2023
GoToMeeting Webinar

FY 2024 Grant Extension Process will be implemented for ECIAAA-funded providers. FY 2023 grants will be extended to FY 2024 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.

ECIAAA Vision Statement

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

ECIAAA Core Principles

Lead

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

Advocate

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

Innovate

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

Collaborate

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

Who We Are

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

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

There are over 600 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of 13 Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves as the planning and grant awarding agency for services to older adults, caregivers, grandparents and

relatives raising grandchildren/children in East Central Illinois – also known as Planning & Service Area 05 (PSA 05).

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

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

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

Programs & Services

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

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

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

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

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

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

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

Senior Health Insurance Program (SHIP)- A counseling service provided to individuals who are seeking help regarding information and enrollment assistance for Medicare, Medicare

Supplemental plans, Medicare Advantage plans, and prescription drug coverage through Medicare Part D and other sources, etc.

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

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

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

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

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

* Only available during the summer months.

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

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

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

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

contributions. Older Americans Act services are targeted to older adults in greatest social and economic need, especially low-income minority older persons, persons with limited English proficiency, and older adults in rural areas.

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

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

Advocacy For Residents in Long-Term Care Facilities- ECIAAA sponsors a regional Ombudsman Program through a grant from the Illinois Department on Aging and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long-term care facilities, assisted living facilities, and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, and advocate on behalf of all residents of licensed long-term care facilities.

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

Demographic Characteristics and Trends

Fiscal Year 2024 Public Information Document
Proposed Area Plan for FY 2024

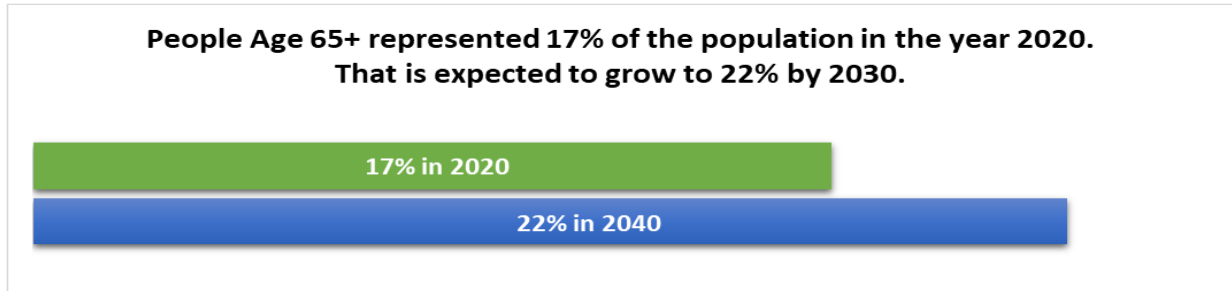


A National Profile of Older Americans

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

Profile Highlights

Size of the Older Adult Population



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

Gender & Marriage

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

Income, Expenses, & Poverty Levels

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



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

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

Race & Ethnicity

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

Employment & Education

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

Life Expectancy & Chronic Conditions

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

Caregiving

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

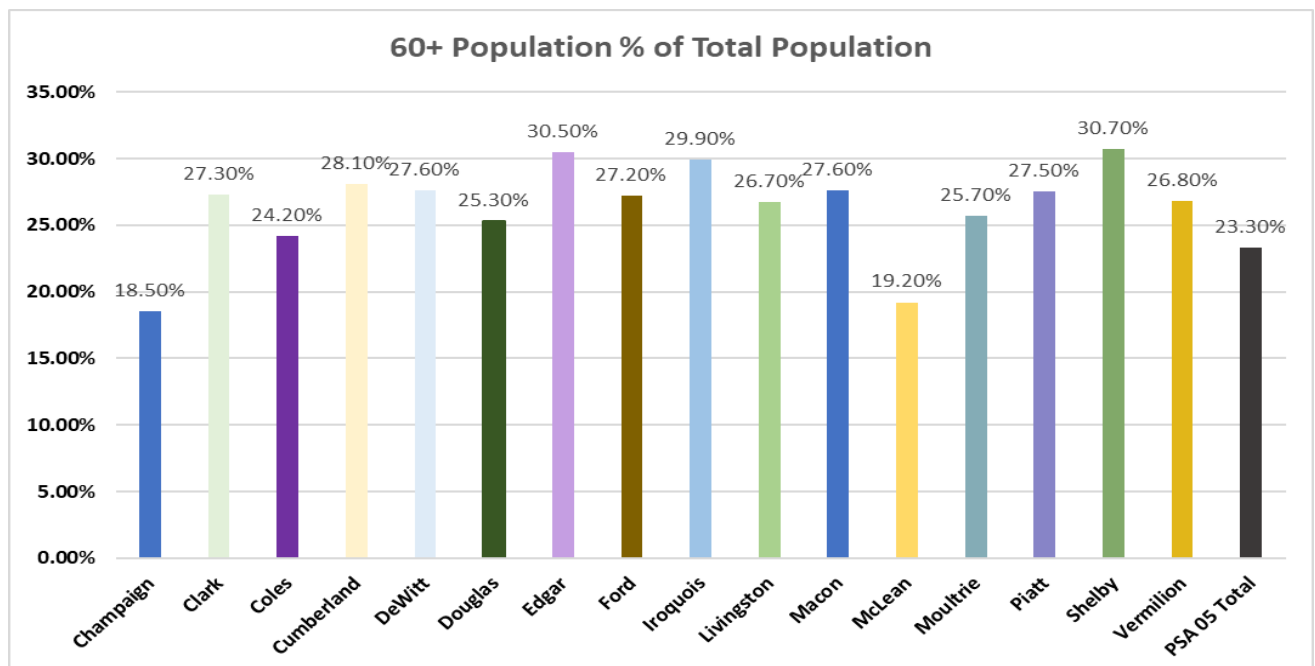
Note: Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

A Profile of Older Adults in Planning and Service Area 05

Source: "Population Estimates for Fiscal Year 2024," Illinois Department on Aging.

Total Population & 60+ Population

County Name	2021 ACS 5-YR Estimates Total Population	2021 ACS 5-YR Estimates 60+ Population	60+ Population % of Total Population
Champaign	205,583	37,418	18.5%
Clark	15,587	4,191	27.3%
Coles	47,542	11,039	24.2%
Cumberland	10,528	2,879	28.1%
DeWitt	15,653	4,155	27.6%
Douglas	19,708	4,869	25.3%
Edgar	16,998	5,132	30.5%
Ford	13,589	3,730	27.2%
Iroquois	27,362	8,173	29.9%
Livingston	35,902	9,628	26.7%
Macon	104,331	27,879	27.6%
McLean	171,455	32,359	19.2%
Moultrie	14,634	3,783	25.7%
Piatt	16,664	4,532	27.5%
Shelby	21,160	6,401	30.7%
Vermilion	74,953	19,518	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	10,499	3,217	6,457	2,948	9,955	0
Clark	1,341	468	94	193	925	4,191
Coles	3,424	1,265	445	1,047	3,265	11,039
Cumberland	873	356	73	254	690	2,879
DeWitt	1,243	326	106	237	1,200	4,155
Douglas	1,587	557	227	444	1,235	4,869
Edgar	1,626	466	105	453	1,385	5,132
Ford	1,242	468	105	292	1,070	3,730
Iroquois	2,788	859	357	741	2,195	8,173
Livingston	3,177	1,096	379	763	2,460	9,628
Macon	9,437	3,117	3,859	2,464	8,155	0
McLean	9,689	3,012	3,009	3,268	8,025	0
Moultrie	1,263	459	66	151	1,085	3,783
Piatt	1,409	391	69	151	1,000	0
Shelby	2,246	722	119	536	1,655	6,401
Vermilion	6,646	1,908	2,112	1,8662	5,760	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 2024 Public Information Document

Proposed Area Plan for FY 2024



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

View the full documents using the links below.

[I4A Legislative Priorities 2023](#)

[USAgging Policy Priorities 2022](#)



Illinois Association of Area Agencies on Aging 2023 State Legislative Priorities

SUPPORT UNPAID FAMILY CAREGIVERS

Increase Illinois Family Caregiver Act funding from \$4m to \$6m to support unpaid family caregivers through the Area Agency on Aging's Caregiver Resource Centers. An AARP study found there are over 1.5 m caregivers in Illinois providing 1.4 billion hours of unpaid work annually with an estimated value of \$18.5 billion! Support for unpaid caregivers is proven to delay nursing home placement and save Medicaid dollars.

