



Connecting Older Adults with Community-based Resources and Options

The Area Agency on Aging of Suburban Cook County, since 1974

Fiscal Years 2008 – 2010 Area Plan on Aging

Fiscal Year 2010 Public Information Document

At **AgeOptions**, we believe that...

Quality of life is essential to everyone

Communities that care make a difference

Knowledge is powerful

Good choices depend on **reliable resources**

That's why we connect aging with options for living well.

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Fiscal Years 2008 - 2010 Area Plan on Aging

Fiscal Year 2010 Public Information Document

This Public Information Document is a summary of the 2010 amendment to our Area Plan on Aging for Fiscal Years 2008-2010. The summary provides an interim report on our progress in implementing the plan, updates on our current directions and information on the design of aging services in suburban Cook County. Fiscal Year 2010 is the final year of the three-year plan.

AgeOptions is conducting three public hearings to receive the comments and the suggestions of older persons, their representatives and the public on this plan. All older persons and community representatives are encouraged to attend and participate in the public hearings. If you need special assistance, a translator, sign language, or other accommodations, please call Rebecca Burgstahler at (708) 383-0258 prior to the hearing. If you are unable to attend a Public Hearing or have comments you want to share after a hearing, we will be pleased to receive your written comments any time before May 27, 2009. Below are the dates and locations of the hearings.

Monday, May 18, 2009 9:30 – 11:00 a.m.

Markham Golden Age Chateau
15652 Homan Avenue
Markham, IL 60426
708-596-6680

Thursday, May 21, 2009 9:30 – 11:00 a.m.

Glenview Police Department
2500 East Lake Avenue
Glenview, IL 60026
847-724-2131

Friday, May 22, 2009 9:30 – 11:00 a.m.

Estelle Sieb Community Center
7774 W. Irving Park Road
Norridge, IL 60706
708-906-4741

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Connecting Older Adults with Community-based Resources and Options

Purpose of the Area Plan on Aging and Public Information Document

AgeOptions Area Plan on Aging is a planning, management and grant award document. It encompasses service delivery plans and priority issues over a three-year period from October 1, 2007 through September 30, 2010.¹

This Public Information Document summarizes the 2010 amendment to our Area Plan on Aging for Fiscal Years 2008-2010, outlining our use of federal and state funds to provide services to older adults and their caregivers in suburban Cook County. We reissue the Public Information Document in the spring of each year to provide detailed information for the upcoming year.

We are very interested in receiving feedback about our plan, especially from older adults. We will consider changes to our Area Plan based on the comments or questions we receive.

If necessary, special Public Hearings will be scheduled during the year to receive comments on substantial changes not anticipated in this document. AgeOptions prepares summaries of public hearing testimony from all locations, prepares responses to the testimony, and identifies any actions AgeOptions takes in response to the testimony. A full report on the above is available upon request.

Area Plan on Aging 2008-2010 – Overview of Updates FY 2010

Economy

The recession has hit everyone hard. Older persons are experiencing a loss of investment savings for retirement without time to replenish all of their depleted resources. People who have always been secure and confident, are in situations where they are requesting assistance to meet daily expenses.

Our network of community based senior service agencies experience the impact of the economy through:

- Increased numbers of older adults calling with more complex needs,
- Decreased funding from such sources as contributions towards the cost of services from recipients of service, and local cash sources such as businesses, foundations, philanthropies, township and municipal funding.
- Reduced returns on savings and investments
- Delayed reimbursements from Illinois which has effected agency cash flow

¹ Fiscal Year 2008 (October 1, 2007 – September 30, 2008), FY 2009 (October 1, 2008 – September 30, 2009) and FY 2010 (October 1, 2009 – September 30, 2010)

One source of assistance for the network is the American Recovery and Reinvestment Act (ARRA) which will provide additional funding for congregate and home delivered meals for July 1, 2009 – September 30, 2010. The funds will be used to provide meals to seniors in need of food, restore nutrition services that have been cut and restore positions which may have been eliminated or reduced. ARRA also provides additional support for Senior Community Service Employment positions.

AgeOptions will use ARRA funding to work with existing and new partners to develop innovative programs to best meet the nutritional needs of older adults. The following are examples of uses of the funding:

- a. Development of new Congregate sites, especially those targeting culturally and linguistically isolated older adults
- b. Development of new Congregate sites in under-served areas.
- c. Retention or creation of jobs associated with the provision of congregate and home delivered meals.
- d. Provision of weekend meals at congregate meal sites.
- e. Provision of weekend home delivered meals.
- f. Provision of new special diet home delivered meals.
- g. Provision of a 2nd meal for congregate meal or home delivered meal participants.
- h. Elimination of waiting lists for home delivered meals.
- i. Expansion of home delivered meals in unserved or underserved areas
- j. Purchase of meals for disaster response meals
- k. Possibly limited nutrition education and counseling service. (The primary purpose of the funds is to provide meals).
- l. For current Title III partners, the replacement of documented lost matching fund.

Transition to Statewide Comprehensive Care Coordination

In April 2007 the Illinois Department on Aging (IDOA) initiated the Comprehensive Care Coordination (CCC) Program. This state funded program uses a comprehensive assessment instrument and serves all older adults in need regardless of their assets. IDOA will directly fund Case Coordination Units to provide Comprehensive Care Coordination. In FY 2007, the CCC program brought in \$2,052,486 of revenue to suburban Cook County Case Coordination Units. This amount increased to \$4,670,813 in FY 2008 and continues to increase in FY 2009. For FY 2009, based on data run February 19, 2009, our region received \$3,216,852 to date and is projected to exceed FY 2008 reimbursement levels.

IDOA communicated to Area Agencies as follows; “The implementation of CCC as a state funded program serving all seniors in need without any asset restrictions has led to the need for all Area Agencies, through their Area Plan planning process, to determine how the Title III-B (Older Americans Act) funds formerly used for case management need to be allocated in the future. These case management services are now available under CCC.”

Most Area Agencies on Aging removed or reduced case management funding during FY 2008. Suburban Cook County Case Coordination Units requested that AgeOptions continue to support them during the transition to the CCC program. For FY 2009, to ensure continuity, AgeOptions allocated two-thirds of the former case management funding to Case Coordination Units.

For FY 2010, AgeOptions is funding important services with the funds previously committed to case management and case advocacy and support services.

Requests for Proposals

Social Services: AgeOptions issued the FY 2010 Request for Proposal (RFP) for Home and Community Based Services, Caregiver Services, Nursing Home Ombudsman and Elder Abuse designation. Applications are due from agencies on May 20th for services to begin October 1, 2009. This document describes the service system supported by AgeOptions as a result of this RFP.

Nutrition and Health Promotion: In FY 2008, RFPs were issued for Nutrition Services and Health Promotion Disease Prevention Services. The two RFPs were issued simultaneously, recognizing a natural connection between nutrition and healthy aging. The programs selected through the RFP process began October 1, 2008.

Red Tape Cutter Program

AgeOptions successfully advocated for the continuation of the Red Tape Cutters Program which was eliminated from the Governor's proposed 2009 budget. Unfortunately, the new Governor is proposing the elimination of RTC funding for FY 2010. AgeOptions and our partners are informing legislators of this proposal with the goal of continuing Red Tape Cutters into FY 2010.

The Red Tape Cutter program helps older adults overcome barriers to receive benefits for which they are eligible. This past year, for every dollar invested by AgeOptions and its network, \$70.46 was returned in benefits, not including prescription drugs, to older adults who are at risk. These programs include property tax savings programs, Circuit Breaker, rent subsidies, food stamps, transportation and Supplemental Security Income, to name a few. We are asking the General Assembly to not only sustain the funding for the Red Tape Cutters Program, but to consider increasing the funding level to \$401,000 to reflect the proportionate share of funding between Chicago and the suburbs.

Senior Health Assistance Program (SHAP)

The SHAP program provides funding for funded partner agencies to reach older adults with information about the Pharmaceutical assistance programs and Low Income Subsidy. The funding for SHAP has decreased for FY 2010. Some of the support was made up through Medicare Improvement for Patients and Providers (MIPPA) funding as well as from Aging and Disability Resource Center (ADRC) funding. From FY 2009 to FY 2010, the overall decrease for this program is \$87,214.

AgeOptions – The Area Agency on Aging of Suburban Cook County

Who We Are

AgeOptions is committed to improving the quality of life and maintaining the dignity of older persons and those who care about them. Our purpose is to connect older adults, aged 60 and over, with resources and options for care so that they can have a full range of choices and live their lives to the fullest.

AgeOptions is nationally recognized for its innovative programming, networking with community-based senior service agencies, excellent service provisions, and advocacy efforts. Our office is located in Oak Park, Illinois.

AgeOptions, a not-for-profit organization, has served older adults and their families throughout suburban Cook County since 1974. As part of a nationwide service network, AgeOptions is authorized by the federal Older Americans Act and designated by the Illinois Department on Aging to plan, coordinate, develop and support services in the Planning and Service Area for 30 townships surrounding the city of Chicago.

AgeOptions is governed by a Board of Directors, whose responsibilities include setting direction, establishing policies, and managing and allocating resources. Using proven methods of research and planning, AgeOptions is entrusted with distributing funds to a network of organizations that serve older adults and their families. Our Advisory Council which includes older adults represents and links us to the communities in our service area. Our executive management team, whose combined experience in the field of aging exceeds 100 years, is responsible for the implementation of strategic plans and day-to-day operations.

Who We Serve

Our Area Agency designation identifies our planning, coordination, funding and advocacy responsibilities for older persons and their caregivers in suburban Cook County, an area composed of 30 townships and 130 municipalities. US Census data shows that the suburban Cook County senior population is growing and is increasingly diverse.

Demographics of Older Adults in Suburban Cook County

The Illinois Department on Aging uses 2006 U.S. Census County Estimates and 2006 American Community Survey data to allocate funding to Illinois 13 Area Agencies in 2010. The 2006 Updates reveal that the suburban Cook County population of older persons aged 60 and over has increased from 429,925 to 454,466 an increase of 24,541 older adults since the 2000 census. Together with our service partners, we reached more than 120,000 people last year.

- The suburban Cook County age 60 and over population increased by 5.7% between 2000 and 2006. The area includes older people than any of the other Planning and Service Areas in the state including the City of Chicago.
- The 2006 Census Updates reveal that the number of individuals age 75 and over has increased from 162,749 to 172,287 an increase of 9,538 or 5.9%.

- The percentage of those over age 75 who reside in suburban Cook County increased slightly by .17%. The collar counties also experienced a greater increase in those age 75, from 123,256 to 143,807 or an increase of 20,551 or 24%.
- The 2000 census shows that more than 23,000 older adults and their caregivers have limited English proficiency (*do not speak English in their own homes.*)
- The number of minority individuals aged 60 and over nearly doubled between 1990 and 2000, and will continue to grow at a faster rate than the overall older adult population.

The 2005-07 American Community Survey data are available for twenty-seven of the thirty suburban Cook County townships.

The largest estimated increases in the aged 60 and over population from 2000 to 2006 occurred in outer ring suburbs such as Hanover Township (54% increase) and Orland Township (42% increase). The largest decreases in the age 60 and over population occurred in the inner ring suburbs such as Cicero Township (8% decrease) and Berwyn Township (8% decrease).

What We Do

AgeOptions administers State and Federal Programs, conducts outreach and education initiatives, and directly provides information and assistance to older adults and their caregivers. AgeOptions advocates on behalf of older adults and develops programs and services responsive to their needs and desires. The following are services that are funded, administered, and coordinated by AgeOptions.

Social Services

Supportive Services

The following services are meant to provide older adults with the support they need to remain at home in their communities as long as possible.

- Information and Assistance (through Central Points of Entry)
- Transportation
- Telephone Reassurance
- Friendly Visiting
- Chore Housekeeping
- Legal Assistance
- Respite Care
- Home Repair
- Senior Centers
- Housing Assistance
- Senior Opportunity and Services

Caregiver Support Services / Grandparents Raising Grandchildren

The National Family Caregiver Support Program serves family and friends who care for persons aged 60 and over or Alzheimer's victims, at any age. The program also provides supports to grandparents and other non-parent relatives over the age of 55 who are caring for children with a disability or children who are under the age of 18.

- AgeOptions supports and coordinates counseling, outreach, respite, education and training, support groups, gap-filling services and legal assistance
- The AgeOptions Caregiver Coordinator provides assistance to Caregiver Specialist Agencies county-wide and reaches out to the community
- AgeOptions and Caregiver Specialist Agencies are also able to provide gap-filling services to assist grandparents of any age raising grandchildren

Nutrition Services

Community dining options, often referred to as congregate meals, are delivered at a variety of locations throughout suburban Cook County. These sites offer freshly served, balanced hot meals, nutritional education, social engagement and activities.

