

Illinois Department on Aging



John K. Holton, Ph.D., Director

Pat Quinn, Governor

Fiscal Year 2014 Enacted Budget Aging Network Briefing

June 28, 2013



Governor's FY14 Fiscal Strategy

BALANCE

- Stabilizing Medicaid
 - Rebalancing
 - Facility closures
- Office consolidations & lease reductions
- Program eliminations

BUILD

Illinois Jobs Now (\$31 Billion)
Move Illinois – Tollway (12 Billion)
Clean Water Initiative (\$1 Billion)
= \$44 billion in capital and thousands of jobs

GROW

Illinois has added 136,300 jobs since December 2009, including
41,900 jobs in calendar year 2012

This budget is Balanced, Honest & Difficult

Governor's FY14 Fiscal Strategy

HUMAN SERVICES SECTOR

(Illinois Department on Aging)

Balance: Achieving efficiencies and paying old bills

Build: Supports and services to meet the growing older adult populations' needs

Grow: Reforming Adult Protective Services

Mission Statement & Strategic Priorities

The mission of the Illinois Department on Aging 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.

<u>STRATEGIC PRIORITY I.</u>	<u>STRATEGIC PRIORITY II.</u>	<u>STRATEGIC PRIORITY III.</u>	<u>STRATEGIC PRIORITY IV.</u>	<u>STRATEGIC PRIORITY V.</u>
<p>Rebalance Illinois' long term care system to expand in-home & community-based services for older adults and their caregivers.</p>	<p>Advocate for the protection of the rights of older adults.</p>	<p>Improve access to public benefits, affordable health care benefits, and community-based services for older adults.</p>	<p>Maximize federal, state, local and private resources to increase healthy aging options and social programs for older adults.</p>	<p>Promote responsive management, accountability and advanced technologies.</p>



We Serve a Rapidly Growing Population Who Seek More Services, Innovation and Choice

There are currently 2.3 million adults age 60 and over across Illinois.
They are Rapidly Growing, Staying Active, and Living Longer!

Illinois	2010	% of Total	2015	% of Total	2020	% of Total
State Population	12,830,632	100%	13,748,695	100%	14,316,487	100%
Total, Older Adults-IL	2,274,642	18%	2,653,198	19%	3,064,634	21%

Source: Census Data and Illinois Population Projection Site 2011

Summary of Agency Operations

The Department administers a comprehensive service delivery system for the state's growing 2.3 million older adults and their caregivers.

Services are provided in coordination with 13 Area Agencies on Aging and hundreds of contracted provider agencies at the local level.

The Department's major programs and services include:

- Community Care Program (CCP),
- Adult Protective Service & Elder Abuse and Neglect,
- Long Term Care Ombudsman Program,
- Senior Health Insurance Program (SHIP),
- Older Americans Act funded services such as: information & assistance, outreach, nutritional services, employment services, and transportation, along with other community supportive services, and
- Eligibility determination for various senior benefits.

FY14 Enacted Budget Agency Highlights

- The Fiscal Year 2014 Enacted Budget for the Department totals approximately \$1.12 billion, which is a **decrease** of \$79.7 million, or -6.6% over the FY13 adjusted appropriations which includes \$315 million in supplemental funds to cover current and prior year's liability costs directly related to the Community Care Program.
- *The General Revenue funds* (GRF) budget totals approximately \$1.03 billion, and represents a **decrease** of \$69.3 million, or -6.3% over the FY13 adjusted budget.
- *Direct Federal budget funds* totals \$85.6 million, which is a net **decrease** of \$2.4 million, or -2.8% from the FY13 appropriations. The change reflects a slight decrease in spending authority for federally supported Older Americans Act services and the Department's allocation from the Senior Health Insurance Fund.
- The *Other State Funds (OSF)* budget totals \$4.9 million which is a net **decrease** of \$8.0 million or -61.8% from the FY13 adjusted budget. This change in the Other State Funds budget was mainly due to a reallocation of \$9 million in the current budget for Medicaid Community Care program services funded from the Tobacco Settlement Recovery Fund, and the increase of \$1.0 million in the Long Term Care Ombudsman Fund to maintain nursing homes reform initiatives.

The FY14 funding adjustments reflect and support the following major programmatic developments:

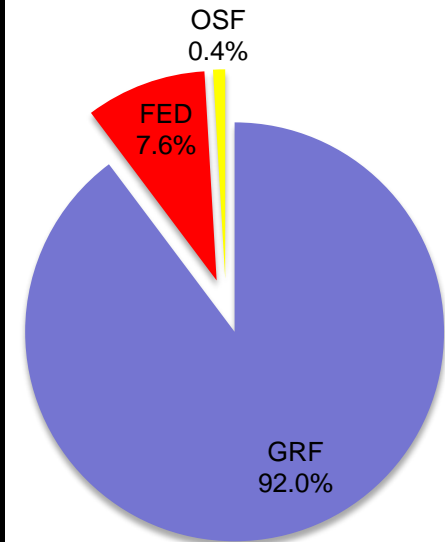
- Disallowance of the provision to rollover prior year's liability costs for **Community Care Program (CCP) services**, and the introduction of efficiency measures to help contain CCP costs. CCP serves as a client preferred and cost effective alternative to nursing home placement; which is projected to serve approximately 96,700 low income and frail older adults, or 12% more participants than FY13. (\$92.7 million **reduction** from FY13 adjusted budget)
- Implementation of **Managed Care** for eligible CCP participants to coordinate and improve their medical and long term care services within home and community settings. (\$32.2 million)

