AgeSmart Community Resources 2022 Public Information Document

Purpose of the Public Hearing and the Public Information Document

AgeSmart Community Resources (AgeSmart) is conducting the public hearings on the FY22 Area Plan on Aging for the three-year cycle FY22-24. The public is welcome and encouraged to attend the public hearings to discuss and make comments on the Area Plan on Aging.

The Area Plan on Aging is a planning, management and grant award document. The full Area Plan format is prepared by the Illinois Department on Aging (IDOA). The Area Plan may be fine-tuned or even redesigned during the year as activities and funding dictate. Some proposed activities might be reconsidered after research and feedback during the planning stages. AgeSmart submits amendments to the Area Plan each year in the format required by IDOA.

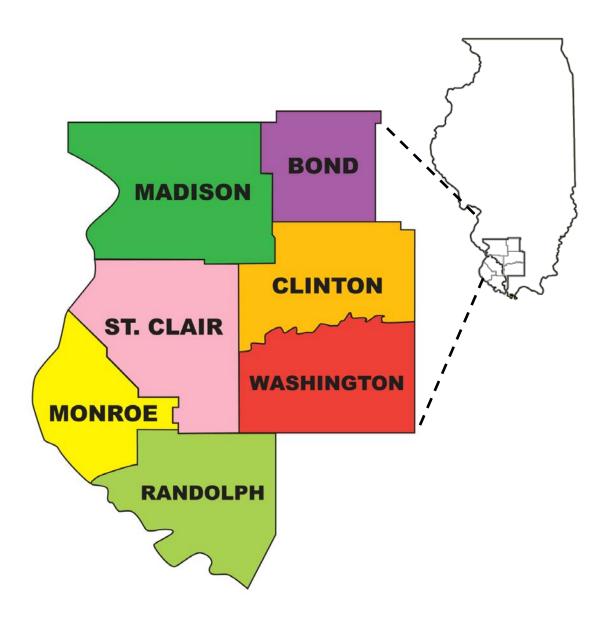
This Public Information Document is the official summary of the proposed Area Plan for FY22 beginning October 1, 2021 and ending September 30, 2022. All activities are subject to available funding.

The Public Information Document is for the reader to use as a tool to stimulate comments and questions at the Public Hearings. (See above for the date and time.) Comments must be written and presented orally at the Public Hearings or in written form only and delivered to AgeSmart no later than 4:00 p.m. on May 11, 2021.

What's Inside...

Service Priorities
Initiatives
Administration
Services Provided
Home Delivered Meals
Revenues/Expenses

Planning and Service Area (PSA) 08



In accordance with the federal Older Americans Act regulations, the Illinois Department on Aging has divided Illinois into thirteen Planning and Service Areas. The thirteen Planning and Service Areas in Illinois are each managed and served by an Area Agency on Aging. AgeSmart is a nonprofit organization serving the seven counties in Southwestern Illinois highlighted above.

The Aging Network

In 1965, Congress enacted the Older Americans Act (OAA) in response to concern by policymakers about a lack of community social services for older persons. The Act created an interconnected structure of agencies and services known as the National Aging Network.

Administration for Community Living (U.S. Department of Health & Human Services)



Provides national leadership on aging issues. Recommends policy, develops regulations to implement the OAA, allocates and administers the OAA budget, and disseminates grants for research, training, and model projects.

State Units on Aging (Illinois Department on Aging)



Serves as the state governmental agency for aging issues. Administers, designs, and advocates for benefits, programs, and services for the older persons and their caregivers. Also designates Area Agencies on Aging within the state.

Area Agencies on Aging (AgeSmart Community Resources)



Planning agency at the local level. Responsible for advocacy on behalf of older persons, planning and service development, and administration of a wide variety of funds for community-based services.

Our Mission

AgeSmart enhances the lives of older adults, persons with disabilities and veterans through advocacy, action, and answers on aging.

Who We Are

AgeSmart is an **independent non-profit** organization and is one of over 600 Area Agencies on Aging across the country authorized by the Amended Federal Older Americans Act (OAA) to plan and administer services to persons 60 and older, their caregivers, and grandparents raising grandchildren. AgeSmart is one of 13 Area Agencies in Illinois authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging.

AgeSmart plans, coordinates, and acts as an advocate for the development of a comprehensive service delivery system for over 150,000 individuals aged 60 and older in Planning and Service Area 08 (PSA). The PSA is comprised of two high-density counties (Madison and St. Clair) and five low-density* counties (Bond, Clinton, Monroe, Randolph and Washington), two of which are rural (Randolph and Washington). *Low Density: Community with population under 5,000

FY21 Board of Directors

A 11-member Board of Directors governs AgeSmart chaired by Michael Niermann of Madison County, IL. The Board sets policy and makes decisions about programs and funding distribution. Over 60% of the Board members are over the age of 60.

Rita Boyd	Randolph County
Terrance Duncan	St. Clair County
Eugene Dunkley	Bond County
Anita Ewing	St. Clair County
Donna Frederick	St. Clair County
Rafael Him	Clinton County
Cynthia Johnson	Monroe County
Michael Niermann	Madison County
Klay Tiemann*	Randolph County
Connie Turner	Monroe County
Steven Wolf	St. Clair County

^{*}President

FY21 Advisory Council

A 13-member Advisory Council is led by Larry McLean of St. Clair County, IL. The Council advises AgeSmart on assessing the needs of older adults and their caregivers and makes recommendation on service priorities.

Angela Banks	Dorene Hoosman
Kelly Barbeau	Bhagya Kolli
Connie Barre	Larry McLean*
Deborah Carter	Erin McNamara-Stafford
Venita Dixon	Cheryn Sutton
Judy Hevner	Lori Vernier
Cindy Hill	

^{*}Chairman

FY21 Staff

Joy Paeth	Chief Executive Officer
Nancy Lonsdale	Chief Fiscal Officer
Chris Fulton	Community-Based Services Manager
Kiyeon Yoch	Grants/Planning Manager
Nathan Caron	Options Counselor
Sarah Gorline	Accountant
April Hausman	Benefits Specialist
Abigail Lagermann	Administrative Assistant
Hali McKenzie	Program Compliance Specialist
Melanie O'Brien	I & A Resource Specialist
	Options Counselor
Michelle Schmidtke	Benefits Specialist
Taylor Schwartz	Program Compliance Specialist
Christina Sellers	Options Counselor
Pamela Woods	Billing Specialist

FY21 Grantees



Rond County Senior Citizens Center, Inc.

Greenville, IL (618) 664-1465

Centerstone

Alton, IL (618) 462-2331 ext.412

Children's Home & Aid

Granite City, IL (618) 452-8900



Clinton County Collaborative

Carlyle, IL (618) 594-2321 New Baden 618-224-9913 Trenton 618-224-9913



Collinsville Faith in Action

Collinsville, IL (618) 344-8080

Edwardsville/Glen Carbon-Faith in Action

Edwardsville, IL (618) 692-0480



Health Visions

East St. Louis, IL (618) 271-7000

Human Support Services

Waterloo, IL 618-939-4444 ext 1220

Land of Lincoln Legal Aid

East St. Louis, IL Senior Citizens Legal Services Project (618) 398-0958 ext.2236

Lessie Bates Davis Neighborhood House

East St. Louis, IL (618) 271-2522

Mascoutah Senior Services Program

Mascoutah, IL (618) 566-8758

Millstadt Township Senior Services

Millstadt, IL (618) 476-3731



Northeastern Randolph County Senior Services, Inc.

