

# PUBLIC INFORMATION DOCUMENT



## SUMMARY OF THE PROPOSED AREA PLAN For FISCAL YEAR 2015

*AGE STRONG, LIVE STRONG*



*Serving Older Americans in the following counties of east central Illinois:*

***Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby, and Vermilion***

*The East Central Illinois Area Agency on Aging does not discriminate in admission to programs or activities 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 and TDD), or contact the Area Agency's Civil Rights Coordinator at 1-800-888-4456.*

*PUBLISHED: April 4, 2014*

## NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed Area Plan for Fiscal Year 2015. A summary of this document will be presented at Public Hearings (see schedule below).

A summary of public comments will be presented to the ECIAAA Advisory Council on May 7, 2014 and to the ECIAAA Corporate Board on May 21, 2014 for their consideration.

Comments on the proposed Area Plan for Fiscal Year 2015 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., April 25, 2014 to the following address:

Attention: Michael O'Donnell, Executive Director  
East Central Illinois Area Agency on Aging  
1003 Maple Hill Road – Bloomington, IL 61705-9327  
Fax: (309) 829-6021; E-Mail: [modonnell@eciaaa.org](mailto:modonnell@eciaaa.org)

### Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed Area Plan for FY 2015.

<b>Date</b>	<b>Time</b>	<b>Location</b>
April 21	2:00-3:30 p.m.	East Central Illinois Area Agency on Aging, 1003 Maple Hill Rd., Bloomington, IL
April 22	10:00-11:30 a.m.	CRIS Healthy-Aging Center, 309 North Franklin, Danville, IL
April 22	2:00-3:30 p.m.	Champaign Public Library, 200 West Green Street, Champaign, IL
April 23	10:00-11:30 a.m.	LifeSpan Center, 11021 East County Road 800 North, Charleston, IL
April 23	2:00-3:30 p.m.	Moultrie County Senior Center, 114 East Jefferson, Sullivan, IL
April 24	10:00-11:30 a.m.	Decatur Macon County Senior Center, 1430 North 22 <sup>nd</sup> Street, Decatur, IL
April 24	2:00-3:30 p.m.	DeWitt County Friendship Center, 410 East Main Street, Clinton, IL

The Public Hearings will present information about national, state and local initiatives, including:

- Developing an Aging and Disability Resource Center Network in Area 05;
- Coordinating evidence-based healthy-aging interventions with programs and services for seniors;
- Developing and coordinating transportation services for older adults in rural areas;
- Implementing Coordinated Care demonstration projects for persons enrolled in Medicare and Medicaid; and
- Advocating for reauthorization of the Older Americans Act and appropriations for OAA programs.

The Public Hearings provide information about ECIAAA's proposed plans, budget, funding formula, and priorities for funding community-based services for older adults and family caregivers, including: Coordinated Points of Entry/Senior Information Services, Legal Assistance, Congregate Meals, Home Delivered Meals, Individual Needs Assessments, Evidence-Based Health Promotion Programs, Gerontological Counseling, Caregiver Advisory Services, Respite Care, the Adult Protective Services Program, and the Ombudsman Program.

**For more information** contact Mike O'Donnell at (309) 829-6018, ext. 211 or e-mail: [modonnell@eciaaa.org](mailto:modonnell@eciaaa.org).

# East Central Illinois Area Agency on Aging

## Who We Are

The East Central Illinois Area Agency on Aging is a non-profit organization, founded in 1972, and authorized under the federal Older Americans Act and the Illinois Act on Aging to plan and administer services for older adults and caregivers. Our mission is to enable older adults to age strong and live long in their homes, with dignity and safety, and support a system of community-based services to prevent unnecessary institutionalization, and uphold the rights of older adults.

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 155,780 persons 60 years of age and older, and their families in communities throughout the 16 counties of east central Illinois.

There are 618 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 05.

ECIAAA is governed by a Corporate Board comprising twenty members representing 16 counties. The Corporate Board establishes policies and priorities, and makes decisions about programs and funding.

ECIAAA is advised by an Advisory Council comprising up to 32 members, with a majority of members 60 years of age and older. The Advisory Council informs the Area Agency on Aging about the needs and preferences of older persons and their caregivers and provides advice on the Area Plan and senior services.

## ECIAAA – What We Do

ECIAAA plans, coordinates, and advocates for the development of opportunities and services to achieve outcomes which promote the health, strength, independence, dignity, and autonomy of older persons, and support families caring for older persons, and grandparents and other relatives raising children. These opportunities and services include:

**ACCESS SERVICES** including: a network of 12 Coordinated Points of Entry to provide Information & Assistance; and coordination with 6 Care Coordination Units and public and private transportation providers.

**IN-HOME SERVICES** including: Home Delivered Meals, Individual Needs Assessments for Home Delivered Meals, Respite Care, and other consumer-directed Long-term Services and Supports (LTSS).

**COMMUNITY SERVICES** including: Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

**HEALTHY AGING PROGRAMS** such as: *Chronic Disease Self Management Program, Diabetes Self Management Program, Gerontological Counseling with PEARLS, Strong for Life, and A Matter of Balance.*

**CAREGIVER SUPPORT PROGRAMS** including: Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren.

**ELDER RIGHTS PROGRAMS** including the Adult Protective Services Program, the Ombudsman Program, and the Senior Medicare Patrol.

## **ECIAAA Serves Older Americans and Their Caregivers through...**

**Advocacy in Action** - ECIAAA informs seniors and caregivers about proposed legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state and federal levels.

**Planning, Program Development and Coordination** – ECIAAA assesses the needs of seniors and caregivers, identifies issues for long range planning, sets priorities for funding, coordinates services, develops new or expanded services, and forms partnerships with other organizations, for example, collaboration with Centers for Independent Living to develop an Aging and Disability Resource Center Network in Area 05.

**Supporting Community Programs on Aging** – ECIAAA awards federal and state grant assistance to local agencies for the provision of services to seniors and caregivers. Services are available to persons 60 and older, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and younger. Older persons and their families show their support by donating their time, talents and voluntary contributions. Older Americans Act services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and persons with limited English proficiency, and older adults in rural areas.

**Providing Easy Access to Information, Assistance, Services and Supports** – ECIAAA supports a network of 12 Coordinated Points of Entry who work collaboratively with 6 Care Coordination Units, 9 Family Caregiver Resource Centers, 4 Centers for Independent Living, Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, and other community organizations. This collaboration is known as the Aging & Disability Resource Network. Our partners take a “no-wrong-door” approach to inform adults, persons with disabilities, and their families about their options, make informed choices, and help them apply for benefits and services. You can find a list of Aging & Disability Resource Network partners nearest you by calling toll-free at 1-800-888-4456; you can visit our website at [www.eciaaa.org](http://www.eciaaa.org); or you can send an inquiry by e-mail to: [aginginfo@eciaaa.org](mailto:aginginfo@eciaaa.org).

**Developing Community-Based Long-Term Services and Supports** – ECIAAA works with Coordinated Points of Entry, Comprehensive Care Coordination Units, Centers for Independent Living, hospitals, and service providers in the Aging Network to help older adults make successful transitions from home, to hospital, to rehabilitation facilities, and home again. We are also collaborating with the VA Illiana Healthcare System and Comprehensive Care Coordination Units on the Veterans-Directed Home and Community Based Services Program to provide consumer-directed services to enable disabled veterans to live independently at home.

**Advocacy for Residents in Long Term Care Facilities** – ECIAAA sponsors a regional Ombudsman Program through a grant with the Illinois Department on Aging and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and in the future will advocate on behalf of clients receiving homecare and persons enrolled in managed care programs. In the future the Ombudsman Program will advocate on behalf of adults eligible for Medicaid-waivered home care services and older adults and persons with disabilities who are enrolled in managed care demonstration programs in Area 05.

**Responding to Abuse, Neglect and Exploitation** – ECIAAA is the Regional Administering Agency for the Illinois Adult Protective Services Program in Area 05 under a grant with the Illinois Department on Aging. ECIAAA manages contracts with six Adult Protective Service agencies who investigate reports of alleged abuse, neglect, exploitation, and self neglect of persons with disabilities ages 18-59 and older persons 60 years of age and older, and provide assistance to vulnerable adults.

## ON THE NATIONAL SCENE

### **President's Proposed Budget for FY2015**

According to the Legislative Update from **n4a** (National Association of Area Agencies on Aging) of March 7, 2014:

On March 4, 2014, President Obama sent a \$3.9 trillion FY2015 budget request to Congress, beginning the annual process of setting spending levels for all discretionary federal programs. The President's budget often acts as a starting point for congressional budget discussions.

Given the budget caps and sequestration levels still in law for FY2015 and beyond, it is no surprise that there are winners and losers in the White House's budget. Most of the President's budget reflects the bipartisan budget deal struck last December. However, he is recommending a "Growth, Opportunity, and Security Initiative" which is essentially a wish list of items that if funded, would boost overall spending above the budget agreement. A list revenue sources that could be tapped to pay for these special investments accompanies this wish list, however.

#### **Administration for Community Living (ACL), Department of Health & Human Services (HHS)**

The definition of what a "budget win" looks like has changed dramatically in recent years. The good news is that ACL, and within that agency, the Administration on Aging (AoA), emerged relatively unscathed from the President's budget development process, securing level funding in all of its core programs.

Over the past few years, with the passage of several streams of mandatory funding in the Affordable Care Act and other changes, ACL's budget has evolved from one almost exclusively based upon "discretionary spending" to one with several line items funded in part or fully through mandatory spending. N4A's chart draws the distinction and the following programs updates are divided accordingly.

**Discretionary Funding** – All core Older Americans Act (OAA) programs in Titles III, VI, and VII were level funded at final FY2014 levels. As frustrating as this is to advocates who know these programs are already stretched so thin yet seeing increased demand, it reflects the new budget reality where "level funding is the new increase."

**Impact on Older Workers** – For the fourth year in a row, the Administration proposes to move the only title of OAA not administered by AoA: the Title V Senior Community Services Employment Program (SCSEP), currently run by the Department of Labor, to AoA – an action which requires legislative action by Congress (i.e, amending the OAA).

Unfortunately, in addition to the agency move, SCSEP would suffer a major cut in funding for FY2015 if the President's spending recommendation is adopted by congressional appropriators. The budget suggests a \$54 million cut to the job training and community service program for low-income seniors – a 12% cut from the current funding level of \$434 million.

**Funding Gains** – For the fourth year in a row, the Administration has requested new money for Adult Protective Services (APS), which represents Assistant Secretary on Aging Kathy Greenlee's vision for expanding the elder rights work of ACL and the Aging Network. In FY2014, the Administration requested \$8 million for elder justice initiatives beyond those in OAA, but this year, the request is much bigger: \$25 million for an Elder Justice Initiative.

**The Elder Justice Initiative** - to be administered by ACL would provide a total of \$25 million in FY2015 for (1) continued work on an Adult Protective Services National Data System and technical assistance; (2) demonstration grants to states to strengthen front-line efforts to combat this serious problem by testing new models and reinforce reporting infrastructures for incidents of abuse, neglect, and exploitation; (3) evaluation activities, and (4) advancement of a coordinated federal research strategy to fill the gaps in knowledge, and fund initial research in high priority areas.

**White House Conference on Aging** – The President’s budget includes a request for \$3 million to support a White House Conference on Aging by 2016.

**Mandatory Funding** – Mandatory spending is on the “other side of the ledger” from the appropriated or discretionary side of the budget. It flows automatically as needed, based on the laws Congress has crafted, until they change that law. Medicare, Medicaid and Social Security are examples of programs based on mandatory funding.

Five years ago, advocacy efforts led by n4a and NASUAD (National Association of States United for Aging and Disabilities), led the first major influx of mandatory funds to then-AoA, for further development and expansion of **Aging and Disability Resource Centers (ADRC)s**. This provision, which provided \$50 million over 5 years, was contained in the Affordable Care Act (ACA) and expires this year.

The President’s budget proposes an extension and expansion of those ADRC dollars, with \$100 million over 5 years to be provided from mandatory funding sources. This funding would need to be secured outside the appropriations process and would require a major advocacy effort to ensure passage.

Also created within ACA is the **Prevention and Public Health Fund (PPHF)**, which provided a major new source of mandatory funding for activities devoted to boosting public health and using proven prevention strategies to reduce American’s rates of illness and disability. What is unique about the PPHF, however, is that while the funding is set statutorily by ACA, the determination on which programs it will be spent on in any given year is up to Congress. So appropriators don’t have to “find” the money, but they do get to divvy it up, which is slightly different from regular appropriations. If Congress fails to decide upon PPHF allocations, then the Secretary of HHS has the authority to do so, which has happened in recent years when Congress did not pass a final (non-Continuing Resolution) spending bill.

Two examples of former AoA Title II demonstrations that later secured mandatory funding is the **Chronic Disease Self Management Program (CDSMP)**, which received \$10 million of PPHF resources in FY2014, and **Elder Falls Prevention**, which received \$5 million from PPHF to ACL in FY2014. For FY2015, the President has recommended continuation of both levels, which is a strong recommendation to continue these PPHF allocations.

Another PPHF program included in the President’s budget is the **Alzheimer’s Initiative**, which was launched last year. The Initiative provides funding to ACL in two ways: \$10.5 million for caregiver services and \$4.2 million for a public awareness campaign on the disease.

### **Other HHS Programs**

The **Community Services Block Grant (CSBG)** would be reduced by \$324 million in the President’s budget, down to \$350 million, which is the same as last year’s recommendation.

The **Low Income Home Energy Assistance Program (LIHEAP)** would receive \$624 million less than Congress provided for FY2014. This is an even lower request than the President made for FY2014.

The **Social Services Block Grant (SSBG)** was level funded at \$1.7 billion.

### **Housing**

The President’s budget provides a total of \$440 million for the Housing the Elderly (Section 202) and \$160 million for Housing for Persons with Disabilities (Section 81), which would be a boost in spending for both programs (increases of \$56 million and \$34 million, respectively). The Section 202 funding level includes \$350 million for existing operating subsidy contracts, \$70 million for housing service coordinators, and \$20 million for new awards to supportive housing models that coordinate with home and community-based services (HCBS).

## **Senior Corps**

Based upon the President's budget, Senior Corps as we collectively know it would cease to exist. At the Corporation for National and Community Services (CNCS), the three programs under the Senior Corps umbrella – Retired and Senior Volunteer Program (RSVP), Foster Grandparent Program (FGP), and Senior Companion Program (SCP) – have been relocated to other areas of CNCS.

FGP and SCP would be maintained as two separate programs but run under the umbrella of AmeriCorps, which adds some new value because participants will have access to new educational benefits.

Unfortunately, RSVP would lose a significant amount of funding. The highest-performing RSVP programs could access roughly a third of current RSVP funding via the Volunteer Generation Fund, which focuses on strengthening the ability of organizations to recruit, retain, and manage volunteers.

