

PUBLIC INFORMATION DOCUMENT



SUMMARY OF THE PROPOSED AREA PLAN FOR FISCAL YEAR 2022

FIRST (1ST) RELEASE PUBLISHED: April 08, 2021

FINAL RELEASE PUBLISHED: April 21, 2021



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.

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 2022. A summary of this document will be presented at Public Hearings (see schedule below).

A summary of public comments will be presented to the ECIAAA Advisory Council on May 5, 2021 and to the ECIAAA Corporate Board on May 19, 2021 for their consideration.

Comments on the proposed **Area Plan** for Fiscal Year 2022 may be sent by mail, fax, or e-mail to ECIAAA no later than 4:00 p.m., May 3, 2021 to the following address:

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

Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed Area Plan with the Illinois Department on Aging (FY 2022).

Date	Time	Location
April 29	1:00 – 2:30 p.m.	GoToMeeting Webinar: https://global.gotomeeting.com/join/814083549
April 30	10:00–11:30 a.m.	GoToMeeting Webinar: https://global.gotomeeting.com/join/626034421
May 3	10:00-11:30a.m.	GoToMeeting Webinar: https://global.gotomeeting.com/join/300323933

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

- Proposed Older Americans Act funding for FY 2022 for services in Planning and Service Area 05, as allocated by Illinois Department on Aging (IDOA)
- Proposed Illinois General Revenue & Illinois General Fund allocations for FY 2022 for services in Planning & Service Area 05, as allocated by IDOA.

Under the Older Americans Act and the Illinois Department on Aging’s direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services as contained in its AAA Planning Allocation Directive (AAAL #916) for FY 2022.

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 2022 ECIAAA REQUEST FOR PROPOSAL WORKSHOP

&

FY 2022 ECIAAA GRANT EXTENSION WORKSHOP

GoToWEBINAR – 2:00 PM on MAY 20, 2021

A. FY 2022 Request for Proposal Competitive Process for the following core services:

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

B. Nutrition Services – A FY 2022 Grant Extension Process will be implemented for FY 2021 ECIAAA-funded Nutrition Providers. FY 2021 grants to currently funded nutrition providers will be extended to FY 2022 due to the pandemic and the closure of congregate dining sites.

Note: Adult Protective Services will be extended to FY 2022 as well.

ECIAAA MISSION STATEMENT:

We are dedicated to enhancing the quality of life for Older Americans and their families by providing information about and access to a variety of services in their community in the 16 counties of East Central Illinois.

Who We Are:

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

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

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 187,000 persons 60 years of age and older, persons with disabilities, caregivers, grandparents, and other relatives raising children in communities throughout the 16 counties of east central Illinois.

There are 618 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 05.

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

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

What We Do:

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

ACCESS SERVICES which includes a network of 11 Coordinated Points of Entry to provide Information & Assistance, and coordination with 7 Care Coordination Units and public and private transportation providers.

IN-HOME SERVICES which includes Home Delivered Meals, Individual Needs Assessments for Home Delivered Meals, Respite Care, and other consumer-directed Long-Term Services and Supports (LTSS).

COMMUNITY SERVICES which includes Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

HEALTHY AGING PROGRAMS which includes Chronic Disease Self-Management, Diabetes Self-Management, PEARLS (Program to Encourage Active, Rewarding Lives for Seniors), Strong for Life, A Matter of Balance, and Aging Mastery.

CAREGIVER SUPPORT PROGRAMS which includes 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 which includes Adult Protective Services and the Long-Term Care Ombudsman Program.

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP) which includes the Benefit Access program, the Medicare Part D Benefit, Low-Income Subsidy, and the Medicare Savings Programs.

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

VETERANS INDEPENDENCE PROGRAM ECIAAA administers the Veteran-Directed Home and Community Based Services Program in PSA 05.

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

SENIOR MEDICARE PATROL (SMP) provides education and information 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) provides eligible seniors who are nutritionally at risk with fresh fruit and vegetables. The program is available during the summer months.

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

Advocacy in Action - ECIAAA informs seniors, persons with disabilities, and caregivers about legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state, and federal levels.

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

Supporting Community Programs on Aging – ECIAAA awards federal and state grant assistance to local agencies to provide services to seniors and caregivers. Services are available to persons 60 and older, persons with disabilities, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and younger. Older adults, persons with disabilities and caregivers show their support by donating their time, talents, and voluntary contributions. Older Americans Act services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and 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, 10 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, and other community organizations. This collaboration is known as the Aging & Disability Resource Network. Our partners take a “no wrong door” approach to inform adults, persons with disabilities, and their families about their options, make informed choices, and help them apply for benefits and services.

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

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

Responding to Abuse, Neglect and Exploitation – ECIAAA is the Regional Administrative Agency for the Illinois Adult Protective Services Program in Area 05 under a grant with the Illinois Department on Aging. ECIAAA manages grants with 7 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.

PROPOSED BUDGETS FOR FY 2022

FEDERAL & STATE LEVEL

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



PROPOSED BUDGETS FOR FY 2022

FEDERAL LEVEL

NOTE: As of April 9, 2021, President Joseph Biden has not presented the Administration's proposed federal budget for FY 2022. However, the National Association of Area Agencies on Aging submitted letters to both the Senate and House Appropriations Subcommittees on Labor/HHS/Education on March 25, 2021 advocating for increased funding for the Older Americans Act for FY 2022.

Older Americans Act (OAA) (Source: March 25, 2021 Letters from Sandy Markwood, CEO, National Association of Area Agencies on Aging, to Chairwomen Marry and DeLauro, respectively, Senate and House Appropriations Committees on Labor/HHS/Education)

The OAA is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS) system, providing older adults with much-needed supports, including in-home care, congregate and home-delivered meals, adult day care, information and referral assistance, case management, transportation, legal services and caregiver support/respite. With investments in these vital OAA programs that support the health of older adults with these services, these OAA programs and services save Medicare—and the nation—money in the short and long-term.

Increase funding for all Older Americans Act programs and services. Building on the Supporting Older Americans Act of 2020, invest in critical OAA services and supports at levels that more adequately address national needs and the growing population.

- Title III B Home and Community-Based Supportive Services, \$785 million
- Title VI Grants for Native American Aging Programs, \$70.4 million for Part A (nutrition and supportive services) and \$21.6 million for Part C (family caregiver support)
- Title III E National Family Caregiver Support Program, \$284 million
- Title III D Evidence-Based Disease Prevention and Health Promotion, \$50 million
- \$1 million to the Administration on Aging for the engaged: National Resource Center on Engaging Older Adults to help the Aging Network respond to the increasing incidence of social isolation among older adults
- \$75 million for the newly authorized research and innovation center at the Administration on Aging
- Title VII Long-Term Care Ombudsman Program, \$35 million

Invest in other key programs that support healthy aging at home and in the community, including:

- Evidence-based health and wellness programs
- State Health Insurance Assistance Program (SHIP)
- National Community Care Corps
- Social Services Block Grant, LIHEAP, Community Services Block Grant and AmeriCorps Seniors

- National Aging and Disability Transportation Center (T/HUD)

The significant emergency COVID-relief dollars Congress provided through OAA allowed the Aging Network to adapt programs to meet the new realities and the dramatically escalating need experienced by all AAAs. While estimates in the degree of growth vary by program and by community, AAAs experienced an estimated increase in clients by 50 percent across all programs. A majority also reported that existing clients needed a higher level of service once the pandemic struck. However, even post-pandemic, our collective experience tells us that the need for these supports and services will remain high and continue to grow. There are two major reasons for this:

- The demand for these services was already and still is growing in every community as the older population continues to grow. There are simply more older adults and caregivers who need assistance in every community.
- By 2030, one in five Americans will be age 65 or older, an unprecedented percentage of the general population.
- New clients who AAAs began serving due to COVID-19 will still need help to age well at home even when fully vaccinated.
- So many older adults have declined cognitively and physically during COVID-19, there will be additional need for AAA services in the months and year ahead. We must acknowledge the harm done to many older adults due to forced isolation caused by the pandemic.
- More older adults and their families will turn to home and community-based services like those provided by AAAs, rather than institutions such as nursing homes, for their long-term care needs.

NOTE: For more detail pertaining to current FY 2021 funding, please click on the following link: [n4a Current FY 2021 Appropriations Chart](#) (March, 2021)

STATE LEVEL (Source: IDoA's FY 2022 Budget Briefing Summary Document)

On February 17, 2021, Governor J.B. Pritzker submitted the FY 2022 Illinois operating budget to the members of the General Assembly and people of the State of Illinois. The \$41.6 billion operating budget for the fiscal year that begins July 1st represents a 4.2% decrease when compared to the enacted FY 2021 budget. The budget relies on federal relief from the COVID-19 pandemic, transfers from other funds and the elimination of hundreds of millions of dollars of corporate tax breaks needing legislative approval. Proposed reductions in operating budgets of State Agencies due to reduced travel and improved efficiencies have also been factored in the introduced FY 2022 budget.

FY 2022 Introduced Budget Illinois Department on Aging (IDoA) – Total increase of 4.3%:

Fund Name	FY 2021 Enacted Appropriations (\$ thousands)	FY 2022 Governor’s Introduced (\$ thousands)	Change from FY 2021 (\$ thousands)	Percentage Change from FY 2021
General Revenue Funds	\$402,039.5	\$449,716.2	\$47,676.7	11.9%
Commitment to Human Services Fund	\$690,918.2	699,654.6	\$8,736.4	1.3%
Federal Funds	\$285,808.0	\$288,379.8	\$2,571.8	0.9%
Other State funds	\$5,745.0	\$5,745.0	\$0.0	0.0%
Total All funds	\$1,387,208.0	\$1,446,192.9	\$58,984.9	4.3%

FY 2022 Introduced Budget – Illinois Department on Aging Budget Highlights:

Program Highlights

- \$11.3 M increase for the expansion of Home Delivered Meals (HDMs) to meet the increased demands as a result of COVID-19 and to address waiting lists in two planning and services areas (PSA’s).
 - NOTE: From March 30th to December 31, 2020, 10.4 million HDMs have been delivered through the Statewide Area Agencies on Aging-funded nutrition provider network with an average of 48,000 meals provided per day.
- \$1 M to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020 and FY 2021.
- \$ 1 M to sustain Alzheimer’s Disease and Related Dementias programming launched by AAAs during FY 2020 and FY 2021.
- \$5 M increase to continue addressing seniors’ emergency needs through the Emergency Senior Services Program (administrated to Community Care Program clients through Care Coordination Units).
- \$1 M increase to add Assistive Technology to the Community Care Program.
- \$ 2 M increase to support the IL Adult Protective Services Program.
- \$ 3.5 M Senior Health Assistance Program (SHAP) sustained funding.
- \$2.8 M Long-Term Care Ombudsman Program sustained funding.

Addressing Minimum Wage Increases effective January 1, 2022

- \$2.4 M to address minimum wage increases within Older Americans Act services.
- \$29.3 M to address the minimum wage pressures with the Community Care Program Services. The in-home services rate will go to \$24.96/hour, Adult Day Services will move to \$15.30/hour, and Adult Day Services Transportation rate will to \$11.29/ride.

FY 2022 Budget Action by the Illinois General Assembly –May 2021.

Illinois lawmakers will take on the review and approval of a final FY 2022 budget during the spring session of the 102nd Illinois General Assembly. Final budget appropriations are expected by May 31, 2021.

For information, please click on the links below:

[Illinois Department on Aging's FY 2022 Detailed Budget](#)

[Illinois Department on Aging's Budget Presentation](#)

ADVOCACY IN ACTION!

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022





Illinois Association of Area Agencies on Aging State Legislative Priorities 2021

Fund Essential Services for Older Adults During COVID-19

The Illinois Association of Area Agencies is requesting level funding in the amount of \$2 million for nutrition programs; an additional \$1 million for social isolation programs, and an additional \$1 million for Alzheimer's Disease and Related Disorders. During these unprecedented times, demand for these programs has skyrocketed.

Since the beginning of the COVID-19 pandemic, Illinois' Area Agencies on Aging have:

- Experienced a 70% increase in statewide demand for the Home Delivered Meals Program;
- Developed new programs to address Social Isolation, which can be as physically and psychologically harmful as disease;
- Taken steps to alleviate the burdens on Family Caregivers.