Sparta, IL (618) 443-4020



Renior Services Plus, Inc.

Alton, IL (618) 465-3298

South Central Illinois Mass Transit District

Centralia, IL (618) 532-8076

SWIC Programs & Services for Older Persons (PSOP)

Belleville, IL (618) 234-4410 St. John's Community Care Collinsville 618-344-5008

Southwestern Illinois Visiting **Nurse Association**

Swansea, IL (618) 236-5863

The Oasis Institute

St. Louis, MO (314) 862-2933

Village of Steeleville

Steeleville, IL (618) 965-3134 ext.5



Washington County Senior Services, Inc.

Okawville, IL (618) 243-6533

Western Egyptian Economic Opportunity Council

Steeleville, IL (618) 965-3458

Waterloo Senior Center Waterloo, IL (618) 939-8880

Chester Senior Center Chester, IL (618) 826-5108

Member, Answers on Aging Network Information and Assistance Provider

Centers for Independent Living		
IMPACT	LINC	OFACIL
Alton, IL	Belleville, IL	Mt. Vernon, IL
618-462-1411	618-235-9988	618-244-9212

Area Plan on Aging

Planning Process

AgeSmart assesses service needs of older adults in the seven-county region every three years as a part of the planning process and establishes a priority service list annually. The service priorities reflect those services found to be the greatest need for those older adults in the planning and service area (PSA). A variety of methods are used to identify the needs of older adults, caregivers, and grandparents raising grandchildren in the PSA as outlined below.

- Studying national trends and reports on the needs of older adults, caregivers and grandparents raising grandchildren
- Analyzing U.S. and local census data and other relevant demographic statistics
- Analyzing service utilization using National Aging Program Information System and Enhanced Services Program
- Collecting community input through surveys

AgeSmart presents the findings from the assessments to AgeSmart's Board of Directors and Advisory Council to establish service priorities and develop new programs. Through monitoring efforts, open dialogue with service providers, and contact with the public, AgeSmart gathers information to make nuanced or significant changes in programs within the planning cycle. The service priorities reflect those services found to be the greatest need for the older adults and their caregivers in the region.

2019 Population Estimates for PSA 8

County	Total 60+	60+ Poverty	60+ Minority	60+ Live Alone	75+
Bond	4,363	308	211	1,045	1,379
Clinton	9,384	809	297	2,235	3,004
Madison	65,070	4,847	5,259	16,540	19,955
Monroe	9,102	506	196	1,660	2,762
Randolph	8,347	622	393	2,095	2,812
St. Clair	60,295	5,482	17,103	15,065	17,712
Washington	3,954	185	68	935	1,337
PSA TOTAL	160,515	12,759	23,527	39,575	48,961
STATE TOTAL	2,852,208	241,486	781,376	669,050	866,759

(2019 Census Population Estimates)

Summary of the Needs Assessment for FY22-24 Area Plan

In November 2020, AgeSmart began distributing Older Adults Needs Survey throughout its seven-county region. Paper survey was disseminated to 230 older adults, which included curbside meals participants at twelve (12) senior centers and residents of four (4) senior apartments in St. Clair county. Responses from the surveys were entered in Google Form for analysis.

AgeSmart also conducted an online Community Needs survey targeting local professionals serving older adults to help identify gaps in the services. 88 individuals from different sectors of the community participated in the survey. The survey helped us better understand the needs of older adults in our planning and service area and identify the activities and programs needed in the communities.

In addition to the Older Adults Needs Survey, AgeSmart also surveyed family caregivers to learn about the challenges and needs of the caregivers we serve. 53 caregivers responded to the online survey. Further insight was obtained from a virtual caregiver conversation that was hosted by AgeSmart in January 2021.

The surveys were conducted for two months and closed in January 2021. The services proposed in the FY22-24 Area Plan reflect the needs of older adults identified from these surveys.

AgeSmart also reviewed the data from the FY20 Consumer Surveys that were collected during the service delivery by Information & Assistance (I&A) providers throughout the seven-county region. A total of 867 older adults participated in the survey.

Special attention was given to responses to "What services would help you stay independent and help you age well?". 80 respondents answered this open-ended question.

Other methods to assess the needs of older adults, family caregivers, and grandparents raising grandchildren (GRG) include:

- Regular communication with caregivers who participate in respite program and conversation about their support needs
- Collecting information about gaps in services and consumer needs through I&A and Options Counseling
- Analysis of GRG gap filling service trends to identify needs and resources available
- Consult local groups and experts on the needs of older adults in the community

AgeSmart is also working with the Illinois Department on Aging and local organizations to help communities become Dementia Friendly and better support those individuals with cognitive challenges. This work also allowed AgeSmart to offer Savvy Caregiver Training and Stress Busting Program to older adults.

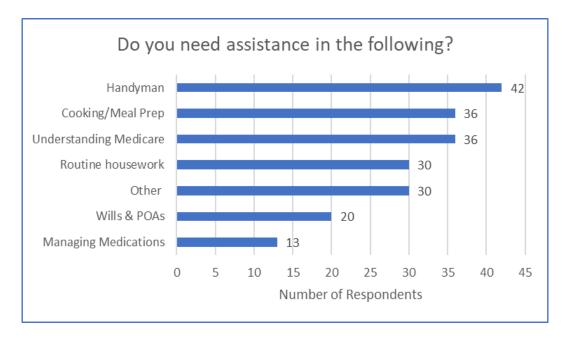
Key Findings

Some common themes emerged from both needs surveys for older adults and local professionals.

Need for Homemaker and Handyman Service

Many older adults reported that they needed help with routine housework including meal prep, cleaning, and laundry. Private-pay homemaker service is often too costly for many older adults. Homemaker service provided through Community Care Program is only available for low-income individuals and there are many older adults who do not meet the income requirements and are still unable to afford the private-pay service.

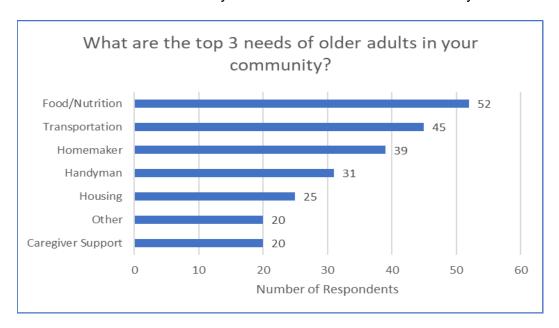
Similar to the need for an affordable homemaker service, another unmet need identified was handyman. Older adults who lack an informal support system need help with simple chores such as changing light bulbs and replacing batteries in a smoke detector. Assistance with yard work such as grass cutting, cleaning gutters, and snow removal is also often sought out by older adults. Regardless of the size of a job, it is challenging for older adults to find trustworthy and affordable contractors. For minor home repairs and small tasks, it becomes even more difficult due to the limited size of the projects.

