
Northwestern Illinois Area Agency on Aging



Public Information Document

NIAAA's Area Plan on Aging
For Fiscal Years 2012-2014

May 17, 2011

Northwestern Illinois Area Agency on Aging
Rockford Plaza, 2576 Charles Street
Rockford, Illinois 61108-1605

**NIAAA will be moving on June 17, 2011
to a new location in Rockford at 1111 S. Alpine Road, Suite 600**

815/226-4901 or 800/542-8402 (voice)

E-mail: gn@nwilaaa.org

815/226-8984 (fax)

Website: www.nwilaaa.org

Northwestern Illinois Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with NIAAA. For information call the Senior Helpline 1-800-252-8966 (Voice & TTY) or contact Grant Nyhammer, NIAAA Executive Director at (815) 226-4901 or 1-800-542-8402. If you prefer, you can also contact Grant by sending him a fax at (815) 226-8984 or sending him an email at gn@nwilaaa.org.

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

**Public Hearing Notice
Northwestern Illinois Area Agency on Aging**

The Northwestern Illinois Area Agency on Aging (NIAAA) is conducting three (3) Public Hearings on the proposed Area Plan on Aging for Fiscal Years 2012-2014.

PURPOSE OF THE PUBLIC HEARING: The public hearing is an opportunity to comment on NIAAA's proposed Area Plan on Aging for Fiscal Years 2012-2014. The Area Plan is a planning, management and grant application document for services and funds made available to NIAAA under the federal Older Americans Act (OAA) and Illinois General Revenue Funds (GRF) through the Illinois Department on Aging. The plan includes both a statewide and local aging initiative and a description of changes in aging services related to Illinois' Older Adult Services Act (P.A. 093-1031) and other state and federal legislation.

INVITATION TO ATTEND: Older adults, caregivers, grandparents raising grandchildren, aging service providers, public officials and other interested individuals are invited to attend and share comments about NIAAA's proposed Area Plan on Aging for Fiscal Years 2012-2014.

TESTIMONY: Testimony or comments may be presented verbally or in writing. The amount of time available to testify may be limited depending on the number testifying. Those testifying at the public hearing are encouraged to submit a written copy of comments. If you are not able to attend the public hearing, you are encouraged to submit testimony, which is due no later than 4:00 p.m. on June 11, 2011 to the following address:

Attention: Grant Nyhammer, Executive Director
Northwestern Illinois Area Agency on Aging
2576 Charles Street
Rockford, IL 61108
Fax: (815) 226-8984
E-Mail: gn@nwilaaa.org

Contact NIAAA if you have questions about the public hearing or need special accommodations.

PUBLIC INFORMATION DOCUMENT: The Public Information Document provides a summary of funded services and anticipated funding levels included in the proposed Area Plan on Aging for Fiscal Years 2012-2014. The Public Information Document will be made available beginning May 17, 2011 through the NIAAA office, the NIAAA website (www.nwilaaa.org), at the public hearing sites on the day of the hearing, or by requesting it via email which can be done by emailing gn@nwilaaa.org.

PUBLIC HEARING INFORMATION

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
June 7, 2011	9:30 A.M.	Northwestern Illinois Area Agency on Aging 2576 Charles St. Rockford, IL 61108
June 8, 2011	10:00 A.M.	Youth Service Bureau, 330 Grove Street, DeKalb, IL 60115
June 8, 2011	2:00 P.M.	Whiteside Senior Center, 1207 W 9th St, Sterling, IL 61081

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

Glossary of Terms

AAAs	Area Agencies on Aging (NIAAA is one of thirteen in Illinois)
ADRC	Aging and Disability Resource Center (NIAAA is one of five in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
AoA	Administration on Aging (federal aging agency)
Area 01	NIAAA's service area which is comprised of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties.
CR	Continuing Resolution (method to continue federal government without a budget)
EAPAs	Elder abuse prevention agencies (designated by NIAAA to serve Area 01)
FY	The federal fiscal year which for 2012 begins on October 1, 2011.
GRF	General Revenue Funds from the State of Illinois
HDM	Home Delivered Meals (service funded by NIAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDOA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
M-Team	Multi-Disciplinary Teams (comprised of various groups involved in elder abuse)
n4a	National Association of Area Agencies on Aging
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SCSEP	Senior Community Service Employment Program (service provided by NIAAA)
SHAP	Senior Health Assistance Program (state funding for I&A)
TES	Training, education, support for the Caregiver Program
Title III-B	Community based services (services to prevent premature institutionalization)
Title III-C1	Congregate Meals (NIAAA funded service)
Title III-C2	Home Delivered Meals (NIAAA funded service)
Title III-D	Health Promotion (NIAAA funded service)
Title III-E	Caregiver services (NIAAA funded service)
Title IV	Research and innovations programs (services funded by AoA)
Title V	Senior Community Service Employment Program (NIAAA funded service)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

Purpose Of This Public Information Document

This Public Information Document provides a summary of NIAAA's proposed Area Plan on Aging for Fiscal Years 2012-2014 including a plan for distribution of federal and state funds in NIAAA's nine county service area of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties. These nine counties are designated by the Illinois Department on Aging (IDOA) as Service Area 01 (Area 01).

Because funding levels are determined by Federal and State government regulations, **allocation levels listed in this document and NIAAA's Area Plan may change.** If major changes are required, public hearings will be scheduled to receive comments on the proposed changes. At the time of publication of this Public Information Document, neither the FY12 federal nor the FY12 state appropriations have been finalized.

Purpose of the FY12-14 Area Plan on Aging

NIAAA's FY12-14 Area Plan on Aging is a comprehensive planning, management and funding document for aging services in northwestern Illinois. Services in the plan promote the dignity and independence of older adults. In developing the Area Plan, NIAAA assesses the needs of older adults and their caregivers, identifies issues for long-range planning, and sets priorities for funding.

The Public Hearings will provide information about the NIAAA's proposed plans, budget, funding formula, and priorities for community-based services for older adults and family caregivers, including:

The Reauthorization of the Older Americans Act in 2011; Illinois and federal budgets for aging; Access to Services; Transportation; Gap-Filling Services; Congregate Meals; Home Delivered Meals; Legal Assistance; Respite Care, the Elder Abuse & Neglect Program, the Long Term Care Ombudsman Program; and the Senior Community Service Employment Program.

On June 20, 2011, the NIAAA Board of Directors will review and approve NIAAA's proposed Area Plan on Aging for Fiscal Years 2012-2014 and it will be submitted to the Illinois Department on Aging on June 24, 2011.

About NIAAA

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

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

NIAAA is one of 13 Area Agencies in Illinois and over 650 across the nation sharing the mission stated in the OAA. As part of the "aging network," including the federal Administration on Aging, the IDOA and local public and private agencies serving older adults, NIAAA attempts to meet the needs of older Americans and protect their rights.