Home Delivered Meals services provide nutritious meals to older adults who are homebound and unable to shop for groceries or prepare meals on their own. Typically, volunteers deliver lunchtime meals daily or weekly.

Health Promotion

Our Health Promotion programs include:

- Health screening
- Medication management education
- Health Promotion education
- Take Charge of Your Health program, using the evidence-based “Chronic Disease Self-Management” model created by Stanford University. This class is available in English and Spanish.

AgeOptions funds an area-wide coordinating agency to provide health promotion and disease prevention services. Local host site agencies are also funded many of which target limited English speaking older adults. AgeOptions participates in two national learning and leadership opportunities to expand Take Charge of your Health. These are the Hispanic Elders Health Initiative and the Evidence-based Disability and Disease Prevention Learning Network.

Employment

AgeOptions coordinates the Senior Community Service Employment Program, which provides part-time older participants with assistance in:

- Job training opportunities at local not for profit organizations
- Searching for employment
- Developing job skills
- Other training and educational opportunities

Emergency Preparedness

In accordance with the 2006 amendment to the Older American’s Act, AgeOptions participates with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery to:

- Coordinate activities
- Develop long-range emergency preparedness plans
- Plan for advocacy, outreach and follow-up services
- Monitor service providers’ delivery of disaster related services

Elder Rights

Legal Assistance and Long Term Care Ombudsman Program

To protect the rights of older adults:

- Legal Assistance provides help to older adults for non-criminal and non-fee generating legal matters
- The Long Term Care Ombudsman Program represents and advocates for the rights of long term care facility residents aged 60 and over
- AgeOptions and Ombudsman Providers enhance community awareness of the role of the Ombudsman Program

Elder Abuse and Neglect Program

Specially trained case managers at 9 local Elder Abuse Intervention Agencies:

- Investigate reports of elder abuse, neglect, self-neglect*, and exploitation
- Help resolve problems between older adults and their suspected abuser
- Arrange for appropriate service plans to aid individuals in need

*In 2006, legislation was enacted amending the Elder Abuse and Neglect Act to include cases of self-neglect. In addition, legislation now mandates Elder Abuse Provider Agencies to respond to the most severe cases of elder abuse (Priority One) 24-hours per day, 7 days a week. The proposed FY 2010 budget for Elder Abuse and Neglect includes an increase of \$1 million for self neglect and 24/7 response. Pending legislative action on proposed rules, Elder Abuse Provider Agencies will be responsible for implementation of self-neglect and 24/7 response per IDOA standards. Until funding for Self Neglect becomes available, elder abuse provider agencies shall accept reports of self-neglect and refer them to the designated Case Coordination Unit or a local case management organization (e.g. police social workers).

AgeOptions facilitates the Suburban Elder Justice Coalition, designed to increase collaboration and communications among Elder Abuse Provider Agencies, the State Attorney’s Office, Cook County family violence agencies and local law enforcement.

SMP – Empowering Seniors to Prevent Healthcare Fraud

SMP is a national program once identified as the Senior Medicare Patrol. AgeOptions leads the Illinois SMP program, collaborating with Illinois Area Agencies on Aging, Catholic Charities, Senior Services Associates of Kane County, Coalition of Limited English Speaking Elderly, the Illinois Network of Centers for Independent Living, and the Illinois Attorney General’s Office to raise awareness of Medicare and Medicaid fraud and promote prevention.

Trained volunteers and staff give community presentations and provide one-on-one counseling to Medicare and Medicaid recipients and caregivers on the following:

- Protect—Protect yourself from Medicare errors, fraud, and abuse.
- Detect—Learn to detect potential errors, fraud, and abuse.
- Report—If you suspect that you have been a target of errors, fraud, and abuse—report it.

Outreach and Information Assistance

Central Point of Entry Designation/Information and Assistance

Experienced staff respond to thousands of inquires each year about programs and services for older adults in Illinois. These calls come from local older adults and caregivers in suburban Cook County as well as from individuals who live in other regions or states. AgeOptions directly connects callers to local senior service agencies, eliminating the need for clients to make an additional phone call.

Elder Services Program Web (ESPweb – formerly referred to as ARC/Aging Resource Center) AgeOptions maintains the Aging Resource ESPweb, to provide older persons and their caregivers with the most up-to-date and accurate information and assistance. ESPweb is a database containing information on over 40 different service categories including:

Housing Options
Caregiver Services/Support
Home Based Services

Support Groups
Transportation Assistance
Long Term Care Options

Our funded partners who provide Central Point of Entry/Information and Assistance, Housing Assistance, and Senior Opportunities and Services use ESPweb as a tool to provide high quality information to their clients. Started as a joint project of AgeOptions, the Northeastern Illinois Area Agency on Aging, the Area Agency on Aging of Southwest Illinois, the Chicago Department on Aging and several other Area Agencies across the state, ESPweb is a statewide, web-based system to capture service information in a more unified and standard way across Illinois. This allows more current updated of information and improved quality of resource data. In the future sections of ESPweb will be available to the public on the AgeOptions web pages.

Red Tape Cutter

The Red Tape Cutter Program assists and represents older adults in obtaining benefits they might not otherwise know about or receive. Trained volunteers and staff help older adults locate needed services and overcome barriers to participation. Using BenefitsCheckUp, a web based screening tool developed by the National Council on Aging (www.benefitscheckup.org), AgeOptions and its partners identify and help connect older adults to benefits, services and programs to which they are entitled. In FY 2008, the last full year for which data is available, the suburban program realized a minimum of \$24,643,890 in documented leveraged benefits for seniors that included pharmaceutical assistance, rent subsidies, transportation and Supplemental Security Income. For every dollar spent on the program \$70.46 was returned in direct benefits to seniors at risk, not including prescription drug assistance.

Continued funding for the program is in jeopardy. AgeOptions is advocating for continuation funding for the Red Tape Cutters Program funding in the state FY 2010 budget.

Healthcare Choices

Senior Health Assistance Program (SHAP) and Medicare Improvements for Patients and Providers (MIPPA)

AgeOptions coordinates an area-wide campaign to reach older adults with information about the Illinois Cares Rx Program, I-Save Rx, Illinois Buyers Club, Medicare Part D, Low Income Subsidy and Medicare Savings Plans. Staff at AgeOptions and local community partner agencies conduct outreach, community education and provide one-on-one assistance to older adults applying for the pharmaceutical programs or Medicare Savings Programs. SHAP is supported with Tobacco Settlement funds, General Revenue Funds, and Medicare Improvement for Patients and Providers (MIPPA) funds.

Make Medicare Work (MMW)

AgeOptions is one of three lead partners in the Make Medicare Work Coalition (MMW), focused on helping people with Medicare get the prescription drugs they need. The MMW brings

together groups that serve older adults and people with disabilities, advocates, and representatives from local, state and federal agencies. Coalition members educate and counsel Medicare consumers and their families about their options, assist them to enroll in prescription drug plans and benefit programs that work best for them, and solve problems that might occur. Together with our partners, Progress Center for Independent Living and Health & Disability Advocates, AgeOptions provides on-going training and technical support to professionals and volunteers, works with the media to keep the public informed about important issues, and advocates at the state and national level for changes to improve the programs (including Illinois Cares Rx, Medicare Part D, Extra Help and Medicare Savings Programs.)

In this fifth year of the program, the MMW continues to reach out to groups that have been under-served, including the Deaf and hard-of-hearing communities, people with mental illness, those living in lower income neighborhoods or who have limited English proficiency.

In conversation with current funders and coalition members, the MMW leadership team is exploring the future scope and focus of the MMW and possible funding opportunities. The MMW's funding from the Michael Reese Health Trust and The Retirement Research Foundation ends December 31, 2010. Our third grant, from The Chicago Community Trust ends in May 2009 but we have a proposal for continued funding that is pending. If awarded, it would last through May 2010.

Home and Community Based Long Term Care

Community Care Program / Comprehensive Care Coordination

AgeOptions is a contracted Systems Development partner with the Illinois Department on Aging Community Care Program (CCP) that supports older adults with physical, emotional and other care needs to remain in their own homes. With the implementation of statewide Comprehensive Care Coordination by the Illinois Department on Aging, AgeOptions role in the designation of Case Coordination Units will be changed. Beginning in January 2010, as part of the Systems Development grant, AgeOptions will provide on-site certification of agencies applying to be CCP vendors for homemaker and Adult Day Care on behalf of IDOA. At this point, it is unclear what role, if any, area agencies will have with Case Coordination Unit procurement.

Money Follows the Person

Due to previous involvement in the Home Again/Enhanced Transition program, the suburban Cook County area will be part of the first phase of implementation of the Money Follows the Person program. Contracted Case Coordination Units (CCU) will have trained "transition coordinators" who assist Medicaid eligible older adults who have been in a long term care facility for 6 months or more and are interested and able to move back to a community living setting. The CCU will help the client locate housing, set up housekeeping with some one time funding and assistive technology/home modifications when needed. The Transition Coordinator will work with the client for one year after transition into the community and then the client will receive ongoing support from the Comprehensive Care Coordination program. AgeOptions has no direct role in MFP except for sharing information on the successful Home Again project.

Flexible Senior Services

Flexible Senior Services are available to Case Coordination Units to provide special services to Illinois Community Care Program eligible individuals when there is no other source to provide help. These funds may be used for:

- Medical Care & Supplies (e.g., dentures, medications, incontinence supplies)
- Family & Household Support (e.g., emergency food assistance, ramps, respite)
- Access & Transportation
- Assistive Devices
- Other goods or services related to improving a client's health and/or maintaining safety

Aging Well – An Initiative of Greater Lyons Township

With grants from The Robert Wood Johnson Foundation's Community Partnerships for Older Adults (CPFOA) national program and other local funders, AgeOptions is participating in a partnership-driven initiative in 20 communities in the greater Lyons Township area. The Aging Well partnership is composed of over 200 older adults and over 70 community-based organizations.

Aging and Disability Resource Center (ADRC)

While the funding for AgeOptions and Progress Center for Independent Living ADRC grant ended, our commitment to the concept of the virtual ADRC remains strong. AgeOptions embedded the ADRC concept in our Central Point of Entry/Information and Assistance standards. We are also working with organizations through our Benefits Enrollment Center grant through the National Council on Aging that will establish these organizations into "benefit centers" that serve both older adults and people with disabilities.

Benefits Enrollment Centers (BEC)

AgeOptions is one of ten organizations nationwide to receive a one year "Benefits Enrollment Center" grant from the National Council on Aging's (NCOA) National Center for Benefits Outreach and Enrollment. The grant supports the development of a person-centered community based-system for outreach and enrollment into public benefits through the creation of Benefit Enrollment Centers. These BECs will reach and assist older adults and younger adults with disabilities who may qualify but are not yet enrolled in programs that help pay for prescription drugs, medical care, food or utilities. AgeOptions is partnering with the following agencies on this grant: Arab American Family Services, Bloom Township Senior Citizens Services, CEDA Bloom Rich, CJE Senior Life, DesPlaines Community Senior Center, Evanston Commission on Aging, Hanul Family Alliance, Illinois Welcoming Center, Progress Center for Independent Living, Solutions for Care and Urhai Community Service Center.

Targeting to Culturally and Linguistically Isolated Older Adults (TCLIP)

In FY 2002, AgeOptions began funding our Targeted Outreach Program Initiative for services aimed at the growing number of ethnic and limited English speaking seniors in suburban Cook County. AgeOptions has funded TOP agencies under the Senior Opportunities and Services (SOS) program. This program allows agencies to provide information and assistance, outreach and help assessing for and accessing benefits and services for ethnic and limited English speaking older adults. AgeOptions will also continue to fund ethnic agencies under Title III-C Nutrition Program. For FY 2010, to better reflect the intent of the program we will refer to the former TOP program as "Targeting to Culturally and Linguistically Isolated Persons" (TCLIP) and it will serve both older adults and those who care for them.

