



Illinois Department on Aging FY21 Strategic Budget Overview JB Pritzker, Governor

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Mission Statement

The Department on Aging's mission is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage **independence, dignity and quality of life.**

Respect for yesterday, support today, and plan for tomorrow.

- Implement innovative and evidence-based programs to support older adults ability to remain in the community and avoid premature institutionalization.
- Maximize federal, state, local and private resources to increase healthy aging options and social programs for older adults.
- Promote responsive management, accountability and advance technologies to meet the needs of the most vulnerable while create efficiencies in statewide systems.



Year 1 Pritzker Administration Aging Accomplishments

- **Stabilized** the Aging Network by increasing rates for the direct service providers in the Community Care Program.
- **Collaborated** with sister agencies, network providers and Illinois Universities.
- **Expanded** support to older adults and their caregivers by implementing quality programs.
- **Ensured** vulnerable adults continue to “Age in Place” through the provision of various quality assurance projects.



Collaboration and the Aging Network

- Listening Tour with CCP direct service providers, Area Agencies on Aging, and Care Coordination Units.
 - 103 site visits conducted since March 2019.
 - From Rockford to Carterville; Quincy to Danville; and everywhere in between – traveling over 15,000 miles across the State of Illinois.
- Established partnerships with Northwestern, U of I Urbana-Champaign and U of I at Chicago, CHART, Health & Medicine Policy Research Group, Alzheimer's Association, and the Retirement Research Foundation to support development of innovative models.





Adult Day Service - *In their own words*

Two years ago, Toby (79) was hospitalized with swelling of the brain. She was an Adult Day Service participant for 8 years. “All the food they serve is nutritious, and it helps that we can eat two hot meals a day. I could not wait to get back to Adult Day Service and as soon as I got better, we went. People there remember my birthday and help me celebrate. They make us feel useful.”

-Moses and Toby F., Adult Day Service Participants

“I don’t know what I would do if I couldn’t attend Adult Day Service. Before I could drive and now, I can’t even go out to the park or get food by myself. In Adult Day Service, I am fed twice a day. I can play billiards with my friends, they take us to the park where I can breathe fresh air, and even dance once in a while.”

-Lionel G., an Adult Day Service Participant





Stabilized the Aging Network

- Rate increases for direct service providers working under the community care program
 - Addresses workforce turnover and retention
 - Service rates increased: In-Home Services, Emergency Home Response, Adult Day Services and Transportation
- Rate increases for Care Coordination Units address assistance with Medicaid applications and development of person-centered care plans
 - Comprehensive initial assessments and reassessments

Service	Previous Rate	Current Rate	% Increase
In-Home Service	\$18.29	\$21.84	19.4%
Adult Day Service	\$9.02	\$14.30	58.5%
Adult Day Transportation	\$8.30	\$10.29	24.0%
Emergency Home Response Installation	\$30.00	\$40.00	33.3%
Care Coordination - Redetermination	\$107.07	\$174.00	62.5%
Care Coordination – Initial Assessment	\$142.73	\$342.73	140.1%