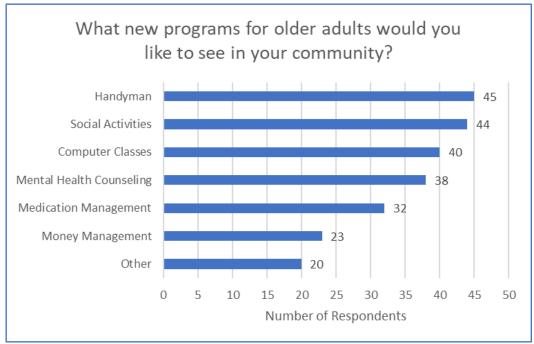


48% of the older adults survey respondents answered the question about the type of assistance they may need. Of those, nearly 50% reported that they needed assistance with handyman and 30-40% needed help with housework. Assistance with Medicare/Medicaid, medication management, and getting legal affairs in order were also mentioned.

The need for assistance with housework and simple repairs was also identified by professionals in the community. As shown in the chart below, outside of the OAA services that are already being funded (food & transportation), local professionals rated

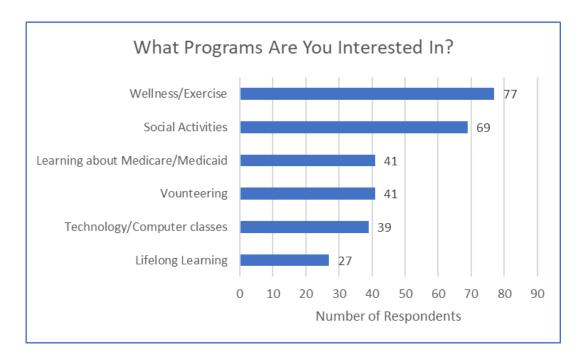
homemaker and handyman as the most needed services. Handyman was also at the top of the list of new services they would like to see in the community for older adults.



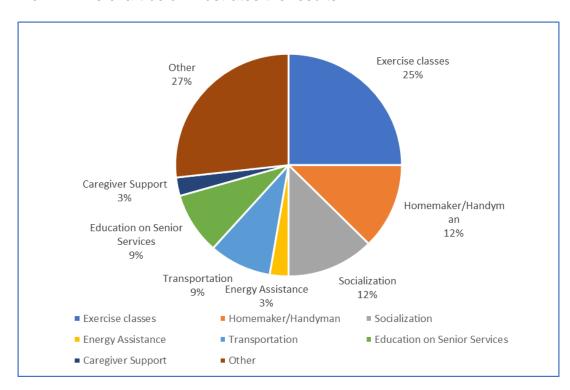


Local professionals also indicated that seniors in their communities would benefit from more robust social activities and computer classes. A similar trend was also observed in the older adults needs survey responses. When asked about the programs they are interested in, wellness/exercise and social activities were most frequently mentioned.

Other programs older adults desired include education on Medicare/Medicaid, computer classes, volunteering, and lifelong learning.

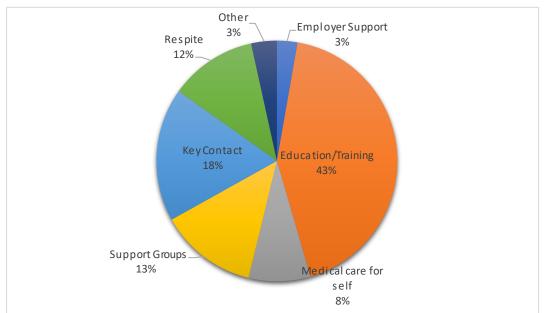


The need for homemaker/handyman as well as exercise classes was also demonstrated in the FY20 I&A Consumer Survey. 110 out of 867 older adults responded to the openended question "What services would help you stay independent and help you age well?". The chart below illustrates the results.



Other services the older adults desired include financial assistance, affordable housing, legal assistance, and mental health counseling.

The family caregiver survey revealed the continued need for training programs and information assistance for caregivers. Since FY18, AgeSmart has been expanding caregiver training programs. It started with Savvy Caregiving in FY18 and since then AgeSmart has added Stress Busting classes and Memory Cafes. Caregivers feel more confident and have less stress when they have the knowledge and skills to provide safe and effective care. The chart below illustrates the services and support the caregivers needed.



Many caregivers wanted to work with a key contact person for questions and help. This corresponds directly to the response concerning how caregivers would prefer to receive information, which is by individual meeting with a counselor or an information specialist. The caregivers' desire for resources through education/training and individual support is the reason AgeSmart is expanding the use of Tailored Care (T Care). T Care is an evidence-based program designed to assess and build care plans for caregivers to help avoid crisis incidents and potential long term/skilled care placement. Beginning in FY22, AgeSmart will expand T Care to help enhance Information & Assistance and Respite service for caregivers.

The home and community-based services supported by the Older Americans Act are designed to promote health and well-being of older adults and to reduce isolation.

Without a doubt, the COVID pandemic has presented great challenges to the aging network. All senior center activities remain suspended at the time of writing.

The health, safety, and well-being of our older adults and caregivers are our highest priority. AgeSmart will continue to offer virtual programs that allow older adults to stay connected and help them feel less isolated. Evidence-based wellness programs such as "Tai Chi" and "Live Well, Be Well" will continue to be offered virtually.

AgeSmart will continue to promote the home and community-based programs exploring creative solutions to respond to local needs. Based on the results of the surveys and evaluation of the current service system, AgeSmart establishes the service priorities and develops local initiatives.

Statewide Initiative

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

During FY2022-2024, the Illinois Department on Aging and Area Agencies on Aging will continue to work in collaboration with local community-based service to address social isolation among older adults. The overall goal is to reduce social isolation and promote well-being in older adults.

Background

Social isolation and loneliness are associated with increased mortality in older adults. Social isolation also has been linked to other adverse health effects, including dementia, increased risk for hospital readmission and increased risk of falls. The AARP Foundation has called social isolation a "growing health epidemic" among older adults. It equates the health risks of prolonged isolation with smoking 15 cigarettes daily.

A recent study by researchers from the AARP Public Policy Institute, Stanford University, and Harvard finds that Medicare spends an estimated \$6.7 billion more each year on seniors who have little social contact with others. About 14% of study participants were identified as socially isolated, which meant they had little contact with adult children, other relatives, or friends. The study found that Medicare spent about \$1,600 per year more on older adults who are socially isolated than those who are not. They were one-third more likely to require care in a skilled nursing facility, perhaps because they could not be safely discharged home after a hospitalization.

Risk Factors associated with social isolation are:

- Living alone
- Mobility or sensory impairment
- Major life transitions
- Socioeconomic status
- Being a caregiver for someone with severe impairment
- Psychological or cognitive vulnerabilities
- Location: rural, unsafe, or inaccessible neighborhood/community
- Inadequate social support
- Language barrier

Older adults who feel lonely and isolated are more likely to report also having poor physical and/or mental health, as reported in a study using data from the National Social Life, Health, and Aging Project.

