

*City of Chicago*

**PUBLIC INFORMATION DOCUMENT (PID)**

***A Summary of the Fiscal Year 2014 Amendments to  
the Fiscal Year 2012 – 2014 Area Plan on Aging***

***April 30, 2013***

***Department of Family and Support Services-  
Chicago Area Agency on Aging  
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**Evelyn Diaz  
Commissioner**

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Mayor**

## **PROPOSED FISCAL YEAR 2014 AMENDMENT 2012-2014 AREA PLAN ON AGING SUMMARY**

The Public Information Document provides a summary and highlights of the Area Plan on Aging, Fiscal Years 2012-2014 with the spending plan for Fiscal Year 2014. This document describes how the Department of Family and Support Services-Chicago Area Agency on Aging proposes to deliver services to Chicagoans, age 60 years and better, using funds from Title III and Title VII of the Older Americans Act and State of Illinois General Revenue Funds. Fiscal Year 2014 begins on October 1, 2013 and ends on September 30, 2014. The public is invited to comment on the Area Plan at any of the three Public Hearings listed below:

**Tuesday, May 14, 2013**  
**Edgewater Satellite Senior Center**  
**5917 N. Broadway**  
**10:00 A.M. - 11:30 A.M.**

**Thursday, May 16, 2013**  
**Roseland Satellite Senior Center**  
**10426 S. Michigan Avenue**  
**10:00 A.M. - 11:30 A.M.**

**Wednesday, May 22, 2013**  
**Pilsen Satellite Senior Center**  
**2021 S. Morgan**  
**10:00 A. M. – 11:30 A.M.**

**The proposed FY2014 Amendment to the FY2012-FY2014 Public Information Document for the Area Plan will be available for review during the public comment period from April 30 to May 24, 2013. Written comments on the proposed Area Plan may be submitted to Evelyn Diaz, Commissioner, Department of Family and Support Services-Chicago Area Agency on Aging, 1615 West Chicago Avenue, 5<sup>th</sup> Floor, Chicago, Illinois 60622. Comments must be received by 4:00 p.m. on May 24, 2013.**

The Department of Family and Support Services-Chicago Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voice & TTY), or contact the Commission on Human Relations at 312/744-4111 or 312/744-1088 (TTY).

# **DEPARTMENT OF FAMILY AND SUPPORT SERVICES- CHICAGO AREA AGENCY ON AGING**

## **HISTORY**

In 1956, the Mayor's Commission for Senior Citizens was established in Chicago as the nation's first municipal office on aging. The Commission evolved into the Chicago Department on Aging and was later named the Chicago Department of Senior Services. The department also served (and continues to serve) as the Area Agency on Aging for the City of Chicago, as designated by the Illinois Department on Aging through the Older Americans Act.

On January 1, 2009 the Chicago Department of Senior Services merged with other social service departments to create the new Department of Family and Support Services (DFSS) that works to enhance the lives of Chicago residents, particularly those most in need, from birth through the senior years. As a result of this merger, the City can now more efficiently address the complex needs of today's multigenerational families and ensure that all members receive the assistance necessary to maintain healthy, active lives within their communities.

The Department of Family and Support Services – Chicago Area Agency on Aging's (DFSS-Chicago Area Agency on Aging) mission of "creating options for an aging society" plays an even more critical role within our new Department as the first wave of Baby Boomers turned 65 in 2011. According to some estimates, by the year 2030, the number of people 65 or older in the Chicago metropolitan area will increase by 65%. If regional and national trends are mirrored locally, it is likely that the senior population in Chicago will also increase. These seniors will join other seniors in the service/support network we have built.

The service/support network activities include:

- Supporting older persons to live independently in their own communities and homes for as long as possible;
- Ensuring that those who reside in institutions are treated with dignity and care; and
- Ensuring that older persons have access to full and accurate information to participate in public policy.

In order to prepare for this “age wave”, Mayor Emanuel has requested an “age-friendly” designation for Chicago through the World Health Organization (WHO). Chicago has partnered with the Buehler Center on Aging, Health & Society, Feinberg School of Medicine, Northwestern University, to complete an assessment of eight domains which include: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; communication and information; civic participation and employment, and community support and health services. The evaluation has already begun through listening sessions with our seniors for the purpose of information gathering. Ultimately, an evaluation will identify both assets and gaps to allow Chicago to move forward with an action plan and deep community engagement to further enhance Chicago’s age-friendliness.

### **Elder Justice:**

Mayor Rahm Emanuel received the American Society on Aging Leadership in Public Policy Award for his role in securing passage of the Elder Justice Act. This national award highlights how fortunate Chicago is to have a Mayor who is committed to protecting all of our seniors.