## **What Happens Next?**

The President's budget reflects both the government agency requests and the Administration's political and policy agenda. The President's budget is the first step in a complex process to determine government spending for FY2015.

In the coming weeks Congress will hold hearings on the President's recommendations. Traditionally, a formal budget resolution is then prepared for each chamber. A congressional budget resolution sets the total level of spending authority and revenues, with specific allocations to each major budget category. This non-binding plan, if adopted, guides the appropriations committees, as well as tax and finance panels for the rest of the year.

However, last December's budget deal already did some of the work of a budget resolution, in that it established the "top line" (i.e., overall) spending level for FY2015 appropriations. The December 2013 budget deal did not change budget caps under the Budget Control Act of 2011 and future sequestration of federal funds for fiscal years 2016-2021. The House may still move to produce a budget resolution in order to promote their spending priorities, but it is unlikely that the Senate will follow suit. That will not hold up the process, however, as long as both chambers adhere to the overall spending threshold and move ahead with their parallel appropriations processes.

In late spring and through the summer, the House and Senate Appropriations Subcommittees of jurisdiction make the specific programmatic determinations for each discretionary line item (such as OAA Title III-B). This takes several months to move through committee, and larger or more contentious bills can take all summer or fall before being passed. Like all other legislation, the House and Senate must agree on appropriations bills. Achieving agreement further lengthens the process. Although appropriations bills are supposed to be finalized by October 1, this deadline is usually missed.

N4A observes that the President's recommendations can be used effectively (for or against) by advocates as we begin our FY2015 appropriations campaign and continue our fight against further sequestration. N4A will present its 2014 Policy Priorities at the Aging Policy Briefing on April 28, 2014. Shortly thereafter, n4a's FY2015 appropriations campaign will begin anew. As an n4a member, ECIAAA will inform grassroots advocates about these policy priorities and what we can do to push for maximum funding for Older Americans Act and other discretionary programs.

As we go to press, N4A reports that during March 2014 Senator Bernie Sanders (I-VT) circulated a letter to fellow Senators seeking support for a request to Senate Appropriations Labor/HHS/Education Subcommittee Leaders to increase funding for OAA programs by 12% in FY2015. As of April 2, 2014, 27 Senators had signed on to the letter.

## AT THE STATE LEVEL

**Governor's Proposed FY2015 State Budget for Aging Programs** - On the next page you will find a summary of the proposed state budget for the Illinois Department on Aging for FY2015. The Governor has called for making the temporary income tax increase permanent effective January 1, 2015. The Governor's recommended funding levels for human services including programs administered by the Illinois Department on Aging are contingent on making the tax increase permanent. Please note that the summary of the Governor's budget for FY2015 includes a column entitled "Not Recommended" which reflects funding levels which may result if an agreement on revenues cannot be reached.

### **Recommended Increases in the Illinois Department on Aging's Budget for FY2015**

- The Governor's recommended FY2015 budget totals approximately \$1.276 billion – \$155 million (+13.8%) over the FY2014 enacted level, including approximately \$1.169 billion in General Revenue Funds (GRF).
- Recommended funding levels for the Community Care Program total \$1,042,623,100, including:
  - o \$904.2 million for administration and service grants – an increase of \$214.3 million over FY2014
  - o \$101.2 million for CCP Capitated Coordinated Care – an increase of \$68.9 million over FY2014
  - o \$63.7 million for Case Management – an increase of \$2,977,500 over FY2014
    - 82,600 older adults – average monthly CCP caseload for FY2015
    - \$857 - CCP average monthly cost of care per person
- Recommended funding level for Home Delivered Meals is \$12.5 million - \$917,900 over the FY2014 level - to maintain a projected service level of 6.8 million meals.
- Recommended funding for Adult Protective Services Program is \$23.1 million - \$3,840,300 over the FY2014 level - to respond to 17,000 projected reports of abuse, neglect and exploitation affecting persons 60+ and persons with disabilities ages 18 to 59.
- Recommended funding for the Long Term Care Ombudsman Program (LTCOP) includes: \$3.1 million GRF – an increase of \$1,751,600 over the FY2014 level; \$3 million from the LTC Ombudsman Fund – the same level as FY2014; and \$1 million in federal Older Americans Act Title VII funds – the same level as FY2014.
- Recommended funding for Benefits Eligibility Assistance and Monitoring is \$2,080,800 - \$232,100 above the FY2014 level.
- Recommended funding for the Senior HelpLine is \$2,218,100, - \$824,100 above the FY2014 level.
- New for FY2015 is the Governor's recommended \$3,476,000 GRF in the Illinois Department on Aging's budget for the Balancing Incentive Program (BIP)

### **Recommendations for Flat Funding in FY2015**

- Planning and Service Grants to AAAs at \$7,722,000 GRF to maintain access to federal public benefit programs and provide access to Aging and Disability Resource Center (ADRC) options counseling,
- Senior Health Insurance Program at \$3,000,000 in federal funds,
- Senior Health Assistance Program (SHAP) at \$1.6 million in Tobacco Settlement Recovery Funds,
- Grandparents Raising Grandchildren Program at \$300,000 GRF,
- Long Term Care Systems Development Grants to AAAs at \$243,800 GRF,
- Senior Employment Specialist Program at \$190,300 GRF,
- Retired & Senior Volunteer Program at \$551,800 GRF, and
- Foster Grandparents Program at \$241,400 GRF.



**14A Summary of FY2015 State Budget for the Illinois Department on Aging**

<b>Line Item</b>	<b>FY2014 Enacted Appropriations</b>	<b>Governor's Proposed Budget for FY2015</b>	<b>Not Recommended for FY2015</b>	<b>Not Recommended for FY2015 vs FY2014 Enacted (%)</b>
CCP (GRF)	882,821,400	904,256,000	697,164,000	-21.03%
CCP Capitated Coordinated Care	32,230,000	101,200,000	78,023,300	+142.08%
Case Management	60,757,900	63,735,400	49,138,800	-19.12%
Balancing Incentive Program (BIP)	0	3,476,600	2,680,400	-22.90% (vs Proposed)
APS/Elder Abuse and Neglect	19,968,000	23,100,000	17,809,700	-10.81%
Home Delivered Meals (Non-Formula and Formula)	11,600,000	12,541,100	9,668,900	-16.65%
Benefit Eligibility Assessment and Monitoring	1,848,700	2,080,800	1,604,300	-13.22%
Senior HelpLine	1,393,900	2,218,100	1,710,100	+22.68%
Specialized Training Program	50,000	50,000	38,500	-23.0%
AAA Grants for CBS (Equal )	751,200	751,200	579,200	-22.9%
AAA Planning & Service Grants	7,722,000	7,722,000	5,953,500	-22.9%
<b>Subtotal AAAs</b>	8,473,200	8,473,200	6,532,700	-22.9%
SHIP (Federal Funds)	3,000,000	3,000,000	3,000,000	0
SHAP (TSRF)	1,600,000	1,600,000	1,600,000	0
LTC Systems Development	243,800	243,800	188,000	-22.9%
Senior Employment	190,300	190,300	146,700	-22.9%
GRG Program	300,000	300,000	231,300	-22.9%
RSVP	551,800	551,800	425,400	-22.9%
Foster Grandparents	241,400	241,400	186,100	-22.9%
LTCOP (GRF)	1,348,400	3,100,000	2,390,000	+77.25%
LTCOP (LTCPF)	3,000,000	3,000,000	3,000,000	0
LTCOP (OAA Title VII)	1,000,000	1,000,000	1,000,000	0
<b>Subtotal LTCOP</b>	5,348,400	7,100,000	6,390,000	+38.95%

**Acronyms:** CB/PA = Circuit Breaker/Pharmaceutical Assistance; GRF = General Revenue Funds; TSRF= Tobacco Settlement Recovery Fund; LTCOF = Long Term Care Ombudsman Fund; IFF = Intrastate Funding Formula; SHAP = Senior Health Assistance Program; CBS = Community Based Services; HDM = Home Delivered Meals; LTCOP = Long Term Care Ombudsman Program; RSVP = Retired & Senior Volunteer Program; SHIP = Senior Health Insurance Program.

## **Advocacy Agenda for 2014**

ECIAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 05. ECIAAA is a member of **n4a** - the National Association of Area Agencies on Aging, **I4A** - the Illinois Association of Area Agencies on Aging, the Illinois Alliance for Home and Community Care, and the Illinois Coalition on Mental Health & Aging. ECIAAA supports the following advocacy agenda for older adults and family caregivers:

### **On the National Scene:**

- Strengthen the Social Security Program by supporting the position of the Leadership Council of Aging Organizations (LCAO) and the National Association of Area Agencies on Aging (n4a);
- Strengthen the Medicare Program by supporting the position of LCAO and n4a;
- Reauthorize the Older Americans Act – support the position of n4a;
- Increase appropriations for Older Americans Act Programs – support the position of n4a; and
- Amend Medicare’s statutory definition of “post-hospital extended care services” to clarify that Medicare beneficiaries in observation are deemed inpatients in the hospital.

### **At the State Level:**

- Support a \$26 million appropriation of Illinois General Revenue Funds for the Adult Protective Services Program in F2015 to increase rates for APS providers by 20%, increase reimbursable time by 7 hours, and provide funding for self-neglect cases affecting vulnerable adults; and
- Support a FY2015 budget for the Illinois Department on Aging which maintains or increases funding for Planning and Service Grants to Area Agencies on Aging, the Community Care Program, Home Delivered Meals, the Long Term Care Ombudsman Program, and ensures timely payments for provider agencies.

### **Additional Recommendations:**

- Closely monitor private corporations which reduce or eliminate health care coverage for employees and retirees or transfer retirees to health maintenance organizations, including Medicare Advantage Plans, which limit an enrollee’s choice of physician or their ability to obtain necessary and affordable prescription drugs;
- Closely monitor the implementation of provisions of the Affordable Care Act which may result in individuals electing to pay tax penalties rather than purchasing health insurance coverage, and employers electing to accept financial penalties rather than offering health insurance plans to their employees;
- Closely monitor the implementation of provisions of the Affordable Care Act and reforms to the Medicare and Medicaid programs which may result in shifting additional costs to older adults;
- Closely monitor the growth in the number of Social Security Disability claims and the capacity of the Social Security Disability Trust Fund to pay full benefits by 2016; and
- Advocate for policies and incentives in the private and public sectors which encourage adults of all ages to exercise personal responsibility for their health, health care, and insurance coverage.

## The Affordable Care Act – What it means for older Americans and their families

On March 26, 2010, Congress passed and the President signed the Patient Protection and Affordable Care Act and a subsequent health reconciliation bill into law. The bill, which costs \$938 billion, would reduce the federal deficit by \$143 billion over a decade, according to the Congressional Budget Office. The health-insurance overhaul package is the most far-reaching health legislation since the creation of the Medicare and Medicaid programs. The health reform law is expected to extend insurance coverage to an estimated 32 million additional Americans by 2019.

ECIAAA continues to monitor the implementation of the Affordable Care Act and its impact on older adults, persons with disabilities, and their caregivers. The following is an update on the ACA in a question and answer format:

**Q: I don't have health insurance. Will I have to get it, and what happens if I do?**

A: Under the legislation, most Americans must have insurance by 2014 or pay a penalty. There is a phased-in tax penalty for those without coverage. The penalty starts at \$95, or up to 1% of income, whichever is greater, and rises to \$695, or 2.5% of income, by 2016. This is an individual limit; families have a limit of \$2,085. Some people can be exempted from the insurance requirement or "individual mandate" because of financial hardship or religious beliefs, or if they are American Indians, for example.

**Q: I want health insurance, but I can't afford it. What can I do?**

A: Depending on your income, you might be eligible for Medicaid, the state-federal program for low-income individuals and persons with disabilities. Low-income adults, including those without children, may be eligible, as long as their incomes did not exceed 133% of the federal poverty level, or \$15,521 for individuals, according to current poverty guidelines. To apply for Medicaid, visit: the ABE website at: [www.abe.illinois.gov](http://www.abe.illinois.gov) or make an appointment with your nearest DHS Family Community Resource Center. To locate the DHS Family Community Resource Center nearest you, visit [www.dhs.state.il.us](http://www.dhs.state.il.us), or call the DHS Helpline: 1-800-843-6154. Some individuals enrolled in Medicare may qualify for some public healthcare programs available through the ABE site at [www.abe.illinois.gov](http://www.abe.illinois.gov), including AABD Medicaid, Health Benefits for Workers with Disabilities, and Medicare Savings Programs, such as the Qualified Medicare Beneficiaries (QMB) Program.

**Q: What if I make too much for Medicaid but still can't afford coverage?**

A: You might be eligible for government subsidies to help you pay for private insurance that would be sold in the new state-based insurance marketplaces. Illinois operates a marketplace called "*Get Covered Illinois*" to help individuals and families select health insurance carriers that best fit their needs and budget. For information visit: [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov). Premium subsidies are available for individuals and families with incomes between 133% and 400% of the poverty level. The subsidies are on a sliding scale. For example, a family of four earning 150% of the poverty level, or \$35,325 a year, will pay 4% of its income, or \$1,413, on premiums. A family with income up to 400% of the poverty level (\$94,200) will pay 9.5% or \$8,949. In addition, if your income is below 400% of the poverty level, your out-of-pocket health expenses will be limited.

**Q: How will the law affect the kind of insurance I can buy? Will it make it easier for me to get coverage, even if I have health problems?**

A: If you have a medical condition, the law will make it easier for you to get coverage; insurers will be barred from rejecting applicants based on health status. Insurers can no longer exclude coverage for specific medical problems for children with pre-existing conditions, nor can they any longer set lifetime coverage limits for adults and kids. The ACA prevents insurers from charging older adults more than three times as much as younger individuals. In 2014, annual limits on coverage will be banned. New policies sold on the exchanges will be required to cover 10 categories of "Essential Health Benefits," including hospitalizations, doctor visits, prescription drugs, maternity care and certain preventive tests. The ACA limits out-of-pocket spending – with \$6,350 being the absolute maximum that any insured person will have to pay for health care.

**Q. What things should I watch for before I select a health plan?**

A. Go to [getcoveredillinois.gov](http://getcoveredillinois.gov) or make an appointment with a qualified Navigator or in-person counselor. Compare health plans available on the following tiers: bronze, silver, gold, and platinum. When comparing plans, it is important to know that plans with low monthly premiums or “sticker price” might end up being more costly. Some plans for example, might have high deductibles, or require consumers to pay a percentage of certain medical services (called coinsurance). If you choose a plan that has high cost sharing, it might be wise to consult with a financial planner to ensure that you have enough savings to cover unanticipated medical costs.