Addressing social isolation among older adults has been one of the Illinois aging network's priorities for the past three years and the COVID-19 pandemic has exacerbated an already serious problem. Avoiding social contacts and practicing social distancing for extended periods of time have certainly affected mental health and well-being of older population. Older adults are at higher risk for severe illnesses from COVID and require extra safety measures to help prevent the infection, which means limited social activities for possibly a longer period of time. And for this reason, senior centers will likely be among the last facilities to reopen. In response to the pandemic, AgeSmart has implemented the following strategies to combat social isolation.

AgeSmart's strategy to reduce social isolation among older adults

Connecting seniors with social resources, such as senior centers and volunteering programs, is one way to combat subjective feelings of isolation. Home and community-based services are designed to connect people to communities. From nutrition services to transportation to caregiver support programs, community-based services enable older adults to maintain and strengthen their ties to family and friends and the community. AgeSmart along with other Area Agencies on Aging in the state will continue to focus on promoting the aging network as part of the social isolation awareness campaign.

During the COVID-19 pandemic, AgeSmart's network of providers modified the service model to continue to provide vital services to vulnerable older adults. Special initiatives to address social isolation also pivoted to adapt to the new environment created by the pandemic.

1. Telephone Reassurance

AgeSmart has expanded its telephone reassurance program to all 7 counties during the pandemic. In FY20, AgeSmart's network of providers made 10,597 well-being check calls to 2,659 vulnerable older adults who were quarantined.

As of March 2021, weekly reassurance calls are being provided to a monthly average of 1,000 homebound older adults who have very limited social contact and support.

AgeSmart-funded community organizations will continue to provide telephone reassurance to at-risk older adults, particularly those who are living alone, low-income, or living in rural area. Home delivered meals consumers will be prioritized.

2. Memory Café

Memory Café is a social gathering for individuals living with dementia, or another form of cognitive impairment, and their caregivers. It provides safe and supportive environment where caregivers and their loved ones can socialize and enjoy activities together in a café-like setting to reduce feelings associated with stigma and isolation. During the pandemic, Memory Café was modified to be delivered virtually and it continues to connect the caregivers on the Zoom platform.

3. Virtual Learning Channel

In response to the COVID-19, AgeSmart has started offering an online Learning Channel through a partnership with GetSetup. This online platform provides a variety of classes from basic technology class to virtual social hours helping older adults stay connected and socially engaged. All classes are Zoom-based, small group classes. AgeSmart's Learning Channel serves not only as an educational platform but also a space where older adults can meet new people and socialize virtually. Group classes are available to older adults and caregivers free of charge.

AgeSmart has also provided Zoom licenses as well as tablet devices to its grantees to help them connect with their consumers virtually. Our long-term goal includes offering these classes as innovative programming resources at the senior centers when they reopen.

4. Senior Skip Day

AgeSmart and Greenville University developed Senior Skip Day to raise awareness of Social Isolation and its impact on the health and wellbeing of older adults. The goal is to celebrate and connect across generations to help alleviate loneliness and social isolation. Students are paired with seniors to visit, help with tasks and to assist at the local senior center. A "How-to" implementation guide has been developed for other area agencies on aging, schools, and universities to use.

During the pandemic, Senior Skip Day pivoted to a pen pal project. Freshman students are paired with older adults and they correspond through an act of letter writing. As demonstrated in many other intergenerational pen pal programs across the country, it creates a positive impact on older adults' health and well-being reducing feelings of isolation and giving them a sense of purpose. AgeSmart will continue to collaborate with Greenville University and explore opportunities to expand the intergenerational programming in the PSA8.

5. Promoting Social Connectedness through BRIC (Building Resilient Inclusive Community) Program

AgeSmart is participating in the BRIC Initiative to promote opportunities to connect older adults who are socially isolated due to COVID-19. The BRIC program, which is funded through National Association of Chronic Disease Directors is being led by Healthier Together. It prioritizes older adults living in high burden communities and aims to improve safe access to physical activity, promoting healthy eating through improved nutrition security, and reducing isolation and loneliness.

AgeSmart along with the local aging service providers will be serving as key players as the coalition develops strategies to promote social connectedness in the communities.

AgeSmart will continue to work with the Department on Aging and the colleagues from the Area Agencies on Aging in Illinois to create a statewide impact to reduce social isolation. Public education materials designed to help raise awareness of this national issue have been disseminated throughout the network. The statewide brochure includes a checklist to self-measure the risk of isolation as well as resources to help older adults

stay connected. The Loneliness Scale survey will continue to be used as pre and post survey to measure their loneliness and effectiveness of the interventions.

Local Initiative

To address the unmet needs that were identified from the need assessment, AgeSmart will implement the following.

1. Consumer-Directed Chore Service Pilot

Building on the consumer-directed Respite service model, AgeSmart will explore opportunities to offer flexible in-home chore assistance that empowers consumers to hire their choice of helper at reasonable cost.

This pilot will provide limited financial resources for older adults who are not eligible for Community Care Program but cannot afford private pay homemaker service focusing on the individuals with greatest social and economic need.

2. Reliable and Affordable Handyman through Collaboration with Local Community Partners

AgeSmart will investigate local handyman resources seeking reliable, trustworthy, and affordable partners. A preferred providers list will also be developed as resources for consumers. Gap Filling and Residential Repair and Renovation (RRR) program utilization data will be analyzed to help identify the types of assistance older adults need the most and the scope of services will be developed.

Designing Handyman service as an expansion of the existing Gap Filling or RRR will be considered. Private funds raised by AgeSmart Development Association for the Aging may be utilized for the Handyman pilot.

FY22 Service Priorities

The service priorities for FY22 are outlined below.

Should the amount of federal or state funding for FY22 decrease, AgeSmart will revise the service priorities based on the needs of a service developing a plan that would cause the least harm to consumers.

SERVICE DEFINITION	PROJECTED PERSONS SERVED IN FY22	PROJECTED UNITS OF SERVICE IN FY22
Title III-B Access Ser	vices	
Assisted Transportation	250	4,200
(Provided by multiple grantees in portions of Clinton, Madison and	d St. Clair counties)	
Providing transportation and an escort to older persons who have difficulty using regular transportation. Assisted Transportation is "door-to-door", and the escort will often wait with the older person at the doctor's office or other destination.		
Information & Assistance (I & A)	25,000	35,000
(Provided by AgeSmart and multiple grantees throughout the serv	vice area)	
Providing current information on opportunities and services available within their communities; links the individuals to the opportunities and services that are available; and, to the maximum extent practical, ensures that the individuals receive the services needed by establishing adequate follow-up procedures.		
Options Counseling	450	800
(Provided by multiple grantees throughout the service area) Providing a person-centered, interactive, decision-support prodeliberations to make informed long-term support choices in the values.		

Transportation
(Provided by multiple grantees throughout the service area)

Transporting older persons to and from community facilities and resources for the purpose of acquiring and receiving services, participating in activities and attending events in order to reduce isolation and promote successful independent living.

Title III-B In-Home Services			
Residential Repair & Renovation	200	200	
(Dura viole of have a see a superior a flavorable out the analysis and a)			

500

20,000

(Provided by one grantee throughout the service area)

Assisting older persons with physical or cognitive problems to maintain or adapt their homes to meet their needs.

Title III-B Community Services			
Health Screening	25	100	

(Provided by one grantee throughout the service area)

Utilizing a community nurse, the service identifies and evaluates the health needs of older persons and linking them to the healthcare system.