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

INCREASE STATE FUNDING TO COMBATING SOCIAL ISOLATION ...

From \$1m to \$2m to support innovative programs to alleviate isolation among older people. Social isolation is a public health emergency. Studies find that weak social connections can shorten a person's life by 15 years – roughly the same impact as smoking 15 cigarettes a day!

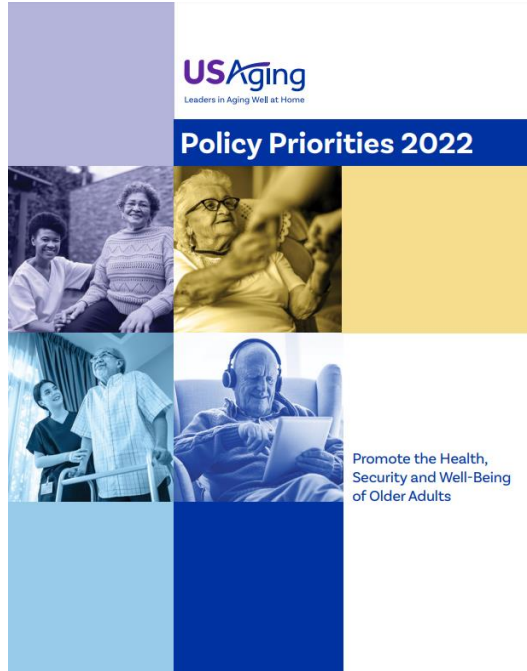
INCREASE STATE FUNDING FOR ALZHEIMER'S DISEASE AND RELATED DISORDERS...

From \$1m to \$2m to "fill the gaps" in services and fund evidence-based training for caregivers. Alzheimer's is the 6th leading cause of death and most expensive disease in America.

SUSTAIN STATE FUNDING FOR HOME DELIVERED MEALS

This funding meets increased demands for meals; supports the skyrocketing costs for food, gas, and labor; allows enhancements to the program like culturally responsive meals, medically tailored/special diets, as well as two meals per day for older adults at high nutritional risk. In FY22, 53% of HDM recipients had High Nutritional Risk Scores which equals 42,204 persons across the state.

For more information, please contact I4A Legislative Committee Co-Chairs:
Susan Reed, Executive Director East Central Illinois Area Agency on Aging at
(309) 829-2065, SReed@eciaaa.org OR
Diane Steczak, CEO AgeOptions at (708) 383-0258, Diane.Steczak@ageoptions.org



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

[I4A Factsheet for FY22](#)

[I4A Illinois General Assembly Webinar](#)



Illinois Association of Area Agencies on Aging FY 2022 I4A Factsheet



(Source: Illinois Department on Aging 712/2440/8697)

The Illinois 13 Area Agencies on Aging served an estimated 406,924 unduplicated persons during FY22. 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 2022.

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 provided 1,089 units of home health services to provide in-home vaccinations to 739 persons.



551 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.

742,626 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.



15,611 Older Adults Received Options Counseling

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

340,337 Rides Provided to Older Adults



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



9,024 Older Adults Received In-Home Services

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

19,937 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.



34,943 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
Updated 2.7.2023

Lombard, IL 60148

(630) 293-5990




Planning | Developing | Coordinating | Advocating

ILLINOIS GENERAL ASSEMBLY
2023
FEBRUARY 3, 10-11:15 AM

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

IL Family Caregiver Act

IL Family Caregiver Excerpts



Support **Fund the Illinois Family Caregiver Act**

The law, PA 93-0864 passed in 2004, established a caregiver support program to assist unpaid caregivers including grandparents raising grandkids (kinship care) through training and education to develop essential caregiving skills and other interventions to provide relief and reduce stress. In 2022, the Illinois General Assembly passed \$4 million in state funding to support the Illinois Family Caregiver Act for FY23. This was the first time the act has been funded at the state level. We greatly appreciate the \$4 million appropriation however, more funding is needed to adequately support Illinois Family Caregivers.


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



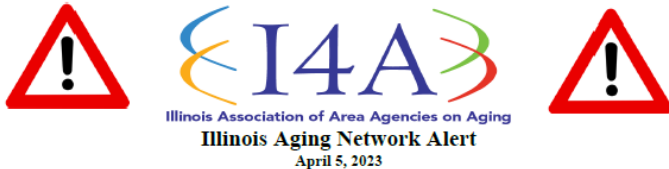
"When you get to a support group you find out you're not isolated. Many others are wearing those shoes. And that's crucial."

Lynn
Illinois Family Caregiver
**Caring for her mother and husband*

 **Vote YES on HB 2551 & SB 2545** 

I4A Alert Apr. 5, 2023

ARPA Fact Sheet



- I4A Directors**
- Grant Nyhammer**
Northwestern Illinois AAA – PSA 01
Rockford
 - Marla Frowczak**
Aurora/Northeastern IL AAA – PSA 02
Lombard
 - Lacey Matkovic**
Western Illinois AAA – PSA 03
Rock Island
 - Keith Rider**
Central Illinois AAA – PSA 04
Peoria
 - Susan Real**
East Central Illinois AAA – PSA 05
Bloomington
 - Mike Drew**
West Central Illinois AAA – PSA 06
Quincy
 - Caroleyn Austin**
April 06 – PSA 07
Springfield
 - Joy Faeth**
Agelionet Community Resources – PSA 08
 - Tracy Butczewski**
Midland AAA – PSA 09
Carmel
 - Shana Holmes**
Southwestern Illinois AAA – PSA 10
Mt. Carmel
 - Becky Selkzer**
Egyptian AAA – PSA 11
Caterpillar
 - Margaret Larsson**
City of Chicago – PSA 12
Chicago
 - Diane Slezak**
AgeOptions – PSA 13
Oak Park

The Illinois Association of Area Agencies on Aging urge you to invest in our family caregivers of older adults. It is crucial that we support and provide resources for these individuals who tirelessly care for their loved ones. Not only is it the right thing to do, but it will also save the state money in the long run by avoiding the cost of Medicaid for a skilled care facility.



Support HB 2551 & SB 2545
Support \$6 million to fund the Illinois Family Caregiver Act

Family caregivers provide a vital service, and it is our responsibility to support them.

We also want to emphasize the importance of the state's Area Agencies on Aging and their T-Care screening tool. This evidence-based tool has proven to be an invaluable resource for aging service providers, enabling them to better support and assist caregivers. By investing in these agencies, we can ensure that unpaid family caregivers receive the help they need to provide the best care possible for their loved ones.

Investing in family caregivers is not only the right thing to do, but it is also a wise financial decision for the state. Let us work together to support our aging population and their caregivers and improve the quality of life for all.

Thank you for your attention to this critical issue.

For more information, contact:
Susan C. Real, Legislative Co-Chair (309)829-2065 ext. 1218 or
Diane Slezak, Legislative Co-Chair (708)383-0258.



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:

<p>Older Americans Act Title III-B: Access Services \$1,076,039</p> <p>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</p> <p>Older Americans Act Title III-C: Nutrition Services \$1,465,207</p> <p>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</p> <p>Older Americans Act Title III-E: Caregiver Advisory Services: \$302,888</p> <p>Expand Respite Funding Conduct Powerful Tools Training for Caregiver Advisory Programs Support cost of TCARE for all Caregiver Advisory Program</p>	<p>Reducing Social Isolation:</p> <p>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</p> <p>Older Americans Act Title III-D: Evidence-Based Services \$27,715</p> <p>Expand Chronic Disease Self-Management Program, Matter of Balance, Bingoize, and Aging Mastery Conduct training to offer programs virtually</p> <p>Older Americans Act Title VII: Ombudsman Services \$27,715</p> <p>Additional Training for Ombudsman NORC/ Consumer Voice Pioneer Network SAGE</p>
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Thank you so much for passing this vital funding!