The majority of the increased funding for Home Delivered Meals came from the federal CARES Act through the Illinois Department on Aging to the Area Agencies on Aging. **Those funds have been expended but the increased demand still exists.** Without sufficient funding, the Area Agencies will not be able to meet the demand for these programs that are critical to older adults, especially those living independently in their own homes.

Strengthen Family Caregiver Support

The Illinois Association of Area Agencies on Aging is requesting \$6 million in state funding (HB 293 and SB 1766) to assist family caregivers under the Illinois Family Caregiver Act. Family caregivers are unpaid, in-home family members who care for their loved ones and are essential to helping older adults stay in their communities longer. The ability to care for their loved ones at home has been proven to delay nursing home placement and save costly Medicaid funds.

It has been estimated that 1.5 million family caregivers provide 1.4 billion of unpaid care annually in Illinois. During the COVID-19 pandemic, statewide participation in caregiver programs increased by 124%. Family caregivers often experience tremendous emotional and physical stress, which can lead to burnout and other seriously negative effects.

These new state dollars would be used to identify, through evidence-based software and resources, those family caregivers at high risk. Those persons would then be provided with individualized strategies and care plans for their loved ones. Several proven methodologies exist; and while federal dollars have been available for caregiver programs, there has never been

state funding for this program since the Illinois Family Caregiver Act (320 ILCS 65) became law in 2004.

Support Efforts Related to COVID-19 Vaccine Rollout, Education and Outreach

The Illinois Association of Area Agencies on Aging will strongly support efforts related to the COVID-19 vaccine distribution, education, and outreach. Older adults nationwide have been the population most seriously impacted by the pandemic. In Illinois, 78% of COVID-19 deaths have occurred in people 65 and older. Prioritizing residents of long-term care facilities, older adults living at home in their communities, and both paid and unpaid caregivers is an essential step in reducing death and serious illness from this terrible pandemic.

ECIAAA Advocacy Leadership: ECIAAA implemented the webinars presented to members of the Illinois General Assembly and the Illinois Congressional Delegation. ECIAAA also created the I4A Fact Sheet and Illinois Aging Network Alerts. ECIAAA has presented testimony to the Illinois General Assembly Appropriations Committees (both House & Senate) in support of the Illinois Department on Aging's FY 2022 Budget. ECIAAA has also advocated for the passage for \$6 M in funding under the Illinois Family Caregiver Act to support family caregivers and grandparents raising grandchildren (HB293/SB1766).

Illinois Association of Area Agencies on Aging Advocacy Documents:

1. [I4A Illinois General Assembly Webinar](#) – Update on AAA Service Delivery during the Pandemic – October 27, 2020
2. [I4A Illinois Congressional Delegation Webinar](#) – Update on AAA Service Delivery the during Pandemic – September 1, 2020
3. [I4A Fact Sheet for FY 2020](#) – IL AAA's Service Delivery for FY 2020
4. [I4A Fact Sheet HB293 SB1766](#) – Fund the Illinois Family Caregiver Act!
5. [Illinois Aging Network Alerts](#) – sent to members of the General Assembly and advocates for older adults.

Illinois Area Agencies on Aging - IL Congressional Update & IL General Assembly Update



Planning | Developing | Coordinating | Advocating

ILLINOIS GENERAL
ASSEMBLY
UPDATE 2020
OCTOBER 27, 2-3 PM
**NOT INCLUDING CHICAGOLAND AREA
& COLLAR COUNTIES**

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



Planning | Developing | Coordinating | Advocating

CONGRESSIONAL
UPDATE 2020
SEPTEMBER 1ST, 2-3 PM

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

I4A FY 2020 Fact Sheet



Illinois Association of Area Agencies on Aging



2020 I4A Factsheet

(Source: Illinois Department on Aging 2020 Title II and VII State Program Report)

Illinois' 13 Area Agencies on Aging served 466,237 adults age 60 and over during FY 2020 or 19% of the senior population. Since the 1970s, each Area Agency on Aging has helped to build a network of aging services at the local level, incorporating the preferences of local participants.

Aging services assist older adults, their caregivers, grandparents raising grandchildren, people with disabilities, and veterans. The Area Agencies launched a new initiative to reduce social isolation among older adults and their caregivers during 2019.



254 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.

769,074 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.



14,872 Older Adults Received Options Counseling

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

311,592 Rides Provided to Older Adults



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



1,899 Older Adults Received In-Home Services

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

16,733 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.



33,757 Consultations Addressed by Ombudsman Program

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

1910 S. Highland Avenue

Lombard, IL 60148

630.293.5990



11,520,280 Home-Delivered Meals to 88,395 Older Adults

1,004,845 congregate Meals Served to 55,638 Older Adults



32,881 Service Unit Provided for Older Adults Legal Assistance

37,175 Older Adults Served by Multi-Purpose Senior Centers



979 Older Adults Served by Supportive Counseling

14,447 Older Adults Served by Health Screening and Health Promotion & Education Programs



71 Older Adults Served by Housing Assistance

207* Older Adults Served by Veterans Independence Programs
*Current Data



Family Caregiver Services

Informal Caregivers and Relative/Grandparents Raising Grandchildren



Access Assistance
34,560 Served



Counseling, Support Groups, & Training
6,180 Served



Supplemental Services
1,992 Served



Respite
1,744 Served

Area Agencies on Aging provide services to informal caregivers, including grandparents raising grandchildren and individuals for their spouses.

1910 S. Highland Avenue

Lombard, IL 60148

630.293.5990

I4A Fact Sheet HB293 SB1766



Family Caregiver Support Legislation House Bill 293 (Willis) and Senate Bill 1766 (Belt)

Seventeen years ago, in 2004, Illinois passed the Family Caregiver Act. While the Act was passed with bipartisan support, it has never been funded at the state level.

The Act states: “It is the intent of the General Assembly to establish a multi-faceted family caregiver support program **to assist unpaid family caregivers and grandparents** or other older individuals who are relative caregivers, who are informal providers of in-home and community care to **older individuals or children.**” 320 ILCS 65.

The goal of the Family Caregiver Act is to provide support to unpaid family caregivers, so they can continue in their caregiver role, allowing their loved one to remain at home and not in a costly institutional setting.

An AARP Illinois Caregiving Survey recently found that:

- In Illinois, there are over **1.5 million** caregivers providing **1.4 billion** hours of unpaid work annually.
- The care provided by family caregivers in Illinois is estimated to be **worth \$ 18.5 billion.**
- **Two-thirds** of persons living at home needing assistance with personal care needs depend solely on family and friends for assistance. Only about 5% rely exclusively on paid providers.

Many family caregivers report substantial **physical, psychological, and financial stress.** Without relief, this stress may lead to premature or unnecessary institutionalization of their loved one as the caregiver can no longer provide adequate care due to a deterioration in the health, family, or financial circumstances of the caregiver. The responsibility of caring for an aging loved one is not easy, and **70% of caregivers report feeling stress.**

Various support services are available to provide stress relief, including respite care and training. Services suited to individual caregivers can be identified utilizing an **evidence-based assessment tool** that measures caregiver stress. This tool targets services and designs interventions specifically to address stress points. Services are then provided to those caregivers with moderate to high level stress.

- For example, in one situation a woman was being cared for by her daughter and son-in-law. The situation caused such great stress that the couple considered placing her in a nursing home. The tailored assessment tool revealed this stress point and proposed counseling services to assist the couple while continuing to care for their loved one.

Funding the Illinois Family Caregiver Act to provide relief to family caregivers through an evidence-based assessment tool and its targeted interventions **will save Medicaid dollars.** A similar program in Washington state has shown a **\$20 million savings in Medicaid** spending by **delaying nursing home placement by 21 months or more** through supportive services to family caregivers.

This tool and the targeted services would be implemented through the existing network of Area Agencies on Aging who ***are already*** administering federal Family Caregiver dollars.

This request for **\$6 million in state funding** for the Illinois Family Caregiver Act will strengthen the aging network's ability to support family caregivers using new resources and protocols, and allow Illinois' seniors to remain in their homes and be cared for by the ones who know and love them, their own family.

Illinois Aging Network Alert



Illinois Association of Area Agencies on Aging

Illinois Aging Network Alert

March 1, 2021

I4A Welcomes New Members to the 102nd General Assembly!

I4A Directors

Grant Nyhammer
Northwestern Illinois AAA – PSA 01
Rockford

Marla Fronczak
AgeGuide Northeastern IL AAA – PSA 02
Lombard

Barbara Eskildsen
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

Carolyn Austin
AgeLinc – PSA 07
Springfield

Joy Paeth
AgeSmart Community Resources – PSA 08
O'Fallon

Tracy Barczewski
Midland AAA – PSA 09
Centralia

Shana Holmes
Southeastern Illinois AAA – PSA 10
Mt. Carmel

Becky Salazar
Egyptian AAA – PSA 11
Carterville

Joyce Gallagher
City of Chicago – PSA 12
Chicago

Diane Slezak
AgeOptions – PSA 13
Oak Park

Who We Are - Illinois Area Agencies on Aging are your local leaders in aging and community living! Authorized under the Federal Older Americans Act (OAA) and the Illinois Act on Aging, Area Agencies on Aging were formally established in 1972 as “boots-on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. The 13 Illinois Area Agencies on Aging play a key role in planning, funding, and coordinating a network of senior programs in designated planning and service areas.

Who We Serve - Illinois Area Agencies on Aging serve 466,237 older adults, family caregivers, and grandparents/relatives raising grandchildren/children by supporting a network of over 254 community programs on aging. We serve 17% of total Illinois senior population.

Efficient Use of Federal & State Funding. Area Agencies on Aging are experts in administering \$48.7 million in federal OAA funds and \$41.3 million in Illinois General Revenue Fund (GRF) monies to best serve Illinois seniors. The OAA/GRF funding is also supported by local match and participant donations. *(Source: 2021 IDOA Planning Allocations Letter #914)*

A Snapshot of Critical Services Provided in Illinois

(Source: 2020 IDOA state Performance Report)

- 360,000 older persons received information and direct assistance navigating Medicare Part D applications, other senior health assistance programs, legal services and transportation services.
- 88,395 older adults received over 11.5 million home delivered meals.
- 55,638 older adults were served over 1 million meals at congregate meal settings pre-pandemic before congregate settings closed.
- 39,176 family caregivers of older adults and grandparents/relatives raising grandchildren/children receive support to continue their caregiving responsibilities.
- 13,238 older adults receiving health promotion programs.

Today's Alert courtesy of ECIAAA. Questions? Contact Susan C. Real, Legislative Chair at 309-829-2065 ext. 1218

Planning & Assessment Process for FY 2022– FY 2024

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

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



ECIAAA's Planning & Assessment Process for FY 2022

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

ECIAAA FY 2021 Performance Outcome Report to older adults, caregivers, and the Aging Network in east central Illinois.

We utilized FY 2019 data as a baseline for planning in a normal service delivery environment. We would be remiss if we did not consider the unanticipated COVID-19 impact during FY 2020. We have highlighted the FY 2020 differences in performance to help us prepare for the unexpected and to showcase how the network adjusted.

During FY 2019, Service Providers utilized \$4,827,102 to assist 22,557 older persons. The cost benefit derived by enabling these individuals to continue living in the community versus a nursing facility is immense. The State of Illinois' median cost of care for a semi-private room in a nursing home is \$205/day. Estimating a minimum 25% of the 22,557 individuals living in the community we served are at risk of institutional living, our services have saved older persons and taxpayers nearly \$421 million.

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

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

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 raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, by receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. Caregiving services enable older adults to continue living in their homes.

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.

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

Legal services provided by the ECIAAAA 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.

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

1. Older Americans will experience reduced social isolation by engaging in all services. Results: During the course of FY 2019 ECIAAAA developed planning committees to reduce social isolation in McLean and Champaign and Vermilion Counties. ECIAAAA was able to implement funding for Outreach targeting Hispanic populations, Outreach with Technology, Telephone Reassurance and Friendly Visiting programs specifically designed to reduce social isolation.

