



Connecting Older Adults with Community-based Resources and Options

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

Fiscal Years 2012-2014 Area Plan on Aging

Fiscal Year 2012 Public Information Document

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

Quality of life is essential to everyone

Communities that care make a difference

Knowledge is powerful

Good choices depend on **reliable resources**

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

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Fiscal Years 2012-2014 Area Plan on Aging

Fiscal Year 2012 Public Information Document

This Public Information Document is a summary of AgeOptions Fiscal Year 2012-14 Area Plan on Aging.

AgeOptions is conducting three Community Forums to receive the comments and the suggestions of older persons, their representatives and the public on this plan. All older persons and community representatives are encouraged to attend and participate. If you need special assistance, a translator, sign language, or other accommodations, please call Katy Murphy at (708) 383-0258 prior to the hearing. If you are unable to attend a Public Hearing or have comments you want to share after a hearing, please submit your comments to Kim.Blechsmidt@AgeOptions.org by May 25, 2011. Below are the dates and locations of the hearings.

Tuesday, May 10, 2011 2:00 –1:30 p.m.

Village of Phoenix Hall, Council Room
633 East 151st Street, Phoenix, IL 60426
708-331-1455

Thursday, May 12, 2011 9:00 – 12:30 p.m.

Salerno's Restaurant (West Suburban Nutrition Site)
9301 W. 63rd Street, Hodgkins, IL 60525
708-354-0099 or 708-547-5600

Monday, May 16, 2011 2:30 – 1:30 p.m.

The Barn (Schaumburg Senior Dining Program)
231 S. Civic Drive, Schaumburg, IL 60193
847-524-7496

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Connecting Older Adults with Community-based Resources and Options

Purpose of the Area Plan on Aging and this Public Information Document

AgeOptions Area Plan on Aging is a planning, management and grant award document. It encompasses service delivery plans and priority issues over a three year period from October 1, 2011 through September 30, 2014.¹

This Public Information Document summarizes the Area Plan on Aging for Fiscal Years 2012-2014 outlining our use of federal and state funds to provide services to older adults and their caregivers in suburban Cook County. We reissue the Public Information Document in the spring of each year to provide detailed information for the upcoming year.

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

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

AgeOptions – The Area Agency on Aging of Suburban Cook County

Who We Are

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

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

AgeOptions, a not-for-profit organization, has served older adults and their families throughout suburban Cook County since 1974. As part of a nationwide service network,

¹ Fiscal Year 2012 (October 1, 2011 – September 30, 2012), FY 2013 (October 1, 2012 – September 30, 2013), and FY 2014 (October 1, 2013 – September 30, 2014)

AgeOptions is authorized by the federal Older Americans Act and designated by the Illinois Department on Aging to plan, coordinate, develop and support services in the Planning and Service Area for 30 townships surrounding the city of Chicago.

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

Who We Serve

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

Together with our service partners, we reached 198,616 people in FY 2010. We are still reviewing the 2005-2009 American Community Survey data and waiting on 2010 Census data. We will provide additional demographic detail at the Public Hearings.

What We Do

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

Supportive Services (Title III-B of the Older Americans Act and State of Illinois General Revenue Funds)

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

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

Caregiver Support Services / Grandparents Raising Grandchildren (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 Alzheimer's victims, at any age. The program also provides supports to grandparents and other non-parent relatives over the age of 55 who are caring for children with a disability or children who are under the age of 18.

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

Nutrition Services (*Title III-C of the Older Americans Act, Nutrition Services Incentive Program and State General Revenue Funds for Home Delivered Meals*)

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

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

Health Promotion and Disease Prevention (*Title III-D of the Older Americans Act*)

Our Health Promotion programs include:

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

AgeOptions funds an area-wide coordinating agency to provide health promotion and disease prevention services. Local host site agencies are also funded many of which target limited English speaking older adults.

Employment (*Title V of the Older Americans Act*)

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

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

Legal Assistance and Long Term Care Ombudsman Program (*Title III-B and Title VII of the Older Americans Act*)

To protect the rights of older adults:

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

Elder Abuse and Neglect Program (*State of Illinois General Revenue Funds*)

Specially trained case managers at 10 local Elder Abuse Intervention Agencies:

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

In 2006, legislation was enacted amending the Elder Abuse and Neglect Act to include cases of self-neglect. In addition, legislation now mandates Elder Abuse Provider Agencies to respond to the most severe cases of elder abuse (Priority One) 24-hours per day, 7 days a week. The proposed FY 2012 budget for Elder Abuse and Neglect does not include any additional funding for self neglect. Pending legislative action on proposed rules, Elder Abuse Provider Agencies will be responsible for implementation of self-neglect and 24/7 response per IDOA standards. Until funding for Self Neglect becomes available, elder abuse provider agencies shall accept reports of self-neglect and refer them to the designated Care Coordination Unit or a local case management organization (e.g. police social workers).

24/7 - The Illinois Department on Aging is implementing “after hours emergency response” during the fourth quarter of FY11. “After hours emergency response” means the response required by Section 3 of the Elder Abuse and Neglect act (320 ILCS 20/3), as amended by Public Act 95-0076. Pursuant to this Act, each designated elder abuse provider agency created a plan to receive and respond to reports of alleged or suspected abuse or neglect in which an eligible adult is placed at risk for injury or death, at any time such a report is received, including after normal business hours and on weekends and holidays.

Elder Justice - AgeOptions facilitates the Suburban Elder Justice Coalition, designed to increase collaboration and communications among Elder Abuse Provider Agencies, the Long Term Care Ombudsman Program, the State Attorney’s Office, Cook County family violence agencies and local law enforcement. As part of the Coalition, AgeOptions distributes a quarterly newsletter to Coalition members to inform them of important issues and to share best practices.

Recent Coalition activities involve advocacy for the passage of State Legislation that mandates training of front line staff at financial institutions on the signs and symptoms of elder abuse, support for the implementation of state-wide law enforcement protocols for responding to possible situations of elder abuse, and coordination with the Sheriff’s Department to train all Sheriff’s Police on the Elder Abuse Program, and make Sheriff Police available to escort elder abuse case workers when local law enforcement is unavailable or unable to respond. In FY 2011 through FY2012, the Coalition will focus on training Sheriff’s Police on the Long Term Care Ombudsman program.

SMP – Empowering Seniors to Prevent Healthcare Fraud

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

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

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

Central Point of Entry Designation/Information and Assistance

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

Elder Services Program Web (ESPweb – formerly referred to as ARC/Aging Resource Center)

AgeOptions maintains the Aging Resource ESPweb, to provide older persons and their caregivers with the most up-to-date and accurate information and assistance. ESPweb is a database containing information on over 40 different service categories including:

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

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

Oro Latino

Oro Latino is a group of professionals committed to providing services to Latino older adults and their caregivers in suburban Cook County. The group is a diverse collaboration of members from senior centers, community and social service agencies, hospitals, churches, and state agencies; it also includes community volunteers. Oro Latino has been educating and informing professionals, as well as seniors and their caregivers, about programs, services and benefits.

Oro Latino hosts Open Forum Breakfasts for Professionals to discuss specific topics of interest to those working with Latino older adults. Oro Latino will host its 2nd Annual Senior Fiesta on Saturday, September 24th, 2011.

Unity Grant

The Chicago Community Trust awarded \$100,000 to AgeOptions through its Unity Challenge Grant Program (for services November, 2010 through September, 2011) to continue the Red Tape Cutters program. At this point, there are no funds identified to continue the program into FY 2012.

This program assists seniors throughout suburban Cook County to receive essential benefits and services. In FY 2010, 100 trained volunteers at 10 community agencies helped 6,861 people overcome barriers to participation in more than 30 benefits programs. Red Tape Cutters leveraged \$ 19,560,790 in federal and state benefits for older adults in suburban Cook County. These programs include property tax savings programs, Circuit Breaker, rent subsidies, energy assistance, food stamps, transportation and Supplemental Security Income, to name a few.

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

AgeOptions coordinates an area-wide campaign to reach older adults with information about the Illinois Cares Rx Program, I-Save Rx, Illinois Buyers Club, Medicare Part D, Low Income Subsidy and Medicare Savings Plans. Staff at AgeOptions and local community partner agencies conduct outreach, community education and provide one-on-one assistance to older adults applying for the pharmaceutical programs or Medicare Savings Programs. SHAP is supported with Tobacco Settlement funds, General Revenue Funds, and Medicare Improvement for Patients and Providers (MIPPA) funds. In FY 2011, we received additional funding to expand outreach and educate consumers about the Medicare Part B Preventive Benefits. We anticipate these funds to continue in FY 2012.