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

NIAAA Services

NIAAA performs the following services for seniors and caregivers:

- 1. Advocacy** - NIAAA informs seniors and caregivers about proposed legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state and federal levels;
- 2. Planning, Program Development and Coordination** – NIAAA assesses the needs of seniors and caregivers, identifies issues for long range planning, sets priorities for funding, coordinates services, and promotes the development of new or expanded services by forming public and private relationships;
- 3. Supporting Community Programs on Aging** – NIAAA awards federal and state grant assistance to community programs on aging for the provision of services to seniors and caregivers. Services are available to persons 60 and older, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and under. OAA services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and persons with limited English proficiency, and older adults in rural areas.
- 4. Advocacy for Residents in Long Term Care Facilities** – NIAAA sponsors a regional Long Term Care Ombudsman Program through a grant with the IDOA and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and advocate for public policies and culture change practices to improve the quality of life of the residents.
- 5. Responding to Elder Abuse and Neglect** – NIAAA is the Area 01 coordinating agency for the Elder Abuse and Neglect Program. NIAAA manages contracts with several Elder Abuse Provider Agencies who investigate reports of alleged abuse, neglect, exploitation, and self neglect of older persons, and provide assistance to vulnerable adults.
- 6. Senior Employment Programs** – NIAAA provides employment and training opportunities for persons 55 and older, through two grants from IDOA. The Older Americans Community Service Employment Program, authorized by Title V of the OAA and funded by the Department of Labor, provides part-time job placement and on-the-job training for low income persons 55 and older. The Senior Employment Specialist Program, funded through Illinois General Revenue Funds, links older persons seeking employment and training through Illinois WorkNet Centers serving Area 01.
- 7. Aging and Disability Resource Center** – NIAAA is the Aging and Disability Resource Center (ADRC) for Area 01. The ADRC provides information and referral to programs and services for older adults and individuals with disabilities. Clients interested in contacting the ADRC can call toll-free at 1-800-542-8402, visit our website at www.nwilaaa.org or send an inquiry by e-mail to niaaa@nwilaaa.org.

The Older Americans Act

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

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

1. Mission of AAAs under OAA

Since all 655 Area Agencies on Aging (AAAs) nationwide are subject to the OAA, they all share common mission which is defined by the OAA as follows:

The Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the state agency [Illinois Department on Aging], a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based systems in or serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible. 45 C.F.R. § 1321.53(a).

2. History of OAA

Following is a history of the OAA and the changes made by year:

1965

The OAA is enacted and contains ten broad policy objectives aimed at improving the lives of older persons:

- a. an adequate income in retirement;
- b. the best possible physical and mental health;
- c. suitable housing;
- d. full restorative services for those who require institutional care;
- e. opportunity for employment;
- f. retirement in health, honor and dignity;
- g. participate in and contribute to meaningful activity;
- h. efficient community services;
- i. immediate benefit from proven research knowledge;
- j. freedom, independence and the free exercise of individual initiative;
- k. full participation in the planning and operation of community based services; and
- l. protection against abuse, neglect, and exploitation.

1972

The Nutrition Program for the Elderly Act authorized \$100 million for a national nutritional services program is added to the OAA.

1973

State Units on Aging (SUAs) were required to divide their states into planning and service areas (PSAs) and to designate AAAs to administer programs for the elderly in those PSAs. AAAs were assigned the chief

responsibility for planning, coordinating, developing programs and pooling resources to assure the availability and provision of a comprehensive range of services in the PSA.

1978

The Commissioner on Aging was allowed to make direct grants to the Indian Tribes. Priority services were also mandated.

1978

Title III – Social Services, Title V – Multipurpose Senior Centers, and Title VII – Nutrition Services were consolidated into one Title III with separate allocations for Title III-B – Social Services, Title III-C1 – Congregate Meals, and Title III-C2 – Home Delivered Meals.

1981

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

1984

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

1987

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

1992

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

2006

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

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

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

2011

The OAA is up for renewal and modification by Congress.

Reauthorization of the OAA

Since 1965, the OAA has stimulated the development of a comprehensive and coordinated service system which has contributed to enhancing the lives of older adults, caregivers, and persons with disabilities. In 2011 Congress will consider reauthorization and amendments to the OAA effective in FY 2012. Now is the time for advocates for Older Americans to begin speaking out about changes that are needed in the Act to better enable older adults and their caregivers to get the supports and services they need.

There are two Congressional committees working on the OAA reauthorization. They are the Senate HELP (Health, Education, Labor and Pensions) Subcommittee on Primary Health and Aging and the House Education and Workforce Subcommittee on Higher Education and Workforce Training. On March 17, 2011 the Senate finalized the list of members for the Senate HELP Subcommittee which can be found at <http://help.senate.gov/about/subcommittees/>.

The following are topics that NIAAA and n4a are advocating to be addressed in the reauthorization of the OAA:

1. **Project 2020** (S. 1257/H.R. 2852). Developed jointly by n4a and the National Association of State Units on Aging, Project 2020 would take three tested and proven programs from the Aging Network to scale nationally: single entry point models (i.e. ADRCs), evidence-based health promotion and disease prevention activities, and enhanced nursing home diversion programs. (For more info, visit the n4a website at www.n4a.org);
2. **Local Flexibility**. Increasing local flexibility in funding in order to provide more customized care for the consumers that AAAs and Title VI aging programs serve (i.e. enhancing the flexibility in home-delivered and congregate meal programs, exploring cost-sharing programs, etc.);
3. **Strengthen Critical Services**. Strengthen the role of the Act in the delivery of the following critical services: information and assistance; healthy aging/wellness/disease prevention; and home and community-based services and supports;
4. **Enhanced Coordination of LTSS**. Strengthen efforts to integrate medical and human services-based long-term services and supports (LTSS), particularly in order to promote the aging network's role in health, wellness (both physical and behavioral health) and care management. For example, make the connection between single point of entry systems and coordinated health care initiatives, such as ADRCs and the medical home model or others;
5. **Build Capacity of the Aging Network**. Expand the funding base and focus of the OAA to continue to enhance the capacity of the aging network, with additional focus on workforce development, utilization of technology and application of business models;
6. **Broaden Planning Role**. Broaden, strengthen and support the unique role of AAAs and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible. Through expanded partnership opportunities, promote livable communities for all ages and the integration, coordination and delivery of long-term services and supports.
7. **Address Changes in the Aging Population**. Ensure that the OAA addresses the assets and needs of a changing, aging population, including but not limited to young elders, 85+, minority elders and caregivers.

8. **Enhance Mobility Options.** Expand the aging network's role in the coordination of transportation and human service programs and the provision of mobility management services in order to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible through expanded partnerships to promote livable communities for all ages.
9. **Make the Housing Connection.** Expand the aging network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing, in order to maximize older adults' quality of life and to promote livable communities for all ages.
10. **Partnerships.** Expand the aging network's partnership opportunities to better collaborate at the federal, state and local levels with other critical entities/networks, such as CMS, CDC and the Veterans Administration.
11. **Person-Centered Access to Information.** Reinforce and support the aging network's role in person-centered access to information and assistance and public education so that older adults, people with disabilities and caregivers have ready access to information on long-term care planning; are connected to community-based long-term services and supports; and have access to options and benefits counseling and case management.
12. **Older Adults in the Workforce.** Strengthen existing workforce programs to meet the current and future employment needs of older adults. This is particularly important in light of recent economic forces, the aging of the population and the ever-growing need for many people to work beyond traditional retirement age.

For more information about the 2011 Reauthorization of the OAA, visit www.aoa.gov or www.n4a.org.

Federal Funding for Aging

On February 14, 2011, President Obama sent a \$3.7 trillion FY 2012 budget request to Congress, thus beginning the annual process of setting spending levels for all discretionary federal programs. The President's budget is the usual starting point for congressional budget discussions.