Legal Assistance	450	3,800
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(Provided by one grantee throughout the service area)

Services include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person.

Title III-C1 Community Services

Nutrition Services: Congregate Meals 2,000 24,000

(Provided by multiple grantees throughout the service area)

Providing nutritious meals in congregate setting.

Title III-C2 In-Home Services

Nutrition Services: Home Delivered Meals 3,200 500,000

(Provided by multiple grantees throughout the service area)

Providing nutritious meals delivered to older persons who are homebound because of illness or disability.

Title III-D Community Services

Disease Prevention & Health Promotion Program 100 300

(Provided by one grantee throughout the service area)

Providing evidence-based wellness programs to promote better health among older persons.

Title III-E Access Assistance Services

Case Management for Grandparents Raising Grandchildren	40	150

(Provided by one grantee throughout the service area)

A service that assists Grandparents Raising Grandchildren in obtaining access to the services and resources available within their communities. To the maximum extent practical, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

Information & Assistance for Caregivers 2,100 2,600

(Provided by AgeSmart throughout the service area)

A service for caregivers that provides current information on opportunities and services available within their communities; links the individuals to the opportunities and services available. The term "family caregiver" means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

Title III-E Information Services

Public Education25025

(Provided by AgeSmart throughout the service area)

Information service that is directed to large audiences of current and potential caregivers.

Title III-E Counseling			
Counseling	200	600	
(Provided by two grantees for Bond, Madison, and St. Clair Counti	es)		
In-home personal counseling service for caregivers.			
Title III-E Respite Serv	rices		
Respite	125	19,000	
(Provided by AgeSmart throughout the service area)			
Providing temporary, substitute support to allow Family Caregiv	ers a brief period for rest o	r to attend to other	
needs.			
Respite for Grandparents Raising Grandchildren	1	60	
(Provided by one grantee throughout the service area)			
Providing temporary, substitute support to allow Grandparents	a brief period for rest or to a	attend to other needs	
Title III-E Supplemental S	ervices		
Gap Filling for Caregivers	2	2	
(Provided by one grantee throughout the service area)			
A supplemental service for caregivers that provides financial assis	ance on a case-by-case ba	sis.	
Gap Filling for Grandparents Raising Grandchildren	30	40	
(Provided by one grantee throughout the service area)			
A supplemental service for Grandparents Raising Grandchildren the basis.	nat provides financial assista	nce on a case-by-cas	
Legal Assistance for Caregivers	85	370	
(Provided by one grantee throughout the service area)			
Services include arranging for and providing assistance in reso rights, including legal advice, research and education concerning			

law, a trained paralegal professional (supervised by an attorney) and/or a law student (supervised by an attorney) for caregivers of older persons.

Legal Assistance for Grandparents Raising Grandchildren	20	200
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(Provided by one grantee throughout the service area)

Services include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney) and/or a law student (supervised by an attorney) for grandparents raising grandchildren.

Title III-B/VII Ombudsman

Long Term Care Ombudsman

(Provided by one grantee throughout the service area)

Advocating for residents of long-term care facilities, developing rapport with residents and providing advocacy, support and education about their rights.

Title VII Elder Rights

Adult Protective Services

(Provided by one grantee throughout the service area)

A service that responds to reports of abuse, neglect, and financial exploitation of older adults 60+ and adults with disabilities 18-59 providing investigation, intervention and follow-up services to victims.

FY2022 Alzheimer's & Social Isolation Initiatives

Title III-B In-Home Services						
Telephone Reassurance	2,500	22,000				

(Provided by one grantee for St. Clair County)

Weekly telephone calls to individuals to provide psychological reassurance and reduce isolation.

Title III-E Services						
Memory Cafes	120	120				

(Provided by one grantee for Madison County)

A social gathering for people living with dementia and their family caregivers providing safe and supportive environment to socialize.

Savvy Caregiver	48	384

(Provided by two grantees for Madison and Monroe Counties)

The Savvy Caregiver Program is designed to train family and professional caregivers in the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with dementia and to be an effective caregiver.

Stress Busting	54	432

(Provided by multiple grantees for Madison and St. Clair Counties)

The Stress-Busting Program provides caregivers information about stress (particularly stress associated with caregiving), how to deal with stress through relaxation and problem solving, and how to care for themselves while caring for a loved one with dementia.

Other Services

Veterans Directed Home and Community Based Services

AgeSmart works in partnership with the Marion and St. Louis Veterans Administration Medical Centers to help veterans live independently in the community. Options Counselors support veterans in developing a service package to meet their needs, helping them to maintain their independence.

Senior Medicare Patrol

Senior Medicare Patrol (SMP) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

The Illinois SMP program is administered through AgeOptions in Suburban Cook County and AgeSmart participates in this statewide initiative serving as the SMP Coordinator for the Southern Illinois counties.

Senior Health Assistance Program

Senior Health Assistance Program (SHAP) offices offer seniors information and free help filling out applications for programs.

Senior Health Insurance Program (SHIP)

SHIP is a free health insurance counseling service for Medicare beneficiaries, their families, and caregivers. Consumers are provided information, assistance and resources about applying for and maintaining their Medicare coverage.

Senior Farmer's Market Nutrition Program

The Senior Farmers' Market Nutrition Program provides low-income seniors with vouchers that can be exchanged for eligible foods at farmers' markets and roadside stands. AgeSmart distributes the vouchers to eligible seniors who self-report their income.

NCOA Benefit Enrollment Center (BEC)

Benefit Enrollment Centers (BEC) are a national network that help low-income individuals with Medicare enroll in food assistance, energy assistance, healthcare benefits and more.

Adult Protective Services

Each year hundreds of thousands of older persons are abused, neglected, and exploited. Many victims are older, frail, and vulnerable and cannot help themselves and depend on others to meet their most basic needs. Abusers of older adults are both women and men, and may be family members, friends, or "trusted others." The **Adult Protective Services**, under authority of the Illinois Adult Protective Services Act, responds to reports of alleged abuse, neglect, or financial exploitation of persons 60 years of age and older, and of persons age 18-59 with disabilities living in the community. It is designed to build upon the existing legal, medical, and social service systems in place, and ensures the system is more responsive to the needs of abuse victims.

Types of Abuse

- Physical Abuse inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.
- Sexual Abuse non-consensual sexual contact of any kind.
- Neglect the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- Exploitation the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else's benefit.
- Emotional Abuse inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.
- Abandonment desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.
- Self-neglect characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.

AgeSmart serves as the Regional Administrative Agency for the Illinois Adult Protective Services as designated by IDOA and, in turn, grants funds to a local agency to insure direct client services are provided. Every month, approximately 80 abuse and neglect cases are reported to Adult Protective Services in PSA08.

To Report Abuse

Call the Southwestern Illinois Visiting Nurse Association: **1-800-642-5429** or 24-hour **Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY).** Any person can voluntarily report. By law, anyone making an Adult Protective Services report in good faith has civil and criminal immunity from liability and professional disciplinary action. All reports are kept confidential and anonymous reports are accepted.