**Q. How will the Affordable Care Act affect people eligible for Medicare?**

A. If you are on Medicare, you can keep your health plan. If you are enrolled in Medicare Part A (hospitalization), you do not need to enroll in the exchanges to meet any of the ACA insurance coverage mandates. If you use traditional fee-for-service Medicare with Medicare Part D coverage or supplemental insurance plans, you can stay with those plans. If you are enrolled in a Medicare Advantage Plan, you can stay with that plan.

People with Medicare now qualify for an annual wellness visit, mammograms, and other screenings for certain cancers and diabetes – at no additional charge. Medicare Part B now covers eight face-to-face counseling sessions for people who want help to stop smoking. Part B also offers obesity screening and intensive counseling for those who screen positive.

People with Medicare Part B pay less coinsurance for outpatient mental health care treatment, such as psychotherapy. The amount is 35%; Medicare pays the remaining 65%. For initial diagnosis, you’ll continue to pay only 20% of the cost, with Medicare covering the rest. In addition, starting in 2013, Part D plans are allowed to cover benzodiazepines and barbiturates such as those used in the treatment of a chronic mental disorder, epilepsy, or cancer.

In 2014 people with Medicare will get a 52.5% discount on brand-name prescription drugs and a 28% discount on generic prescription drugs while in the doughnut hole. As under current law, once people with Medicare spend a certain amount on medications, they will qualify for “catastrophic” coverage and pay only 5% of the cost of their medications.

Starting in 2014, Medicare Advantage plans must limit how much they spend each year on administrative costs. For each dollar a beneficiary pays in premiums, Medicare Advantage plans may not spend more than 15 cents on administrative costs. Medicare Advantage plans that give better quality care will receive bonus payments. Plans are required to use some of this bonus money to offer added health benefits to their enrollees.

**Q. How much is all this going to cost? Will it increase my taxes?**

A. As of March 4, 2014, the Congressional Budget Office estimated that the ACA’s coverage provisions will result in a net cost to the federal government of \$41 billion in 2014 and \$1,487 billion from 2015 through 2024. If you have a high income, you will face higher taxes. Starting in 2013, individuals paid a higher Medicare payroll tax of 2.35% on earnings of more than \$200,000 a year and couples earning more than \$250,000, up from the current 1.45%. These same income thresholds also triggered a 3.8% surtax on unearned income, such as interest, dividends and capital gains, which will be applied to Medicare. Starting in 2018, the law will also impose a 40% excise tax on the portion of most employer-sponsored health coverage (excluding dental and vision) that exceeds \$10,200 a year for individuals and \$27,500 for families (“Cadillac” plans). The law also raises the threshold for deducting unreimbursed medical expenses from 7.5% of adjusted gross income to 10%, and limits the amount of money you can put in a flexible spending account to pay medical expenses to \$2,500 starting in 2013.

**For information** about the ACA and how to select a health plan, visit the federal website: [www.healthcare.gov](http://www.healthcare.gov) or the Illinois marketplace at: [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov). For clear and concise information for Medicare beneficiaries in Illinois, visit the Make Medicare Works Coalition website: [www.makemedicarework.org](http://www.makemedicarework.org).

## Reauthorization of the Older Americans Act

The reauthorization of the Older Americans Act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers. Since its inception in 1965, the Older Americans Act (OAA) has evolved to meet the changing needs and expectations of an aging America. Consequently, the scope of the OAA has expanded to address and support the needs of older adults and their caregivers. The National Association of Area Agencies on Aging has developed the following recommendations to strengthen the OAA as Congress considers legislation to reauthorize the Act:

1. Preserve the Act's flexibility, person-centered commitment and the major local impact and contribution of aging services in the community.
2. Strengthen the role of the Aging Network to integrate medical and human services – based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral) and care management.
3. Raise or create authorization levels for all the titles of the OAA to ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the increasing ranks of individuals age 85 and older who are most frail, vulnerable, and in the greatest need for aging supportive services.
4. Strengthen the ability of the Aging Network to improve OAA performance by creating capacity-building initiatives, including investing in program evaluations, innovative technologies, and professional training and development.
5. Explore ways to strengthen the Aging Network's role in the coordinated planning activities through greater collaborative efforts between transit, planning, and aging agencies.
6. Build the capacity of and funding for Title VI programs to strengthen their ability to serve the complex and urgent needs of older Native Americans.
7. Broaden, strengthen and support the unique role of Area Agencies on Aging and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible.
8. Expand the Aging Network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing.
9. Improve the Senior Community Services Employment Program (Title V) while enhancing coordination with the Workforce Investment Act system.
10. Strengthen the OAA to protect older adults' legal rights, prevent elder abuse, neglect, and exploitation, and improve our nation's coordinated response to elder abuse when it occurs.
11. Transfer the current State Health Assistance Program (SHIP) from CMS to AoA to provide Medicare assistance and counseling to Medicare beneficiaries.
12. Ensure that older adults' needs are addressed in federal, state, and local emergency preparedness efforts.

**OAA Reauthorization Update** – According to the n4a Legislative Update of March 28, 2014, one Older Americans Act reauthorization bill has been introduced in the Senate (S. 1562) and two bills have been introduced in the House (H.R.3850 and H.R. 4122). The confidential working group established by Senate HELP Committee Chairman Tom Harkin (D-IA) back in October 2013, has failed to come to agreement over the controversial “hold-harmless” provision affecting the distribution of OAA funds among the states. H.R. 3850 is a “straight” reauthorization bill, i.e., no changes except the dates. The House Education and Workforce Subcommittee on Higher Education and Workforce Training held a hearing on the bill on February 11. This means that the Committee's majority is interested in beginning the process and the minority is interested in being engaged in the process. The Democrats bill (H.R. 4122) builds on the bipartisan Senate HELP measure (S. 1562) but adds back some language that was lost along the way in the Senate. N4A has supported S. 1562, but will hold its endorsement on all OAA House bills until a measure emerges from a full bipartisan process in Committee.

## County Conversations on Aging and Independent Living

To strengthen the planning process for the Area Plan for Fiscal Year 2015, ECIAAA convened County Conversations on Aging and Independent Living in each of the 16 counties in Area 05. The table below shows the dates, time, locations of the County Conversations and the number of participants.

<b>Date</b>	<b>Time</b>	<b>County</b>	<b>Location</b>	<b>Number of Participants</b>
Oct. 29, 2013	1:00-3:00 pm	Macon	Decatur Public Library, Decatur	47
Oct. 30, 2013	1:00-3:00 pm	Vermilion	Danville City Hall, Danville	45
Nov. 19, 2013	1:00-3:00 pm	Livingston	Pontiac City Hall, Pontiac	13
Nov. 19, 2013	6:30-8:30 pm	McLean	Evergreen Supportive Living Facility, Normal	29
Nov. 21, 2013	1:00-3:00 pm	Champaign	Champaign Public Library, Champaign	30
Nov. 21, 2013	6:30-8:30 pm	Douglas	Tuscola Public Library, Tuscola	44
Dec. 17, 2013	1:00-3:00 pm	Edgar	First Christian Church Disciples of Christ, Paris	17
Dec. 17, 2013	6:30-8:30 pm	Coles	LifeSpan Center, Charleston	25
Dec. 19, 2013	1:00-3:00 pm	Iroquois	Watseka Public Library, Watseka	19
Dec. 19, 2013	6:30-8:30 pm	Ford	American Legion Hall, Paxton	27
Jan. 13, 2014	1:00-3:00 pm	Shelby	Lake Shelbyville Visitors Center, Shelbyville	26
Jan. 13, 2014	6:30-8:30 pm	Moultrie	First United Methodist Church, Sullivan	37
Jan. 14, 2014	1:00-3:00 pm	Piatt	Livingston Community Center, Monticello	40
Jan. 14, 2014	6:30-8:30 pm	DeWitt	Warner Public Library, Clinton	49
Jan. 16, 2014	1:00-3:00 pm	Clark	Marshall Public Library, Marshall	20
Jan. 16, 2014	6:30-8:30 pm	Cumberland	Toledo Christian Church, Toledo	28
<b>Total</b>		<b>16 Counties</b>		<b>496</b>

The purpose of the County Conversations was to provide opportunities for older adults, persons with disabilities, family caregivers, volunteers, professionals, elected officials, and organizations to identify unmet needs and express their preferences, concerns, and recommendations to strengthen community-based services in the future.

ECIAAA engaged consultants with Research Survey Service in Champaign, IL to plan, facilitate, and record the County Conversations. ECIAAA Staff and Research Survey Service collaborated to develop a common framework to guide the conversations and identify consumer preferences and unmet needs in the following issue areas: Information & Assistance, Caregiver Support, Nutrition, and Legal Assistance. These issue areas correspond to services in the Area Plan, for which the Area Agency is developing outcome measures. In addition to these issues, participants were given ample opportunity to identify other topics and unmet needs for services affecting older adults and persons with disabilities in their communities.

Research Survey Service designed and administered survey questionnaires for participants to complete at the conclusion of the County Conversations to provide a consistent method of identifying individual unmet needs and measuring consumer preferences. Research Survey Service recorded the County Conversations and prepared summary reports of each meeting and an Executive Summary to identify common topics, unmet service needs, and consumer preferences expressed by the participants across all 16 counties. The Executive Summary and the reports for each of the 16 counties are available on the ECIAAA website: [www.eciaaa.org](http://www.eciaaa.org).

### **County Conversations about Senior Information Services**

**Common topics** emerged when participants were asked to describe the types of senior information services they had received. Leading the list was information about insurance, including Medicare, and Medicaid eligibility. This item was mentioned in almost half of the groups (7 out of 16). Here are the topics noted in more than one “county conversation.”

- Insurance, including Medicaid eligibility and Medicare. (7)
- Transportation for seniors (5)
- Managing and paying utility bills. (3)
- Eligibility for “circuit breaker” benefits. (3)
- Help with taxes and tax filings. (3)
- Help for hearing & vision problems, getting glasses, hearing aids. (3)
- Renewing auto license plates, drivers’ licenses. (2)

As for the **sources of senior information**, AARP, Peace Meal, libraries, newspapers, and others came up occasionally in the discussions. Most participants named their local Senior Center or other local or regional provider of services for seniors and/or those with disabilities.

**Senior Information Services Needed But Sometimes Not Available** - Three issues dominated when the moderator asked each group what, if anything is lacking in your county regarding information about senior services.

1. The first, which came up in many sessions, was the need for a central clearinghouse – a master list – of senior services available in the county, with phone numbers and contact names.
2. The second involved information about transportation – the need, especially in small towns and rural areas, for information on the availability of “point-to-point” transportation.
3. A recurring request across several meetings was for a list of “handyman” types – people who could help with household tasks like raking leaves, cleaning gutters, and shoveling snow.

**Central Clearinghouse** - A frequently heard comment in these meetings was “Many seniors just don’t know where to start.” Several counties have had lists of services, but either they’ve not been updated regularly, or they’re not in a senior-friendly format. Respondents in other counties indicated they’re working on creating a “clearinghouse.” Examples include: 2-1-1 service currently available to the general public in DeWitt, Livingston, and McLean Counties and soon to be available in Iroquois County; and the development of master lists in DeWitt and Macon Counties.

Others were skeptical about the whole “clearinghouse” idea:

- Respondents in both Livingston and Piatt emphasized the importance seniors place on having “someone you know and trust” to direct them to the right service.
- Because of that, one said “the one-stop shop [clearinghouse] doesn’t work for everyone.”
- Participants in several counties identified individual staffers at senior centers as virtual “walking, talking” clearinghouses on senior services.

In the discussions, providers outlined numerous methods they use to get information out to the public about senior services. They included:

- Websites
- Pamphlets, fliers
- Mailings
- Stories, items, meal menus in local newspapers
- Public meetings
- Appearances at congregate meal sites
- Postings on bulletin boards at the local senior center, in senior housing, etc..
- Appearances and announcements on local radio and TV stations
- Appearances, announcements, and notices on local cable TV channels
- Appearances at senior fairs.
- Presentations to clubs and organizations

*On the end-of-session survey questionnaire, participants were asked: “What is the best way for you to find out about services and resources?”*

*Nearly half (47%) who took the survey chose newspapers as the best way to get information to them. Respondents could choose more than one response, and the table shows those chosen by 10% or more of the 371 who took the survey. (No other response category received more than 3%)*

<i>Newspaper</i>	<i>47%</i>	<i>Cable TV</i>	<i>19%</i>
<i>Mail</i>	<i>25</i>	<i>E-mail</i>	<i>17</i>
<i>Public meetings</i>	<i>24</i>	<i>Radio</i>	<i>16</i>
<i>Internet</i>	<i>22</i>		

**Transportation** - Suggestions for ways to improve transportation came up in at least half of the 16 county conversation. The emphasis was on the need, especially in small towns and rural areas, for information on the availability of point-to-point transportation that can't be easily accomplished using scheduled routes on mass transit systems.

*Transportation was dealt with on two survey questions. This was the first (Q. 7): “I need, but do not have transportation for...” And these were the response categories:*

<i>Medical appointments</i>	<i>9%</i>	<i>Unspecified</i>	<i>2%</i>
<i>Social activities</i>	<i>7</i>		
<i>Grocery shopping</i>	<i>5</i>	<i>Does not apply</i>	<i>53%</i>
<i>Assistance with special needs</i>	<i>2</i>	<i>No answer</i>	<i>31</i>

*The second (Q. 8) concerned public transportation and read: “I find public transportation...”*

*Response categories were:*

<i>Easy to use</i>	<i>14%</i>	<i>Too expensive</i>	<i>2%</i>
<i>Not available in my area</i>	<i>12</i>	<i>Does not apply</i>	<i>36</i>
<i>Difficult to use</i>	<i>12</i>	<i>No answer</i>	<i>26</i>



**Handyman Lists** - A recurring request across several meetings was for a list of “handyman” types – people who could help with household tasks such as raking leaves, cleaning gutters, and shoveling snow. And they might also be able to do minor home repairs or build wheelchair ramps. However, some providers noted a potential major stumbling block – they might have to do background checks on anyone on the list, to avoid liabilities and comply with government regulations and insurance policies.

A survey question (Q. 1) provided a list of services and asked respondents to circle those that they “need help with.” The top response categories included some “handyman” services:

<i>Minor home repairs</i>	20%	<i>Laundry</i>	6%
<i>Yard work</i>	16%	<i>Paying bills, managing money</i>	6%
<i>Routine housework</i>	13%	<i>Walking</i>	5%
<i>Cooking, meal preparation</i>	10%	<i>Dressing/bathing</i>	4%
<i>Grocery shopping</i>	8%	<i>No answer</i>	9%
<i>Picking up medications</i>	7%	<i>None of the above</i>	57%

### **County Conversations about Caregiver Support Services**

Across all groups, several items received repeated mentions in response to the moderator’s question “**What caregiver services have you received?**” Here are ones noted frequently:

- Homemaker services, help re: bathing, dressing, cooking, cleaning, etc. (11 mentions)
- Meals (4)
- Loaned medical equipment (4)
- Assistance with hearing, vision, disabilities (4)
- Transportation (3)
- Help with medications (2)
- Help renewing license plates, drivers license (2)

### **Caregiver Services Needed But Sometimes Not Available:**

Transportation was among the most mentioned. Although participants acknowledged the good work by mass transit systems across the 16-county region, many described needs seniors have for “point-to-point” transportation that can’t be easily accomplished using scheduled routes.