Given the fiscal climate, it is no surprise that there are cuts in the President's budget. The budget reflects the overall five-year freeze on non-security discretionary funding and the goal of reducing the deficit over the next few years to return to a more sustainable level. Following is the AoA FY 2012 budget:

FY 2012 Budget for the Administration on Aging (Dollars in thousands)

Program	FY 2010 Enacted	FY 2011 Annualized CR	FY 2012 President's Request	FY 2012 +/- FY 2010
Home & Community-Based Supportive Services	\$368,290	\$368,348	\$416,476	\$48,186
Congregate Nutrition Services (non-add)	440,718	440,783	440,718	-
Home-Delivered Nutrition Services (non-add)	217,644	217,676	217,644	-
Nutrition Services Incentive Program	160,991	161,015	160,991	-
Preventive Health Services	21,026	21,026	21,026	-
Chronic Disease Self-Management Programs	-	-	10,000	-
Community Service Employment for Older Americans	825,425	825,425	450,000	(375,425)
Native American Nutrition & Supportive Services	27,704	27,708	27,704	-
Aging Network Support Activities	8,198	8,200	7,948	(250)
Family Caregiver Support Services	154,197	154,220	192,220	38,023
Native American Caregiver Support Services	6,388	6,389	8,388	2,000
Alzheimer's Disease Supportive Services Program	11,462	11,464	11,462	-
Lifespan Respite Care	2,500	2,500	10,000	7,500
Adult Protective Services	--	--	16,500	16,500
Long-Term Care Ombudsman Program	16,825	16,827	21,825	5,000
Prevention of Elder Abuse & Neglect	5,055	5,056	5,055	-
Senior Medicare Patrol Program	13,217	12,751	12,750	(467)
Elder Rights Support Activities	4,103	4,104	4,103	-
Aging and Disability Resource Centers	23,684	23,684	13,434	(10,250)
State Health Insurance Assistance Program	46,960	46,960	46,960	-
Medicare Enrollment Assistance	30,000	-	-	(30,000)
Program Innovations	27,873	27,879	11,509	(16,364)
Aging Services Programs Administration	19,976	19,979	24,543	4,567
CLASS Administration	-	-	120,000	120,000
Total, Discretionary Budget Authority	\$2,388,457	\$2,388,682	\$2,237,944	\$(150,513)

Funding Gains:

For the second budget in a row, OAA Title III-B (Supportive Services) will see a significant boost in FY 2012 under the President's budget. As part of the Administration's Caregiver Initiative, Title III-B would see a 13 percent increase over FY 2010, or \$48 million in additional dollars.

Caregiver services (Title III E), would also receive \$38 million more which equates to a 25 percent increase over the FY 2010 level. This is just a slight reduction over last year's recommended increase.

While not in OAA, the Lifespan Respite program administered by AoA makes great strides in this budget, increasing from less than \$3 million in FY 2010 to a funding level of \$10 million. This program is also a part of the Caregiver Initiative.

Title VII Elder Abuse and LTC Ombudsman programs fared very well this year in the President's budget, with a boost of \$5 million for the state long-term care ombudsman program, bringing the overall level for Title VII to nearly \$26 million.

Programs Moved to AoA:

The only title of OAA not administered by AoA is the Senior Community Service Employment Program (SCSEP) of Title V, which is currently run by the Department of Labor. The President's budget, however, includes a move of Title V from Labor to AoA but with a significant reduction in funding as described below.

Given the passage of the Elder Justice Act last year, the budget also reflects AoA's new position as home to key elder justice activities, including the aforementioned boost to Title VII's LTC ombudsman program and the first-time funding of \$17 million for Adult Protective Services within AoA.

The budget also reflects a more visible and permanent role for ADRCs and the Chronic Disease Self-Management Program, which were moved out from under Title II's program innovations to have their own line item and separate funding streams within AoA. This is a victory for senior advocates who, through the Project 2020 efforts and others, have been championing AoA's ADRC and evidence-based health promotion and disease prevention programs for years. Of the \$13 million provided for ADRCs in the budget, \$10 million is mandatory spending.

Holding Steady:

Nutrition programs under Title III-C remained mostly stable with essentially level funding proposed for both the home-delivered meals program and the congregate nutrition program, \$441 million and \$218 million, respectively.

Title III D preventive health and the Alzheimer's demonstration program were level funded at \$21 million and \$11 million, respectively. Language in the budget also indicated that all prevention and wellness programs funded by AoA should be evidence-based.

The Senior Medicare Patrol program, while slightly trimmed for FY 2012 to under \$13 million, does enjoy its first line listing, meaning that it is listed as a separate funding stream and is therefore more visible as a program at AoA.

Reductions:

The Senior Community Service Employment Program (SCSEP), OAA Title V, would receive \$450 million, a major decrease of \$375 million or 45 percent over FY 2010. Comparing this reduction to FY 2009, which preceded the large increase for SCSEP passed by Congress for FY 2010, the reduction is \$122 million or 21 percent.

Title IV, intended for research and innovations, was reduced by \$6 million, which is roughly equivalent to the total amount of congressional earmarks in FY 2010 plus a reduction of \$1.5 million over the President's last budget.

The health and long-term care programs funded under Title II (i.e., the programs formerly known as Choices for Independence: Aging and Disability Resource Centers, evidence-based health promotion and disease prevention, and nursing home diversion programs) represent a mixed bag. The budget pulled out ADRCs and the evidence-based Chronic Disease Self-Management Program to be independent line items, as mentioned above. There is no funding provided, however, for nursing home diversion programs, as AoA will not be continuing those demonstrations.

Outside of the AoA budget, the Low-Income Home Energy Assistance Program (LIHEAP) would receive \$2.5 billion less than FY 2010, returning to its FY 2008 spending level, which the Administration argues is appropriate given that the nation is no longer in a period of steep energy prices. This reduction amounts to nearly 50 percent.

Reductions in State Funding for NIAAA

Based on the current budget projections, NIAAA is anticipating nearly a 15% reduction in state funding for FY12 in comparison to FY11. This reduction includes a 20% reduction in community based services (i.e. Title III-B) and an 11.5% reduction in home delivered meals (HDMs) from state general revenue funding (GRF). As discussed above, the federal allocation for HDMs and congregate meals is not expected to be cut at this time. A summary of the reductions is contained in the following table.

Changes in NIAAA funding from State for FY11 to FY12

<u>Type of funding</u>	<u>2011</u>	<u>2012</u>	<u>Change</u>	<u>% change</u>
Title III - Admin.	\$131,812	\$105,452	-\$26,360	-20.0%
HDMs	583,272	516,470	-66,802	-11.5%
Community Services	253,755	203,002	-50,753	-20.0%
Ombudsman	<u>24,281</u>	<u>24,334</u>	<u>53</u>	0.2%
			-	
Total	\$993,120	\$849,258	\$143,862	-14.5%

**Summary of the Governor's FY2012 Budget
For the Illinois Department on Aging**

The Governor's budget for the Illinois Department on Aging (IDOA) cuts funding in all categories except the Community Care Program (which includes case management) and administrative costs for IDOA. The following is a summary of the IDOA budget:

Summary of the Proposed FY 2012 GRF/OSF Budget for the Illinois Department on Aging (as of 2-16-11)