Area Plan Development and Initiatives Addressed in the Plan

Area Plan Development

In developing the Area Plan on Aging, AgeOptions engages in a variety of activities to assess the needs of older adults, their caregivers, and grandparents raising grandchildren, establish service priorities, and develop programming. These include:

- Reviewing AgeOptions Information and Assistance reports; and service data (NAPIS), wait lists, and Significant Development and Unmet Needs reports from our funded agencies
- Reviewing and analyzing Illinois Department on Aging Community Care Program service reports by each township and sub area in our region and the impact of the state's expanded Comprehensive Care Coordination program on the services we currently provide
- Analyzing U.S. Census Bureau data and other relevant statistical information on age, race, ethnicity, population density, language, income, housing and other factors
- Seeking feedback on the needs of our service population and our programming through our:
 - AgeOptions Board of Directors, Board Committees, and Advisory Council
 - Funded Agency Meetings and Discussions
 - Planning meetings with metropolitan organizations
 - Individual meetings with the Targeted Outreach agencies
 - Caregiver Program Advisory Committee meetings
 - Caregiver Specialist meetings
 - Advocacy Task Force meetings
 - Red Tape Cutter meetings
 - Title V Senior Employment meetings
 - Make Medicare Work Coalition meetings
 - Quarterly Elder Abuse Supervisor meetings
 - Legislative Breakfasts briefing local, state and federal legislators on priority issues
 - Needs of the Elderly Public Hearings held regionally
 - Regional planning meetings with service providers, local government, older adults and community leaders
 - SMP partner meetings
 - AgeOptions staff meetings
 - Older Adult Advisory Committee deliberations
- Reviewing a variety of studies and reports on the needs of older adults, caregivers and grandparents raising grandchildren, and the preparedness of communities for an aging population
- Working with the 20 communities of greater Lyons Township through the Aging Well initiative to gather information on assets and needs in the area related to improving long term care and supportive services and creating aging-friendly communities. AgeOptions views this effort as a microcosm for planning that could have impacted the entire service area and the rest of the state.

The Planning Environment - Current Issues

The Economy

AgeOptions is working with our partner agencies to be better prepared in this volatile economy. Two of our efforts include:

1. On March 24, AgeOptions hosted a forum for professionals who provide services to older adults. Speakers from across the metropolitan area presented information on some of the most difficult financial issues older adults face. Topics included Legal aspects of foreclosure and eviction, credit and debt issues – both legal and quality of life, Financial exploitation, Investment and annuity issues, Reverse mortgages and Utility assistance programs and property tax benefits. AgeOptions thanks the Retirement Research Foundation and Adventist La Grange Hospital for their support of this event.
2. AgeOptions will host a second forum aimed at assisting community agencies plan during these economic times. We will cover issues related to strategic planning, working with Boards, operations and financial management.

Demographics

The FY 2008 – 2010 Area Plan sets a direction for suburban aging as the unprecedented growth in the senior population progresses. AgeOptions considers this area plan as pivotal in positioning communities, older adults and the aging network to effectively respond to challenges and opportunities ahead. This Area Plan period presents many challenges and opportunities as we adjust to and advocate for change on many fronts. Even the U.S. Census is making major changes.

Starting in 2005, an initial sample of 3 million households began receiving the American Communities Survey. This survey has many of the same questions as the questions as the census long form that was sent to about one-in-six addresses in Census 2000. This survey is mailed monthly to a sample of addresses throughout the United States and Puerto Rico. Eventually, it will produce up-to-date data every year for every state, city, county and census tract in the country. Starting in 2010, the American Community Survey will completely replace the long-form census questionnaire. Information from the American Community Survey will be used to administer federal and state programs and distribute more than \$300 billion a year.

In 2007, Illinois began changing the way it invests in home and community based services with substantial growth in the funding for services once included in AgeOptions plan as the only source of those services. Suburban Cook County is now beginning to realize the full benefit of this change in state funding for home care, care coordination including case management services, and flexible services including respite, technology, and elder rights interventions. New statewide systems, including Comprehensive Care Coordination, and the web based information data resource program (ESP2), are in place to improve coordination, information sharing, and reporting and data management. AgeOptions is now able to raise the level of support for programs identified as most important to older persons in our region. AgeOptions continues to analyze the impact of these changes and will assure that Older Americans Act resources are invested in the right services for the increasing population.

In addition, the U.S. Administration on Aging is providing research and demonstration funding. The ability of AgeOptions and senior service agencies to compete for demonstration projects will determine how we will increase and offer services to older persons into the future. We are working to position our network to proactively seek these opportunities.

As we stated in our 3-year plan, we are incorporating the following changes mandated by the reauthorization of the Older Americans Act, the ongoing changes occurring in the various

Medicare programs, the shifting of funds at both the federal and state levels, and other issues as described below into our planning and service delivery:

Older Americans Act Reauthorization

The United States Congress reviewed and amended the Older Americans Act in 2006. This legislation is the fundamental basis for AgeOptions planning and service support. This reauthorization of the Act in 2006 included a number of important changes:

- Programs and services are to focus on specific groups of older people, adding those at risk for institutional care, those with limited English proficiency and those with mental illness.
- Area Agencies are to expand their efforts on the promotion and coordination of home- and community-based long-term care services for older people to prevent or delay the need for institutional care.
- Systems are to be developed and implemented for elder justice activities, an elder abuse national incidence study, and competitive grants to states for elder justice activities.
- New research and demonstration programs are to be conducted related to community preparedness for the growing number of individuals turning age 65 in the coming decades, including model projects to assist older people to “age in place”.
- Systems are to be developed for mental health screening and treatment for older people.
- Title V programs are to continue to focus on employing older adults in community services jobs, but also to place more emphasis on training and placement of eligible older individuals into the regular labor market.
- Caregiver support programs are to include older individuals who are providing care to individuals with severe disabilities, including children. Grandparents and relatives caring for children extends to children who are adopted and the eligibility age of the grandparent/older relative is now 55.

In 2009 we are advocating for at least a 12% increase in Older Americans Act funding in the 2010 Congressional Appropriations to offset the shortfall of over \$800 million that has developed since FY 2004, and to address the pressures of population growth and inflation. Currently, a few highlights of the anticipated OAA Funding (if the increase request is not granted) (provided by the National Association of Area Agencies on Aging (N4A) at the following link:

<http://www.n4a.org/files/members/legislative-updates/appropriations-chart.pdf>

- \$10 million increase for Title III B, supportive services and centers (3 percent)
- \$23.5 million increase for Title III C congregate meals and \$20.6 million for home-delivered meals (roughly 6 and 10 percent, respectively)
- \$310,000 increase for Title VI Native American aging programs, Part A; \$73,000 increase for Part C (both 1 percent)
- \$50.3 million for Title V SCSEP, to reflect the minimum wage increase

We will monitor the impact of such increases in Illinois since Illinois’ overall senior population has not increased and there are changes in the distribution of Older Americans Act funds to states.

Choices for Independence Initiative

The *Choices for Independence Initiative* is designed to advance significant changes in health and long-term care systems at the federal, state and community level. These changes are to improve the quality of life for millions of adults as they age, support the existing Administration on Aging network's efforts to help high-risk individuals who are not Medicaid eligible to remain at home through the use of low-cost alternatives, and assist to State efforts to rebalance their systems of care from primarily facility-based services to a balance of home- and community-based/facility services. The objectives include:

- Offering older adults and their families' ways to make informed decisions about, and be better able to access, existing health and long-term care options.
- Providing consumer choice and direction to help seniors at high risk of nursing home placement remain in their homes and communities for as long as possible through high quality home- and community-based services.
- Helping older people stay active and healthy through deployment of evidence-based disease and disability prevention programs that better enable older people to make behavioral changes that will reduce their risk of disease, disability, and injury.
- Helping organizations involved in home- and community-based services to modernize their services and business practices in response to changes occurring in our aging population.

Project 2020 – The National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (n4a), have developed a coordinated national long-term care strategy that will generate savings in Medicaid and Medicare at the federal and state levels while enabling older adults and individuals with disabilities to get the support they need to successfully age where they want to — in their own home and community.

The key elements of this approach include:

- 1. Person-Centered Access to Information**
- 2. Evidence-Based Disease Prevention and Health Promotion**
- 3. Enhanced Nursing Home Diversion Services**

For the long-term care strategies and solutions proposed, n4a and NASUA are seeking funding to support federal outlays of \$2.4 billion over the next five years to be administered through the Aging Services Network of State and Area Agencies on Aging.

Project 2020's Goal: Provide the resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. Empower the Aging Services Network to implement these strategies through a three-pronged program encompassing person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services.

Pharmaceutical Assistance

Medicare Part D, Illinois Cares Rx and other assistance programs provide pharmaceutical support to older adults. Every year, there are changes in these programs because of cost containment, changes in plans and formularies, and adjustments in federal and state legislation, making this a very dynamic program. New information on these programs has been continually released over the past three years and the steep learning curve is expected to continue.

Congress is currently considering changes in the law related to the cost of medication and access to low-income “extra help”. AgeOptions and its Make Medicare Work Coalition partners have focused on training community-based agencies that directly assist Medicare consumers to explain changes and to provide accurate and up-to-date information to our clientele. In turn, partner agencies are able to educate and assist community residents in ways that are locally effective and culturally appropriate. We will continue our leadership role for benefits and advocacy in the region and the impact of our outreach efforts.

The Illinois Older Adult Services Act

The purpose of the Illinois Older Adult Services Act (P.A. 093-1031), enacted in 2004, is to promote a transformation of the Illinois comprehensive system of older adult services from funding a primarily facility-based service delivery system to a primarily home-based and community system. Such restructuring will encompass the provision of housing, health, financial and supportive older adult services. We are committed to continue our work to further the goals of this Act through the Older Adult Services Committee.

Trends in Congregate and Home Delivered meals

The chart on page 36 illustrates the number of meals served over the past 19 years. The downward trend of participation in the congregate dining sites continues. Meals decreased by 9.61% from FY 2006 – FY 2007 and an additional decline of 4.8% from FY 2007 – FY 2008. Over the past five years, since FY 2004, congregate meals have decreased 23.4%! The traditional congregate meal programs experienced decreases in participation while the dining sites operated by ethnic, targeted outreach agencies and those operating more unique sites especially with on-site food preparation experienced increased utilization. The organizations with greater community investment and higher levels of local cash attract more participants.

AgeOptions issued the Nutrition RFP in January 2008. To set the stage for issuance of the RFP, we invited representatives from the New York City Department of Aging to present the methods they successfully used to increase utilization at their dining sites. These methods included site management, customer service and participation, and community involvement. We invited all potential nutrition program applicants to attend the session and use the ideas and methods presented in the development of their proposals to AgeOptions.

There is a steady upward trend in the use of home delivered meals, the meals delivered in FY 2008 increased by 4.06% over FY2007. In the last five years, Home Delivered meals have increased by 4.5% - the demand is higher, the increase is limited due to available funding. The cost of food, transportation, equipment and supplies greatly impact the resources available for Nutrition programs. We will also look for ways in which we can maximize resources with our providers through collaborative purchasing and bidding opportunities.

All Willing and Qualified

The Illinois Department on Aging will implement an “All Willing and Qualified” solicitation process for obtaining Community Care Program homemaker services and adult day services. The All Willing and Qualified process will benefit Community Care Program clients by offering enhanced consumer choice of qualified providers. Rules have been filed with JACAR for processing and we anticipate All Willing and Qualified will implemented in the near future.

Challenges to the Network

The enactment of the US Economic Stimulus Act of 2008 (H.R. 5140) resulted in more than 130 million households eligible to receive an economic stimulus payment. This included millions of retirees, disabled veterans and low-wage workers, but they must file a tax return in order to receive a payment. The minimum payment for this group will be \$300 for an individual and \$600 for a couple filing jointly. Our network has seen a significant increase in calls and requests for assistance as older adults, who are usually exempt from filing a tax return, are confused and need help.

Illinois “*Free Rides for Seniors*” program provided free rides for older adults aged 65 and older living in the RTA’s service region of metropolitan Chicago. To participate, older adults are required to have a senior reduced card to get a free ride. As with the economic stimulus package, our network was inundated with calls, sometimes up to 40 per day, to register.

Both of these programs offered our network an opportunity to connect with older adults who had been introduced to programs and service options available to them. At the same time, it challenges us to become more efficient with limited resources.

Initiatives Addressed in the Plan

The Area Plan format provided by the Illinois Department on Aging requires a section describing the statewide initiative that each of the 13 Areas Agencies will address during the Area Plan period. The statewide initiative for the FY 2008 – 2010 Area Plan is:

THE MATURING OF ILLINOIS: GETTING COMMUNITIES ON TRACK FOR AN AGING POPULATION

In addition to the statewide initiative, each Area Agency develops one or more local initiatives. AgeOptions has chosen two local initiatives for FY 2008 – 2010:

1. ACCESS TO SERVICES – INCREASING AWARENESS

2. HEALTH PROMOTION – HEALTHY AGING

Statewide Initiative: THE MATURING OF ILLINOIS – GETTING COMMUNITIES ON TRACK FOR AN AGING POPULATION.