FY14 Enacted Budget Agency Highlights (cont'd)

- Funding to enable the Department to administer the **Senior Health Insurance Program (SHIP)** that was transferred to Aging on April 1, 2013, pursuant to Executive Order 13-01, signed on January 1, 2013. (\$3 million spending authority)
- The budget also reflects successful collaboration by the Legislature, Executive Branch and stakeholders to enable the Department to assume responsibility for **Adult Protective Services (APS)** and abuse investigations for adults with disabilities effective July 1, 2013, along with its current mandate for similar services (i.e., **Elder Abuse & Neglect** services) for older adults. (\$19.3 million)
- Legislation was enacted during the 98th General Assembly that expanded the scope of the **Long Term Care Ombudsman Program** to include advocating on behalf of persons living in community-based settings.

Appropriations by **Funding Source and Distribution**

(\$ in 000s)	FY13 Enacted Budget* (Adj.)	FY14 Enacted Budget	\$ Change	% Change
All Funds	\$1,201,157.8	\$1,121,437.3	(\$79,720.5)	(6.6%)
General Revenue	\$1,100,139.8	\$1,030,854.3	(\$69,285.5)	(6.3%)
Direct Federal Funds	\$88,073.0	\$85,638.0	(\$2,435.0)	(\$2.8%)
Other State Funds (OSF)	\$12,945.0	\$4,945.0	(\$8,000.0)	(61.8%)



*The adjusted FY13 budget includes \$315 million in Spring supplemental funds for prior unfunded CCP liability.

Illinois Department on Aging



Fiscal Year 2014 Highlights by Programmatic Areas

Community Care Program (CCP) Services

- The Community Care Program serves as a viable and cost effective alternative to nursing facilities as all participants are eligible for nursing facility placement. The program is also partially supported by a 1915(c) Federal Medicaid waiver.
- CCP participants receive a holistic array of CCP services to facilitate independence for as long as possible in the most integrated community-based setting of their choice.
- In fiscal year 2014, approximately 96,700 older adults will be serviced on an average monthly basis under the Community Care Program service umbrella, which is an increase of 12% over the current year.
- The projected caseload includes approximately 24,800 or approximately 26% of the CCP caseload that will be transferred to managed care under the Integrated Care Program and the Medicare-Medicaid Alignment Initiative which are discussed in subsequent sections of this presentation.



Community Care Program FY14 Goals and Objectives

Recognizing the opportunity to serve a growing population, in addition to changes under the Federal Affordable Care Act amidst ongoing constraints of the State's fiscal condition, the FY14 budget also calls for several program efficiencies and cost containment measures which include the following:

- Continue efforts to ***Rebalance Illinois' Long Term Care system*** to enhance services and care options for older adults in integrated home and community settings and enable consumer choice.
- Pursuant to the Save Medicaid Access and Resources Together (SMART) Act, all CCP In-Home Service providers will be required to implement ***Electronic Visit Verification (EVV)*** system in FY14 for better program oversight, efficiency and fraud prevention;
- Improve ***Medicaid Enrollment*** of eligible clients which consequently leads to serving lower income clients in greatest need, and the ability to leverage greater federal financial participation / Medicaid matching funds;
- Reinforce CCP policy that includes ***service authorization guidelines***; and
- Participate in the ***Balancing Incentive Program*** to obtain increased federal matching funds to improve community capacity, which include: the interagency ***development of a uniform assessment tool*** to qualify for LTC services, conflict-free case management, and coordinated point-of-entry.

Community Care Program FY14 Budget Allocation

The CCP services budget funds:

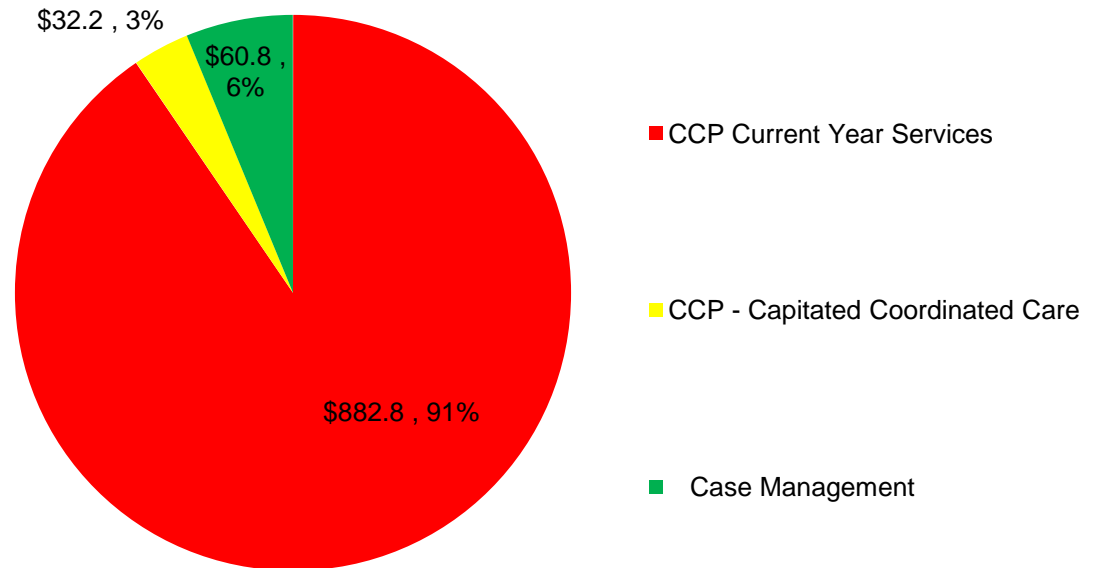
- CCP overall caseload growth averaging approximately 12% annually and increased service utilization along with projected efficiency savings to contain future expenditures, and
- Transfer of CCP clients to managed care under the Integrated Care Program-2 (ICP-2), [1,850 Clients], and to the Medicare Medicaid Alignment Initiative (MMAI) [22,950 Clients].