Line Item	FY2010 Actual Expenditure	FY2011 Enacted Appropriation	FY2011 Estimated Expenditure	FY2012 Recommended Appropriation	Change from FY2011 to FY2012
CCP	549,672,000	517,488,800	516,894,100	701,440,900	+184,546,800
Case Management	40,885,700	48,431,100	48,431,100	58,856,800	+10,425,700
Elder Abuse and Neglect	9,937,800	9,937,800	9,937,800	9,937,800	0
C.B./P.A. (GRF)	24,196,000	24,196,000	24,196,000	0	<24,196,000>
C.B./P.A. (OSF)	6,149,200	6,490,900	6,490,900	4,500,000	<1,990,900>
Senior Helpline	1,577,700	2,155,300	2,155,300	2,155,300	0
Grants to AAAs for CBS (IFF)	3,062,300	3,062,300	3,062,300	2,449,800	<612,500>
Grants to AAAs for CBS (Equal)	958,000	958,000	958,000	766,400	<191,600>
AAA Planning & Service Grants	2,241,700	2,241,700	2,241,700	1,793,400	<448,300>
SHAP-OSF	1,600,000	1,600,000	1,600,000	1,600,000	0
LTC Systems Development	248,800	248,800	248,800	248,800	0
HDMs and Equipment	7,969,600	7,969,600	7,969,600	7,183,500	<786,100>
HDMs (non-formula)	2,000,000	2,000,000	2,000,000	1,600,000	<400,000>
LTCOP- GRF	351,900	351,900	351,900	351,900	0
LTCOP- OSF	0	750,000	500,000	750,000	+250,000
Senior Employment	237,900	237,900	237,900	190,300	<47,600>
GRG Program	302,900	302,900	302,900	242,300	<60,600>
Intergenerational Programs	54,800	54,800	54,800	43,800	<11,000>
RSVP	703,800	703,800	703,800	563,000	<140,800>
Foster Grandparents	307,900	307,900	307,900	246,300	<61,600>
Specialized Training	94,200	94,200	76,500	94,200	+17,700
IDOA Personal and Fringe	4,790,100	5,657,900	5,404,700	6,848,600	+1,443,900
IDOA Contractual Services	1,536,400	1,536,400	1,536,400	2,880,000	+1,343,600

Acronyms: OSF = Other State Funds, e.g. Tobacco Settlement Funds, Civil Monetary Penalty Funds; IFF= Intrastate Funding Formula; SHAP= Senior Health Assistance Program; CBS= Community Based Services; HDM= Home Delivered Meals; LTCOP = Long Term Care Ombudsman Program; RSVP = Retired & Senior Volunteer Program

The following are the gains and losses in the proposed State budget:

Gains

- Increases Community Care Program by \$184.5 million GRF which will be used mostly to reduce the backlog in payments due to vendors
- Increases Case Management by \$10.4 million GRF
- Increases IDOA Budget for Personal and Fringe by \$1,443,900 GRF
- Increases IDOA Budget for Contractual Services by \$1,343,600 GRF

No change

- Keeps Elder Abuse and Neglect Program at \$9.9 million GRF
- Keeps Senior HelpLine at \$2.1 million GRF
- Keeps Senior Health Assistance Program (SHAP) at \$1.6 million in Other State Funds (Tobacco Settlement Recovery Funds)
- Keeps Long Term Care Systems Development Grants to AAAs at \$248,800 GRF

Restorations of previous funding

- Restores \$250,000 in Civil Monetary Penalty Funds for the Long Term Care Ombudsman Program to the FY2011 enacted level of \$750,000
- Restores \$17,700 in GRF for Special Training (formerly Alzheimer's Related Activities and Programming) to the FY2011 enacted level of \$94,200

Cuts

- Eliminates Circuit Breaker Property Tax Relief Program - impacts over 249,000 older adults and persons with disabilities, for savings of \$24 million
- Cuts \$1,990,900 in Other State Funds from the Circuit Breaker and Pharmaceutical Assistance Programs
- Cuts \$639,900 GRF from grants to AAAs for Community-Based Services (15.9% reduction) – impacts 250 community programs on aging
- Cuts \$1,186,100 GRF from grants to AAAs for Home Delivered Meals (11.8% reduction) – impacts over 46,000 homebound older adults
- Cuts \$448,300 GRF for Planning and Service Grants for 13 Area Agencies on Aging (20%)
- Cuts \$47,600 GRF from Senior Employment Specialist Program (20%)
- Cuts \$60,600 from Grandparent Raising Grandchildren programs (19.6%)
- Cuts \$11,000 from Intergenerational Programs (20%)
- Cuts \$140,800 from RSVP Programs (20%) – impacts 17,427 retired and senior volunteers
- Cuts \$61,600 from Foster Grandparent Programs (20%) – impacts 1,190 foster grandparents

Cuts from HFS Budget

- Eliminates Illinois Cares Rx Program - impacts over 280,000 older adults and persons with disabilities, for savings of \$107 million

Advocacy

NIAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 01. NIAAA is a member of the National Association of Area Agencies on Aging (a.k.a. n4a), is on the Board of Illinois Association of Area Agencies on Aging (a.k.a. I4A), is a member of the I4A Legislative Committee, and is a member of the Illinois Older Adults Services Act Committee.

1. National level

NIAAA supports the priorities of n4a which are focused on advancing policies that effectively and efficiently address the needs of an aging America. To accomplish this goal, n4a established the following legislative priorities:

- Making critical investments in the Older Americans Act and state Medicaid programs to prevent additional cutbacks due to state budget crises, and target job creation efforts in the fields of health care and long-term services and supports;
- Advancing legislation to save Medicare and Medicaid dollars while rebalancing the long-term care system by building on the non-Medicaid community-based support system embodied in the Older Americans Act;
- Increasing funding for the Older Americans Act and other supportive services to help older Americans remain living successfully and independently in their homes and communities;
- Preparing America's communities to meet the needs of today's and tomorrow's older Americans;
- Reauthorizing senior transportation programs to improve the availability and accessibility of transportation services for older Americans;
- Supporting legislative and regulatory activities that promote the health, security and well-being of older citizens of today and tomorrow.

2. State level

At the state level, NIAAA supports the expansion of ADRCs throughout Illinois and improved access to services for clients. NIAAA also opposes the proposed State cuts in crucial services such as: meals; transportation; legal services; Illinois Cares Rx Program; and client counseling. NIAAA has been working with our local legislators to educate them on the consequences of these cuts. NIAAA is also participating with i4a on a statewide basis to help lessen the impact of the proposed cuts.

FY12 Funding and Designation Status

Grants/contracts awarded in NIAAA's FY12-14 Area Plan are for a one-year and renewed dependent upon satisfactory performance by the grantee/contractor as determined by the NIAAA standards; meeting projections for persons, units and targeting goals; and meeting grant related and reporting requirements in an accurate and timely manner.

Long Term Care Ombudsman Program Designation: NIAAA plans to submit the Ombudsman service out to competitive bid for FY12-14. In the past, Catholic Charities has been the designated ombudsman.

Elder Abuse Designation: The NIAAA designates elder abuse prevention by agencies by location. The following are the designated agencies through June 30, 2013: DeKalb County (Elder Care Services of DeKalb); Carroll, Lee, Ogle and Whiteside Counties (LSSI); Jo Daviess and Stephenson Counties (Stephenson County Senior Center); and Boone and Winnebago Counties (VNA of Rockford). Elder abuse

contracts are for a one-year period, with the option to extend a maximum of five additional one-year periods for a total of six years (July 1, 2007 through June 30, 2013).

