



Connecting Older Adults with Community-based Resources and Options  
The Area Agency on Aging of Suburban Cook County, since 1974

## **Fiscal Years 2016-2018 Area Plan on Aging**

### **Fiscal Year 2018 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.

**AgeOptions.**

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## Fiscal Year 2018 Public Information Document

AgeOptions, the Area Agency on Aging for suburban Cook County, is conducting three Public Hearings on proposed amendments to the Area Plan on Aging for Fiscal Year 2018. The public is welcome and encouraged to discuss and comment on the Area Plan on Aging.

If you need special assistance, a translator, sign language, or other accommodations, please contact Kate Bobbitt at (708) 383-0258 prior to the hearing. If you are unable to attend a Public Hearing or have input after a hearing, please submit your comments to [kate.bobbitt@ageoptions.org](mailto:kate.bobbitt@ageoptions.org) by May 30, 2017. Below are the dates and locations of the hearings:

Public Hearing Schedule		
<b>May 17th</b> 10:00-11:30 am  <b>Sharp Park Senior Center</b> 1609 N. 36th Ave., Melrose Park, 60160	<b>May 19th</b> 10:00-11:30 am  <b>Stickney Township-North Clinic</b> 6721 W. 40th Street, Stickney, 60402	<b>May 25th</b> 1:30-3:00 pm  <b>Mather Lifeways Café</b> at the <b>Ethical Humanist Society</b> 7574 Lincoln Ave, Skokie, 60077

This Public Information Document summarizes the third year of the three-year AgeOptions Area Plan for Fiscal Years 2016-18. This Public Information Document is for the reader to use as a tool to stimulate comments and questions at the Public Hearings.

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## PURPOSE OF THE PUBLIC INFORMATION DOCUMENT AND THE AREA PLAN PUBLIC HEARINGS

The 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, 2015 through September 30, 2018.<sup>1</sup>

This Public Information Document provides an official summary of the proposed Area Plan on Aging for Fiscal Years 2016-2018. The purpose of this Public Information Document is to present an outline to the communities we serve of our plan to provide services to older adults, people with disabilities and caregivers in suburban Cook County with federal and state funds. AgeOptions reissues the Public Information Document in the spring of each year to provide detailed information for the upcoming year.

The purpose of the Area Plan Public Hearings is to provide an open forum for the public to make recommendations and comments on this Public Information Document. AgeOptions is very interested in receiving feedback about our plan, especially from the people we serve. AgeOptions will consider changes to our Area Plan based on the comments or questions we receive. 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.

All activities are subject to available funding. FY 2016 and 2017 have been unprecedented years with no state budget to date, and there is uncertainty if budgeted state funds will ever be realized. There are also concerns with the Federal Administration proposed "skinny budget" which could potentially decrease funding to the Department of Health and Human Services by 16.2%. Everything in our planning is affected by the reality of no state budget and uncertainty in federal funding. Our future is a series of "what ifs". Funding levels are determined by Federal and State governments, for this reason, **allocation levels listed in this document and the AgeOptions Area Plan on Aging may change**. AgeOptions attempts to plan for various funding levels, but if major changes occur, special Public Hearings will be scheduled during the year to receive comments on necessary proposed changes. At the time of publication of this Public Information Document, neither the FY17 federal nor the FY 17 or FY 18 state appropriations have been enacted by Congress and the Illinois General Assembly. Projected funding levels contained in this document are very uncertain.

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<sup>1</sup> Fiscal Year 2016 (October 1, 2015 – September 30, 2016), FY 2017 (October 1, 2016 – September 30, 2017), FY 2018 (October 1, 2017 – September 30, 2018)

# AGEOPTIONS – THE AREA AGENCY ON AGING OF SUBURBAN COOK COUNTY

## A. Who We Are

AgeOptions is a not-for-profit organization committed to improving the quality of life and maintaining the dignity of older adults 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 have a range of choices and the opportunity to live their lives to the fullest. AgeOptions is nationally recognized for its innovative programming, strong community partnerships, excellent service provision, and powerful advocacy.

AgeOptions Strategic Plan for FY 2015 – 2020 includes the following vision, mission, values and diversity statement.

AgeOptions **vision:** *People thriving as they age*

AgeOptions **mission:** *AgeOptions innovates, partners, and advocates to improve systems and services in order to strengthen communities so people thrive as they age.*

AgeOptions **values:**

### **Commitment**

*AgeOptions is committed to the people and communities we serve, our partners and staff. We show it through our fortitude, capacity, dedication, passion, and perseverance.*

### **Integrity**

*AgeOptions strives to align its principles, words and actions. We act with integrity and honesty in the work that we do, through interactions, with clients, partners and funders, and in the decisions that we make. We are accountable to one another and to those whom we serve.*

### **Connectedness**

*AgeOptions is active and engaged with our communities. We believe that we can best serve our mission by listening, partnering and convening.*

AgeOptions **Diversity Statement:** *The diversity of our organization and communities is a rich asset that strengthens our mission and guides our decisions and direction.*

AgeOptions has served older adults and their families throughout suburban Cook County since 1974 as part of a nationwide service network. This nationwide network includes the Administration on Community Living at the federal level, the Illinois Department on Aging, State Offices of Aging at the state level, 622 Area Agencies on Aging (AAAs) nationwide at the regional level, and local community service providers, all working together to serve older adults.

AgeOptions, one of thirteen Illinois area agencies, is governed by a Board of Directors, whose responsibilities include setting direction, establishing policies, and allocating resources. Our Advisory Council is comprised of older adults from across suburban Cook County. The role of the Advisory

Council is to advise AgeOptions on the development and implementation of the Area Plan and to serve as an advocate for older persons. A list of our Board of Directors and Advisory Council members can be found on page 48. The AgeOptions Executive Management Team has over 130 years of combined experience in the field of aging and is responsible for providing leadership on aging issues throughout the region, the implementation of strategic plans and day-to-day operations. Our office is located in Oak Park, Illinois.

## **B. Who We Serve**

AgeOptions is designated under the federal Older Americans Act and the Illinois Act on Aging as the area agency on aging for the suburban Cook County Planning and Service Area (PSA). This region is home to more than 2.5 million people.

The older adult population in suburban Cook County is rapidly growing and becoming increasingly diverse. Based on the American Community Survey, 2011-2015, there are 518,617 older adults and 340,295 caregivers<sup>2i</sup> in 130 communities. Based on Census estimates, there are 536,828 older adults in suburban Cook county. Services are available to all people over the age of sixty and family caregivers of all ages but are targeted to low income, minority, and limited English Speaking individuals. Last year, AgeOptions and our community partners made a difference in the lives of 162,723 individuals. A map of our service area is on page 49.

## **C. What We Do**

**Planning:** AgeOptions assesses the needs of older adults and those who care for them, seeks input from the public in establishing service priorities, and develops new programs. AgeOptions helps people access services, stay independent in their homes, provide caregiver support, maintain their rights, age well, have proper nutrition and access to services in their community.

**Coordination:** AgeOptions coordinates services in working with community partners, many of which receive Older Americans Act grants and contracts from AgeOptions. We receive guidance from the community by listening to our Advisory Council, and our community partners in regularly scheduled meetings designed to assure effective services including Adult Protective Services, Caregiver, Aging and Disability Resource Network, Transportation, Nutrition, and ethnic agency partners.

While our programs are concentrated in suburban Cook County, AgeOptions also leads coalitions and has direct responsibility for several programs that serve metropolitan Chicago and the entire state of Illinois.

**Advocacy:** AgeOptions advocates in many ways for older adults, those who care for them, and adults with disabilities. We advocate for benefit programs, services and funding at the federal and state levels. We inform legislators of the impact of legislation on older persons and our service network.

**Program Development:** AgeOptions creates and sustains a variety of innovative programs that respond to the rich diversity of our communities.

**Distribute Funds:** Using proven methods of research and planning, AgeOptions is entrusted with distributing funds to a network of local community service providers and agencies across the state who participate in our broader programming. We administer more than \$15 million annually in federal, state, and private funds. Approximately 87 percent of Older Americans Act and state resources support services through grants and contracts to more than 60 community-based senior service organizations such as councils on aging, townships and senior centers.

# Suburban Cook County Demographics

## *Understanding the Growth in the 60+ Population*

Based on the American Community Survey 2011-2015, there are **518,617 older adults** in Suburban Cook County. The Census estimates there to be **536,828 older adults** in Suburban Cook County in 2017.

Seventeen other states have smaller older adult populations than in suburban Cook County. This represents a **28.8%** increase from 2000. Older adults make up **20.6%** of total suburban Cook County population, up from 17.3% in 2000.

### ***Did you know that in suburban Cook County...***

- **24.9%** of older adults live alone.
- In 1990, those above the age of 85 comprised only 7% of the older adult population. Today, **10.9%** of older adults are over the age of 85.
- More than **40,000** older adults are living below 124% of the federal poverty level. In 2017, the federal poverty level was \$12,060 annually for a single person and \$16,240 for a family of two.
- More than **14%** of older adults speak English less than very well.

Since 2000, the number of suburban Cook County low income older adults below 124% of the poverty level has increased from **8.1% to 11.1%**.

### **Suburban Cook is Becoming More Diverse**

According to the most recent American Community Survey Data (2011-2015), **27.1%** of the 60+ population identifies as a racial or ethnic minority. *12.9% of the older adult population is Black or African American, 6.6% are Asian, and 7.2% are Hispanic or Latino.*

In 2000, only **1 in 7** older adults were racially or ethnically diverse. Today, **1 in 4** older adults are racially or ethnically **diverse**.

Between 1990 and 2010, the following shifts occurred among those 60 and over in suburban Cook County:

- The Black population increased by **275%**
- The Latino Population increased by **536%**
- The Asian population increased by **353%**

# AREA PLAN DEVELOPMENT

## Planning Process

To develop the Area Plan on Aging, AgeOptions engages in a variety of activities to assess the needs of older adults, people with disabilities, caregivers, and relatives raising children. The steps and activities of the AgeOptions FY2018 planning process are outlined below.

### Step 1: Assess Needs of the Target Population in suburban Cook County

- Consult studies, reports, relevant regulations and guidelines including (National, State, Regional and local):
- Consult local experts and groups on needs and service gaps including:
  - Adult Protective Services Supervisors
  - AgeOptions Advisory Council
  - AgeOptions Advocacy Task Force
  - AgeOptions Caregiver Specialists agencies
  - AgeOptions Fatality Review Teams
  - AgeOptions Funded Partners
  - AgeOptions Information and Assistance Team
  - Alzheimer's Association Greater Illinois Chapter
  - Balancing Incentive Program Task Force
  - Caring Together Living Better Partners
  - Chicago Task Force on LGBT Aging
  - Chicago Metropolitan Agency for Planning (CMAP)
  - Coalition for Limited English Speaking Elderly (CLESE)
  - Community Organizations Active in Disaster (COAD) of Northeastern Illinois
  - Discharge Planners
  - Greater Chicago Food Depository Task Force
  - Illinois Financial Abuse Specialty Teams
  - Illinois Association of Area Agencies on Aging (I4A)
  - Local, state and federal legislators at the annual Legislative Breakfasts
  - Make Medicare Work Coalition
  - Managed Care Organizations
  - Nutrition Partners
  - Older Adult Services Advisory Council
  - Oro Latino Network
  - Planning for Progress in Cook County
  - Progress Center for Independent Living
  - Senior Medicare Patrol (SMP) partners
  - South Suburban Mayors and Managers
- Gather community and participant input including:
  - Community Forums
  - Information and Assistance calls
  - Legislative Breakfasts
  - Visits to funded partners
- Examine Updated Census Data (American Community Survey 2011-2015)
- Review program data

- Examine demographic, unit and client data by service (NAPIS)
- Review Information and Assistance call trends
- Determine gaps in targeting to those in greatest social and economic need by comparing NAPIS data demographics of clients served to Census data
- Create maps using Google Fusion Tables to visualize service gaps
- Review Significant Development reports from funded partners

Step 2: Evaluate the Existing Service System

- Conduct a unit cost analysis of services and budget rates
- Summarize collected information to identify strengths and gaps

Step 3: Determine Availability of Resources Alternative Approaches Available to Meet Needs

- Weigh needs versus potential resources and draft plan
- Get input on draft plan from stakeholders

Step 4: Establish Priorities

- Summarize needs and suggested approach
- Determine priorities with Advisory Council and Board input

Step 5: Plan Modification and Refinement

- Complete Area Plan on Aging Public Information Document
- Conduct regional Public Hearings
  - Modify the plan as necessary based on public input

## Summary of Fiscal Year 2018 Needs Assessment

AgeOptions uses the results of our needs assessment and planning process to set funding priorities and refine standards for our Request for Proposals. We will continue to use the results of our needs assessment in the development of training and resources for the network, advocacy strategies, increased collaboration and coordination, and special initiatives. During our planning process, the following themes and concerns emerged:

### 1. Issues related to the State Budget Impasse

- a. **Impact of Illinois Budget Impasse on Aging Network:** The chart on the next page shows some of the tough decisions AgeOptions funded partners have been forced to make due to the lack of state funding. Some specific examples include:
  - A chore grantee ended their program with AgeOptions due to the impact of the Budget Impasse on their Community Care Program contract.
  - Local match has been diverted from Home Delivered Meals to support ADRN services.