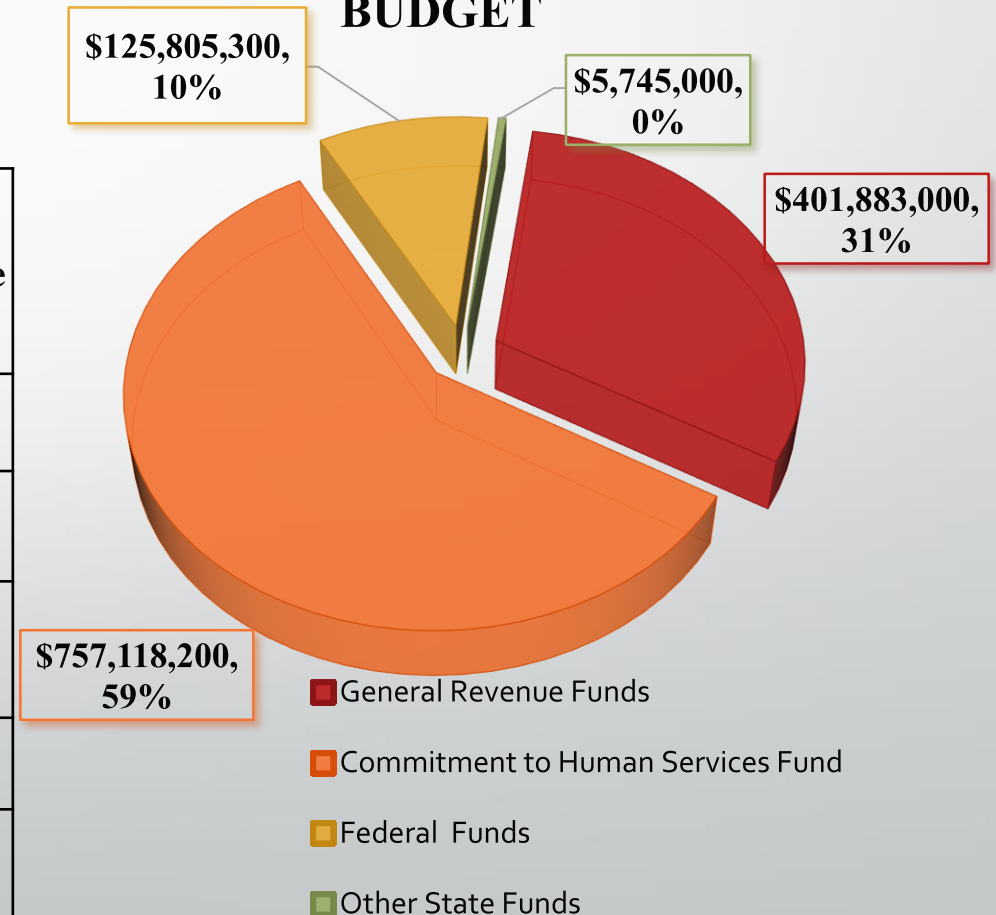


Executive Summary

This budget will address necessary growth and maintenance of programs that help Illinois seniors remain in their homes and community.

<i>\$'s in thousands</i>	FY20 Enacted Budget	FY21 Governor's Introduced Budget	\$ Difference	% Difference
General Revenue Funds	\$240,431.7	\$401,883.0	\$161,451.3	67%
Federal Funds	\$124,913.7	\$125,805.3	\$891.6	1%
Commitment to Human Services Fund	\$814,450.7	\$757,118.2	(\$57,332.5)	-7%
Other State Funds	\$5,745.0	\$5,745.0	\$0	0%
Total	\$1,185,541.1	\$1,290,551.5	\$105,010.4	9%

FY21 GOVERNOR'S INTRODUCED BUDGET





By the numbers

Program	FY20 Enacted Budget	FY21 Governor's Introduced Budget	FY19 Data Points
Aging Client Protection and Rights	\$32,650,000	\$36,750,000	
<i>Ombudsman Program</i>			<i>30,000 Consultations</i>
<i>Adult Protective Services</i>			<i>20,100 Reports</i>
Community Care Program	\$959,932,500	\$1,066,000,000	
<i>Community Care Program Services</i>			<i>71,000 Seniors / month</i>
<i>Care Coordination</i>			<i>270,000 Assessments</i>
Community Support Services	\$157,271,800	\$161,115,700	
<i>Older Americans Act Services (Including Nutrition Services)</i>			<i>511,000 Seniors</i>
Service Access	\$7,549,100	\$7,848,400	
<i>Senior Health Assistance Program</i>			<i>103,407 Medicare Consultations</i>
<i>Senior Helpline</i>			<i>153,507 Phone calls</i>



Ensuring vulnerable older adults are able to “Age in Place”

➤ **Person Centered Planning**

Aligning with federal requirements to meet the unique self-directed needs of our vulnerable older adults.