**FY12-14 Planning Process —
NIAAA Priority Services by Funding Source**

NIAAA collected, reviewed and analyzed a variety of information to identify the needs of older adults and caregivers in Area 01. Needs assessment information was collected starting in October 2010 primarily from a written survey that was disseminated to any interested parties. The NIAAA Board and the NIAAA Advisory Council also provided input to the NIAAA Area Plan.

Service priorities for community based services (which is funded by Title III-B of the OAA and GRF from IDOA) funding are:

1. Community Based Services (Title III-B)

Funding is used to foster the development of a comprehensive and coordinated service system. IDOA mandates the following minimums for categories of service: access 33.1%, in-home 0.4%, and legal 3.2%. Given this, Title III-B funded services in FY12-14 are: Information and Assistance, Transportation, Legal, Gap Filling, and Ombudsman. While NIAAA has in the past funded Homemaker services from Title III-B, it is being eliminated in FY12-14 due to budget cuts. The money that would have been used for Homemaker will be reallocated to other Title III-B services.

2. Congregate Meals (Title III-C1)

Funding is used to meet the nutritional and social needs of people 60 and over who do not eat adequately due to limitations of income, mobility, lack of food preparation skills and equipment, or lack of incentive to prepare and eat meals alone.

3. Home Delivered Meals (Title III-C2)

Funding is used to provide home delivered meals to persons aged 60 and over who are homebound by reason of illness, incapacitating disability, or are otherwise isolated. Illinois General Revenue Funds also support this service.

4. Health Promotion (Title III-D)

Funding is used to provide disease prevention and health promotion services and information at senior centers, congregate meal sites, through home delivered meal programs or at other appropriate sites. Priority in Title III-D funds must be given to areas which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for services. In addition to health promotion services, medication management service is made available under this Title through a separate allocation.

5. Caregiver Support (Title III-E)

Funding is used to provide assistance under the Caregiver Support Program. Services include information about and assistance in gaining access to available services, training/education/support, respite and gap filling services. The OAA requires no more than twenty percent of federal funding can be expended for gap filling service. Up to ten percent (federal and non-federal) can be allocated to grandparents raising grandchildren.

Older Adults Living in Area 01

Based on the 2008 census estimates, there are 2,176,100 persons 60 years or older living in Illinois. Of this total, 5.86% (or 127,600) live in Area 01 (up from 5.69% in 2000). As demonstrated by the below table, NIAAA's senior population in Area 01 has increased nearly 13% since 2000 with Boone, DeKalb, Ogle, and Winnebago seeing even larger increases.

County	Older Adults Living in Area 01			
	2000 Census	2008 Estimate	2008 % of total	Increase from 2000
Boone	6,041	8,196	6%	26.3%
Carroll	4,037	4,185	3%	3.5%
DeKalb	11,261	13,391	10%	15.9%
Jo Daviess	5,287	5,864	5%	9.8%
Lee	6,841	7,215	6%	5.2%
Ogle	9,012	10,595	8%	14.9%
Stephenson	10,286	10,675	8%	3.6%
Whiteside	12,444	13,321	10%	6.6%
Winnebago	<u>46,164</u>	<u>54,158</u>	42%	14.8%
Totals	111,373	127,600		12.7%

It is expected that the older adult population will continue to grow in Area 01 and double in the next 20 years.

NIAAA Allocation Process

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

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

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

NIAAA Geographic Funding Formula For FY12-FY14

The OAA and accompanying GRF must be targeted to older persons in greatest economic and social need with particular emphasis on low-income minority seniors. The NIAAA Advisory Council recommended and the NIAAA Board of Directors approved continuation of the factors and weightings for NIAAA's geographic funding formula. The 2008 Census estimates from the Administration on Aging are used by the IDOA to allocate FY12-14 Area Plan Older Americans Act and General Revenue Funding to Illinois' thirteen area agencies on aging. NIAAA also uses the geographic formula to determine the amount of Title III services (except Long Term Care Ombudsman Program and Title VII elder abuse prevention) allocated to each of the nine counties in Area 01.

The weight given to each targeted category for the geographical funding formula is as follows:

NIAAA Geographic Funding Formula Weight and Factors

- 41.0% weight to 60+ Population
- 25.0% weight to 60+ Population in Poverty
- 10.0% weight to 60+ Minority Population
- 7.5% weight to 75+ Population
- 7.5% weight to 60+ Living Alone
- 9.0% weight to Rural Population
- 100.0%

Using this data in the geographic formula, the percentages of funds available by county are:

County Funding Formula Percentages		
County	2000 Census	2008 Est.
Boone	4.5%	5.0%
Carroll	3.8	3.7
DeKalb	8.1	8.3
Jo Daviess	5.0	4.9
Lee	6.9	6.7
Ogle	8.2	8.4
Stephenson	10.9	10.5
Whiteside	11.9	11.4
Winnebago	<u>40.7</u>	<u>41.1</u>
Total	100%	100%

The NIAAA Board may vary the distribution of funds within 10% of the county/geographic formula allocation.

Inter-Title Transfer of III-C Funds / III-C Priorities

The NIAAA Board is allowed to transfer funds as follows:

- A maximum of 15% can be transferred annually between Titles III-B and III-C only. The NIAAA Board proposes no transfers for FY12.
- A maximum of 15% of available dollars can be transferred annually from congregate meals (Title III-C1) to home delivered meals (Title III-C2). NIAAA has requested and received a waiver to increase this amount to 40% since 2004. (The 40% transfer was approved on March 15, 2004 by the NIAAA Board.) In FY12, NIAAA will again be requesting to increase this transfer from 15% to 40% as the trend (which has been ongoing for decades) continues in that demand for congregate service is decreasing while demand for home delivered meal services. This is evidenced by the unmet needs for home delivered meals which is described in the below in the next section titled "Home Delivered Meals Unmet Needs." Any interested party in Area 01 may testify in person or in writing regarding this waiver request to increase the transfer from congregate meals to home delivered meals to 40%.
- Money allocated for Title III-D, III-E, Long Term Care Ombudsman Program and Title VII cannot be transferred to other Titles.

Home Delivered Meals Unmet Needs

Despite NIAAA exceeding the maximum amount transferable to home delivered meals (HDMS), unmet need still continues. This unmet need is expected to increase in FY12 as NIAAA is anticipating an 11.5% reduction (or \$66,802) in state funding for home delivered meals.

The following is a list of older persons denied home delivered meals in FY 10 due to a lack of funding and older persons currently on waiting lists:

Name of County	FY 2010 # of Older Persons Denied HDMS due to Lack of Funding	Current # of Older Persons on Waiting Lists
Winnebago	1	3
Boone	7	3
Ogle	3	1
Lee	1	0
DeKalb	15	9
Stephenson	4	4
Carroll	11	11
Jo Daviess	9	9
Whiteside	3	3
Total:	54	43

The following is a list of older persons needing home delivered meals in FY10 by county and township:

County	Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
DeKalb	Genoa Township	9
Stephenson	Florence	2
	Oneco	1
	Jefferson	1
Whiteside	Montmorency	1
	Garden Plain	2
Jo Daviess	Menominee	2
	Rush	1
	Wards Grove	2
	Rawlins	2
	Guilford	2
Carroll	Salem	3
	York	2
	Woodland	2
	Cherry	1
	Wysox	3
Total		36

The following table includes the number of older persons in FY10 in special populations needing home delivered meals in underserved areas in (areas that need additional meals, special types of meals, additional volunteers, older adults with mental impairments and other special populations).