**b. Budget Impasse Results in Tough Decisions**

<b>Which option is the lesser evil?</b>	<b>Possible unintended consequence:</b>
Spending Reserves and Lines of Credit	<ul style="list-style-type: none"> <li>• Will Illinois reimburse agencies for services provided to date?</li> <li>• Lines of Credit incur fees and are capped. Agencies do not receive interest on the lines of credit available under the Prompt Payment Act because our funding is from grants.</li> <li>• Agencies have limited reserves.</li> </ul>
<p>Freezing open positions</p> <p>Furloughing staff</p> <p>Postponing or eliminating cost of living increases for staff</p>	<ul style="list-style-type: none"> <li>• Furloughed and existing staff often seek new employment. This is a huge loss to the aging network due to the amount of training required e.g. Adult Protective Services, Comprehensive Care Coordination, AIRS certification. Experienced trained staff will be lost to the network.</li> </ul>
Agencies used their “local cash” match at the beginning of the year while waiting for state funding	<ul style="list-style-type: none"> <li>• After 10 months without state funds, agencies expenses are now exceeding the resources.</li> <li>• Programs like Congregate meals and other community services, supported solely by federal funds, are impacted by the budget impasse. Agencies are “borrowing from Peter to pay Paul” in order to balance their cash flow.</li> </ul>
Reducing services to clients or triaging which clients should be denied first.	<ul style="list-style-type: none"> <li>• The number of older adults at risk of nursing home placement increases.</li> <li>• Increases to family caregivers’ stress.</li> </ul>
Postponing expenses like infrastructure maintenance	<ul style="list-style-type: none"> <li>• May cause future crisis e.g. total roof replacement, major heating/air conditioning costs, computer server with lost client histories and other data.</li> </ul>
Agencies discontinuing grants and contracts because they feel they are unable to afford to provide services in Illinois	<ul style="list-style-type: none"> <li>• Loss of long established high quality agencies. Examples include Lutheran Social Services, many Community Care Program homemaker agencies, Adult Day Service Providers, etc.</li> <li>• Unable to find agencies willing to take on services to older adults because of the additional financial risk.</li> </ul>
Decreasing the quality of programs, such as cutting out socialization and education programs at Congregate Nutrition sites so that funds can be used to sustain just food.	<ul style="list-style-type: none"> <li>• Decreased participation in programs. Increased isolation and nutrition risk for older adults.</li> </ul>
Agencies asking their suppliers (i.e. caterers, auditors, suppliers, etc.) to set up payment plans.	<ul style="list-style-type: none"> <li>• State/Federal funding cannot be used to pay interest costs.</li> </ul>

**c. Impact of Illinois Budget Impasse on Older Adults**

- Systems are strained due to the budget impasse and it is hurting older adults.
- There are wait lists for programs like chore housekeeping and respite. Clients are also receiving reduced services.
- Agencies are freezing hiring, holding off on infrastructure purchases, and asking landlords and vendors to postpone billings.
- Concerns that other networks, such as Centers for Independent Living, will not survive the budget impasse. If those organizations are not available, their clients will turn to our network for help.
- Programs that are currently receiving full funding are impacted by the budget impasse because grantees must use their matching funds to support programs not fully funded like transportation, chore, Aging and Disability Resource Network.
- Concerns with the impact of cut backs to other programs such as mental health and immigration assistance effects on the aging network.

**d. Complex Process**

- It has become more complex for older adults to access public benefits that may promote their income security.
- Applying for benefits is a difficult process and very difficult for non-professionals, especially programs like Medicaid Spenddown.
- Professionals, trained in the complex benefits, may lose their jobs due to the budget impasse or may leave their jobs for more stable employment. The loss of these trained tenured staff hurts the aging network.
- There are not enough trained professionals to process complex applications.

**e. Slow or inaccurate Bureaucratic systems/difficulty in accessing benefits –**

- SNAP:
  - Because Illinois is ranked last in timeliness of SNAP application processing, the Department of Human Services (DHS) began to process SNAP applications first, this resulted in a greater backlog of Medicaid and Spenddown applications.
  - Illinois did not reapply for the waiver to allow for less frequent redeterminations of SNAP applications. This waiver would allow Illinois more time between redeterminations, 12 – 24 months instead of 6 months, and potentially free staff time for processing of Medicaid and Spenddown applications. This decision not to continue the waiver results in DHS having to process 9,000 SNAP applications every 6 months. The delay caused by the redetermination delays access to SNAP benefits and causes a backlog of Medicaid and other applications processed at DHS offices.
  - Eight states, not including Illinois, participate in the SNAP Elderly Simplified Application Program (ESAP). This demonstration is designed to dramatically simplify the SNAP application and verification process for eligible households, which also reduces the administrative burden on states. In the demonstration states, SNAP applicants are eligible for this simplified application if all household members are age 60 or older and have no earned income. Some states also elect to include disabled households.

- Concern with legislation and other means propose to reduce access to benefits (e.g. requiring photo identification system for SNAP benefits making it difficult or impossible for eligible, homebound people to apply for the benefit).
- In 2015, nationally, only 42% of eligible older adults participate in the Supplemental Nutrition Assistance Program (SNAP). In Illinois, based on 2012 data, 35-44% are eligible older adults. Compared to other demographic groups, older adults have the lowest participation in SNAP.
- Medicaid:
  - It may take six months to get an initial Medicaid application processed. During the waiting time, older adults often cannot afford necessary medical care or prescriptions. In other situations, older adults pay for care with credit cards or chose to skip paying another bill.
  - The slow processing of Medicaid applications affects older adults and people with disabilities in the following scenarios: (1) older adults in the community and needing long term care, (2) in an assisted living facility and needing higher level of care available and needing nursing care, (3) in a hospital with delayed discharge because the hospital cannot find a nursing facility to accept them, or (4) in a nursing facility and needing in-home services but are not able to be discharged due to pending application.
- Managed Care:
  - Managed Care Organizations (MCOs) are not making referrals or integrating with hospitals and long-term care settings within their required timeframe (10-14 days). There is not a quick enough turn around, and clients are receiving delayed responses.
  - MCOs may not help with Medicaid redeterminations or SNAP applications. MCOs have not always referred members to Home Delivered Meals as part of the client's care plan.
  - Clients are sometimes assigned to a MCOs but are not be aware or understand the change. Clients often do not understand how to contact their Care Coordinator.
- LIHEAP (Low Income Home Energy Assistance Program):
  - There are less offices processing LIHEAP applications, resulting in a decrease of applications. In the past year, approximately 166,000 people did not reapply for LIHEAP benefits. People are not aware the program still exists anymore.
  - It is difficult for older adults to access the LIHEAP (Low Income Home Energy Assistance Program). CEDA, the LIHEAP administrator for suburban Cook County, requires older adults without an income to apply for Social Security, even though the older adult may have not reached the appropriate eligibility age. CEDA then takes the denial letter from Social Security as proof of zero income.
- Errors and Inconsistencies in Processing Applications:
  - There are often errors in the Department of Human Services (DHS) processing of applications such as SNAP, Medicaid, and Medicaid Spend down. This may

result in clients never receiving the benefits for which they are entitled, delay of benefits, and/or a decrease in benefits.

- If DHS staff miss their client's redetermination interview, the clients are penalized by losing their benefit because they were not reassessed for eligibility on time.
- Health insurance companies may make mistakes in client bills and when the company realizes the mistake, requires the full payment immediately. There should be advocacy to limit the length of time an insurance company may back bill and plans should be required to allow for a payment plan.
- When older adults and people with disabilities apply for SNAP benefits, they are not always assigned the correct standard medical deduction that can result in an inappropriate denial or less benefit.
- The Department of Human Services has inconsistent messages about what materials are required for the application process.

**j. Housing Benefits**

- Senior Citizen Real Estate Tax Exemption: Many older adults do not realize they need to apply annually for the exemption.
- In some communities, the Senior Citizen Tax Freeze stopped saving older adults money as the escalation of property values in suburban Cook county cancels or goes beyond the previous payment levels.

**f. System Inefficiencies Result in Overburdened Offices**

- DHS experiences a "blackout period" for approximately 5 days each month to allow for data to be transferred from the old system to the new one. This blocks out users from accessing or managing information, and delays their reaction in helping clients.
- Application for Benefits Eligibility (ABE) accessibility is changing, wherein clients can view and manage their own benefits. The rollouts for this system continues to be delayed.

**g. Barriers to Accessing Benefits:**

- Stigma associated with receiving benefits.
- Clients do not always know where to turn for assistance in applying for benefits.
- Lack of knowledge on benefits offered and whether or not they are eligible.
- Older adults are hesitant to "spend down" their assets to qualify them for benefits.
- There is a gap in service to help people understand their Social Security benefits (e.g. when to apply, how to access Social Service Disability, etc.)
- There is a 465 day delay for SSDI applications.
- There is an increase in number of benefits applications denials.
- When people are denied benefits, they do not learn the basis for the denial, how the calculations were made and that they are allowed to reapply. Older adults often trust that applications were processed correctly and will not reapply. Their perception is that once denied from a benefits application, it is a "lifetime stamp of denial".

**h. Housing:**

- There is insufficient affordable housing. Older adults are not eligible for subsidized senior housing until they are 62. In the western suburbs, it may take from 9 months to 10-12 years to obtain subsidized housing.

- Older Adults may be in housing that does not meet their needs but cannot afford to move.
- i. **Changes in Costs or Benefits:**
- Drug Costs are out of control. People are taking out Payday loans against Social Security benefits to cover the costs of prescriptions.
- j. **“Life Shocks” impact on Economic Security:**
- Impact of financial exploitation: if a client is financially exploited, it can liquidate their savings account, resulting in reliance on public aid, poverty status, and/or nursing home placement.
- k. **Hunger:**
- Hunger issues are often focused on children; older adults are often overlooked.
  - People with SNAP benefits also need food pantries. The minimum \$16 food stamp benefit is not enough to meet people’s needs.
  - SNAP eligibility does not take into consideration big bills like medical expenses or credit card debt.
  - Choice is becoming more of a factor with meal programs. Food is going to waste if it does not meet dietary needs or is unfamiliar.
  - Accessibility to food and meal programs is an issue. Senior buses do not allow more than 2 items/possessions per passenger, including grocery bags and assistive devices.
  - The number of Farmer’s Market Coupons received have reduced.
  - The USDA Farmer’s Market database is outdated and can lead to misinformation for those trying to locate a Farmer’s Market in their community.
- l. **Increased Need for Mental Health services**
- Homeless is an increasing issue, especially for people with disabilities under the age of 60.
  - There are limited resources for mental health support and services.
  - Increasing calls from people with cognitive impairment. Clients will call back within a week asking similar questions.
  - Older adults are experiencing a mixture of emotions, including depression, due to having to work, losing jobs, money management issues, and not having any other family.
- m. **Gaps in Services:**
- Affordable 24/7 in-home care.
  - Affordable health care and prescriptions.
  - Affordable transportation, transportation that crosses township lines, and lower cost transportation to get participants to congregate meals sites.
  - Expanded funding for programs like chore housekeeping and respite.
  - Concerns with the proposed changes to the Community Care Program.

n. **Concerns with the Community Reinvestment Program (CRP)**

- Agencies are concerned about potential changes with the CRP program, especially for current clients who would receive less services.
- Concerns that care managers already use the non-funded informal service network and there may not be sufficient alternatives for the clients who receive less service.

**2. Changes based on Planning process**

Based on the planning process, AgeOptions will change the service delivery model from the previous fiscal year in the following ways:

- For the Request for Proposal for FY 18 Supportive Services, AgeOptions included Friendly Visiting and Telephone Reassurance as potential services to be funded. These volunteer based programs may assist older adults who receive less service when transitioned to the Community Reinvestment Program
- Advocate for Illinois to participate in the Elderly Simplified Application Program (ESAP) to improve the SNAP program.
- Require increased coordination with Farmer's Market Coupons and our Title III nutrition program.
- Increased work with the Aging Disability Resource Network to determine where ADRN services end and Managed Care or Community Care Program assessments begin. Especially for benefits processing.
- Expanded work to educate the MCOs about the Aging Network.
- Continued work to make Congregate Meal sites hubs for information and out posting sites for programs to improve coordination of services.
- AgeOptions will include all nutrition site managers on Information and Assistance updates and encourage them to post the information. In addition, we will ask for each site to have a lead volunteer who will be charged with sharing information about benefits and services.
- AgeOptions will emphasize affordable housing, transportation, homelessness, and diversity as topic areas to evaluate as part of our Reimagining Aging 2030 Initiative.
- AgeOptions will reach out to the agencies involved in transportation and work to influence transportation planning.
- AgeOptions will continue to advocate for a budget that protects services that are important to older adults by working with our partners as well as the AgeOptions Advocacy Task Force.
- AgeOptions will continue to plan for CRP with our funded partners in order to ensure a strong program.