### **THE AREA PLAN ON AGING**

The Older Americans Act of 1965, as amended, is the sole federal law designed exclusively for older persons (age 60 and above). This Act was created to help older Americans live in their homes with dignity and safety for as long as possible with appropriate services and support.

DFSS-Chicago Area Agency on Aging is part of a vast national network of services and programs that protect the rights and support the needs of the nation’s seniors. This network includes the Administration on Aging, at the federal level, units on aging at the state level, area agencies on aging at the regional level, and local community service providers. The Illinois Department on Aging (IDoA) serves as the state agency, overseeing Illinois’ 13 Area Agencies on Aging (AAAs).

DFSS-Chicago Area Agency on Aging annually submits the Area Plan on Aging to IDoA to request federal Older Americans Act and state general

revenue funds for activities and services for older Chicagoans. The area plan also serves as a planning document that includes a detailed summary of the condition and needs of Chicago's senior population as well as a delineation of the programs and services that DFSS-Chicago Area Agency on Aging will offer to meet those needs within the proposed budget.

To determine how best to address the priority needs of Chicago's elderly, DFSS-Chicago Area Agency on Aging, as required by IDoA, takes the following steps as part of its planning process:

1. Assess the needs of older persons;
2. Evaluate the existing service system;
3. Determine the availability of resources and alternative approaches to meet seniors' needs;
4. Establish priorities;
5. Modify and refine the area plan or planning process (changes or amendments) as directed by IDoA.

## **PRIORITY NEEDS OF OLDER CHICAGOANS**

According to the U.S. Census Bureau (2011 ACS 5 Year Estimates), the population of seniors 60 years and above living in Chicago during 2010 was 397,008. The majority of Chicago's diverse senior population is located in the far north, west and south regions of the city. Presently, the ethnic composition of Chicago's senior population is as follows:

- **44.2%** are Caucasian
- **34.3%** are African American
- **5.1%** are Asian
- **0.8%** other Race/two or more races
- **0.4%** Native Hawaiian/Native American

Additionally, **15.2%** of Chicago's elderly residents are Hispanic.

During 2011, approximately 289,000 Chicago households had at least one member 60 years of age and above (28.1% of all households citywide). Of these, 128,888 (44.6%) have a senior living alone, an increase of approximately 4.0% from 2010.

DFSS-Chicago Area Agency on Aging utilizes both qualitative and quantitative research methods to assess the priority needs of older persons in Chicago by conducting surveys of service providers and seniors; conducting studies of senior needs using formalized needs assessments and demographic data; reviewing program reports; receiving testimony from public forums; and evaluating the effectiveness of current services.

Several local needs assessments have been undertaken within the past few years that document significant shifts in senior demographic trends within the city of Chicago. These studies provide a foundation for understanding how programs can be tailored to address the increasingly complex needs within the growing Chicago elderly population, including those related to housing, senior employment, and access to medical services.

In preparation for the Fiscal Years 2012-2014 Area Plan on Aging, studies such as The Chicago Neighborhood Profile Report (Chapin Hall, University of Chicago, March, 2010); The Metro Chicago Information Center “Profile of Selected Demographic Characteristics” (2010); The Business of Employing People with Disabilities (Buehler Center on Aging, Health and Society: Linda Emanuel, Ph.D. 2005); “Aging and Homelessness: Research on People Age 50 and Older Who are Homeless” (Heartland Alliance); “The State of Aging and Health in Illinois” (2009 Report); and the City of Chicago Affordable Senior Housing Plan were reviewed to assess needs of older Chicagoans. Additionally, senior needs assessments and responses to provider surveys were compiled and analyzed.

In 2012, DFSS-Chicago Area Agency on Aging provided services to 150,642 seniors citywide through a network of programs and services. DFSS-Chicago Area Agency on Aging reviewed the service requests and nature of calls received through the Information and Assistance Unit (I&A) in 2012 to better understand the service needs of Chicago’s seniors and their professional and familial caregivers. DFSS-Chicago Area Agency on Aging found that approximately 40 percent of the callers requested in-home services such as case management, home delivered meals and housing relocation assistance; 15 percent requested assistance with transportation concerns such as applying for RTA senior reduced fare card or special service application; and 26 percent required help applying for the Circuit Breaker/Illinois Rx program or other benefit assistance.

## **HIGHLIGHTS**

### **Elder Abuse and Neglect**

DFSS-Chicago Area Agency on Aging serves as the Regional Administrative Agency (RAA) for the Elder Abuse and Neglect Program for the city of Chicago. It is within this context that DFSS-Chicago Area Agency on Aging has entered into delegate agency agreements to provide elder abuse intervention services. Trained and certified elder abuse investigators respond to reports of alleged physical, emotional and sexual abuse, neglect, confinement or financial exploitation of seniors. The program provides investigation, intervention and follow-up services to victims. Investigators work with the senior to develop a plan to stabilize the abusive situation and reduce the risk of further harm to the older person.