Community Care Program Budget (\$ in thousands)	FY13 Budget	FY13 Spring Supplemental(s)	FY13 Adjusted Budget	FY14 Enacted Budget	FY14 over FY13 Adj Budget	
					\$ Change	% Change
CCP Current Year Services	\$696,124.4	\$142,000.0	\$838,124.4	\$882,821.4	\$44,697.0	5.3%
CCP Prior Year (PY) Liability	\$0.0	\$173,000.0	\$173,000.0	\$0.0	(\$173,000.0)	-20.6%
CCP - Capitated Coordinated Care	\$0.0		\$0.0	\$32,230.0	\$32,230.0	3.8%
Sub-Total Services	\$696,124.4	\$315,000.0	\$1,011,124.4	\$915,051.4	(\$96,073.0)	-11.5%
Case Management	\$57,406.4	\$0.0	\$57,406.4	\$60,757.9	\$3,351.5	0.4%
Total Community Care Program (All Funds)	\$753,530.8	\$315,000.0	\$1,068,530.8	\$975,809.3	(\$92,721.5)	-11.1%



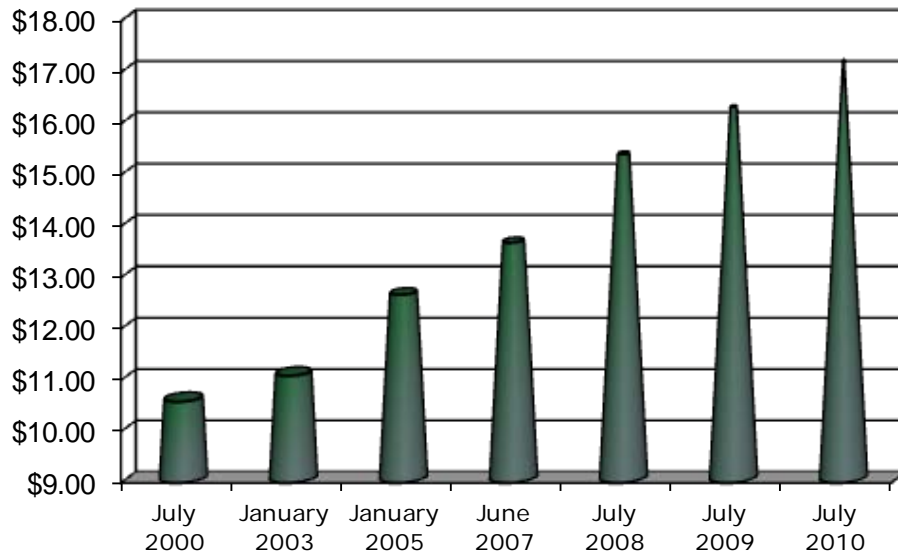
Community Care Program (Continued)

FY14 Total Enacted Budget CCP Allocation (\$ in Millions)



The FY14 Enacted budget includes \$975.8 million in General Revenue funds for Community Care Program Services.