## **INITIATIVE DEVELOPMENT**

### **Statewide Initiative: No Wrong Door (NWD)/Aging and Disability Resource Network**

The Illinois Department on Aging requires all Area Agencies on Aging in Illinois to address the No Wrong Door/Aging and Disability Resource Centers (ADRC) statewide initiative in their Area Plans for Fiscal Years 2018.

The development of a NWD System is intended to make it easier for everyone, regardless of a person's age, type of disability, income level, or behavioral health need, to access long-term services and supports (LTSS) and affordable/accessible/independent living options of a quality nature. In suburban Cook County and throughout the state, the NWD will build upon the Aging and Disability Resource Networks (ADRN) to improve coordination across multiple networks and streamline access to LTSS and independent living options. The four primary functions of a NWD System are as follows:

1. Raise awareness about where and how to access services and supports and the availability of home and community-based options
2. Provide person-centered and family-centered counseling (information about public and private service options and individualized help making decisions)
3. Help people apply for and access public programs
4. Help people access privately funded services

In line with the goals of the NWD initiative, the state of Illinois is currently developing plans for implementing across Department systems that can benefit from the Aging Information and Assistance system across the state. An example, is the implementation of a Universal Assessment Tool (UAT). The UAT is a standardized and uniform process used across community-based programs to determine eligibility, identify needs and inform person-centered and family-centered planning. The UAT is a two-step assessment (screening and comprehensive assessment), which includes a core set of data containing the following:

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living
- Medical conditions/diagnoses
- Cognitive functioning/memory/learning
- Behavior concerns

. The desired outcomes of the UAT are as follows:

- Shared data with the potential to break down system silos
- Integrated systems and protocols across agency programs, resulting in greater coordination of care
- Individuals connected to the right services at the right time based on their needs and preferences
- Expanded partnerships with key referral, coordination and direct service providers such as Centers for Independent Living, Developmental Disabilities and Mental Health
- High quality person-centered and family-centered planning and service delivery
- Assessors are trained to use the UAT to assess for an individual's strengths, needs, and preferences
- Service Coordinators/Case Managers for all Medicaid adult waiver programs will use the results of the UAT to inform service planning using person-centered and family-centered practices

For FY18, AgeOptions will contribute to the statewide NWD initiative through active participation in the UAT implementation, cross training of the IDOA Helpline staff, and support for the universal web tools to assure all I&A is working off the same page. AgeOptions Planning and Service Area (PSA)

was selected to be in the first “wave” of the UAT rollout, which involves providing feedback to the state and participation in following activities:

1. Help the state understand how the Aging and Disability Resource Network (ADRN) currently functions in order to inform successful implementation of the UAT (business process mapping)
2. Provide input on the development of workflow and operational manual/toolkit
3. Attend participant training (in-person and online), test the UAT tool and provide user feedback on training materials and overall process
4. Fully implement the UAT once revisions are made and provide additional feedback on the initial rollout

AgeOptions will continue to convene agencies within the ADRN and expand our connections across sectors through collaborative trainings and information sharing. Outreach and information gathering will help AgeOptions and our partners identify opportunities to improve the quality of the No Wrong Door system. AgeOptions will also explore the possibility of providing information to nursing home social workers on No Wrong Door community agencies as part of the outreach conducted under the Colbert Consent Decree.

### **Local Initiative: Re-imagining Aging for 2030**

Through our initial Area Plan, the AgeOptions local initiative was Re-imagining Aging for 2030. However, due to the state budget impasse, we will be refocusing our efforts to “Re-prioritizing Services in an Age of Impasse”. In FY 2018, we will focus on deepening our understanding of the communities we serve and planning for changes in client demographics, available funding, and policies that may alter the way our network relates to the older adults we strive to serve. We want to ensure that the programs and initiatives we fund have the maximum impact on older adults’ wellbeing. We acknowledge that to have the greatest positive impact, we may need to make structural changes in the way we approach providing service.

In addressing this initiative, AgeOptions will investigate and implement a number of methods to improve our understanding of community needs and trends. These may include but are not limited to:

- Conducting an in-depth analysis of population data and anticipated growth
- Evaluating NAPIS data to better understand how well programs are meeting our targeted populations
- Assessing the adequacy of our current programming in meeting the needs of older adults
- Gathering information through focus groups and key informant interviews

## **AREA AGENCY ON AGING PROGRAMS AND SERVICES**

### **Supportive Services**

#### ***Title III-B of the Older Americans Act and Illinois General Revenue Fund***

The following services provide older adults with the support they need to remain at home and in their communities as long as possible. The supportive services listed are provided by community service partners and delivered with AgeOptions direction and leadership (with the exception of Information and Assistance, which is provided by both AgeOptions and community service partners). *Due to the state budget impasse, for FY 17 the following programs are funded only at 83% of their full grants.*

## **Aging Disability Resource Centers funded for Information and Assistance, Options**

**Counseling, Senior Health Assistance Program:** Provides answers to questions and connects older adults, people with disabilities and caregivers to programs and services.

**Resource Inventory:** Information and Assistance counselors provide the most up-to-date and accurate information from a statewide database meant to store service information in a more standard and unified way. AgeOptions updates this statewide database. The database contains information on various service categories including, but not limited to:

- Housing Options
- Caregiver Services/Support
- Home Based Services
- Support Groups
- Transportation Assistance
- Long Term Care Options

Our funded partners that are part of the Aging and Disability Resource Network and partners that provide Housing Assistance, Senior Opportunities and Services, and Targeting to Culturally and Linguistically Isolated Persons (TCLIP) use these resource inventories as a tool to provide high quality information to their clients.

**Chore/Housekeeping:** Assistance keeping an older person's home clean and functional.

**Home Repair:** Minor modifications to allow older adults to remain safely in the community.

**Housing Assistance:** Information about available housing options for older adults.

**Legal Assistance:** Assistance in settling non-criminal legal matters, protection of legal rights, advocacy and education.

**Respite Care:** In-home or out-of-home care to allow family and friends who care for older adults to take some time away from care giving.

**Senior Centers:** Community centers where older adults gather to enjoy social and recreational activities, dine, attend classes and take part in health and wellness programs.

**Senior Opportunity and Services:** Identifies at-risk older adults and connects them to existing services and programs.

**Targeting to Culturally and Linguistically Isolated Persons (TCLIP):** Identifies and connects older adults who speak little to no English with culturally competent services and programs through translation, referrals and assistance in applying for services and benefits. AgeOptions funds TCLIP agencies under the Senior Opportunities and Services (SOS) program and under the Title III-C Nutrition program.

**Transportation:** Rides for older adults to community centers, dining locations and medical appointments.

Funding for Supportive Services is provided by Title III-B of the federal Older Americans Act and the state of Illinois general revenue fund. As seen in Figure 1 on page 21, 54% of funding for Supportive Services in FY 2018 will be for Aging and Disability Resource Networks, which includes Information and Assistance, Senior Health Assistance Program (SHAP) and Options Counseling. The Table on page 37 also depicts estimated clients served and units of service for FY 2018.

**Senior Health Assistance Program (SHAP) and  
Medicare Improvements for Patients and Providers Act (MIPPA)**  
*Illinois General Revenue Fund, Tobacco Settlement Funds, Administration for Community  
Living (ACL) and Centers for Medicare and Medicaid Services*

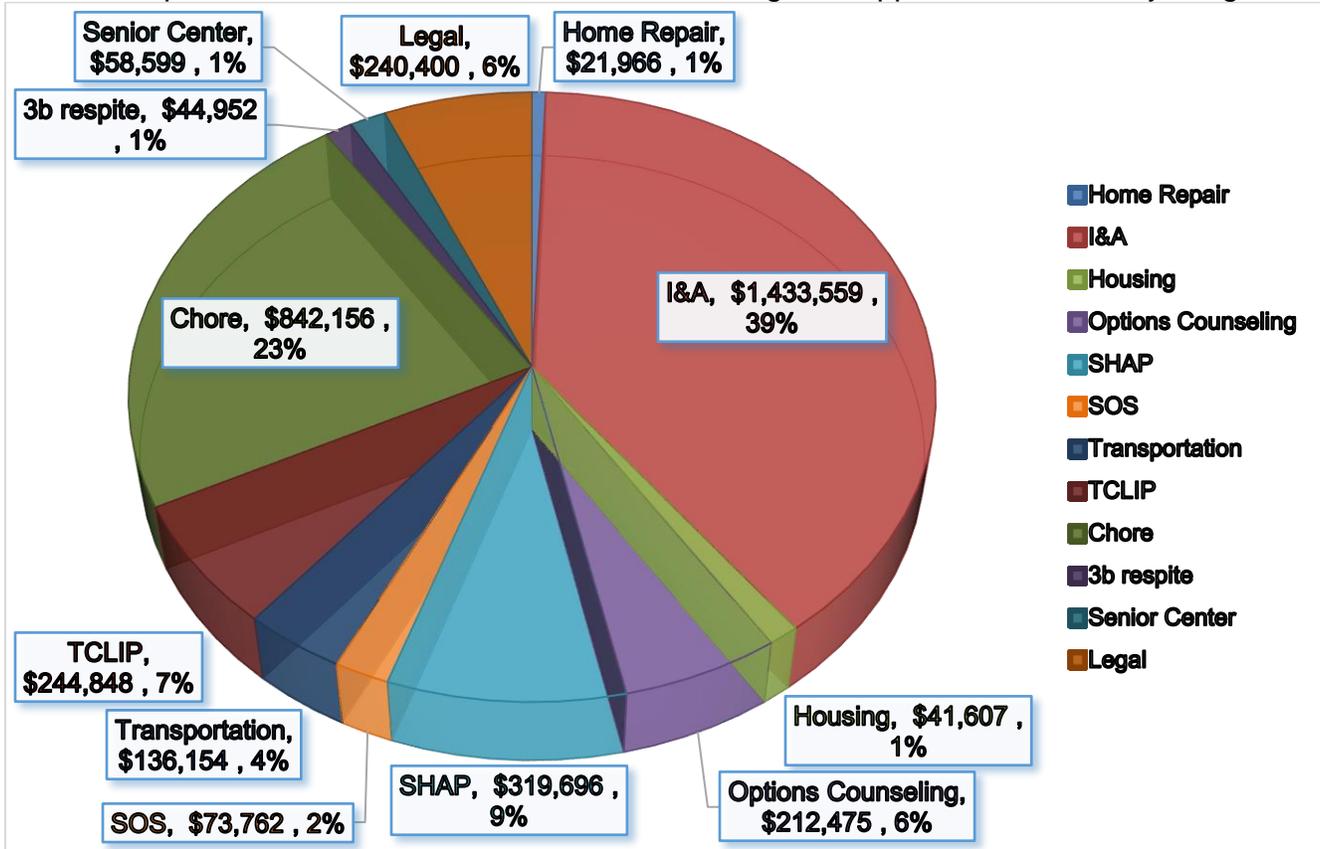
SHAP is funded with Tobacco Settlement funds and Illinois General Revenue Funds.

AgeOptions coordinates an area-wide campaign with local agencies to reach older adults and people with disabilities with information about programs that assist with the cost of prescription medications. These programs include Medicare Part D, Low Income Subsidy (“Extra Help”), Patient Assistance Programs and Medicare Savings Programs. SHAP also includes assistance with enrollment into the Benefit Access Program that assists with transportation costs such as Seniors Ride Free, People with Disabilities Ride Free and the license plate sticker discount. Staff at AgeOptions and local community partner agencies conduct outreach, community education and provide one-on-one assistance to older adults applying for all of the above-mentioned programs. SHAP is a mainstay of consumer assistance to identify the best prescription plan possible, to meet deadlines for applying and to assure annual confirmation that a person’s plan will cover their prescription.

Funding through the Medicare Improvements for Patients and Providers Act (MIPPA) will allow AgeOptions and the Aging Disability Resource Network (ADRN) sites that provide SHAP services to promote Medicare Part B Prevention and Wellness benefits to consumers, caregivers and professionals in suburban Cook County by conducting presentations and disseminating written materials.

SHAP is integrated into the Aging and Disability Resource Network (ADRN), which is comprised of Information and Assistance, Options Counseling and SHAP. All agencies that serve under the Aging Disability Resource Network (ADRN) designation are Senior Health Insurance Program (SHIP) sites.