Administration

Administrative Activities

The OAA restricts AgeSmart administrative cost to 10% of the Title III funding. AgeSmart's proposed administrative expenses and activities for FY22 are as follows.

Budget: \$325,000

Activities include but are not limited to:

- Implement Area Plan assurances
- Implement Area Plan Statewide and Local Initiatives
- Procure Federal and State funds
- Develop and implement RFP process to award grants for services
- Maintain NAPIS/ESP program databases
- Monitor grantees in program and fiscal performance including on-site reviews
- Provide technical assistance and training for grantees
- Comply with IDOA requests and requirements
- Complete annual Agency financial audit
- Write and disseminate an annual report
- Follow Civil Rights regulations and monitor grantees' adherence
- Provide Board Management training for the Board of Directors
- Provide Service Procurement training for the Advisory Council
- Provide administrative support for the Board of Directors and Advisory Council
- Maintain AgeSmart's website (<u>www.AgeSmart.org</u>) to provide the public with 24/7 access to comprehensive aging resources
- Administer and coordinate Farmers Market Coupon Program

Administratively Related Activities

In addition to the 10% administrative cost, AgeSmart retains part of III-B supportive service funds for the Administratively Related Direct Services, which are Advocacy, Coordination, and Program Development. AgeSmart's proposed administratively related expenses and activities for FY22 are as follows.

Advocacy

AgeSmart educates public officials and the community on aging issues and assist them in addressing the needs of the aging population. We also monitor proposed legislation and polices at the federal, state and local levels.

Budget: \$93,000

Activities include but are not limited to:

- Coordinate advocacy campaigns to promote policies and services for older Illinoisans
- Participate in delivering policy and budget priorities to state legislators
- Participate in the National Association of Area Agencies on Aging's Policy Briefing and Capitol Hill Day; provide AAA board, Advisory Council, service providers, and the general public with advocacy alerts facilitating grassroots participation on issues of importance to seniors and persons with disabilities
- Provide legislators with information regarding constituencies including but not limited to demographics, service trends, number of consumers served to address the area's needs
- Visit legislators (2 senators, 2 congressional representative, 9 state senators, and 7 state representatives) and stay in constant contact regarding important issues regarding beneficiaries (locally and in Springfield)
- Seek contact with 7 county boards, over 50 mayors and village presidents, 133 township and precinct supervisors
- Advisory Council hosts monthly meetings throughout the Aging Network to address advocacy issues
- Serve as a catalyst for local community elected officials who are interested in programs for their 60+ citizens and meet with them individually on multiple occasions
- Encourage the media to highlight issues pertaining to older adults and their caregivers

Coordination

AgeSmart coordinates efforts with a variety of local organizations in the PSA to develop a comprehensive and coordinated system of community-based services for older adults.

Budget: \$51,000

Activities include but are not limited to:

- Coordinate efforts throughout AgeSmart's PSA for the Senior Health Assistance Program (SHAP) / Senior Health Insurance Program (SHIP) / MIPAA (Medicare Improvements for Patients and Providers Act) / Aging and Disability Resource Center (ADRC) / Options Counseling
- Attend numerous health and senior fairs throughout the PSA
- Participate in quarterly meetings with the CCU and CCP providers

- Serve as a catalyst for local community elected officials who are interested in programs for their 60+ citizens by meeting with them individually on multiple occasions
- Serve as Senior Medicare Fraud Patrol Volunteer Coordinator
- Work with local Lions Clubs to offer eye screenings
- Serve on the following state and local committees:
 - Illinois Alliance of Information & Referral Systems (AIRS)
 - Illinois Nutrition Advisory Council
 - Illinois Coalition of Mental Health and Aging
 - Illinois State 211 Board
 - Southern Illinois Human Service Transportation Planning Committee (Region 9 & 11)
 - United Way of Greater St. Louis 211 Advisory Committee
 - Breakthrough Coalition Steering and Advocacy/Communication Committees
 - Southwestern Illinois Pioneer Coalition Leadership
 - Aging and Disabilities Resource Center Leadership Team
 - Belleville Chamber of Commerce Community Services Committee
 - Belleville Chamber of Commerce Healthcare Committee
 - St. Clair County Emergency Preparedness
 - St. Clair County Healthcare Commission
 - Southwestern Illinois College Human Services Department Advisory Council
 - O'Fallon Chamber of Commerce Healthcare and Wellness Committee
 - Older Adults Health Council
 - Madison County Mental Health Alliance
 - Madison County TRIAD
 - Southern Madison County Community Collaborative
 - St. Clair County Elder Justice Council
 - St. Clair County Suicide Prevention Alliance
 - Reveille Veterans Services Network
 - Community Engagement Network
 - St. Clair County Council of Partners
 - Tri-county Financial Fraud Coalition
 - Make Health Happen-Greater East St. Louis
 - St. Clair County Violence/Safety Committee
 - St. Louis Elder Financial Protection Multi-Disciplinary Team
 - Healthier Together St. Clair County

Program Development

Responding to unique local needs, AgeSmart develops new programs and services that promote health and independence of older adults. Through the process of assessing community needs and analysis of the existing service system, we identify the need and develop a pilot or expand existing programs to fill the gap.

Budget: \$93,000

Activities include but are limited to:

- Encourage innovation through pilot programs and prototypes
- Provide grantees with training opportunities to assist in developing innovative solutions
- Develop and implement new programs
- Follow Request for Proposal procedures to procure service providers
- Utilize the Advisory Council throughout the granting process
- Participate as members on the following IDOA Councils: Nutrition, Elder Abuse, Caregiver, and Long-Term Care Ombudsman
- One staff member is certified in Federal Grants Management by Management Concepts, Inc.
- Train grantees in program, fiscal, and NAPIS reporting
- Attend Adult Protective Services and Ombudsman related trainings
- Maintain Illinois Food Service Sanitation Manager Certified staff member
- One staff member is trained as a Master Trainer for A Matter of Balance Program

Services Directly Provided by AgeSmart

AgeSmart proposes to continue to provide III-B/E Information & Assistance, III-B Options Counseling, III-E Public Education, and Respite and requests Direct Service Waivers in order to directly provide these services in FY22.

III-B/III-E Information and Assistance

AgeSmart provides area-wide Information & Assistance (I&A) and Options Counseling as a single point of entry serving older adults, their caregivers and people with disabilities in the seven-county region.

Synopsis of Activities

- Provide individuals with current information on opportunities and services available
- Assess problems and capacities of older adults and caregivers
- Establish adequate follow-up procedures based on the older individual's or caregiver's needs
- Maintain a resource database for PSA 08
- Provide Aging IS and ESP technical assistance to grantees
- Utilizing warm transfer feature to connect callers to grantees and Aging Network services
- Maintain Certified Information & Referral Specialists for Aging (CIRS-A)
- Maintain AgeSmart website (<u>www.AgeSmart.org</u>) to provide consumers with 24/7 access to aging resources
- Provide education programs to the public

Justification

AgeSmart funds eight local service providers to deliver I&A in their communities, additionally AgeSmart itself serves as a single point of entry responding to service requests from the entire planning and service area and beyond. The Elder Care Locator managed by the National Association of Area Agencies on Aging directs callers directly to their local Area Agencies for I&A. This single point of entry is necessary for older adults and caregivers not to be overwhelmed by multiple agencies and numerous phone numbers. At the same time, it is imperative that consumers find "no wrong door" when seeking information. AgeSmart's I&A service complements the area I&A efforts throughout the Aging Network with both grantees and other providers.