In-Home Service Hourly Rate History Summary

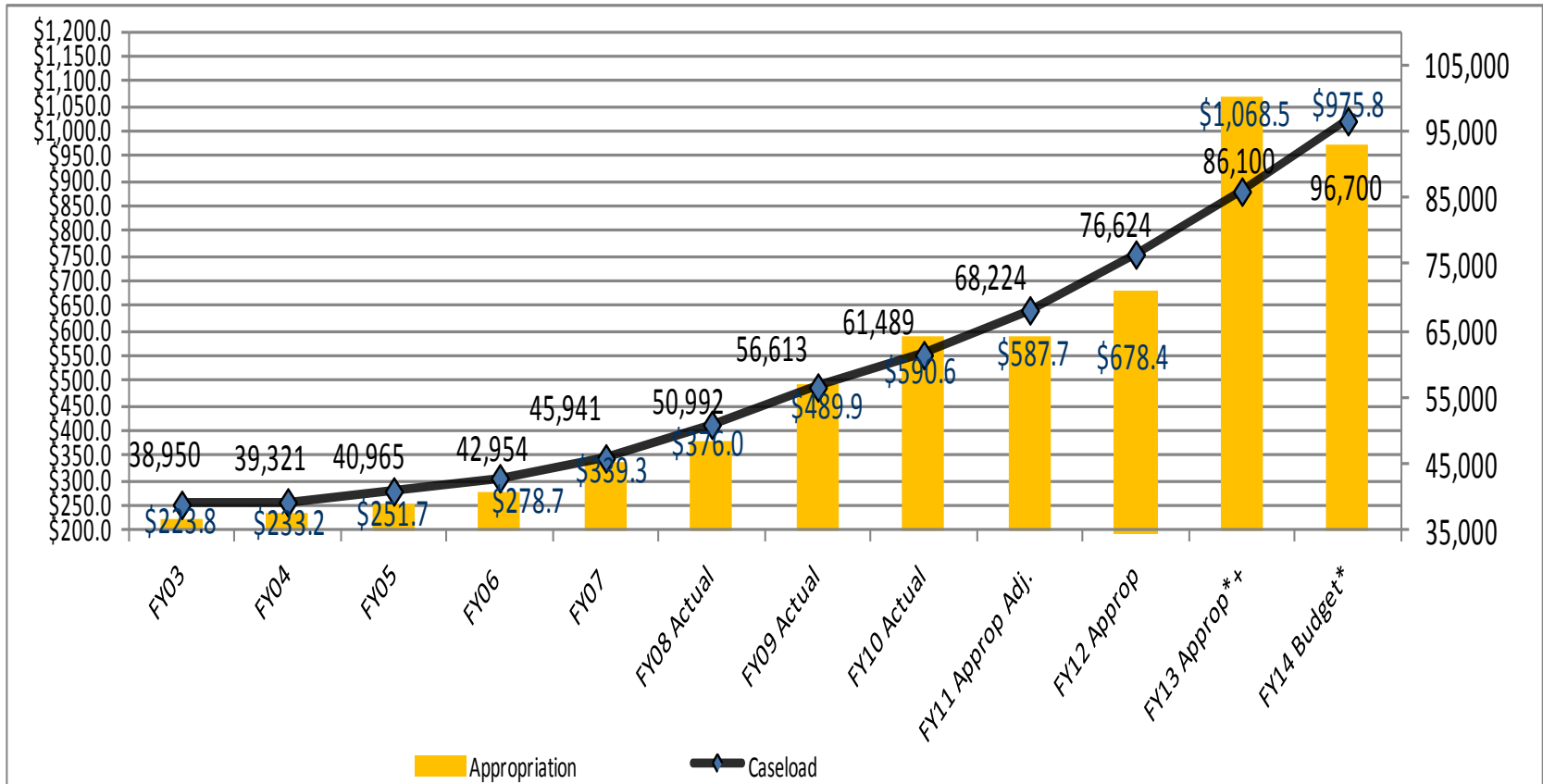


Effective Date	Rate	\$ Change	% Change
1-Jul-10	\$17.14	\$0.91	5.6%
1-Jul-09	\$16.23	\$0.91	5.9%
1-Jul-08	\$15.32	\$1.70	12.5%
1-Jun-07	\$13.62	\$1.00	7.9%
1-Jan-05	\$12.62	\$1.56	14.1%
1-Jan-03	\$11.06	\$0.50	4.7%
1-Jul-00	\$10.56	\$0.26	2.5%

**The unit rate for the health insurance benefit for eligible homecare providers is \$1.61 per hour.*

CCP Appropriations & Caseload History

(\$ in Millions)



* The caseload figures for FY13 and FY14 are unadjusted. As such, they include the projected transfers of CCP clients served by Managed Care entities.

** The FY13 Appropriation includes \$315 million in supplemental GRF funds to cover liability from prior years and FY13 estimated expenditures.

Medicaid Reform & Managed Care

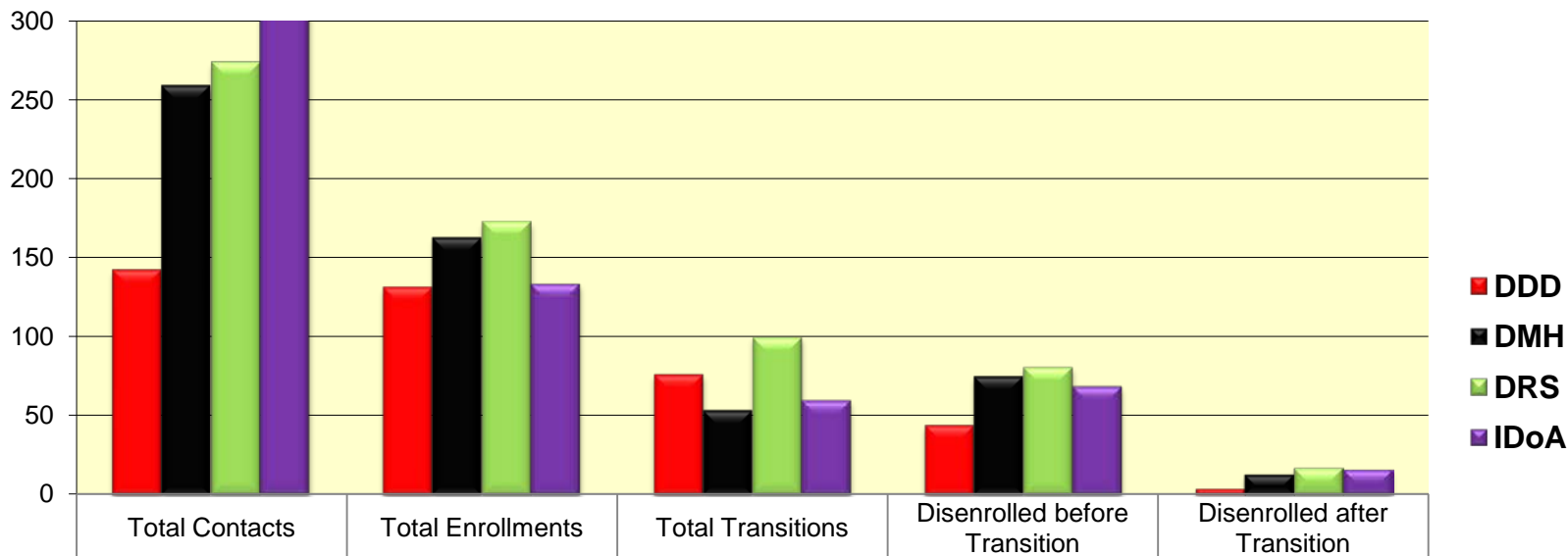
- Public Act 96-1501 established policy reforms to improve care coordination and the redesign of Illinois' healthcare delivery system to be more patient-centered, while focusing on improved health outcomes, enhanced access, patient safety and cost efficiencies.
- The Department of Healthcare and Family Services, in collaboration with the Departments on Aging and Human Services will transfer eligible older adults and persons with disabilities to risk-based managed care programs by 2015, through *The Innovations Project*.
- These risk-based managed care initiatives include:
 - *Retaining Care Coordination Entities* and *Managed Community Care Networks* to provide enhanced case coordination services to older adults and persons with disabilities in the Medicaid Program.
 - The *Integrated Care Program (ICP)* that impacts Community Care Program (CCP) clients who receive Medicaid waiver services in select areas of the State.
 - The *Medicare/Medicaid Alignment Initiative (MMAI)* that will impact CCP clients who are dually eligible for Medicaid and Medicare in the same service area as the ICP.
- The Department's fiscal year 2014 budget includes \$32.2 million to cover the per member per month (PMPM) share for older adults under the Elderly waiver who transfer to managed care.