Participants in several groups said better services are needed for “young” seniors (those under 60 who are not eligible for some government programs) as well as those with disabilities.

Services for caregivers themselves were noted in many county meetings, and they were said to be lacking in some. Special attention was given during these meetings to the problems grandparents face when raising their grandchildren.

Faith in Action was mentioned in several counties when participants were asked about role of church-based organizations in helping seniors with information and services.

And participants in individual groups raised single topics worthy of attention:

- Participants in Livingston and Iroquois said it’s important to keep as many services as possible close to home, so seniors don’t have to drive to Bloomington or Kankakee.
- Someone in the Ford group said they needed information about hospice.
- There were also calls for more mental health screenings.

- A respondent from a center for independent living said labels on prescription bottles need to be in a LARGER FONT for easier reading by those with vision problems.
- And in Edgar, a provider said Medicare only pays for bath aides when a senior is getting other Medicare-covered services. So if the senior only needs a bath aide to stay in their home, they may be out of luck and on their way to a nursing facility.

On the matter of finding help for every senior in need, providers in several counties indicated they work so closely together that virtually any senior would end up referred to the right place, regardless of the service or program they're seeking.

### **County Conversations about Nutrition**

In Macon, site of the first of the 16 “county conversation,” congregate and home meals are provided by Decatur Macon County Opportunities Corporation (DMCOC) Elderly Services, and Meals on Wheels by Catholic Charities. About a dozen participants indicated they had been to a congregate site, and most had generally good things to say about the food and especially about the fellowship they offer. One respondent said it would be nice if the meals had more fruit. And another, who works at the Mt. Zion site, complained about a lack of coordination between DMCOC and those at the local site, which sometimes results in meals arriving late at Mt. Zion.

In Vermilion County, CRIS Healthy-Aging provides both congregate and home delivered meals, as well as those available through a couple of local restaurants. In particular, the restaurant programs were said to offer a greater variety of menu choices as well as more flexible meal times than the congregate or home delivery programs. Participants generally thought all of these efforts were a great help for seniors who wished to remain in their own homes. The main complaint here, again, was about too many vegetables and not enough fruit.

One thing was made clear by those who participated in these “county conversations” from the 14 counties that use the Peace Meal program. They want to continue the delivery of hot meals to congregate locations and seniors' homes, and they don't like the idea of hot meals being replaced by frozen meals. While participants have gotten used to the weekly schedule of four hot meals plus one cold or frozen meal for a fifth day, most indicated they would welcome a return to hot meals on five days.

Most groups included some individuals who indicated they themselves had eaten at Peace Meal congregate sites. The estimated numbers ranged from a handful in many counties to double digits in some, including Coles (10), Douglas (12), Moultrie (15), and Piatt (17). And they were almost unanimous in their praise of the program.

There were scattered dissents. One said the Peace Meal meals didn't have enough “sugar, salt and seasonings” to make them taste good. Others complained of too many vegetables – “beans, beans, and more beans” – and a lack of deserts.

Most groups reported that attendance is declining at congregate meal gatherings. Reasons were offered for the decline and for why many seniors don't go to congregate meals:

- Some seniors just don't know about the congregate program.
- Others don't go out of pride. “They're independent,” “they've always made it on their own,” “they don't take ‘charity,’” “Peace Meals are just for poor people,” and “they're ashamed” they can't afford to pay for the meal, even though they don't have to.
- Seniors have more options for food. There are new assisted living facilities that provide meals, there are lots of fast food places these days, and even supermarket deli's offer meals to take home.

Participants described efforts to turn the declines around. In addition to educational programs like the popular “dining with a doctor,” some offer entertainment, including bingo, “Wheel of Fortune” and card games. And several said they get larger crowds with soup and salad meals.

In addition, several counties – including Iroquois, Edgar and Shelby – offer Peace Meal restaurant programs. And there was interest in other counties. Seniors purchase tickets for an approved meal at the participating restaurant. A Peace Meal representative said “we enjoy doing them” when there’s a cooperating restaurant, while acknowledging there are pluses and minuses.

Regarding schedules, most participants seemed okay continuing to have congregate and home delivered Peace Meal meals at mid-day. They noted that seniors can save some of that food for dinner. And while many said they’d like to see the program expanded from four days to five, or even seven, most seemed to understand that’s not likely to happen in the near future.

Fewer participants had made use of daily home-delivered hot Peace Meal meals themselves than had gone to congregate sites. However, many were familiar with family members or friends who had used the home meals while others had been volunteers delivering meals. And all emphasized the importance of the home-delivery program:

- Without the meals, many seniors could no longer stay in their own homes. The meals program can be the difference between home and a nursing home.
- “We’re not about a meal,” said a Champaign County man who delivers them, “we’re about daily contact.” Another added “we might be their only social contact” that day.
- The daily contact also means there’s somebody checking on the home-bound senior, to see “if there’s any changes in behavior or awareness.”
- Several volunteers who deliver meals told of finding seniors unconscious, or unable to get out of bed, and of the lives they may have saved by being there and calling 911.
- A man in the Cumberland County group told how home delivered meals helped him keep his wife with Alzheimer’s home for 8 years. Without the meals, he said “I don’t know what I’d have done.”

Respondents said switching from daily hot-delivered meals to bulk delivered frozen meals would have the greatest impact on home-bound seniors, who would no longer have anyone checking on them every day. And they saw other hazards:

- Some seniors might not have an oven, regular or microwave, to heat the frozen package.
- Even if they did, seniors with poor vision or some dementia could start a fire if they didn’t unpack the frozen meal properly, or if they set the oven at too hot a temperature.
- And those with diminished physical or mental capacity could find it difficult to open the milk carton, or to cut up the meat, something volunteers said they do regularly.
- There was even the claim that operating a microwave could cause death by interfering with a senior’s implanted pacemaker or similar device.

In Moultrie and a couple of other counties, participants said they were so upset by the prospect of going to frozen meals that “we were going to [continue the hot meals program] ourselves.”

To keep the matter of “frozen” meals in perspective, more than one participant acknowledged that the extra meal seniors receive on Thursday for use at home on Friday can be either frozen or “cold delivered.” And Peace Meal representatives said they sometimes use frozen meals to serve homebound seniors who live in small towns or rural areas where they do not have volunteers to deliver hot meals.

In summary, typical responses in support of keeping the daily delivery of hot Peace Meal meals included “Peace Meal is doing a wonderful job,” “I like what we have here now,” and “We want to keep our Peace Meals.” When in more than one of the sessions the moderator said something to the effect of “I gather you don’t want frozen meals,” the response was vigorous and in the affirmative.

## County Conversations about Legal Assistance

Some of the same topics were heard repeatedly when the moderator asked participants to outline major legal issues facing seniors. Establishing guardianships and power of attorney status topped the list, both mentioned in nearly half (7) of the “county conversations.” Here are issues referred to in more than one meeting:

- Guardianship (7)
- Power of attorney (7)
- Elder exploitation and abuse (5)
- Eligibility for Medicaid (4)
- Housing issues (4)
- Wills and estate planning (4)
- Eligibility for Social Security Disability (2)
- Help with taxes (2)
- Bankruptcy and handling debt (2)

Guardianships were discussed most often as a document that grandparents may seek to insure legal control over grandchildren they’re raising.

Participants in several groups recounted chilling cases of **elder abuse and exploitation**.

- One participant told the Macon group how **his mother had been conned into paying too much for shoddy home repairs**, and he couldn’t get anyone to help. Another Decatur respondent had general criticism of the local state’s attorney for not seeking tougher penalties for those who exploit seniors.
- In Vermilion, a participant told how CRIS Healthy-Aging Center had helped her get **an order of protection against her son**.
- A Champaign respondent had to seek legal help after **her mother was allegedly bilked out of \$20,000**.
- Clark County has seen **three cases of financial exploitation of seniors**, according to a participant there. Scammers apparently convinced seniors that they were talking on the phone with their grandchildren, who needed money because they’d been in an accident or had some other emergency. And the seniors were “too ashamed” to go to the authorities.

Land of Lincoln Legal Assistance Foundation was identified as the main provider of free or low-cost legal services for most of the central and southern counties in the ECIAAA region, while some northern counties are served by Prairie States Legal Services.

In more than one group, participants pointed out that legal issues are often very personal, and hence private, matters. And thus there could be considerable reluctance on the part of seniors to discuss such matters over the phone and with someone they didn’t know.

Finally, when asked what kind of legal services they’d like to find, respondents in one group said “reasonably priced” and in another “the free kind.”

*A question in the survey completed at the end of each meeting asked: “Do you have any legal-related needs?” (Q. 5) These were the responses:*

<i>Need a will/trust</i>	<i>19%</i>	<i>Debt, finances</i>	<i>9%</i>
<i>Insurance related (Medicare, Medicaid, Social Security)</i>	<i>12%</i>	<i>Physical crime</i>	<i>2%</i>
<i>Guardianship/Power of Attorney</i>	<i>11%</i>	<i>None, no answer</i>	<i>63%</i>

## Other Issues raised by participants at the County Conversations

First, participants in both Iroquois and Ford wanted to discuss the break-up of the joint Ford-Iroquois Public Health District and its impact on senior services in the two counties.

The hot-button issue in the Moultrie County group was the future of Mid-Illinois Senior Services and its office in Sullivan. Early in the session, many participants made it clear they had come just to support the Sullivan Senior Center, reacting to (unfounded) rumors that ECIAAA might drastically cut funding and thus force the Center to close. A participant who had once been on the Agency's board decried a perceived lack of "teamwork" between the Agency and the Senior Center, adding that "losing our senior services would be a disaster for Sullivan." Others said they wanted to leave the meeting "more assured that the Center" would stay open.

As meetings were wrapping up, the moderator asked participants if they were confident that their county "has sufficient services to let seniors and individuals with disabilities live securely and independently." The responses often were "yes, but..." followed by some suggestion. Often, these were repetitions of topics discussed earlier. And there were two that came up again at this point in many groups:

- Seniors, especially in rural areas, need **better transportation options**.
- There need to be **more "central clearinghouses"** listing senior services and contact information.

And then there were others, many heard for the first time:

- Some Macon seniors live in "**deplorable conditions** [but] nobody's stepping up to help."
- A provider, talking about checking seniors' homes for needed modifications like "bathroom grab bars," quickly heard from a senior who exclaimed "If you say I need grab bars I say you need to leave my home! **You need to ask me.**" (Vermilion)
- The signer interpreting for the hard-of-hearing relayed a statement from some of them: There needs to be more money for equipment to help the hearing-impaired. (Vermilion)
- The closing of local offices of the state Department of Human Services is causing problems for **those trying to apply for Medicaid**. (Livingston and Iroquois)
- There's a need for more people to **help seniors manage medications**. (McLean)
- We need more "lifetime homes" built to accommodate the needs of seniors. (McLean)
- A participant chided service providers, saying "some of you **should be ashamed... for what you pay your people** [employees]. You're pinching every penny." (Champaign)
- We need somebody to **build wheelchair ramps**. (Douglas)
- Where do I go for **help for the blind** and those with vision problems? (Referred to SAIL in Coles County)
- There needs to be more **screening of seniors for mental health problems**. (Shelby and Cumberland)
- Seniors need access to **low-cost dental care**. (DeWitt and Cumberland)
- We need more people to help seniors sort through the "stuff" in their homes. (Piatt)

*Regarding references to the need for low-cost dental care and assistance with impaired vision and hearing, Question 11 on the survey asked this: "I need but am unable to afford..." Responses included:*

<i>Dental care</i>	<i>17%</i>	<i>Medical care</i>	<i>5%</i>
<i>Hearing care</i>	<i>12%</i>		
<i>Vision care</i>	<i>11%</i>	<i>None of the above</i>	<i>43%</i>
<i>Prescription drugs</i>	<i>8%</i>	<i>No answer</i>	<i>31%</i>

As the Edgar County conversation was ending, the group heard from a long-time Paris resident, a woman now well into senior status who had been a leader in human service organizations and their programs. "The things we've started here have worked," she said, "**but we need to push people**" to learn about programs for seniors and to develop new approaches. Now that the Chester P. Sutton Community Center had established that Peace Meal and other senior services "are not just for poor people," she said, "We just have to keep pushing, and pushing, and pushing."

## From County Conversations to an Area Plan for FY2015 and Beyond

The County Conversations on Aging and Independent Living enabled citizens in Area 05 to identify unmet needs and express their views and preferences about community-based services for older adults, persons with disabilities, and their caregivers. The common themes or “take-away” messages contained in the Executive Summary have informed ECIAAAA about what consumers currently want, expect, prefer, value, and support. ECIAAAA intend to incorporate their views in the Area Plans for Fiscal Year 2015 and beyond, and the Request for Proposals (RFP) for services fundable under the Area Plan for Fiscal Years 2015-2017, to be released on May 22, 2014.

In addition to the messages from the County Conversations, the Area Agency on Aging will also consider strategic issues, other indicators of need, and changes in the delivery and financing of health and human services, such as:

- The implementation of the Affordable Care Act and its impact on older adults and persons with disabilities.
- The expansion of Medicaid in Illinois to include adults with incomes below 133% of the federal poverty level and enrollment of Medicaid eligible individuals in Primary Care Case Management (Illinois Health Connect).
- The implementation of the Integrated Care Program affecting an estimated 4,554 Medicaid-eligible adults enrolled in managed care plans in Champaign, DeWitt, Ford, McLean, Macon, Piatt, and Vermilion Counties.
- The implementation of the Medicare-Medicaid Alignment Initiative affecting an estimated 5,292 older adults and persons with disabilities who are dually-eligible for Medicare and Medicaid and enrolled in managed care plans in Champaign, DeWitt, Ford, McLean, Macon, Piatt, and Vermilion Counties over the next 3 years.
- The Macon County Care Coordination Entity – coordinating healthcare and behavioral health services for Medicaid eligible adults in DeWitt, Logan, Macon, Moultrie, Piatt and Shelby Counties.
- The State of Illinois’ proposal to the federal Centers for Medicare and Medicaid Services for an 1115 Medicaid Waiver which would consolidate nine (9) current Medicaid waivers for home and community-based services for seniors and persons with disabilities, including 6,053 persons enrolled in the Community Care Program, the Home Services Program, and other Medicaid-waivered Home and Community-Based Services.
- The implementation of the Balancing Incentive Program (BIP) in Illinois which increases the Federal Matching Assistance Percentage (FMAP) to States that make the following structural reforms to increase nursing home diversions and access to non-institutional long-term services and supports:
  - A no wrong door/single entry point system (NWD/SEP),
  - Conflict-free case management services, and
  - Core standardized assessment instruments, known in Illinois as the “Uniform Assessment Tool.”
- The consolidation of Illinois Department of Human Services Family Community Resource Centers limits their accessibility to older adults and persons with disabilities in Area 05, especially in rural counties, as follows:
  - Family Community Resource Center in Champaign serves: Champaign and Ford Counties;
  - Family Community Resource Center for Mid Illinois in Charleston serves: Clark, Coles, Cumberland Douglas, Edgar, Moultrie, Piatt, and Shelby Counties;
  - Family Community Resource Center in Lincoln serves DeWitt and Logan Counties;
  - Family Community Resource Center in Kankakee serves, Iroquois and Kankakee Counties;
  - Family Community Resource Center in Bloomington serves Livingston and McLean Counties;
  - Family Community Resource Center in Decatur serves Macon County; and the
  - Family Community Resource Center in Danville serves Vermilion County.