County	Clients Needing 2 or More Meals per Day	Clients Needing Weekend Meals	Clients Needing Special Diet/Therapeutic	Additional Volunteers Needed to Deliver HDMs	Clients with Mental Impairments needing HDMs	Special Populations needing HDMs
Winn.	24	7	14	2		
Boone	5	1	3	1		
Ogle	3	3	1	1		
Lee	3	0	0	1		
DeKalb	60	60	40	25	50	
Stephenson	4	4	0	0	0	4 Rural
Jo Daviess	9	9	1	1	0	9 Rural
Carroll	11	11	0	1	0	11 Rural
Whiteside	<u>3</u>	<u>3</u>	<u>1</u>	<u>0</u>	<u>0</u>	1 Ethnic/2 Rural
Total	122	98	60	32	50	27

Reasons for Unmet Need

A lack of funding is the main reason for the unmet need. This is exacerbated by rising fuel costs for providers. Several providers have seen a decrease in funding from other sources due to the downturn in the economy, while others have seen the loss of federal stimulus funding. Delays in state payments have also strained the budgets of providers as vendors are starting to charge late fees. Meal providers realized increased costs of about \$.20 per meal due to the new Dietary Reference Intakes requirements. This increase in costs reduced the number of meals served. All of these contributed to the unmet need in Area 01.

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

FY12 Proposed Allocation for Community Based Services By Service and County

Community based services (i.e. Title III-B) are used to develop a comprehensive and coordinated service system. As part of this system, NIAAA will be funding in FY12 the following services: Information and Assistance, Transportation, Legal, Gap Filling, and Ombudsman. NIAAA anticipates having \$545,593 available in Title III-B services in FY12 which is a decrease of \$121,960 (or 18.3%) from FY11. Because of this decrease, NIAAA is proposing several changes in services.

1. Eliminating Homemaker Services

NIAAA is proposing eliminating Homemaker services in FY12 (which was funded at \$77,125 in FY11). Homemaker is being cut in FY12 because it served only 69 clients in FY11 and NIAAA is the only Area Agency on Aging in Illinois funding homemaker services. Further, the Community Care Program (which is

funded by IDOA and not NIAAA) provides homemaker services and is receiving a 35% increase in FY12 (bringing the total budget for the program statewide to over \$700 million in FY12).

2. Increasing funding for Legal Services

NIAAA is increasing Title III-B funding for legal services from \$68,000 to \$100,000 which is a 46% increase. This increase is a recognition that quality legal services cannot be provided to our annual 400 clients (who use 1,000 units) at the previous funding level. It is also to address the numerous complaints NIAAA received from clients who were unable to receive legal services. In addition, NIAAA's current legal service provider has seen a dramatic cut in other funding.

3. Reductions in Information & Assistance Counseling

Given all of the above changes, it will result in Title III-B funding for Information & Assistance being reduced by \$76,835 (or 21.4%) compared to FY11. NIAAA is hoping that it can make up this difference through other funding sources outside of Title III-B such SHAP and MIPPA.

4. FY12 Allocation for Community Services and Health Promotion

The following is a table of FY12 allocation for community based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

FY12 Community Based Services and Health Promotion Allocations

<u>COUNTY</u>	<u>III-B I & A</u>	<u>III-B TRANS</u>	<u>III-B HOME MAKER</u>	<u>III-B LEGAL</u>	<u>III-B GAP FILLING</u>	<u>OMB III-B GRF VII</u>	<u>III-D HEALTH PROM</u>	<u>III-D MED MGMT</u>
BOONE	\$14,060	\$6,470	-	\$5,000	\$1,750	\$4,790	\$1,404	
CARROLL	10,404	4,788	-	3,700	1,295	3,545	1,039	
DEKALB	23,339	10,739	-	8,300	2,905	7,952	2,331	
JO DAVIESS	13,779	6,340	-	4,900	1,715	4,694	1,376	
LEE	18,840	8,670	-	6,700	2,345	6,419	1,882	
OGLE	23,621	10,869	-	8,400	2,940	8,048	2,359	
STEPHENSON	29,526	13,587	-	10,500	3,674	10,059	2,949	
WHITESIDE	32,056	14,751	-	11,400	3,991	10,922	3,202	
WINNEBAGO	<u>115,572</u>	<u>53,182</u>	<u>-</u>	<u>41,100</u>	<u>14,385</u>	<u>39,375</u>	<u>11,542</u>	
	\$281,197	\$129,396	-	\$100,000	\$35,000	\$95,804	\$28,084	\$10,672
TOTAL III-B					\$545,593			

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

FY12 Projected People and Units

With the decrease in funding for FY12, NIAAA is projecting a corresponding 11.7% decrease in people receiving services in Area 01. The following are the projected people and units for FY 12 for community services (Title III-B), meals (Title III-C1, C2, and GRF), and health promotion (Title III-D).

FY 12 Projected People and Units

<u>Service</u>	<u>Actual 2010</u>		<u>Projected FY12</u>	
	<u>People</u>	<u>Units</u>	<u>People</u>	<u>Units</u>
Info. & Assistance	32,935	102,359	30,000	100,000
Transportation	1,101	21,410	1,000	20,000
Legal Services	369	1,006	400	1,000
Gap Filling	68	68	100	100
Congregate Meals	7,468	145,493	6,000	150,000
Home Delivered Meals	2,552	492,149	2,500	430,000
Homemaker	69	3,029	0	0
Ombudsman	N/A	N/A	N/A	N/A
Health Promotion	3,614	5,676	2,500	3,000
Medication Mgmt.	<u>9</u>	<u>139</u>	<u>50</u>	<u>150</u>
Total	48,185	771,329	42,550	704,250

FY12 Proposed Allocation for Elder Abuse Prevention Funding

NIAAA has designated four elder abuse prevention agencies (EAPAs) which are: Elder Care Services (for DeKalb County); LSSI (Carroll, Lee, Ogle, Whiteside); Senior Resources (Jo Daviess, Stephenson); and VNA (Boone, Winnebago). The EAPAs conduct investigations into reports of elder abuse and perform other related functions. The agencies report their investigations directly to IDOA and are paid accordingly by IDOA for these activities. NIAAA does not fund the EAPAs to conduct elder abuse investigations.

NIAAA does, however, fund the EAPAs to perform other elder abuse activities as described below. The expected amount available for these activities in FY12 is \$16,323 which is a 7% reduction over FY10 funding.

Specifically, NIAAA funds the EAPAs for the following:

- Multi-Disciplinary Teams (M-Teams) at the rate of \$250 per meeting. Each EAPA will receive a minimum of \$2,000 for holding 8 required M-Team meetings per fiscal year. EAPAs will receive up to an additional \$250 per meeting for each additional M-Team meeting (maximum of 4) held during the fiscal year;
- Expenses for training including the annual Elder Rights Conference. The EAPAs have \$2,482 available for reimbursement for training expenses (\$1,682 allocated to the four Elder Abuse Provider Agencies and \$800 to the long-term care ombudsman program);
- Elder abuse prevention presentations at \$50 per event; and
- Public education and training materials which includes: training videos; curriculums; and other materials for use in public education/training such as bookmarks, business cards, magnets, etc.

No Title VII Elder Abuse funds are used for NIAAA's administrative costs as all funding will be used for elder rights advocacy activities as outlined above.