Pathways to Community Living

also commonly called Money Follows the Person (or MFP)

- The Departments on Aging, Healthcare and Family Services, Human Services and the Illinois Housing Development Authority (IHDA) are coordinating their efforts to redesign Illinois' long term care system in part, through the Pathways to Community Living Program based on the MFP demonstration award from the federal Centers for Medicare and Medicaid Services through 2016.
- The Program provides services to transition Medicaid-eligible persons residing in institutional settings to appropriate home and community-based settings (HCBS), as well as to further the state's overall long-term care (LTC) rebalancing strategies.
- Eligible participants must have been in a nursing facility for at least 90 days, and must be enrolled in Medicaid for at least one (1) day before their transition.
- Since the program became operational, there have been 240 transitions through June 2013 that have been facilitated by the Department's Care Coordination Units.

2012 Enrollment Figures



	Total Contacts	Total Enrollments	Total Transitions	Disenrolled before Transition	Disenrolled after Transition
DDD	142	131	76	44	4
DMH	259	163	54	75	13
DRS	274	173	100	81	17
IDoA	1,703	134	60	69	16

Colbert Consent Decree Implementation Plan

- The Colbert v. Quinn class action lawsuit (9/07) filed on behalf of nursing home residents with disabilities in Cook County resulted in a Consent Decree approved on December 20, 2011.
- The defendants and plaintiffs filed an implementation plan as required by the Consent Decree on November 8, 2012. Implementation began on February 1, 2013, and continues for two and a half years.
- The Consent Decree provides Medicaid-eligible nursing facility residents in Cook County with supports and services needed to live in the most integrated community-based settings appropriate to their needs.
- The Decree also includes maximizing individual's independence, choice, and opportunities to develop and use independent living skills to live their lives similar to individuals without disabilities.

Colbert Consent Decree Implementation Plan

(continued)

- The Department of Healthcare and Family Services serves as the lead agency for creating the implementation plan, and is collaboratively working with the other co-defendants: Office of the Governor, and the Departments on Aging, Public Health and Human Services.
- The implementation plan includes outreach, education, evaluation, provision of needed resources and Class Member collaboration in setting community transition goals.
- Managed Care Entities will provide Transition Coordination services. Care Coordination Units' role(s) may include Determination of Need assessment and waiver service authorization. The plan outlines two and a half years of required initial outreach, evaluations and transition goals. Services will be coordinated by both Care Coordination Units and Managed Care Entities.
- It is projected that by the end of the benchmarked transitions, 5,000 individuals will be evaluated and 1,100 transitioned from Nursing Facilities to a community setting.

Senior Health Assistance Program (SHIP)
Transfer to Illinois Department on Aging
Effective April 1, 2013

- The Senior Health Insurance Program (SHIP) was transferred from the Department of Insurance to the Department on Aging by *Executive Order 13-01* on April 1, 2013.
- Nationally, there are 54 SHIP Programs and currently two-thirds or 36 of them reside within the State Unit on Aging. The SHIP activities align with the Department’s mission to help individuals maintain their health and independence in their homes and communities.
- SHIP provides one-on-one counseling to Medicare beneficiaries to help them navigate complex health and long-term care issues. This transfer promotes a natural extension of services such as: Information and Assistance and Benefits Counseling, as well as furthers the Department’s Aging and Disability Resource Center (ADRC) efforts.
- SHIP is fully funded by a grant from the Centers for Medicare and Medicaid Services. The transfer would also enable the Department to apply for future federal funding opportunities that include providing Options Counseling to “dual eligibles” through the *Illinois Medicare-Medicaid Alignment Initiative*.
- The FY14 budget includes \$3.0 million in spending authority to support the Senior Health Insurance Program.