Americans want to stay in their homes and in their communities as they age, but our communities aren’t necessarily prepared to handle the increasing population of older adults. Recognizing the need for communities in Illinois to prepare for this growing segment of the population, the Illinois Association of Area Agencies on Aging (I4A) selected a statewide issue statement, which paraphrases the reauthorized Older Americans Act—

“To assess the preparedness of Illinois and our communities for the aging of the population and make recommendations to government officials in the areas of health and human services, land use, housing, transportation, public safety, workforce and economic development, recreation, education, civic engagement, and emergency preparedness.”

AgeOptions is assessing the preparedness of at least six communities in our area for the future growth of the senior population, including a comprehensive overview of past AgeOptions activities,

and planned future activities designed to address this initiative. All Area Agencies throughout the state are conducting similar assessments using the same measurement instrument, these assessments will then be included in a report to the Illinois legislature.

We assess existing policies, programs and services within the selected communities to determine if and how they address the needs of an aging population. The assessment activities include the areas of health and human services, land use, housing, transportation, public safety, workforce and economic development, recreation, education, civic engagement, and emergency preparedness.

Progress

- The Initiative was discussed at our FY 2008 and FY 2009 Needs of the Elderly public hearings to raise awareness of the need for planning, to learn about planning activities already taking place and to share best practices among our communities.
- Selection of Communities - The communities selected are Wheeling, DesPlaines, Lyons, Berwyn, Chicago Heights and Oak Lawn. These communities were selected based on their unique and varied make up, including population size, race and ethnicity, economic status, government structure, assets and resources. The first assessments were conducted in Wheeling and DesPlaines in FY 2008. In FY 2009, we are working with Oak Lawn and Chicago Heights. In FY 2010, we will begin work with Lyons and Berwyn.
- Development of Statewide Assessment Instrument – AgeOptions staff led the development of the statewide assessment instrument which was adopted by I4A in October, 2007.
- AgeOptions participated in statewide training on the assessment process conducted by I4A on October 23, 2007. AgeOptions staff also participated in a panel presentation at the Governor’s Conference on Aging in December.
- The Advisory Council formed a Task Force and appointed a chairperson to provide leadership, guidance and assistance in the Assessment Process.
- AgeOptions is collecting information on other planning activities that have or are taking place throughout the suburban Cook County area. This information will be part of the final assessment report to share options and best practices among the 130 communities that make up our service area.

Local Initiatives:

1. ACCESS TO SERVICES – INCREASING AWARENESS

There are “Reachable Moments” for helping older persons, their families caregivers and members of the general public to obtain the information, assistance and guidance they need to learn and make decisions related to resources and service options when they need help. The suburban Aging Network wants the opportunity to be there for them at these special times.

Surveys, focus groups, professionals and comments from community meetings and public hearings consistently show that people don’t know where to go or what they should be looking for when they need help related to aging issues. While much has been done to inform the community about how to find out about care options, research persistently indicates people are

not hearing our message when the concerns are not real and pragmatic. People tend to seek help **when they need it**. This is their “reachable moment” – the time they are ready to receive information and need to act on it.

Our environment in which we live adds to the complexity of this issue. Connecting to services in suburban Cook County can be overwhelming, given the make-up of our area, with 130 municipalities and 30 townships, and the growing number of resources from which to choose. Our channels of communication are extensive and it is difficult to understand which is most effective to use with our diverse market. Adding to this is the increasing concern for isolated and chronically ill older adults, low-income seniors and the growing number of individuals who depend on friends, families, or public transportation to get around.

Statewide, access to service has been recognized as a critical issue as well, supporting an older adult’s ability to live in the community and maintain independence. The Illinois Older Adult Services Act, enacted in 2004, will transform and restructure long-term care throughout the state. One aspect of this law is the coordinated system with designated access points for senior services and information. Along with this is the concept of “No Wrong Door”, recognizing coordination is critical for resource locations that naturally occur as well as sites where older persons and their families traditionally seek assistance, such as their church, the public library, or the police department.

In addressing this initiative, AgeOptions investigated and implemented a number of methods to enhance access to services. These include to date:

- Analyzing the tools available to us to support access, including technology, transportation, staffing and programs, and strengthening and improving these tools within the aging network.
- Examining the “reachable moments” of older adults; developing and implementing strategies to be prepared to respond when they come to us with questions.
- Identifying and implementing strategies to increase visibility using multiple channels of communication and continuing to provide information and education programs to the community.
- Exploring the “No Wrong Door” concept of community access points and how we can coordinate efforts
- Supporting the efforts of the statewide Aging Network and continuing to serve on the Coordinated Points of Entry Workgroup, chaired by AgeOptions president, Jonathan Lavin

Progress

- AgeOptions initiated an Outdoor Billboard campaign, reaching out to Medicare recipients to contact us if they needed help paying for their medicines. This campaign ran from September through December 2007 and coincided with the Medicare Part D enrollment period. A total of 19 boards were placed various locations throughout suburban Cook County, targeting the areas with the most vulnerable seniors. Working through the Outdoor Advertising Association of Illinois, the advertising space donated by four outdoor advertising firms was valued at \$46,300.
- AgeOptions rolled out the new ESPweb last fall. Staff continue to work with funded partners to integrate the system into day to day practice. AgeOptions and the network use BenefitsCheckUp, the web-based system to identify services and benefits older adults are eligible and/or entitled to.

- AgeOptions is reaching out to employers and businesses, faith based organizations, geriatricians, and Employee Assistance programs to share information and resources available to Caregivers. Through the Library Outreach project, AgeOptions offers speakers on various aging topics, to be conducted at their location.
- AgeOptions produced a multi-language brochure targeting nine limited-English speaking populations, letting them know, in their language, how to contact us if the need assistance. The brochure can be accessed on the AgeOptions web site and is being distributed to providers and other organizations throughout the area. AgeOptions continues to contract with TeleInterpreters so that callers who do not speak English may have a translator.
- AgeOptions serves on the 2-1-1 Illinois Coalition to promote the development of a 2-1-1 system in Illinois. A request for proposal has been released to qualified organizations to conduct one-year Pilot Project.
- AgeOptions supports the efforts of the statewide Aging Network and continues to serve on the Coordinated Points of Entry Workgroup, chaired by AgeOptions president, Jonathan Lavin.
- In the Social Service Request for Proposals issued in February, 2009, AgeOptions expanded our Information and Assistance standards to reflect the concepts of Central Point of Entry, “No Wrong Door” and “Reachable Moment”.
- AgeOptions continues to provide our Information and Assistance Network with special trainings as well as email updates with the latest information about benefits and services.

In FY 2010, AgeOptions will continue to investigate, implement new or enhance existing methods to help older adults and caregivers learn about resources and service options when they need help.

2. HEALTH PROMOTION – HEALTHY AGING

The human body is often more durable and resilient than anyone can imagine. Offering information and encouragement based on proven (e.g. evidence based initiatives) and support towards healthy aging, has multiple benefits to older persons, families, neighbors, communities and society.

Studies show we can significantly improve health, prevent disability, delay mortality and improve the quality of life through health promotion and prevention programs for older adults. This can also reduce the need for medical services, thus saving individuals and government health care programs money.

According to a report from the Centers for Disease Control and Prevention and the Merck Company Foundation, the cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. By 2030, the nation’s health care spending is projected to increase by 25% due to demographic shifts. In the face of such dramatic growth, little changes and savings add up. Proactive effort to improve and preserve the health of older adults will result in tremendous cost-benefits success.

Healthy Aging programs are most likely to be successful if they can bring about changes in health-related behaviors. Programs tailored to individual needs; together with social supports also contribute to their success. The dilemma is that older adults don't always understand the benefits of participating in health promotion programs, there are not enough programs available or they are difficult to access, and many of those programs that are available are not appealing to older adults, therefore have limited participation.

In addressing this initiative, AgeOptions will investigate and implement a number of methods to promote healthy aging. These may include but are not limited to:

- Exploring ways in which to integrate evidenced-based and other health promotion practices with community-based programs for older adults, such as community dining/congregate nutrition, senior centers and gathering places, and home care programs.
- Expanding and enhancing the variety of community education and training opportunities currently available, which include Take Charge of Your Health, Powerful Tools for Caregivers, BenefitsCheckUp, My Medicare Matters and Medication Management.
- Investigating ways in which to promote healthy aging to targeted populations such as the chronically ill, homebound, low-income and limited-English speaking.
- Collaborating with providers, the aging network, the disability community and the health care industry to consider a metropolitan-wide health promotion consortium.
- Identifying reachable moments for involving older persons in active healthy aging.
- Increasing healthy aging programs associated with congregate and home delivered meal programs.

Progress

- AgeOptions issued the FY 2009 Requests for Proposals for Nutrition and Health Promotion/ Disease Prevention simultaneously, integrating coordinated programming opportunities and responsibilities between the two. This includes Take Charge of Your Health.
- AgeOptions is in its third year of Take Charge of Your Health. In partnership with White Crane Wellness Center and Rush University Medical Center, AgeOptions has hosted over 40 class series and reached over 600 older adults through classes!
- AgeOptions developed a Healthy Aging Coalition to explore ways to raise awareness and develop marketing strategies to promote evidence-based and healthy aging programming for older adults in suburban Cook County. Participants represent community-based organizations, local and state departments of Public Health, local government, hospitals, and organizations with a focus on limited-English speaking older adults.
- AgeOptions received two national learning and leadership opportunities to expand Take Charge of Your Health to the Hispanic communities. The Hispanic Elders Health Initiative is addressing barriers to access and delivery of quality of care to the Hispanic elderly. The Evidence-based Disability and Disease Prevention Learning Network project focuses on linking aging services and health care providers, with a more integrated approach to serving older adults.

- AgeOptions has adopted the statewide branding of the Take Charge program – the program is now referred to as “Take Charge of Your Health – Live well, Be well”.
- AgeOptions continues to reach diverse populations with the Take Charge program through partnerships with local organizations. Examples include: Hanul Family Alliance reaching Korean population, Apna Ghar and Metropolitan Family Services reaching Hindi population, Alivio Medical Center reaching Latino population, South Suburban Senior Services reaching African American population, Progress Center for Independent Living reaching people with disabilities, and Rush University Medical Center, Advocate Lutheran General Older Adult Services and Northwest Community Hospital reaching health care participants. In the next year, we hope to reach the Chinese population and additional Latinos.
- AgeOptions has two staff who received the “Master Training” which allows them to train new class leaders. We also have 3 staff members who are trained as class leaders.
- Two AgeOptions staff are trained in Tomando Control de Su Salud so they can lead classes for Spanish speakers. This class is not just translated into Spanish but is culturally appropriate.
- Over the grant, AgeOptions have trained a total of 61 class leaders. Of these, 24 are volunteers and do not receive additional funding from AgeOptions to conduct classes.
- AgeOptions is working to recruit hospitals, health centers and physician groups to integrate chronic disease self management into direct healthcare practice.
- AgeOptions is one of the leaders of a statewide consortium working to expand the CDSMP throughout the state.
- AgeOptions was asked by the Cook County Department of Public Health to be their lead community partner in the national ACHIEVE project. ACHIEVE, (Action Communities for Health Innovations and Environmental Change) is part of the Center for Disease Control and Prevention Healthy Communities Program. CCDPH was one of 43 chosen from over 300 submissions and the only one involving aging. AgeOptions will work with CCDPH on ACHIEVE to begin development of a Community Health Action Response Team that will focus on Chronic Disease.

In FY 2010, AgeOptions goals are to sustain the current leaders and host sites, work with each host site to do two classes per year and to reach out to hospitals. We will continue to promote and expand healthy aging activities through integration with other programs, outreach, training and collaboration with community partners.

AgeOptions Funding of Services

How We Receive and Allocate Funds

AgeOptions receives allocations of both state and federal funding from the Illinois Department on Aging (IDOA). The funding levels outlined in this document are based on IDOA estimates of

the appropriation levels for the federal and state governments for the coming year at the time of this writing.

Funds for programs under Titles III-B Social Services, III-C1 Congregate Meals, III-C2 Home Delivered Meals, III-E Caregiver, American Recovery and Reinvestment Act of 2009, and Illinois General Revenue Funding for community-based services and home delivered meals are allocated to the Area Agencies on Aging by the Illinois Department on Aging using a weighted, population-based formula. The current Illinois Funding Formula was fully implemented in FY 1995. The Department reviews the formula every four years in consultation with Area Agencies on Aging. Based on its review in November 2007, the Department on Aging will not be proposing any changes to the current formula and submitted the current formula to the Administration on Aging in August 2008 as part of the FY 2009-2011 State Plan on Aging for Illinois.