➤ **Critical Event Reporting**

Using automated reporting application to obtain data and identify trends, patterns and common themes regarding critical events that impact older adults' ability to continue to “Age in Place”

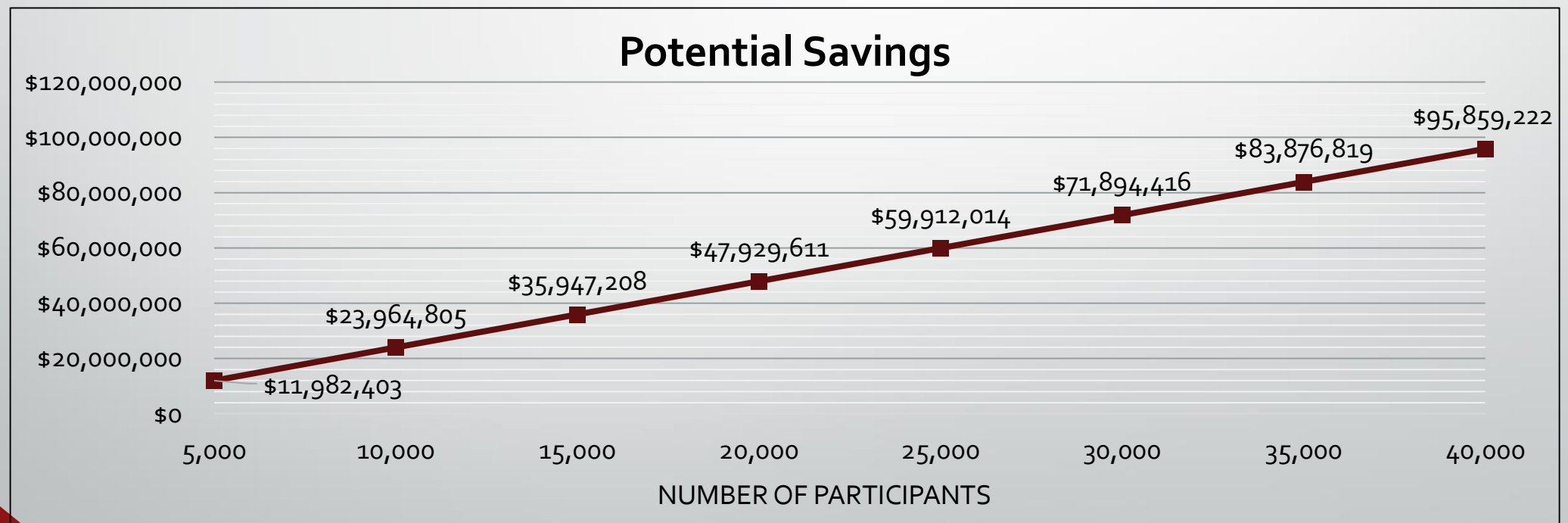
- Prevention: Falls, ER visits, Hospitalizations
- Monthly quality webinars
- Shaping policy and practice based on evidence coming from the field

➤ **Adult Protective Services**

Elder Abuse Task Force was established in response to the legislative mandate to investigate the effectiveness of current elder protective services and laws, barriers to prosecution, increase public awareness and identify a long-range plan to combat elder abuse.

CCP Costs vs. Nursing Facility Costs

- In FY19, the average monthly cost of care for an individual on CCP was \$965.91*. The average monthly cost of care in a state paid nursing facility for FY19 was \$3,362.39. For every month a Medicaid individual remains on CCP, the state saves \$2,396.48.