Make Medicare Work (MMW)

AgeOptions is one of three lead partners in the Make Medicare Work Coalition (MMW), made up of more than 250 organizations that help people with Medicare get the healthcare and prescription drugs they need. The MMW brings together groups that serve older adults and people with disabilities, advocates, and representatives from local, state and federal government agencies. Coalition members educate and counsel Medicare consumers and their families about their options, assist them to enroll in benefit programs and prescription drug plans that work best for them, and solve problems that might occur. Together with our partners, Progress Center for Independent Living and Health & Disability Advocates, AgeOptions provides on-going training and technical support to professionals and volunteers, works with the media to keep the public informed about important issues, and advocates at the state and national level for changes to improve the programs (including Illinois Cares Rx, Medicare Part D, Extra Help and Medicare Savings Programs.)

In this seventh year of the program, the MMW continues to reach out to groups that have been under-served, including those living in lower income neighborhoods and people who are Deaf or hard-of-hearing. This year, to increase access to accurate information in formats that people can understand and use, the MMW is working with the Centers for Medicare and Medicaid Services

(CMS) to post videos on their website to provide information about Medicare in American Sign Language

In conversation with current funders and coalition members, the MMW leadership team is exploring the future scope and focus of the MMW and possible funding opportunities. The MMW's current funding from the Michael Reese Health Trust and The Retirement Research Foundation ends December 31, 2011.

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. The programs consist of 2 ½ hour workshops offered for six consecutive weeks. Each workshop series is lead by two certified class leaders and has between ten and twenty participants. Class leaders 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.
- **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. (Available Fall 2011)

Funding for this program is provided through a grant from the Illinois Department of Public Health through the Administration on Aging.

Community Care Program / Comprehensive Care Coordination

AgeOptions is a contracted Systems Development partner with the Illinois Department on Aging Community Care Program (CCP) that supports older adults with physical, emotional and other care needs to remain in their own homes. With the implementation of statewide Comprehensive Care Coordination by the Illinois Department on Aging, AgeOptions role in the designation of Care Coordination Units will be changed. As part of the Systems Development grant, AgeOptions provides on-site certification of agencies applying to be CCP vendors for homemaker and Adult Day Care on behalf of IDOA under the All Willing and Qualified procurement provisions.

Money Follows the Person

The Illinois Department on Aging works with specially trained Transition Coordinators at 8 local Care Coordination Units (CCU) to achieve these program goals.

- Assist Medicaid eligible older adults who have been in a long term care facility for 6 months or more and are interested and able to move back to a community living setting.
- Help the client locate housing, set up housekeeping with some one-time funding and assistive technology/home modifications when needed.

- Work with the client for one year after transition into the community and then the client will receive ongoing support from the Comprehensive Care Coordination program.

The Long Term Care Ombudsman Program (LTCOP) was granted funds to assist with outreach and public education related to MFP for the period March 1, 2010 through June 30, 2011. AgeOptions will continue to advocate for continued funding of the Long Term Care Ombudsman Program funding under Money Follows the Person. Two Regional Ombudsman Programs in suburban Cook County currently participate in MFP. As part of the LTCOP role in MFP, AgeOptions will monitor the regional programs to ensure proper documentation and fiscal responsibility. AgeOptions will also assist with providing community outreach and public education regarding MFP throughout suburban Cook County. If funds are increased or decreased, AgeOptions will base allocations on the most recent Illinois Department of Public Health Long Term Care Facilities list. Funds will be distributed based half on the share of the number of beds and half on the number of long term care facilities.

Flexible Senior Services

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

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

Aging and Disability Resource Center (ADRC)

AgeOptions received funding from the Illinois Department on Aging through an Administration on Aging grant to support Aging and Disability Resource Center (ADRC) activities. ADRC's provide access to services and information to older adults, caregivers and people with disabilities. The Suburban ADRC is a collaboration between AgeOptions and Progress Center for Independent Living, the organization that provides services to people with disabilities throughout the suburban Cook County area. Through ADRC funding, the suburban ADRC will develop and implement two specific projects:

- The ADRC Care Transitions project focuses on implementing the evidence-based "Bridge" program to improve the transition from hospital to home for older adults and people with disabilities who are discharged from a participating hospital. The Bridge program provides trained social work staff to follow up with discharged patients to ensure that they understand and comply with their discharge plan and have the appropriate in home supports to prevent hospital readmission. The project is a collaboration between AgeOptions, Aging Care Connections, Solutions for Care, Rush Older Adult Programs, Progress Center for Independent Living, Health and Medicine Policy Research Group, Shawnee Alliance for Seniors, the University of Illinois at Chicago and the Illinois Department on Aging. In 2012 the ADRC will also provide technical assistance to hospitals that are not currently involved in the Bridge project but are interested in implementing care transition programs.

- Through the ADRC Options Counseling project, AgeOptions will work with a leadership group composed of AgeOptions, Progress Center for Independent Living, PLOWS Council on Aging, North Shore Senior Center, Northwestern Illinois Area Agency on Aging and representatives from the Illinois Department on Aging to develop Options Counseling standards and protocols for Illinois; Options Counseling provides person-centered support to individuals to assist them in making informed long term support choices. AgeOptions will also work with the Administration on Aging and the other 20 funded states to use develop national standards for Options Counseling.

In addition to the projects listed above, AgeOptions will coordinate and enhance ADRC activities by developing formal ADRC agreements with partners, creating a local ADRC advisory council and sharing best practices that can be utilized statewide.

Economic Security Initiative

The Economic Security Initiative (ESI) provides personalized counseling to adults between 55 and 75 years of age to help them achieve economic security. Suburban Cook County residents who have incomes under 250% of the Federal Poverty level (a monthly income below \$2,256 for one person and \$3,035 for couples) may be eligible. Older adults who are not economically secure may be unable to pay daily expenses, fall behind in their utility or medical bills, have impending home foreclosure, or have difficulty reentering the job market due to the economic downturn. AgeOptions staff work by phone with clients to assess their needs and address issues such as foreclosure, home repairs, job placement, health insurance, debt management, local, state and federal benefit programs and legal assistance. AgeOptions connects clients with partner organizations that provide specialized services. Partners include Legal Assistance Foundation of Metropolitan Chicago, GreenPath, CEDA, Citizens Utility Board, local Department of Human Services offices, local Care Coordination Units and Health and Medicine Policy Research Group.

Clients also receive personal assistance and follow up to ensure they are enrolled in appropriate services and programs. AgeOptions receives funding for this project from the National Council on Aging, with support from the Harry and Jeanette Weinberg Foundation, and The Retirement Research Foundation.

Targeting to Culturally and Linguistically Isolated Older Adults (TCLIP)

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

Caring Together, Living Better

“Caring Together, Living Better” is a partnership based program funded by a three year, \$515,357 grant to AgeOptions from the Harry and Jeanette Weinberg Foundation. In

collaboration with AgeOptions, the program will be guided by a Leadership Council of south suburban residents, community members and leaders including South Suburban Senior Services of Catholic Charities, Metropolitan Family Services Southwest and CJE Senior Life. The program involves south suburban churches and organizations in the development of programs and services for family members and friends responsible for the care of older adults.

This year, AgeOptions secured an additional grant, Legacy Corps, to support the activities of Caring Together, Living Better. Legacy Corps is a volunteer respite program funded by the Corporation for National and Community Service and administered by the University of Maryland. AgeOptions received a grant from the University of Maryland in 2010 to host 12 Legacy Corps volunteers (most over the age of 55) as a component of our Caring Together, Living Better south suburban caregiver support program. The Legacy Corps members begin their term of service on April 1, 2011 and will provide 450 hours of in-home respite over the course of one year.

Veterans Independence Project (VIP)

AgeOptions partners with Northeast Illinois Area Agency on Aging, the Chicago Department of Family and Support Services, the Illinois Department on Aging and the Veterans Administration to provide consumer directed home and community based services to veterans of any age. Veterans who are determined to be at risk of nursing home placement by the Veterans Administration Medical Center staff are assessed and assigned a monthly service budget amount. 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.

Communities Putting Prevention to Work

Communities Putting Prevention to Work is an initiative funded nationally by the Center for Disease Control (CDC) to implement evidence- and practice-based approaches in policy, systems, and environmental change.