Specific factors used in the IDOA formula include the number of people in each Planning and Service Area (PSA) represented by each Area Agency:

- Over the age of 60 (41% of funding)
- Over age 75 (7.5% of funding)
- 60 + minority (10% of funding)
- 60 + in poverty (25% of funding)
- 60 + living alone (7.5%)
- 60 + rural (9% of funding)

The Illinois Department on Aging has concluded that funding allocations should be based on data that is the most statistically valid. The Department sought special guidance from the Administration on Aging on the issue of what data sources are appropriate for updating decennial Census data and when to implement updates. The Department is using the 2006 Census updates for the FY 2010 planning allocations to the thirteen Area Agencies on Aging. The Department has compared the data from the 2006 Census updates to the 2000 Census data and calculated revised Intrastate Funding Formula weights for each Planning and Service area. The Administration on Aging provided the methodology to calculate the split of Cook County's population data from Census 2006 County Estimates between Chicago (PSA 12) and AgeOptions (PSA 13 – suburban Cook County) using data from the American Fact Finder – ACS 2006 profile for Cook County and Chicago. As a result of applying the Updated Census data for the age 60 and over population and the age 75 and over population the Intrastate Funding Formula share for Illinois will increase from 17.49% to 17.50%. New Census Updates are not available for minorities, poverty or for those living alone.

Other funding factors are considered for the following programs:

- Ombudsman Program (number of nursing home beds and facilities)
- Title III-D Health Promotion (poverty and underserved healthcare recipients)
- Title VII Elder Abuse (number of assigned Multi-Disciplinary Teams)
- Community-Based Services General Revenue Fund (fixed and weighted allocations)
- Senior Health Assistance Program (base plus Medicare recipients)
- Nutrition Services Incentive Program (meals served in previous years)
- Civil Monetary Penalty (CMP) funds (number of nursing home beds and facilities)

- Special or one-time only funds (such as the Illinois General Revenue Funds for gap-filling services for grandparents of any age)

The estimates for Fiscal Year 2010 funding described in this document are based upon several assumptions:

1. Older Americans Act funding will remain similar to FY 2009 levels.
2. The Governor's 2010 request for Illinois General Revenue Funding of community-based services and home delivered meals will be sustained in state FY 2010.
3. Increases in Nutrition funding for FY 2010.
4. The addition of one-time funding through the American Recovery and Reinvestment Act (ARRA) of 2009.
5. A small amount of carry-over will be available based on past experience and current productivity.
6. The elimination of Civil Monetary Penalties funding.
7. The decrease of Senior Health Assistance Program funding and partial replacement from Medicare Improvement for Patients and Providers funding.

We estimate that AgeOptions will administer \$15,496,566 of Federal Older Americans Act funding, State General Revenue Funds and other funds in FY 2010. The graph on page 29 shows an estimate of the available distributive funding for FY 2010 alongside the distributive funding levels for FY 2009.

Specific funding may be changed by the following factors:

Appropriations

The federal and state governments have annual appropriation bills that set the available funding for the coming year.

Title Transfers

AgeOptions is allowed to transfer funds among three federal Older Americans Act Programs: Title III-B (Social Services), Title III-C1 (Congregate Meals) and Title III-C2 (Home Delivered Meals). These transfers do not affect the total funding available in suburban Cook County, but do allow some latitude in effectively planning programs as well as enable AgeOptions to maintain historical levels of service.

Since the consolidation of Social and Nutrition Services in 1978, AgeOptions has transferred funds from Nutrition Services to Social Services in order to support social services including Case Management.. We are requesting a waiver of the 20% transfer cap from the Department on Aging. The requested transfer for FY 2010 is \$780,687 from III-C1 to III-C2 and III-B.

Carry-Over

Carry-over funds are excess funds from one year that are allowed to be used the next year. The Illinois Department on Aging allows the carry-over of a maximum of 5% for the combined total for Titles III-B, C1, C2 and III-E from one year to the next. The remaining smaller titles, Title III-D, Title III-B Ombudsman, Title VII Ombudsman, and Title VII Elder Abuse, are allowed a maximum carry-over of 10%. Other funds may not have or have different carry-over levels and exceptions. AgeOptions closely monitors expenditures

throughout the year and reallocates funds to assure expenditures when it appears a grantee may not spend their annual allocations.

Estimated Funding Levels for Fiscal Year 2010

The table on page 29 presents estimated funding levels for services in FY 2010, along with our projections for the number of clients to be served and units to be delivered. The funding levels include state and federal funding. Not included in the funding levels are the contributions that agencies receiving funding from AgeOptions make toward the cost of services. Local agencies support the delivery of services through local cash, in-kind, and project income.

Local Cash includes funding from non-federal sources such as organizations, municipalities, townships, and United Ways, etc., that provides direct support for costs of services.

In-kind includes the value of property or services that benefit a grant-supported service and are contributed by non-federal parties.

Project Income includes contributions that clients make toward the cost of the services that they receive.

On page 39 we identify the level of support from the above sources of funds with our projected funding for FY 2010.

AgeOptions Funding Process

AgeOptions periodically issues a Request for Proposal and application process to fund agencies that provide services. Organizations who wish to receive any of AgeOptions Requests for Proposals may register with us to receive notices of funding opportunities. Funding for most services occurs on a three-year cycle.

Request for Proposal for Social Services, Case Coordination Unit designations, and Elder Abuse and Neglect Intervention Agency designations

- AgeOptions issued a Request for Proposals (RFP) in February 2009 for Social Services (Title III-B), Caregiver Services, Targeting to Culturally and Linguistically Isolated Older Adults (TCLIP), Nursing Home Ombudsman and Elder Abuse and Neglect Intervention Agency designations for FY 2010 with potential renewals for FY 2011 and FY 2012.

Request for Proposal for Nutrition and Health Promotion and Disease Prevention Services

In January 2008, AgeOptions issued an RFP for the provision of Nutrition Services (Title III-C1 and III-C2) and Health Promotion and Disease Prevention Services (Title III-D) throughout suburban Cook County. The Requests for Proposals are due to AgeOptions April 30, 2008.

Congregate Meals focuses on efforts to revitalize Congregate Meal Programs and turn around the underutilization of many sites. In 2008, to set the stage for issuance of the RFP, we hosted a special technical assistance session and invited representatives from the New York City Department of Aging to present the methods they successfully used to increase utilization at their dining sites. These methods included site management, customer service and participation, and community involvement. We invited all potential nutrition program applicants to attend the

session and use the ideas and methods presented in the development of their proposals to AgeOptions. In addition, Congregate meal sites are required to increase participation to a minimum of twenty-five meals per day. Congregate meal sites are required to provide nutrition education quarterly with one of these events provided by the Countywide Health Coordinator agency.

AgeOptions continues its Targeted Outreach Program (now referred to as TCLIP) for limited English speaking populations. Considering the number of older adults in suburban Cook County who speak Spanish at home is higher than any non-English language, a portion of the funds will be reserved for an applicant seeking to serve this population.

AgeOptions is working with funded Nutrition Service agencies to develop collectively a cost-effective unified approach to bidding caterer/food preparation and purchasing plans for food and consumables. Contracts with caterers/food preparation must have a conclusion date of March 31, 2010.

Health Promotion and Disease Prevention – Title III-D:

The Health Promotion has three components. The Countywide Health Coordinator Agency delivers Health Screens, Diagnostic Services and Education and Nutrition Education. The Coordinator arranges all programs, screens and follow up activities with the Host Sites. The Countywide Health Coordinator also provides at least one (1) nutrition education event at each Congregate Meal site.

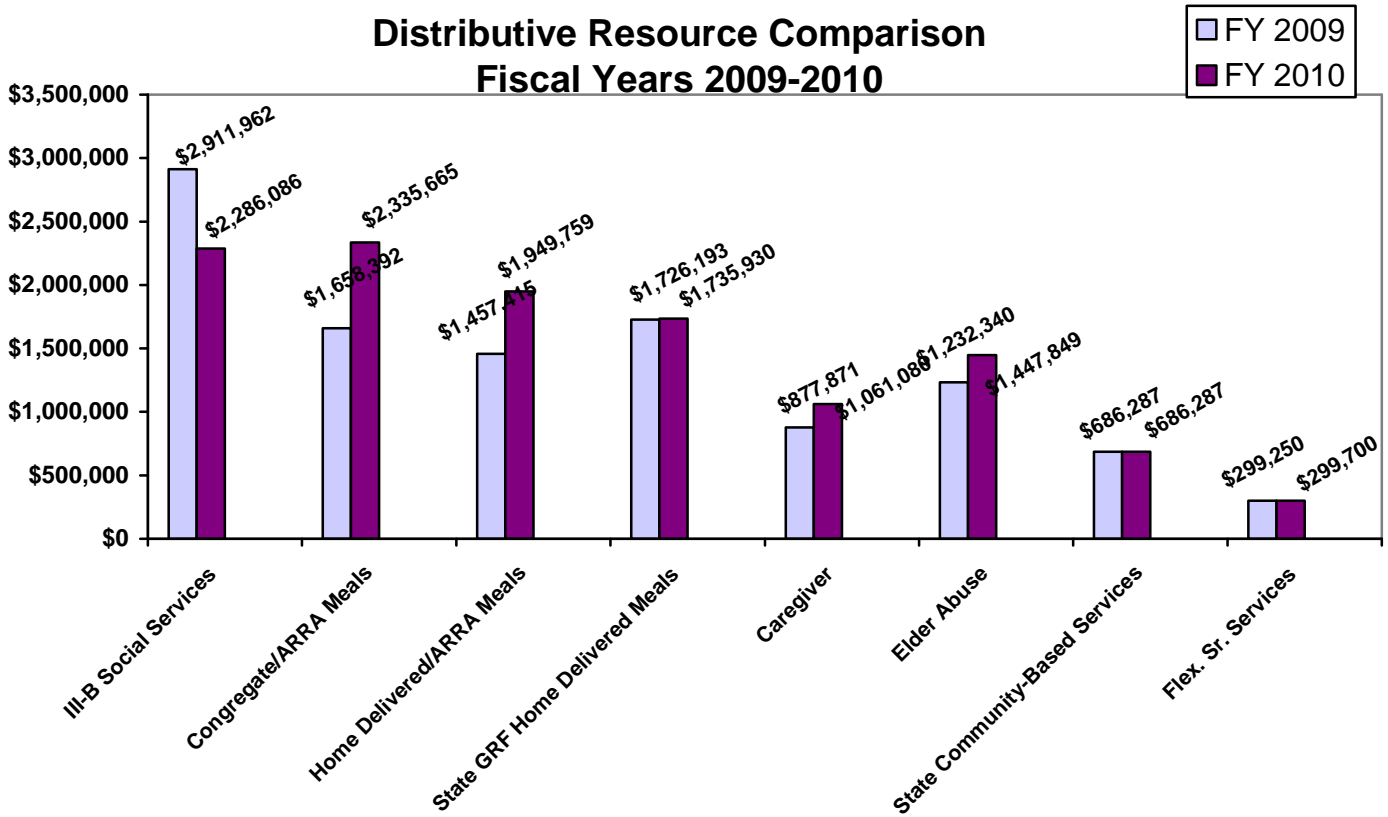
The Countywide Medication Management Coordinator provides a Multilanguage education service to educate and assist older adults on proper use of medications.

Host site funding is at two levels, Basic Service funding at \$2,000 and Enhanced Service funding at \$5,000. Host sites work in conjunction with the two Coordinator agencies and promote health-related activities. In addition, the Enhanced Service host sites conduct two “Take Charge of your Health” educational series, using their staff who have gone through the required training.