### **Senior Advocacy Program and Domestic Violence Services**

DFSS-Chicago Area Agency on Aging established a senior advocacy program in the Circuit Court of Cook County, Domestic Violence Courthouse to coordinate services with the domestic violence county court division, criminal justice agencies and other service providers. Senior Service staff provide advocacy, emotional support, education, and information to seniors involved in orders of protection and other domestic violence judicial issues. Services include support and advocacy in elder abuse and neglect cases and assistance for seniors appearing in court. Links to interpreters are available for limited English-speaking elderly.

### **The Well Being Task Force**

Established in 2003, the Well-Being Task Force was created to coordinate a comprehensive network of community and faith-based organizations that identify and link isolated and at-risk seniors to neighborhood based support, social interaction and appropriate assistance.

The Task Force brings together city departments, government agencies, community based organizations, hospitals, faith-based communities and others concerned about at-risk elderly. The Task Force has educated 29,000 field workers and customer service representatives of public agencies, public utilities as well as telephone and cable communications companies to identify and report seniors who may be at-risk, 365 days a year.

The Task Force was instrumental in advocating for state legislation which added “Self-Neglect” as a reportable category under the current State of Illinois Elder Abuse and Neglect definition. The Task Force also helped pass the mandatory training of bank personnel to identify and report incidents of financial abuse. This year, the Task Force is working on compiling and analyzing data to support the work of Intensive Case Advocacy and Support services in the reduction of self-neglect activities among at-risk seniors.

### **ITNChicago**

ITNChicago is a public/private partnership to bring a successful transportation model to Chicago to help seniors who can no longer drive. Previously, ITNChicago helped introduce legislation in Springfield to amend the Insurance Code to cover all volunteer drivers, a clause that has been discretionary from company to company. This change will allow ITNChicago to recruit volunteers in Chicago and hopefully move this much needed program forward. Although on hiatus, DFSS-Chicago Area Agency on Aging was recently chosen to attend a Partnership for Liveable Communities workshop to research the possibility of restarting the program.

### **Benefits Check Up**

DFSS-Chicago Area Agency on Aging proposes to expand and enhance the existing Benefits Check-up Program (BEC). Through the forty-five (45) Chicago Housing Authority senior buildings and the fifty (50) agencies from the Mayor’s Well-Being Task Force that were trained in the BEC program, DFSS-Chicago Area Agency on Aging will continue to make the program available to seniors in every neighborhood in Chicago. The implementation of this program resulted in direct benefits received by seniors increasing from \$80 million in 2008 (consistently the highest in the nation), to an unprecedented \$259 million in 2012 which has been recognized by the National Council on Aging (NCOA).

### **Money Follows the Person**

Ombudsmen are actively making referrals and working with nursing home residents who desire to move out to the community but have difficulty doing so on their own. The Money Follows the Person program provides transition coordinators who assist long-term care facility residents in finding



alternative community-based housing and create a plan of care to ensure successful transition. Services such as in-home care workers, money management, home health visits and supportive living are woven together to promote a more independent living situation for residents currently in nursing homes. DFSS-Chicago Area Agency on Aging is bringing on two Options Counselors to reach out to current nursing home residents and provide education and training in local facilities and at community organizations. The goal is to utilize peer counselors and other trained professionals, under the federal Colbert vs. Quinn consent decree, to identify and encourage more residents to make the transition back to the community.

### **Veterans Independence Program (VIP)**

Through an agreement with the U.S. Department of Veterans' Affairs, DFSS-Chicago Area Agency on Aging is providing options counseling and assistance to veterans who are eligible for nursing home placement, but choose to remain in the community. These services include vital components such as personal assistance, bathing assistance, adult day services, housekeeping and lawn care. Rather than choosing traditional in-home care services with limited choices, the program allows veterans to create a plan of care that meets their needs and allows them control over whom they hire and how they care is provided. This allows the veteran to remain in the community and reduce the fatigue of their familial caregiver.

Each veteran is assessed by a specially trained options counselor who will determine the service level and funding available for the veteran's monthly care plan. Veterans and their families are responsible for hiring and supervising their own workers with education and guidance from the options counselor, thus allowing the veteran as much flexibility and independence as possible.

### **Volunteer Chicago Program**

Volunteer Chicago is an outgrowth of the Generations Serving Generations State initiative. The program allows seniors to use their talents and gifts to volunteer for various opportunities, including: the Nursing Home Ombudsman Volunteer Program; "Serendipity, Celebrating Seniors on Stage"; the Chicago Senior Clown Troupe and events at senior centers.