As part of this initiative, AgeOptions has been awarded a grant from CCDPH to implement the Take Charge of Your Health: Live Well, Be Well evidence-based self-management education programs in the community. AgeOptions will be working directly with the following groups to use the Take Charge of Your Health Programs to combat chronic disease: Council of Islamic Organizations of Greater Chicago, Fourth Episcopal District AME Church, Crossroads Coalition, Asian Health Coalition, Chicago Hispanic Health Coalition, Community High School District 218 and Faith in Place

Area Plan Development and Initiatives Addressed in the Plan

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

- Reviewing AgeOptions Information and Assistance reports; and service data (NAPIS), wait lists, and Significant Development and Unmet Needs reports from our funded agencies. Reviewing and analyzing Illinois Department on Aging Community Care Program service reports by each township and sub area in our region and the impact of the state’s expanded Comprehensive Care Coordination program on the services we currently provide Analyzing U.S. Census Bureau data and other relevant statistical information on age, race, ethnicity, population density, language, income, housing and other factors.
- Reviewing a variety of studies and reports on the needs of older adults, caregivers and grandparents raising grandchildren, and the preparedness of communities for an aging population
- Seeking feedback on the needs of our service population and our programming through our:
 - AgeOptions Board of Directors, Board Committees, and Advisory Council
 - Funded Agency Meetings and Discussions
 - Planning meetings with metropolitan organizations
 - Individual meetings with the Targeted Outreach and other funded agencies
 - Caregiver Program Advisory Committee meetings
 - Caregiver Specialist meetings
 - Advocacy Task Force meetings
 - Red Tape Cutter meetings
 - Title V Senior Employment meetings
 - Make Medicare Work Coalition meetings
 - Quarterly Elder Abuse Supervisor meetings
 - Legislative Breakfasts briefing local, state and federal legislators on priority issues
 - Regional Public Forums
 - Regional planning meetings with service providers, local government, older adults and community leaders
 - SMP partner meetings
 - AgeOptions staff meetings
 - Older Adult Advisory Committee deliberations
- Conducting Focus Groups of older adults, caregivers, grandparents raising grandchildren and key informants to learn about needs for services, gaps and suggestions for improvement. In FY 2012, AgeOptions Advisory Council and staff conducted 15 “Appreciative Inquiry” groups throughout suburban Cook County.

What did we learn?

Summary of Findings of AgeOptions FY 2012 Needs Assessment –AgeOptions will use our findings to set funding priorities and refine standards for upcoming Request for Proposals, develop training or resources for the network, develop advocacy strategies, increase collaboration and coordination, and develop special initiatives to address the following trends:

1. The economy has impacted older adults and caregivers. This is seen in unemployment, foreclosures, economic insecurity of older adults and people on fixed incomes having problems “making ends meet”.
2. We serve a diverse population and “one size” does not always fit all.
3. Lack of understanding of programs and benefits
4. Lack or Decreases in Public Benefits and Resources
5. Increased need for mental health services.
6. Increased need for Affordable Housing.

7. Need for expanded use of Technology
8. Need for increased volunteer opportunities

State Initiative for FY2012-2014

The Illinois Department on Aging requires all Area Agencies on Aging in Illinois to address the following statewide issue in their Area Plans for Fiscal Years 2012 through FY2014:

“Aging Disability Resource Center (ADRC)

Enhance Illinois’ existing aging and disability access network through improved collaboration and by adoption of the Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center standards.”

The statewide objectives which AgeOptions will work towards in FY 2012 - 14:

1. Assess the AgeOptions ADRC accomplishments.
2. Assess what still needs to be accomplished to develop an ADRC system in the PSA.
3. Assess the strengths and weaknesses of the current access system.
4. Assess the capacity of Central Points of Entry (CPOE) and Senior Health Assistance Program (SHAP) sites to become entry points or fully functional ADRCs.
5. Determine what the roles and responsibilities of CPOE providers will be in the ADRC service system.
6. Determine how AgeOptions will enhance the access service.
7. Establish a local Advisory Council made up of Care Coordination Centers, CPOE providers, Centers for Independent Living, local Department of Human Services offices and consumers, etc.
8. Enhance information sharing and cross-training with disability partners.
9. Develop Memorandums of Understanding with all partners.
10. Develop and enhance relationships with “critical pathway” health care providers.
11. Update and maintain the Enhanced Service Program resource data base.
12. Continue to participate in statewide meetings with the Illinois Department on Aging and other statewide partners on developing a statewide ADRC service system.
13. Implement Options Counseling as a service component in the PSA based on state standards
14. Enhance or modify CPoE standards in the PSA for all access providers.
15. Develop and implement a work plan to have a fully functional ADRC system in the PSA by October 1, 2014.

AgeOptions Strategy for Addressing the Statewide ADRC/CPoE Initiative in FY2012-2014:

Progress to Date:

1. In FY2010 AgeOptions incorporated the Coordinated Point of Entry Standards into the Information and Assistance Standards.
2. In FY 2010, AgeOptions designated a Coordinated Point of Entry (CPOE) in each Township of suburban cook County for FY 2010 – FY 2012. The following is a list of the Coordinated Points of Entry Serving Suburban Cook County Illinois
 - a. South Suburban Senior Services of Catholic Charities – 708.596.2222 for Bremen, Thornton, Calumet, Bloom and Rich Townships

- b. PLOWS Council on Aging – 708.361.0219 Palos, Lemont, Orland and Worth Townships
 - c. Stickney Township Office on Aging 708.708.636.8850 Stickney Township
 - d. Solutions for Care 708.447.2448 Berwyn, Cicero, Leyden, North Proviso Townships
 - e. Aging Care Connections 708.354.1323 Lyons Riverside, South Proviso Townships
 - f. Oak Park Township Senior Services 708.383.8060 Oak Park and River Forest Townships
 - g. West Suburban Senior Services 708.547.5600 Norwood Park township
 - h. North Shore Senior Center 847.784.6000 Northfield, New Trier and Maine Townships
 - i. Evanston and Skokie Valley North Shore Senior Center 847.864.3721 Evanston and Niles Townships
 - j. North Shore Senior Center 847.784.6000 Northfield, New Trier and Maine Townships
 - k. Catholic Charities Northwest 708.253.5500 Wheeling, Barrington, and Hanover Townships
 - l. Palatine Township -847.991.1112 Palatine Township
 - m. Kenneth Young Center 708.524.8800 Elk Grove and Schaumburg Townships
3. Since FY 07, AgeOptions has collaborated with the Progress Center for Independent Living to implement the Aging and Disability Resource Center for suburban Cook county. AgeOptions will build upon this experience.

What is an Aging and Disability Resource Center?

ADRCs serve as a highly visible and trusted place to go or call for unbiased information and assistance regarding public benefit programs, community-based services and long term support services for seniors, caregivers, and individuals with disabilities regardless of income source. ADRCs are information and access service systems that involved networks of state and community organizations that work together in a coordinated manner to provide consumers with points of entry to public benefit programs, community-based services and long term support services.

Defining Characteristics of ADRCs:

- Seamless access system from the consumer’s perspective
- High level of visibility and trust
- Proactive intervention with long term care pathways
- Options counseling
- Integration of aging and disability service systems
- Formal partnerships across aging, disability, and Medicaid services
- Clients of all income levels served
- Quality improvement
- Collaboration with other state agencies and providers serving the disability population is key

- “No wrong door” – in order to minimize confusion, ADRCs will work closely with Centers for Independent Living (CILs) for cross referrals to ensure the client is best served with minimal confusion.
- ADRCs may be more a process for coordination and collaboration than a physical structure

ADRC Service System Mission

1. Serves as central source of reliable and objective information about and assistance in accessing a broad array of public and private resource for older people and adults with disabilities.
2. Provides personalized assistance and in-depth conversations to help people identify their issues and need, understand the various options available, and make informed, cost-effective decisions regarding long-term care.
3. Serves as an access point for publicly funded public benefit program, community based services and long-term services and supports.
4. Works with a variety of client populations, including: older adults, people with disabilities, and caregivers.
5. Works with people of all income levels, including those who can pay privately for services as well as people eligible for publicly funded services.

Short-Term Goals

1. Collaborate with local stakeholders to improve coordination of the access and long-term support system so it becomes more “seamless” to users and increases access for at-risk populations.
2. Assist with streamlining local processes for eligibility to public benefits, including long-term care programs.
3. Build on the existing web-based Elderly Services Program (ESP) Internet-based, community-based, and long-term support information system.
4. Increase the availability of information and options counseling for private-pay individuals to help them learn about low-cost options and programs to prevent or delay spend-down to the Medicaid eligibility level.
5. Develop and implement an outreach/marketing plan to educate the community and identified target populations about the ADRC program and long-term services and supports.
6. Convene broad representative stakeholders (including providers, consumers, caregivers, etc.) to serve as a local Advisory Groups in meeting the ADRC goals.
7. Develop and implement a common intake form.
8. Develop and implement statewide pre-service and in-service training modules, including webinars.

Long-Term Goal: Host a management information system (data collection, recording, and reporting system) that supports the ADRC program functions – tracking callers, clients, referrals, follow-up, and screening/assessment information.

Local Initiatives

Volunteering – To promote the development of welcoming, flexible and creative volunteer programs to engage Baby Boomers and older adults who will bring their skills and interests to help integrate, guide, and enhance services in suburban Cook County.