1003 Maple Hill Rd.

Bloomington, IL 61705

(309) 829-2065

ECIAAA County Snapshots

ECIAAA FY2022 Factsheet



COUNTY SNAPSHOT CHAMPAIGN

General

Total Population 2023 Estimate: 210,006
60+ Population: 37,884
18.04% of Total Pop

Economic and Social Need Factors:
(Out of 60+ Pop)

75+ Population: 29.30%
85+ Population: 10.41%
60+ Minority: 16.63%
60+ in Poverty: 8.22%
60+ Living Alone: 25.93%

*Source: Illinois Department on Aging Population Estimates for Fiscal Year 23

Champaign County Population Pyramid (2018 ACS)

85 years and over	1482
80 to 84 years	2374
75 to 79 years	4450
70 to 74 years	5884
65 to 69 years	8329
60 to 64 years	11235
55 to 59 years	13965
50 to 54 years	15543
45 to 49 years	10132
40 to 44 years	9792
35 to 39 years	12744
30 to 34 years	13934
25 to 29 years	15065
20 to 24 years	33845
15 to 19 years	21476
10 to 14 years	10676
5 to 9 years	10611
Under 5 years	11603

Covid-19

Covid-19 Mortality Rate: 215.3
Vaccination Rate: 65.72%
65+ Vaccination Rate: 91.75%

*Source: Illinois Department of Public Health Covid-19 Data

Total Pop Vaccination Status

■ Vaccinated ■ Unvaccinated

65+ Pop Vaccination Status

■ Vaccinated ■ Unvaccinated

Social Isolation

Risk of Social Isolation: 12.8%

*Source: AARP Foundation Connect 2 Affair: Governance of Social Isolation in US Older Adults

ECIAAA *Live Strong Age Strong*

ECIAAA FY2022 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.

22,064 people served through OAA Title III Supported Services

55,066 Information and Assistance Service Units

Health Promotion provided to 198 Older Adults

Reducing Social Isolation Pilot Projects
 4,354 Service Units provided to 476 Older Adults

Nutrition

143,999 Congregate Meals served to 3,043 Older Adults

588,647 Home Delivered Meals served to 4,147 Older Adults

Family Caregiver Services

Grandparents and Other Elderly Caregivers Serving Children

Counseling and Training: 348 Caregivers Served
Supplemental Services: 49 Caregivers Served

Caregivers Serving Elderly Individuals

Counseling and Training: 740 Caregivers Served
Supplemental Services: 54 Caregivers Served
Respite: 23 Caregivers Served

OAA Title VII Elder Justice

1,776 Adult Protective Services Intakes

3,728 Long-Term Care Ombudsman Consultations

2,907 units of Legal Assistance Provided

1003 Maple Hill Rd.
Bloomington, IL 61705
(309) 829-2065

Personal Needs Allowance Letter



**Increase
Nursing Home Residents'
Personal Needs Allowance**

Support HB 3193 & SB 1966

Planning & Assessment Process for FY 2022– FY 2024

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

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



ECIAAA's Planning & Assessment Process for FY 2022 – FY 2024

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

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

Cost Benefit:

By enrolling older adults in the programs above, CPoE/ SIS providers have saved East Central Illinois Medicare beneficiaries a total of \$2,816,950.50 to help pay for other necessities such as groceries, utilities, and home repairs.

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

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

Caregiver Advisory Services provide help to an adult family member or another individual, who is an informal provider of in-home care to an older individual. The program is a source of information for caregivers, assists them in accessing services, and offers individual counseling/consultation and support services to help caregivers and grandparents/relatives

raising grandchildren/children cope with their caregiving roles and/or develop and strengthen capacities for more adequate social and personal adjustments. Respite services provide temporary, substitute care or supervision of a functionally impaired person. It allows the primary caregiver time away to complete other tasks without disruption of the care of the individual. ECIAAA currently funds 9 Caregiver Advisory Programs.

Cost Benefit:

According to AARP in 2019 “In Illinois, it is estimated that there are nearly 1.5 million caregivers who provide more than 1.24 billion hours of unpaid care valued at over \$17 billion each year”¹. Thirty-three percent (33%) of family caregivers report caring for someone who has Alzheimer’s disease or other dementias. The total economic value of family caregiving nationwide 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 3 nutrition programs.

Cost Benefit:

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

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

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

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

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

Legal service programs are required to provide legal advice and representation, inform older adults about the availability and location of their services and case acceptance priorities, provide community education opportunities on legal issues, prioritize legal assistance for Adult Protective Service cases, attend court hearings and prepare legal documents, provide referral and follow-up for additional services to benefit the client, provide assistance in obtaining public benefits such as Social Security, Medicare, Medicaid, etc., and collaborate and consult with other service providers serving the same populations.

Cost Benefit:

On average, private attorney fees are 2.4 times the cost of service provider-approved hourly rates². 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 compared to private attorney fees.

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

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

² Illinois Legal Aid Society, May 2020.

Results:

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

Programs are implemented in Champaign, McLean, Vermilion, Macon, Douglas Counties. ECIAAA is currently working with leaders in Clark, Cumberland, and Coles Counties to implement new Reducing Social Isolation Programs. The programs' effectiveness is assessed using the UCLA Loneliness Scale.

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

Results:

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

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

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/ SIS services.

Objective II

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

Objective III

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

Questions Asked During the County Conversations...

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

County Conversation Feedback

Reducing Social Isolation Programming:

- 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 (CPoE/SIS)

- Service Providers and participants support the current CPoE/SIS 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.
- Increased federal and state funding is needed to respond to the increased demand for services.
- Participants reported the need for additional funding for Options Counseling services to respond to the increased demand for services.
- Participants reported the need for additional Flexible Senior Services (AKA gap filling services) to respond to the increased demand in services.
- Participants reported the need to support older adults registering for the COVID-19 vaccine appointments and provide transportation to obtain the vaccine.
- Participants reported the need for a consistent technology fund to purchase tablets/iPads, smart phones, and improved internet connectivity access for older adults.
- Participants reported the need to add friendly caller programs and other reducing social isolation programming to the menu of services offered by the CPoE/ SIS providers.
- Participants reported that SHIP counselors provide many important services that are not available online or through IDoA's senior helpline.
- Participants reported that individuals with disabilities continue to be a large portion of the CPoE/SIS customer base. ECIAAA should continue shifting resources from SIS to SHAP and Options Counseling to address the demand for services.
- Ethnic diversity is increasing in all communities – ECIAAA needs to ensure services are targeting diverse groups.

Caregiver Advisory Services

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

Nutrition Services

- 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.
- Participants reported the pressing need to reinstate congregate nutrition sites once it is safe for older adults, post COVID-19 pandemic.
- Service providers and participants reported that the nutritional needs of rural elders must be met.
- Participants reported that during post COVID-19 pandemic, more attention needs to be given to increasing nutrition participation in Livingston County.
- 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.

- 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

- 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.
- Participants reported the need to reach homebound older adults needing legal assistance.
- Legal Service providers reported the consideration to cover lawsuit filing fees.
- Participants reported the need to better promote services to older adults needing legal assistance.
- Participants reported the need to increase funding to legal assistance providers to meet the demand for legal services for older adults.