Division of Benefits, Eligibility, Assistance & Monitoring (BEAM)

The division formerly known as Circuit Breaker & Rx Assistance has been redefined and serves the agency in verification of benefits, eligibility, assistance and monitoring for various senior services, in close coordination with the Senior HelpLine. Their combined services span the entire State to provide assistance with available services for older adults and caregivers. The Division of BEAM responsibilities include:

- Certify eligibility for mass transit districts for Seniors and Persons with Disabilities Rides Free Programs and the Secretary of State license plate discount,
- Manage client data and verification for the Community Care Program and Managed Care Organizations,
- Assist with intake and provide client information verification for the Benefit Access Application, Community Care Program and Managed Care Organizations, and quality assurance for elderly Medicaid waiver, and
- Investigate billing rejects and other client information issues to reduce data input errors, improve federal match for Medicaid reimbursements, and help prevent fraud.

Human Services Framework Project

- The Illinois Human Services and Healthcare Framework Project is a multi-year, comprehensive project of all human service departments.
- Designed to develop a system to support data-sharing and efficient delivery of programs and services among the partner agencies.
- “The Framework Project” will utilize modern technology and streamlined, standardized processes to expand residents' access to human and healthcare services, enhance the state's planning ability, and improve the efficiency of the present system.
- The Department on Aging is partnering with other social services agencies to leverage federal funding for this initiative and to complete the initial planning and assessment processes.

Elder Abuse and Neglect & Adult Protective Services (APS)

- The 98th General Assembly passed legislation to authorize the Illinois Department on Aging as the single adult protective services (APS) agency in the State to investigate allegations of abuse, neglect and exploitation of adults with disabilities and older adults who reside in a domestic setting.
- The Department on Aging plans to build on its existing program model for delivery of elder abuse investigative services to serve adults with disabilities who have been victimized.
- The Department is developing training to assure that the staff of the current 41 provider agencies possess the skills needed, and are aware of the resources available to provide an effective response and appropriate intervention in cases of abuse of adults with disabilities.
- The Department will enter into an inter-agency agreement with the Department of Human Services to assure that a mechanism for referral for services and subsequent follow-up is in place between the service provider agencies and the Divisions of Mental Health, Developmental Disabilities and Rehabilitation Services.
- The FY14 GRF lump sum allocation includes approximately \$19.3 million for Elder Abuse and Neglect and Adult Protective Services.

Adult Protective Services

(continued)

- The Department on Aging projects that the service providers' caseloads will increase by one-third through the addition of services to adults with disabilities.
- For fiscal year 2014, that projection represents 4,225 reports of abuse, neglect and exploitation of adults with disabilities, who live in a domestic setting.
- The FY14 enacted budget for Adult Protective Services includes costs associated with:
 - Direct Services (Assessment, Casework and Follow-up)
 - Training
 - Outreach
 - 24 hour response
 - Early Intervention Services
 - Administrative Oversight/Monitoring
 - Money Management, and
 - IT Upgrade



Abuse, Neglect and Exploitation (ANE) Program

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- The Illinois Elder Abuse and Neglect Act directs the Department on Aging to establish an intervention program to respond to reports of alleged abuse, neglect and financial exploitation of older adults over the age of 60 who reside in a domestic setting.
 - The Department, in conjunction with the 13 Area Agencies on Aging in the State, has designated 41 community agencies that responds to abuse, neglect & exploitation reports.
 - Provider agencies assist eligible older adults by conducting face-to-face assessments, referring for necessary support services, providing casework and follow-up services, and referring criminal conduct to law enforcement.
 - Provider agencies receive support through their multi-disciplinary team (M-Team), which includes professionals in mental health, health care, legal, financial, law enforcement and the faith community. The M-Team serves in a technical advisory role, providing case consultation, assistance, and encouraging cooperation among the various service agencies.

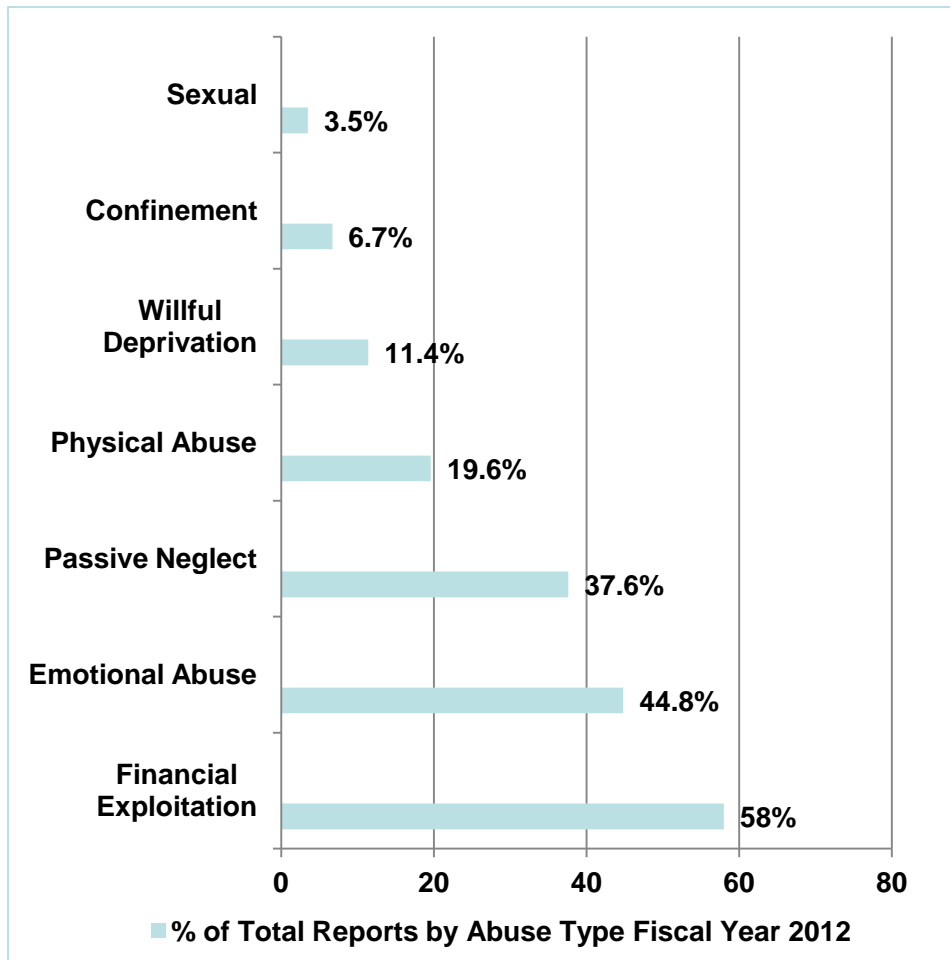
ANE and APS FY14 Budget and ANE Statistics