ECIAAAA budgeted \$68,300 for programs to Reduce Social Isolation. An additional \$12,135 was allocated from CARES Act funding to support Reducing Social Isolation programs. Programs were implemented in Champaign, McLean, and Vermilion. Service design included Friendly Visiting, Outreach and Telephone Reassurance. Participants were assessed using the UCLA Loneliness Scale.

UCLA Loneliness Scale

UCLA Loneliness Scale	3	4	5	6	7	8	9	Total
Individuals Pre-Tested	26%	14%	13%	16%	8%	13%	10%	108
Individuals Post-Tested	54%	13%	13%	11%	2%	5%	2%	55

- 39% of participants reported Pre-test scores of 3 or 4 “Least Lonely”
- 67% of participants who received a Post-Test reported “Least Lonely”
- Conversely, 23% of participants reported Pre-test scores of 8 or 9 “Most Lonely”
- 7% of participants reported Post-test scores of “Most Lonely”

Informally, in response to COVID-19 service providers extended wellness calls, coordinated grocery delivery, compiled care packages, and implemented web-based programming.

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

Results: ECIAAAA budgeted \$83,731 for six organizations to disseminate evidence-based, healthy aging programs. In total, 621 older adults participated in the programs, attending

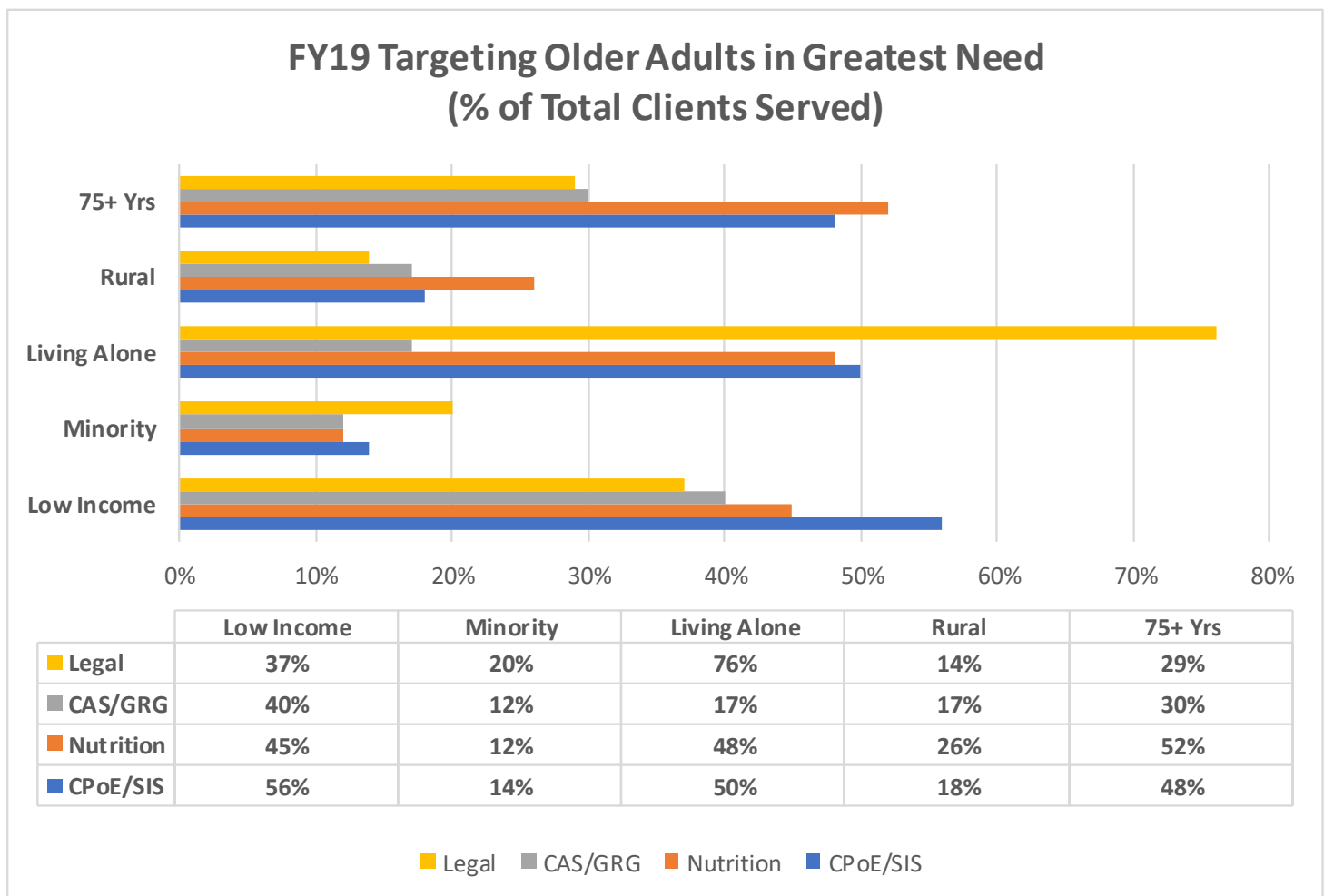
a total of 5,221 individual class sessions. The programs included Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Strong for Life, Aging Mastery and Program to Encourage Active Rewarding Lives for Seniors.

Cost Benefit:

In 2013: Report to Congress by the Center for Medicare and Medicaid Services which evaluated Community-Based Wellness and Prevention Programs. A Matter of Balance demonstrated a \$938 savings in the area of unplanned inpatient hospitalizations, skilled nursing facilities and home health. During FY 2019, the 367 participants potentially experienced a savings \$344,246 in healthcare costs.

Targeting Performance:

In accord with mandates of the Older Americans Act, we also target services to those in greatest need. The chart below depicts the demographic and socioeconomic factors that define “greatest need” and reflects targeting outcomes of Service Providers in FY 2019.



Participants Tell Us How Services Affect Them

We measure performance through participant feedback and data collected by Service Providers. They utilize the Performance Outcome Measurement Project (POMP) Survey, developed by the Administration for Community Living, to annually solicit feedback from randomly selected participants. The POMP Survey questions are answered by individuals receiving nutrition, caregiver, and senior information services. Legal services solicit client feedback but do not use the POMP survey instrument. Several Service Providers also administer additional surveys to collect information that enables us to determine the impact these services are having on older adults in east central Illinois.

2019 PERFORMANCE REPORT: COORDINATED POINT of ENTRY/ SENIOR INFORMATION SERVICES

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

The Coordinated Point of Entry/ Senior Information Services Program provided by the East Central Illinois Area Agency on Aging (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.

The implementation of Coordinated Points of Entry/Senior Information Services (CPoE/SIS) was the top service funding priority in FY2019. The East Central Illinois Area Agency on Aging (ECIAAA) budgeted \$1,036,670 for CPoE/SIS through a combination of federal Older Americans Act (OAA), Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds.

During FY 2019, ECIAAA funded 10 organizations (Service Providers) to provide Coordinated Points of Entry/Senior Information Services throughout its 16-county geographic service area:

- CRIS Healthy Aging Center- Champaign and Vermilion Counties
- Life Center Senior Services- Clark and Cumberland Counties
- Coles County Council on Aging- Coles County
- Community Care Systems, Inc.- DeWitt, Livingston, McLean, and Shelby Counties
- Mid-Illinois Senior Services- Douglas and Moultrie Counties
- Chester P. Sutton Community Center- Edgar County
- Ford County Health Department- Ford County
- Volunteer Services of Iroquois County- Iroquois County
- Macon County Health Department- Macon County
- Piatt County Services for Seniors- Piatt County

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

Cost Benefit: CPOE/SIS Service Providers enrolled older adults in the following programs, saving East Central Illinois Medicare beneficiaries a total of \$2,816,950.50 to help pay on other necessities such as groceries, utilities, and home repairs.

Performance Results: Level of Service and Persons Served

The CPoE provided 37,997 units/hours of service to 22,334 persons throughout the 16-county geographic service area.

Performance Results: Targeting Those in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

CPoE/SIS Services Participants: Minority	Persons
White – Hispanic	108
American Indian/Alaska Native	169
Asian	200
Black – Non/Hispanic	1,690
Black -Hispanic	54
Black - Ethnicity Missing	0
Native Hawaiian - Other Pacific Islander	10
Other Races	518
Total Minority Served	2,749
CPoE/SIS Services Participants: Overview	Unduplicated Persons
Rural	2,748
Living Alone	7,886
Low Income	8,842
Low Income – Minority	1,979
Limited English	253
+75 Years Old	7,399

*Individuals can indicate multiple racial identifications

Performance Results: Impact of CPoE/SIS Services

Older adults and disabled persons experience an improved level of financial security.

- Service Providers assisted older adults in applying for benefit programs, enabling them to save money on rent and utilities.
- Service Providers counseled and/or assisted older adults with Benefits Access applications, providing seniors and persons with disabilities free transit rides and a Secretary of State license plate discount, resulting in an individual savings of \$77 per year.
- 457 persons received assistance for unmet needs totaling \$56,668 in support provided

Older adults are experiencing an increased sense of well-being related to savings incurred through a customized prescription plan.

- Service Providers counseled and/or assisted older adults in enrolling in Medicaid and Medicare Part D.
- Service Providers counseled and/or assisted older adults in making applications for insurance and prescription drug savings such as the Senior Health Assistance Program (SHAP), Social Security Administration's Low-Income Subsidy (to receive a reduction on Medicare Part D premiums, Medicare Savings Program (a savings of at least \$105/month), Medicare Part B Prevention and Wellness benefit, and other prescription drug assistance program options.

Older adults are improving their overall health and well-being.

- By engaging in CPoE/SIS, older adults have access to medical care to maintain or improve their health.
- Service Providers provide older adults with access to evidence-based Healthy Aging programs such as the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and "Strong for Life" exercise classes.
- Service Providers refer older adults to congregate meal, home-delivered meal, and home care assistance programs in their communities.

Older adults are experiencing independence and improved quality of life.

- 99% of participants contacting the CPoE/SIS found the information they were given to be helpful in resolving matters;
- Nearly 64% of the participants contacting the CPoE/SIS were seeking information and 43% requested services;
- 99% of participants were satisfied with the way their call was handled and 99% would recommend the service;
- Follow-up activities by Service Providers ensured that participants had a successful care

transition between services and levels of care;

- The provision of Options Counseling enabled older adults to make decisions about living arrangements based upon their needs and the services that are available to them to help them continue living at home;
- By accessing benefit and savings programs, older adults have more money to purchase food, prescription drugs, and other necessities.

**2019 PERFORMANCE REPORT:
CAREGIVER ADVISORY SERVICE (CAS)/GRANDPARENTS RAISING
GRANDCHILDREN (GRG)**

Performance Outcome #2: Caregivers are supported to enable them to continue caring for their loved one(s). The caregiver services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are resulting in caregivers and grandparents raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, by receiving counseling and/or participating in support groups that equip them to better cope with the responsibilities of caring for their loved ones. Caregiving services are enabling older adults to remain in their homes.

During FY 2019, the ECIAAA budgeted \$323,487 for the federal Older Americans Act (OAA) Title III-E funds for Caregiver Advisory Services (CAS) and Grandparents Raising Grandchildren Services (GRG).

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 raising grandchildren 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.

The ECIAAA funded nine organizations (Service Providers) to deliver these services in its 16-county geographical service area:

- CRIS Healthy-Aging Center for Champaign and Vermilion Counties
- Community Care Systems, Inc. for Clark, Cumberland, DeWitt, Livingston, and McLean Counties
- Coles County Council on Aging for Coles County
- Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
- Chester P. Sutton Community Center for Edgar County
- Ford County Health Department for Ford County
- Volunteer Services of Iroquois County for Iroquois County
- Macon County Health Department for Macon County
- Family Service Senior Resource Center for Piatt County

To support caregivers and enable them to provide care to their loved ones, Caregiver Support Program Service Providers conduct intake, screening, and follow-up services, organize and facilitate or refer persons to appropriate support groups, including support groups for families caring for persons with Alzheimer’s Disease and other dementias, conduct training and education on topics such as Grandparents Raising Grandchildren, and utilize evidence-based training programs such as *Powerful Tools for the Caregiver* and *Savvy Caregiver*, and provide Options Counseling, whereby care plans are developed and caregivers are supported in their deliberations to determine appropriate long-term care choices for their loved ones.