For more information on the ECIAAA Planning Process for FY 2022- FY 2024 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.](#)

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	N/A	
Ford	Brenton, Button, Cabery, Dix, Drummer, Elliott, Kempton, Lyman, Melvin, Mona, Patton, Peach Orchard, Pella, Piper City, Rogers, Sibley, Wall	25
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	Allin, Bellflower, Blue Mound, Cheney's Grove, Dale, Dawson, Dry Grove, Empire, Funk's Grove, Lawndale, Martin, Money Creek, Mount Hope, Old Town, Randolph, West, White Oak, Yates	45
Moultrie	N/A	0
Piatt	Cerro Gordo, Cisco, DeLand, Hammond, Ivesdale, LaPlace, Lodge, Sangamon, Unity, Willow Branch, White Heath	25
Shelby	N/A	0
PEACE MEAL SENIOR NUTRITION TOTAL	Sponsored by Sarah Bush Lincoln: Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby- 0 Sponsored by OSF: Champaign, DeWitt, Ford, Iroquois, Livingston, McLean, and Piatt- 275	275
Vermilion – CRIS	None	0
Macon – MOWs	None	0
GRAND TOTAL		275

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	44
Champaign	Champaign Housing	11	0
Champaign	Fisher	0	8
Champaign	Homer	1	1
Champaign	Ludlow	13	3
Champaign	Mahomet	0	24
Champaign	Rantoul	9	91
Champaign	Sidney	0	4
Clark	Casey	4	35
Clark	Martinsville	0	12
Coles	Charleston	20	74
Coles	LifeSpan	5	0
Coles	Mattoon	6	152
Coles	Oakland	6	23
Cumberland	Toledo	8	65
DeWitt	Clinton	0	22
De Witt	Farmer City Site	3	15
De Witt	Farmer City Restaurant	13	0
De Witt	Weldon	0	3
De Witt	DeWitt Housing	0	0
Douglas	Arcola	0	9
Douglas	Atwood	0	9
Douglas	Murdock	0	6
Douglas	Tuscola	6	26
Douglas	Villa Grove	1	18
Edgar	Brocton	0	6
Edgar	Chrisman	0	6
Edgar	Hume	0	1
Edgar	Kansas	0	8
Edgar	Paris	3	22
Edgar	Paris Restaurant	10	0
Ford	Gibson City	4	0
Ford	Paxton	5	18
Ford	Roberts	5	3
Iroquois	Cissna Park Restaurant	10	0
Iroquois	Cissna Park DQ	174	19
Iroquois	Milford	3	7
Iroquois	Watseka	22	0
Livingston	Dwight	0	26
Livingston	Pontiac	0	37

Livingston	Flanagan	0	13
Livingston	Streator	0	5
Macon	DMH	0	353
Macon	Spring Creek	1	0
Macon	Lexington	2	0
Macon	Oxford	5	0
Macon	Woods	3	0
Macon	Reserve	1	0
Macon	Senior Center	12	0
Macon	Concord	0	0
Macon	Hartford	3	0
McLean	Bloomington HDM	3	301
McLean	Bloomington Lincoln Towers	5	16
McLean	Bloomington Phoenix Towers	60	22
McLean	Bloomington Woodhill Towers	10	16
McLean	McLean County Rural	0	38
McLean	Chenoa	10	13
McLean	Danvers	3	8
McLean	LeRoy	2	15
McLean	Lexington	7	7
McLean	Normal	19	0
McLean	Saybrook	0	5
McLean	Heyworth	0	12
Moultrie	Bethany	19	12
Moultrie	Sullivan	7	18
Piatt	Bement	0	15
Piatt	Monticello	4	27
Piatt	Mansfield	0	7
Shelby	Findlay	0	6
Shelby	Herrick	13	20
Shelby	Moweaqua	0	5
Shelby	Shelbyville	5	52
Shelby	Windsor	4	11
Vermilion	CRIS breakfast	7	0
Vermilion	CRIS hdm	0	326
Vermilion	Hoopeston	0	0
Vermilion	Georgetown	1	0
Vermilion	OSF Hospital	0	0
Vermilion	Danville Restaurant - BBQ	0	0
Vermilion	Cahill's	1	0
Vermilion	Gilbert Street Cafe	4	0
Total	87	551	2,286

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	101,311	0	0	101,311
SBL Peace Meal	31,830	0	0	31,830
Macon County Meals on Wheels	7,526	0	0	7,526
CRIS	3,332	0	0	3,332
Total	143,999			143,999

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	27	0	3
SBL Peace Meal	2	17	0	0
Macon County Meals on Wheels	0	7	0	0
CRIS	6	1	0	1
Total	10	52	0	4

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	253,004	0	401	10,088	263,493	51,148
SBL Peace Meal	146,242	0	288	4,039	150,569	0
Macon County Meals on Wheels	87,069	0	2,198	444	89,711	0
CRIS	0	0	83,852	1,022	84,874	0
Total	486,315	0	88,739	15,593	588,647	51,148

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	0	37	0	0
SBL Peace Meal	0	25	0	0
Macon County Meals on Wheels	0	1	0	0
CRIS	0	1	0	0
Total	0	64	0	0

State & Local Initiatives

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



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 older adults 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).

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

Goal 1:
Collaborate with
community-based
providers

Goal 2:
Establish a vision
for our service
area

Goal 3:
Implement pilot
interventions

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.