To address this initiative, AgeOptions will build from our accomplishments and lessons learned through our successful volunteer programs such as Red Tape Cutter, Senior Medicare Patrol and our Advisory Council models as well as our Volunteer Recognition activities. We will investigate and implement a number of methods to expand to additional volunteer initiatives, including but are not limited to:

1. To research best practices in developing a successful Civic Engagement program. Gather ideas and develop a mission, vision and case statement for the Volunteer Initiative.
2. To create a Task Force to develop an overall volunteer strategy. Evaluate resources needed to “manage” this strategy such as human and financial, timing, integration with other current efforts as well research the motivation for current volunteers to serve.
3. To explore potential partners with which to collaborate with the Volunteer Initiative.
4. To develop categories of volunteers (Board members, Advisory Council, Committee members, project volunteers, others, etc . This includes establishing Volunteer priorities and getting “buy in”
5. To develop job descriptions/program design and policies and procedures for Volunteers.
6. To develop training mechanisms – both face to face and possibly computer based.
7. To design and implement flexible Volunteer Recruitment including Screening, Interviewing and Placement.
8. To provide Orientation and Training
9. To develop a management system for volunteers
10. To develop a retention and recognition system to support Volunteers.
11. Measure Volunteer Program impact and effectiveness
12. Develop a sustainability plan for the Volunteer Initiative.

AgeOptions Funding of Services

How We Receive and Allocate Funds

AgeOptions receives allocations of both state and federal funding from the Illinois Department on Aging (IDOA). The funding levels outlined in this document are based on IDOA estimates of the appropriation levels for the federal and state governments for FY 2012 at the time of this writing.

Funds for programs under Titles III-B Social Services, III-C1 Congregate Meals, III-C2 Home Delivered Meals, III-E Caregiver, and Illinois General Revenue Funding for community-based services and home delivered meals are allocated to the Area Agencies on Aging by the Illinois Department on Aging using a weighted, population-based formula. The current Illinois Funding Formula was fully implemented in FY 1995. The Department reviews the formula every four years in consultation with Area Agencies on Aging. Based on its review in November 2007, the

Department on Aging will not be proposing any changes to the current formula and submitted the current formula to the Administration on Aging in August 2008.

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

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

The Illinois Department on Aging has concluded that funding allocations should be based on data that is the most statistically valid. The Department sought special guidance from the Administration on Aging on the issue of what data sources are appropriate for updating decennial Census data and when to implement updates. The Department is using the 2008 Census updates for the FY 2012 planning allocations to the thirteen Area Agencies on Aging. Suburban Cook County's share of the funding from IDOA will be 17.22%

Other funding factors are considered for the following programs:

- Ombudsman Program (number of licensed long term care beds and facilities)
- Title III-D Health Promotion (poverty and underserved healthcare recipients)
- Title VII Elder Abuse (number of assigned Multi-Disciplinary Teams)
- Community-Based Services General Revenue Fund (fixed and weighted allocations)
- Senior Health Assistance Program (base plus Medicare recipients)
- Nutrition Services Incentive Program (meals served in FY 2010)
- Civil Monetary Penalty (CMP) funds (number of licensed long term beds and facilities)
- Special or one-time only funds (such as the Illinois General Revenue Funds for gap-filling services for grandparents of any age)

Area Plan on Aging 2012-2014

AgeOptions Planning Issues and Budget Assumptions for FY2012

Planning Factors/Environment:

State of Illinois Cash Flow

AgeOptions receives both federal and state funding for Social Services (Title III-B), Home Delivered Meals (Title III-C2) and Nursing Home Ombudsman. Illinois State General Revenue funds make up 31% of AgeOptions network funding for Social Services (III-B), 49% of funding for Home Delivered Meals (III-C2), 19% of funding for Nursing Home Ombudsman, and 100% of Elder Abuse Prevention.

It appears that dollars will be 90 to 365 days behind for the rest of State FY 2011 and into FY 2012.

Uncertainty of State of Illinois Funding for FY 2012

On February 16, 2011, Governor Pat Quinn presented his FY 2012 budget. It projected 20% cuts to State General Revenue Funding for Community Based Services and 11% for Home Delivered Meals. In addition, he proposed eliminating the Circuit Breaker and Illinois Cares Rx Program for FY 2012. It is uncertain if the final appropriation will be at this level and the status of the Circuit Breaker and Illinois Cares Rx Program.

State of Illinois Community Care Program (CCP)

The Governor proposed restricting the Community Care Program eligibility to clients who are eligible for Medicaid services (43% of the current CCP clients). Clients currently enrolled in the Community Care Program eligibility would be “Grandfathered” so they may continue services. The Community Care Program is administered through the Department on Aging (not AgeOptions) but is an important service to many suburban Cook County older adults who rely on the homemaker or adult day services in order to remain safely in their own homes.

The proposed budget for CCP was increased from \$516,841,100 to \$710,440,900.

Proposed Changes to the Illinois Circuit Breaker and Illinois Cares Rx Program

The Illinois Department on Aging's Circuit Breaker program provides grants to older adults and persons with disabilities to help them reduce the financial impact of taxes and the Illinois Cares Rx Program provides coverage of prescription medications.

The Governor proposed eliminating the Circuit Breaker and Illinois Cares Rx Programs for FY 2012.

Economy

The recession continues to affect older people and the aging network in suburban Cook County. Older adults have experienced a loss of investment savings for retirement without time to replenish all of their depleted resources. Older workers seeking employment are faced with longer job searches or are unable to find jobs. Older adults who had been financially secure are now requesting assistance to meet daily expenses. Older adults on fixed incomes are having a difficult time making ends meet with increases in food, energy, gas, taxes and medical costs but no increase in Social Security. Many older adults were assisted by their children and due to the economic crisis, are no longer able to provide any financial support to help seniors meet their financial obligations. There are increases in foreclosures and more older adults forced to refinance their homes.

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

- Increased numbers of calls from older adults with more complex needs,
- Decreased contributions towards the cost of services from recipients of service, and reduced local cash from businesses, foundations, philanthropies, township and municipal funding as well as reduced returns on savings and investments,

- Fewer local service options as other many service agencies and municipal budgets have reduced or eliminated human service programs
- Increased number of client foreclosures or non payment of taxes or utilities.

Statewide Comprehensive Care Coordination

In April 2007 the Illinois Department on Aging (IDOA) initiated the Comprehensive Care Coordination (CCC) Program. This state funded program uses a comprehensive assessment instrument and serves all older adults in need regardless of their assets. IDOA directly funds Care Coordination Units to provide Comprehensive Care Coordination. Since FY 2007, the revenue generated from the CCC program continues to grow. In FY 2007, suburban Cook county Care Coordination Units received \$2,052,486 of revenue. This amount increased to \$4,670,813 in FY 2008 and to \$6,618,679 for FY 2009. For FY 2010, the amount slightly decreased to \$5,987,928.63.

National Health Reform Law – What it means for older Americans and their families

On March 23, 2010, Congress passed and the President signed the Affordable Care Act into law. The law is expected to reduce the federal deficit by \$143 billion over a decade, according to the Congressional Budget Office. The health insurance overhaul package is the most far-reaching health legislation since the creation of the Medicare and Medicaid programs. The provisions of the law are phased in over the next decade and beyond; some were effective immediately and others began January 2011. Based on federal guidelines and regulations, many of the decisions about implementing the law are the responsibility of the individual states, such as the design and development of healthcare Exchanges (the marketplace for individuals and small businesses to purchase insurance.) By 2014, if all provisions are implemented, health reform should extend insurance coverage to 32 million additional Americans. Some of the components of the law that especially affect older adults include the following.

- Elimination of the coverage gap or “donut hole” in prescription drug coverage by phasing it out by 2020. Discounts for brand name and generic drugs in the donut hole begin in 2011.
- Provides for more rigorous efforts to control Medicare fraud, waste and abuse.
- No cuts to basic Medicare benefits. In fact, health reform should make Medicare more affordable by eliminating or reducing co-pays and deductibles for many preventive services. In addition, beginning in 2011 Medicare will cover annual physicals (wellness visits for the first time.
- Puts a cap on the amount of out-of-pocket spending for people in Medicare Advantage (private health) plans.
- Improves quality of care in Medicare by making hospitals financially responsible for ensuring people with Medicare receive appropriate care after discharge.
- Reduces the rate of growth in Medicare spending and shores up Medicare’s Hospital Insurance Trust Fund.

Boosts Medicare payments for primary care doctors that have many Medicare patients and provides additional payments to doctors who coordinate care by different specialists and improve the health of their patients.

We anticipate a number of opportunities for the aging network as the law unfolds.