*CCP costs do not include room and board



FY21 Budget – Community Care Program (CCP)

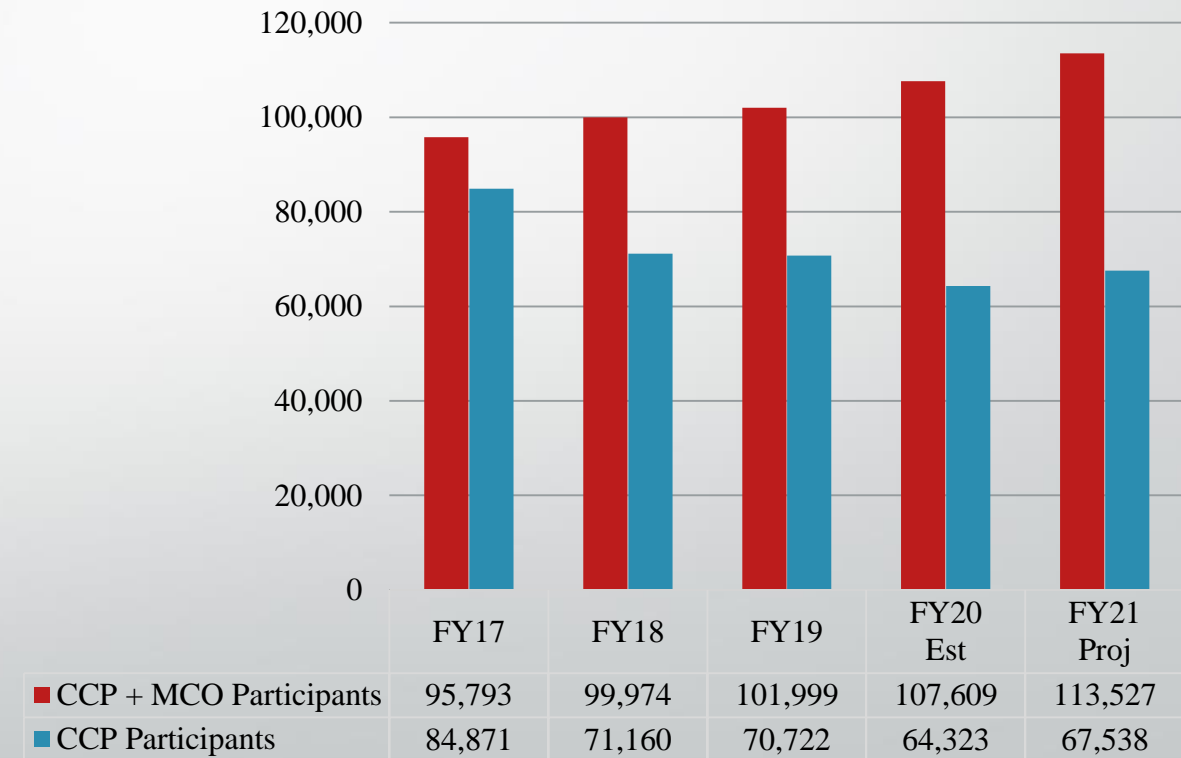
- IDoA's priorities include a more targeted approach to supporting CCP participants identified as being at high risk of nursing facility placement based on analysis of critical event and assessment data. IDoA continues to collaborate with the Care Coordination Units (CCUs) and sister agencies to maximize Medicaid enrollment.
- The FY21 budget for care coordination request totals \$83M which will allow for:
 - Aligning intensive casework and intensive monitoring activities with identified risk factors
 - Implementing mandatory 6-month face-to-face monitoring visits
 - Maintain focus on meeting federal Medicaid Waiver requirements specific to annual reassessments
 - Ensuring CCUs assist individuals with applying for Medicaid benefits



FY21 Budget – Community Care Program (CCP)

- IDoA’s budget priorities included continued support of older adults’ ability to remain independent and “Age in Place” through the provision of quality home and community-based services.
- CCP Services FY21 budget request totals \$983M, which is an increase of \$56.6M to address projected utilization growth and \$60M for a rate increase in In-Home and Adult Day Services. It is projected the Governor’s introduced budget will accommodate over 37M (5.5% increase) units of In-Home Service to 91% of the CCP caseload.