Social Isolation vs. Loneliness

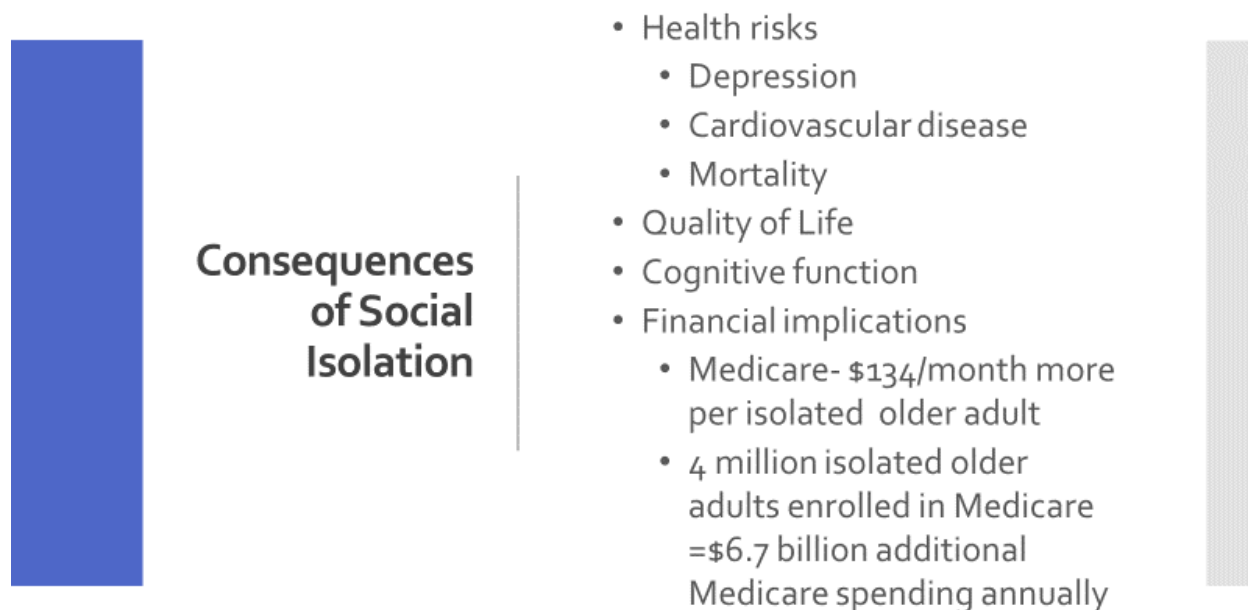
Social Isolation is objective

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

Loneliness is subjective

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

ECIAAA 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

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

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

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

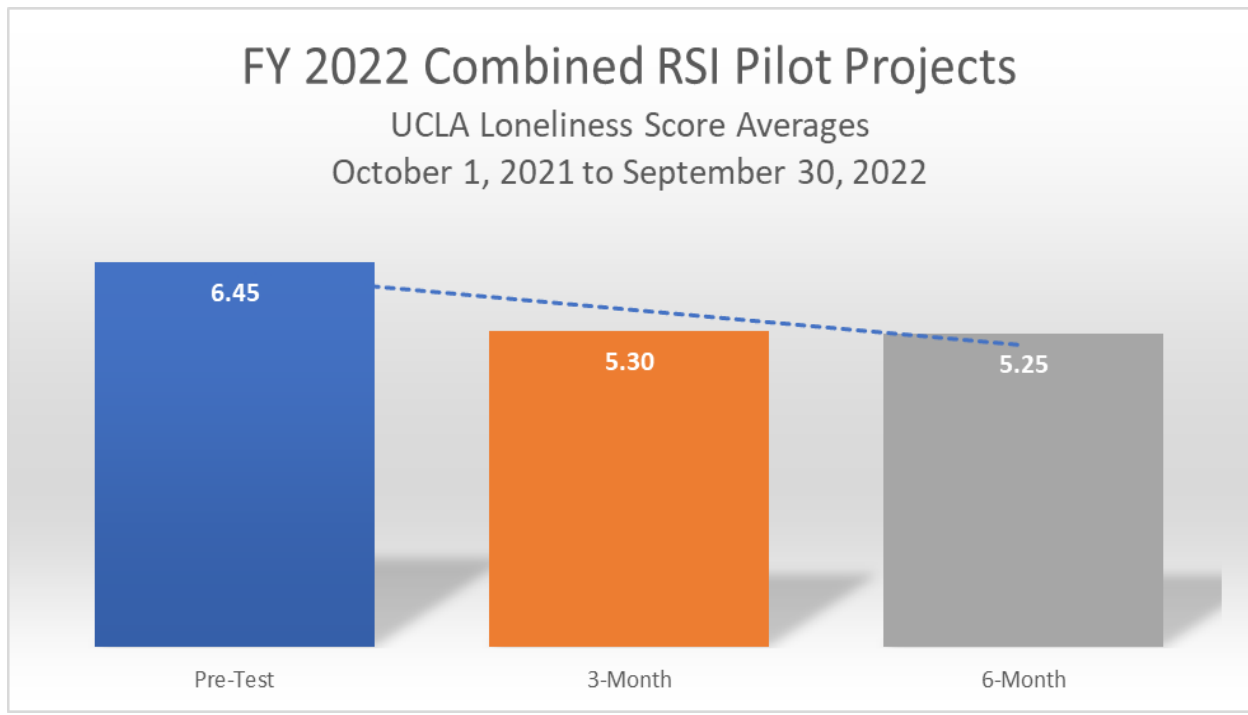
UCLA Loneliness Scale Score Trends FY 2022

The following data was collected from FY 2022 (October 1, 2021 to September 30, 2022) UCLA Loneliness Scale Scores reported by the six (6) Reducing Social Isolation pilot projects. Older American Act services conducted include:

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

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

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



Local Initiative:

Healthy Aging - helping older adults manage chronic health conditions.

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

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital care. For example, 62% of congregate and 93% of home-delivered meal recipients reported that the meals enabled them to continue living in their own homes and 53% of older adults using transportation services rely on them for 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 older adults across the nation, 493,000 Illinois Older adults, 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 older adults today and to a growing population of baby-boomers in the future.

Healthy Aging in East Central Illinois: ECIAAA's Assessment & Planning Process conducted during FY 2022

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, 198 older adults participated in the programs, attending a total of 1,702 individual class sessions prior to the statewide directive to shelter in-place due to COVID. The programs included Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Aging Mastery and Program to Encourage Active Rewarding Lives for Older adults.

Cost Benefit:

Based on healthcare costs savings as determined by the Centers for Medicare and Medicaid Services, participants in A Matter of Balance workshops saved \$70,444 in healthcare costs; and based on the cost-savings reported by BMC Public Health, participants in the Chronic Disease Self-Management Program experienced a savings of \$1,322. The report to Congress by the Center for Medicare and Medicaid Services which evaluated Community-Based Wellness and Prevention Programs included that A Matter of Balance demonstrated a \$938

savings in the area of unplanned inpatient hospitalizations, skilled nursing facilities and home health. During FY 2022, the 153 participants potentially experienced a savings \$143,514 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), Diabetes Self-Management Programs (DSMP), Matter of Balance, and Bingocize statewide.
- Collaboration with University of Illinois Center for Health Aging and Disability including the Age Friendly Champaign-Urbana project.
- Collaboration with University of Illinois Extension offices to co-facilitate CDSMP and DSMP classes.
- Sustain funded partners disseminating A Matter of Balance in PSA 05.
- Sustain funded partners disseminating CDSMP & DSMP in PSA 05.
- Sustain funded partners disseminating Bingocize in PSA 05.
- Sustain the funded partner disseminating Aging Mastery in PSA 05.

**ECIAAA Funding for Healthy Aging/Evidence Based Programming for
FY 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 Bingocize, Aging Mastery, A Matter of Balance, *Take Charge of Your Health: Live well, Be Well-* the Chronic Disease Self-Management and Diabetes Self-Management. The national evidence-based treatment program for depression, Program to Encourage Active, Rewarding Lives for Older adults (PEARLS) will be supported with III-B funding. ECIAAA will strive to exceed evidence-based healthy aging completer

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:

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.

Connecting Across Sectors

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

Inclusion

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

Coordination

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

Adoption and Communication of Dementia Friendly Practices and Change Goals:

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

DFA Recognition and Criteria Process:

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

Benefits of Joining DFA Network of Communities:

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

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

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

goal of increasing participation by 3%.

- **Dementia Friendly America Designation – Decatur, Illinois August 2022. Decatur is in process of conducting USAging DFA Evaluation Process to gauge successful implementation activities and training efforts.**
- **Target Community: Moultrie County, FY 2023**

Approved & Proposed Federal & State Budgets for FY 2023 & FY 2024

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



Approved Federal Budget for FY 2023

Source: "[Congress Releases FY 2023 Omnibus Appropriations Bill](#)" USAging. Dec, 21 2022.

On Thursday, December 29, 2022, President Biden signed a \$1.7 trillion omnibus appropriations bill funding government operations through September 2023. Overall, the bill includes \$2.5 billion for the Administration for Community Living, an increase of \$220 million above FY 2022.

Older Americans Act (OAA):

- \$410 million, an increase of \$11 million (2.7 percent) above the FY 2022 enacted level for **OAA Title III B Home & Community-Based Supportive Services**.
- \$1.1 billion, an increase of \$100 million (10 percent) above the FY 2022 enacted level for **OAA Title III C Nutrition Services**.
- \$205 million, an increase of \$11 million (5.6 percent) above the FY 2022 enacted level for **OAA Title III E National Family Caregiver Support Program**.
- \$50.2 million, an increase of \$2.7 million (5.6 percent) above the FY 2022 enacted level for **OAA Title VI Native American Nutrition, Supportive and Caregiver Services**.
- \$26.2 million, an increase of \$1.5 million (6 percent) above the FY 2022 enacted level for **OAA Title III D Evidence-Based Health Promotion and Disease Prevention**.
- \$26.6 million, an increase of \$2 million (8 percent) over FY 2022 levels for **OAA Title VII Long-Term Care Ombudsman Program**.

Other Key Programs:

- \$10 million, an increase of nearly \$1 million (12 percent) above the FY 2022 enacted level for **Lifespan Respite Care** received for a total of to address existing gaps in respite care for older adults and people with disabilities.
- \$237 million, an increase of \$6.1 million (2.6 percent) above the FY 2022 enacted level in funding for the three programs under the **AmeriCorps Older Adults** 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.
- \$5.5 million, an increase of \$1.5 million (37.5 percent) above the FY 2022 enacted level for the **Community Care Corps** grant program within funding for Aging Network Support Activities.

- \$804.3 million, a \$49.3 million increase (6.5 percent) above the FY 2022 enacted level for the **Community Services Block Grant**. The **Social Services Block Grant** received level funding at \$1.7 billion. \$4 billion, a \$200 million increase (0.1 percent) for discretionary funding of the **Low-Income Home Energy Assistance Program (LIHEAP)**.
- Funding for **Aging and Disability Resource Centers** remains at \$8.1 million.
- \$55 million, an increase of \$2 million (3.7 percent) above the FY 2022 enacted level for **State Health Insurance Assistance Programs**.
- The bill also encourages ACL to coordinate with the Department of Labor to identify and reduce barriers to entry for a **diverse and high-quality direct care workforce**, and to explore new strategies for the recruitment, retention and advancement opportunities needed to attract or retain direct care workers.

Proposed Federal Budget for FY 2024

Sources: "[President Biden's FY2024 Budget](#)" USAging. March 17, 2023.

"Washington Update: President's Budget Breakdown". Meals on Wheels America. March 16, 2023.