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

Performance Results: Level of Service and Persons Served

Service Providers provided a total of 5,856 units/hours of CAS service to 786 caregivers, and 3,701 units/hours of GRG services to 307 grandparents.

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

GREATEST NEED: Minority	Caregiver Advisory	Grandparents Raising Grandchildren
White – Hispanic	4	1
American Indian/Alaska Native	7	1
Asian	8	1
Black – Non/Hispanic	56	47
Black -Hispanic	-	-
Black - Ethnicity Missing	-	-
Native Hawaiian - Other Pacific Islander	-	-
Other Races	17	3
TOTALS – MINORITY	94	53
GREATEST NEED: Overview	Caregiver Advisory	Grandparents Raising Grandchildren
Rural	121	54
Living Alone	145	32
Low Income	270	173
Low Income – Minority	37	32
Limited English	8	7
+75 Years Old	294	35

Performance Results: Impact of the Caregiver Support/Grandparents Raising Grandchildren Program

Service Providers are responsible for surveying caregivers and grandparents to collect information about them and seek their feedback about the services they are receiving in this program.

Caregivers are better informed about services, connected to services and programs enabling them to continue providing care to their loved ones, and more comfortable in the role of caregiver.

- 73% of caregivers report they have received education or training, including counseling or support groups, to help them make informed decisions;
- 82% of caregivers report receiving information to connect to the services and resources they need;
- More than 80% of caregivers report that the information and services they receive are helping them;

- More than 91% of caregivers rate caregiver support services as good, very good, or excellent;
- Nearly 77% of caregivers indicate the support has helped them to be a better caregiver;
- 36% of caregivers are providing all the care to their loved ones;
- Most caregivers are spouses caring for a spouse, and nearly 68% of the caregivers live in the same house with the care recipient;
- 77% of caregivers indicate the services they are receiving have alleviated the difficulties of caregiving.

Caregivers are enabling their loved ones to continue living at home.

- 76% of caregivers report the program has enabled them to provide care longer
 - 20% of caregivers indicate that without this service, their loved ones would be living in a nursing home
 - 5% say they would be living in an assisted living facility.

FY 2020 Impact

The state supported implementation of ADRD Gap Filling for unmet needs of persons with Alzheimer's Disease or Related Dementia allowed 136 persons to received support to remain in the community.

III-E Caregiver and GRG Gap Filling supported 23 persons.

An additional \$223,572 was allocated to Caregiver Advisory Services through CARES Act allowing service providers to invest in technology and PPE to continue to provide services safely.

2019 PERFORMANCE REPORT: NUTRITION SERVICES

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

Nutrition services provided by the East Central Illinois Area Agency on Aging (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.

During FY2019, ECIAAA budgeted \$559,526 in federal Older Americans Act Title III-C and Nutrition Services Incentive Program funds for congregate nutrition and \$2,657,853 in III-C Federal and State GRF support for home-delivered meals. 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.

During FY 2019, ECIAAA funded four organizations (Service Providers) to deliver congregate and home-delivered meals throughout its 16-county geographic service area:

- Peace Meal Senior Nutrition Program, sponsored by Sarah Bush Lincoln Health System, provides congregate and/or home-delivered meals sites in 14 counties, including Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby.
- CRIS Healthy-Aging Center provides congregate meals in Vermilion County and provides home-delivered meals countywide.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home-delivered meals in Macon County.
- Catholic Charities provides Meals on Wheels in Decatur and Macon County.

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.

Cost Benefit:

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

Cost of Home Delivered Meals for One Senior for Entire year	Cost of One Day of Hospital Care	Cost of Ten Days in Long Term Care Facilities
\$2,836	\$2,636	\$2,050
Source: Meals on Wheels America, 2020. “Delivering So Much More Than a Meal in Illinois.”		

Performance Results: Number of Meals and Older Adults. The organizations provided a total of 698,020 meals to 7,836 older adults: 231,019 congregate meals to 4,412 older adults and 467,001 home-delivered meals to 3,460 older adults.

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Congregate Meals	Home Delivered Meals
White – Hispanic	16	26
American Indian/Alaska Native	52	40
Asian	52	36
Black – Non/Hispanic	275	445
Black -Hispanic	-	12
Black - Ethnicity Missing	-	-
Native Hawaiian - Other Pacific Islander	2	2
Other Races	124	90
Total Minority Served	521	651
GREATEST NEED: Overview	Congregate Meals	Home Delivered Meals
Rural	1,475	545
Living Alone	1,955	1,852
Low Income	1,706	377
Low Income – Minority	296	377
Limited English	61	86
+75 Years Old	2,376	1,966

*Individuals can indicate multiple racial identifications

Performance Results: Impact of Nutrition Services

Service Providers are responsible for surveying meal recipients to collect information about those participating in the programs and seek feedback regarding their satisfaction with the food and services.

Participants in the congregate and home-delivered meal programs experience improved food security.

- Nearly 62% eat at a site daily or at least weekly;
- 36% of congregate meal participants eat at a site daily;
- 56% of congregate meal participants indicate the meal served at the site is their main source of food;
- 16% do not always have enough money or financial assistance to buy food;
- 18% in the past have had to choose between buying food and paying their medical bills and another 14% have had to choose between buying food and paying their utility bills;
- Nearly 14% indicate they had to skip meals because they had no food or money.

The nutrition program provides participants with opportunities for socialization and reduces the isolation of older adults.

- 93% indicate that by participating in the congregate meal program, they see their friends more often;
- Nearly 81% report they have been attending the meal site for one or more years.

Meal participants are eating healthier, making better food choices, and improving their health.

- 89% of congregate meal participants and nearly 92% of home-delivered meal recipients report they eat healthier;
- 98% like the meals served at their congregate site- 99% rate the food as good, very good, or excellent, and 86% of home-delivered meal recipients like the way the food tastes either most or all the time;
- 99% of the participants would refer a friend to the program;
- Slightly more than 90% of congregate meal participants indicate they feel better and 82% report improved health;
- 60% of home-delivered meal recipients think their health has improved and indicate they feel better;
- More than 76% of participants report they have either achieved or are maintaining a healthy weight;
- 69% of participants indicate they make more healthful and nutritious food choices because of participating in a congregate meals program.

The Nutrition Services program is promoting independence and enabling older adults to live at home.

- Nutrition service programs check on home-delivered meal recipients to ensure their well-being;
- More than 86% report that the meals and services they receive at a congregate meal site are helping them to continue living at home

FY 2020 Updates and Impact

Service provision changes in FY 2020 include the transition of congregate meal provision in Macon County to Catholic Charities.

An additional \$602,832 in FFCRA and \$1,085,097 in CARES Act funding was allocated to support the alternate format congregate and home delivered meal provision. Service providers were able to purchase additional equipment, PPE as well as technology to allow continued meal provision safely for participants, staff, and volunteers.

2019 PERFORMANCE REPORT: LEGAL SERVICES

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

Legal services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are promoting the independence and financial stability of older adults by providing legal advice, representation, and education to increase their understanding of consumer, legal, medical, and financial rights and responsibilities.

During FY2019, the ECIAAA budgeted \$77,626 in federal Older Americans Act Title III-B funds for legal assistance for older adults. The agency funded two organizations (Service Providers) to deliver legal assistance throughout its 16-county geographic service area: Land of Lincoln Legal Aid, serving 13 counties, and Prairie State Legal Services, serving three counties.

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

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

Cost Benefit: On average, private attorney fees are 2.4 times the cost of Service Provider-approved hourly rates. Funds provided by the ECIAAA enabled Service Providers to provide 2,913 hours of legal services to older adults. This resulted in a cost savings of \$346,271 when program cost is compared to private attorney fees (*Source: Illinois Legal Aid Society, May 2020*).

Performance Results: Level of Service and Older Adults Served

The Land of Lincoln Legal Assistance Foundation and Prairie State Legal Services assisted 639 older adults during FY2019, providing 2,913 units/hours of legal assistance.

Performance Results: Targeting Older Persons in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Legal Services
White – Hispanic	0
American Indian/Alaska Native	4
Asian	0
Black – Non/Hispanic	87
Black -Hispanic	0
Black - Ethnicity Missing	-
Native Hawaiian - Other Pacific Islander	0
Other Races	8
Total Minority Served	119
GREATEST NEED: Overview	Legal Services
Rural	76
Living Alone	410
Low Income	197
Low Income – Minority	38
Limited English	1
+75 Years Old	155

*Individuals can indicate multiple racial identifications

Performance Results: Impact of Legal Services

Older adults who work with attorneys understand the legal importance of advance directives, and benefit from peace of mind when choosing their future financial and medical decision-makers.

- The Land of Lincoln Legal Assistance Foundation, which serves 13 of the 16-county service area, drafted and executed Powers of Attorney on behalf of 42 clients
- Prairie State Legal Services assisted 10 older adults with advanced directives.
- Prairie State Legal Services linked 9 low income older adults to volunteer attorneys who prepared advanced directives (these statistics not included in OAA reporting).

Older adults who work with attorneys understand their rights to public benefits including medical and financial benefits and achieve stability from obtaining or preserving these benefits.

- The Land of Lincoln Legal Assistance Foundation provided either brief services or extended representation 22 clients in either obtaining or maintaining health and economic benefits;
- Prairie State Legal Services assisted 37 older adults with legal questions or problems related to health or income benefits.
 - Four of these cases were completed with legal representation in appeals that resulted in access to medical benefits that had been wrongfully denied or prevented improper involuntary discharges from nursing home care. These health cases helped older adults reduce medical debt by \$108,290.
 - The involuntary discharge cases involved nursing home residents who had depleted their assets on nursing home care and had applied for Medicaid. The State requires proof of how all assets were used for the previous five years and this can be overwhelming for the nursing home resident and their family members. This may result in denials of Medicaid and threats of removal from the facility. Prairie State handles these cases often based on referrals from the Long-Term Care Ombudsman Program.

Older adults who work with legal service attorneys understand their legal and consumer rights which protects them from unlawful debt collection, promotes financial stability, and lowers stress.

- Prairie State Legal Services provided legal assistance for 20 older adults with consumer issues.
- The Land of Lincoln Legal Assistance Foundation assisted 30 seniors with consumer matters.

FY 2020 Impact

An additional \$17,584 in CARES Act funding was allocated to Legal Services. Providers invested in equipment and PPE allowing continued safe service provision.

ECIAAA County Conversations – Planning Process for FY 2022

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

Objective I

Presented the FY 2019 Performance Outcomes Report to Constituents on Older Americans Act Services - Legal, Nutrition, Caregiver Advisory and CPoE/Senior Information Services.

Objective II

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

Objective III

Served as an advocacy platform to inform lawmakers how vital these programs are to their constituents and must be preserved and increased!

Questions Asked During the County Conversations...

HOW CAN WE IMPROVE THE OAA SERVICES PROVIDED?

HOW CAN WE IMPROVE OAA SERVICE DELIVERY?

Reducing Social Isolation Programming:

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

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

1. Service Providers and participants support the current SIS/CPoE Service Program Design as originally implemented by ECIAAA in FY 2011, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles including the ECIAAA RFP cycle for FY 2019 – FY 2021.
2. Increased federal and state funding is needed to respond to the increased demand for services.
3. Participants reported the need for additional funding for Options Counseling services to respond to the increased demand for services.
4. Participants reported the need for additional Flexible Senior Services (AKA gap filling services) to respond to the increased demand in services.

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

Caregiver Advisory Services

1. Participants reported that caregivers appreciate the Flexible Senior Services (AKA) gap filling services and Alzheimer's Disease and Related Dementias Gap Filling Services implemented by ECIAAA.
2. Participants reported the continued need to offer online support groups and online Evidence-Based Healthy Aging classes, such as Chronic Disease Self-Management Programs, Diabetes Self-Management Programs, Matter of Balance, Savvy Caregiver and Stress Busting programs.
3. Participants reported challenges in conducting virtual caregiver support services due to spotty internet connectivity. Reported the need for more resources to support access to technology. Reported that many caregivers respond well to virtual programming, such as support groups, due to not having to find substitute care for the care recipients.
4. Participants reported the need to better promote Caregiver Advisory Services for family/informal caregivers and grandparents/relatives raising grandchildren/children in rural areas.
5. Participants reported the need for increased funding for the ECIAAA-funded Caregiver Advisory Program in counties experiencing ever increasing demand.