- The expansion of 2-1-1 systems will eventually provide 24/7 telephone access to human services in Area 05. As of March 12, 2014, PATH reports providing 2-1-1 service in Champaign, Christian, DeWitt, Livingston, McHenry, McLean, Menard, Ogle, Sangamon, Whiteside, Vermilion & Ford, and Winnebago Counties
- The availability of public and private transportation options for older adults and persons with disabilities to access non-emergency medical services across county and state lines is limited. Coordination with mobility management services, such as the Transit Reservation and Information Program (TRIP) and managed care organizations are essential. For more information, see the Area Plan Local Initiative on Transportation below.
- The Home Delivered Meal Report for 2014 published by the Illinois Department on Aging indicates 380 older adults denied home delivered meals due to lack of funding in FY2013 and 64 older adults on waiting lists for home delivered meals in the 16 counties in Area 05. ECIAAAA's Request for Proposals for Senior Nutrition Services for FY2015-2017 will address unmet needs for home delivered meals.
- The Administration for Community Living's (ACL) FY2015 Justification of Estimates for Appropriations Committees contains the following national facts, trends, and emerging public policy issues that impact planning for community-based services:
  - The prevalence of disability in later life – The U.S. population over 60 is projected to increase by 26% between 2012 and 2020, from 61 million to 77 million. Over the same period, the number of seniors age 65 and older with severe disabilities – defined as 3 or more limitations in activities of daily living – who are at greatest risk of nursing home admission, is projected to increase by nearly 30%. The U.S. Census Bureau estimated that 37.6 million people have a disability, representing 12.2% of the civilian, non-institutionalized population.
  - An estimated 5.2 million Americans of all ages have Alzheimer's disease in 2013. This includes an estimated 5 million people age 65 and older and approximately 200,000 individuals under age 65 whom have younger-onset Alzheimer's. By 2025, the number of people age 65 and older with Alzheimer's disease is estimated to reach 7.1 million – a 40% increase from the 5 million aged 65 and older currently affected. By 2050, the number of people age 65 and older with Alzheimer's disease may nearly triple, from 5 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow, or stop the disease.
  - The growth of the 85+ population – Due in large part to advances in public health and medical care, Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20<sup>th</sup> century to over 78 years today. On average, an American turning 65 today can expect to live an additional 19.1 years. The population of older Americans is also growing, particularly the population 85 and over, which is growing very rapidly, totaling 5.9 million in 2012, and projected to reach 8.9 million by 2013. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from falls.
  - An AARP study found that in 2009, approximately 42.1 million family caregivers provided assistance to adults with limitations in daily activities. These unpaid caregivers provided an estimated \$450 billion in services. The long-term support needs of today's growing numbers of elderly and the strain on families underscore the critical importance of OAA Caregiver Support programs. If families become overwhelmed by the challenges of caregiving, the costs of providing this care will fall on more costly government resources. The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk of institutionalization of the care recipient. Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that caregivers suffer a mortality rate that is 63% higher than non-caregivers. Providing support for family caregivers is critical to sustaining caregivers' ability to continue in that role. Seventy-eight percent of caregivers served by OAA program report that these services allow them to provide care longer than they otherwise could.

- Family caregivers remain the major source of support for most people with Alzheimer’s disease. The nature of the disease – a slow loss of cognitive and functional/physical independence – means that most people with Alzheimer’s disease are cared for in the community for years. They may access a variety of services from many different systems including the aging, medical, and mental health service systems. As the number of people with Alzheimer’s disease grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. It is also important to ensure the availability of dementia-capable community-based social and health care services.
- A 2004 national survey of State Adult Protective Services (APS) programs conducted by AoA’s National Center on Elder Abuse showed a 16% increase in the number of elder abuse cases from an identical study in 2000. According to a 1998 national incidence study (the only such study ever conducted), 84% of all elder abuse incidents go unreported, meaning that for every reported case of abuse there are over five that go unreported. Consistent with these earlier findings, the most recent data on the prevalence of elder abuse, neglect, and exploitation suggest that at least 10%, or approximately 5 million, older Americans experience abuse each year, and many experience in in multiple forms.
- The Administration for Community Living has requested funding in FY2015 for the National Adult Protective Services (NAPS) program to support a multifaceted approach to improving State APS systems and addressing these challenges. It would provide for the development of a national APS data system; provide competitive grants to States to test and evaluate innovative approaches to preventing adult abuse, neglect and exploitation; and establish ACL as a Federal resource for APS. This funding focuses on translating promising prevention interventions from other violence prevention areas to elder abuse, and evaluating both the effectiveness of the intervention as well as the comparative effectiveness of the initiative across states.
- From FY1989 to FY2013, the Illinois Department on Aging administered the Elder Abuse and Neglect Program in collaboration with Area Agencies on Aging and local Elder Abuse Provider agencies. In 2013 legislation was enacted creating an Adult Protective Services program for persons 60 and older and persons with disabilities aged 18-59. In FY2013, Elder Abuse Providers investigated 11,961 cases of elder abuse, neglect, and financial exploitation. In FY2014, the Adult Protective Services Program projects investigating 16,919 reports of abuse, neglect, and exploitation of adults. The forecast for FY2015 is 18,060 reports.
- The Elder Abuse and Neglect Program in Illinois has consistently been underfunded. The current rate of reimbursement does not support the costs of the program. With the program expansion in FY2014, the Illinois Department on Aging was appropriated an additional \$9 million to develop the APS program within the aging network. None of the additional dollars were allocated to defray the significant deficits incurred by community-based APS agencies. The additional funds have been earmarked to manage increasing referrals for an expanded population, update the management information system, increase IDoA staff, and implement training. APS provider agencies are experiencing increased caseloads and increased case complexity without a commensurate increase in funding. The Illinois Association of Area Agencies on Aging advocates for a \$26 million appropriation for APS to increase reimbursement rates by 20%, increase reimbursable casework time per case by 7 hours, and provide funding for self-neglect cases to keep our vulnerable citizens safe.
- The expansion of the Ombudsman Program beyond complaint investigation and advocacy on behalf of residents of skilled nursing facilities, assisted living facilities and supportive living facilities, to include the investigation of complaints and advocacy on behalf of adults participating in Medicaid home and community-based services and individuals enrolled in managed care. The Regional Ombudsman Program serving Area 05 will collaborate with the Illinois Office of the State Ombudsman to participate in an initiative to expand the scope of the Ombudsman Program during the period April 1, 2014 through September 30, 2016.



## ***In Pursuit of Outcomes: Age Strong, Live Strong***

The mission of the East Central Illinois Area Agency on Aging is to help older Americans maintain their independence and quality of life. Through the implementation of the Area Plan for Fiscal Years 2015 and beyond, and our processes for the allocation of federal and state grant assistance to community programs on aging in Fiscal Years 2015 through FY2017, ECIAAAA will advance our mission and achieve the outcomes below. Please note that activities in **bold print** relate to comments made by participants at the County Conversations on Aging and Independent Living.

### **Outcome #1: Older adults served by Coordinated Points of Entry/Senior Information Services are empowered to engage in services and improve their quality of life.**

To achieve this, Coordinated Points of Entry/Senior Information Services will:

- Utilize a standardized intake process
- Utilize the Enhances Services Program (ESP) – a statewide resource data base
- **Provide on-going coordination and connection to services**
- **Complete referrals and “warm transfers”**
- Utilize Options Counseling for participants
- Engage participants in available programming, such as Plan Finder, Benefits Access, etc. (CC)
- Provide follow-up monitoring
- Provide access to evidence-based Healthy-Aging services
- **Serve as a “central clearinghouse” for senior services as part of their service design**
- **Collaborate with Centers for Independent Living in their service area**

### **Outcome #2: Caregivers are supported to enable them to continue caring for their loved one(s).**

To achieve this, Caregiver Support Programs will:

- Provide information and assistance (consulting)
- **Organize and facilitate appropriate support groups, and/or refer to existing support groups, including support groups for families caring for persons with Alzheimer’s disease and other dementias.**
- Build and maintain local Caregiver Support Teams (CST) to provide support to Caregiver Advisors
- Offer training and education on topics, such as:
  - **Grandparents Raising Grandchildren (GRG)**
  - Powerful Tools for the Caregiver
  - **Educational topics meaningful and needed for participants**
- Caregiver and GRG Intake and Screening Completion
- **Provide caregiver-centered respite services as prescribed in their Care Plan**
- Provide follow-up monitoring
- Provide Options Counseling when appropriate
- Provide access to Healthy-Aging Programs

### **Outcome #3: Older adults have improved food security and reduced social isolation.**

To achieve this, Senior Nutrition Programs will:

- Utilize the Nutritional Risk Assessment
- Utilize the intake and screening form
- **Address operational and safety issues as part of individual needs assessments for home delivered meals**
- **Implement creative program design and menu planning that optimize consumer choice**

- Provide consistent meal provision (Dietary Reference Intakes – DRIs)
- **Provision of a five day per week meal program**
- **Reduce the feeling of isolation in their participants**
- Provide access to Healthy-Aging services
- **Provide wellness or “well-being” checks that follow best-practice guidelines**
- Provide nutrition education
- **Enhance the socialization of participants**

**Outcome #4: Older adults receive specialized legal services to address their legal needs.**

To achieve this, Senior Legal Assistance Programs will:

- **Inform seniors about the availability and location of their services and their case-acceptance priorities\***
- **Prioritize legal assistance for Adult Protective Service cases**
- **Provide legal advice and representation**
- Attend court hearings and **prepare legal documents, such as advance directives**
- **Provide assistance in obtaining public benefits, such as Social Security, Medicare, Medicaid, etc.**
- Provide referrals and follow-up for additional services to benefit the client
- **Provide community education opportunities on legal issues impacting target populations**
- Collaborate and consult with other service providers serving the same populations.

In addition to these four program-specific outcomes, ECIAAA will pursue the following outcomes which cut across all programs and services:

**Care Transitions – Older adults will have successful transitions between all services and levels of care.**

To achieve this outcome, Aging Network service providers will:

- Conduct holistic assessment and identification of needs
- Make referrals and connections to services, e.g., Options Counseling, warm transfers, etc.
- Timely service delivery and initiation of services to support transitions
- Follow-up to ensure services are in place and benefiting the consumer
- Gather participant input and feedback on satisfaction as a result of transition.

**Healthy-Aging – Older adults are empowered to improve their health by engaging in evidence-based, healthy-aging programming and services**

To achieve this outcome, Aging Network service providers will provide older adults with access to the following:

- Evidence-based programs to help older adults manage chronic conditions including:
  - Chronic Disease Self Management Program
  - Diabetes Self Management Program
- Evidence-based programs to address behavioral health, including:
  - Program to Encourage Active Rewarding Lives (PEARLS)
- Evidence-based programs to prevent falls, such as:
  - A Matter of Balance
- Evidence-based programs to promote strength-building exercise, such as:
  - Strong for Life
  - Fit and Strong

**State Initiative: Aging and Disability Resource Centers/Network**

**Statement of the Statewide Initiative:** Enhance Illinois’ existing Aging and Disability Resource Access Network through improved collaboration and by adoption of the Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center (ADRC) Standards.

**Progress in Fiscal Years 2012-2014**

ECIAAA conducted the following activities in pursuit of the statewide initiative during FY 2012-2014:

1. ECIAAA promoted AIRS training, certification, and accreditation among access providers in the PSA.
  - a. ECIAAA requires Coordinated Points of Entry/Senior Information Services to have at least one staff member who is AIRS certified. There are 65 AIRS certified professionals in Area 05.
  - b. The following is a directory of CPoEs with staff who are AIRS trained and certified:

Champaign County:	Family Service Senior Resource Center	217-352-5100
Clark County:	Life Center Senior Services	217-849-3965
Coles County:	Coles County Council on Aging	217-639-5166
Cumberland County:	Life Center Senior Services	217-849-3965
DeWitt County:	PATH at DeWitt County Friendship Center	309-660-6821
Douglas County:	Mid- Illinois Senior Services	800-736-4675
Edgar County:	Chester P. Sutton Community Center	217-465-8143
Ford County:	Ford- Iroquois Public Health Dept.	217-379-9281
Iroquois County:	Ford-Iroquois Public Health Dept. Volunteer Services of Iroquois County	815-432-2483 815-432-5785
Livingston County:	PATH	815-842-3484
Macon County:	Decatur- Macon Co Senior Center, or CHELP	217-429-1239 217-422-9888
McLean County:	PATH	800-570-7284
Moultrie County:	Mid- Illinois Senior Services	800-736-4675
Piatt County:	Piatt County Services for Seniors	217-762-7575
Shelby County:	Mid- Illinois Senior Services	800-736-4675
Vermilion County:	CRIS Healthy- Aging Center	217-443-2999

- c. ECIAAA provided technical assistance to CPoE/SIS providers in complying with this standard.
  - d. ECIAAA Operations Manager proctored AIRS certification tests.
  - e. PATH maintained AIRS accreditation and serves as the 2-1-1 Call Center in Area 05.
2. ECIAAA conducted the following activities to develop the ADRC system:
  - a. Promote the independent living philosophy.
  - a. Facilitate a planning process to develop an ADRC network in Area 05.
  - b. Clarify expectations and promote collaboration among partners.
  - c. Identify and build upon the strengths, talents, and experience of all partners.
  - d. Identify challenges, overcome barriers, and solve problems.
  - e. Recruit new members who will serve as spokespersons for underserved populations.
  - f. Contribute toward the development of a statewide intake instrument and procedures.
  - g. Invited ADRC Network Advisory Council members to participate in 16 County Conversations on Aging and Independent Living scheduled between October 29, 2013 and January 16, 2014.