## **ISSUES TO BE ADDRESSED: FY2014 AMENDMENT TO THE FY 2012-2014 AREA PLAN ON AGING**

IDoA requires that each of the 13 Area Agencies on Aging (AAAs) address one state-wide issue and one local issue that confronts the social/nutritional service system. The selected Statewide issue is *"Enhancing Illinois' Existing Aging and Disability Access Network through Improved Collaboration and by Adoption of the Coordinated Point of Entry (CPOE) & Aging and Disability Resource Center (ADRC) Standards."* Locally, DFSS-Chicago Area Agency on Aging selected *"Bridging the Gap: An Innovative Approach to Transitional Care."*

### ***Enhancing Illinois' Existing Aging and Disability Access Network***

Many people are unaware of the many services and benefits for which they may be eligible. In many cases, when people become frail and disabled they believe that the only alternative is nursing homes. The creation of the Aging and Disability Resource Centers (ADRC) is one way to address this problem. They involve a network of agencies working in a coordinated effort to provide individuals with integrated access points to public benefit programs, community-based services and long-term services and supports.

An ADRC serves as a single point of entry or access point for people with disabilities and older adults. It is 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. From the perspective of the clients, they are receiving all of the services and supports that they need from one organization or one point of entry instead of dealing with multiple organizations.

Information and assistance has been a core function of our Area Agency on Aging for many years. Our system already serves as a well established coordinated point of entry for information, assessment and advocacy. Building on this foundation, in FY2014 DFSS-Chicago Area Agency on Aging will continue to work to integrate the ADRC model into our existing system of information and assistance by providing seamless access to

services needed by older adults, those individuals of all ages and incomes, and those with disabilities and their caregivers.

DFSS-Chicago Area Agency on Aging is assuming a significant role in the development of the access service system by leveraging existing resources and developing strong local partnerships. Several important steps were initiated in FY2013 and will continue to be developed in FY2014. These include assessing the capacity of Information & Assistance (I & A) and Senior Health Assistance Program (SHAP) sites to become the entry points or fully functional ADRCs; establishing a team of local stakeholders (i.e., Mayor's Office of People with Disabilities, the local Center for Independent Living, Intensive Case Advocacy and Support agencies, Elder Abuse Provider agencies, Care Coordination Units (CCU), IDHS, and other DFSS partners) in order to improve coordination of the system so it becomes seamless to the consumers and increases access for at-risk populations; training and cross-training of staff to include I & A and benefits enrollment staff; and updating and maintaining the resource databases (i.e., Enhanced Services Program, Benefits Check UP). The goal is that by the end of FY2014, DFSS-Chicago Area Agency on Aging and designated delegate agencies will be fully functioning ADRCs.

***Local Initiative: Bridging the Gap: A Social Work Approach to Transitional Care***

The recent passage of the Patient Protection and Affordable Care Act (Affordable Care Act) incorporates a wide range of strategies that will improve the quality of care and increase efficiency within our health care system. While there is no single solution to reducing the rising cost of health care, one of the key provisions of this Act is the reduction of hospital readmissions. The Affordable Care Act actually includes a hospital readmissions reduction program which assists hospitals in making the smooth transitions from hospital to home and rewards them for reducing avoidable readmissions.

With the expected growth in the elderly population coping with complex chronic conditions, the rising cost of health care and the projected shortfall in future Medicare dollars, there is an urgent need to address the needs of older adults transitioning from the hospital to the community using a social service approach to access and implement needed services. Such a model

is designed to prevent health complications and rehospitalizations of chronically ill, elderly hospital patients by helping them understand their discharge plan and prescribed medications and providing access to needed community services and follow-up assistance in the home. Each senior receives individualized care based on the model practices with the emphasis on increasing the senior's ability to manage their care.

During transitions, older adults are often at risk of not receiving the right services. In fact, they are likely to end up back in the hospital because they may not understand how to manage their conditions or important information may not be communicated. Partnerships are formed between hospitals and community-based organizations to ensure that seniors receive optimal care. This is accomplished through active engagement and collaboration of the older adults and their caregivers as well as health care team members.

DFSS-Chicago Area Agency on Aging will continue to serve as a facilitator of this model by working with the hospitals and care coordination units to implement a coordinated approach to providing services to streamline care, prevent decline in health and avoid re-hospitalization. Information and Assistance will track the clients and ensure appropriate follow-up and implementation of services for the senior.