Nutrition Services

1. Service Providers and participants reported no recommendations for changes to the current service delivery design for Nutrition Services as originally implemented by ECIAAA in FY 2015, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles including the upcoming ECIAAA RFP cycle.
2. Participants reported the pressing need to reinstate congregate nutrition sites once it is safe for older adults, post COVID-19 pandemic.
3. Service providers and participants reported that the nutritional needs of rural elders must be met.
4. Participants reported that during post COVID-19 pandemic, more attention needs to be given to increasing nutrition participation in Livingston County.

5. Participants reported that due to the pandemic, the demand for home delivered meals has increased (ECIAAA area-wide by 70% during FY 2020) and funding must be increased to sustain services to address this increased demand.
6. Due to continued increases in state and federal funding to support home delivered meals, the need to eliminate the OAA federal funds transfer from the Congregate Meals (C1) allocation to Home Delivered Meals (C2) has been identified.

Legal Services

1. Service Providers and participants support the current Legal Assistance for Older Adults Service Program Design as originally implemented by ECIAAA that has been established in subsequent ECIAAA Request for Proposals (RFP) cycles, including the ECIAAA RFP cycle for FY 2019 – FY 2021.
2. Participants reported the need to reach homebound older adults needing legal assistance.
3. Legal Service providers reported the consideration to cover lawsuit filing fees.
4. Participants reported the need to better promote services to older adults needing legal assistance.
5. Participants reported the need to increase funding to legal assistance providers to meet the demand for legal services for older adults.

FY 2021 Home Delivered Meals Survey

Identification of Needs & Gaps in Nutrition Services in PSA 05 Numbers of Older Persons Denied HDMS & Current Numbers of Older Persons on Waiting Lists

Name of County	FY 2020 # of Older Persons Denied HDMS due to Lack of Funding	Current # 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

Numbers of Older Persons Needing HDMs in Unserved Areas

County	Unserved Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
Champaign	Ayers, Compromise, Crittenden, East Bend, Kerr, Ogden, Raymond, Stanton, St. Joseph	40
Clark	Anderson, Auburn, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Wabash, York	30
Coles	Morgan, Seven Hickory	15
Cumberland	Union	5
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Turnbridge, Wapello, Waynesville, Wilson	20
Douglas	Bourbon, Bowdre, Garrett, Sargent	15
Edgar	Brouilletts Creek, Elbridge, Grandview, Hunter, Prairie, Redmon, Stratton, Symmes	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall	15
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland	20
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	20
McLean		0
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe	20
Piatt	Cerro Gordo, Sangamon, Unity, Willow Branch	5
Shelby	Flat Branch, Holland, Penn, Rural,	5
<i>PEACE MEAL TOTAL</i>		245
Vermilion – CRIS	None	0
Macon – MOWs	None	0
GRAND TOTAL		245

STATEWIDE INITIATIVE

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

&

LOCAL INITIATIVE

Healthy Aging

Evidence-Based Healthy Promotion Programs

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



Statewide Initiative

Enhance Illinois' Existing Community-Based Service

Delivery System to Address Social Isolation among Older Adults

Background Information

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

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

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

The AARP Foundation has defined social isolation as the following:

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

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

According to SAGE: [Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders \(2020\)](#), LGBT older adults are twice as likely to live alone. [Research has shown](#) that both loneliness and social isolation tend to be more evident among people who have outlived family members and friends and live alone. LGBT older people are twice as likely to be single and 3-4 times less likely to have children. Additionally, many are estranged from the biological families.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that, “Socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth” (Flowers, Shaw, Arid, 2017). Other surveys have indicated that gender, education, and race/ethnicity were not related to loneliness. Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses, and have difficulty performing activities of daily living.

The primary risk factors associated with isolation include:

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

COVID-19 IMPACT

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

Progress during FY 2020 & FY 2021

During FY 2020 & FY 2021, ECIAAA conducted service coordination and program development activities which included following:

- Expansion of social facilitation interventions such as friendly caller, telephone reassurance programs
- Development of leisure/skill development interventions
- Using remote communications to reduce isolation
- Supporting informal caregivers
- Increasing the service delivery capacity of small community agencies to address social isolation
- Supporting the development of volunteer-based outreach programs

Reducing Social Isolation Community Partners

Bloomington/Normal

Advocate Adult Day Service
Alzheimer's Association Illinois Chapter
Bloomington Public Library
Community Care Systems, Inc. Caregiver
Advisory Program
ECIAAA Regional Ombudsman Program
Faith in Action of Bloomington/Normal
Illinois State University – Mennonite School
of Nursing
Normal Public Library
OSF – Peace Meal Senior Nutrition
The ARC – Activity and Recreation Center,
Normal
YWCA RSVP Program

Champaign/Urbana

Circle of Friends Adult Day Service
CRIS Healthy-Aging Center SIS/CPoE
ECIAAA Regional Ombudsman Program
Family Service of Champaign County
OSF - Faith in Action

OSF – Peace Meal Senior Nutrition
University of Illinois – Human Factors and
Aging Laboratory

Macon County

Alzheimer's Association Illinois Chapter
Carriage Crossing Senior Living
Catholic Charities of Decatur – MOWs &
Faith in Action
CHELP
Decatur Housing Authority
Decatur Public Library
Decatur-Macon County Senior Center
DOVE - RSVP
Eagle Ridge
ECIAAA Regional Ombudsman Program
Golden Kiwanis
Memorial Health Systems
Primrose Retirement Communities
Spring Creek/ Oxford House
Starting Point – Macon County Health
Department SIS/CPoE

FY 2022 – Sustained Funding for Reducing Social Isolation Programs. The Governor's proposed FY 2022 budget includes sustaining \$1 million in General Revenue Fund (GRF) monies to support Area Agencies on Aging activities to address social isolation in the 13 Planning and Service Areas.

Measuring Reducing Social Isolation (RSI) with the UCLA Loneliness Scale

Pilot Projects

McLean:

ARC Sunshine Project;

**CCSI Brain Train /
Hispanic Outreach**

**Champaign, Vermillion,
and Douglas:**

CRIS Healthy Aging Center and U
of I **Smart Speaker Program;**

Family Service Senior Resource
Center with Peace Meal, Circle of
Friends, RSVP, and OSF Heart of
Mary **Friendly Caller Program**



The UCLA Loneliness Scale comprises of 3 questions that measure three dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation. The questions are:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

How to answer and score results:

- Hardly ever = 1 score
- Some of the time = 2 score
- Often = 3 score

How to add and interpret score total:

- 3 to 5 = not lonely
- 6 to 9 = lonely



REDUCING SOCIAL ISOLATION UCLA Loneliness Scale

FY 2020 COVID Impact

108 Individuals Pre-Tested

55 Individuals Post-Tested

- 39% of participants reported Pre-test scores of 3 or 4 “Least Lonely”
- 67% of participants who received a Post-Test reported “Least Lonely”
- Conversely, 23% of participants reported Pre-test scores of 8 or 9 “Most Lonely”
- 7% of participants reported Post-test scores of “Most Lonely”



Champaign County Reducing Social Isolation CRIS Healthy Aging

- CRIS Healthy-Aging
- Serving Champaign County as well as Vermilion County
- Utilization of smart screen/speaker technology to reduce feelings of loneliness and social isolation
- Partnerships: University of Illinois CHART

• **849 Units of Service provided**



Champaign County Reducing Social Isolation Family Service- Senior Resource Center

Friendly Callers

Telephone Reassurance Program

- Partnership with Family Service Retired Senior Volunteer Program (RSVP)
- Expanded partnerships: OSF Heart of Mary, Peace Meal, Circle of Friends, Parkland College, CPL
- Program Design
- Served 38 persons with 837 contacts



Champaign County Reducing Social Isolation Family Service- Senior Resource Center

THE NEWS GAZETTE

FEATURED TOP STORY

Coronavirus response | Program to help seniors combat loneliness ramping up

Bob Asmussen

Mar 26, 2020

"CHAMPAIGN — As the coronavirus spread throughout Illinois, Gov. J.B. Pritzker opened his daily press conference Thursday by emphasizing the need to help senior citizens. He pointed to cooperation from major grocery companies in setting up special shopping hours for older customers. **Locally, Family Service of Champaign County's Senior Resource Center is lending a hand to residents. Actually, lending an ear.."**



https://www.news-gazette.com/coronavirus/coronavirus-response-program-to-help-seniors-combat-loneliness-ramping-up/article_70c029ba-29b2-547d-9f15-5dbf42e80e9.html



McLean County: Normal Township Activity and Recreation Center (ARC)



Current Activities:

ARC provided digital programming utilizing Zoom to keep members engaged. Programs included Zoom for Beginners, Yoga, Great Books, Tai Chi, Men's and Women's Grief Support, Line Dancing, Music Education, and Bingo.

RSI Pilot Project:

The Sunshine Program was created to minimize the impact of social isolation for ARC members who are temporarily homebound due to illness or death of a spouse. Home visits were coordinated by volunteers.

When the program was suspended due to the pandemic, it was modified to utilize Telephone Reassurance whereby more than 3000 phone calls were made to check on wellbeing or make birthday wishes. The program also sends birthday and sympathy cards.



McLean County Reducing Social Isolation CCSI- Case Coordination LLC



- **Outreach- targeting McLean County Hispanic Seniors**
 - Established partnership with David Santana, Pastor of Restoration Church and the Building Coordinator of Woodhill Towers
 - Planned presentations and special Outreach presence at Western Avenue Community Center, Restoration Church, meals sites, senior buildings, churches and senior centers to identify Hispanic elders and provide assistance linking with services- including transportation, application assistance, home and community based services etc.
- **COVID Continuation**
 - Focus on Brain Train at the identified McLean County senior housing that the RSI Advisory Group identified as isolated.
 - Involves-
 - Provision of monthly packets of logic, meditative, language and free thinking puzzles and coloring pages
 - Calling 2 times a month to discuss the packet and encourage the usage of the materials to lessen isolation
 - Encourage light exercise to help with blood flow and stimulate the brain
 - Administer the UCLA Loneliness Scale at least two times and make referrals to other programs and services



ECIAAA LOCAL INITIATIVE

Healthy Aging - helping older adults manage chronic health conditions.

Statement of Need

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 experiencing tremendous growth. According to ACL, the population of Americans age 60 and over will increase from 57 million to over 77 million between now and 2020. The 85 and over age group will see similar growth, increasing from 6.3 million to 9.1 million between 2015 to 2030 according to U.S. Census data. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity. Older Americans Act programs and services help seniors in need maintain their health and independence.

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital care. For example, 62 percent of congregate and 93 percent of home-delivered meal recipients reported that the meals enabled them to continue living in their own homes and 53 percent of seniors using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community. According to studies by the Stanford Patient Education Resource Center, participants in Chronic Disease and Diabetes Self-Management Programs (evidence based healthy aging programs often supported by OAA funds) gained significant improvements in many health factors and self-management skills resulting in fewer and shorter hospital visits. Survey results from another evidence-based program, A Matter of Balance, indicated over 97 percent of participants felt more comfortable talking about falling, and planned to continue the program's exercises after the conclusion of the workshops.

The Aging Network is faced with the challenge and the opportunity to integrate evidence-based health promotion practices with community-based programs for older adults. Community-based programs such as congregate nutrition programs, senior centers, adult day centers, and home care services are trusted and used by over 11 million seniors across the nation, 559,000 Illinois older adults, and over 21,000 older adults in Area 05. However,

community programs on aging have lacked the resources and the training to deliver healthy aging programs to seniors today and to a growing population of baby-boomers in the future.