Budget Assumptions for FY2012

The estimates for Fiscal Year 2012 funding described in this document are based upon several assumptions:

- 1. Illinois Funding formula share** The Illinois Department on Aging (IDOA) will continue to distribute funds using 2008 American Community Survey data. AgeOptions will continue to receive 17.22% of the distributive funding from the Illinois Department on Aging.
- 2. Federal Funding** The Older Americans Act funding coming to Illinois will remain similar to FY 2011 levels. Currently, the Older Americans Act funding for Social Services, Health Promotion and Caregiver services is slated for less than a 0.1% cut.
- 3. State funding** State of Illinois General Revenue funding of community based services, and ombudsman will be reduced by 20% from FY 2011 levels and home delivered meals by 11% from FY 2011 levels.

As a result of the state General Revenue funding cut, AgeOptions has chosen to reduce our 3b Information and Assistance Direct Service funding in proportion to the decrease in Social Services Distributive funds.

- 4. Cash Flow** Full reimbursement from the State of Illinois for all FY 2011 General Revenue Funds expenses including Social Services, Home Delivered Meals, Nursing Home Ombudsman and Elder Abuse. For FY 2012, AgeOptions forecasts continued delays in state payments which may adversely affect clients and service providers.
- 5. Civil Monetary Penalties Funding for Ombudsman Services** We do not anticipate receiving CMP funds for FY 2012 but will continue to advocate for those funds.
- 6. Title Transfers** - AgeOptions is allowed to transfer funds among three federal Older Americans Act Programs: Title III-B (Social Services), Title III-C1 (Congregate Meals) and Title III-C2 (Home Delivered Meals). These transfers do not affect the total funding available in suburban Cook County, but do allow some latitude in effectively planning programs as well as enable AgeOptions to maintain historical levels of service.

Since the consolidation of Social and Nutrition Services in 1978, AgeOptions has transferred funds from Nutrition Services to Social Services in order to support social services including Case Management. We are requesting a waiver of the 20% transfer cap from the Department on Aging. The requested transfer for FY 2012 remains level at \$780,687 from Congregate Meals (III-C1) to Home Delivered Meals (III-C2), Social Services (III-B) and Nursing Home Ombudsman.

- 7. Carry-over funds** are excess funds which we are allowed to use the next fiscal year. The Illinois Department on Aging allows the carry-over of a maximum of 5% for the combined total for Titles III-B, C1, C2 and III-E from one year to the next. The remaining smaller titles, Title III-D, Title III-B Ombudsman, Title VII Ombudsman, and Title VII Elder Abuse, are allowed a maximum carry-over of 10%. Other funds may not have or have different carry-over levels and exceptions. For FY 2012, there will be less carryover funds for 3b Social Services and Home Delivered Meals.

The graph on page 26 shows an estimate of the available distributive funding for FY 2012 alongside the distributive funding levels for FY 2011.

Estimated Funding Levels for Fiscal Year 2012

The table on page 33 presents estimated funding levels for services in FY 2012, along with our projections for the number of clients to be served and units to be delivered. The funding levels include state and federal funding. Not included in the funding levels are the contributions that agencies receiving funding from AgeOptions make toward the cost of services. Local agencies support the delivery of services through local cash, in-kind, and project income.

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

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

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

On page 35 we identify the level of support from the above sources of funds with our projected funding for FY 2012.

AgeOptions Funding Process

AgeOptions issues Requests for Proposals and administers an application process to identify agencies to receive Older Americans Act and State of Illinois funds to provide services. Organizations that wish to receive any of AgeOptions Requests for Proposals must register with us to receive notices of funding opportunities. Funding for most services occurs on a three-year cycle.

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

- AgeOptions issued a Request for Proposals (RFP) in February 2009 for Social Services (Title III-B), Caregiver Services, Targeting to Culturally and Linguistically Isolated Older Adults (TCLIP), Nursing Home Ombudsman and Elder Abuse and Neglect Intervention Agency designations for FY 2010 with potential renewals for FY 2011 and FY 2012. AgeOptions will issue a new Request for Proposal in the winter of 2012 for FY 2013-15.

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

In December, 2010 AgeOptions issued an RFP for the provision of Nutrition Services (Title III-C1 and III-C2) .

Health Promotion and Disease Prevention – Title III-D:

The Health Promotion and Disease Prevention Program has three components:

1. The Countywide Health Coordinator Agency delivers Health Screens, Diagnostic Services and Education and Nutrition Education. The Coordinator arranges all programs, screens and follow up activities with the Host Sites. The Countywide Health Coordinator also provides at least one (1) nutrition education event at each Congregate Meal site.
2. The Countywide Medication Management Coordinator provides a Multilanguage education service to educate and assist older adults on proper use of medications.
3. Host site funding is at two levels, Basic Service funding at \$2,000 and Enhanced Service funding at \$5,000. Host sites work in conjunction with the two Coordinator agencies and promote health-related activities. In addition, the Enhanced Service host sites conduct two “Take Charge of your Health” educational series, using their staff that has received the required training.

AgeOptions will issue a Request for Proposal for Health Promotion in the winter of FY 2012.

FY 2012 Proposed Service Projections

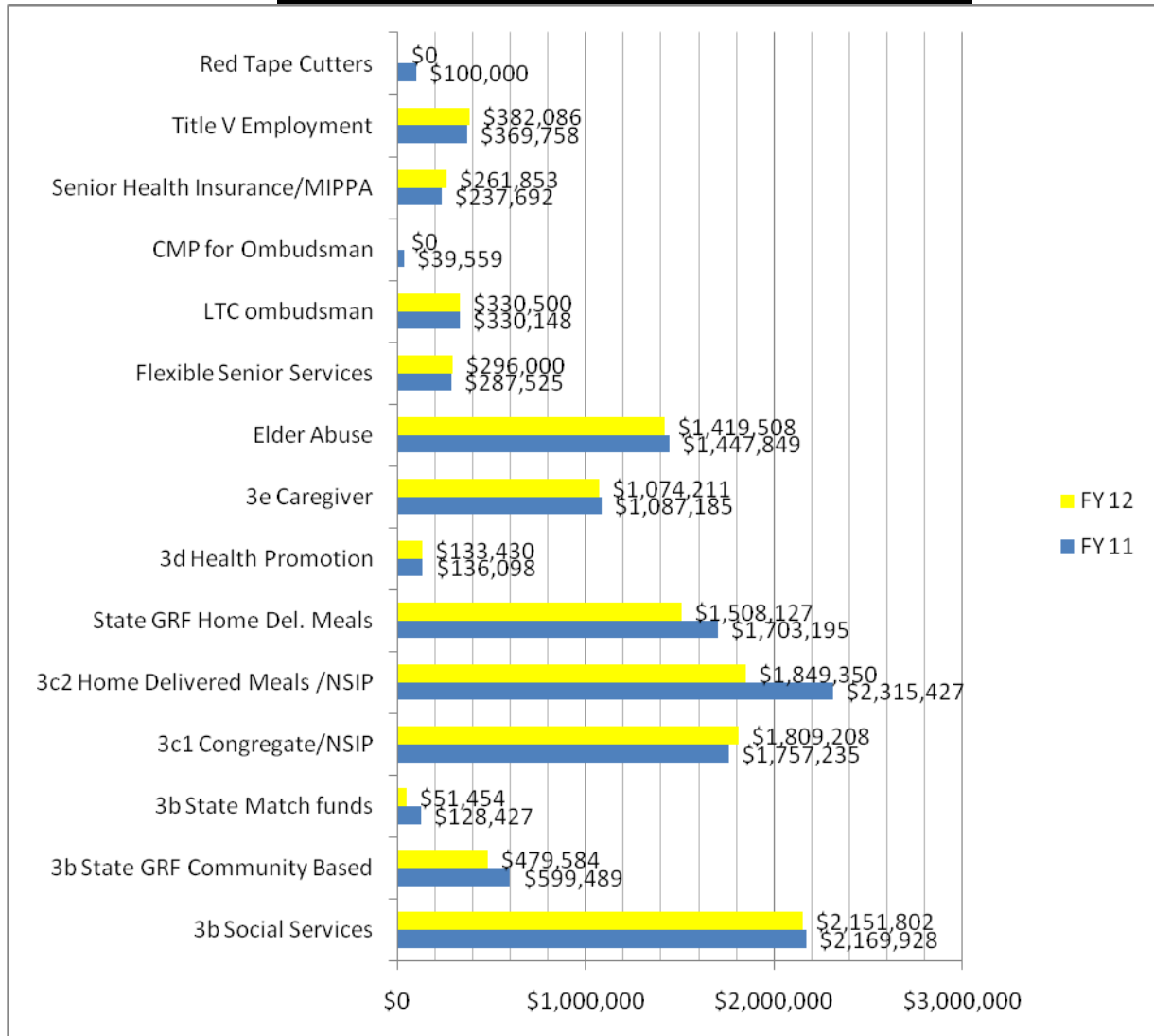
Service	FY 12 Estimated Funding	FY 12 Projected Units	FY 12 Projected Clients
Social Services (Title III-B)			
Chore^	\$626,457	45,114	1,254
CPOE/Information & Assistance^	\$1,106,503	138,074	53,783
Friendly Visiting^	\$8,432	1,170	45
Housing Assistance^	\$29,313	2,527	270
Legal Assistance^	\$191,793	4,370	648
Minor Home Repair^	\$16,192	342	194
Respite^	\$51,453	4,831	120
Senior Center^	\$126,826	n/a	4,487
Senior Opportunity & Services^ Targeting to Culturally and Linguistically Isolated	\$79,505	4,248	1,039
Telephone Reassurance^	\$227,096	15,284	2,848
Transportation^	\$8,408	3,713	41
	\$210,861	123,827	4,889
Caregiver Support Services (Title III-E)			
Counseling	\$340,671	5,594	1,241
Gap-filling	\$23,229	100	97
Legal Assistance	\$35,451	761	110
Outreach	\$113,888	1,903	1,969
Respite using 3e funds	\$82,882	3,946	1,205
Respite using 3b funds	\$226,878	10,803	3,295
Support Groups	\$64,743	1,764	351
Training and Education	\$186,469	1,748	805
Long Term Care Ombudsman Service			
Ombudsman^	\$330,500	N/A	N/A
Nutrition Services (Title III-C)			
Congregate Meals*	\$1,809,208	267,273	9,295
Home Delivered Meals*^	\$3,357,477	539,755	3,902
Health Promotion/Disease Prevention Title III-D			
Health Promotion	\$94,367	4,903	3,350
Medication Management	\$39,063	1,800	450