## **AREA PLAN ON AGING: DIRECT SERVICES**

With the approval of the Illinois Department on Aging, DFSS-Chicago Area Agency on Aging provides some services directly upon proof that the services can be delivered more efficiently and effectively by the Area Agency on Aging rather than by contract. Under the Area Plan on Aging in Fiscal Year 2014, DFSS-Chicago Area Agency on Aging intends to continue to provide the following direct services with Older Americans Act funds:

**Congregate Meals:** Through the Congregate Meals Program, hot, nutritious lunches are served in communal settings at nearly 60 community locations across the city each weekday. Several sites offer weekend meals or breakfast meals. Some sites prepare ethnic meals including Chinese, Korean, Vietnamese, Indian and Pakistani cuisines. In addition to meals, seniors can participate in a variety of activities, from health education and exercise classes to field trips.

## **Information and Assistance/ Aging & Disability Network**

**(ADRN): Information & Assistance (I & A)** is a one-stop access portal for referral, advocacy and problem solving for older Chicagoans. Information, advocacy and assessment are available by phone, e-mail or at City Hall, Room 100 and any of our Senior Centers. I & A is the gateway to all of the services and programs offered through DFSS-Chicago Area Agency on Aging. It is a resource for the aging community as well as families, friends, neighbors and professionals working with seniors. I & A provides callers with linkages to other agencies in the community and agencies beyond the city as needed. This service ensures seniors and their advocates understand all their options regarding benefits, services and programs and assists individuals through the application process.

**Ombudsman:** Ombudsmen protect, defend and advocate for residents in long-term-care facilities such as nursing homes, assisted living facilities and supportive living facilities. Utilizing staff and volunteers, they inform residents and families of their rights; investigate, mediate and report complaints; provide information on residents needs and concerns to families, facility staff and the department; and advocate for quality individualized care for the residents. DFSS-Chicago Area Agency on Aging is currently recruiting and training volunteer ombudsmen to support the nursing home residents. The goal is to identify one volunteer for each home.

**Case Advocacy and Support:** Teams of professionals respond to referrals for well-being checks of at-risk and isolated elderly residents. A comprehensive assessment including medical, social, and risk/safety evaluation is performed. If necessary, the senior is removed from the immediate danger and can work with appropriate agencies, programs or service for follow-up and continued assistance. Case Advocacy teams monitor subsequent plans of care to ensure appropriate service delivery.

## **AREA PLAN ON AGING: CONTRACT SERVICES**

DFSS-Chicago Area Agency on Aging will also procure the following services from community-based service providers with Older Americans Act and General Revenue funds under the FY 2012-2014 Area Plan on Aging:

**Caregiving:** Informal and familial caregivers are provided with a variety of assistance and supports to aid them in caring for their older loved ones. Services such as one-on-one counseling, family mediation, support groups, gap-filling funds, respite, information and referrals, and education opportunities are available.

**Older Relatives Raising Children:** For seniors who have primary caregiving responsibility of children from birth to age 18, short-term, one-on-one counseling and support groups are available. Emergency financial assistance can be accessed for a one-time emergency rent payment, school uniform and equipment, medication, and other basic necessities. Grandparents may be eligible for respite services in the form of organized activities or events for the children in their care, including after-school programs, summer day camp, educational, recreational, athletic programs, or at home. Legal help with custody and guardianship is offered. Case management services assist in accessing public benefit and health insurance, and assistance in instances of child abuse, neglect or family violence is also available.

**Chore:** Heavy-duty chore assistance is a one-time intensive cleaning for seniors whose living conditions pose a threat to their health and safety. This can include trash removal, window cleaning, moving heavy furniture and packing. The short-term chore program assists seniors who need temporary assistance due to illness, recent hospitalization, or injury to assist them as they recuperate.

**Physical Fitness:** The award-winning fitness program boosts endurance, strength, balance and flexibility. DFSS-Chicago Area Agency on Aging's senior centers are equipped with senior friendly exercise equipment and staffed by experienced, certified senior-fitness professionals who lead group exercise classes and one-on-one training. Exercise classes are offered at more than 52 locations throughout the City. For FY2014, the DFSS-Chicago Area Agency on Aging will sustain its efforts in implementing the following evidence-based curriculums into the overall program. Fit and Strong developed by the University of Illinois at Chicago combines flexibility, strength training and aerobic walking with health education for sustained behavior change among older adults. The Arthritis Foundation Exercise Program is a low-impact physical activity program proven to reduce pain and decrease stiffness. Research has shown this program to be effective in providing older adults with more confidence in their ability to continue activities, increased social activity, and require

fewer doctor and emergency room visits.

**Health Promotion:** The Health Promotion program offers health screenings, educational programs, and individual nutrition and health consultations at DFSS-Chicago Area Agency on Aging's senior centers. These programs are administered by highly qualified professionals that include: Registered Nurses (RN), Licensed Registered Dieticians (RD), Pharmacists (PharmD) with geriatric experience, and Social Workers with Masters Degrees (LCSW). In addition, the following evidence-based curriculums will be incorporated in the Health Promotion program for FY2014: Stanford University's Chronic Disease Self-Management program, A Matter of Balance (Fall Prevention Program), Healthy Eating for Successful Living Among Older Adults and Healthy IDEAS (Identifying Depression Empowering Activities for Seniors).