Healthy Aging in East Central Illinois

ECIAAA promotes healthy aging with local and statewide partners including:

- ECIAAA-funded service providers have reported 80 participants in A Matter of Balance workshops.
- ECIAAA is a partner with Illinois Pathways to Health – an ACL grant awarded to and administered by AgeOptions, to enhance the dissemination of Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) in PSA 05.
- Under the direction of Rush Medical Center and Illinois Aging Services, ECIAAA is sponsoring the Geriatric Workforce Enhancement Program Grant to expand PEARLS and HEALTHY IDEAS throughout Illinois.

ECIAAA promotes healthy aging with local and statewide partners including:

Support of the AgeOptions Evidence-Based Falls Prevention efforts by continuing to fund *A Matter of Balance* in PSA 05, facilitating Leaders trainings in PSA 05, sharing a calendar of evidence-based class schedules on our ECIAAA website and participating in technical assistance sessions to improve the reach and sustainability of all evidence-based programming.

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

In response to multiple statewide initiatives, ECIAAA will direct Title III-D and Title III-B funding to support evidence-based healthy aging programming and services. Programs supported with Title III-D funding include *A Matter of Balance*, *Take Charge of Your Health: Live Well, Be Well*, the Chronic Disease Self-Management and Diabetes Self-Management Program and Aging Mastery. The Program to Encourage Active and Rewarding Lives (PEARLS) will be supported with III-B funding. 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 aim to make evidence-based programs available across all 16 counties in East Central Illinois.

ECIAAA will continue to support highest level criteria established by the Administration on Aging for evidence-based programs in FY 2022.

PEARLS- Program to Encourage Active and Rewarding Lives – An evidence-based program integrated into Gerontological Counseling and designed to reduce depression in physically impaired and socially isolated older adults.

Service Area-McLean, DeWitt and Champaign Counties

Providers- CCSI, Family Service

CDSMP/DSMP- Chronic Disease Self-Management and Diabetes Self-Management- A 6-week evidence-based program that has shown participant improvement in exercise, cognitive symptom management, communication with physicians and self-reported general health.

Service Area- Champaign, McLean, DeWitt, Livingston, Macon Counties

Providers- Family Service, CCSI, Macon County Health Department

A Matter of Balance- Consists of an eight-session program producing significant improvements for participants in falls preventions, falls control, level of exercise and social limitations regarding concern about falling. These measures all indicate the program is successful in reducing the fear of falling.

Service Area- Champaign, Cumberland, DeWitt, McLean, Macon, Moultrie, Piatt, and Shelby

Providers- Family Service, Life Center, CCSI, Catholic Charities

Aging Mastery- Consists of a 10-topic curriculum that features fun and engaging educational sessions designed to produce behavioral incentives for aging well. Topics include exercise, nutrition, finances, advance care planning, community engagement and healthy relationships.

Service Area- Vermilion and Champaign Counties

Providers- CRIS Healthy-Aging Center (plus train Life Center)

Stress Busting - Consists of a nine-session class proving support for family caregivers of persons with Alzheimer's Disease and Related Dementias or persons with cancer or chronic disease or illness. The Stress-Busting Program has been proven to reduce stress, anxiety and anger and improve caregiver quality of life.

Service Area- PSA 05

Providers- All Nine Caregiver Advisory providers

Projected Funding- ECIAAA plans to allocate a portion of the \$68,300 in Alzheimer's Disease and Related Dementia Special Project.

Bingocize©- is a 10-week, evidence-based health promotion program approved through the National Council on Aging (NCOA). Bingocize© combines exercise and health information with the familiar game of bingo, which has shown to be a great, fun way to get seniors moving and socializing. It's meant to be played twice a week on nonconsecutive days, and each session usually lasts 45-60 minutes. It can implement remotely or in traditional face-to-face setting.

Service Area – McLean, DeWitt, Cumberland, and Macon

Providers- CCSI, Life Center and Catholic Charities

ECIAAA LOCAL INITIATIVE – DEMENTIA FRIENDLY COMMUNITIES

BACKGROUND: Dementia Friendly America Communities

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

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

Dementia Friendly America Communities

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

1. Connecting Across Sectors.
 - DFA communities convene a cross-sector team across three or more community sectors to advance dementia friendliness. All community sectors should be represented on the cross-sector team.
 - The cross-sector team, at minimum, includes:
 - Government

- Clinical
 - Community-based organizations
 - People living in the community with dementia and their care partners
2. Inclusion.
 - People living with dementia and their caregivers are key to leading and shaping dementia friendly communities.
 - It is imperative that people living with dementia shape a dementia friendly community effort.
 3. Coordination.
 - DFA communities will benefit from having an organization to champion and coordinate the effort.
 - Champion organizations may help recruit or partner with a senior leader of local government in the effort (e.g. mayor, city council, legislative leaders).
 4. Adoption and Communication of Dementia Friendly Practices and Change Goals.
 - DFA communities foster sector-specific dementia friendly practices across their communities.
 - The DFA toolkit guides communities with a step-by-step process that fosters adoption of dementia friendly practices in all parts of the community.
 - Communities may follow the step-by-step process and conduct sector-based outreach and training.
 5. DFA Recognition and Criteria Process.
 - Provide a memo summarizing how the community meets the readiness and recognition criteria.
 - Provide three or more letters of support representing difference community sectors.
 - Provide a project description to be used for public dissemination.
 - Once DFA has reviewed a community's materials and communicated approval, a community may identify themselves with the Dementia Friendly America logo.
 6. Benefits of Joining DFA Network of Communities.
 - Access to webinars for DFA communities.
 - Access to DFA communities' listserv.
 - One on one technical assistance with DFA staff team.
 - Monthly newsletter.
 - Ability to connect with other DFA communities.

ECIAAA 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%.

DEMOGRAPHIC CHARACTERISTICS & TRENDS & A PROFILE OF OLDER ADULTS IN PLANNING & SERVICE AREA 05

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



Demographic Characteristics and Trends

A Profile of Older Americans: 2019 (most recent ACL tabulation)

Source: Administration on Aging/Administration for Community Living

- The older population (65+) numbered 52.4 million in 2018 (16% of the population), an increase of 35% since 2008.
- Between 2008 and 2018 the population age 60 and over increased 34% from 54.1 million to 72.8 million.
- The 85+ population is projected to more than double from 6.5 million in 2018 to 14.4 million in 2040.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 7% between 2008-2018.
- Racial and ethnic minority populations have increased from 7.5 million in 2008 (19% of the older adult population) to 12.3 million in 2018 (23% of older adults) and are expected to increase to 27.7 million in 2040 (34% of older adults).
- More than one in every seven Americans is an older adult.
- In 2018, persons reaching age 65 have an average life expectancy of an additional 19.5 years (20.7 years for females and 18.1 years for males).
- There were 93,927 persons aged 100 or more in 2018 (almost triple the 1980 figures of 32,194).
- Older women outnumber older men at 29.1 million older women to 23.3 million older men.
- In 2018, 23% of persons 65+ were members of racial or ethnic minority populations-- 9% were African-Americans (not Hispanic), 5% were Asian or Pacific Islander (not Hispanic), 0.1% were Native American or Native Alaskan (not Hispanic), and 0.8% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 8% of the older population.
- Older men were much more likely to be married than older women--69% of men vs. 47% of women. In 2019, 31% older women were widows.
- As of 2019, about 28% (14.7 million) of older persons lived alone (9.7 million women, 5 million men).
- Almost half of older women (44%) age 75+ live alone.
- The population 65 and over has 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 median income of all households headed older people increased by 3.3% between 2017 and 2018. Households containing families headed by persons 65+ reported a median income in 2016 of \$64,023.
- The major sources of income as reported by older persons in 2015 were Social Security (reported by 84% of older persons), income from assets (reported by 63%), private pensions (reported by 37%), government employee pensions (reported by 16%).
- Social Security constituted 90% or more of the income received by 34% of beneficiaries in 2015 (23% of married couples and 43% of non-married beneficiaries).

- In 2018, nearly 1 in 10 people age 65 and older (9.7% or 5.1 million) lived below the poverty level. Another 2.3 million or 4.4% of older adults were classified as “near-poor” (income between the poverty level and 125% of this level).

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

(Based on the most recent tabulation available 2019 stats contained in April 2021 IDOA Planning Allocation Letter)

60+ Population Percentage of Total Population

County Name	2019 Census Population Estimates Total Population	2019 Census Population Estimates 60+ Population	60+ Population % of Total Population
Champaign	209,689	38,857	18.3%
Clark	15,441	4,212	27.3%
Coles	50,621	12,234	24.2%
Cumberland	10,766	3,026	28.1%
DeWitt	15,638	4,319	27.6%
Douglas	19,465	4,924	25.3%
Edgar	17,161	5,239	30.5%
Ford	12,961	3,529	27.2%
Iroquois	27,114	8,115	29.9%
Livingston	35,648	9,532	26.7%
Macon	104,009	28,677	27.6%
McLean	171,517	33,073	19.2%
Moultrie	14,501	3,730	25.7%
Piatt	16,344	4,497	27.5%
Shelby	21,634	6,641	30.7%
Vermilion	75,758	20,295	26.8%
PSA 05 Total	818,267	190,900	23.3%

60+ Minority Percentage of 60+ Population

County Name	2019 Census Population Estimates 60+ Population	2019 Census Population Estimates 60+ Minority Population	60+ Minority % of 60+ Population
Champaign	38,857	6,300	16.2%
Clark	4,212	62	1.5%
Coles	12,234	444	3.6%
Cumberland	3,026	55	1.8%
DeWitt	4,319	102	2.4%
Douglas	4,924	219	4.4%
Edgar	5,239	104	2.0%
Ford	3,529	89	2.5%
Iroquois	8,115	334	4.1%
Livingston	9,532	340	3.6%
Macon	28,677	3,742	13.1%
McLean	33,073	2,837	8.6%
Moultrie	3,730	74	2.0%
Piatt	4,497	68	1.5%
Shelby	6,641	114	1.7%
Vermilion	20,295	2,189	10.8%
PSA 05 Total	190,900	17,093	9.0%

60+ Poverty Percentage of 60+ Population

County Name	2019 Census Population Estimates 60+ Population	2019 Census Population Estimates 60+ Poverty	60+ Poverty % of 60+ Population
Champaign	38,857	2,966	7.6%
Clark	4,212	191	4.5%
Coles	12,234	1,202	9.8%
Cumberland	3,026	273	9.0%
DeWitt	4,319	230	5.13%
Douglas	4,924	409	8.3%
Edgar	5,239	492	9.4%
Ford	3,529	225	6.3%
Iroquois	8,115	593	10.3%
Livingston	9,532	872	7.3%
Macon	28,677	2,657	9.3%
McLean	33,073	3,006	9.1%
Moultrie	3,730	157	4.2%
Piatt	4,497	150	3.3%
Shelby	6,641	5830	8.8%
Vermilion	20,295	1,458	7.2%
PSA 05 Total	190,900	15,411	8.1%

85+ Population Percentage of 60+ Population

County Name	2019 Census Population Estimates 60+ Population	2019 Census Population Estimates 85+ Population	85+ Population % of 60+ Population
Champaign	38,857	3,782	9.7%
Clark	4,212	430	10.2%
Coles	12,234	1,246	10.1%
Cumberland	3,026	316	10.4%
DeWitt	4,319	377	8.7%
Douglas	4,924	494	10.0%
Edgar	5,239	527	10.1%
Ford	3,529	468	13.3%
Iroquois	8,115	859	10.6%
Livingston	9,532	1,096	11.5%
Macon	28,677	3,117	10.9%
McLean	33,073	3,012	9.1%
Moultrie	3,730	459	12.3%
Piatt	4,497	391	8.7%
Shelby	6,641	722	10.9%
Vermilion	20,295	1,908	9.4%
PSA 05 Total	190,900	19,204	10.1%

60+ Rural of 60+ Population

County Name	2019 Census Population Estimates 60+ Population	2019 Population Estimates 60+ Rural Population	60+ Rural % of 60+ Population
Champaign	38,857	0	0%
Clark	4,212	4,212	100%
Coles	12,234	12,234	100%
Cumberland	3,026	3,026	100%
DeWitt	4,319	4,319	0%
Douglas	4,924	4,924	100%
Edgar	5,239	5,239	100%
Ford	3,529	3,529	100%
Iroquois	8,115	8,115	100%
Livingston	9,532	9,532	100%
Macon	28,677	0	0%
McLean	33,073	0	0%
Moultrie	3,730	3,730	100%
Piatt	4,497	0	0%
Shelby	6,641	6,641	100%
Vermilion	20,295	0	0%
PSA 05 Total	190,900	65,501	34.3%