3. ECIAAA collaborated with Coordinated Points of Entry to implement Options Counseling which is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:
  - A personal interview
  - Assistance with the identification of choices available
  - A facilitated decision-support process (weighing pros/cons of various options)
  - Assisting as requested and directed by the individual in the development of an action plan
  - Links to services (when services are requested)
  - Follow-up

ECIAAA Planning and Program Specialists attended training on motivational interviewing on March 8, 2013 in Springfield and options counseling training sponsored by IDoA in Springfield on April 11, 2013.

ECIAAA awarded grants to the following Coordinated Points of Entry for Options Counseling Pilot Testing in FY2014:

- Senior Resource Center at Family Service – serving Champaign County
- Macon County Health Department – serving Macon County
- PATH – serving DeWitt, Livingston, and McLean Counties
- Community Care Systems, Inc. – serving Shelby County
- CRIS Healthy-Aging Center – serving Vermilion County

**Note:** ECIAAA plans to award a grant to Coles County Council on Aging for Options Counseling Pilot Testing in FY2014.

ECIAAA plans to conduct an evaluation of Options Counseling Pilot Testing in mid-2014 to identify implementation strategies.

4. ECIAAA engaged members of the ADRC Network Advisory Council in the planning and conduct of 16 County Conversations on Aging and Independent Living from October 29, 2013 through January 16, 2014. ECIAAA invited Coordinated Points of Entry, Care Coordination Units, Caregiver Advisors, and Centers for Independent Living. ECIAAA collaborated with Centers for Independent Living to arrange for interpreters for persons who were Deaf or Hard of Hearing.
5. ECIAAA conducted information sharing and cross-training of disability partners.
  - a. ECIAAA solicited recommendations from the ADRC Network Advisory Council for training topics, speakers, and educational resources.
  - b. ECIAAA hosted webinars to promote information sharing and cross-training for members of the ADRC Advisory Council during FY2013.
6. ECIAAA established Memoranda of Understanding with the following core partners in the Aging and Disability Center Network in Area 05:
  - Ford Iroquois Health Department Senior Services
  - LifeSpan Center
  - Piatt County Services for Seniors
  - Life Center Senior Services of Cumberland County
  - CHELP Senior Information Services
  - Livingston County Health Department
  - Volunteer Services of Iroquois County
  - Mid Illinois Senior Services Douglas Co.

## PATH

Community Care Systems

LIFE Center for Independent Living

CRIS Healthy Aging Network

Cumberland Associates Senior Programs

PACE Center for Independent Living

Family Service of Champaign County

East Central Illinois Area Agency on Aging

Options Center for Independent Living

Starting Point

Decatur-Macon County Senior Center

Soyland Access to Independent Living

Illinois Department on Aging

7. ECIAAA collaborated with ADRC Network partners to develop relationships with “critical pathway” health care providers. ECIAAA as the designated CCU for Vermilion County, collaborated with CRIS Healthy-Aging Center CCU to plan and implement the “Bridge Model” – an evidence-based care transition model adapted by community-based organizations and hospitals in Champaign and Vermilion Counties.
8. ECIAAA conducted the following activities to update and maintain the ESP resource database:
  - a. ECIAAA Operations Specialist updated 1,541 records in the ESP database on a monthly basis.
  - b. ECIAAA Operations Specialist scanned the internet for new programs, services and resources for entry into the ESP data base.
  - c. ECIAAA Operations Specialist entered new programs, services and resources into the ESP data base from reports and recommendations submitted by ECIAAA staff and service providers
  - d. ECIAAA Operations Specialist conducted 4 on-site visits with CPoEs in Area 05 to observe how CPoE personnel are using the ESP database and applied her findings to editing current records, creating new records, providing training and technical assistance, and improving the utility and quality of the system.
  - e. ECIAAA Operations Specialist conducted a webinar for the Coles County Council on Aging Telecare staff about the use of ESP.
  - f. ECIAAA Operations Department and Planning & Program Department jointly conducted an annual ESP webinar for all CPoEs.
9. ECIAAA integrated the Caregiver Support Program into the ADRC Network.
  - a. ECIAAA extended federal OAA Title III-E grant assistance to the following CPoEs to provide Caregiver Advisory Services in FY2014:
    1. Family Service Senior Resource Center for Champaign and Piatt Counties
    2. Coles County Council on Aging for Coles County
    3. PATH for DeWitt, Livingston, and McLean Counties
    4. Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
    5. Chester P. Sutton Community Center for Edgar County
    6. Ford-Iroquois Public Health Department for Ford and Iroquois Counties
    7. Starting Point – ADRC for Macon County
    8. CRIS Healthy-Aging Center for Vermilion County
  - b. ECIAAA extended federal OAA Title III-E grant assistance to the following provider for Caregiver Advisory Services which is not a CPoE:
    1. Community Care Systems serving Clark and Cumberland Counties
  - c. ECIAAA renewed a Cooperative Agreement with Illiana Healthcare System to coordinate the Veterans Independence Program through contracts with six (6) CCUs in Area 05.

10. ECIAAAA participated in statewide meetings with Illinois Department on Aging, Illinois Association of Area Agencies on Aging (I4A), the Illinois Council of Case Coordination Units (ICCCU), and the Illinois Network of Centers for Independent Living (INCIL) and other statewide partners to develop ADRCs statewide.
11. ECIAAAA sought to identify the roles of the ADRC Network with Managed Care Organizations selected for the Integrated Care Program and the Medicare-Medicaid Alignment Initiative.
12. ECIAAAA sought to coordinate the development of ADRCs with federal and state long term care balancing initiatives which require single points of entry, uniform statewide assessment instruments and processes, “conflict-free” case management, and the measurement and evaluation of outcomes.
13. ECIAAAA participated in an ADRC Planning Retreat sponsored by the Illinois Department in 2013 and administered a pilot test of Options Counseling through four Coordinated Points of Entry.

### **Plans for ADRC Development in FY2015**

ECIAAAA will collaborate with the ADRC Network Advisory Council to develop a two-tiered structure for the ADRC Network consisting of Core Partners and Critical Pathway Partners serving single counties or multiple counties in the planning and service area.

#### **Core Partners will include:**

- East Central Illinois Area Agency on Aging
- Ombudsman Program serving Area 05
- Coordinated Points of Entry;
- Care Coordination Units; and
- Centers for Independent Living

#### **Critical Pathway Partners may include:**

- Illinois Department of Human Services Family & Community Resource Centers
- The DHS Division of Rehabilitative Services
- Community agencies serving Persons with Intellectual or Developmental Disabilities
- Providers of Behavioral Healthcare
- Managed Care Organizations

ECIAAAA will engage Core Partners and Critical Pathway Partners in the ADRC Network Advisory Council to accomplish the following objectives:

- Promote interagency communications
- Identify key contacts
- Improve mutual understanding of organizational missions, programs, and services
- Promote person-centered planning and consumer empowerment
- Facilitate consumer referrals
- Develop and implement provisions of the Balancing Incentive Program including:
  - No-wrong-door access to information and services
  - A uniform statewide assessment process
  - Conflict-free case management
- Coordinate with managed care organizations enrolling older adults and persons with disabilities in the Integrated Care Program and the Medicare Medicaid Alignment Initiative in seven counties in Area 05, including: Champaign, DeWitt, Ford, Macon, McLean, Piatt, and Vermilion Counties.

## **Local Initiatives in Area 05**

**Local Initiative #1: Transportation** – To promote the development of public and private efforts to provide affordable and accessible transportation to older persons in Area 05, especially in rural areas.

### **Statement of Need**

The Administration on Aging reports 48% of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound. AoA attributes their needs to the following:

Nearly 45 percent of riders on OAA-funded transportation are mobility impaired, meaning they do not own a car or if they do own a car they do not drive, and are not near public transportation. Many of these individuals cannot safely drive a car, as nearly 75 percent of transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely: (Source: AoA's National Survey of OAA Participants)

- 69% of riders had a doctor tell them they had vision problems (including glaucoma, macular degeneration, etc.)
- 6 % have Alzheimer's or dementia;
- 2 % percent have Multiple Sclerosis;
- 13% have had a stroke;
- 5% have epilepsy; and
- 3% have Parkinson's disease.
- 95% take daily medications, with 17% taking 10 to 20 medications daily
- **Source:** Administration for Community Living, FY2015 Federal Appropriations Justification, February 2014

### **Description of Problem and/or Situation Concerning Transportation Affecting Older Adults in Area 05**

Access to medical transportation is a high priority need in Area 05, both to and from medical appointments and between hospital and home for hospital admissions and following hospital discharge. Some older patients discharged from hospitals without the help of family and friends, encounter problems returning home because they cannot access affordable, non-emergency medical transportation. In some cases their only option is to incur the cost of a transport by ambulance. Providers offering non-emergency medical transportation to Medicaid-eligible individuals are faced with inadequate reimbursement rates and delays in receiving payment from the state. There is also a lack of rural public transportation in the evenings and on weekends.

Challenges which limit service and interagency coordination include: scheduling, First Transit policies and procedures, fuel costs, service area boundaries, and insurance underwriting practices which limit the sharing of vehicles and drivers. The total cost of a trip incurred by providers of fixed route rural public transportation in Area 05 averages \$7.00. The cost of demand- response paratransit for persons unable to use fixed bus routes averages \$25 per one-way trip. Older adults with low to moderate incomes cannot afford to pay the total cost of a round-trip on fixed bus routes and demand response paratransit service. Providers face the growing challenge of raising operating revenue from federal, state and local sources to keep pace with rising costs and to make their fares affordable for their passengers.

Providers of rural public transit and specialized transportation programs for older and disabled persons in Area 05 also report continuing problems with vehicle maintenance and delays in acquiring reliable and fuel-efficient replacement vehicles through the Illinois Department of Transportation's statewide procurement process.

ECIAAA will address critical issues including: the availability and affordability of public and private transportation options for older adults across county lines to access regional healthcare services, First Transit policies, coordinating transportation scheduling and out-patient healthcare services, special assistance for older adults with mobility limitations who cannot use fixed route bus service, and the acquisition of reliable and fuel-efficient vehicles.

## Availability and Cost of Rural Public Transportation by County in Area 05 in FY2014

- **CRIS Rural Mass Transit District** provides general public transportation service to anyone residing in rural Champaign County. To qualify for this service, trips must either originate or terminate within the non-urbanized area of Champaign County. Rides may be scheduled Monday through Friday between the hours of 6:00 a.m. and 6:00 p.m. Rides must be scheduled at least 48 hours (two working days) in advance. The fare per trip for persons 60+ is \$2.00. Contact CRIS Rural Mass Transit District's Urbana office at: (217) 344-4BUS (4837).
- **Rides Mass Transit District** provides public transportation for residents of Clark, Cumberland, and Edgar Counties. Rides MTD operates Monday through Friday from 7:00 a.m. to 5:30 p.m. Reservations are required 24 hours in advance. The cash fare for adults for in-county existing route service is \$2.00. The cost of a book of 10 discount tickets for persons 60+ is \$7.50. A 30-day basic pass provides unlimited trips on existing routes at a cost of \$25.00 for persons under 60 and \$15.00 for persons 60+. The cost of Special Service is \$1.25 per mile with a minimum of \$32.00; waiting time is \$12.00 per hour. For information call 1-800-526-6844.
- **Dial-A-Ride Rural Public Transportation Program** provides public transportation in Coles County for individuals of all ages and abilities. During FY2013, Dial-A-Ride served a total of 3,568 passengers with a total of 37,761 trips. In October 2012, the ZIP LINE was introduced for passengers traveling within/between Charleston & Mattoon – 6,238 units of service were provided with this new form of transportation where bus stops have been designated and no reservations are required. Fares vary from \$.50 to \$7.00 each way depending on the passenger's origin and destination; persons over the age over sixty are encouraged to make a suggested donation of \$1.00 each way if they are traveling within the City of Charleston, Mattoon and Lafayette Townships; those under sixty, when traveling within the city limits, pay a fare of \$3.00 each one-way trip; all ages pay \$4.00 each way when travelling outside a city's limit. All ages pay \$7.00 each way when traveling outside Coles County. Dial-A-Ride travels to Champaign/Urbana, Tuscola, and Effingham. Dial-A-Ride's hours of operation are Monday through Friday 6 a.m. to 6 p.m., Saturday 8 a.m. to 4:30 p.m. & Sunday Noon to 8:30 p.m. The ZIP LINE hours of operation are Monday – Friday beginning at 8 a.m. and ending after the 4 p.m. route. Contact Dial-A-Ride at 217-639-5169 or toll-free: 1-800-500-5505.
- **TRIP** - Dial-A-Ride administers the Transit Reservation Information Program (TRIP) to provide a single point of access to regional transportation, community transportation information, and enhance mobility for riders in 12 counties: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermilion. TRIP provides passengers with a single point of access to receive information, planning and scheduling. The TRIP Travel Coordinator arranges routing, transfers, scheduling and fares. Total cost is based on origin and destination of each trip and is subject to the fare structure of the transportation provider used. TRIP coordinates with First Transit to obtain authorization of trips for medical appointments for passengers eligible for Medicaid. Trips are for any reason, anyone, with any ability level, but medical, education, and employment are priorities. Dial-A-Ride has agreements between TRIP and public transportation providers. TRIP may be accessed by calling a toll-free 1-855-477-8747.
- **Central Illinois Public Transit** serves Douglas, Moultrie and Shelby Counties in Area 05 under the sponsorship of CEFS Economic Opportunity Corporation. Central Illinois Public Transit provides a door-to-door demand/response service requiring reservations one working day in advance. The fleet consists of lift-equipped and ramped vehicles making the system accessible to everyone. Schedules are available from each county office. Service is available Monday through Friday from 8:30 a.m. to 4:30 p.m. Riders may travel anywhere within their county for any purpose. In-county fares for adults are \$2 per one-way trip, \$4 per round trip. Senior transportation is available without charge. Donations are accepted. For out-of-county fares contact the local county office of CIPT. In Douglas County call: 1-800-500-RIDE (7433), in Moultrie County, call: 1-877-728-7721; and in Shelby County call: 1-800-285-5288.