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

Older Americans Act (OAA):

- \$500 million, an increase of \$90 million (+22%) above the FY 2023 enacted level for **OAA Title III B Home & Community-Based Supportive Services**.
- \$1.1 billion, a net increase of \$295 million (+20%) above the FY 2023 enacted level for **OAA Title III C Nutrition Services**. Total recommendation for OAA Title IIIC1 (Congregate) is \$762 million, and total recommendation for OAA Title IIIC2 (Home Delivered Meals) is \$410 million. Nutrition Services Incentive Program (NSIP) funds proposed at \$112 million. Note: Overall, this reflects a significant increase in the congregate program, with proposed cuts in NSIP.
- \$249 million, an increase of \$45 million (+20%) above the FY 2023 enacted level for **OAA Title III E National Family Caregiver Support Program**.
- \$86 million, an overall increase of \$35 million (+70%) above FY 2023 enacted level, for **OAA Title VI Native American Nutrition, Supportive and Caregiver Services**.
- Level funding at \$26.4 million for **OAA Title III D Evidence-Based Health Promotion and Disease Prevention**.

- \$27 million, an increase of \$342,000 (+1.2%) over FY 2023 levels for the **OAA Title VII Long-Term Care Ombudsman Program**.

Other Key Programs:

- **Lifespan Respite Care** proposed at \$14 million, an of \$4 million (+40%) over FY 2023 levels to address existing gaps in respite care for older adults and people with disabilities.
- \$262 million, an increase of \$25 million (+10%) in proposed funding for the three programs under the **AmeriCorps Older adults** umbrella—RSVP, the Foster Grandparent Program, and the Senior Companion Program.
- \$405 million proposed for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- \$5.5 million proposed for the **Community Care Corps** grant program providing funding for Aging Network Support Activities.
- The **Community Services Block Grant** proposed a \$34 million decrease (-4 %) below FY 2023 levels for a total of \$770 million, while the **Social Services Block Grant** proposed identical funding at \$1.7 billion. The **Low-Income Home Energy Assistance Program** (LIHEAP) level reflected a \$100 million increase for discretionary funding of \$4.1 billion.
- **State Health Insurance Assistance Programs** proposed at level funding at \$55 million.

Next Steps

Please note, the President’s budget is a proposal – not an actual appropriations bill. With that said, the projections are encouraging as we advocate for a final appropriations bill starting in April 2023. ECIAAA 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 16, 2023.

Proposed State Budget for FY 2024

Source: [“FY 2024 Detailed Budget Pages,”](#) Illinois Department on Aging.

On February 15, 2023, Governor J.B. Pritzker submitted the proposed FY 2024 Illinois operating budget to the members of the General Assembly and people of the State of Illinois. The \$49.6 billion operating budget for the fiscal year beginning July 1st represents a 0.7% decrease compared to the FY 2023 budget. The introduced budget includes proposed reductions in operating budgets of State Agencies from reduced travel and improved efficiencies.

FY 2024 Introduced Budget Illinois Department on Aging (IDoA) – Total General Funds increase of 12.7%:

Fund Name	FY 2023 Enacted Appropriations (\$ thousands)	FY 2024 Governor’s Introduced (\$ thousands)	Change from FY 2023 \$ (\$ thousands)	Percentage Change from FY 2023 %
General Revenue Funds	\$385,565.7	\$434,504.8	\$48,939.1	12.7%
Commitment to Human Services Fund	\$957,758.7	\$964,693.7	\$6935.0	0.7%
Federal Funds	\$309,491.3	\$185,518.2	-\$117,973.1	-38.9%
Other State funds	\$6,745.0	\$7,745.0	\$1,000.0	14.8%
Total All funds	\$1,653,560.7	\$1,592,461.7	-\$61,099.0	-3.7%

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

FY 2024 Introduced Budget – Illinois Department on Aging Budget Highlights:

Program Highlights

- In response to ongoing challenges within the in-home care worker universe, the Department submitted a proposed amendment to the Centers for Medicare & Medicaid to increase the rate for in-home care workers effective upon approval from \$25.66 to \$26.92, which is a **\$49.5 million** investment of state funds in FY 24.
- The FY 24 Governor’s Proposed Budget includes funding that will allow for additional waiver services, creating new care opportunities for Illinois older adults. This opportunity for expansion of CCP is due to Federal FMAP incentive payments under the American Rescue Plan.
- **\$1.3 million** to assist with gaps in senior service access throughout the state.
- An **additional \$1.3 million** to support last year’s investment of \$4 million for a **total of \$5.3 million** to enhance support services available to unpaid family caregivers.
- **\$1.2 million** to expand outreach efforts in targeted communities, to better reach and serve Illinois’ growing population of historically marginalized older adults.

- An **increase of \$8 million** for a **total of \$52.3 million** in state funds for home-delivered meals to maintain current Home Delivered Meal levels after ARPA funds are depleted.
- **\$1 million** to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020 and continued through FY 2023.
- **\$1 million** to sustain Alzheimer’s Disease and Related Dementias programming launched by AAAs during FY 2022 and continued in FY 2023.

FY 2024 Budget Action by the Illinois General Assembly – May 19, 2023.

Illinois lawmakers will take on the review and approval of a final FY 2024 budget during the spring session of the 103rd Illinois General Assembly. We will keep you posted as negotiations develop.

For information, see the links below:

[Proposed FY 2024 Budget in Brief](#)

[Proposed FY 2024 Operating Budget](#)

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

&

ECIAAAA FUNDING FORMULA

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



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 2024

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	6.18
02	25.44	16.68	18.36	23.63	20.37	0.00	19.83
03	4.39	3.89	1.23	4.76	4.75	17.45	5.16
04	3.58	3.15	1.06	3.80	3.74	0.00	3.00
05	6.69	6.38	2.19	6.96	7.07	16.55	6.96
06	1.15	1.07	0.14	1.34	1.18	7.93	1.63
07	4.08	3.25	0.87	4.27	4.52	11.39	4.31
08	5.63	5.28	3.01	5.65	5.92	3.11	5.09
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	1.67
11	2.55	3.20	0.66	2.74	2.83	9.47	3.14
12	17.79	31.46	45.06	17.90	20.67	0.00	22.12
13	20.24	18.69	24.87	20.24	20.35	0.00	18.96
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 decreased from 7.06 in FY 2023 to 6.96 for FY 2024 – a decrease of 0.10%.

ECIAAA Funding Formula for FY2022- FY2024

The East Central Illinois Area Agency on Aging will allocate Older Americans’ Act Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA’s Funding for FY 2024 is based on 2021 population estimates.

Formula Goals and Assumptions

The goals to be achieved through the ECIAAAA 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 ECIAAAA funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the PSA. Some of the major assumptions implicit in the review of the formula were:

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

Funding Formula Definitions:

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

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

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

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

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

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

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

Note: Requires a diagnosis by a physician.

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

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

Funding Formula Factors and Weights

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

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

The formula contains the following factors:

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

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

Factors by Weight

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

Application of the ECIAAA Funding Formula

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

Where:

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

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

Base Level of Funding

Senior Information Services/Coordinated Point of Entry

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

Legal Services

For FY 2024, 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 2024. 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 2024, 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 2024, ECIAAA will continue the Base Level of Funding at \$500 per county established in FY 2023. The remaining Respite funding will be distributed on the formula share per county.

Performance-Based Funding Allocations by Program

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

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

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

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

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

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

Plan for FY2024

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2024, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2021.

ECIAAAA will retain its current funding formula for Area 05 for Fiscal Year 2024 based.

60+ 2020 ACS 5-YR Estimates, Table DP05, "ACS Demographic and Housing

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 2024

Fiscal Year 2024 Public Information Document

Proposed Area Plan for FY 2024



ECIAAA Budget Assumptions for FY 2024

1. The Proposed Illinois Department on Aging for FY 2024 Budget includes:
 - a. In response to ongoing challenges within the in-home care worker universe, the Department submitted a proposed amendment to the Centers for Medicare & Medicaid to increase the rate for in-home care workers effective upon approval from \$25.66 to \$26.92, which is a \$49.5 million investment of state funds in FY 24.
 - b. The FY 24 Governor's Proposed Budget includes funding that will allow for additional waiver services, creating new care opportunities for Illinois older adults. This opportunity for expansion of CCP is due to Federal FMAP incentive payments under the American Rescue Plan.
 - c. \$1.3 million to assist with gaps in senior service access throughout the state.
 - d. An additional \$1.3 million to support last year's investment of \$4 million for a total of \$5.3 million to enhance support services available to unpaid family caregivers.
 - e. \$1.2 million to expand outreach efforts in targeted communities, to better reach and serve Illinois' growing population of historically marginalized older adults.
 - f. An increase of \$8 million for a total of \$52.3 million in state funds for home-delivered meals to maintain current Home Delivered Meal levels after ARPA funds are depleted.
 - g. \$1 million to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020 and continued through FY 2023.
 - h. \$1 million to sustain Alzheimer's Disease and Related Dementias programming launched by AAAs during FY 2022 and continued in FY 2023.
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 2024 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 2024. ECIAAA plans to budget \$1,330,300 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois State Funds, and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). The proposed amount represents a combined increase of \$593 (.0004%) and is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations. The proposed amount is also contingent upon approval by the Illinois General Assembly of FY 2024 GRF appropriations.
2. ECIAAA proposes to budget \$52,530 in GRF for all Coordinated Points of Entry for Options Counseling. The proposed amount represents a maintenance level of funding contingent upon approval by the Illinois General Assembly for SFY 2024.
3. ECIAAA proposes to budget \$102,051 in federal OAA Title III-B funds for legal assistance for older adults in FY 2024. The proposed amount represents level funding contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations.
4. ECIAAA proposes to budget \$53,674 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 2024. The proposed amount

represents a decrease of .04% and is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations.