**FIGURE 1.** Proportion of Fiscal Year 18 Estimated Funding for Supportive Services by Program



### Caregiver Support Program / Relatives Raising Children *Title III-E of the Older Americans Act*

The National Family Caregiver Support Program serves family and friends who care for persons aged 60 and over or people with Alzheimer’s disease (or a related disorder with neurological or organic brain dysfunction) at any age. The program also provides support to grandparents and other non-parent relatives over the age of 55 who are caring for children under 18 or adults 18-59 years old with a disability.

- AgeOptions supports and coordinates counseling, outreach, respite, education and training, support groups, gap-filling services and legal assistance.
- The AgeOptions Caregiver Coordinator assists Caregiver Specialists at designated Caregiver Resource Centers countywide and reaches out to the community.
- If State of Illinois General Revenue Funds are available, AgeOptions and Caregiver Resource Centers provide additional gap-filling services to assist relatives raising children.

## **Nutrition Services**

### ***Title III-C of the Older Americans Act, Nutrition Services Incentive Program and Illinois General Revenue Fund for Home Delivered Meals***

**Congregate Nutrition Services:** AgeOptions funds Community dining options, often referred to as congregate meals, at a variety of locations throughout suburban Cook County. These sites offer freshly served, balanced hot meals, education and information on benefits, 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. At most home delivered meal programs, volunteers deliver lunchtime meals daily and conduct wellness checks to ensure client safety.

AgeOptions funds Home Delivered Meals in all townships except for Barrington. The Barrington Area Council on Aging provides the “Barrington Area Meals with Wheels” program without Title III funding. They deliver hot meals Monday through Friday and average between 19-40 meals per day. Clients contribute based on a sliding scale and the most expensive at \$5. The Care Coordination Unit that conducts the home delivered meals assessments reports that this program covers the need for home delivered meals in Barrington Township.

In suburban Cook County, there are currently no waiting lists for home delivered meals. In FY 17, AgeOptions received additional State General Revenue Funding that allowed:

- The expansion of special diets, weekend and second meals.
- An outreach toolkit for home delivered meals.
- Expanded outreach and education to Managed Care Organizations and discharge planners.
- Work with Food Pantries to develop systems to get home delivery of food.
- Outreach to disease groups about the availability of special diets.
- And exploration of ethnic home delivered meals.

Home Delivered meal agencies continue to have challenges such as increases in food costs, problems recruiting volunteer drivers, maintenance problems on delivery vehicles, decreased contributions to the program and decreased matching funds. A pending challenge to the home delivered meal program is the possibility that care plans for some current Community Care Program clients may be reduced and home delivered meals will be essential to make up losses.

Currently, there are no unmet needs in suburban Cook County.

**Senior Farmers Market Coupons:** AgeOptions works with organizations to provide older adults coupons to purchase fresh produce at participating local farmers markets.

## **Health Promotion and Disease Prevention**

### ***Title III-D of the Older Americans Act***

AgeOptions will continue to fund a Countywide Health Promotion Coordinator who will deliver evidence based programming such as Take Charge of your Health, Take Charge of Your Diabetes Plus, A Matter of Balance Falls Prevention, Arthritis Foundation Arthritis Exercise Program, Active Living Every Day Physical Activity Program and Fit and Strong! Program.

The Countywide Health Promotion Coordinator will work with AgeOptions direct service waiver program which provides information and self-management skills for older adults with ongoing conditions and their caregivers using the evidence-based Chronic Disease Self-Management model created by Stanford University.

## **Long Term Care Ombudsman Program**

### ***Title VII of the Older Americans Act***

The Long Term Care Ombudsman Program advocates for and on behalf of facility residents ages 60 and older and people with disabilities. The Ombudsman Program promotes quality of life for long-term care residents of nursing facilities by:

- Resolving resident and family complaints as well as systemic advocacy
- Promoting individualized care
- Promotion and cultivation of best practices
- Promotion of family and community involvement in long term care facilities
- Outlining resident rights
- Conducting community education regarding the role of the Ombudsman Program

For FY 18, AgeOptions anticipated that there would be Long Term Care Provider Funds to be used for advocacy efforts across long-term care facilities and in the community. For FY 18, there will not be funding for Money Follows the Person/IL Pathways to Community Living program activities.

AgeOptions attempts to attend the Quarterly Regional Ombudsman Meetings and provides technical assistance to Regional Ombudsman. AgeOptions distributes written materials and conducts presentations in the community, as well as refers complaints to the appropriate Regional Ombudsmen or to similarly appropriate resources.

## **Adult Protective Services Program**

### ***Illinois General Revenue Fund***

The Adult Protective Services Act went into effect on July 1<sup>st</sup>, 2013. It expanded the Elder Abuse and Neglect program to include investigation of reported cases of abuse, neglect and exploitation for individuals with disabilities ages 18-59.

Specially trained case managers at 10 local Adult Protective Services Provider Agencies:

- Respond to reports of adult protective services abuse, neglect, self-neglect, and exploitation
- Provide investigation, intervention and follow up services to victims through partnerships with local law enforcement and service agencies

- Help resolve problems between victims and their suspected abuser(s), including appropriate service plans to aid individuals in need
- Provide appropriate follow up services through the use of Emergency Intervention Service (EIS) funds
- Organize, conduct and participate in monthly Multidisciplinary Teams

**Self-Neglect:** In 2006, the Elder Abuse and Neglect Act was amended to include cases of self-neglect. In FY 15, The Illinois Department on Aging made small startup grants for APS agencies to prepare for self-neglect cases. The APS program may fully institute investigations of self-neglect cases in FY 2018.

**24/7 Adult Protective Services Hotline:** In April 2011, the Illinois Department on Aging required “after hours emergency response”. Each designated Adult Protective Services Agency created a plan to receive and respond to reports of alleged or suspected abuse or neglect in which an eligible adult is at risk for injury or death, at any time such a report is received, including after normal business hours and on weekends and holidays.

**Abuse Fatality Review Teams:** The Adult Protective Services Act now includes provisions that the Director of the Department on Aging, in consultation with an Advisory Council, law enforcement and other professionals who work in the fields of investigating, treating or preventing abuse or neglect of at-risk adults, shall appoint fatality review teams (FRT) in each of the Department’s Planning and Services Areas (PSAs).

A FRT’s purpose is to conduct reviews of adult deaths who were “at risk” because of abusive actions in their homes. This will assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected or substantiated abuse or neglect in domestic living situations. The team will also facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating alleged or suspected cases of abuse, neglect or financial exploitation of at-risk adults and persons involved in providing services to at-risk adults.

This multi-disciplinary team meeting reviews cases and may produce actions to ameliorate the negative findings witnessed in the case study, but also bring forth formal recommendations to reevaluate policy, procedures, and standards as performed in the field at local and state levels.

## **Community Care Program (CCP) / Comprehensive Care Coordination**

AgeOptions, in a normal year, 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. As part of the Systems Development grant, AgeOptions provides on-site certification of agencies applying to be CCP vendors for Adult Day Care and homemaker on behalf of IDOA under the All Willing and Qualified (AWAQ) procurement provisions. To date, AgeOptions has not received Systems Development funding for FY 17.

Changes are occurring to the Community Care Program based on Illinois commitment to managed care. AgeOptions is working with Care Coordination units and Managed Care Organizations on the transition.

## **Community Reinvestment Program (CRP)**

The Illinois Department on Aging has proposed a new program. The Community Reinvestment Program is an effort to provide services to modest income and impaired elderly who have Determination of Need scores of 29 or greater and assets below \$17,500 but who are not on the Illinois Medicaid Program. The requested budget for this population is set for approximately half the current average cost of Medicaid participants, and is planned to be supported through the Commitment to Human Services Fund that receives a percentage from the state income tax. The program will be created through Rule as a statewide demonstration and will begin after the rule process is completed and when there is a state budget agreement.

The area agencies and Care Coordination Units under IDOA direction would determine eligibility and coordinate care will administer the program. The program would include five core services:

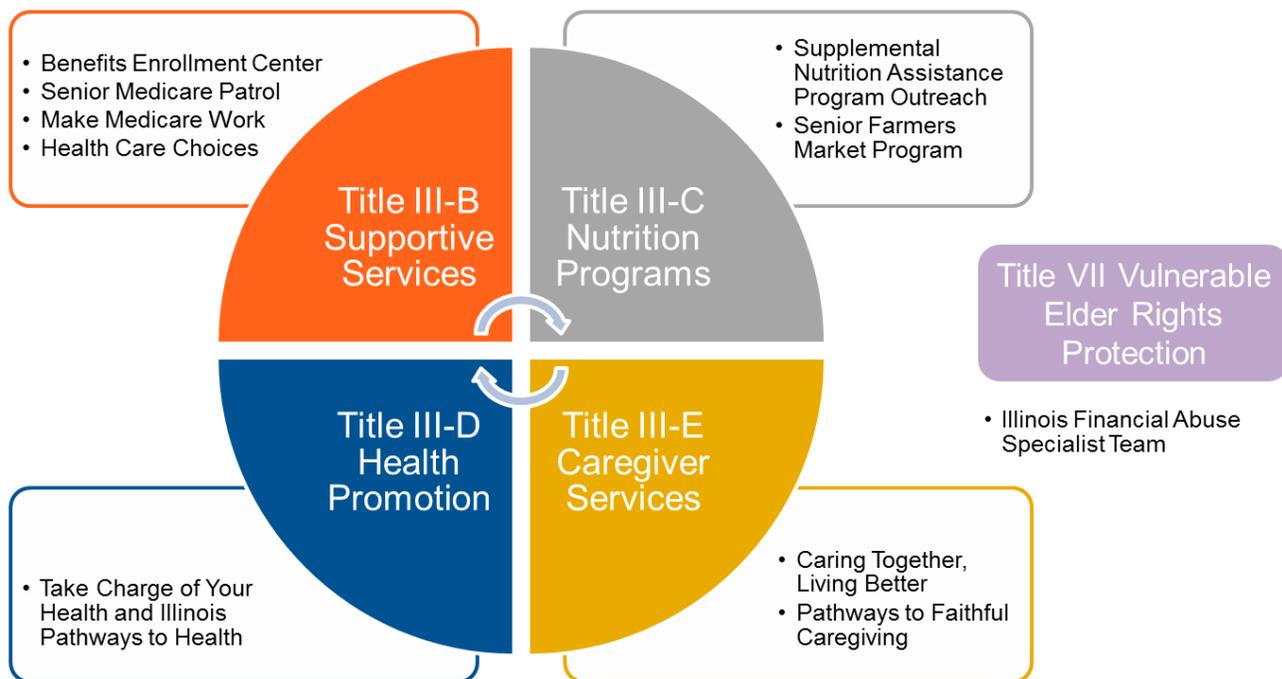
1. Emergency Home Response system
2. Household care
3. Non-medical Personal care
4. Respite such as companion or Adult Day services
5. Nutrition

In addition, each area agency may allow “flexibility” for other services such as assistive technology, home modification and other flexible services. The maximum care plans under CRP will be approximately half of the Community Care Program (estimated about \$400). It is estimated that over 6,000 people will be moved from CCP to CRP over the first months of state FY 2018.

## **Information on Funding Possibilities**

While AgeOptions main sources of funding are the federal Older Americans Act and Illinois General Revenue Funds, AgeOptions has made progress in securing grant funds from sources other than the Older Americans Act to enhance current programs and develop new programs. AgeOptions has a variety of innovative programs that respond to the rich diversity of our communities. See the Appendix, “Additional AgeOptions Programs,” on page 44, for descriptions of AgeOptions other programs outside the scope of this Area Plan. In addition, AgeOptions Board has a Resource Development Committee and is working to expand fee for service programs related to our non-Older Americans Act programs.

The chart on the next page shows how AgeOptions signature programs augment the Title III programs under the Older Americans Act.



## AGEOPTIONS FUNDING OF GRANTS AND SERVICES

There are four components to AgeOptions grantee’s funding– all essential to complete the puzzle.

- Funds provided by AgeOptions:
  1. Federal Older Americans Act
  2. State General Revenue Funds
- Funds “matched” by the Grantee:
  3. Local support in the form of “Local Cash” and “In-kind”. Local cash could be the United Way, Municipal or Township funds. In-Kind support is from volunteers, donated goods and services. Donations to agency “general fund”
  4. Funds provided by the Clients: Client contributions for services

### How AgeOptions Receives Funds

AgeOptions receives allocations of both state and federal funding through the Illinois Department on Aging (IDoA).

Funds for programs under Titles III-B Supportive Services, III-C1 Congregate Meals, III-C2 Home Delivered Meals, III-E Caregiver, 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 Department reviews the formula every three years prior to the submittal of a new State Plan on Aging. These funding levels

are subject to change. For FY 18, AgeOptions Planning and Service Area (PSA 13) funding formula share is 18.66 (a decrease of .01% from the FY 17 level of 18.67%).