ANE Reports

- FY 2012 Actual: 11,840 (60+)
- FY 2013 Estimated: 12,230 (60+)
- FY 2014 Projected: 12,694 (Ages 60+)
- FY 2014 Projected: 4,225 (Ages 18-59)

ANE & APS Budget (\$000's)

- FY 2012 Budget: \$9,937.8
- FY 2013 Budget: \$10,000.0
- FY 2014 Budget: \$19,260.0



FY14 Older Americans Act: Community Supportive Services

- The Department distributes Older Americans Act funds to 13 Area Agencies on Aging (AAAs). In turn, the AAAs contract with approximately 229 service providers to provide services for older adults at the local level.
- In fiscal year 2014, Older Americans Act funds are projected to serve 478,300 or 21% of Illinois' approximately 2.3 million older adults age 60 and over.

Long-Term Care Ombudsman Program (LTCOP)

- The LTCOP is a resident directed advocacy program that protects and promotes the improvement of quality of care and quality of life for persons living in licensed nursing facilities and community-based settings.
- The five (5) primary ombudsman services are:
 - *investigative services,*
 - *regular presence visits,*
 - *issue advocacy,*
 - *consultations, and*
 - *resident and family council support.*
- In federal fiscal year 2012, there were 14,623 LTCOP regular presence visits to long-term care facilities. There were 17,221 consultations handled by the Ombudsman program and 7,458 complaints during Federal fiscal year 2012.

Long-Term Care Ombudsman Program (Continued)

- The LTCOP provides outreach, education and refers Medicaid eligible persons residing in licensed facilities to the Pathways to Community Living Program, formally referred to as MFP.
- With the three (3) consent decrees, Williams, Ligas and Colbert, the LTCOP role has been expanded to inform this population of their right to transition and their right of choice.
- The enacted budget maintains funding to enable the LTCOP to attain the Institute of Medicine recommended ratio of 1 FTE paid ombudsman to 2,000 licensed beds.
- On February 22, 2013, the Department of Healthcare and Family Services entered into a memorandum of understanding with Federal CMS to begin a demonstration project to provide integrated benefits to Medicare-Medicaid enrollees in targeted geographic areas. With the infrastructure in place, legislation was passed during the 98th General Assembly to expand the legal authority of the LTCOP to serve and advocate on behalf of Medicaid and managed care participants regardless of where they reside.
- The FY14 budget includes \$1.3 million in General Revenue funds and approximately \$4.2 million in spending authority in Older American Act and Long Term Care Ombudsman funds combined.

FY14 Community Supportive Services

General Revenue Funded Programs (\$ in 000's)	FY12 Approp	FY13 Budget	FY14 Budget	FY14 Budget Over FY13 \$ Diff.	FY14 Budget Over FY13 % Diff.
Lump Sum for Agency Operations and Select Services The FY14 GRF lump sum <u>INCLUDES</u> the funding amounts for the services listed below with an asterisk.	\$0.0	\$0.0	\$45,534.8	\$45,534.8	100%
<i>* Elder Abuse Neglect & Adult Protective Services</i>	<i>9,937.8</i>	<i>10,0000</i>	<i>19,260.0</i>	<i>9,260.0</i>	<i>92.7%</i>
<i>* Senior Employment Program</i>	<i>\$190.3</i>	<i>\$190.3</i>	<i>\$190.3</i>	<i>\$0.0</i>	<i>0.0%</i>
<i>* Grandparents Raising Grandchildren</i>	<i>\$242.3</i>	<i>\$300.0</i>	<i>\$300.0</i>	<i>\$0.0</i>	<i>0.0%</i>
<i>* Special Training Programs (Incl. Alzheimer's)</i>	<i>\$94.2</i>	<i>\$25.0</i>	<i>\$50.0</i>	<i>\$25.0</i>	<i>100.0%</i>
<i>* Exp. for Monitoring and Support Services</i>	<i>\$76.5</i>	<i>\$80.0</i>	<i>\$182.0</i>	<i>\$102.0</i>	<i>127.5%</i>
<i>* Exp. of Illinois Council on Aging</i>	<i>\$18.0</i>	<i>\$26.0</i>	<i>\$26.0</i>	<i>\$0.0</i>	<i>0.0%</i>
<i>* USDA Lunch Program Administration</i>	<i>\$31.1</i>	<i>\$31.1</i>	<i>\$31.1</i>	<i>\$0.0</i>	<i>0.0%</i>
<i>* Senior HelpLine and Benefits, Eligibility, Assistance & Monitoring (BEAM)</i>	<i>\$0.0</i>	<i>\$0.0</i>	<i>\$3,351.2</i>	<i>\$3,351.2</i>	<i>100%</i>
<i>* Ombudsman Program</i>	<i>\$348.4</i>	<i>\$1,348.4</i>	<i>\$1,348.4</i>	<i>\$0.0</i>	<i>0.0%</i>
<i>* Home Delivered Meals (Non Formula & Formula funds)</i>	<i>\$9,025.0</i>	<i>\$10,748.2</i>	<i>\$11,623.2</i>	<i>\$875.0</i>	<i>8.1%</i>