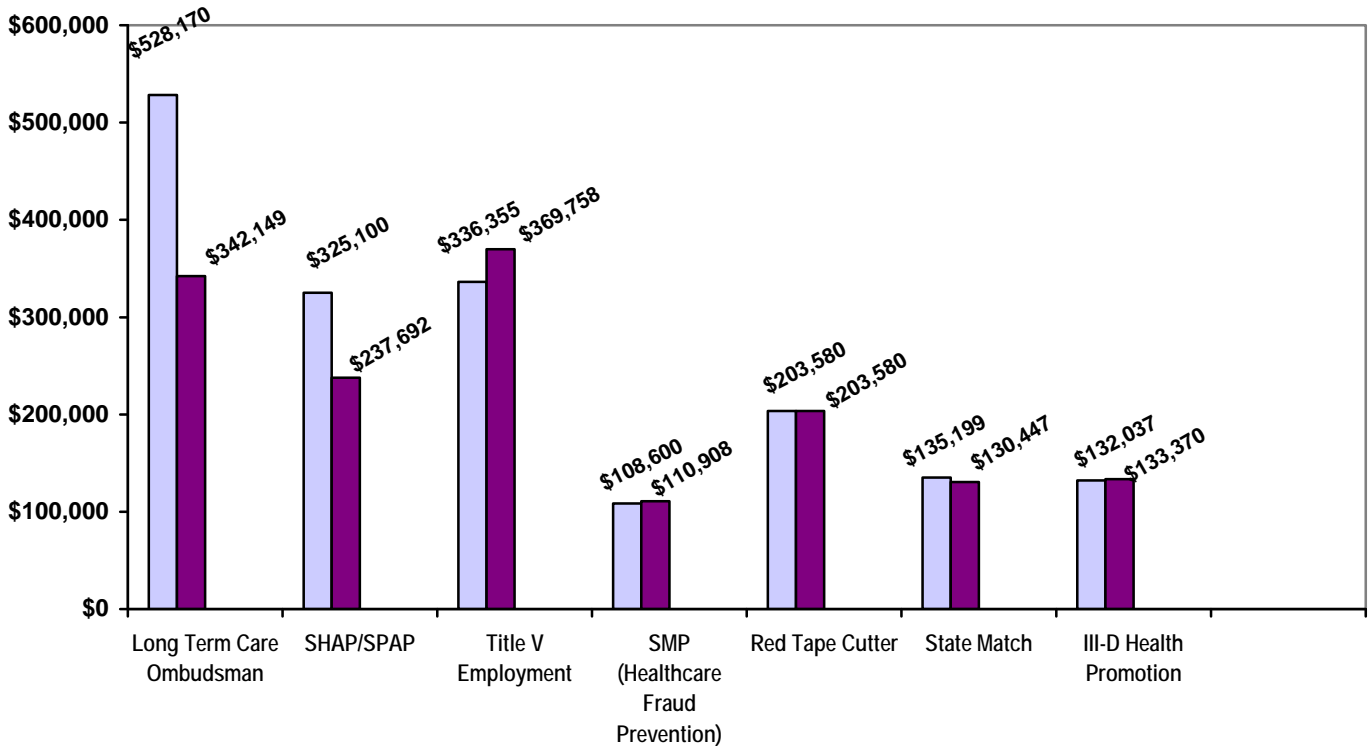
The American Recovery and Reinvestment Act of 2009 Senior Nutrition Funding

The American Recovery and Reinvestment Act of 2009 includes one time funding for Congregate and Home Delivered Meals through the Older Americans Act. The purpose of the funding is to provide meals, restore nutrition services that have been cut and restore position/staff that have been eliminated or reduced. The total distributive in our area is \$564,165. Approximately two thirds of funding will be for congregate meals and one third for home delivered meals with no transferring of funds allowed between services. Funds may be used for possible new sites, weekend congregate or home delivered meals, a daily second meal, expansion of home delivered meals, meals for disaster response, and possibly nutrition education and counseling although the primary purpose is for meals. ARRA funds may not be used to purchase equipment but AgeOptions may choose to fund equipment with Title III-C funds. All meals that meet the DRIs are eligible for Nutrition Services Incentive Program (NSIP) allocations. Funding must be obligated by September 30, 2010 and expended by November 15, 2010.

Distributive Resource Comparison Fiscal Years 2009-2010



Distributive Resource Comparison



FY 2010 Proposed Service Projections

Service	FY 10 Estimated Funding	FY 10 Projected Units	FY 10 Projected Clients
Social Services			
Information & Assistance*	\$1,000,000	109,223	64,267
Transportation*	\$300,000	142,054	5,139
Case Management	\$0.00	0	0
Case Advocacy and Support	0	0	0
Chore*	\$900,000	49,142	1,343
Friendly Visiting*	\$20,000	2000	100
Telephone Reassurance*	\$20,000	6,666	100
Legal Assistance*	\$217,576	3,984	894
Senior Center*	\$150,000	N/A	8,787
Housing Assistance*	\$100,000	6,571	848
Senior Opportunity & Services*	\$300,000	12,811	2,034
Respite*	\$75,000	3,516	158
Minor Home Repair*	\$20,244	338	152
Caregiver Support Services			
Counseling*	\$272,367	9,078	908
Support Groups*	\$34,046	6,733	1,946
Outreach*	\$136,184	1,837	1,837
Training and Education*	\$238,321	7,732	2,997
Respite	\$321,588	21,115	639
Gap-filling	\$23,123	133	114
Legal Assistance	\$35,451	792	149
Ombudsman Service			
Ombudsman	\$342,149	N/A	N/A
Nutrition Services			
Congregate Meals**	\$2,335,665	372,514	11,375
Home Delivered Meals**	\$3,685,689	756,815	4,439
Health Promotion/Disease Prevention			
Health Promotion	\$94,828	5,045	3,751
Medication Management	\$38,542	2,279	652

The above services were selected for their effectiveness and efficiency in meeting the needs of older persons who require help to avoid premature institutionalization. Funding, unit and client levels are estimates.

* Estimates – these services are currently out for Request for Proposal and may change

**Includes Nutrition Service Incentive Program (NSIP) and American Recovery and Reinvestment Act funding. For Home delivered meals, also includes General Revenue Funding. These ARRA Funds were issued in an April 2009 Request for Letter of Intent.

AgeOptions Plans for Administering Changes in Funding Levels

Social Services (Title III-B)

AgeOptions distributes Title III-B Older Americans Act funding and State of Illinois General Revenue Funds (GRF) to local agencies for the following social services: Information & Assistance, Transportation, Respite, Legal Assistance, Home Repair, Chore, Senior Center, Housing Assistance, and Senior Opportunity & Services. With the exception of countywide Legal Assistance and targeted services to ethnic and minority older adults (Senior Opportunities and Services), AgeOptions has utilized a population-based funding formula to distribute Social Service funds to various sub areas within suburban Cook County as follows:

AgeOptions Social Services Funding Formula (Title III-B/State GRF)	
Weight	Factor
30%	Proportion of age 60 and over non-nursing home population
35%	Proportion of 60+ in 124% of poverty
15%	Proportion of 60+ minority
10%	Proportion of 75 and over
10%	Proportion of 60+ living alone
100%	Total

Since 1986, AgeOptions has used a population based funding formula to determine the maximum available dollars to each area in suburban Cook County for all services in this RFP except for Caregiver services, legal assistance, ombudsman and Targeting to Culturally and Linguistically Isolated Persons (TCLIP) (formerly referred to as Targeted Outreach Program).

For FY 2010, AgeOptions made refinements to the administration of the funding formula:

- First, in order to respond to the availability of updated census data, AgeOptions will use updated data from the Census Bureau’s 2005-2007 American Community Survey for the factors of over the age of sixty (60+), over the age of 75 (75+), and over the age of 65+ who live alone (65+ living alone). AgeOptions will continue to use 2000 Census data for 60+ 124% poverty and 60+ minority populations for FY 2010. **AgeOptions strives to use the most up-to-date statistically valid data available. Therefore, AgeOptions will use updated data for the distribution of funding for extension years.**
- Second, AgeOptions is simplifying the “sub-areas” used for the funding formula. Funds will now be distributed by the 31 “townships” in suburban Cook County (North and South Proviso separated). This will allow flexibility for agencies to apply for smaller, larger or current sub-areas or to possibly partner with another organization. Note: the previous sub-areas will continue to be used by the Illinois Department on Aging for Case Coordination Units and the Community Care Program.
- Third, AgeOptions will use the funding formula to distribute Caregiver Resource Center funding (rather than staffing grants).

The factors and weights of the funding formula remain the same:

AgeOptions Funding Formula

Factor	Weight	Source
60+	30%	American Community Survey
60+ 124% poverty	35%	2000 Census
60+ Minority	15%	2000 Census
75+	10%	American Community Survey
65+ living alone	10%	American Community Survey
TOTAL	100%	

Increases in social service funding are allocated using our funding formula for townships of suburban Cook County. When AgeOptions identifies increased funds that are unlikely to be maintained at a consistent level from one year to the next, a request for proposals for the commitment of one-time funds may be issued or we may provide proportionate increases across all currently funded agencies as determined by the AgeOptions Board of Directors.

If social services funding is reduced, proportional decreases will be made to grantees that receive funding under the funding formula.

Social Services is part of the FY 2010 RFP.

Caregiver Support Services (Title III-E)

Beginning in FY 2010, AgeOptions distributed Title III-E funding through our funding formula. Caregiver Resource Centers (CRC) have Caregiver specialists who provide caregiver counseling, training and education, outreach and support group as well as administer the distribution of respite and gap-filling services for their area. In addition, AgeOptions funds a legal assistance provider to deliver legal services to grandparents raising grandchildren and ethnic-based agencies to provide culturally appropriate education and training to caregivers. If increases in Title III-E funding are received, AgeOptions will consider increasing allocations for respite service or other current core services, consider proportional increases to grantees or may also special demonstration projects to reach and educate caregivers.

Projects and services will be chosen based on input of older persons and their caregivers, local agencies, evaluation of prior and current programming, and consideration of grantees' ability to provide matching funds, older persons and caregivers. Any decreases in Title III-E funding will be implemented proportionally across grantees.

Caregiver services are included in the FY 2010 RFP.

Health Promotion and Disease Prevention Services (Title III-D)

In January 2008, AgeOptions issued an RFP for Health Promotion and Disease Prevention Services to begin funding October 1, 2010 (FY 2010). AgeOptions utilizes Title III-D funds to support a Countywide Coordinator of Health Promotion and Disease Prevention services; one agency to provide medication management, education and screening; and 10 agencies serving as host sites throughout our region. Beginning in FY 2010, host site funding will be at two levels,

Basic Service funding and Enhanced Service funding (see page 28 for specific details). If increased Title III-D funding is received, we may consider funding additional host sites, expanding medication management programming, or increasing efforts to reach ethnic and limited English speaking populations. Any decreases in Title III-D funding may proportionally reduce grants across grantees and/or be based on productivity of the host sites.

Long Term Care Ombudsman Program

The Illinois Department on Aging provides a separate contract to AgeOptions for the Long Term Care Ombudsman Program. The program is supported by Older Americans Act funds, under Title III-B and Title VII Ombudsman, and State General Revenues. AgeOptions currently grants the funds to two Ombudsman providers serving suburban Cook County according to the number of licensed long-term care facility beds in their service areas. Grants to Ombudsman providers will be adjusted in response to any increases or decreases in funding by a formula that takes into account the number of beds and long term care facilities in the grantee's service area.

For FY 2010, we do not project receiving Civil Monetary Penalty funds for Ombudsman service providers. We will continue to advocate for restoration of the funding and if it is received will use it to fund increased staffing and increased Ombudsman presence and investigation in long-term care facilities. If received, funds will be distributed based on the number of long term care facilities and beds.

Long Term Care Ombudsman is part of the FY 2010 RFP.

Elder Abuse and Neglect Intervention

The Illinois Department on Aging began funding the Elder Abuse and Neglect Program in FY 1989. Currently, there are 9 local community-based agencies in our area designated as Elder Abuse and Neglect Provider Agencies. The designated agencies are reimbursed on a Purchase of Service basis. Elder Abuse Intake Assessment, Casework, Follow-up, Early Intervention Services, and Public Education are supported under this program. Elder Abuse Title VII federal funds will be available for the support of Multi-Disciplinary Team activities. Any Title VII increases or decreases will be implemented proportionately across grantees/contractors.

Pharmaceutical Assistance

For FY 2010, AgeOptions will distribute pharmaceutical assistance (SHAP, MIPPA, and ADRC) funding to existing FY 2009 partners based on productivity. Any increases or decreases will be implemented based on productivity or implemented proportionately.

Nutrition Services

Nutrition services are funded through federal Older Americans Act Funding (Title III-C1 for Congregate Meals and Title III-C2 for Home Delivered Meals), State of Illinois General Revenue Funds (for Home Delivered Meals) and Nutrition Service Incentive Program (NSIP) funding. We do not use a funding formula for congregate or home delivered meals. AgeOptions receives NSIP (formerly known as USDA commodities) fund reimbursements for meals served under Title III contracts. The level of NSIP funding is determined based on AgeOptions percentage of the number of meals served by Area Agencies statewide during the previous year.

We use a combined grant/contract reimbursement system was implemented. Fixed costs (rent, personnel, etc.) are covered under a grant. Variable costs such as food and delivery are

reimbursed on a per meal basis. This allows the provider agencies to limit their financial risks by covering their fixed costs.

AgeOptions is working with Nutrition Service providers to collectively develop a cost-effective unified approach to bidding caterer/food preparation and purchasing plans for food and consumables. Contracts with caterers/food preparation must have a conclusion date of March 31, 2010.