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 the age of 75 (7.5% of funding)
- 60 + racially/ethnically diverse (10% of funding)
- 60 + in poverty (25% of funding)
- 60 + living alone (7.5%)
- 60 + rural (9% of funding)

Other programs are funded using these factors:

- Ombudsman Program (number of licensed long term care beds and facilities)
- Title III-D Health Promotion (the percent the 60+ population is of the total population and the share of 60+ population in poverty)
- Title VII Elder Abuse and Neglect (number of assigned Multi-Disciplinary Teams)
- Title VII Elder Abuse and Neglect based on a unit of service reimbursement system
- 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 FY15 and the national level of funding available)
- Special or one-time only funds (such as the Illinois General Revenue Funds for gap-filling services for grandparents of any age)

## How AgeOptions Distributes Funds

AgeOptions uses a population based funding formula to determine the maximum available dollars to each area in suburban Cook County for Supportive Services (Title III-B) and Caregiver Services (Title III-E).

The factors and weights of the funding formula remain the same as previous years.

**AgeOptions Funding Formula**

<b>Factor</b>	<b>Weight</b>
60+	30%
65+ 124% poverty	35%
60+ Racially/Ethnically Diverse	15%
75+	10%
60+ living alone	10%
<b>TOTAL</b>	<b>100%</b>

AgeOptions strives to use the most up-to-date and statistically valid data available. The use of updated data for the distribution of funding will affect extension year grant levels.

Updated data from the 2011-15 American Community Survey is used for the factor of, over the age of 60, over the age of 75, and over the age of sixty-five living below 124% of poverty (65+ 124% of poverty), minority persons over the age of 60, and living alone over the age of 60. For the factors of 60+ living alone and minority, the 2011-15 American Community Survey data was available for 25 of the suburban Cook County townships. For the smaller townships, AgeOptions used the township's percent of those factors from the 2010 Census and applied it to the data not assigned to a township from the 2011-2015 American Community Survey.

Funds are distributed using the formula for each of the 30 townships (with North and South Proviso broken into two areas) in suburban Cook County.

## **How AgeOptions Funds are Matched by Local Resources**

Page 39 outlines estimated funding levels for services in FY18, 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; however, 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 contributions.

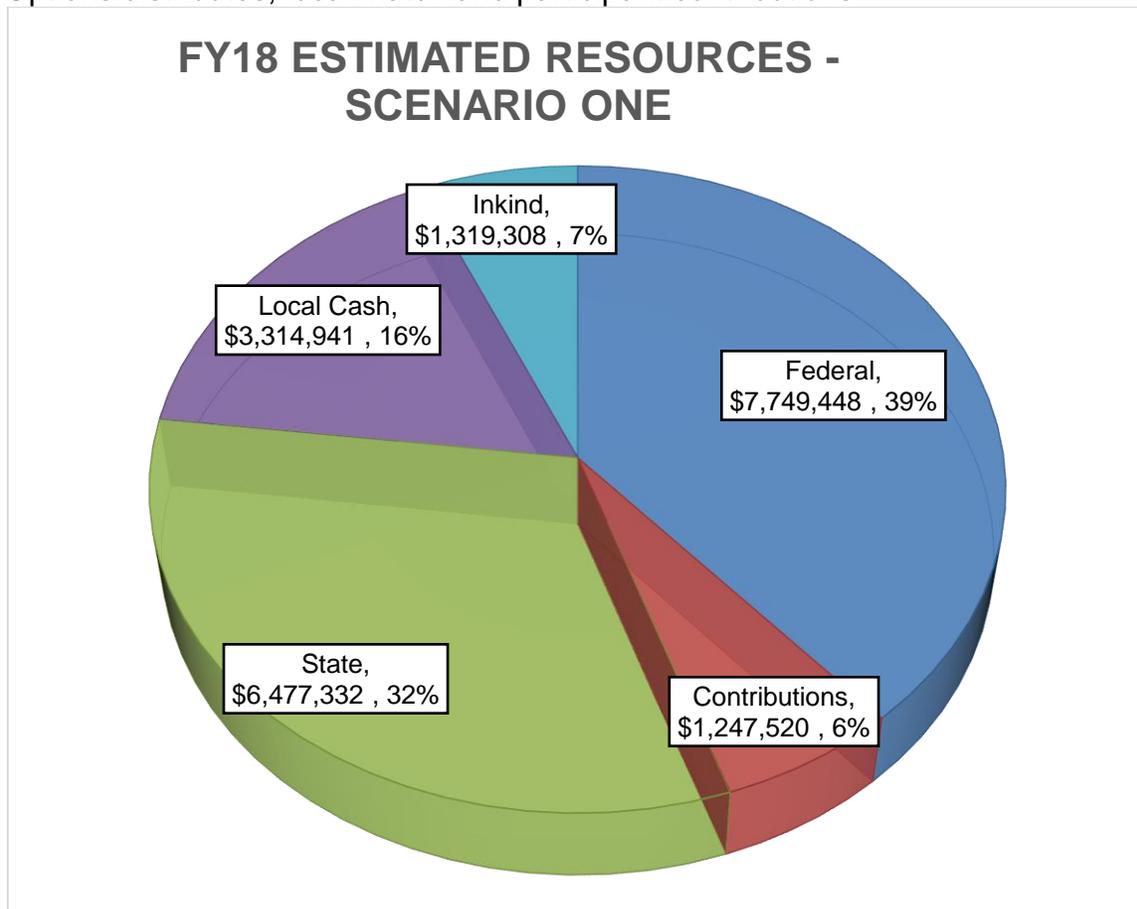
- Local Cash: includes funding from non-federal sources such as organizations, municipalities, townships, United Ways, etc., that provide direct support for service costs.
- In-kind: includes the value of property or services that benefit a grant-supported service and are contributed by non-federal parties.
- Contributions: includes client contributions that are made toward the cost of the received service.

As seen in Figure 2, local cash, in-kind and contributions account for an estimated 29% of total resources used to support aging services in suburban Cook County.

Every \$1 provided to the aging services network also is leveraged by over \$2.5 in non-federal support.

Every \$1 provided to the aging services network also is leveraged by almost \$1.50 in non-federal or state support.

**FIGURE 2.** Fiscal Year 2018 Estimated Resources by Federal, State, and Local Contributions of funds AgeOptions distributes, local match and participant contributions



## AgeOptions Procurement Process

AgeOptions maintains a list of organization interested in receiving notices of funding opportunities/Requests for Proposals (RFP). AgeOptions issues Requests for Proposals approximately every three to four years and administers an application process to identify agencies to receive Older Americans Act and State of Illinois funds to provide services.

**Request for Proposals B, D, and E:** AgeOptions issued a Request for Proposal for FY2018-2020 in February 2017 for the following programs: Supportive Services (Title III-B), Health Promotion and Disease Prevention (Title III-D), Caregiver Support Program (Title III-E), and Senior Health Assistance Program/MIPPA (SHAP). Current grant awards for these programs are for the period of October 1, 2016 through September 30, 2017.

**Request for Proposal Ombudsman:** AgeOptions issued a Request for Proposal for Long Term Care Ombudsman for FY 17 grants with potential extensions for FY 18, FY 19 and FY 20.

**Procurement for Adult Protective Services:** Adult Protective Service agencies contracts with the Illinois Department on Aging. These agreements may be extended to FY 18 and potentially longer.

**Fiscal Years 2016-19 Nutrition Request for Proposals:** AgeOptions issued a Request for Proposal for nutrition services for service beginning October 1, 2015. AgeOptions will have the option to extend grants for FY18 and FY19. If local agencies are interested in establishing a new Congregate Nutrition Program, please contact [Kim.McCahill@ageoptions.org](mailto:Kim.McCahill@ageoptions.org).

## FY 2018 AgeOptions Funding Formula Factors

All figures are from the 2011-2015 American Community Survey

Township	60+	75+	65+ Below 124% Poverty	60+ Racially/ Ethnically Diverse	60+ Living Alone
	Table: DP05	Table: DP05	Table: B17024	Table: S0102	Table: S0102
Bloom	16,343	5,150	1,851	7,436	4,091
Bremen	21,095	6,510	1,894	7,679	6,053
Calumet	3,915	1,169	338	2,499	801
Lemont	4,593	1,596	398	242	997
Orland	23,206	7,068	1,121	2,019	4,821
Palos	14,114	5,139	801	1,298	3,499
Rich	17,972	5,286	1,401	10,154	5,028
Stickney	7,936	2,645	647	1,421	1,934
Thornton	32,379	10,311	3,711	21,726	9,068
Worth	32,233	12,070	2,588	5,415	9,196
<b>Total Region One</b>	<b>173,786</b>	<b>56,944</b>	<b>14,750</b>	<b>59,889</b>	<b>45,488</b>
Berwyn	8,420	2,344	865	3,242	1,922
Cicero	8,015	1,967	1,037	5,611	1,343
Leyden	17,635	6,039	1,890	4,303	4,474
Lyons	23,567	7,339	1,572	3,629	5,749
Norwood Park	7,578	3,252	763	788	1,963
Oak Park	9,652	2,397	758	3,079	3,072
North Proviso	24,951	7,871	2,453	14,277	6,708
River Forest	2,481	720	99	284	629
Riverside	3,320	1,183	215	290	1,112
South Proviso	4,654	2,123	378	318	1,751
<b>Total Region Two</b>	<b>110,273</b>	<b>35,235</b>	<b>10,030</b>	<b>35,821</b>	<b>28,723</b>
Barrington	4,016	801	240	665	601
Elk Grove	18,551	6,459	1,288	3,246	5,290
Evanston	13,843	4,482	860	3,696	4,514
Hanover	14,183	3,627	1,129	4,212	3,204
Maine	33,820	12,354	2,694	6,730	7,711
New Trier	12,728	4,063	573	1,273	2,544
Niles	30,190	10,535	3,147	9,057	6,361
Northfield	25,086	10,166	1,156	3,111	5,913
Palatine	21,235	5,435	1,068	3,164	4,781
Schaumburg	24,969	6,462	1,185	5,893	5,036
Wheeling	35,937	12,615	2,388	3,773	8,768
<b>Total Region Three</b>	<b>234,558</b>	<b>76,999</b>	<b>15,728</b>	<b>44,820</b>	<b>54,723</b>
<b>Total Suburban Cook</b>	<b>518,617</b>	<b>169,178</b>	<b>40,508</b>	<b>140,530</b>	<b>128,934</b>

## National and State Issues Impacting Fiscal Year 2018 Funding

**Federal Older Americans Act Funding:** Several factors at the federal level that may affect the FY 18 funding:

First, Congress has yet to finalize the current FY 17 spending which began on October 1, 2016. The current spending measure keeping government funding flowing – the Continuing Resolution (CR) – expires on April 28, 2017.

Second, the President requested additional FY 17 funding for defense and the border wall. To offset the cost, the administration proposed \$18 billion in cuts to non-defense spending which may result in significant cuts or elimination of programs that support seniors, and more cuts may be proposed in May when the full budget is released.

There could be cuts to the Department of Health and Human Services (DHHS) of approximately 16% but not across the board. The following DHHS programs are slated for the following cuts:

- Low Income Home Energy Assistance Program (LIHEAP) – a program that helps low-income families pay their home energy bills: Total elimination.
- Legal Services Corporation: Total elimination.
- Senior Health Insurance Program (SHIP): Eliminate \$49 million from this \$52 million program.
- Older Americans Act Title V Senior Community Service Employment Program (SCSEP): Total elimination
- Senior Corps: All three programs (Senior Companion, Retired Senior Volunteer Program (RSVP), and Foster Grandparents) would suffer cuts of 60-80 percent (*per n4a, ncoa said pure elimination*).
- Community Services Block Grant (CSBG): Strike \$306 million of \$715 million provided in FY 17.
- Community Development Block Grant: Roughly a 50 percent cut.
- Roll back of \$5 billion investment in National Institute of Health.

The President proposed funding the Department of Health and Human Services (HHS), which houses the Administration for Community Living and its Administration on Aging, at \$65.1 billion. This reflects a deep \$12.6 billion cut (16.2 percent) from current funding. However, because the budget outline lacks many details on individual agency spending, *we do not know exactly how this overall cut would affect most Older Americans Act programs.*

Third, the two-year budget deal that helped soften the blow of budget caps expires at the end of September. This means the limits on discretionary spending will be lower in FY 2018 than they were in FY 2017, making it even harder on appropriators to avoid cuts to discretionary programs – including the Older Americans Act and other aging programs.

**State of Illinois General Revenue Fund (GRF):** There continues to be great uncertainty regarding the Illinois state budget for FY 17 and 18.