**Home Delivered Meals:** Microwaveable, oven-ready frozen or hot meals are delivered to home-bound seniors who are unable to prepare meals for themselves and have no other means of acquiring nutritious meals. The program provides two meals a day covering two to seven days a week to approximately 6,000 seniors a day.

**Housing Assistance:** The Housing Assistance program identifies and provides housing relocation assistance to seniors who are at risk of becoming homeless and/or need more appropriate housing.

**Legal Assistance:** Legal Assistance services protect the legal rights and interests of seniors in legal matters including public entitlement, housing, health care, guardianship, consumer fraud, employment, family law, and property interests. This program defends seniors from age discrimination and other forms of discrimination as well as protection from abuse, exploitation and coercion. Legal assistance and advice includes tax counseling, financial counseling, reverse mortgage and foreclosure counseling, and counseling regarding appropriate health and life insurance coverage. The program will not handle fee-generating cases such as personal injury or workman's compensation matters.

**Multipurpose Senior Centers:** Currently DFSS-Chicago Area Agency on Aging has twenty-one (21) senior centers operating citywide. DFSS-Chicago Area Agency on Aging's Senior Centers offer a diverse array of opportunities for seniors to interact with one another, to become involved in their communities and to participate in and contribute to the culture of the city. The centers serve as local hubs that connect seniors to

social, economic, and educational resources that enhance the quality of their lives. DFSS-Chicago Area Agency on Aging Senior Centers all provide the following core program components: Fitness Program, Nutrition Program, Health and Wellness Program, Information and Access to Services including linkage to a wide array of community resources and programs; and Life Enrichment programs.

**Recreation:** Seniors and their informal caregivers can find a variety of social, educational and recreational activities at all twenty-one (21) Senior Centers throughout the city. Each center's calendar of activities is tailored to the needs and interests of the local community. All programs aim to foster the well-being of individuals through rewarding social interaction.

**Respite (Title III-B and III-E):** Respite services provide professionally trained staff to care for a frail senior, who has a familial caregiver, on a temporary basis. Respite can be used in an emergency, such as the illness of a caregiver or for planned time away; such as a vacation, special event, appointment or just some time for themselves. This care can be provided in home or in a nursing facility.

**Transportation:** Interim transportation provides rides temporarily for seniors to medical treatments such as dialysis, chemotherapy and radiation, until RTA paratransit service is arranged and approved.

**Case Advocacy and Support:** Many of the requests received by the DFSS-Area Agency on Aging and its partnering service providers are related to issues of hoarding, poor health and uninhabitable living conditions, undiagnosed and untreated mental health concerns, limited cognitive abilities, as well as safety concerns. The team assesses the senior, along with the situation, and creates a plan of care to meet the needs of the immediate crisis. This may include further assessment by medical professionals, hospitalization, alternative housing relocation, heavy duty chore clean-up assistance, or intensive care coordination. Clients are assessed for a safe plan of care, including a nutritional screening, when appropriate and referrals to POS and Non-POS services are made. Clients who are candidates for the various Managed Care Organizational programs through the State's Medicaid Program will be provided advocacy and support.

## **FUNDING ISSUES FOR FISCAL YEAR 2014**

The future of governmental funding continues to be uncertain. The Governor has submitted a proposed 2014 budget to the Illinois General



Assembly which includes a 5.1% decrease in federal funding. State funds for FY2014 will remain the same as FY2013; further adjustments to state allocations may take place as the final state budget is negotiated and enacted. All of the allocations have been calculated using the intrastate funding formula per the 2010 census and 2011 Aging Special Tabulation data.

As with all government budgets, many potential cuts are being discussed. It is anticipated that the federal government will reduce the Older Americans Act funding issued to all of the states, as well. It is not yet known how much of a decrease will be sustained.

DFSS-Chicago Area Agency on Aging remains committed to targeting services to those individuals with the greatest economic or social need with a particular emphasis on low-income and minority older persons. DFSS-Chicago Area Agency on Aging will work to ensure that existing service level cuts will be as minimal as possible through strong fiscal planning and identified cost saving measures.

The Department's priority has been and continues to be maintaining in-home services for older persons. Many of DFSS-Chicago Area Agency on Aging's programs have experienced growth in the number of participants as well as the number of challenging cases that require more time and care and this is projected to continue into FY2014. Some of this increased demand is being met through the City of Chicago corporate support for programming activities at Senior Centers, Community Development Block Grant (CDBG) funds for Intensive Case Advocacy and Support and Home Delivered Meals, and revenue from the long-term lease of the City's parking meters for Home Delivered Meals.