60+ Living Alone of 60+ Population

County Name	2019 Census Population Estimates 60+ Population	2019 Census Population Estimates 60+ Living Alone Population	60+ Living Alone % of 60+ Population
Champaign	38,857	9,260	23.4%
Clark	4,212	895	21.2%
Coles	12,234	3,220	26.3%
Cumberland	3,026	655	21.6%
DeWitt	4,319	970	22.5%
Douglas	4,924	1,215	24.7%
Edgar	5,239	1,280	24.4%
Ford	3,529	1,035	29.3%
Iroquois	8,115	2,180	26.7%
Livingston	9,532	2,430	25.5%
Macon	28,677	8,030	28.0%
McLean	33,073	7,195	25.9%
Moultrie	3,730	975	21.8%
Piatt	4,497	990	22.0%
Shelby	6,641	1,580	23.8%
Vermilion	20,295	5,400	26.6%
PSA 05 Total	190,900	47,310	24.8%

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

&

ECIAAA FUNDING FORMULA

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



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 2022

PSA	60+ Pop.	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	6.12
02	25.44	16.68	18.36	23.63	20.37	0.00	19.57
03	4.39	3.89	1.23	4.76	4.75	17.45	5.22
04	3.58	3.15	1.06	3.80	3.74	0.00	2.92
05	6.69	6.38	2.19	6.96	7.07	16.55	7.03
06	1.15	1.07	0.14	1.34	1.18	7.93	1.66
07	4.08	3.25	0.87	4.27	4.52	11.39	4.29
08	5.63	5.28	3.01	5.65	5.92	3.11	5.06
09	1.32	1.24	0.19	1.41	1.38	9.52	1.96
10	1.13	1.33	0.10	1.26	1.34	8.12	1.72
11	2.55	3.20	0.66	2.74	2.83	9.47	3.20
12	17.79	31.46	45.06	17.90	20.67	0.00	22.53
13	20.24	18.69	24.87	20.24	20.35	0.00	18.72
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 increased from 6.83 in FY 2020 to 7.03 for FY2021 – an increase of 0.2%.

ECIAAA Funding Formula for FY2022 – Updated April 21, 2021.

A. Introduction

The East Central Illinois Area Agency on Aging will allocate Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA's Funding Formula for FY 2022 has been updated, effective April 21, 2021.

B. Formula Goals and Assumptions

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

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

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

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

fundamental mandate of the Older Americans Act will be implemented through a combination of federal, state, regional, and local targeting efforts.

C. Funding Formula Definitions

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

U.S. Census Bureau means the U.S. Census Bureau, U.S. Department of Commerce.

Living alone means being a sole resident of a home or housing unit.

Minority group means 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 other Pacific Islander).

County means a local level of government below the State of Illinois.

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

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

75+ means those persons reported as aged 75 and over as defined by the U.S. Census Bureau.

SSI+OASDI means 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 as defined by the U.S. Census Bureau means a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, bathing, learning, or remembering. Note: Self-reported by the respondent in the U.S. Census Bureau American Community Survey.

D. 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:

- The number of the state's population 60 years of age and older in the county as an indicator of need (60+ Population).

- The number of the state’s population 60+ reported in the minority group (Hispanic, American Indian/Alaska Native, Asian, African American and Native Hawaiian or other Pacific Islander) in the county as an indicator of need (60+ Minority).
- The number of the state’s population 60+ reported as living alone (60+Living Alone).
- The number of the state’s population aged 75 years of age and older (75+ Population).
- 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+ Poverty).
- 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 (60+ Rural).
- The number of SSI recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county.
- The number of 60+ reporting two or more disabilities as defined by the U.S. Census Bureau (60+SSI+OASDI with Two or More Disabilities).

E. 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%

F. Application of the ECIAAA Funding Formula

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

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.
- 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 an MSA.
- 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.

G. Base Level of Funding

Senior Information Services/Coordinated Point of Entry

In FY2022 ECIAAA proposes to maintain the Base Level of Funding at \$35,000 per county. The SIS allocation amount above the \$420,000, 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 2022, 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 2022. 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 Section H.

Title III-E Caregiver Advisor/Respite Services

In FY 2022, ECIAAA will establish the Base Level of Funding at \$5,250 per county. The remaining Title III-E funding will be distributed on the formula share per county. (Updated April 21, 2021)

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/III-B Respite Services

In FY 2022, ECIAAA will establish the Base Level of Funding at \$500 per county. The remaining Respite funding will be distributed on the formula share per county. (Updated April 21, 2021)

H. Performance-Based Funding Allocations by Program (Updated January 2019)

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

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

1. Number of applications completed and submitted for Seniors Ride Free, Persons with Disabilities Ride Free and license plate discount;
2. Number of Medicare Part D drug plan enrollments completed and submitted;
3. Number of LIS applications assisted with on behalf of eligible individuals;
4. 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:

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 FY2022

ECIAAAA will use the latest Census data from the Illinois Department on Aging in the Intrastate Funding Formula for FY2022, using data derived from the following:

- | | |
|--------------|--|
| 60+ | 2019 ACS Special Tabulation of the Population 60+, based on one-year estimates from the American Community Survey for 2019. |
| 75+ | 2019 ACS Special Tabulation of the Population 75+, based on one-year estimates from the American Community Survey for 2019. |
| Minorities | 2019 ACS Special Tabulation of the Minority Population 60+, based on one-year estimates from the American Community Survey for 2019. |
| Poverty | 2019 ACS Special Tabulation of the Poverty Population 60+, based on five-year estimates from the American Community Survey for 2019. |
| Living Alone | 2013-2017 Special Tabulation of Living Alone Population 60+, based on five-year estimates from the Community Survey from 2017. |
| 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 2022

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022



ECIAAA Budget Assumptions for FY 2022

1. The Governor's Proposed Budget for FY 2022 includes:
 - \$11.3 M increase for the expansion of Home Delivered Meals (HDMs) to meet the increased demands as a result of COVID-19 and to address waiting lists in two planning and service areas (PSA's).
 - \$1 M to sustain Reducing Social Isolation among Older Adults Initiatives launched by Area Agencies on Aging (AAAs) during FY 2020 and FY 2021.
 - \$ 1 M to sustain Alzheimer's Disease and Related Dementias programming launched by AAAs during FY 2020 and FY 2021.
 - \$ 3.5 M Senior Health Assistance Program (SHAP) sustained funding.
 - \$2.8 M Long-Term Care Ombudsman Program sustained funding.
 - \$2.4 M to address minimum wage increases within Older Americans Act services.

2. ECIAAA must comply with federal Older Americans Act statutory obligations to fund categorical or specified services, e.g., III-B Support Services – including Legal Assistance, III-C Nutrition Services – including Congregate and Home Delivered Meals, and Title III-E Caregiver Support Services – which includes Caregiver Advisory and Respite Services.

3. ECIAAA must comply with a federal Administration on Aging (AoA) requirement that requires all Title III-D funds be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

4. OAA allows Area Agencies on Aging to apply for 10% of total Title III-B and Title III-C for the cost of administration.

6. 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.

7. 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.

EAST CENTRAL ILLINOIS AREA AGENCY ON AGING'S FY 2022 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/GRF for FY 2022. ECIAAA plans to budget \$1,273,137 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). The proposed amount represents a combined increase of 8.4% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations and the Illinois General Assembly's approval of the Governor's budget for SFY 2022.
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 the Illinois General Assembly's approval of the Governor's budget for SFY 2022.
3. ECIAAA proposes to budget \$95,051 in federal OAA Title III-B funds for legal assistance for seniors in FY2022. The proposed amount represents an increase of 16% in funding contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
4. ECIAAA proposes to budget \$56,875 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 FY2022. The proposed amount represents an increase of 6% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
5. ECIAAA proposes to budget \$36,700 in federal OAA Title III-B funds for Gerontological Counseling -PEARLS. The proposed amount represents a maintenance level of funding contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
6. ECIAAA proposes to budget \$878,133 in federal OAA Title III-C 1, an increase of 56%, and \$52,973 (-31%) in Nutrition Services Incentive Funds (NSIP) for congregate nutrition in FY2022. The proposed amount represents the net increase of 45% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.

7. ECIAAA proposes to budget a total of \$3,649,485 in FY2022 for home delivered meals, including \$616,462 in federal OAA Title III-C-2 funds, \$2,573,189 in Illinois General Revenue Funds (GRF) and \$459,834 in Nutrition Services Incentive Funds (NSIP). The proposed amount represents a combined increase of 16% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations and the Illinois General Assembly's approval of the Governor's budget for SFY 2022.
8. As a top service priority under Title III-E for FY 2022, ECIAAA proposes to budget \$400,939 federal OAA Title III-E funds for Caregiver Advisory Services in FY 2022. The proposed amount represents an increase of 1% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
9. ECIAAA proposes to budget \$13,739 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY 2022. The proposed amount represents an increase of 8% and is contingent upon approval by the U.S. Congress of FY 2022 OAA appropriations.
10. ECIAAA proposes to budget \$120,725 in Illinois GRF and OAA Title III-B funds to support social isolation programming in PSA 05 for FY 2022. This funding is contingent upon the General Assembly's approval of the SFY 2022 budget., and U.S. Congress' approval of FY 2022 OAA appropriations.
11. ECIAAA proposes to budget \$72,500 in Illinois GRF 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 SFY 2022 budget.
12. ECIAAA proposes to budget \$99,108 for Coordinated Points of Entry/SIS Providers, and \$81,089 for Nutrition Providers in Illinois GRF for FY 2022 to help subsidize the minimum wage increase from \$11.00 per hour to \$12.00 per hour beginning January 1, 2022. This funding is contingent upon the General Assembly's approval of the SFY 2022 budget.

FY 2022 – FY 2024 Funding Contingency Planning

Contingency Plan – ECIAAA proposes the following contingency policy and plan for FY 2022-2024:

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 General Revenue Fund (GRF) monies 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 GRF for home delivered meals to sustain current meal delivery, keep pace with rising costs, and respond to increased demand for meals if feasible.
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 expenditures for Respite Services.
7. ECIAAA will use additional state funds for the Long-Term Care Ombudsman Program to comply with statutory requirements and program standards.
8. ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect or financial exploitation.

FISCAL YEAR 2022 ECIAAA BUDGET SUMMARY

Fiscal Year 2022 Public Information Document

Proposed Area Plan for FY 2022-2024



FISCAL YEAR 2022 BUDGET SUMMARY

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$8,358,025** in Federal and State funds for Fiscal Year 2022 for the period of October 1, 2021 through September 30, 2022. The table below is based on the initial FY 2022 Planning Allocations released on April 5, 2021 by the Illinois Department on Aging. The allocations are based on actual FY 2021 grant awards from the Administration for Community Living and the Governor's proposed FY 2022 budget for the Illinois Department on Aging.

FEDERAL FUNDS

Description	Federal	Federal Carryover Funds	State	Other	Total
Older Americans Act - Title III-B	\$ 1,101,068	\$ 45,175	\$ -	\$ -	\$ 1,146,243
Older Americans Act - Title III-C1	\$ 1,004,691	\$ 59,074	\$ -	\$ -	\$ 1,063,765
Older Americans Act - Title III-C2	\$ 702,517	\$ 34,780	\$ -	\$ -	\$ 737,297
Nutrition Service Incentive Program C1 & C2	\$ 512,807	\$ -	\$ -		\$ 512,807
Older Americans Act - Title III-D	\$ 56,875	\$ 5,481	\$ -	\$ -	\$ 62,356
Older Americans Act - Title III-E	\$ 477,734	\$ 23,651	\$ -	\$ -	\$ 501,385
Older Americans Act - Title VII Elder Abuse	\$ 24,176	\$ -	\$ -	\$ -	\$ 24,176
Older Americans Act - Title B/VII Ombudsman/EA	\$ 117,985	\$ -	\$ -	\$ -	\$ 117,985

STATE FUNDS

Description	Federal	Federal Carryover Funds	State	Other	Total
Planning and Service Grant Match	\$ -	\$ -	\$ 170,182	\$ -	\$ 170,182
Home Delivered Meals	\$ -	\$ -	\$ 2,492,100	\$ -	\$ 2,492,100
Planning and Service Grant Community Based	\$ -	\$ -	\$ 904,503	\$ -	\$ 904,503
Community Based Services	\$ -	\$ -	\$ 134,708	\$ -	\$ 134,708
Ombudsman Services	\$ -	\$ -	\$ 316,050	\$ 89,325	\$ 405,375

OTHER FUNDS

Other Grants	\$ -	\$ -	\$ -	\$ 85,143	\$ 85,143
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GRAND TOTAL

Grand Total Federal & State Funds	\$ 3,997,853	\$ 168,161	\$ 4,017,543	\$ 174,468	\$ 8,358,025
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FEDERAL CARRY-OVER FUNDS

Carry-over funds are projected in the amount of \$168,161 within Titles B, C1, C2, D and E. Actual carry-over funds will be determined once close 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, 2022.