Currently, AgeOptions is receiving GRF reimbursement for Long Term Care Ombudsman and Home Delivered Meals through a court decree. We are planning for FY 18 with the assumption that the funding levels will stay consistent for the whole fiscal year.

We have received our Senior Health Assistance Program funding for FY 17 and are planning with the assumption that these funds will be available for FY 18.

We have not received any FY 17 matching funds for Title III-B supportive services. We are planning for FY 17 and FY 18 with the assumption that GRF funding will be available for FY 17 and 18.

## **Budget Assumptions**

Given the national and state issues affecting FY17 funding, AgeOptions used the following budget assumptions to estimate a funding level for FY18.

**Cash Flow:** AgeOptions assumes we will receive the full reimbursement from the State of Illinois for FY17 General Revenue Funds for home delivered meals, ombudsman, GRF matching funds, SHAP and SHIP. AgeOptions forecasts continued delays in state payments that may adversely affect clients and service providers.

**Title Transfers:** AgeOptions is allowed to transfer funds among three federal Older Americans Act Programs: Title III-B (Supportive 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 Supportive and Nutrition Services in 1978, AgeOptions has transferred funds from Congregate Nutrition Services to Supportive Services and Home Delivered Meals. We are requesting a waiver of the 20% transfer cap between Title III-C1 to Title III-B from the Illinois Department on Aging. The requested transfer for FY17 is \$913,557 from Congregate Nutrition Services (C1) to Supportive Services (3B).

## AGEOPTIONS FISCAL YEAR 2018 FUNDING SCENARIOS

Due to the uncertain funding levels, AgeOptions has outlined three funding scenarios in the following pages.

	<b>SCENARIO ONE (Governor's Budget)</b>	<b>SCENARIO TWO Required State Match and GRF flowing at FY 16 levels</b>	<b>SCENARIO THREE GRF flowing at FY 16 levels</b>
<b><i>Programs which change under the different scenarios</i></b>			
3b -	Federal and General Revenue Funds (GRF) and SHAP based on Governor's budget message. Assuming MIPPA and SHIP at FY 17 levels.	Federal cut by 7%, GRF at 93% of FY 17 levels. SHAP At FY 17 level. Assume MIPPA at FY 17 levels and SHIP eliminated.	Federal cut by 16%, GRF at 84% of FY 17 levels. SHAP At FY 17 level. Assume MIPPA at FY 17 levels and SHIP eliminated.
3c1 -	Federal and NSIP as listed in IDOA FY 18 planning allocations	Federal and NSIP based on 93% of IDOA FY 18 planning allocations	Federal and NSIP based on 84% of IDOA FY 18 planning allocations
3c2 -	Federal and NSIP as listed in IDOA FY 18 planning allocations. GRF based on Governor's budget message.	Federal based on 84% of IDOA FY 18 planning allocations. GRF based on FY 17 funds that are flowing.	Federal and NSIP based on 84% of IDOA FY 18 planning allocations. GRF based on FY 17 funds that are flowing.
E	Federal based on IDOA FY 18 planning allocations	Federal based on 93% of IDOA FY 18 planning allocations	Federal based on 84% of IDOA FY 18 planning allocations
Ombudsman	GRF based on Governor's budget message, Federal based on IDOA FY 18 planning allocations, Includes LTC provider fund	Federal based on 93% of IDOA FY 18 planning allocations. GRF based on Governor's budget message. Includes LTC Provider Fund	Federal based on 84% of IDOA FY 18 planning allocations. GRF based on Governor's budget message. Includes LTC Provider Fund

# ESTIMATED FEDERAL AND STATE FUNDS

## FY 18 Funding Scenarios for Distributive Funding *(color coded by potential funding cut – Federal orange, State yellow, SHIP elimination blue)*

Funding Source:	Scenario One		Scenario Two		Scenario Three	
	Distributive	Admin/Direct Service	Distributive	Admin/Direct Service	Distributive	Admin/Direct Service
<i>Federal Cut</i>	<i>No cut</i>		<i>7%</i>		<i>16%</i>	
<i>State</i>	<i>Governor's proposal</i>		<i>Flowing in FY 17 and match cut 7% in proportion to federal</i>		<i>Flowing in FY 17 and match cut 16% in proportion to federal</i>	
<i>SHIP</i>	<i>full funding (\$52m nationally)</i>		<i>Eliminated</i>		<i>Eliminated</i>	

### Supportive Services

Title III-B	\$ 2,241,395	\$ 42,929	\$ 2,084,497	\$ 39,924	\$ 1,882,772	\$ 36,060
Title III-B AgeOptions Direct		\$ 691,545		\$ 643,137		\$ 580,898
GRF Match	\$ 172,932	\$ 274,334	\$ 160,827	\$ 255,131	\$ 145,263	\$ 230,441
GRF Non-Match	\$ 1,180,259		\$ 963,804		\$ 963,804	
GRF Community Based Equal	\$ 134,708		\$ 81,339		\$ 81,339	
Federal MIPPA AAA	\$ 44,402	\$ 4,934	\$ 41,294	\$ 4,589	\$ 37,298	\$ 4,145
Federal MIPPA ADRC	\$ 37,049	\$ 4,117	\$ 34,456	\$ 3,829	\$ 31,121	\$ 3,458
MIPPA SHIP	\$ 38,868	\$ 4,319	\$ -		\$ -	\$ -
SHAP	\$ 194,242	\$ 55,788	\$ 194,242	\$ 55,788	\$ 194,242	\$ 55,788
Systems Development		\$ 31,483		\$ -		\$ -
Total Supp. Services	\$ 4,043,855	\$ 1,109,449	\$ 3,560,459	\$ 1,002,397	\$ 3,335,839	\$ 910,790

### Congregate

Title III-C1	\$ 1,738,511	\$ 462,892	\$ 1,616,815	\$ 430,490	\$ 1,460,349	\$ 388,829
NSIP	\$ 395,377		\$ 367,701	\$ -	\$ 332,117	\$ -
Total Congregate	\$ 2,133,888	\$ 462,892	\$ 1,984,516	\$ 430,490	\$ 1,792,466	\$ 388,829

**FY 18 Funding Scenarios for Distributive Funding (color coded by potential funding cut – Federal orange, State yellow, SHIP elimination blue)**

Funding Source:	Scenario One		Scenario Two		Scenario Three	
	Distributive	Admin/Direct Service	Distributive	Admin/Direct Service	Distributive	Admin/Direct Service
<i>Federal Cut</i>	<i>No cut</i>		<i>7%</i>		<i>16%</i>	
<i>State</i>	<i>Governor's proposal</i>		<i>Flowing in FY 17 and match cut 7% in proportion to federal</i>		<i>Flowing in FY 17 and match cut 16% in proportion to federal</i>	
<i>SHIP</i>	<i>full funding (\$52m nationally)</i>		<i>Eliminated</i>		<i>Eliminated</i>	

**Home Delivered Meals**

Title III-c2	\$ 1,285,136	\$ 267,575	\$ 1,195,176	\$ 248,845	\$ 1,079,514	\$ 224,763
NSIP	\$ 351,878		\$ 327,247	\$ -	\$ 295,578	\$ -
GRF	\$ 4,067,880		\$ 3,305,280		\$ 3,305,280	
Total HDM	\$ 5,704,894	\$ 267,575	\$ 4,827,703	\$ 248,845	\$ 4,680,371	\$ 224,763

**Health Promotion**

Title III-D	\$ 101,919	\$ 55,812	\$ 94,785	\$ 51,905	\$ 85,612	\$ 46,882
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**Caregiver**

Title III-E	\$ 1,245,508	\$ 53,969	\$ 1,158,322	\$ 50,191	\$ 1,046,227	\$ 45,334
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**Ombudsman**

Title III-B	\$ 131,052	\$ 14,561	\$ 121,878	\$ 13,542	\$ 110,084	\$ 12,231
Title VII	\$ 105,415	\$ 11,713	\$ 98,036	\$ 10,893	\$ 88,549	\$ 9,839
GRF	\$ 553,520	\$ -	\$ 339,673		\$ 339,673	
MFP	\$ -					
LTC Provider fund	\$ 173,791	\$ 3,567	\$ 173,791	\$ 3,567	\$ 173,791	\$ 3,567
Total Ombudsman	\$ 963,778	\$ 29,841	\$ 733,378	\$ 28,002	\$ 712,096	\$ 25,637

**Adult Protective Services**

Title VII APS	\$ 32,939	\$ 3,660	\$ 30,633	\$ 3,404	\$ 27,669	\$ 3,074
APS Admin		\$ 52,573		\$ -		\$ -
Total APS	\$ 32,939	\$ 56,233	\$ 30,633	\$ 3,404	\$ 27,669	\$ 3,074
Grand Total	\$ 14,226,780	\$ 2,035,771	\$ 12,389,795	\$ 1,815,233	\$ 11,680,279	\$ 1,645,309

# ESTIMATED AGEOPTIONS FUNDING BY SERVICE

<b>Scenario One</b>	<b>Scenario Two</b>	<b>Scenario Three</b>
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FY 18 Estimated Services	Estimated Funding	Estimate Units	Est. Clients	Estimated Funding	Estimate Units	Est. Clients	Estimated Funding	Estimate d Units	Est. Clients
<b>Social Services (Title III-B)</b>									
Chore	\$ 983,029	33,341	1,077	\$ 868,552	28,021	860	\$ 811,197	25,121	730
ADRN/Information & Assistance	\$ 1,546,629	192,063	72,057	\$ 1,366,518	186,923	57,532	\$ 1,276,279	144,709	48,862
ADRN/Options Counseling	\$ 229,234	8,017	276	\$ 202,539	5,486	221	\$ 189,164	6,040	187
ADRN/SHAP	\$ 319,696	33,046	9,641	\$ 269,991	20,231	7,383	\$ 262,661	24,789	6,509
Friendly Visiting									
Housing Assistance	\$ 44,889	2,071	26	\$ 39,661	1,450	21	\$ 37,042	1,561	18
Legal Assistance	\$ 240,400	4,855	54	\$ 212,405	3,399	43	\$ 198,378	3,658	37
Minor Home Repair	\$ 23,699	191	151	\$ 20,939	186	120	\$ 19,556	144	102
Respite	\$ 48,498	1,707	4	\$ 42,850	5,175	3	\$ 40,020	1,286	3
Senior Center	\$ 63,221	n/a	4,165	\$ 55,859	n/a	3,749	\$ 52,170		3,540
Senior Opportunity & Services	\$ 79,580	3,965	1,242	\$ 70,313	3,753	992	\$ 65,669	2,987	842
Targeting to Culturally and Linguistically Isolated	\$ 318,089	14,024	4,394	\$ 281,046	11,121	3,508	\$ 262,487	10,566	2,979
Telephone Reassurance				\$ -					
Transportation	\$ 146,893	53,357	1,830	\$ 129,787	48,347	1,461	\$ 121,216	40,201	1,241
<b>Total</b>	<b>\$ 4,043,855</b>			<b>\$ 3,560,459</b>			<b>\$ 3,335,839</b>		
<b>Caregiver Support Services (Title III-E)</b>									
Counseling for Caregivers	\$ 430,441	5,381	1,604	\$ 400,310	4,789	1,285	\$ 361,570	4,251	1,077
Counseling for Grandparents Raising Grandchildren	\$ 7,784	147	17	\$ 7,239	131	14	\$ 6,538	116	11
Gap-filling	\$ 24,436	257.22	92	\$ 22,726	229	74	\$ 20,526	203	62
Legal Assistance	\$ 40,685	37	120	\$ 37,837	33	96	\$ 34,175	29	81
One on One Outreach	\$ 126,904	61	1,624	\$ 118,021	54	1,301	\$ 106,600	48	1,091
Respite using 3b funds	\$ 314,982	9,723	2,966	\$ 292,933	8,653	2,376	\$ 264,585	7,681	1,992
Support Groups for Caregivers	\$ 75,909	53	446	\$ 70,596	47	357	\$ 63,764	42	299

	Scenario One			Scenario Two			Scenario Three		
	Estimated Funding	Estimate Units	Est. Clients	Estimated Funding	Estimate Units	Est. Clients	Estimated Funding	Estimate Units	Est. Clients
Support Groups for Grandparents Raising Grandchildren	\$ 2,802	16.01	20	\$ 2,606	14	16	\$ 2,354	13	13
Training and Education	\$ 217,271	141	725	\$ 202,062	125	581	\$ 182,508	111	487
Training and Education for GRG	\$ 4,293	74.02	18	\$ 3,992	66	14	\$ 3,606	58	12
3e Total	\$ 1,245,508			\$ 1,158,322			\$ 1,046,227		
<b>Long Term Care Ombudsman Service</b>									
Ombudsman	\$ 963,778			\$ 733,378			\$ 712,096		
<b>Nutrition Services (Title III-C)</b>									
Congregate Meals	\$ 2,133,888	302,390	11,500	\$ 1,984,516	267,162	9,652	\$ 1,792,466	228,607	8,694
Home Delivered Meals	\$ 5,704,894	832,743	5,000	\$ 4,827,703	669,465	3,819	\$ 4,680,371	614,874	3,692
<b>Health Promotion/Disease Prevention Title III-D</b>									
Health Promotion	\$ 101,919	2,586	729	\$ 94,785	2,405	656	\$ 85,612	2,069	583
<b>Title VII I-Team</b>									
APS Interdisciplinary teams	\$ 32,939			\$ 30,633			\$ 27,669		
Total	\$14,226,780			\$ 12,389,795			\$ 11,680,280		

## How AgeOptions will Administer Increased or Decreased Funding

For FY 18 if there are changes in funding levels, AgeOptions will either increase or decrease funding in the following ways:

### **Nutrition Services**

#### ***Title III-C and Illinois General Revenue Funds for Home Delivered Meals***

Increased Nutrition Funding: AgeOptions will determine the amount of funds to be made available for Congregate and Home Delivered Meals either by service area, by demand and/or for targeted populations, using the following in awarding funds:

*For Congregate Meals and Home Delivered Meals:*

- Expand special diet, ethnic, weekend/and or second meals and/or
- Purchase shelf stable meals for inclement weather days
- Allow Grantees to submit formal requests and rationale to expand current services within the amounts determined available by AgeOptions. Decisions regarding increases shall be made after considering the rationale, overall performance and support provided to the community by the Grantee and/or
- Develop new ethnic Congregate Meal sites
- Develop a Request for Proposal for distribution of increased funds.