Illinois Elderly Program Participants:
(CCP and MCO Caseload)



Typical Community Care Program (CCP) Participant

- Female
- Widowed
- Lives Alone
- Caucasian or African American*
 - 78 Years Old
 - Income of \$16,818
 - Assets of \$2,204
 - 48 Points on the DON**
- Has 8 impairments (including the top 3 of Arthritis, High Blood Pressure and Heart Issues)
- Is receiving In-Home Services through CCP and Home Delivered Meals without other CCP services

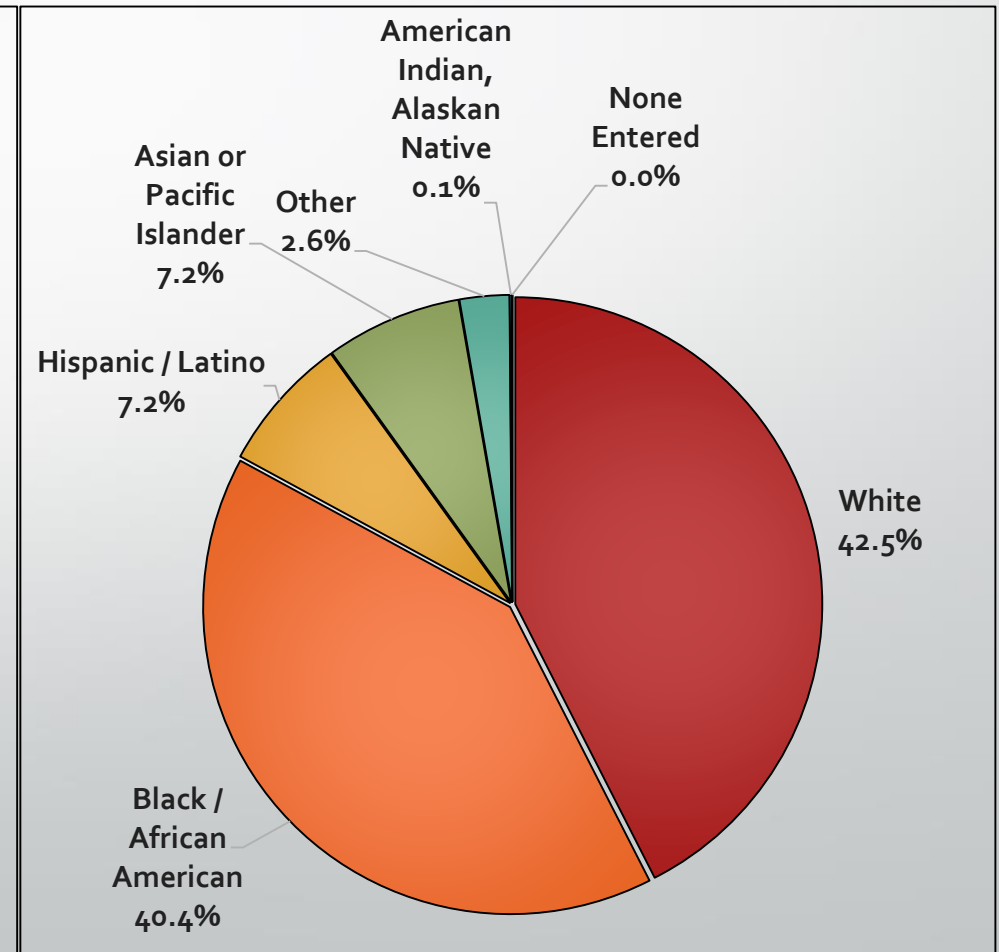
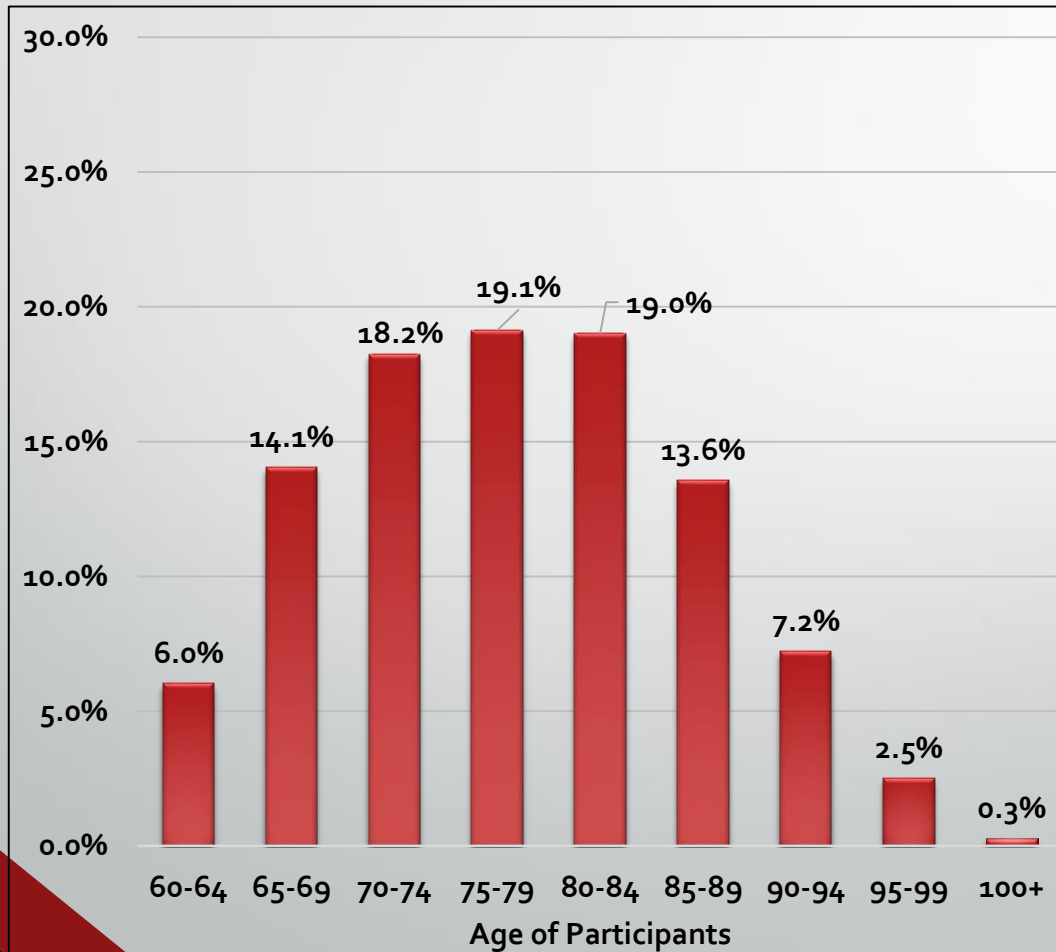