5. ECIAAA proposes to budget \$41,700 in federal OAA Title III-B funds for Gerontological Counseling - PEARLS. The proposed amount represents level funding contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations.
6. ECIAAA proposes to budget \$956,270 in federal OAA Title III-C 1, an increase of 0.9%, and \$46,137 (a decrease of 12%) in Nutrition Services Incentive Program (NSIP) funds for congregate nutrition in FY 2024. The proposed amount represents a slight net increase of .09% and is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations.
7. ECIAAA proposes to budget a total of \$4,745,293 in FY 2024 for home delivered meals, including \$598,132 in federal OAA Title III-C-2 funds (sustained level), \$3,746,671 in Illinois State Funds (GRF), an increase of 16%, and \$400,490 (-11%) in Nutrition Services Incentive Funds (NSIP). The proposed amount represents a net increase of 10.5% and is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations. In addition, the proposed amount is contingent upon Illinois General Assembly's approval of the FY 2024 Illinois State Budget for GRF Home Delivered Meals.
8. As a top service priority under Title III-E for FY 2024, ECIAAA proposes to budget \$768,098 in federal OAA Title III-E funds and increased Illinois State Funds for Caregiver Advisory Services. With the increased Illinois State Funds, the combined amount represents an increase of 13%. The funding is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations, and the FY 2024 Illinois State Budget by the Illinois General Assembly.
9. ECIAAA proposes to budget \$32,000 in federal OAA Title III-E funds for respite services (\$16,000) for caregivers and grandparents raising grandchildren, and Caregiver Flexible (Gap) Funds (\$16,000) in FY 2024. The proposed amount represents level funding is contingent upon approval by the U.S. Congress of FY 2024 OAA appropriations.
10. ECIAAA proposes to budget \$144,706 in Illinois State Funds (GRF) and OAA Title III-B funds to support reducing social isolation programming in PSA 05 for FY 2024. The proposed funding represents an increase of 11.3% compared to FY 2023. This funding is contingent upon U.S. Congress' approval of FY 2024 OAA appropriations, and the Illinois General Assembly approval of the Illinois State Budget for FY 2024.

11. ECIAAA proposes to budget \$73,700 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 2024 budget.
12. ECIAAA proposes to budget \$123,885 in sustained funding for Coordinated Points of Entry/SIS Providers, and \$101,361 for Nutrition Providers for FY 2024 to help subsidize the minimum wage increase from \$13.00 per hour to \$14.00 per hour beginning January 1, 2024. This funding is contingent upon the Illinois General Assembly's approval of the FY 2024 budget.

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, ECIAAA will comply with the intent of Congress and the Illinois General Assembly, and/or administrative directives from the Administration for Community Living/Administration on Aging and the Illinois Department on Aging.
2. If the planning allocation is reduced for a specific revenue source, then funds would be reduced for programs and services which are directly related to that revenue source.
3. ECIAAA will give highest priority to sustain or increase federal OAA and Illinois State Funds for supportive services under the Area Plan for Coordinated Points of Entry/Senior Information Services, second priority to Legal Assistance, and third priority to evidence-based health aging programs.
4. ECIAAA will adjust interfund transfers among OAA Titles III-B and C-1 to sustain Coordinated Points of Entry/Senior Information Services.
5. ECIAAA 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 ECIAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce allocations for Respite Services and/or Caregiver Gap Filling Services.

7. 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 2024 ECIAAAA Budget Summary

Fiscal Year 2024 Public Information Document
Proposed Area Plan for FY 2024



FY 2024 Budget Summary

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$10,249,419** in Federal and State funds for Fiscal Year 2024 for the period of October 1, 2023, through September 30, 2024. The table below is based on the initial FY 2024 Planning Allocations released by the Illinois Department on Aging on March 28, 2023 (AAL 24AP2). The allocations are based on actual FY 2023 grant awards from the Administration for Community Living and the Governor's approved FY 2024 budget for the Illinois Department on Aging. The State Fund allocations remain unchanged from Area Agency on Aging Letter 24AP1. Please note that State allocation amounts may change as the final FY 2024 state budget is negotiated and enacted.

<u>FEDERAL FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Older Americans Act – Title III-B	\$ 1,246,339	\$ 49,455	\$ -	\$ -	\$ 1,295,794
Older Americans Act – Title III-C1	\$ 1,076,246	\$ 58,234	\$ -	\$ -	\$ 1,134,480
Older Americans Act – Title III-C2	\$ 740,927	\$ 45,486	\$ -	\$ -	\$ 786,413
Nutrition Service Incentive Program C1 & C2	\$ 446,627	\$ -	\$ -	\$ -	\$ 446,627
Older Americans Act – Title III-D	\$ 53,674	\$ 5,367	\$ -	\$ -	\$ 59,041
Older Americans Act – Title III-E	\$ 485,016	\$ 24,251	\$ -	\$ -	\$ 509,267
Older Americans Act – Title VII Elder Abuse	\$ 24,242	\$ 2,424	\$ -	\$ -	\$ 26,666
Older Americans Act - Title B/VII Ombudsman/EA	\$ 116,574	\$ 11,658	\$ -	\$ -	\$ 128,232

STATE FUNDS

Description	Federal	Federal Carryover Funds	State	Other	Total
Planning and Service Grant Match	\$ -	\$ -	\$ 167,066	\$ -	\$ 167,066
Home Delivered Meals	\$ -	\$ -	\$ 3,645,310	\$ -	\$ 3,645,310
Planning and Service Grant Community Based	\$ -	\$ -	\$ 780,192	\$ -	\$ 780,192
Community Based Services	\$ -	\$ -	\$ 134,708	\$ -	\$ 134,708
Caregiver Support Services	\$ -	\$ -	\$ 367,584	\$ -	\$ 367,584
Social Isolation & Alzheimer's Disease and Related Dementia	\$ -	\$ -	\$ 139,400		\$ 139,400
Ombudsman Services	\$ -	\$ -	\$ 200,690	\$ 225,669	\$ 426,359

OTHER FUNDS

Description	Federal	Federal Carryover Funds	State	Other	Total
Senior Health Assistance Program	\$ -	\$ -	\$ -	\$ 130,092	\$ 130,092
Adult Protective Services - Regional Administrative Agreement	\$ -	\$ -	\$ -	\$ 51,934	\$ 51,934
Long Term Care Systems Development	\$ -	\$ -	\$ -	\$ 20,254	\$ 20,254

GRAND TOTAL

Description	Federal	Federal Carryover Funds	State	Other	Total
Grand Total Federal, State & Other Funds	\$ 4,189,645	\$ 196,875	\$ 5,434,950	\$ 427,949	\$ 10,249,419

Note: Carry-over funds are projected in the amount of \$196,875 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, 2024.

Inter-Fund Transfers

The transfer from Title III-C to Title III-B is 12.40 %. 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 3 of the 3-year planning cycle.