Decreased Nutrition Funding: If funding to the suburban Cook County region is reduced, and it is necessary to reduce Grantee award levels, AgeOptions will:

- Redistribute funding if a grantee is not meeting productivity goals.
- Review each grant based on service levels and/or other performance factors to assure that there will be cost effective service provision that best meets the needs of older adults.
- Ask the CCUs to review the needs of clients who received meals on a short-term basis, e.g. following an illness or surgery, to determine if the meals are still necessary.
- Review clients who have second or weekend meals to determine if other options are available to them.
- Prioritize clients based on need and targeting factors such as low income, limited English speaking, living alone and/or minority.
- Reduce meals in the following order - second meals, weekend meals, Monday through Friday meals and/or special diet meals.

**The following section outlines how AgeOptions proposes to administer increases and decreases in funding for the following programs:**

1. Title III-B – Supportive Services
2. Title III-D – Health Promotion
3. Title III-E – Caregiver
4. Title VII - Adult Protective Services
5. Title VII- Long Term Care Ombudsman
6. General Revenue Funds for Community-based Services
7. AgeOptions Administrative funding
8. AgeOptions Direct Service funding

Increased Funding: If there is an increase in available funding, based on the level of increase, AgeOptions will determine the amount of funds to be made available either by area, by service and/or for targeted populations and will use one of the following options in awarding those funds:

- Provide proportional increases for grantees
- Allow grantee/contractors to submit formal requests and rationale to expand current services and/or for unit rate increases within the amounts determined available by AgeOptions. Decisions regarding increases shall be made after considering the overall performance and support provided to the community by the grantee/contractor.
- Award funds to applicants whose applications were approved through this process but not funded due to insufficient funds.
- Develop a Request for Proposal for distribution of increased funds.

Decreased Funding: If funding is reduced to the suburban Cook County region during a grant or contract year, and it is necessary to reduce grantee award levels, AgeOptions will determine a cut back strategy that may reduce funding to each area on a straight percentage basis, or reduce or eliminate services that are deemed to not be effectively delivered upon such a reduction of funds. AgeOptions reserves the right to establish new criteria for reductions for each extension year.

## **ADMINISTRATIVE FUNDS**

As seen in Table on page 35, under Scenario One, 12.52% of the total projected resources for FY18 are budgeted for administrative related purposes while 87.48% are distributive funds dedicated to programming. Under Scenario Two, Administration is 12.78% and distributive funds are 87.22%, and under Scenario Three, Administration is 12.35% and distributive funds are 87.65%. The following Table below provides an explanation of the administrative role of AgeOptions by funding source.

**FIGURE 3.** Explanation of AgeOptions’ Administrative Role by Funding Source

Supportive Services ( III-B) Nutrition Services (III-C) Caregiver Services (III-E) Ombudsman (VII) Adult Protective Services (VII)	The Department on Aging provides the allowable administrative allocation so that AgeOptions can perform our statutory duties under the Older Americans Act.
State Title III Match	Designated for administrative functions and represents a statutory responsibility for non-Federal support of AgeOptions. <i>To date, while AgeOptions has delivered the required services under this fund, we have not received reimbursement to date for FY 17.</i>
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 monitoring of potential Community Care Program Vendors under the All Willing and Qualified (AWAQ) procurement, technical assistance on CCP forms and billing rejects, and most importantly, efforts to coordinate CCP with other programs and services in our area. <i>To date, while AgeOptions has delivered the required services under this fund, we have not received reimbursement to date for FY 17 and our “Scenario Two or Three” for FY 18 does not include these funds.</i>
Adult Protective Services	Designated for AgeOptions under a separate contract with the Illinois Department on Aging to perform administrative and coordination functions associated with the Adult Protective Services Program.
Pharmaceutical Assistance (SHAP)	AgeOptions’ portion of Illinois Tobacco Settlement funds received to coordinate an area wide pharmaceutical assistance program.

### Administrative Direct Service Activities

The Older Americans Act restricts Agency administration costs to 10% of the Title III allocation and permits Area Agencies on Aging to provide “administratively related direct services” of Advocacy, Coordination, and Program Development. For FY18, the Illinois Department on Aging caps AgeOptions use of “Administratively related direct services” at \$1,832,846. The AgeOptions allocation for Title III administratively related direct service is \$504,561 and falls below the maximum cap for FY18. This is \$1,328,285 (72%) less than the maximum amount set by the Illinois Department on Aging.

For FY18, AgeOptions is allocating \$504,561 for Title III-B Direct Service, which includes Advocacy \$129,503; Coordination \$96,856; and Program Development \$278,202. In addition, AgeOptions is allocating \$69,520 for Program Development to support the Countywide Caregiver Coordinator function.

## Direct Services

**Information and Assistance:** AgeOptions provides as a direct service Title III-B Information and Assistance responding to the necessity for a central access point to services in suburban Cook County. Title III-E Information and Assistance waiver has been provided since 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 loved one. The direct service funding for Information and Assistance supports staff at AgeOptions 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 a resource inventory. The resource inventory is a computerized database and currently contains information on more than 4,751 individual services offered by 1,685 organizations in suburban Cook County. In total there are over 20,736 service records, including services outside of suburban Cook County, and over 234 (taxonomy—stays the same) different service categories.

AgeOptions is allocating \$117,464 for Title III-B Information and Assistance and \$18,925 for Title III-E Information and Assistance. We project providing 6,625 units of service to 6,253 clients for III-B and III-E Information and Assistance. We are projecting that each call will be more time consuming due to the new level one screenings which will be required as part of the Universal Assessment Tool.

**Health Promotion and Disease Prevention:** AgeOptions is requesting a direct service waiver to provide Title III-D Health Promotion and Disease Prevention services through our Take Charge of Your Health programming. For 11 years, AgeOptions has taken a lead on providing the evidence-based Chronic Disease and Diabetes Self-Management program as well as the Spanish Tomando Control de su Salud throughout suburban Cook County. To date, 4,912 older adults and their families have been reached with the program. The Health Education Program Manager at AgeOptions is a Stanford University certified T-trainer and in this role can continue to expand and develop the program. Our strong partnerships throughout suburban Cook County will allow AgeOptions to target and reach at-risk older adults across the diverse region.

AgeOptions is a leader in the delivery of chronic disease and diabetes self-management programs. For example, AgeOptions was the fourth Area Agency on Aging in the nation to successfully obtain accreditation from the American Association of Diabetes Educators. This accreditation allows us to bill Medicare and other insurance providers for Diabetes Self-Management Education and Medical Nutrition Therapy. This program provides a clinical wraparound of the Stanford Diabetes Self-Management Program (DSMP) with the services of a registered dietitian.

As a result of prior grants and activities, AgeOptions has trained a network of workshop facilitators who implement the Take Charge of Your Health and Take Charge of Your Diabetes programs (CDSMP & DSMP) throughout suburban Cook County. The AgeOptions Health Education Program Manager works with this network of facilitators (comprised of volunteers and professionals) to ensure fidelity is maintained at each workshop. Each facilitator is also provided technical assistance regarding marketing and outreach to maximize recruitment of participants.

The direct service funding for Health Promotion and Disease Prevention supports staff at AgeOptions to coordinate the Take Charge of Your Health/Diabetes programs (including full compliance with Stanford Patient Education Research Center's program guidelines); provide expert training and technical assistance to workshop facilitators; collaborate with local partners; and expand outreach efforts to engage diverse groups of older adults throughout suburban Cook County. AgeOptions will leverage the Title III-D funds in order to provide a larger program with community and voluntary resources.

AgeOptions is requesting a direct service waiver of \$49,997 from Title III-D to support Take Charge of Your Health programs as well as to provide coordination and publicity of all Title III-D activities in suburban Cook County. We project providing 845 units of service to 170 clients for Health Promotion and Disease Prevention.

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# APPENDIX

## Additional AgeOptions Programs

**Benefits Enrollment Center:** The National Council on Aging awarded AgeOptions funding for a project that sustains the Benefit Enrollment Center (BEC). The BEC offers person centered counseling to find, screen and enroll both seniors and persons with disabilities who have limited income and resources into available benefit programs. The primary focus is on the following programs: Medicare Part D Extra Help (or Low Income Subsidy, LIS), Medicare Savings Programs (MSP), Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Low-Income Home Energy Assistance (LIHEAP).

**Senior SNAP Enrollment Initiative:** The National Council on Aging awarded AgeOptions funding through the Walmart Foundation for a project that addresses food insecurity among older adults by providing outreach and enrollment assistance into the Supplemental Nutrition Assistance Program (SNAP). The primary focus is on increasing the number of older adults enrolled in SNAP.

**Caring Together, Living Better (CTLB):** Caring Together, Living Better focuses on the development of partnerships between faith-based and community organizations to build on caregiver support services already provided through the National Family Caregiver Support Program in the Older Americans Act by connecting difficult to reach caregivers to these services through the faith community. With the support of The Harry and Jeanette Weinberg Foundation and the Retirement Research Foundation, there are currently 7 partners serving the west suburban communities of Bellwood, Berwyn, Cicero, Maywood, and Melrose Park. Our partners providing volunteer-based caregiver education and support programs include three churches with large African American congregations, one church with a large Latino congregation, one church with both African-American and Latino congregants and two Latino social service organizations.

Caring Together, Living Better (CTLB) was initially founded in 2009 by AgeOptions with Weinberg Foundation funding in partnership with South Suburban Senior Services of Catholic Charities, Metropolitan Family Services Southwest and CJE SeniorLife. During its first three years, CTLB provided approximately 241 caregivers of older adults with 3,273 units of volunteer-based services including training and support groups, home-delivered meals, transportation and respite care. Most of the south suburban church-based volunteer programs continue to operate although the south suburban grant funding has ended. Due to overwhelming success in supporting local caregivers, these programs have become embedded in their organizations and communities and are supported through individual donations, fundraisers, township contributions and other methods. The west suburban replication of CTLB, started in 2013, served over 250 caregivers between July 2015 and February 2017.

In addition to the volunteer-based services, AgeOptions worked with CJE SeniorLife and the CTLB Leadership Council to create a culturally relevant caregiver education program using the University of Illinois Extension "Caregiving Relationships" curriculum. We adapted this program in spring 2012 to include exercises developed for CTLB by CJE SeniorLife. These exercises help caregivers think about their faith as a resource to help them overcome common caregiving challenges. In FY13 AgeOptions received a grant from the Helen Bader Foundation to partner with the University of

Wisconsin/Wisconsin Alzheimer's Institute to pilot test this adapted curriculum, Paths to Faithful Caregiving, in suburban Cook County as well as in Milwaukee. The feedback from caregivers participating in the pilot was overwhelmingly positive but we did make minor changes to the curriculum modules based on attendees' comments. AgeOptions also worked with Dr. Madelyn Iris (formerly of CJE SeniorLife) to pilot a Jewish specific version of Paths to Faithful Caregiving, called Ha Derekh, and now we are working with the Bader Foundation and Catholic Charities Milwaukee to pilot a Spanish translation of the curriculum.