*42.5% of CCP participants are white, and 40.4% of CCP participants are black/African American

**The Determination of Need (DON) determines eligibility for CCP/NF level of care. A minimum DON of 29 is required to be eligible.

Community Care Program (CCP) Demographics Data from FY19

Breakdown of the 71,000 people receiving CCP services / month





Illinois Department on Aging

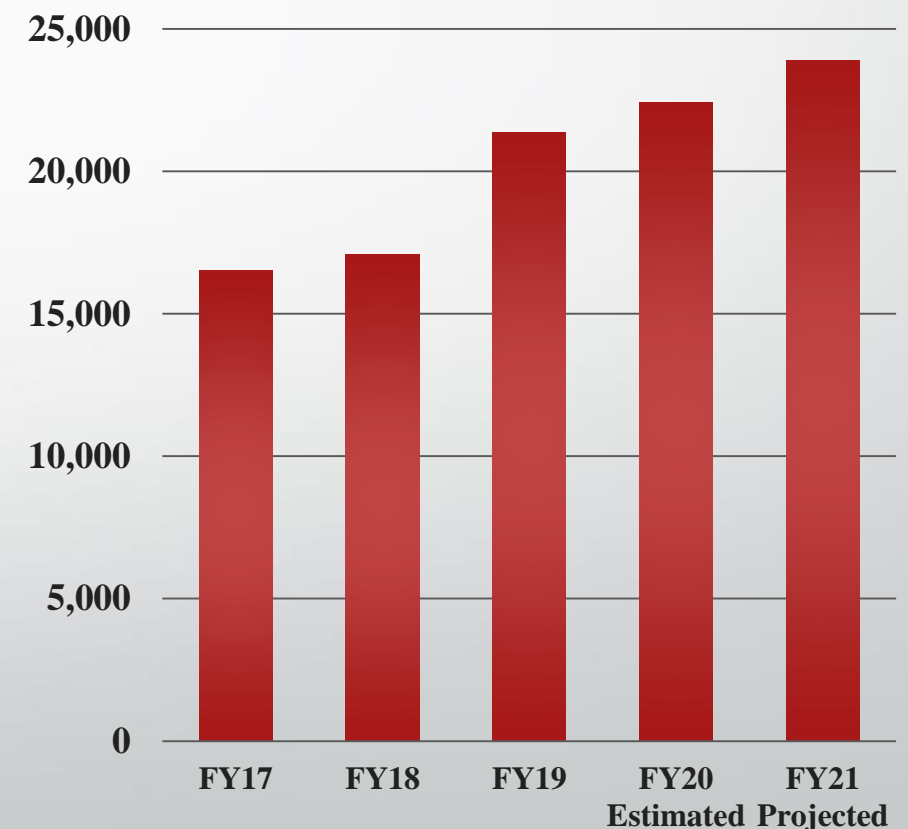
Adult Protective Services

- IDoA's budget supports the Department's priority of responding and following-up on reports of abuse, neglect, and financial exploitation of older adults and persons with disabilities through the Adult Protective Services (APS) Program and Long-Term Care Ombudsman Program.

- It is estimated that the 65+ population will increase 76% by the year 2030; increasing the number of vulnerable adults potentially exposed to abuse, neglect, and financial exploitation (ANE).
- With a \$3M grant award from the Administration for Community Living, the APS Program will soon begin a public awareness campaign for the next 3 years, to focus on providing information and outreach to seniors as well as trained mandated reporters.

- Adult Protective Services: The FY 21 budget request for APS includes a \$4.1M increase to address the projected growth in the number of reports, to stabilize the APS workforce, and to address quality improvements within the Program.

Number of APS Reports





Area Agencies on Aging

- In accordance with federal Older Americans Act regulations, IDOA has divided Illinois into 13 Planning and Service Areas (PSAs). Each PSA is managed and served by an Area Agency on Aging.
 - 12 not-for-profit corporations and one unit of local government, the City of Chicago.
- Area Agencies have the primary task of planning and coordinating services and programs for older people in their respective areas.
 - The Area Agencies receive funding from the Department based on a formula which takes into consideration the number of older adults in that area, as well as the number living in poverty, in rural areas, and alone.
- Area Agencies are not, as a rule, direct service providers.
 - Area Agencies contract with local agencies which provide services to the older people who live in the same community.

Information
(Public
Education)