While growing increasingly difficult to maintain services to seniors as costs continue to rise and government funding does not increase accordingly, DFSS continues to aggressively pursue alternative resources. This includes creating public private/partnerships and utilizing strong fiscal and programmatic planning, DFSS-Chicago Area Agency on Aging has thus been able to implement innovative solutions that help maintain and expand the service network to meet needs of older, poorer, and more frail Chicagoans.

DFSS-Chicago Area Agency on Aging's Home Delivered Meals (HDM) program served approximately 3.1 million meals to 10,156 different individuals by the end of FY2012 and projects serving nearly 3 million meals by the end of FY2013. Because of the Mayor's commitment to

provide home delivered meals to eligible seniors, (through CDBG funding and funding from the parking meter lease), DFSS-Chicago Area Agency on Aging has not had the same problem of on-going waiting lists and unmet need for the HDM program, like many other communities in the United States. CDBG funding has been made available to ensure that our most frail and vulnerable citizens receive care.

## **ADMINISTRATION**

The Older Americans Act, as amended, limits the allowable administrative costs to 10 percent of the base allocation of Title III-B, III-C, III-E, and Title VII funds. A major responsibility of administrative staff is the managing of delegate agencies and their grants, contracts and memoranda of agreement funded through the Older Americans Act to ensure quality of programs, and compliance with state and federal regulations.

## **PROPOSED PLANS FOR FUNDING ALLOCATIONS FISCAL YEAR 2014**

For FY2014, DFSS-Chicago Area Agency on Aging estimates that it will receive a total of \$15,192,743 in planning allocations for the Area Plan on Aging. Chart 1 of the attachments, shows the current budget for FY2013 and a proposed budget for FY2014. Chart 2 shows the number of clients and units served in FY2012 and projections for FY2014. Listed below are the actions that the DFSS-Chicago Area Agency on Aging proposes to take with its direct and contracted services using the projected FY2014 funding allocations.

The Department seeks public input on these proposed actions:

- **Direct Services:** DFSS-Chicago Area Agency on Aging will decrease the level of direct service funding by \$149,253. The decrease is a result of an estimated 5.1% federal reduction.
- **Contracted Services:** DFSS-Chicago Area Agency on Aging proposes an increase in the overall level of contracted services estimated at \$181,931. This is a result of an increase in the allocation for state funds for Home Delivered Meals for the purpose of addressing increased food and delivery costs and reductions in federal funds due to sequestration.

## **PROPOSED PLANS PENDING ANY FURTHER INCREASES OR REDUCTIONS IN FY 2014 FUNDS**

If DFSS-Chicago Area Agency on Aging receives an increase in its funding above the level projected for FY2014, DFSS-Chicago Area Agency on Aging would allocate additional funds to one or more of the following:

- Increase funding for Information and Assistance/Aging and Disability Resource Network (ADRN), Home Delivered Meals and Congregate Meals. Funding Sources: Title III-B, Title III-E and Title III-C.
- Expand the fitness program to include more sites and expand the number of days that exercise classes are offered including the use of additional evidence-based curriculum. Funding sources: Title III-B and/or III-D.
- Expand DFSS-Chicago Area Agency on Aging's cultural and recreational opportunities for seniors. Funding Source: Title III-B.

During these times of generally declining revenue projections from federal, state, and local governments, service providers need to be prepared for potential budget reductions. If DFSS-Chicago Area Agency on Aging receives funding allocations that are below the projected level for FY2013, new sources of revenue to maintain services would be explored.

If services cannot be sustained, the following actions would be considered:

- Identify and reduce administrative costs relating to service reductions. Sources of Funds: Titles III-B, III-C, III-E and VII.
- Reduce and reallocate funding from Congregate Meals and Senior Fitness resources by closing sites where attendance is low. Sources of Funds: Title III-C and Title III-B.
- Review all programs to improve service and cost effectiveness beginning with lower priority services. Sources of State and Federal Funds: Titles III-B, III-C, III-D, III-E, and VII.

## CHART 1 – Proposed Budget Comparison

	Column A FY13 Funding	Column B FY14 Proposed Funding
Older Americans Act Funds (Fed.)	\$ 10,867,741	\$ 10,477,221
General Revenue funds (GRF)	\$ 4,223,127	\$ 4,223,127
AAA Carryover	\$ 508,005	\$ 492,395
Total Funds:	\$ 15,598,873	\$ 15,192,743

### Administration

Administration (Fed.)	\$ 1,091,493	\$ 1,036,827
Administration (GRF)	\$ 360,019	\$ 360,019
Total Administration:	\$ 1,451,512	\$ 1,396,846