Expansion of Direct Service in St. Clair County.

In FY21 AgeSmart planned to pilot an expansion of I&A in St. Clair County, however this was put on hold due to the COVID pandemic. The expansion would include the communities of Dupo and Cahokia incorporating the service delivery model AgeSmart has been using with the NCOA Benefits Enrollment Center grant. This service delivery is based on meeting consumers where they are and following up with consumers who

inquire about one benefit but may be eligible for other services and benefits. Dupo and Cahokia have not had adequate I&A/OC services due to funding and staffing. AgeSmart is now positioned to provide these services to people in their own community.

AgeSmart's location in St. Clair County, which has nearly 40% of the region's 60+ and 70% of the minority population, allows AgeSmart to directly reach those with the greatest need and to serve as the information hub, providing training and technical assistance to local I&A providers. There is no other local agency for providing I&A at this capacity.

III-B Options Counseling

AgeSmart provides Options Counseling services throughout the entire PSA to all persons with disabilities aged 18+ and older adults who request current long-term support services and/or persons of any age who are planning for the future regarding long term support services without regard to income or assets.

Synopsis of activities:

- Outreach to all communities on the service and its value in planning
- Personal interview
- Exploration of resources
- Decision support
- Goal setting
- Links to available services
- Follow up with consumers

Justification

AgeSmart is the focal point in the seven-county region for Information and Assistance services for coordination of services and training. Options Counseling forces a paradigm shift from an older medical model approach in Information and Assistance services to a person-centered model. AgeSmart is already in the position to coordinate, train, and update the existing network in this more extensive manner of delivering Information and Assistance services. As with Information and Assistance, AgeSmart's Options Counseling complements the PSA efforts in providing consumers with the best, most up-to-date information and resources.

Expansion of Direct Service in St. Clair County.

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Cahokia have not had adequate I&A/OC services due to funding and staffing. AgeSmart is now positioned to provide these services to people in their own community.

Program	Budget	Projected Persons	Projected Units
Title III-B Information & Assistance	\$60,000	4,300	8,000
Title III-E Information & Assistance for Caregivers	\$24,000	2,100	2,600
Title III-B Options Counseling	\$12,000	100	200

III-E Public Education

AgeSmart provides Public Education for family caregivers of older adults in the sevencounty region. Through educational events, community presentations, and media campaigns, the program provides valuable information, resources, and support for family caregivers and encourages them to utilize available programs and services.

Synopsis of Activities

- Attend local Health and Information Fairs in the communities reaching out to caregivers
- Conduct community presentations which provide information and resources as well as link caregivers to needed services and benefits
- Provide caregivers with on-the-spot access to information through the resource database and website
- Co-Host the annual Surviving Caregiver Conference that is designed to educate and support caregivers
- Host the annual Aging Expo
- Use online newsletter and social media to engage public and promote Home and Community-Based Services

Justification

The area has many Health & Informational Fairs that AgeSmart spends considerable staff time attending. Due to limited time and the high cost of space rental, most grantees are not able to attend these events. AgeSmart also has the capability to have the Resource Database at the events using mobile devices. This allows us to provide on-the-spot individual assistance to caregivers. No other agency exists to fill this gap.

Program	Budget	Projected Persons	Projected Units
Title III-E Public Education	\$30,000	250	25

III-E Respite

AgeSmart administers Respite care program for primary caregivers of persons 60 and older throughout the seven-county region. Respite care is a short-term relief designed to provide a break from the physical and emotional stress of caregiving. The service offers caregivers the flexibility and freedom in choosing their respite care providers.

Synopsis of Activities

- Assessments
- Verify monthly Respite service forms, assist in completing the form and make follow-up phone calls, if needed
- Maintain the Respite client database, tracking service utilization
- Reimburse caregivers up to \$100 per month for Respite care
- Provide caregivers with information on educational opportunities and resources to help with their caregiving

Justification

In 2002 AgeSmart funded a respite service program using a community agency to provide services. This service was severely underutilized for several reasons: caregivers did not want strangers in their homes, cost did not allow for enough hours of service, service hours were not available when caregivers needed them. Efforts were made to find other agencies with the flexibility needed by caregivers, but none were found.

AgeSmart implemented a consumer-directed Respite program model in 2003 in response to underutilization of the service using a community agency. The consumer-directed model empowers caregivers to select the Respite care provider best suited to their needs and negotiate the payment amount. AgeSmart, serving as the administrator of the program, reimburses eligible caregivers up to \$100 per month. Since implementation, the number of caregivers using Respite has significantly increased and the average cost per hour has decreased.

In FY20, 174 caregivers were provided with 18,689 hours of respite. The number of participants increased by 10% compared to FY19 and the average cost per hour was \$9.24. In comparison, if the Community Agency Service Model had been used, the number of funded hours available would have been 3,946, which is less than 25% of actual provided hours. Cutting these costs increases the funds available to caregivers and AgeSmart is the most logical entity to provide the service directly to keep the costs down. Over 90 percent of the budget goes directly to the program and AgeSmart retains \$12,000 for administrative costs.

In FY20, AgeSmart began the implementation of Tailored Care (T Care), an evidence-based caregiver assessment and care plan program. T Care allows AgeSmart Staff and caregivers to assess the current caregiving situation and plan for future needs which helps avoid hospitalizations and skilled care placement. Since AgeSmart began funding

Respite, the local Case Coordination Unit has completed all initial and annual assessments of caregivers for the program. Beginning in FY22, AgeSmart will incorporate T Care into Respite assessment utilizing AgeSmart Options Counselors. It will allow AgeSmart to perform a holistic assessment of caregivers and assist in the development of care plans. This modification will enhance the care management for Respite clients and strengthen the communication between AgeSmart and the participants.

Program	Budget	Projected Persons	Projected Units
Title III-E Respite	\$100,000	125	19,000

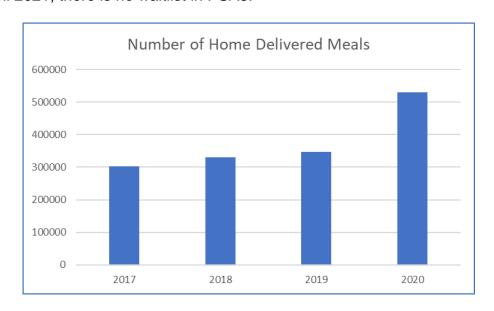
Home Delivered Meals

The region's nutrition programs are deeply impacted by the ongoing COVID-19 pandemic. The network has seen a significant increase in demand for home delivered meals. Our network of dedicated service providers continues to deliver meals to homebound seniors and check on their well-being to help reduce feeling of isolation and loneliness.

In FY20, AgeSmart provided 529,353 home delivered meals to 5,158 homebound older adults. The number of meals increased 53% from the previous year, while the total number of consumers increased by 2,858 over the period.