**Assistance (I &
A, Case
Management)**

Counseling

Support Groups

Training

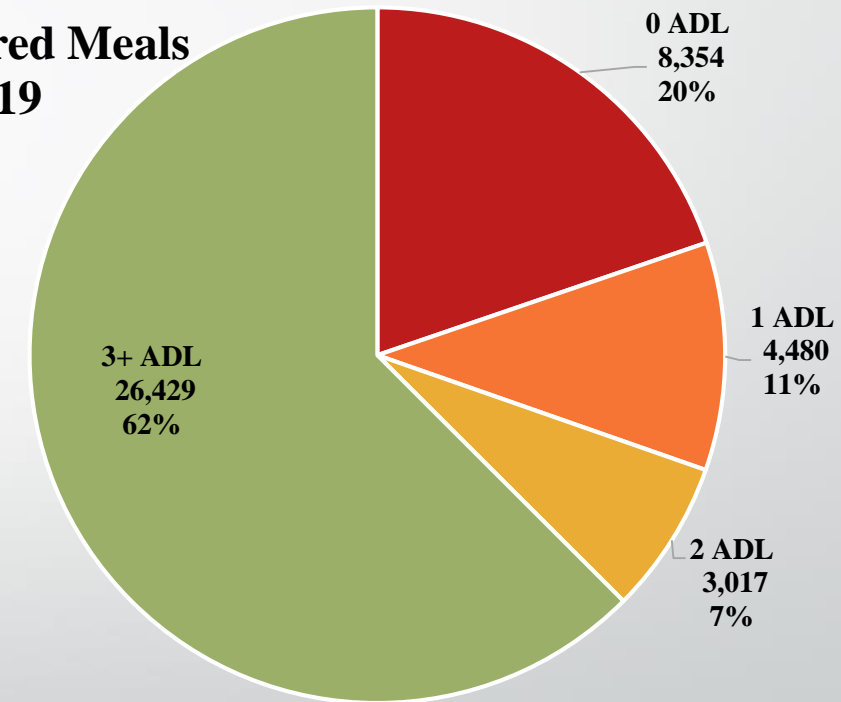
Respite

**Supplemental
Services**
(Gap-Filling,
Legal, etc.)

Older Americans Act Services

- Title III – An increase of \$2M for Home Delivered Meals (HDM) will maintain current meal levels, persons served and eliminate the 682 adults on waiting lists.
 - HDM improves quality of life and saves money over time through a reduction in chronic health problems - which in turn, may result in fewer hospitalizations and Emergency room visits.
- Title V – An additional \$1.3M is requested to supplement the \$3M in federal funding to maintain employment training at minimum wage level to eligible, low income seniors, who desire to return to the workforce.

**Home Delivered Meals
FY 2019**



- ADL (Activities of Daily Living): Everyday personal care activities that are fundamental to caring for oneself and maintaining independence.
- 0 ADL - Indicates a person has no limitations.
 - 3+ ADL - Indicates a person has 3 or more limitations. 17



Expanded Support – Area Agencies on Aging

- **Alzheimer's initiatives** expanded evidence-based programs to support vulnerable adults and family caregivers.
 - “Stressbusters”
 - “Savvy Caregivers”
- **Social Isolation initiative** collaborating with other community-based programs to address social isolation among older adults.
- **Home Delivered Meals** Increased FY21 state funding to \$25.8M for Home Delivered Meals (HDM) targeting older adults experiencing a high nutritional risk, based on a nutritional risk assessment. In FFY19/SFY20, 7.7M meals were provided to over 43,000 adults in need.





Illinois Department on Aging

Caregiver Support & Education

“Stress Busters Program”

- Providing evidence-based education and support for caregivers of people with dementia
- Decreases caregiver depression
- Decreases caregiver stress
- Increases caregiver quality of life



Caregiver Testimonials

“This program saved my life.”

“I learned to love being a caregiver.”

“I learned to look at my mother as MY MOTHER and not as a patient.”

“I am more compassionate and calm.”

“I learned that caregivers can laugh and have a good time.”

“I learned that we caregivers need to take care of ourselves.”





Collaboration with State Agencies



Illinois Department
of Corrections



Office of
Executive Inspector General
for the Agencies of the Illinois Governor



- IDPH – Reducing involuntary discharges from long-term care facilities and public health education
- IDHS – 2020 Census
- HFS – Maximizing Medicaid enrollment
- IDOC – Partnering to assist incarcerated older adults reintegrate back into their community
- OEIG and ISP – Medicaid Fraud Abuse Task Force

IDA

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