Title III-B Community Based Services	Title III-B Long-Term Care Ombudsman	Title III C1 Congregate Meals	Title III C2 Home Delivered Meals	Title III-D Evidenced Based Programs	Title III-E Caregiver Resources	Title VII Ombudsman	Title VII Elder Abuse	Total
\$45,175	-	\$59,074	\$34,780	\$5,481	\$23,651	-	-	\$168,161

INTER-FUND TRANSFERS

The transfer from Title III-C to Title III-B is 9.946 %. 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 and funding support this change in budgeting.

Title III-B	Title III-B Ombudsman	Title III-C1	Title III-C2	Total
\$188,562	-	(\$188,562)	-	0

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) – C1/C2

The Nutrition Services Incentive Program is a part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and health or well-being of older individuals, and delay adverse health conditions through access to healthy meals, nutrition education, and nutrition counseling. ECIAAA projects a total of \$512,807 in NSIP funds or 7% of total meals based on funds available to the State of Illinois. Of the \$512,807, \$52,973, and \$459,834 are being budgeted for Congregate Meals (C1) and Home Delivered Meals (C2), respectively.

VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

The East Central Illinois Area Agency on Aging will fund activities that include public information/ education on elder abuse or ombudsman related issues; training on elder abuse, other related trainings, or, arranging or providing elder rights related training; multi-disciplinary teams which will act in a technical advisory role to an elder abuse provider agency; twenty-four hour availability in receiving and responding to elder abuse reports after regular work hours; and fatality review teams; The budget for these service activities is \$21,759. Of the \$21,759 the amount of \$359 will be awarded to the Long-Term Care Ombudsman Program for elder rights activities. This has been a long-standing requirement of the Illinois Department on Aging.

INTERNAL OPERATIONS OF THE AREA AGENCY ON AGING

For Fiscal Year 2022 the operational budget for the organization is budgeted at **\$1,542,345** in Older Americans Act Funds, Illinois General Revenue Funds, Provider Funds, and other funds to meet statutory responsibilities and program assurances of grants agreements with Illinois Department on Aging including direct service of Long-Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, consultant, occupancy, telecommunications, training and education, and miscellaneous costs, in conformance with the Grants Accountability Transparency Act (GATA). The Area Agency on Aging’s Board of Directors establishes the operational budget of the organization with routine monitoring.

Funding Source/Program Description	Fiscal Year 2022
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$334,046
Title III-B: Ombudsman	\$5,872
General Revenue Funds – Match	\$113,306
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	\$12,955
Sub Total	\$538,367
ADMINISTRATIVELY RELATED DIRECT SERVICES¹:	
Title III-B – Advocacy, Coordination, and Program Development ⁽¹⁾	\$483,714
Sub Total	\$483,714
DIRECT SERVICES –	
Long Term Care Ombudsman: Title III-B, VII, VII APS/M-Teams, General Revenue Funds, and Provider Fund (Bed Tax)	\$511,920
Title VII – Ombudsman: Vulnerable Elder Rights Protection Advocacy Activity	\$5,927
Title VII – Elder Abuse: Vulnerable Elder Rights Protection Advocacy Activity	\$2,417
Sub Total	\$520,264
TOTAL	\$1,542,345

¹ ECIAAA’s Administratively Related Direct Services budget is \$483,714 less or 46.56% of \$1,038,950 budget amount allowed by Illinois Department on Aging’s policy.

ADMINISTRATION

A total of \$453,224 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Activities may include:

- Policy development
- Strategic planning
- Representation on task forces, committees, and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Audit reviews
- Regular desktop reviews
- Management of grants for caregiver service components
- 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
- On-site monitoring and quality assurance
- Maintaining an updated policy & procedure manual for funded service providers
- Maintaining a resource database for the region
- Telephone reception and referrals
- Filing & record maintenance

ADVOCACY ◊ COORDINATION ◊ PROGRAM DEVELOPMENT

A total of \$483,714 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
- Participation in Human Service Transportation Plan (HSTP) meetings in Regions 6 and 8
- 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 general public
- Assisting service providers with development of and adherence to service standards
- Participating with local, state, and federal agencies in coordinating emergency disaster assistance
- Coordinating the Coordinated Points of Entry/ Senior Information Services (CPoE/SIS) with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- 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, mail, walk-ins) from older persons, caregivers, and family members about services
- Coordinating the use of video conferencing platforms
- Disseminating up to date information to the general public on aging issues through ECIAAA website,

(www.eciaaa.org) News Releases, Advocacy Alerts, I4A and n4a 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 general 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

PROGRAM DEVELOPMENT

- Conducting County Conversations for service development and needs assessment
- Evaluating the effectiveness and efficiency of existing resources in meeting needs
- Providing community leaders, organizations, and advocates with current information and predicting future needs.
- Working with local housing authorities
- Maintaining a web-based reporting system
- Collaborating with service providers and community partners, for the dissemination of evidence-based practices
- Maintaining a region-wide system to measure performance outcomes for services
- Developing service options for Alzheimer's, and related dementias
- Developing services to combat social isolation
- Developing options for respite care
- Collaborating with key community leaders and organizations
- Integrating new services into existing delivery systems
- Developing and designing services to meet changing needs
- Pursuing innovative methods of expanding service and controlling costs
- Quarterly meetings of caregiver advisors
- Collaborating with providers of senior services and behavioral health care
- Promoting CPoE/SIS providers as being "one stop" for Aging Resources
- Responding through modifications to service delivery and design in a pandemic environment

ADULT PROTECTIVE SERVICES (APS)

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

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

LONG TERM CARE SYSTEMS DEVELOPMENT

A total of \$20,254 in State of Illinois General Revenue Funds is being budgeted for creating Dementia Friendly Communities in East Central Illinois and to continue the No Wrong Door/ADRN/ADRC service delivery system. Activities may include:

- Partnering with the Illinois Cognitive Resources Network (ICRN)
- Updating the national registry
- Creating tools and resources using www.dfamerica.org
- Promoting ADRD services and interventions i.e. Savvy Caregiver, Stress Busting for Caregivers and/or Supportive Gap Filling Services
- Assisting with departmental planning
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Developing and implementing the No Wrong Door system

OMBUDSMAN

A total of \$511,920 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, and Long-Term Care Provider Funds being budgeted to staff the program and other operational costs for 1 regional ombudsman and 5 ombudsmen to promote community presence in long-term care facilities and respond to inquiries and complaints made by, or on behalf of nursing home, assisted living, and supportive living community residents. Activities also include elder abuse direct advocacy. The Illinois Department of Public Health recent data shows east central Illinois of having 161 facilities with 11,852 licensed beds. The East Central Illinois area has 8.21% of the total beds in Illinois and 9.83% of facilities in Illinois. Activities may include:

- Holding events and trainings focused on changing, attitudes, perceptions, and stereotypes
- Monitoring, developing, and implementing federal, state, and local laws, regulations, and policies
- Public education seminars
- Senior Medicare Patrol (SMP) referrals
- Advocacy
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Promoting Pioneer Practices
- Reducing Social Isolation Initiative
- Investigative Services – opening complaints
- Regular presence in facilities whether in person or virtual
- Resident meetings
- Family council meetings
- Community education
- Consultations with individuals
- Consultations with facility staff
- Participating in facility surveys
- Closing cases
- Facility staff in-services
- Creating and implementing a virtual component to the program services and activities

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$12,955 is being budgeted to serve area administration of the Senior Health Assistance Program through grant awards with Senior Information Service providers in the provision of information and assistance, outreach activities and educational programs, and counseling Medicare beneficiaries about prescription coverage available under the Medicare Part D drug plans, Social Security's Extra Help, Medicare Savings Programs, Seniors Free Transit Ride, Persons with Disabilities Free Transit Ride and the Secretary of State's License Plate Discount Program. The service will include technical assistance, phone support and counseling in order to help Medicare beneficiaries eligible for

Medicare Part D benefits select and enroll in Part D plans and provide application assistance for Social Security, Secretary of State's License Plate Discount Program and other public benefits programs. Activities may include:

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

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

A total budget of \$8,344 is being budgeted to meet Title VII of the Older American Act Direct Advocacy Program to be provided directly by the Area Agency on Aging.

Activities may include:

- Disseminating public information on elder abuse or ombudsman related issues
- Promoting trainings
- Publicity through Social Media
- Investigative services
- Technical advisor to multi-disciplinary teams and fatality review team

Service Grants	Program Projections		2022 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	SHAP	Total
Access Services:														
Information & Referral/SIS – CPoE	14,874	43,769	\$381,236	-	-	-	-	-	-	-	\$56,876	\$718,426*	\$116,599	\$1,273,137
Options Counseling/SIS – CPoE	1,000	3,000	-	-	-	-	-	-	-	-	-	\$52,530	-	\$52,530
Flexible Community Services	132	132	-	-	-	-	-	-	-	-	-	\$25,698	-	\$25,698
Social Isolation Services/Telephone Reassurance	140	1,736	\$30,257	-	-	-	-	-	-	-	-	\$90,468	-	\$120,725
Community Services:														
Health Promotion Programs - CDSMP/DSMP	48	192	-	-	-	-	-	\$18,000	-	-	-	-	-	\$18,000
A Matter of Balance/ Bingocize	160	800	-	-	-	-	-	\$33,129	-	-	-	-	-	\$33,129
Aging Mastery Program	30	210	-	-	-	-	-	\$5,746	-	-	-	-	-	\$5,746
Gerontological Counseling - PEARLS	75	450	\$36,700	-	-	-	-	-	-	-	-	-	-	\$36,700
Legal	470	2,400	\$95,051	-	-	-	-	-	-	-	-	-	-	\$95,051
Elder Abuse & Neglect	-	-	-	-	-	-	-	-	-	\$21,400	-	-	-	\$21,400
In-Homes Services:														
Respite	1	1	\$450	-	-	-	-	-	-	-	-	-	-	\$450
Nutrition Services:														
Congregate Meals	4,529	300,324	-	\$878,133	\$52,973	-	-	-	-	-	-	-	-	\$931,106
Home Delivered Meals	3,519	551,060	-	-	-	\$616,462	\$459,834	-	-	-	-	\$2,573,189**	-	\$3,649,485
Caregiver Services:														
Counseling/Support Groups (Care/GRG)	1,000	8,000	-	-	-	-	-	-	\$400,939	-	-	-	-	\$ 400,939
Respite (Care)	25	483	-	-	-	-	-	-	\$13,739	-	-	-	-	\$13,739
CGA Gap Filling	65	65	-	-	-	-	-	-	\$13,783	-	-	-	-	\$13,783
Alzheimer's Disease and Related Dementia Services/Gap Filling	50	50	-	-	-	-	-	-	\$1,500	-	-	\$71,000	-	\$72,500
TOTAL			\$543,694	\$878,133	\$52,973	\$616,462	\$459,834	\$56,875	\$429,961	\$21,400	\$56,876	\$3,531,311	\$116,599	\$6,764,118

Footnotes:

*includes \$99,108 in Non-Match Minimum Wage Support to SIS providers

**includes \$81,089 in Non-Match Minimum Wage Support to Nutrition providers