**FY12 Proposed Allocation for Congregate and Home Delivered Meals
By Service Area**

As discussed previously, NIAAA is anticipating an 11.5% reduction in state funding for home delivered meals (or \$66,802) compared to FY11. Since no state funding is used for congregate meals, and because federal funding for both congregate and home delivered meals (HDM) is expected to remain the same, NIAAA is not anticipating a reduction in congregate meal funding for FY12. Following is a table of the anticipated funding for meals:

<u>SERVICE AREAS</u>	<u>Formula %</u>	<u>Congregate (Title III-C1)</u>	<u>HDM (Title III-C2)</u>	<u>State HDM (GRF)</u>	<u>Total HDM</u>	<u>Total Congregate and HDM</u>
Boone, Lee, Ogle, Winn. Carroll, Jo Daviess, Steph., Whiteside	61.2%	304,268	486,755	316,080	802,835	1,107,103
DeKalb	30.5%	151,637	242,582	157,523	400,105	551,742
	8.3%	41,265	66,015	42,867	108,882	150,147
TOTAL	100.0%	497,170	795,352	516,470	1,311,822	1,808,992

These figures reflect a 40% transfer from Title III-C-1 to Title III-C-2. A 10% variance in distribution may be considered by the NIAAA Board of Directors.

**FY12 Proposed Nutrition Services Incentive Program
Allocations By Service Area**

In addition to the above meal funding, NIAAA also receives additional federal funding from the Nutrition Services Incentive Program (NSIP). NSIP funding is based on the: FY12 federal appropriation; number of meals provided nationwide in FY11; and the number of meals provided throughout Illinois in FY11. The NSIP projected allocation will, consequently, be revised when the actual FY11 meal count is calculated and the FY12 appropriation is made.

Given this, the following is the estimated NSIP meal allocation for FY12:

NSIP FY12 Allocation

<u>Service Areas</u>	<u>FY10 meals</u>	<u>%</u>	<u>Allocation</u>
Boone, Lee, Ogle, Winn. Carroll, Jo Daviess, Steph., Whiteside	259,617	40.72%	153,917
DeKalb	287,842	45.14%	170,624
	<u>90,183</u>	<u>14.14%</u>	<u>53,448</u>
Total	637,642	100.00%	377,989

**FY12 Proposed Allocation for Caregivers
and Grandparents by Service and County**

Caregiver funding (Title III-E) provides assistance to caregiver clients. Services include information about and assistance in gaining access to available services (I&A), training/education/support (TES), respite and gap filling services. The OAA requires no more than twenty percent of federal funding can be expended for gap filling service and up to ten percent (federal and non-federal) can be allocated to grandparents raising grandchildren. Given this, the following is the FY12 allocation:

FY 12 Caregiver Allocation						
<u>County</u>	<u>Caregiver I & A</u>	<u>Grandparent I & A</u>	<u>Gap</u>	<u>Respite</u>	<u>TES</u>	<u>Total</u>
Boone	\$5,500	\$1,000	\$1,695	\$3,700	\$1,250	\$13,145
Carroll	4,070	740	1,255	2,738	925	9,728
DeKalb	9,130	1,660	2,815	6,142	2,075	21,822
Jo Daviess	5,390	980	1,662	3,626	1,225	12,883
Lee	7,370	1,340	2,272	4,958	1,675	17,615
Ogle	9,240	1,680	2,848	6,216	2,100	22,084
Stephenson	11,550	2,100	3,561	7,770	2,625	27,606
Whiteside	12,540	2,280	3,866	8,436	2,850	29,972
Winnebago	<u>45,210</u>	<u>8,220</u>	<u>13,936</u>	<u>30,414</u>	<u>10,275</u>	<u>108,055</u>
Total	\$110,000	\$20,000	\$33,910	\$74,000	\$25,000	\$262,910

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

FY12 Caregiver - People and Unit Projections

<u>Service</u>	<u>Funding</u>	<u>FY 2010 Actual</u>		<u>FY12 Projected</u>	
		<u>People</u>	<u>Units</u>	<u>People</u>	<u>Units</u>
Caregiver I&A	\$112,253	2,233	5,371	2,500	5,500
Grandparent I&A*	23,698	121	519	200	500
Caregiver Gap filling	25,000	31	31	40	40
Caregiver Respite	74,000	115	4,019	125	4,000
TES	<u>27,959</u>	<u>255</u>	<u>680</u>	<u>250</u>	<u>750</u>
Total	\$262,910	2,755	10,620	3,115	10,790

The above projections are for unduplicated clients.

FY12 Funding Increases, Decreases And Carryover Funds

NIAAA will comply with the intent of Congress, the Illinois General Assembly or administrative directives (from the AoA or IDOA) in the event of funding increases, decreases and carryover funds.

Carryover Dollars

Carryover funds will be used as follows:

- Carryover from specified Titles will remain with those Titles for reprogramming according to AoA and IDOA policies.
- Any carryover will be reprogrammed and made available for one-time expenditures, including gap-filling and respite services and to fill deficits from FY11 levels.

Funding Increases

Should the amount of federal or state General Revenue Funds increase at any time during the FY12-FY14 funding cycle:

- All increases will go to the specified Title;
- For Title III-C1, all increases will go to the specified Title within the NIAAA Board's 40% transfer policy from C-1 to C-2. If, for example, General Revenue Funds for Home Delivered Meals are increased by the General Assembly, NIAAA will allocate the additional funds for nutrition services;
- The increased funds will be distributed according to the service priority distribution, the geographic funding formula and any other pertinent data;
- If additional GRF for ombudsman services is received, it will be allocated to the designated ombudsman provider and utilized consistent with legislative intent.

Funding Decreases

Should the amount of federal or state General Revenue Funds decrease at any time during the FY12-FY14 funding cycle:

- Decreases will come from the corresponding Title (within the transfer policy from C-1 to C-2).
- Under Title III-B/GRF and Title III-C1 and III-C2/GRF, decreases will be determined through the application of the service priority distribution and the geographic funding formula.

Funding Increases and Decreases for NIAAA Administration and Direct Services

To the extent possible, funding increases/decreases will allocated to the counties by formula by Title.

Information on Funding Possibilities

NIAAA receives most of its funding under the federal OAA and Illinois GRF but it is always seeking other sources of funding. For example, in 2010, NIAAA received a grant from a new source, the Illinois Department of Health, for the Chronic Disease Self Management Program. Other possible funding sources for NIAAA include:

- National nonprofits such as the National Council on Aging;
- Local nonprofits such as the United Way;
- Other State units such the Illinois Department of Public Health;

- Special project grants from the Administration on Aging;
- Community Development Block Grants from local government such as Winnebago County; and
- Community foundations (both local and national) such as the Bill and Melinda Gates Foundation.

NIAAA plans to explore these as well as other funding for sources.

NIAAA Administrative Expenses

During FY12, NIAAA is proposing to provide services for the administration function of the agency. NIAAA is limited by federal law to receiving 10% of total Title III and Title VII funding. Given this, NIAAA projects the amount available for its administration expenses to be as follows:

Administrative - (OAA \$261,835) (GRF \$ 87,427)	\$349,262	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
--	-----------	---

Funds will be expended for administration before costs are incurred for administratively related direct services.