### Direct Services

Ombudsman (Fed. III-B)	\$ 380,414	\$ 361,013
Congregate Dining (Fed. III-C)	\$ 1,573,723	\$ 1,573,723
Information and Assistance (Fed. III-B)	\$ 1,638,295	\$ 1,554,742
Information and Assistance (Fed. III-E)	\$ 862,193	\$ 819,019
Information and Assistance (Fed. III-E GRG)	\$ 61,274	\$ 58,149
Ombudsman (GRF III-B)	\$ 134,750	\$ 134,750
Information and Assistance (GRF III-B)	\$ 959,943	\$ 959,943
Information and Assistance (GRF III-E)	\$ 58,369	\$ 58,369
Total Direct Services:	\$ 5,668,961	\$ 5,519,708

### Contracted Services

Case Advocacy (Fed. III-B)	\$ 240,000	\$ 227,760
Multi-Purpose Senior Center (Fed. III-B)	\$ 750,000	\$ 714,750
Information and Assistance (GRF III-B)	\$ 14,347	\$ 14,347
Ombudsman (Fed. VII)	\$ 77,552	\$ 74,097
Elder Abuse (Fed. VII-EA)	\$ 26,937	\$ 25,563
Chore (Fed. III-B)	\$ 72,450	\$ 68,755
Legal (Fed. III-B)	\$ 115,579	\$ 109,684
Recreation (Fed. III-B)	\$ 109,733	\$ 104,637

Housing and Assistance (Fed. III-B)	\$	88,111	\$	83,617
Physical Fitness (Fed. III-D)	\$	173,885	\$	165,017
Congregate Nutrition (Fed. III-C)	\$	1,636,766	\$	1,636,766
Home Delivered Meals (Fed. III-C)	\$	1,989,563	\$	1,892,095
Respite (Fed. III-E)	\$	230,333	\$	218,586
Respite (Fed. III-E) GRG	\$	10,000	\$	9,490
Respite (Fed. III-B)	\$	68,785	\$	65,277
Support Groups (Fed. III-E) GRG	\$	6,480	\$	6,150
Counseling (Fed. III-E)	\$	33,200	\$	31,507
Counseling (Fed. III-E) GRG	\$	12,000	\$	11,388
Public Education (Fed. III-E) GRG	\$	540	\$	512
Case Management (Fed. III-E) GRG	\$	32,270	\$	30,624
Gap Filling (Fed. III-E) GRG	\$	12,252	\$	11,627
Gap Filling (Fed. III-E) GRG	\$	10,000	\$	9,490
Health Promotion (Fed. III-D)	\$	71,918	\$	68,750
Transportation (GRF III-B)	\$	80,311	\$	80,311
Home Delivered Meals (GRF III-C)	\$	2,615,388	\$	2,999,530
Total Contracted Services:	\$	8,478,400	\$	8,660,331
Total Federal:	\$	11,375,746	\$	10,969,616
Total GRF:	\$	4,223,127	\$	4,607,269
Grand Total:	\$	15,598,873	\$	15,576,885

Nutrition Services Incentive Program (NSIP)

Congregate Meals (NSIP Fed.)	\$	356,779.00	\$	338,583.27
Home Delivered Meals (NSIP Fed.)	\$	2,676,568.00	\$	2,540,063.03
Total Nutrition Services Incentive Program (NSIP):	\$	3,033,347.00	\$	2,878,646.30

**CHART 2 – Service Utilization Comparison**

Service Category	Actual 2012 Clients	Actual 2012 Units	Projected 2014 Clients	Projected 2014 Units
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**Access Services**

Information and Assistance (Direct Service)	185,456	207,328	198,128	197,090
Case Management (GRG)	45	202	51	515
Case Advocacy	0	0	3,000	3,000

**In-Home Services**

Chore	122	4,632	112	2,997
Home Delivered Meals	10,156	3,174,090	9,750	3,000,000
Respite (III-B)	73	3,568	47	3390
Respite (III-E)	93	7,223	163	13,032

**Community Services**

Congregate Meals (Direct Service)	25,531	761,101	26,531	761,101
Multipurpose Senior Center	245,000	26,300	232,500	24,985
Physical Fitness	37,454	8,284	35,582	7,870
Health Promotion	2,130	1,348	2,663	1,281
Housing and Assistance	178	2,314	198	2,924
Legal Assistance	730	3,081	693	2,927
Ombudsman	5,840	14,172	6,100	14,550
Recreation	22,358	8,436	21,241	8,015
Public Education (GRG)	7	35	100	12
Transportation	199	2369	105	1,615
Information and Assistance (III-E Care/GRG)	15,601	15,601	14,525	14,864
Counseling/Training/ Support Groups (III-E Care/GRG)	810	974	769	925
Supplemental Services/Gap Filling (III-E Care/GRG)	115	115	66	66