**Emergency Preparedness:** AgeOptions continues to review and revise our Disaster Operations Plan on a regular basis. AgeOptions and our community agencies we fund will use a Continuity of Operations Plan to be able to serve older adults during an emergency when offices may be closed due to a disaster. AgeOptions continues to coordinate with and participate in disaster planning coordination meetings.

**Health Care Choices Initiative:** In order to diversify our funding and reach new populations with critical healthcare information and assistance, AgeOptions is utilizing our experience and expertise developed through the Make Medicare Work Coalition (MMW) to provide training on Medicare, Medicaid and the Affordable Care Act Marketplace to financial planners, elder law attorneys, healthcare providers, and other for-profit entities on a fee-for-service basis through our Health Care Choices project. AgeOptions also maintains a separate phone number for Health Care Choices clients who need intensive counseling on Medicare or other healthcare issues.

**Illinois Financial Abuse Specialist Team (iFAST):** The Illinois Financial Abuse Specialist Team (iFAST) was first assembled in 2013 as a result of the upward trend in the financial exploitation of older adults. This multi-disciplinary collaboration bridges gaps between social service and community-based organizations, county and state law enforcement agencies, financial institutions, legal services and state agencies. Through the unique professional knowledge of each discipline, iFAST aims to detect, reduce, and respond to incidents of financial exploitation among vulnerable adults using a collaborative effort.

The team addresses financial exploitation through the following:

1. Community education
2. Cross-Discipline Professional Training
3. Case Consultation

Current efforts of iFAST include:

- Building partnerships with financial institutions and other professionals that can share strategic expertise when investigating financial exploitation
- Hosting events for professionals of various disciplines (law enforcement, banking, APS, etc.) to learn from each other and from other experts and identify ways they can better collaborate to address financial exploitation
- Conducting education sessions that train older adults in recognizing and preventing financial exploitation
- Conducting regular case consultation sessions during which financial exploitation cases are presented to the group for expert consultation

**Make Medicare Work (MMW):** AgeOptions leads the Make Medicare Work Coalition (MMW), made up of more than 1,100 members from more than 300 organizations throughout the state of Illinois. The goal of MMW is to help older adults and people with disabilities access and utilize the healthcare and prescription drug benefits they need. The MMW Coalition brings together groups that serve older adults and people with disabilities, advocates, and representatives from local, state and federal government agencies. Coalition members educate and counsel consumers about their options, assist them with enrolling in healthcare benefit programs, including prescription drug plans that work best for them and solving problems that might occur. Together with our MMW leader partners, Progress Center for Independent Living and Health & Disability Advocates, AgeOptions provides ongoing 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 healthcare programs (including Medicare, Medicaid, and the Affordable Care Act Marketplace.)

**Colbert Consent Decree /Money Follows the Person (MFP):** Colbert Consent Decree/Money Follows the Person (MFP) purpose is to engage Medicaid eligible individuals residing in long-term care facilities who are interested and able to transition back to community living. In July 2014, AgeOptions received its first-year grant from the Illinois Department of Aging (IDoA) to expand our ADRC's Money Follow the Person outreach and education efforts as part of the Colbert Consent Decree Implementation Plan.

AgeOptions Transition Engagement Specialists educate nursing home staff, residents and families about MFP and the Colbert Consent Decree and refer interested individuals to the program. As part of this education and outreach, AgeOptions works with a group of Peer Mentors who have successfully transitioned from nursing facilities to community living. Peer Mentors provide personal testimony to current nursing facility residents at AgeOptions presentations. AgeOptions currently has seven Peer Mentors who have completed training and are presenting at nursing home throughout suburban Cook County.

In 2015, AgeOptions developed the Community Reintegration Program, which helps Colbert Class Members prepare for living in the community. Transition Engagement Specialists along with Peer Mentors; facilitate group sessions over the course of 8-10 weeks focusing on: Home & Personal Safety, Money Management, Medication Compliance, Managing Chronic Illnesses, Socializing/Coping with Loneliness, and Accessing Community Resources.

**SMP – Empowering Seniors to Prevent Healthcare Fraud:** The SMP (Senior Medicare Patrol) Program is a national program that empowers Medicare and Medicaid beneficiaries to prevent, detect, and report health care fraud. AgeOptions leads the Illinois SMP Program with funding from the Administration for Community Living. AgeOptions is able to reach all areas of Illinois with the SMP message by partnering with the 13 Illinois Area Agencies on Aging, White Crane Wellness Center, Catholic Charities and the Coalition of Limited English Speaking Elderly.

Trained volunteers and staff give community presentations, staff outreach events, and provide one-on-one counseling to Medicare and Medicaid recipients and caregivers on the SMP Message:

- **Protect—**Protect yourself from Medicare errors, fraud, or abuse by never giving your Medicare number to strangers who call or visit your home.

- Detect—Learn how to detect potential errors, fraud, or abuse by reading your Medicare Summary Notice or explanation of benefits from your insurance company.
- Report—If you suspect that you have been a target of errors, fraud, or abuse, contact AgeOptions at (800)699-9043 and ask for SMP.

**Take Charge of Your Health Programs:** Take Charge of Your Health programs are evidence-based health promotion programs developed by the Patient Education Research Center at Stanford University. Participants attend an introductory session prior to the six-week series of 2 ½ hour workshop sessions. Each workshop series is led by two certified workshop facilitators with a group of ten to twenty participants. Workshop facilitators are often volunteers and have either personal or professional experience with ongoing health conditions. AgeOptions offers four versions of the program at locations throughout suburban Cook County:

- Take Charge of Your Health: Live Well, Be Well: Provides information and self-management skills for older adults with ongoing health conditions and their caregivers.
- Tomando Control de su Salud: A culturally adapted Spanish language version of Take Charge of Your Health for older adults who have a chronic disease and their caregivers.
- Take Charge of Your Diabetes: Provides information and self-management skills specifically for older adults who have diabetes and their caregivers.
  - Take Charge of Your Diabetes- Plus: The same program as above, but with a clinical wrap-around program that includes one-on-one assessments and counseling provided by a registered dietitian. Participants must be diabetic and are required to have a physician referral.
- Tomando Control de su Diabetes: A culturally adapted Spanish language version of Take Charge of Your Diabetes for older adults who have diabetes and their caregivers.

AgeOptions currently provides facilitator training for organizations interested in building internal capacity for the Take Charge of Your Health and Diabetes by certified Master Trainers.

AgeOptions uses the Title III-D direct service funding to leverage additional grants programs.

**Veterans Independence Program (VIP):** AgeOptions partners with Northeastern Illinois Area Agency on Aging, the Illinois Department on Aging and the Veterans Administration to provide consumer directed home and community based services to veterans of any age. Veterans at risk of nursing home placement are assessed and assigned a monthly service budget amount. The veterans are able to hire and supervise personal care attendants and purchase other services and goods that help them to remain in their community. Options Counselors at local aging network provider agencies assist veterans to develop care plans and spending plans that meet their needs, and provide on-going counseling and support. There are currently six clients on VIP in suburban Cook County.

**Volunteerism:** AgeOptions continues to support a welcoming, flexible and creative volunteer program that effectively engages and cultivates the skills of volunteer to enhance aging services in suburban Cook County. AgeOptions uses volunteers for the SMP program, Benefits Enrollment Center, Take Charge of Your Health, fundraising, I-Fast, and AgeOptions Board and Advisory Council. For more information about volunteer opportunities, please call at (708)383-0258, email us at [volunteer@ageoptions.org](mailto:volunteer@ageoptions.org), or go to the AgeOptions website at [http://www.ageoptions.org/volunteer\\_volunteeropportunities.html](http://www.ageoptions.org/volunteer_volunteeropportunities.html).

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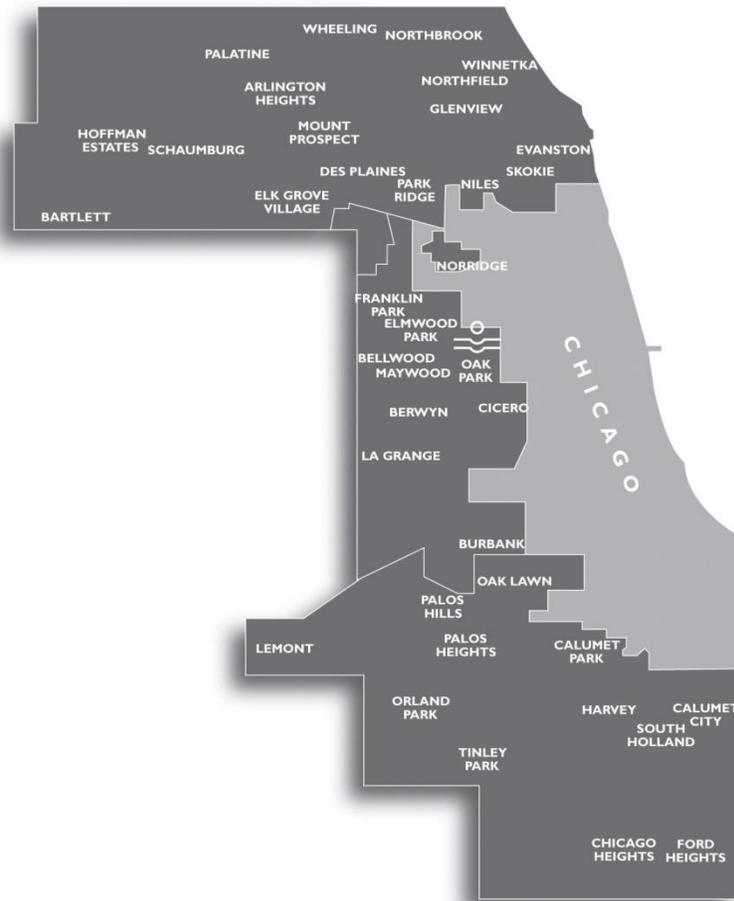
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# AgeOptions Service Area



## Townships Served by AgeOptions

North Region	West Region	South Region
Barrington	Berwyn	Bloom
Elk Grove	Cicero	Bremen
Evanston	Leyden	Calumet
Hanover	Lyons	Lemont
Maine	Norwood Park	Orland
New Trier	Oak Park	Palos
Niles	Proviso	Rich
Northfield	River Forest	Stickney
Palatine	Riverside	Thornton
Schaumburg		Worth
Wheeling		

**For Information and Assistance  
Contact the Agency in Your Area**

North Suburbs	West Suburbs	South Suburbs
<b>Barrington, Hanover, and Wheeling Townships</b> Catholic Charities – Northwest (847)253-5500	<b>Berwyn, Cicero, and Proviso Township</b> <i>(except Brookfield and LaGrange Park)</i> Solutions for Care (708)447-2448	<b>Bloom, Bremen, Calumet, Rich and Thornton Townships</b> South Suburban Senior Services of Catholic Charities (708)596-2222
<b>Elk Grove and Schaumburg Townships</b> Kenneth Young Center (847)524-8800	<b>Lyons, Riverside, and Norwood Park Townships, Brookfield and LaGrange Park</b> Aging Care Connections (708)354-1323	<b>Lemont, Orland, Palos and Worth Townships</b> PLOWS Council on Aging (708)361-0219
<b>Evanston and Niles Townships</b> North Shore Senior Center (Niles Office) (847)864-3721	<b>Oak Park and River Forest Townships</b> Oak Park Township Senior Services (708)383-8060	<b>Stickney Township</b> Stickney Township Office on Aging (708)636-8850
<b>Maine, New Trier, and Northfield Townships</b> North Shore Senior Center (Northfield Office) (847)784-6000	<b>Leyden Township</b> Leyden Family Services Senior Citizens Program (847)451-0330	<b>City of Chicago</b> Chicago Department of Family and Support Services, Division of Senior Services (312)744-4016
<b>Palatine Township</b> Palatine Township Senior Citizens Council (847)991-1112	<b>Suburban Cook County</b> AgeOptions (708)383-0258	<b>Collar Counties Outside Cook County</b> Northeastern Illinois Area Agency on Aging (800)528-2000

*\* Services and program options are available to adults age 60 and older;*

*Adult Protective Services – people with disabilities 18 and older and people 60 and older*

**STATEMENT OF NON-DISCRIMINATION**

AgeOptions does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call AgeOptions at (800)699-9043 or (708)383-0258 (Voice).

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**For more information, please contact:**

1048 Lake Street, Suite 300  
Oak Park, IL 60301-1102

[www.ageoptions.org](http://www.ageoptions.org)

(708)383-0258  
(800)699-9043

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<sup>i 2</sup>National Alliance on Caregiving and AARP (2015). *Caregiving in the U.S.* Retrieved from: <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>. This report estimates that 14.3% of the adult population aged 18 and older serves as an unpaid caregiver to someone over the age of 50. According to the 2011-2015 American Community Survey (Table: DP05), there are 1,924,231 adults in suburban Cook County, if 14.3% are a caregiver then approximately 275,165 caregivers in suburban Cook County.