- **SHOW BUS Public Transportation** serves persons of all ages in DeWitt, Ford, Iroquois, Livingston, Macon and McLean Counties in Area 05, Monday - Friday. Passengers may ride scheduled routes by reservation for any trip purpose or may request special services for non-emergency medical appointments. Requests for service should be made by 12:00 noon on the weekday before the day of service. To make a reservation, contact the SHOW BUS office at: 1-800-525-2454 or visit their website: [www.showbusonline.org](http://www.showbusonline.org).
- **SHOW BUS fares in DeWitt County:**
  - For service within a municipality: \$ 3.00
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.
- **SHOW BUS fares in Ford County:**
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices.
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.
  - In addition to the Ford County Schedule, the following routes are also available:
    - Daily service along Route 24 from Piper City to Pontiac
    - Daily service to Rantoul and Champaign
    - Weekly service between Paxton and Danville
- **SHOW BUS fares in Iroquois County:**
  - For service within Watseka: \$ 3.00
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices.
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.
  - In addition to the Iroquois County Schedule, the following routes are also available:
    - Daily limited-stop service in Watseka
    - Daily service along Route 24 from Piper City to Pontiac
    - Daily service to Rantoul and Champaign
    - Weekly service from Watseka to Danville
- **SHOW BUS fares in Livingston County:**
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices.
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.
  - In addition to the Livingston County Schedule, the following routes are also available:
    - Hourly limited-stop service in Pontiac
    - Daily service along Route 24 from Watseka to Pontiac
- **SHOW BUS fares in McLean County:**
  - Pilot McLean County Circulator: \$ 2.00
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices.
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.

- In addition to the McLean County Schedule, the following routes are also available:
  - Daily service along Route 24 from Piper City to Pontiac
  - Pilot McLean County daily circulator running into Bloomington/Normal with limited stops from 8am-5pm
- **SHOW BUS fares in Macon County:**
  - For scheduled days within county: \$ 5.00
  - For scheduled days outside county: \$ 7.00
  - For special service, call the office for prices.
  - Due to a federal grant, the above fares are not required for persons 60 years of age or older.
- **SHOW BUS Non-Emergency Medical Transportation and Medicaid Transportation**
  - SHOW BUS can assist you with non-emergency medical transportation including hospital discharges, Emergency Room discharges or medical appointments.
  - If you receive Medicaid benefits, there is no charge to you with prior approval from First Transit.
    - Contact SHOW BUS to check availability
    - Call First Transit at 1-877-725-0569. Requests must be made at least two business days prior to the trip.
    - Give First Transit your information, including your medical card number. Also give the date and time of the medical appointment and the name, address and phone number of your medical provider.
    - Tell the First Transit Operator that you will be riding with SHOW BUS, and the Operator will give you an Approval Number.
    - Call SHOW BUS back with the Approval Number, and they will schedule the ride.
- **SHOW BUS offers a Voucher Program.** The Voucher Program reimburses not for profit organizations that are assisting individuals with especially difficult mobility obstacles. For example, if you have a client who needs a trained professional to assist him/her on our vehicle but can't afford to pay the trained professional, you can apply to SHOW BUS, and they can assist in paying that bill. Contact SHOW BUS for further information.
- **Piattran** is a deviated fixed-route/demand response public transportation system headquartered in Monticello. Piattran offers daily routes into Piatt County towns and villages and Champaign, and scheduled trips to Decatur, Springfield and other destinations. Schedule: Monday-Friday 6:00am-6:00pm. Fares: within Monticello \$2.50, Countywide \$5.50, Out-of- County \$7.50. Discounts: Disabled, Students, or over 55; within Monticello \$1.75, Countywide \$4.00, Out- of- County \$6.00. Minimum Reservation Notice: 24 hours. For information about routes, reservations and fares call PiattTran at 217-762-7821.
- **CRIS Rural Mass Transit District** provides a a wide range of services to residents of Vermilion County. CRIS Vermilion Transit also offers general public transportation services to all residents in Vermilion County who live outside the urbanized area of Danville, Westville, and Georgetown. Rides are provided Monday through Friday, 6:00 a.m. to 6:00p.m. Reservations are required 2 working days in advance. Fares for persons under 60 are \$4.00 one way; and \$3.00 for seniors and persons with disabilities.
- **CRIS Vermilion Transit** provides senior transportation services to older adults age 60 and over within the urbanized area of Danville. CRIS has a limited number of senior rides it can provide each month. Seniors are asked to limit their request to one round trip per week as a CRIS Senior Rider. If situations require more that one trip per week, Call CRIS Vermilion Transit for other transportation options available. Rides are booked on a first-call basis. Rides may be scheduled up to 30 days in advance. All CRIS Senior ride fares are donations. There is a suggested donation of \$1.00 for CRIS Senior rides. Rides may be scheduled Monday through Friday, 8:00am to 4:00pm.

- **CRIS Vermilion Transit provides Para-Transit A.D.A. Service for Danville Mass Transit.** This means that CRIS provides curb to curb service for Danville Mass Transit clients who are unable to use fixed transit route buses at the regular bus stops. DMT-ADA riders must be certified by Danville Mass Transit as a CRIS Para-Transit rider. To receive certification for this service, you must call Danville Mass Transit and request a Para-Transit rider application. After DMT approves the application, DMT-ADA riders must get an ID card from DMT and they must also purchase 5-ride punch tickets from DMT. The 5-ride ticket cost \$10.00. Rides may be scheduled one day in advance. Rides may be scheduled the following times: Monday Through Friday - 5:45am to 7:40 pm; Saturday - 8:00am to 6:30pm. For more information, contact CRIS Rural Mass Transit District at 217-443-2287 or e-mail: [info@ruraltransits.org](mailto:info@ruraltransits.org) or visit their website: [www.ruraltransits.org](http://www.ruraltransits.org).
- **CRIS Vermilion Transit operates the “Corn Cruiser” bus service** three times a day between the Cities of Hoopeston and Danville. For information about scheduling, reservations, and fares, contact CRIS Rural Mass Transit District at 217-443-2287 or e-mail: [info@ruraltransits.org](mailto:info@ruraltransits.org) or visit their website: [www.ruraltransits.org](http://www.ruraltransits.org).
- **CRIS Senior Transportation** - CRIS Rural Mass Transit District provides senior transportation services to older adults age 60 and over within the rural areas of Champaign County. CRIS has a limited number of senior rides it can provide each month. Seniors are asked to limit their request to one round trip per week as a CRIS Rural Rider. Rides are booked on a first-call basis. The suggested donation for a senior ride is \$2.00. For more information contact CRIS Rural Mass Transit District’s Urbana office at (217) 344-4BUS (4837).

### **Volunteer Transportation in Area 05**

- **Senior Resource Center at Family Service** offers a **Senior Transportation Program** for person 60 and older who are residents of Champaign County, limited only by taxi routes and volunteers available. Provides up to 2 rides per week Monday through Friday, 8:30 a.m. to 4:30 p.m. for medical visits, business, grocery shopping and quality of life. To schedule a ride, call the Volunteer Services Coordinator at (217) 352-5100 between 8:30 a.m. and 2:30 p.m. at least 48 hours in advance. Volunteer rides are provided at no cost to the rider. Senior Transportation pays one-half of the taxi fare; the older adult may pay the other half with a Mass Transit District DASH card or with cash. In 2012, the Senior Transportation Programs provided over 6,900 rides for 343 older adults.
- **Faith in Action Bloomington-Normal** reported 24 congregations with 315 active volunteers serving 385 care receivers. Services included: transportation, friendly visiting, grocery shopping, reassurance phone calls, and light home repairs. From January 2012 to the end of May 2012 data was gathered from CareWorks and from the beginning of June 2012 to December 2012 data was gathered from our new program RideScheduler. From January-May there were 795 transports and 3,573 volunteer hours. From June-December there were 4,137 transports and 4,763.5 volunteer hours. Contact: (309) 827-7780 or email: [office@bnfia.org](mailto:office@bnfia.org).
- **Faith in Action of Champaign County** reported 13 faith/community partnerships, 146 active volunteers serving 359 care receivers. Volunteers reported 5,143 hours of service including: 1,439 medical transports, food shopping, friendly visiting, telephone reassurance, respite care, assistance with shopping and errands, home repairs, yard clean-up, and 112 clients assisted during “Chore Days.” Contact: (217) 337-2778 or email: [fia@presencehealth.org](mailto:fia@presencehealth.org).
- **Faith in Action of DeWitt County** matches caring volunteers with neighbors to provide the services needed to live independently in the community. Hours of operations: Monday - Thursday, 9:00 a.m. to 3:00 p.m. Services provided include: friendly visiting; meal preparation, minor home repair including gutters and ramp building, money management, reassurance phone calls, respite, shopping and running errands, transportation for those who are ambulatory, yard work, snow shoveling, gardening, and other services as needed on a case by case basis. Contact: (217) 935-2241 or email: [dove@doveinc.org](mailto:dove@doveinc.org).
- **Faith in Action of Edgar County** reported 31 congregations with 91 Volunteers providing services for 254 Care Receivers. Volunteers reported 3,488 hours of service, 1,006 transports (40,584 miles), and 36 ramps installed. Contact: (217) 466-6388 or email: [krfia@yahoo.com](mailto:krfia@yahoo.com).

- **Faith in Action of Macon County** reported 92 volunteers from 18 congregations providing 2,961 hours of service to 221 care receivers. Services included: transportation, chores, home repairs, yard work, reassurance calls, respite care, shopping assistance, friendly visiting and reading. Volunteer drivers logged 28,188 miles. Contact: (217) 428-0013, email: kirlin\_dec@cc.dio.org.
- **Faith in Action of Piatt County** reported 30 congregations with 282 Volunteer Caregivers who provided 4,552 hours of service for 614 Care Receivers. Volunteers 601 transports (35,746 miles driven), 62 shopping trips and errands, 2,221 reassurance calls, 55 ramps constructed, 39 respite hours, 9,472 volunteer connections; 63 seniors participated 3,200 times in Strong For Life and other low impact exercise programs; and partnered with Peace Meal to deliver 3072 meals in Mansfield, DeLand and White Heath area. Contact: (217) 762-7575, email: jglawe97@yahoo.com
- **Faith in Action of Danville** reported 10 congregations with 150 volunteer caregivers who provided 5,254 hours of service for 150 Care Receivers. Services include: 2,150 round trips, errands, small chores, home repairs, leaf-raking, yard work, holiday visits, respite care, and 27 ramps installed. Faith in Action of Danville provided 58 requests for emergency assistance for rent/deposits, utilities, lift chairs, walkers, medication, air conditioners and fans, plumbing and electrical repairs, and assistance with chores for 113 care receivers. Contact: (217) 431-8489, email: Patrice.tarr@presencehealth.org.
- **Faith in Action South** serving communities in Southern and Southwestern Vermilion County reported 14 congregations with 88 Volunteers providing 1,766 hours of service for 136 Care Receivers, including: transportation, friendly visiting, holiday visits and gifts for 30 seniors, grocery shopping, reassurance phone calls, home repairs, building ramps, home safety checks, and 197 Strong For Life participants. Faith in Action South coordinates a “Garden Share” program which shares fresh produce raised by local volunteers. Contact: (217) 267-2752, email: Chris.good@presencehealth.org.

### **Human Service Transportation Planning**

- The Human Service Transportation Plan is a framework for setting priorities among proposals submitted by local agencies providing human service transportation to receive Federal Transit Administration (FTA) funding under three programs: (1) Job Access and Reverse Commute (JARC) under Section 5316, (2) New Freedom Initiative under Section 5317, and (3) the acquisition of Section 5310 vehicles to serve older and disabled persons.
- HSTP Regional Committees are charged with identifying the special transportation needs of target populations including older adults, persons with disabilities, and commuters; analyzing transportation resources, regional origins and destinations, existing transportation services, needs, gaps, and current efforts to coordinate services; create a vision of mobility in the future, and examine anticipated demand.
- Each HSTP Region is advised by two committees: (1) a Policy Committee comprised of County Board representatives, and (2) a Technical Advisory Committee comprised of human service providers and consumer representatives.
- HSTP Region 6 represents Ford, Grundy, Iroquois, Kankakee, Livingston and McLean County and coordinated by Jennifer Sicks, Regional Coordinator with the McLean County Regional Planning Commission.
- HSTP Region 8 represents Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby, and Vermilion Counties and is coordinated by Eileen Sierra, Regional HSTP Coordinator with the Champaign County Regional Planning Commission.
- ECIAAA has assigned Planning and Program Specialists to represent the transportation needs of older adults on the technical advisory committees serving HSTP Regions 6 and 8. ECIAAA will continue to serve on these committees in Fiscal Year 2015.

## State Policy - Seniors Ride Free and Persons with Disabilities Ride Free on Urban Mass Transit Systems

- The General Assembly passed and the Governor enacted Senate Bill 1920 which allows qualifying persons with disabilities who are age 16 or older and meet Circuit Breaker income eligibility requirements free rides on all fixed route public transportation throughout the state of Illinois.
- The General Assembly passed SB 3778 and the Governor enacted Public Act 96-1527, which requires that seniors must be aged 65 or older, as well as eligible for benefits under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act, to receive free service on all fixed route public transportation. The Department of Aging is responsible for furnish all information necessary to establish eligibility for free service.
- Fixed-Route Public Transit Systems are available in the following urbanized areas in east central Illinois:

*Connect Transit* serves Bloomington Normal, (309) 828-9833, [www.connect-transit.com](http://www.connect-transit.com)

*Champaign-Urbana Mass Transit District*, (217) 384-8188, [www.cumtd.com](http://www.cumtd.com)

*Danville Mass Transit*, (217) 431-0653, [www.ridedmt.org](http://www.ridedmt.org)

*Decatur Public Transit System*, (217) 424-2814, [www.ci.decatour.il.us/transit/information.html](http://www.ci.decatour.il.us/transit/information.html)

- Effective July 1, 2012, Illinois Cares Rx was terminated and the Circuit Breaker Property Tax Relief Grant was eliminated due to lack of funding. The benefits now available include:
  - Seniors Free Transit Ride
  - The Persons with Disabilities Free Transit Ride
  - Secretary of Sate License Plate Discount

To be determined eligible for these benefits, you must submit a **Benefit Assess Application** on the Internet. Paper applications are not available. You can apply on-line by going to the Illinois Department on Aging's website at: [www.cbrx.il.gov](http://www.cbrx.il.gov).

Once your application is approved you may print a note of eligibility to take to your local transit authority or Secretary of State Office. If you have a transit card good through December 31, 2013, you may continue to use it until it expires. Check the website to determine your application status.

If you have questions or would like to locate a Coordinated Point of Entry (CPoE) nearest you for assistance, contact the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY), or call the East Central Illinois Area Agency on Aging at 1-800-888-4456 for the telephone number for the Coordinated Point of Entry in your county.

## Assessment of the Impact of the Loss of OAA Title III-B Funding for Senior Transportation Services in Area 05

In the Area Plan for FY2014, the East Central Illinois Area Agency on Aging chose not to renew grants with rural public transportation providers in order to prioritize federal Older Americans Act Title III-B funds for the development of core competencies for Coordinated Points of Entry/Aging and Disability Resource Centers, and for the dissemination of evidence-based healthy aging programs in Area 05. ECIAAA will continue this policy for Fiscal Years 2015-2017.

In the fall of 2013, ECIAAA conducted a special assessment to determine the impact of the loss of OAA Title III-B grant assistance on the availability and affordability of rural public transit services on older adults and service providers.