Congregate Nutrition Services are provided 33 locations. Some individual meal sites are experiencing stronger participation and will receive additional resources as needed, while many are losing participation. Through our RFP, issued in FY 2008 for FY 2009, AgeOptions is asking applicants to focus on ways in which they can turn around the trend of underutilization, based on success factors experienced by New York City providers. Congregate meal sites should provide at least twenty-five meals per day. AgeOptions does not use the funding formula for Congregate Nutrition and thus the following are considered during the year: Activity of current sites; potential for increased participation if a site closed at one location and is moved to another; wise use of resources if a site cannot be justified based on low attendance, etc. A number of locations serve as both Congregate and Home Delivered Meal distribution sites and their combined effectiveness is taken into consideration. AgeOptions will shift resources within the planning and service area to reach as many people with as many meals as possible.

If funding is reduced, AgeOptions will sustain sites that are performing well and, if necessary, eliminate sites that do not make sense because of lower numbers of meals and older persons participating. Grant costs for operating sites must be logical and supported by participation levels. Grants will be reduced when meal productivity or local support for the program is not sufficient to justify the grant costs.

Home Delivered Meals Services are delivered through 27 distribution sites throughout suburban Cook County.

AgeOptions has allowed the use of frozen five-pack meals, delivered once per week, in order to eliminate or avoid waiting lists. We do however, prefer hot meals be delivered and have requested agencies to increase the number of hot daily meals delivered rather than the use of frozen 5-packs, which are not always preferred or appropriate for all clients. AgeOptions will consider program designs that accommodate two (2) home delivered meals per day, based on clients needs as determined by the Case Coordination Unit. Clients must be assessed by the Case Coordination Units-as physically and cognitively able to heat the meals.

If increased funding for home delivered meals is received, AgeOptions will consider awarding funds to eliminate or prevent waiting lists and/or to expand current services to address unmet needs, including special diets or two meal-per-day service to those in need.

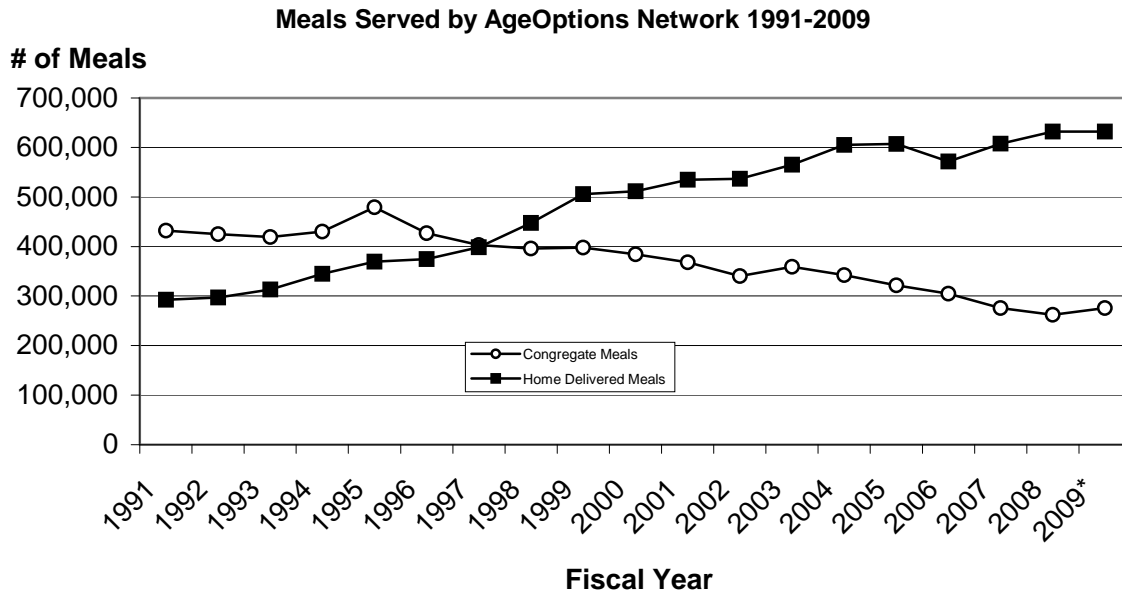
Any decreases in nutrition funding may be administered by reducing sites or contracts/grants exhibiting lower than expected productivity. If no particular site(s) is below expected levels, proportionate, across the board contract cuts may be implemented. Exceptions may be made for sites in low-income minority areas and underserved areas, and AgeOptions would engage in a multi-step decision-making process that investigates factors such as productivity, demographics of program participants and of the community and operational issues such as the opening or closing of intake for services.

In past years, AgeOptions transferred funds from congregate meal funding in order to increase the availability of home delivered meals. **We will transfer of \$29,172 from Title III-C1 to Title III-C2 during FY 2010.**

Number of Congregate and Home Delivered Meals served by the AgeOptions Network between 1991 and 2009

Fiscal Year	Congregate Meals		Home Delivered Meals		TOTAL	
	# Meals Served	% Inc./Dec.	# Meals Served	%Inc./Dec.	#Meals Served	%Inc/Dec
FY 1991	432,163	-2.45%	292,613	11.32%	724,776	2.68%
FY 1992	425,061	-1.6%	296,774	1.42%	721,835	-0.41%
FY 1993	419,337	-1.34%	313,460	5.62%	732,797	1.52%
FY 1994	429,808	2.50%	344,532	9.91%	774,340	5.67%
FY 1995	479,268	11.51%	369,204	7.16%	848,472	9.57%
FY 1996	427,044	-12.23%	374,592	1.44%	801,636	-5.52%
FY 1997	402,965	-5.64%	398,371	6.35%	801,336	-0.04%
FY 1998	396,132	-1.72%	447,675	12.38%	843,807	5.30%
FY 1999	397,673	0.39%	505,512	12.92%	903,185	7.04%
FY 2000	384,312	-3.35%	511,504	1.18%	895,816	-0.82%
FY 2001	367,792	-4.49%	534,671	4.30%	902,463	0.74%
FY 2002	340,056	-7.54%	536,475	0.33%	876,531	-2.87%
FY 2003	358,819	5.52%	565,220	5.36%	924,039	5.42%
FY 2004	342,387	-4.58%	604,802	7.00%	947,189	2.51%
FY 2005	321,596	-6.07%	607,107	0.38%	928,703	-1.95%
FY2006	304,782	-5.23%	571,812	-5.81%	876,594	-5.61%
FY2007	275,490	-9.62%	607,364	6.22%	882,854	0.71%
FY 2008	262,265	-9.60%	632,019	4.06%	894,284	1.29%
FY 2009*	235,226	-10.31%	632,427	0.06%	867,653	-2.98%

*Year-end projections as of March 31, 2009



AgeOptions Resources

The chart below includes a listing of AgeOptions estimated resources for FY 2010.

FY 2010 Projected Resources	FY10 Budgeted Distributive	FY10 Budgeted Admin	FY10 Budgeted Total
Federal Grants			
Title III-B Social Services	\$2,286,086	\$28,516	\$2,314,602
Title III-B Ombudsman	\$152,093	\$12,546	\$164,639
Title III-C1 Congregate Meals	\$1,788,530	\$551,741	\$2,340,271
Title III-C2 Home Delivered Meals	\$1,341,096	\$157,626	\$1,498,722
Title III-D Health Promotion	\$133,370		\$133,370
Title III-E Caregiver	\$1,061,080	\$35,121	\$1,096,201
Title VII Elder Abuse	\$33,125	\$3,582	\$36,707
Title VII Ombudsman	\$117,486	\$13,054	\$130,540
NSIP - Nutrition Serv. Incentive Prog. Congregate	\$169,087		\$169,087
NSIP Allocation - Home Delivered	\$422,547		\$422,547
Title III-B Direct Service		\$567,745	\$567,745
Title III-E Direct Service		\$85,743	\$85,743
ARRA (Stimulus) Congregate*	\$378,049	\$42,005	\$420,054
ARRA (Stimulus) Home Delivered*	\$186,116	\$20,680	\$206,796
Federal Sub-Total	\$8,068,665	\$1,518,359	\$9,587,024
State Grants - General Revenue Funds			
Title III Match	\$130,447	\$261,850	\$392,297
Home Delivered Meals	\$1,735,930		\$1,735,930
Community Based Service	\$686,287		\$686,287
Ombudsman	\$72,570		\$72,570
Flexible Senior Services (FSS)	\$299,700	\$24,300	\$324,000
Systems Development		\$31,734	\$31,734
Senior Employment Specialist		\$21,720	\$21,720
Elder Abuse	\$1,414,724	\$50,184	\$1,464,908
State Sub-Total	\$4,339,658	\$389,788	\$4,729,446
Other Funds			
Title V Employment Program	\$369,758	\$73,182	\$442,940
Red Tape Cutter	\$203,580	\$48,120	\$251,700
SMP	\$110,908	\$69,092	\$180,000
Pharmaceutical Assistance (SHAP)	\$167,610	\$67,764	\$235,374
MPPA	\$29,501	\$0	\$29,501
MPPA ADRC	\$40,581	\$0	\$40,581
Other Funds Sub-Total	\$921,938	\$258,158	\$1,180,096
Total Agency Resource Budget	\$13,330,261	\$2,166,305	\$15,496,566
% Administrative			13.98%

* The ARRA funding will be distributed through the FY 2009/FY 2010 Letter of Intent Process issued in /

The graph on page 29 illustrates an estimate of AgeOptions Resources for FY 2010 compared to an estimate of FY 2009 distributive funding.

Administrative Funds

Titles III-B, III-C1, III-C2, III-E, III and VII Ombudsman, VII Elder Abuse	Distributed to AgeOptions to perform statutory duties under the Older Americans Act. The Department on Aging provides the total allowable administrative allocation to AgeOptions that is then assigned to specific sub-titles by AgeOptions.
State Title III Match	Designated for administrative functions and represents a statutory responsibility for non-Federal support of AgeOptions.
Flexible Senior Services and Assistive Technology	Designated for AgeOptions to implement reimbursement, approve special purchases, and to coordinate and provide technical assistance and program development for FSS demonstration.
Title V & SES (Senior Employment Services)	Directed to AgeOptions under grants separate from the Area Plan on Aging to coordinate employment programs and administer the Title V Program under which more than 56 part-time Title V workers are assigned to local agencies.
Systems Development	Designated for Area Agencies under a contract separate from the Area Plan on Aging. AgeOptions assists the Department on Aging with activities related to the Community Care Program (CCP) such as technical assistance on CCP forms and billing rejects, and most importantly, efforts to coordinate CCP with other programs and services in our area.
Elder Abuse	Designated for AgeOptions under a separate contract with the Department on Aging to perform administrative and coordination functions associated with the Elder Abuse Program.
Red Tape Cutter	State General Revenue Funds are directed to AgeOptions for this program. AgeOptions has identified the portion of the allocation required for its administrative responsibilities.
SMP – Empowering Seniors to Prevent Healthcare Fraud	U.S. Administration on Aging funded grants to AgeOptions to administer the program throughout Illinois.
Pharmaceutical Assistance (SHAP)	AgeOptions portion of Illinois Tobacco Settlement funds received to coordinate an area wide pharmaceutical assistance program.
Civil Monetary Penalties/Ombudsman	Based on Illinois Department of Public Health requirements, funding must be utilized to increase and improve protection of the health and property of long-term care facility residents through expansion of Long Term Care Ombudsman Services. AgeOptions is utilizing its designated portion of funding to provide public information and educational sessions in partnership with the Cook County public libraries, townships and other community service organizations.

AgeOptions Administratively Related Direct Services and Title III-B and Title III-E Direct Services

Administratively Related Direct Services

The Older Americans Act restricts Agency administration costs to 10% of the Title III allocation. Area Agencies are also allowed to provide “administratively related direct services” of Advocacy, Coordination, and Program Development. The Illinois Department on Aging allows AgeOptions to use \$1,110,998. AgeOptions total allocation for Title III administratively related direct services is \$511,351. This is \$599,647 lower than the amount allowed.

For FY 2010, AgeOptions is allocating \$443,608 for Title III-B, which includes Advocacy \$121,665; Coordination \$90,994; and Program Development \$230,949. AgeOptions is allocating \$67,743 for Title III-E Program Development to support the Countywide Caregiver Coordinator function.

Title III-B and Title III-E Direct Services

Information and Assistance Services

AgeOptions direct service waiver to provide Title III-B Information and Assistance was approved in 1989 by the Illinois Department on Aging in recognition of the necessity for a central access point to services in suburban Cook County. The Title III-E Information and Assistance waiver was approved in 2005

Negotiating the service system in an area comprised of 30 townships, 130 municipalities and hundreds of providers can be very confusing for an older person or a concerned family member. The direct service funding for Information and Assistance supports AgeOptions staff in responding to callers and walk-in clients; maintaining and distributing a wide variety of informational and educational materials; and providing information and resources to an increasing number of clients through e-mail.