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

*Includes Nutrition Service Incentive Program (NSIP) funding.

^Includes State of Illinois General Revenue Funds

Comparison FY11 & 12 Distributive Funds



AgeOptions Plans for Administering Changes in Funding Levels

Social Services (Title III-B)

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

Beginning in FY 2010, Title III-B funds were used to support the Respite available through Caregiver Resource Centers. This funding will continue in FY 2012. If Title III-E receives an increase in funding, part of the increase may be used to reduce the Title III-B share of these respite funds.

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

AgeOptions Social Services and Caregiver Funding Formula (Title III-B/State GRF and Title III-E)		
Weight	Factor	Source:
30%	Proportion of age 60 and over non-nursing home population	American Community Survey 2005-2009
35%	Proportion of 65+ in 124% of poverty	American Community Survey 2005-2009
15%	Proportion of 65+ minority	American Community Survey 2005-2009
10%	Proportion of 75 and over	American Community Survey 2005-2009
10%	Proportion of 65+ living alone	American Community Survey 2005-2009
100%	Total	

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

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

Caregiver Support Services (Title III-E)

Beginning in FY 2010, AgeOptions distributed Title III-E funding through our funding formula. Caregiver Resource Centers (CRC) have Caregiver specialists who provide caregiver

counseling, training and education, outreach and support group as well as administer the distribution of respite and gap-filling services for their area. In addition, AgeOptions funds a legal assistance provider to deliver legal services to grandparents raising grandchildren and ethnic-based agencies to provide culturally appropriate education and training to caregivers.

In addition, AgeOptions will consider increasing allocations for respite service or other current core services, consider proportional increases to grantees or may also special demonstration projects to reach and educate caregivers.

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

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

In January 2008, AgeOptions issued a Request for Proposal for Health Promotion and Disease Prevention Services to begin funding October 1, 2010 (FY 2010). AgeOptions will extend the grants through this Request for Proposal for an additional year because the Administration on Aging is proposing changing Health Promotion to evidence based programming only, AgeOptions plans to issue the Health Promotion RFP during the winter of 2012 for services to begin in FY 2013.

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

Long Term Care Ombudsman Program

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

Elder Abuse and Neglect Intervention

The Illinois Department on Aging began funding the Elder Abuse and Neglect Program in FY 1989. Currently, there are 11 local community-based agencies in our area designated as Elder Abuse and Neglect Provider Agencies. The designated agencies are reimbursed on a Purchase of Service basis. Elder Abuse Intake Assessment, Casework, Follow-up, Early Intervention Services, and Public Education are supported under this program. Elder Abuse Title VII federal funds will be available for the support of Multi-Disciplinary Team activities. Any Title VII increases or decreases will be implemented proportionately across grantees/contractors.

Pharmaceutical Assistance For FY2012, AgeOptions will distribute pharmaceutical assistance (SHAP, MIPPA and ADRC) grants to existing FY2011 partners based half on the FY 2010 year's performance and half on the AgeOptions funding formula.

For FY 2012, AgeOptions hopes to continue stipend agencies at current funding levels.

Any increases or decreases in SHAP funding will be implemented proportionately across grantees agencies, excluding stipend agencies.

Nutrition Services

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

AgeOptions issued a Request for Proposal for Nutrition Services in December 2010 with services to begin FY 2012.

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

If funding is increased, AgeOptions may provide additional units to high performing sites, may fund applications received during the FY 2012 RFP process that did not receive a grant, provide funding for special initiatives and/or issue a Request for Letter of Intent for new projects.

If funding is reduced, AgeOptions will sustain sites that are performing well and, if necessary, eliminate sites that do not make sense because of lower numbers of meals and older persons participating. If additional cuts are necessary, across the board cuts will be made.

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

If increased mid year funding for home delivered meals is received, AgeOptions will consider awarding funds to eliminate or prevent waiting lists and/or to expand current services to address unmet needs, including special diets or two meal-per-day service to those in need, fund applications received during the FY 2012 RFP process but were not funded, and/or issue a Request for Letter of Intent for new projects.

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

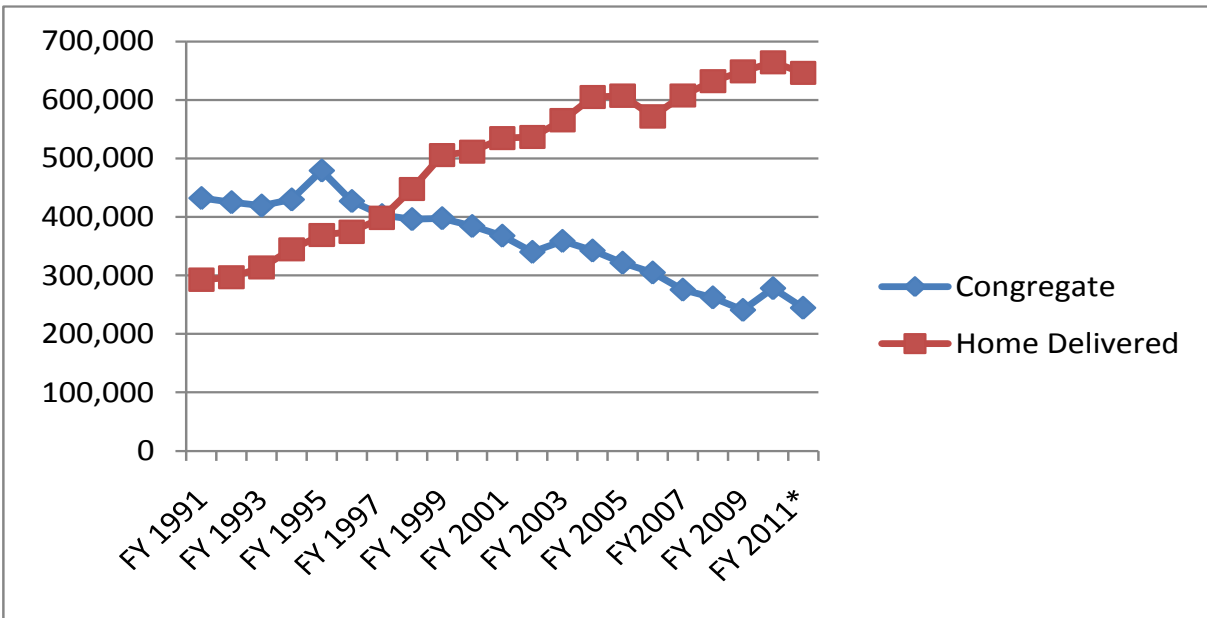
Number of Congregate and Home Delivered Meals served by the AgeOptions Network between 1991 and 2011