FY14 Community Supportive Services

General Revenue Funded Programs (\$ in 000s)	FY12 Budget	FY13 Budget	FY14 Budget	FY14 Budget over FY13 \$ Diff.	FY14 Budget over FY13 % Diff.
Retired Senior and Volunteer Program	\$557.4	\$557.4	\$551.8	(\$5.6)	(1.0%)
Planning and Services Grants to AAA	\$1,775.5	\$5,800.0	\$7,722.0	\$1,922.0	33.1%
Foster Grandparent Program	\$243.8	\$243.8	\$241.4	(\$2.4)	(1.0%)
LTC Systems Development	\$246.3	\$246.3	\$243.8	(\$2.5)	(1.0%)
HDM and Mobile Food Equipment (Non Formula & Formula funds)	\$9,025.0	\$10,748.2	\$11,623.2	\$875.0	8.1%
Community-Based Services (equal distribution)	\$758.7	\$758.8	\$751.2	(\$7.6)	(1.0%)

FY14 Community Supportive Services

Federal and Other State Funds (OSF) (\$ in 000's)	FY12 Budget	FY13 Budget	FY14 Budget	FY14 Budget over FY13 \$ Diff.	FY14 Budget over FY13 % Diff.
National Lunch Program (excl. administrative)	\$1,500.0	\$1,800.0	\$2,500.0	\$700.0	38.9%
Child and Adult Food Care Program	\$200.0	\$200.0	\$200.0	\$0.0	0.0%
Nutrition Services Incentive Program	\$8,500.0	\$8,500.0	\$8,500.0	\$0.0	0.0%
Administration of Senior Meal Program	\$85.0	\$134.0	\$134.0	\$0.0	0.0%
Older Americans Act Training	\$150.0	\$150.0	\$125.0	(\$25.0)	(16.7%)
Title III Nutrition Services - Congregate and HDM	\$24,475.8	\$32,000.0	\$32,000.0	\$0.0	0.0%
Title III Social Services	\$17,000.0	\$17,000.0	\$17,000.0	\$0.0	0.0%
Title V Employment Services (excl. administrative)	\$6,000.0	\$6,500.0	\$6,500.0	\$0.0	0.0%
Title V Employment Services (administrative expenses)	\$95.0	\$300.0	\$300.0	\$0.0	0.0%
Title VII Prevention of ANE	\$500.0	\$500.0	\$500.0	\$0.0	0.0%
Title VII LTC Ombudsman Services	\$1,000.0	\$1,000.0	\$1,000.0	\$0.0	0.0%
Title III D Preventive Health	\$1,000.0	\$1,000.0	\$1,000.0	\$0.0	0.0%

FY14 Community Supportive Services

Federal and Other State Funds (OSF) (\$ in 000's)	FY12 Budget	FY13 Budget	FY14 Budget	FY14 Budget over FY13 \$ Diff.	FY14 Budget over FY13 % Diff.
Expenses for Governmental Discretionary Projects*	\$5,000.0	\$5,000.0	\$3,000.0	(\$2,000.0)	(40.0%)
National Family Caregiver Support	\$7,500.0	\$7,500.0	\$7,500.0	\$0.0	0.0%
Ombudsman Training and Conference Planning	\$150.0	\$150.0	\$150.0	(\$0.0)	0.0%
Senior Health Insurance Program (SHIP)*	\$3,545.5	\$3,545.5	\$3,000.0	(\$545.5)	(15.4%)
Senior Health Assistance Programs (OSF)	\$1,600.0	\$1,600.0	\$1,600.0	\$0.0	0.0%
Medicaid Community Care Program (OSF)**	\$0.0	\$9,000.0	\$0.0	(\$9,000.0)	(100%)
Long Term Care Ombudsman Fund (OSF)***	\$2,000.0	\$2,000.0	\$3,000.0	\$1,000.0	50.0%

* Represents a reduction in spending authority and not in the grant amount received for this program.

** Fund shift. All Community Care Program services are funded from General Revenue funds in the FY14 Enacted budget.

*** For additional LTC Ombudsmen and for other program enhancements resulting from the recent nursing home reform legislation.

THANK YOU!

For more information about the Department
or for assistance accessing services visit:

www.state.il.us/aging

or call the Senior HelpLine at:

1-800-252-8966

1-888-206-1327 (TTY)