The funding also supports a partial cost of maintaining and implementing the Aging Resource Center (ARC) system throughout our network. The computerized database currently contains information on more than 14,700 service records and over 40 different categories of services.

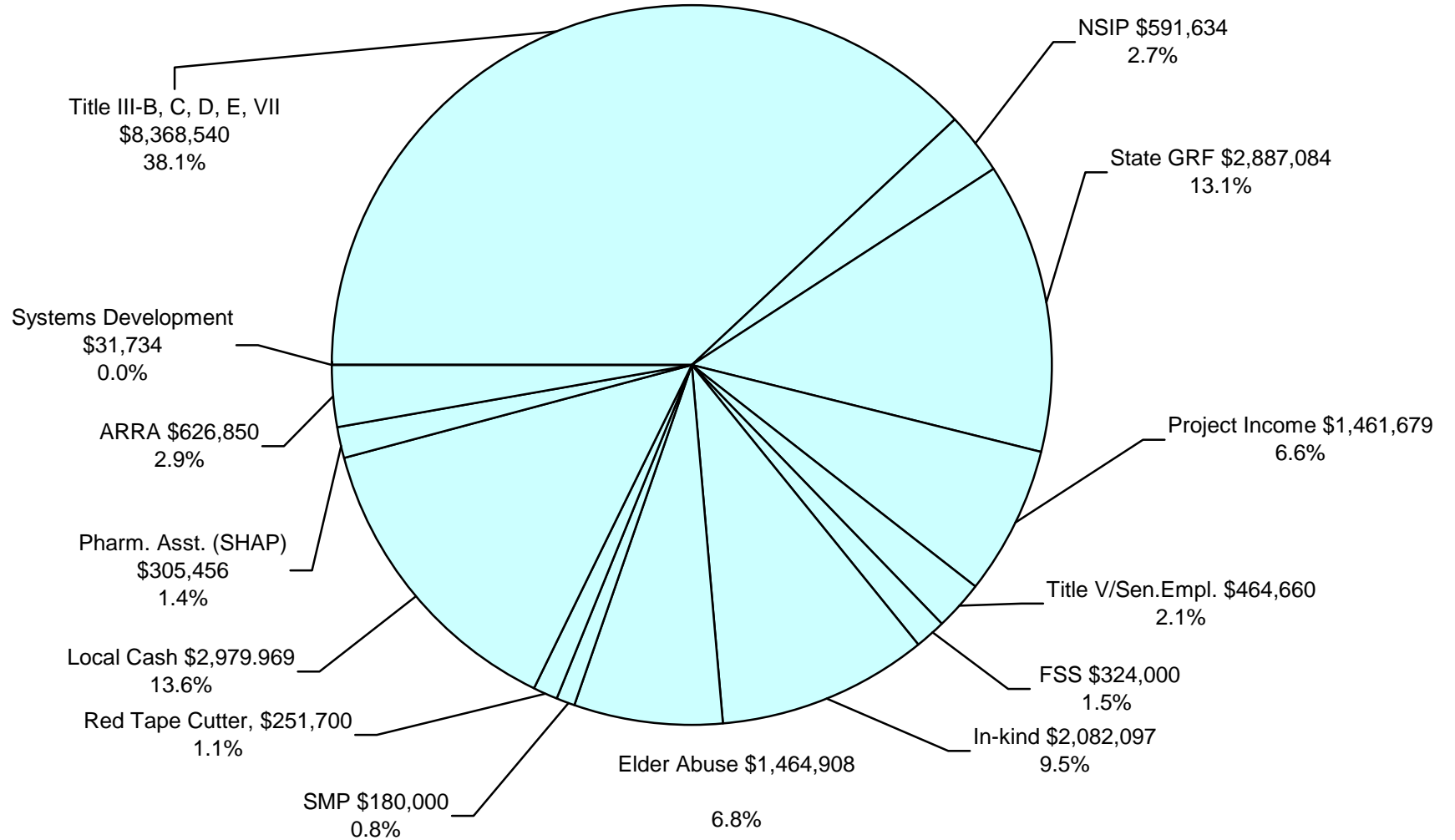
AgeOptions is allocating \$124,137 for Title III-B Information and Assistance and \$18,000 for Title III-E Information and Assistance. We project a total of 9,000 units to 5,100 clients for III-B and III-E Information and Assistance.

Estimated FY 2010 Area Plan Resources

(Federal, State, Local, Etc.)

Total Estimated Resources: \$22,020,311

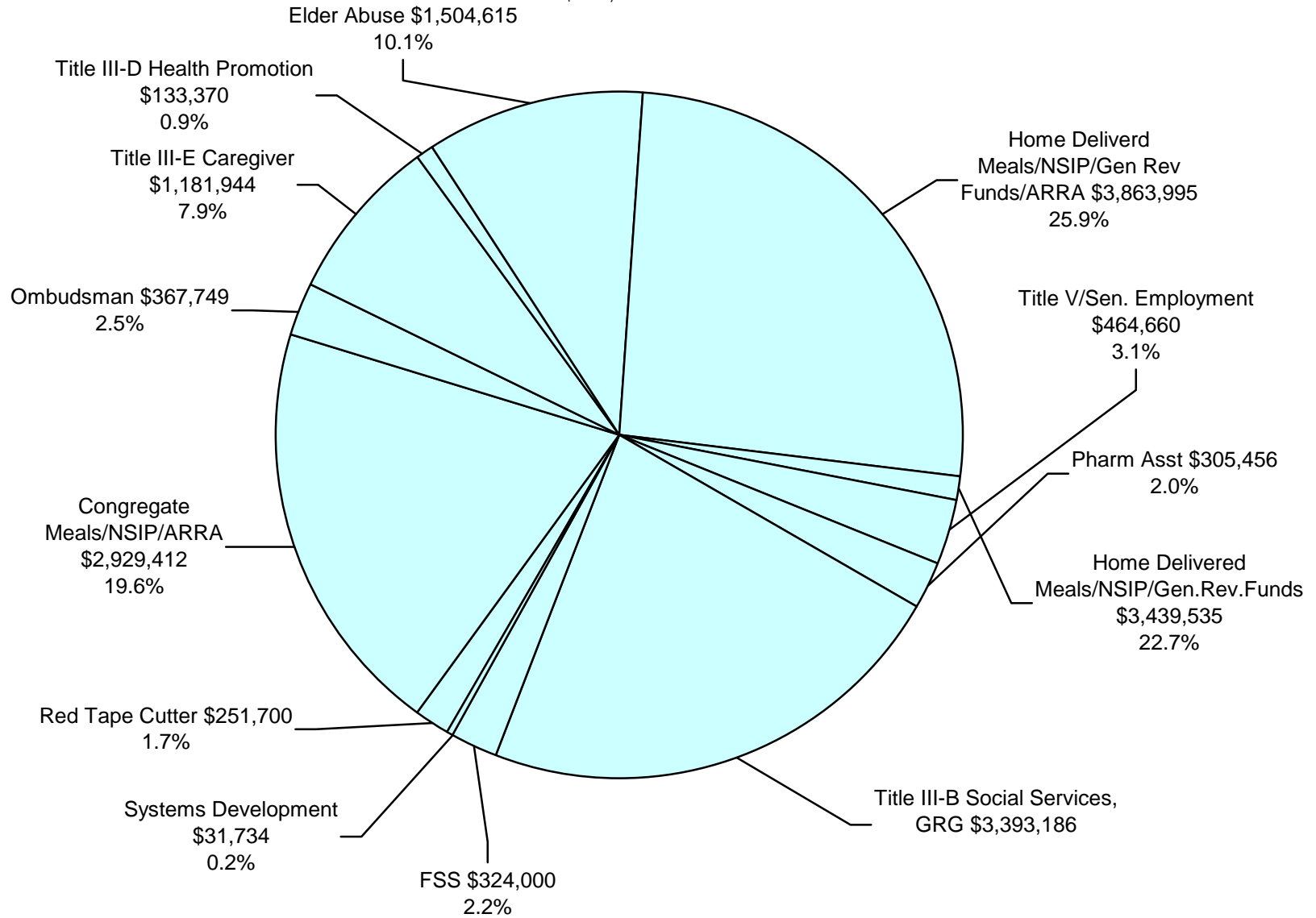
Transfer from III-C1 (Congregate Meals) to III-B (Social Services) and III-C2 (Home Delivered Meals): \$780,687



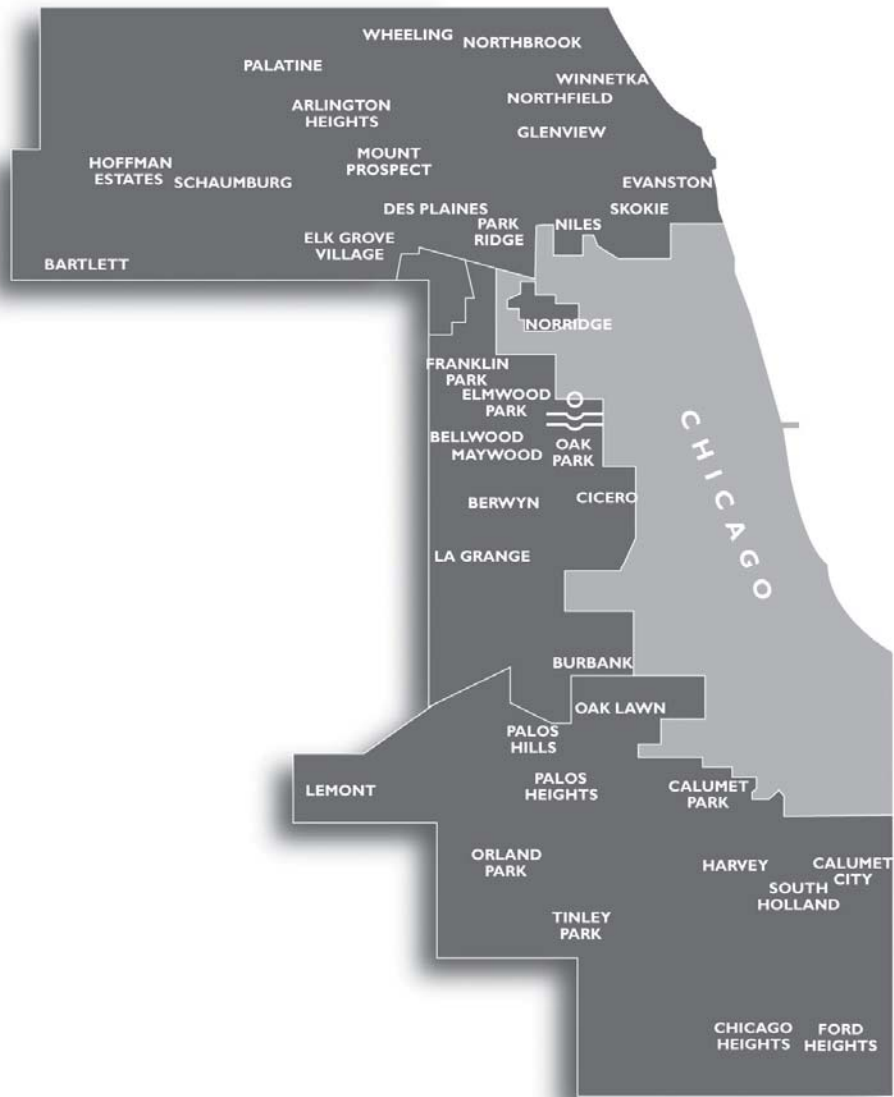
Estimated FY 2010 State and Federal Resources

Total Estimated Resources: \$15,496,566

Transfer from Title III-C1 (Congregate Meals) to Title III-B (Social Services) and Title III-C2 (Home Delivered Meals):
\$815,176



AgeOptions Service Area Map



Townships Served

Northern

Barrington
Elk Grove
Evanston
Hanover
Maine
New Trier
Niles
Northfield
Palatine
Schaumburg
Wheeling

Western

Berwyn
Cicero
Leyden
Lyons
North Proviso
Norwood Park
Oak Park
River Forest
Riverside
South Proviso

Southern

Bloom
Bremen
Calumet
Lemont
Orland
Palos
Rich
Stickney
Thornton
Worth



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Leila Ward

Mission Statement

We are committed to improving the quality of life and maintaining the dignity of older persons and those who care about them through leadership and support, community partnerships, comprehensive services, accurate information and powerful advocacy.

Vision Statement

We will be the:

- Leading innovator in developing programs that meet the changing needs of the area's aging population
- Catalyst in collaborating with other organizations to develop a comprehensive network of senior services
- Expert in securing adequate funding to serve the growing and diverse aging population
- Leader in promoting the well-being of older adults and empowering them through high quality information and programs

For more information, please contact:



The Area Agency on Aging of Suburban Cook County

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