Fiscal Year	Congregate Meals		Home Delivered Meals		TOTAL	
	# Meals Served	% Inc./Dec.	# Meals Served	%Inc./Dec.	#Meals Served	%Inc/Dec
FY 1991	432,163	-2.45%	292,613	11.32%	724,776	2.68%
FY 1992	425,061	-1.6%	296,774	1.42%	721,835	-0.41%
FY 1993	419,337	-1.34%	313,460	5.62%	732,797	1.52%
FY 1994	429,808	2.50%	344,532	9.91%	774,340	5.67%
FY 1995	479,268	11.51%	369,204	7.16%	848,472	9.57%
FY 1996	427,044	-12.23%	374,592	1.44%	801,636	-5.52%
FY 1997	402,965	-5.64%	398,371	6.35%	801,336	-0.04%
FY 1998	396,132	-1.72%	447,675	12.38%	843,807	5.30%
FY 1999	397,673	0.39%	505,512	12.92%	903,185	7.04%
FY 2000	384,312	-3.35%	511,504	1.18%	895,816	-0.82%
FY 2001	367,792	-4.49%	534,671	4.30%	902,463	0.74%
FY 2002	340,056	-7.54%	536,475	0.33%	876,531	-2.87%
FY 2003	358,819	5.52%	565,220	5.36%	924,039	5.42%
FY 2004	342,387	-4.58%	604,802	7.00%	947,189	2.51%
FY 2005	321,596	-6.07%	607,107	0.38%	928,703	-1.95%
FY2006	304,782	-5.23%	571,812	-5.81%	876,594	-5.61%
FY2007	275,490	-9.62%	607,364	6.22%	882,854	0.71%
FY 2008	262,265	-9.60%	632,019	4.06%	894,284	1.29%
FY 2009	240,803	-8.18%	648,660	2.63%	889,463	-.54%
FY 2010	278,018	15.45%	664,348	2.42%	942,366	5.95%
FY 2011*	244,512	-12.05%	646,199	-2.73%	890,711	-5.48%

*Year-end projections as of February 28, 2011

^FY 2010 includes meals provided through American Recovery and Reinvestment Act

Meals Served by AgeOptions Network



AgeOptions Resources

The chart below includes a listing of AgeOptions estimated resources for FY 2012.

	Budgeted Distributive	Budgeted Admin	Budgeted Total
Federal Grants			
Title III-B Social Services	\$ 2,151,802	\$ 28,516	\$ 2,180,318
Title III-B Ombudsman	\$ 151,689	\$ 12,546	\$ 164,235
Title III-C1 Congregate Meals	\$ 1,643,139	\$ 535,610	\$ 2,178,749
Title III-C2 Home Delivered Meals	\$ 1,415,203	\$ 157,626	\$ 1,572,829
Title III-D Health Promotion	\$ 133,430	\$ -	\$ 133,430
Title III-E Caregiver	\$ 1,074,211	\$ 35,121	\$ 1,109,332
Title VII Elder Abuse	\$ 33,042	\$ 3,662	\$ 36,704
Title VII Ombudsman	\$ 115,434	\$ 12,826	\$ 128,260
NSIP - Nutrition Serv. Incentive Prog. Congregate	\$ 166,069	\$ -	\$ 166,069
NSIP Allocation - Home Delivered	\$ 434,147	\$ -	\$ 434,147
Title III-B Direct Service	\$ -	\$ 544,601	\$ 544,601
Title III-E Direct Service	\$ -	\$ 84,122	\$ 84,122
ARRA (Stimulus) Congregate*	\$ -	\$ -	\$ -
ARRA (Stimulus) Home Delivered*	\$ -	\$ -	\$ -
Federal Sub-Total	\$ 7,318,166	\$ 1,414,630	\$ 8,732,796
State Grants - General Revenue Funds			
Title III Match	\$ 51,454	\$ 256,473	\$ 307,927
Home Delivered Meals	\$ 1,508,127	\$ -	\$ 1,508,127
Community Based Service	\$ 479,584	\$ -	\$ 479,584
Ombudsman	\$ 63,377	\$ -	\$ 63,377
Flexible Senior Services (FSS)	\$ 296,000	\$ 24,000	\$ 320,000
Systems Development	\$ -	\$ 28,561	\$ 28,561
Senior Employment Specialist	\$ -	\$ 14,811	\$ 14,811
Elder Abuse	\$ 1,419,508	\$ 47,794	\$ 1,467,302
State Sub-Total	\$ 3,818,050	\$ 371,639	\$ 4,189,689
Other Funds			
Title V Employment Program	\$ 382,086	\$ 56,908	\$ 438,994
Pharmaceutical Assistance (SHAP)	\$ 167,610	\$ 67,125	\$ 234,735
MIPPA	\$ 94,243	\$ 10,472	\$ 104,715
Other Funds Sub-Total	\$ 643,939	\$ 134,505	\$ 778,444
Total Agency Resource Budget	\$ 11,780,155	\$ 1,920,774	\$ 13,700,928
% Administrative	\$ -	\$ -	14.02%

The graph on page 32 provides an estimate of AgeOptions Resources for FY 2012 compared to FY 2010.

Administrative Funds:

Titles III-B, III-C1, III-C2, III-E, III and VII Ombudsman, VII Elder Abuse	Distributed to AgeOptions to perform statutory duties under the Older Americans Act. The Department on Aging provides the total allowable administrative allocation to AgeOptions that is then assigned to specific sub-titles by AgeOptions.
State Title III Match	Designated for administrative functions and represents a statutory responsibility for non-Federal support of AgeOptions.
Flexible Senior Services	Designated for AgeOptions under a separate contract with the Department on Aging to perform administrative and coordination functions associated with the Flexible Senior Services
Title V & SES (Senior Employment Services)	Directed to AgeOptions under grants separate from the Area Plan on Aging to coordinate employment programs and administer the Title V Program under which more than 71 part-time Title V workers are assigned to local agencies.
Systems Development	Designated for Area Agencies under a contract separate from the Area Plan on Aging. AgeOptions assists the Department on Aging with activities related to the Community Care Program (CCP) such as monitoring of potential Community Care Program Vendors under the All Willing and Qualified procurement, technical assistance on CCP forms and billing rejects, and most importantly, efforts to coordinate CCP with other programs and services in our area.
Elder Abuse	Designated for AgeOptions under a separate contract with the Department on Aging to perform administrative and coordination functions associated with the Elder Abuse Program.
Pharmaceutical Assistance (SHAP)	AgeOptions portion of Illinois Tobacco Settlement funds received to coordinate an area wide pharmaceutical assistance program.
Civil Monetary Penalties/Ombudsman	AgeOptions does not use any CMP for internal operations.

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

Administratively Related Direct Services

The Older Americans Act restricts Agency administration costs to 10% of the Title III allocation. Under IDOA program instruction, Area Agencies are also allowed to provide “administratively related direct services” of Advocacy, Coordination, and Program Development. For FY 2011, the Illinois Department on Aging allowed AgeOptions to use up to \$1,072,741. We have not received the FY 2012 directive but estimate that the allowance will be very similar for FY2012. AgeOptions total allocation for Title III administratively related direct services is \$499,000 for FY 2012. This is \$573,741 (53%) lower than the amount allowed.

For FY 2012, AgeOptions is allocating \$432,878 for Title III-B, which includes Advocacy \$121,665; Coordination \$90,994; and Program Development \$220,878. AgeOptions is allocating \$66,122 for Title III-E Program Development to support the Countywide Caregiver Coordinator function.

Title III-B and Title III-E Direct Services

Information and Assistance Services

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

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

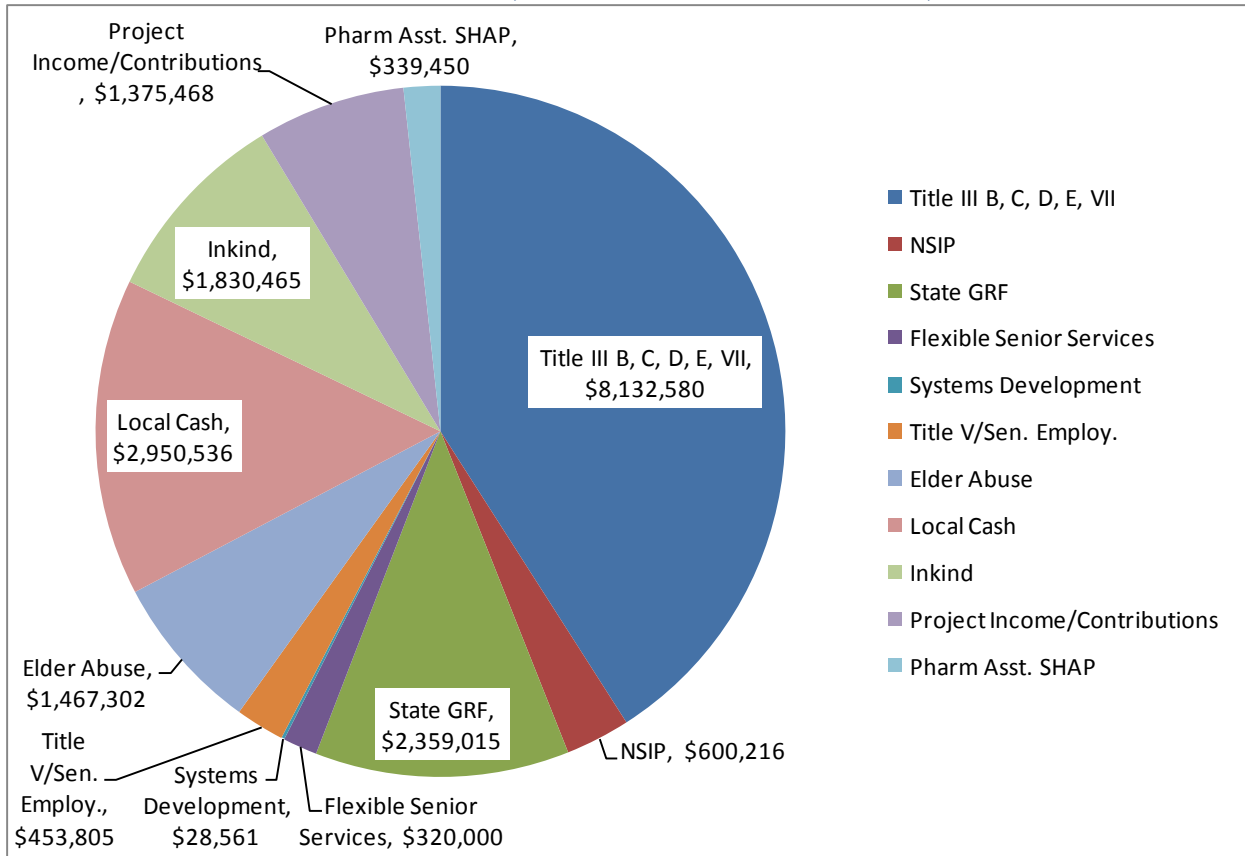
The funding also supports a partial cost of maintaining and implementing the ESPweb system (Enhanced Service Program) system throughout our network. The computerized database currently contains information on more than 14,700 service records and over 40 different categories of services.