NIAAA Administratively Related Expenses (ARE)

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

<u>Activity</u>	<u>Amount</u>	<u>Purpose</u>
1. <i>Coordination</i>	\$ 60,000	Developing a comprehensive and integrated service delivery system through the creation of working relationships with funding agencies and service providers.
2. <i>Project Development</i>	\$ 90,000	Creating new services or improving services.
3. <i>Advocacy</i>	\$ 30,000	Representing, supporting, or helping seniors get needed services, inducing change in stereotypes, or influencing legislation and policies which impact the lives of seniors.
Total ARE	\$180,000	

In comparison to FY11, NIAAA has reduced the amount retained for ARE by \$60,302 (or 25%). Further, the amount NIAAA is proposing to retain for ARE is approximately one half of the maximum allowed by IDOA. Should AAA FY11 carryover become available FY12, it will be reprogrammed at the AAA level to the extent allowable by IDOA.

Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY12 through its Aging Disability Resource Center (ADRC). The ADRC provides I&A services to over 7,000 clients annually by being a convenient, central access point for older persons. The cost to providing this I&A will be taken from Title III-B/GRF funding and is \$175,000. This is an increase of \$105,000 over FY11 but it is necessary as NIAAA lost a large grant to provide I&A. When combined, however, with the above reduction of \$60,302 for ARE, the increase for both is only \$45,302 (or 14%) more in FY12 than FY11.

1. Justification for NIAAA Providing I&A

The ADRC provides a unique service otherwise not available in Area 01 as the IDOA statewide initiative in the FY12-14 Area Plan is to expand ADRCs statewide in the next three years. The ADRC will play an integral role in this transition by using its experience as a pilot ADRC project to help develop other ADRCs in Area 01.

The ADRC, which began 2005 as the first in Illinois, is currently one of only five in Illinois and the only ADRC located at a AAA. The NIAAA ADRC, as part of the IDOA initiative, has already begun assisting with the startup of the second ADRC in Whiteside County. The NIAAA ADRC will use this experience in Whiteside to help other counties in Area 01 start their own ADRCs.

In addition to the ADRC, NIAAA has a long history of providing I&A as it has been doing so since 1974. NIAAA has been, and will continue to be, the back-up provider for all funded I&A in Area 01 as we will serve all clients of Area 01 regardless of where they live. Further, the ADRC is strategically located in Winnebago County which has nearly half the seniors in Area 01 thus allowing NIAAA to serve more I&A clients than any other provider in Area 01 except one. NIAAA providing I&A, therefore, is both necessary and sufficient to meet the needs in Area 01. Given our distinctive history and experience as an ADRC, NIAAA is again requesting a waiver to provide I&A.

2. Comparison to other Illinois AAAs providing I&A

NIAAA's FY12 request of \$355,000 for providing I&A and ARE is below the average of what the other AAAs used in FY11 (see column 8). The following table compares direct service I&A/ARE for all Illinois AAAs for FY11.

FY11 Amounts AAAs use from Title III funding for direct services I&A and ARE

Column 1	2	3	4	5	6	7	8	9
Location	Area	2011 Total Title III Allocation	I&A Direct Service Costs	I&A Dir.Serv. % of Title III	ARE Expense	ARE % of Title III	Total ARE +Direct Service Costs	% of Title III funding
Rockford	1	2,608,630	70,000	3%	240,302	9%	310,302	12%
Kankakee	2	6,771,032	49,039	1%	276,799	4%	325,838	5%
Rock Island	3	2,364,517	13,000	1%	319,840	14%	332,840	14%
Peoria	4	1,459,615	113,563	8%	216,988	15%	330,551	23%
Bloomington	5	3,063,023	0	0%	268,092	9%	268,092	9%
Quincy	6	813,497	0	0%	38,974	5%	38,974	5%
Springfield	7	2,053,386	33,055	2%	145,940	7%	178,995	9%
Belleville	8	2,343,936	26,000	1%	237,000	10%	263,000	11%
Centralia	9	948,815	0	0%	146,220	15%	146,220	15%
Mt. Carmel	10	825,018	0	0%	87,000	11%	87,000	11%
Cartersville	11	1,885,766	0	0%	126,147	7%	126,147	7%
Chicago	12	11,682,317	1,606,001	14%	0	0%	1,606,001	14%
Oak Park	13	7,660,113	124,137	2%	499,000	7%	623,137	8%
Total		44,479,665	2,034,795	5%	2,602,302	6%	4,637,097	10%
Average		3,421,513	156,523		200,177		356,700	

Given that NIAAA is the only AAA that is an ADRC, serves over 7,000 clients annually, and is still below the state average for money retained by AAAs, demonstrates that NIAAA is using funding on itself judiciously.

Caregiver Access Services Provided Directly By NIAAA

NIAAA is also proposing to continue to provide Title III-E caregiver access at a cost of \$35,000 in FY12. This is the same amount requested for this direct service as FY11.

Justification for Caregiver direct service

NIAAA has provided area wide caregiver assistance since FY01 and is the only regional caregiver assistance provider in northwestern Illinois. NIAAA also serves as the back-up provider for Area 01 funded caregiver assistance. NIAAA's past Request for Proposal for caregiver I&A service yielded only county-based or two county providers of caregiver assistance service. NIAAA providing caregiver access services, therefore, is both necessary and sufficient to meet the needs in Area 01.

**NIAAA FY12 Projected People and Units for
Direct Services for I&A and Caregiver**

As stated above, NIAAA has a long history with providing both I&A and caregiver access services in Area 01. The following is a summary of recent direct service activity along with FY12 projections.

**NIAAA Direct Service History
FY06-10 Actual and FY12 Projected**

Fiscal Year	I&A People	I&A Units	Title III-E People	Title III-E Units
FY06	9,624	18,972	1,005	1,181
FY07	7,591	16,575	1,077	1,307
FY08	6,598	8,126	870	1,139
FY09	6,431	11,603	449	560
FY10	7,067	11,964	452	563
FY 12 (projected)	7,000	11,000	600	700

OTHER NIAAA ACTIVITIES

NIAAA administers the Chronic Disease Self Management Program which is an evidenced based program designed to help seniors with chronic diseases manage their illness.

Proposed FY12 Allocations by County

PROPOSED FY2012 ALLOCATIONS BY COUNTY

TITLE	Boone	Carroll	DeKalb	Jo Davie	Lee	Ogle	Stephenson	Whiteside	Winnebago	AREA 1
Community Service (III-B/GRF)	\$27,280	\$20,187	\$45,283	\$26,734	\$36,555	\$45,830	\$57,287	\$62,198	\$224,239	\$545,593
Ombudsman (IIIB/GRF/VII)	4,790	3,545	7,952	4,694	6,419	8,048	10,059	10,922	39,375	95,804
Congregate Meals (Title III-C1)	24,859	18,395	41,265	24,361	33,310	41,762	52,203	56,678	204,337	497,170
Home Del. Meals (IIIC-2/GRF)	65,591	48,537	108,882	64,279	87,892	110,193	137,741	149,548	539,159	1,311,822
Health Promotion (Title III-D)	1,404	1,039	2,331	1,376	1,882	2,359	2,949	3,202	11,542	28,084
Caregiver Support (Title III-E)	13,145	9,728	21,822	12,883	17,615	22,084	27,606	29,972	108,055	262,910
Total of County Allocation	\$137,069	\$101,431	\$227,535	\$134,327	\$183,673	\$230,276	\$287,845	\$312,520	\$1,126,707	\$2,741,383

Other Services Not Allocated by County

VII Elder Abuse Agencies	PER ELDER ABUSE AGENCY - FOR M-TEAM SUPPORT	12,000
III-D Medication Mgmt.	AREA WIDE	10,672
III-C NSIP		<u>377,989</u>
Final Total		\$3,142,044