Over 34,000 shelf-stable meals were provided to all home delivered meal clients including congregate diners who were receiving meals at home during the pandemic. Shelf-stable meals serve as emergency meals when normal meal delivery is not feasible due to inclement weather or other emergency situations. Senior centers were able to utilize shelf-stable meals during the center closure due to COVID.

AgeSmart will continue to monitor the situation and ensure that social and economic needs of vulnerable older adults are addressed during this pandemic. As of April 2021, there is no waitlist in PSA8.



AgeSmart Home Delivered Meals Clients Characteristics











Other Funding Possibilities

While AgeSmart's main sources of funding are the federal Older Americans Act and Illinois General Revenue Funds, AgeSmart has made progress in securing grant funds from sources other than the Older Americans Act to enhance current programs and develop new programs. The Advisory Council has an active Outreach & Development Committee to assist in accessing additional funds. Possible funding sources for AgeSmart include the following.

The Development Association for the Aging

The Development Association for the Aging (DAA) was created as a response to dwindling State and Federal Funds. The DAA is organized exclusively for charitable, educational, religious, or scientific purposes as a nonprofit organization to support the efforts of AgeSmart. The primary purpose of the DAA is to offer and provide support to older persons and the families of older persons as well as to agencies serving these populations. The region will see services for older adults increase and programs to be enhanced as the DAA grows and develops. The DAA is managed by a volunteer board of directors and currently employs no staff. Since FY11, DAA has provided nearly 1,300 home delivered meals to the older adults who would otherwise have been denied the service due to lack of funding. DAA also provided over \$5,000 of emergency funds for older adults in need.

Veterans Directed Home and Community Based Services

AgeSmart is collaborating with the Marion, Illinois and St. Louis, Missouri Veteran's Medical Centers to offer the Veterans Directed Home and Community Based Services Program (VDHCBS). VDHCBS is a program to provide home and community-based services to help veterans stay at home and remain in the community. It is a collaboration between the Veterans Health Administration (VHA), the Administration on Community Living (ACL), the Illinois Department on Aging (IDOA), the thirteen Illinois Area Agencies on Aging (AAAs), and currently two Missouri Area Agencies on Aging. VDHCBS serves veterans of any age that are at risk of nursing home placement, and their family caregivers. This creates another source of revenue for AgeSmart.

Changes in Funding

For the purpose of this document, the FY22 Governor's proposed budget is used to estimate the funding level. When the actual funding allocation is received, AgeSmart will adjust in the way that causes the least disruption to services.

Funding Increase

Should the amount of Federal or State funding increase during the FY22 funding cycle:

- AgeSmart's Board of Directors will determine the services and funding level based on the needs of the communities.
- Considering greatest needs, any increases in funding by a specific title may be used to expand/enhance existing services, to fund new pilot programs, and/or to offer innovative grants.

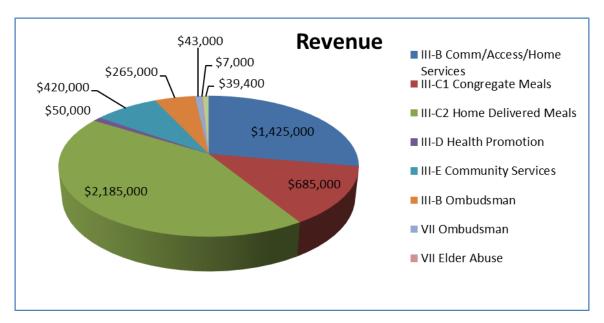
Funding Decrease

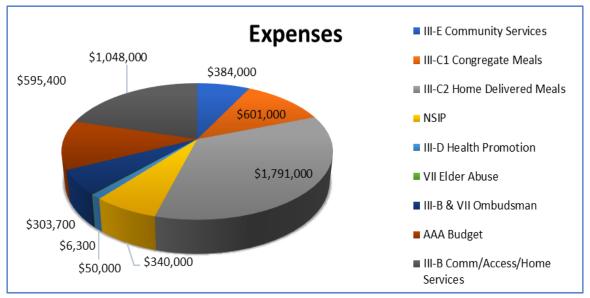
Should the amount of Federal or State funding decrease during the FY22 funding cycle:

- Decreases will come from the affected title.
- AgeSmart will revise the service priorities and appropriately adjust the funding to the services so that reduction of the funding will cause the least amount of harm to the consumers.

The following pages demonstrate estimated revenues and expenses for FY22. This projection is subject to change based on changes to funding levels if there is a sequestration or other budgetary impacts from the Federal or State government.

FY22 Projected Revenues and Expenses





Revenues and Expenses Projected for FY22

Revenues Projected for FY22

							VII	VII		
SOURCE	IIIB	IIIC-1	IIIC-2	IIID	IIIE	III OMB	OMB	ELD	OTHER	TOTAL
ALLOCATIONS	650,000	850,000	500,000	48,000	340,000	44,000	43,000	7,000	0	2,482,000
		-								
TRANSFERS	50,000	190,000	140,000	0	0	0	0	0	0	0
STATE FUNDS	700,000	0	1,200,000	0	75,000	221,000	0	0	39,400	2,235,400
NSIP	0	0	340,000	0	0	0	0	0	0	340,000
CARRYOVER	25,000	25,000	5,000	2,000	5,000	0	0	0	0	62,000
TOTAL AVAILABLE	1,425,000	685,000	2,185,000	50,000	420,000	265,000	43,000	7,000	39,400	5,119,400

Title	Older Americans Act Programs
III B	Transportation, Assisted Transportation, Information & Assistance, Options Counseling, Legal, and Residential Repair & Renovation
III C-1	Congregate Meals
III C-2	Home Delivered Meals
III D	Health Promotion Programs
III E	Caregivers & Grandparents Raising Grandchildren Services – Information & Assistance, Public Education, Case Management, Legal, Counseling, Respite and Gap Filling
III OMB	Ombudsman
VII OMB	Ombudsman
VIII ELD	Adult Protective Services

Revenues and Expenses Projected for FY22 (continued)

Expenses Projected for FY22

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ADDITIONS						0145	VII	\/!! E! D	OTUED	TOTAL
APPLICATIONS	IIIB	IIIC-1	IIIC-2	IIID	IIIE	III OMB	OMB	VII ELD	OTHER	TOTAL
Assisted Transportation	115,000									115,000
Transportation	240,000									240,000
Information & Assistance	328,425				24,000					352,425
Options Counseling	42,000									42,000
Case										
Advocacy/Management					7,500					7,500
Legal Services	200,000				40,000					240,000
Residential Repair &										
Renovation	15,000									15,000
Telephone Reassurance	59,575									59,575
Congregate Meals		601,000								601,000
Home Delivered Meals			1,791,000							1,791,000
NSIP		0	340,000							340,000
Health Programs	48,000			50,000						98,000
Public Education					30,000					30,000
Counseling					72,000					72,000
Support Groups					24,000					24,000
ADRD Education					45,500					45,500
Respite					116,400					116,400
Gap Filling					24,600					24,600
Ombudsman						265,000	38,700			303,700
Elder Abuse					_			6,300	0	6,300
AAA Budget	377,000	84,000	54,000		36,000		4,300	700	39,400	595,400
	1,425,000	685,000	2,185,000	50,000	420,000	265,000	43,000	7,000	39,400	5,119,400