AgeOptions is allocating \$111,723 for Title III-B Information and Assistance and \$18,000 for Title III-E Information and Assistance. We project a total of 7,033 units to 4,746 clients for III-B and III-E Information and Assistance.

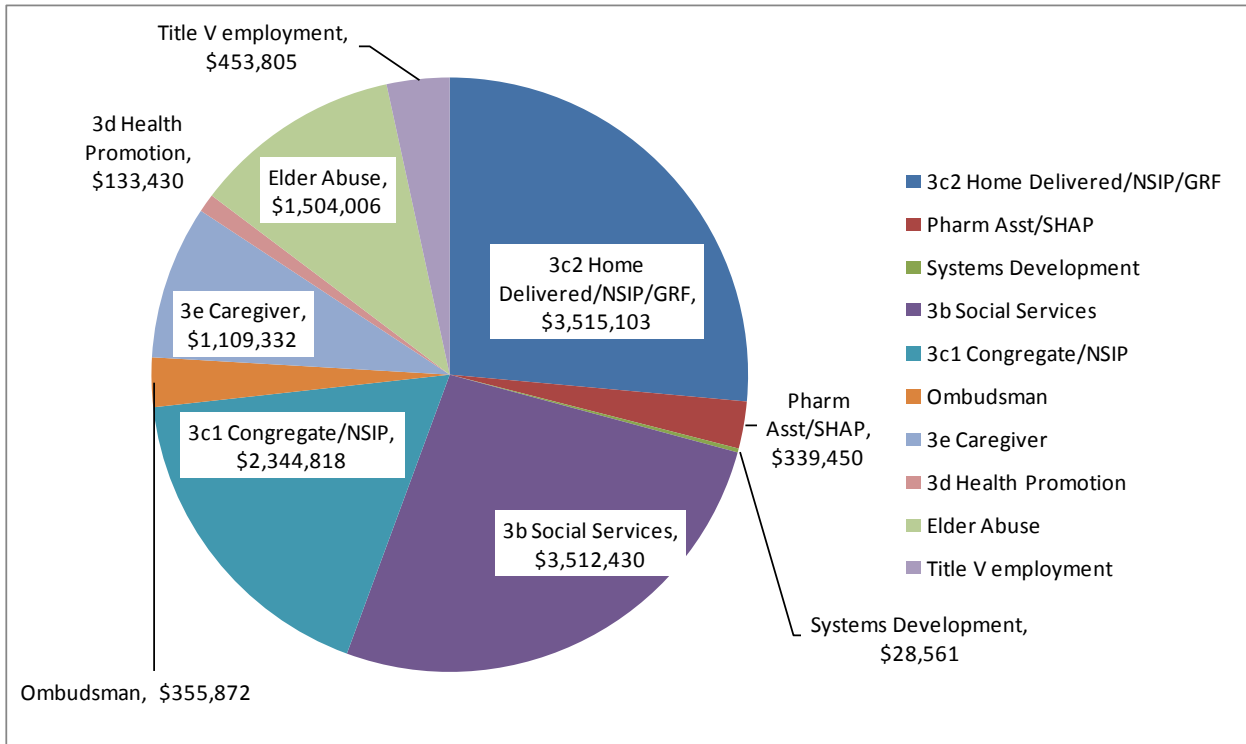
Estimated FY 2012 Area Plan Resources (Federal, State, Local)

Estimated Total Resources: \$ 19,883,212

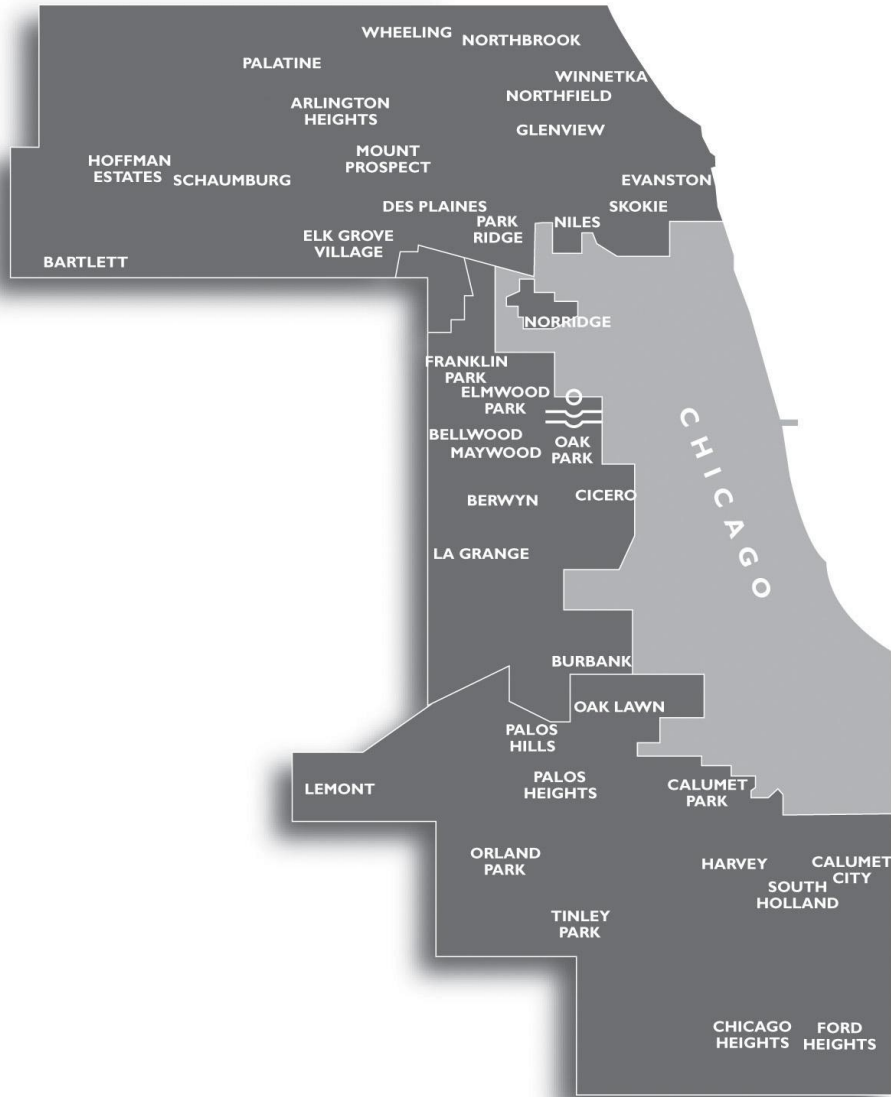
Transfer from C1 Congregate Meals to 3b Social Services, 3c2 Home Delivered Meals, and Ombudsman is \$780,687



Estimated FY 2012 Federal and State Resources



AgeOptions Service Area Map



Townships Served

Northern

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

Western

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

Southern

Bloom
Bremen
Calumet
Lemont
Orland
Palos
Rich
Stickney
Thornton
Worth



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Mission Statement

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

Vision Statement

We will be the:

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

For more information, please contact:



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