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

Nutrition Services Incentive Program (NSIP) – C1 & C2

The Nutrition Services Incentive Program is part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and health or well-being of older individuals, and delay adverse health conditions through access to healthy meals, nutrition education, and nutrition counseling. ECIAAA projects a total of \$446,927 in NSIP funds or 7% of total meals based on funds available to the State of Illinois. Of the \$446,627, \$46,137, and \$400,490 are being budgeted for Congregate Meals (C1) and Home Delivered Meals (C2), respectively. There is a decrease in the projection of NSIP for FY 2024 due to ACL’s hold harmless for meal counts ending in FY 2024. Therefore, the FY 2024 NSIP allocation will be based on the meal counts for FY 2023. To best estimate the NSIP allocation for FY 2024, the meal counts from FY 2022 were used.

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 \$22,400. Of the \$22,400 the amount of \$359 will be awarded to the Long-Term Care Ombudsman Program for elder rights activities. This has been a long-standing maintenance of effort requirement of the Illinois Department on Aging.

Internal Operations of The Area Agency on Aging

Funding Source/Program Description	Fiscal Year 2024
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$360,004
Title III-B: Ombudsman	\$5,386
General Revenue Funds – Match	\$121,797
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	\$13,009
Sub Total	\$572,384
ADMINISTRATIVELY RELATED DIRECT SERVICES	
Title III-B – Advocacy, Coordination, and Program Development ^{3 (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)	\$531,634
Title VII – Ombudsman: Vulnerable Elder Rights Protection Advocacy Activity	\$6,272
Title VII – Elder Abuse: Vulnerable Elder Rights Protection Advocacy Activity	\$1,842
Sub Total	\$539,748
TOTAL	\$1,655,846

For Fiscal Year 2024 the operational budget for the organization is budgeted at **\$1,655,846** 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

1. ECIAAAA’s Administratively Related Direct Services budget is \$543,714 less or 59.4% of \$1,340,293 budget amount allowed by Illinois Department on Aging’s policy.

conformance with the Grants Accountability Transparency Act (GATA). The Area Agency on Aging's Board of Directors establishes the operational budget of the organization with routine monitoring. Elements from the Strategic Plan have been incorporated in job descriptions, roles of its Board of Directors and Advisory Council, and other key essentials involved in carrying out the Core Principles: Leadership, Advocacy, Innovation and Collaboration for accountability purposes.

ADMINISTRATION

A total of \$487,187 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Activities may include:

- Compliance of Grant Agreements
- Compliance with Internal Revenue Code, Illinois Income Tax Code, and other applicable rules
- Compliance with registration requirements
- Compliance with certifications to the extent certifications apply, i.e. Bribery, Drug-Free Work Place, Debarment, Lobbying, etc.
- Record retention
- Policy & procedure development
- use of State Portal System for filing reports and applying for grant applications
- Strategic planning
- Representation on task forces, committees, and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Purchasing of equipment
- Cash management
- Regular desktop reviews
- Management of grants for caregiver service components
- On-site monitoring and quality assurance
- Single audit and Consolidated Year-End Financial Reports (CYEFR) and Subrecipients audit reviews
- Maintaining a resource database for the region
- 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
- Interagency linkages
- Assisting service providers with development of and adherence to service standards
- Participating with local, state, and federal agencies in coordinating emergency disaster assistance
- Coordinating the Coordinated Points of Entry/ Senior Information Services (CPoE/SIS) with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- Conducting regular meetings and trainings for Nutrition Providers
- Coordinating and integrating of services
- Distribution of Senior Farmer's Market coupons through local service providers
- Developing working relationships with assisted living facilities
- Coordinating evidence-based healthy aging programs
- Coordinating performance-based measurement activities
- Responding to inquiries (phone, email) from older persons, caregivers, and family members about services with referrals to relevant providers
- Coordinating the use of video conferencing platforms
- Disseminating up to date information to the public on aging issues through ECIAAA website, (www.eciaaa.org) and social media e.g., News Releases, I4A and USAging updates, and Executive Director's Reports
- Continuing to build the capacity of CPoE/SIS providers
- Coordinating information and assistance support to funded service providers, affiliated organizations, and the public, including coordinating 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
- Information sharing
- Brokering

PROGRAM DEVELOPMENT

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

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

ADULT PROTECTIVE SERVICES (APS)

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

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

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

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:

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

OMBUDSMAN

A total of \$531,634 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, and Long-Term Care Provider Funds being budgeted to staff the program and other operational costs for 1 regional ombudsman and 5 ombudsmen. The Program works to protect and promote the rights and quality of life for long-term care residents. The program strives to ensure that existing state and federal laws as well as rules and regulations are adhered to, and that resident and family voices are heard during drafting or revision of laws or rules through the advocacy service components of the program. Activities also include elder abuse direct advocacy. The Illinois Department of Public Health recent data shows east central Illinois of having 153 facilities with 11,267 licensed beds. The East Central Illinois area has 7.76% of the total beds in Illinois and 9.32% of facilities in Illinois. Activities may include:

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

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

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$13,009 is being budgeted to provide administration in the provision of information and assistance services, outreach activities and educational programs, and counsel Medicare beneficiaries about prescription coverage available under the Medicare Part D drug plans, Social Security's Extra Help, Medicare Savings Programs, Seniors Free Transit Ride, Persons with Disabilities Free Ride Transit Ride and the Secretary of State's License Plate Discount Program and other public benefit program through grant awards with Senior Information Service providers.

Activities may include:

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

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

A total budget of \$8,114 is being budgeted to meet Title VII of the Older American Act Direct Advocacy Program to be provided directly by the Area Agency on Aging.

Activities may include:

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

Service Grants	Program Projections		2024 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	\$406,939	-	-	-	-	-	-	-	\$45,269	\$761,009*	-	\$117,083	\$1,330,300
Options Counseling/SIS – CPoE	3,000	7,500	-	-	-	-	-	-	-	-	-	\$52,530	-	-	\$52,530
Flexible Community Services	132	132	\$28,198	-	-	-	-	-	-	-	-	-	-	-	\$28,198
Social Isolation Services-Outreach & Flex Comm	250	2,100	\$57,557	-	-	-	-	-	-	-	-	\$42,158	-	-	\$99,715
Community Services:															
Health Promotion Programs -CDSMP/DSMP	20	125	-	-	-	-	-	\$17,188	-	-	-	-	-	-	\$17,188
A Matter of Balance/Bingocize	150	385	-	-	-	-	-	\$31,146	-	-	-	-	-	-	\$31,146
Aging Mastery Program	15	65	-	-	-	-	-	\$5,340	-	-	-	-	-	-	\$5,340
Gerontological Counseling - PEARLS	75	720	\$41,700	-	-	-	-	-	-	-	-	-	-	-	\$41,700
Legal	470	2,600	\$102,051	-	-	-	-	-	-	-	-	-	-	-	\$102,051
Elder Abuse & Neglect			-	-	-	-	-	-	-	\$22,041	-	-	-	-	\$22,041
In-Homes Services:															
Social Isolation Services-Telephone/Visiting	140	2,500	\$17,449	-	-	-	-	-	-	-	-	\$27,542	-	-	\$44,991
Nutrition Services:															
Congregate Meals	3155	150,000	-	\$956,270	\$46,137	-	-	-	-	-	-	-	-	-	\$1,002,407
Home Delivered Meals	4,333	615,136	-	-	-	\$598,132	\$400,490	-	-	-	-	\$3,746,671**	-	-	\$4,745,293
Caregiver Services:															
Counseling/Support Groups (Care/GRG)	1400	9,618	-	-	-	-	-	-	\$400,514	-	-	-	\$367,584	-	\$768,098
Respite (Care)	25	100	-	-	-	-	-	-	\$16,000	-	-	-	-	-	\$16,000
CGA Gap Filling	125	125	-	-	-	-	-	-	\$16,000	-	-	-	-	-	\$16,000
Alzheimer’s Disease and Related Dementia Services/Gap Filling	50	75	-	-	-	-	-	-	\$4,000	-	-	\$69,700	-	-	\$73,700
TOTAL			\$653,894	\$956,270	\$46,137	\$598,132	\$400,490	\$53,674	\$436,514	\$22,041	\$45,269	\$4,699,610	\$367,584	\$117,083	\$8,396,698

*Includes \$123,885 in Non-Match Minimum Wage Support to SIS providers no change

**Includes \$101,361 in Non-Match Minimum Wage Support to Nutrition providers-no change