In response to the Illinois Department on Aging's critique of ECIAAA's FY2014 Area Plan, the following report provides the findings from the assessment, including feedback from Title III service providers and rural public transit providers in Area 05.

In conducting the assessment of transportation services, ECIAAA collected and analyzed information received from the following sources:

1. A survey of five rural public transit providers formerly funded by ECIAAA, including:
  - a. Central Illinois Public Transit, serving Douglas, Moultrie, and Shelby Counties
  - b. CRIS Public Transit, serving Champaign and Vermilion Counties
  - c. Dial-A-Ride, serving Coles County, and T.R.I.P. providing mobility management in 12 counties
  - d. Rides Mass Transit, serving Clark, Cumberland, and Edgar Counties
  - e. SHOW BUS, serving DeWitt, Ford, Iroquois, Livingston, Macon, and McLean CountiesNote: Piattran was not surveyed because they declined funding from ECIAAA in FY2013.
2. A survey of the Coordinated Points of Entry and Care Coordination Units serving Area 05, including:
  - a. Family Service, CPoE serving Champaign County
  - b. Cumberland Associates, serving Champaign, Coles, DeWitt, Douglas, Edgar, and Piatt Counties
  - c. Life Center, CPoE serving Clark and Cumberland Counties
  - d. Coles County Council on Aging, CPoE serving Coles County
  - e. PATH, CPoE serving DeWitt, Livingston, and McLean Counties
  - f. Mid-Illinois Senior Services, CPoE serving Douglas and Moultrie Counties
  - g. Chester P. Sutton Community Center, CPoE serving Edgar County
  - h. Ford-Iroquois Public Health Department, the CPoE for Ford County and CCU for Ford and Iroquois Counties
  - i. Volunteer Services, CPoE serving Iroquois County
  - j. Livingston County Health Department – the CCU for Livingston County
  - k. Starting Point – ADRC for Macon County, the CCU for Macon County and CPoE for Macon County in collaboration with the Decatur Macon County Senior Center and CHELP.
  - l. Piatt County Services for Seniors, CPoE serving Piatt County
  - m. Community Care Systems, Inc., CPoE for Shelby County and the CCU for Clark, Cumberland, McLean, Moultrie, and Shelby Counties
  - n. CRIS Healthy-Aging Center, CPoE and CCU serving Vermilion County

### **Report of findings from the survey of Rural Public Transit Providers in Area 05**

ECIAAA conducted a survey of five providers of rural public transit. Four providers completed the survey. SHOW BUS declined to participate, but provided the following statement: “SHOW BUS will continue to maintain service to clients regardless of ECIAAA funding. The loss of ECIAAA funding has put a hardship on them, but they will do what is necessary to continue service.” Note: SHOW BUS had previously stated that OAA funding represented 11% of funds used as match for federal Section 5311 grant funds.

The following is a summary of responses from the four other rural public transit providers:

1. **Will your hours of operation change? If yes, please specify changes in operating hours.**
  - None of the respondents reported a change in operating hours due to the loss of OAA funds.
  - CIPT reported that their operating hours changed on July 1, 2013 to 7:00 a.m. to 5:00 p.m.
2. **Do you anticipate any changes in routing or destinations including frequency based on the loss of OAA funds? If yes, please specify changes in routing, destinations, and/or frequency.**
  - CRIS reported no changes in routing
  - Rides reported no changes in routing including routes in Clark and Edgar Counties starting July 1, 2013.
  - CIPT reported \$17,020 fewer rides in Douglas, Moultrie, and Shelby Counties.
  - Dial-A-Ride/TRIP reported that cross-county trips provided in a 12-county area through TRIP mobility management would only be affected if participating providers chose to reduce their routes.

3. **Do you anticipate a reduction in the number of rides or frequency of rides provided to persons 60+ or with disabilities? Estimate the percent in reduction of persons being served and frequency of service.**
  - CRIS reported an 8% reduction in senior rides. CRIS continues to serve persons 60+ under Section 5311, however, seniors must pay a fare, which varies by point of origin and destination. CRIS continues to contract with the Hoopston Multi-Agency to provide rides in Hoopston, and the Multi-Agency is able to continue this service with other funds.
  - Rides reported no reduction in service.
  - CIPT projected a loss of 1,945 fewer rides for seniors in a three-county area.
  - Dial-A-Ride/TRIP estimates a 10% reduction in cross-county trips for seniors managed by TRIP.
4. **Do you anticipate any changes in fare structure or fare policy? If yes, please specify changes in fare structure or policy.**
  - None of the respondents reported a change in their fare structure or policy.
5. **Will you deny rides to persons 60+ or with disabilities based on inability to pay? If yes, what alternative options will you refer them to?**
  - CRIS requires riders to pay a fare. Depending on their destination, CRIS may be able to work with First Transit to purchase fare tickets for riders needing trips to dialysis.
  - Rides responded “no.”
  - CIPT will not deny rides based on inability to pay. CIPT will continue to offer persons 60+ rides through suggested donations.
  - Dial-A-Ride/TRIP has referred passengers to faith congregations and civic organizations that are known to assist with transportation payments.
6. **Do you offer a discount for persons 60+ or persons with disabilities. If yes, what is your discount?**
  - CRIS reports that the general public pays \$5 each way in Champaign County and Seniors/Disabled pay \$2. In Vermilion County, the general public pays \$4 per on-way trip and Seniors/Disabled pay \$3.
  - Rides provides a 37.5% discount on cash fares for Seniors and Disabled for existing routes and services.
  - CIPT offers rides to Seniors on a suggested donation.
  - Dial-A-Ride reports that discounted fares depend on origin and destination. Dial-A-Ride offers donation-based trips within Mattoon and Charleston only.
7. **Do you anticipate any changes in prioritizing ridership? If yes, please specify changes:**
  - CRIS reported that medical appointments will continue to be a high priority.
  - Rides and CIPS reported no changes in trip priorities.
  - Dial-A-Ride/TRIP reported that medical trips will continue to be a priority, followed by work and education.
8. **Will the loss of OAA funds impact the required match for other funding sources? If yes, please describe the impact.**
  - CRIS responded that AAA funds can be used to match downstate operating assistance (DOAP) funds which pay 65% of eligible expenses. AAA funds helped cover the remaining 35% not covered, as well as AAA funds could be used to purchase equipment or transit-related services that Section 5311 and DOAP will not cover, such as, office equipment, phones, computers, etc.
  - CIPT responded that they will have \$17,020 less match for IDOT Section 5311 funds.
  - Rides and Dial-A-Ride/TRIP responded “No.”
9. **Do you have concerns about the loss of any other funding source that you currently receive? If yes, please specify your concerns.**
  - CRIS and Rides responded “No.”

- CIPT responded that transportation is a high need for seniors. With no funding, there will be fewer opportunities for seniors to be provided transportation.
- Dial-A-Ride responded that TRIP is funded under New Freedom funding which will soon be obsolete. Funding for existing New Freedom projects in FY2015 may be absorbed into the Section 5311 program. This decision will be made by IDOT.

**10. What is the greatest consequence the loss of OAA funding has had on your transit operations?**

- CRIS responded: “the ability to match DOAP funds in Champaign County.”
- Rides responded “none.”
- CIPT responded that they will serve fewer people. No funding will result in less ridership.
- Dial-A-Ride responded: “The trips we coordinate are typically longer distance medical appointments and are normally for specialty services. The impact could potentially be life-threatening and/or could result in the passenger being institutionalized, which is a far greater expense than if the passenger were to live in their own home.

**Report of findings from the survey of Coordinated Points of Entry and Care Coordination Units in Area 05**

In October 2013, ECIAAA asked CPoEs and CCUs to respond to the following questions:

1. Have you had any unmet needs for transportation with older adults you serve?
2. If so, why was there an unmet need? Were there issues with costs, scheduling, etc.?
3. What organizations do you coordinate with to assist older adults with transportation needs?
4. With the loss of Title III-B transportation funds, have you seen an increase in unmet needs among older adults?

ECIAAA received the following responses from CPoEs and CCUs by county in Area 05:

**Champaign County**

- 3 reports of unmet need for transportation as of 9-30-13.
- Family Service is the CPoE for Champaign County; Cumberland Associates is the CCU.
- CRIS provides public transit in the Rantoul High School District and transports seniors throughout rural Champaign County.
- Due to limited funding, Family Service reduced its volunteer transportation program for seniors from 2 rides per week to one ride per week, except for persons needing trips for dialysis or other physician-ordered therapies.
- Family Service refers seniors to Champaign-Urbana Mass Transit District, Faith in Action and medical providers.
- Cumberland Associates refers clients to CCP Home Care providers, Adult Day Services, the American Cancer Society, and the VA. Cumberland Associates gave kudos to Faith in Action for transporting a client to Barnes Medical Center in St. Louis, MO.
- Cumberland Associates CCU provided additional comments:
  - CCP clients who need help with transportation are reflected in their DON scores. Home Care Aides are frequently being used to provide transportation though limitations may vary by agency.
  - The CCP guideline for transportation one time per week is adequate as it meets the “need” but not the “wants” of seniors. They like to get out of their homes more often.
  - Public transportation is difficult for seniors due to ambulation challenges if assistance is not available.
  - Older adults report that due to the number of people getting on the bus, they are frequently late for physician appointments. Sometimes they report having extraordinary wait times for pick-up at the hospital.

**Clark and Cumberland Counties**

- 2 reports of unmet need for transportation in Clark County as of 9-30-13; no reports from Cumberland County.
- Life Center coordinates with Rides Mass Transit in Clark and Cumberland Counties.



- Life Center reported no increase in unmet needs for transportation.
- Harley Bennet, resident of Marshall, IL, member of the ECIAAA Corporate Board from Clark County, and former Vice President of the East Central Illinois Mass Transit District, reported to ECIAAA on October 16, 2013, that Rides Mass Transit has maintained all ECIMTD routes since assuming operation on July 1, 2013. He reported public support for and satisfaction with services provided by Rides Mass Transit.

### **Coles County**

- 2 reports of unmet need for transportation in Coles County as of 9-30-13.
- Coles County Council on Aging sponsors Dial-A-Ride and the TRIP Mobility Management Program.
- Coles County Council on Aging reported no increase in unmet need for transportation in Coles County
- Cumberland Associates CCU reported two seniors needing transportation to Indianapolis and Terre Haute for medical purposes and having difficulty getting there. One home care agency would cross the state line; the other would not because the homemaker did not have enough hours to take the client to Indianapolis.

### **DeWitt County**

- No reports of unmet need for transportation in DeWitt County as of 9-30-13.
- DeWitt County is served by SHOW BUS Public Transportation.
- PATH is the CPoE for DeWitt County and Cumberland Associates is the CCU.
- Volunteers with Faith in Action of DeWitt County provide trips to medical appointments, if available.
- Neither PATH nor Cumberland Associates reported any increase in unmet need for transportation.
- Betty Kent, Supervisor of Santa Anna Township, and member of the ECIAAA Advisory Council expressed the need for public awareness about SHOW BUS to increase ridership among seniors in Farmer City.

### **Douglas County**

- No reports of unmet need for transportation in Douglas County as of 9-30-13.
- Douglas County is served by Central Illinois Public Transit.
- Mid-Illinois Senior Services is the CPoE for Douglas County and Cumberland Associates is the CCU.
- Neither the CPoE nor the CCU reported an increase in unmet need for transportation.
- Cumberland Associates gave kudos to CIPT for having an Aide available to help older adults get on the bus and assisting them with packages and assistive devices.

### **Edgar County**

- No reports of unmet need for transportation in Edgar County as of 9-30-13
- Edgar County is served by Rides Mass Transit.
- Chester P. Sutton Community Center is the CPoE for Edgar County; Cumberland Associates is the CCU.
- The CPoE and CCU refer clients to Rides Mass Transit and Faith in Action in Paris, IL
- Neither the CPoE nor CCU reported an increase in unmet need for transportation.

### **Ford and Iroquois Counties**

- Two reports of unmet need for transportation in Ford County as of 9-30-13
- SHOW BUS Public Transportation serves Ford and Iroquois
- The Ford-Iroquois Public Health Department is the CCU for both counties and the CPoE for Ford County; Volunteer Services is the CPoE for Iroquois County.
- The Health Department reported that some medical appointments must be rescheduled to accommodate the availability of assisted transportation which is more frequently needed for medical appointments. FIPHD occasionally arranges trips for homemaker clients with Addus and Help at Home.
- Volunteer Services reports that they will occasionally take a client to the IMH Kentland Clinic in Kentland, IN with one of their volunteers since SHOW BUS does not transport across the state line.

## **Livingston County**

- Four reports of unmet need for transportation in Livingston County as of 9-30-13.
- SHOW BUS Public Transportation serves Livingston County.
- PATH is the CPoE for Livingston County; the Livingston County Health Department is the CCU.
- The CCU reported no unmet needs for transportation. The CCU refers some clients to Home Care providers for transportation, taxi vouchers, faith congregations, and the Red Cross in Fairbury, IL.
- PATH reported that SHOW BUS transportation trips for medical appointments are limited due to scheduling.

## **McLean County**

- Three reports of unmet need for transportation in McLean County as of 9-30-13.
- SHOW BUS Public Transportation serves rural McLean County.
- YWCA of McLean County operates a Medivan service.
- PATH is the CPoE for McLean County; Community Care Systems, Inc. is the CCU
- PATH reported that a cancer patient who uses a wheel chair needed door-to-door assistance to access outpatient treatment but could not afford the Medivan.
- PATH reported that due to scheduling, SHOW BUS can only transport passengers to specialized doctor's appointments on certain days.
- CCSI reported having problems locating transportation to appointments out of the county, transportation from rural communities for Adult Day Services in Normal, and transportation from rural communities into Bloomington-Normal for appointments and errands outside of SHOW BUS' regular operating hours.
- PATH and CCSI also refers older adults needing transportation to Connect Transit for fixed bus route service and special bus service in Bloomington-Normal, as well as, First Transit, Bloomington-Normal Faith in Action, YWCA Medivan, CCP Home Care providers, Adult Day Services provided by Advocate BroMenn Medical Center, the VA Shuttle to Peoria, and local taxi services.
- Neither PATH nor CCSI reported an increase in unmet need for transportation in McLean County.

## **Macon County**

- Fourteen reports of unmet need for transportation in Macon County as of 9-30-13.
- SHOW BUS Public Transportation serves rural Macon County.
- Starting Point is the ADRC for Macon County including the Macon County Health Department CCU in collaboration with Decatur Macon County Senior Center and CHELP.
- Starting Point reported unmet requests for trips to medical appointments outside of Macon County.
- Starting Point also refers clients to Decatur Public Transit, Decatur Memorial Hospital, CCP Home Care providers, St. Mary's Adult Day Services, local taxi services, and Decatur Faith in Action.
- DMCOG provides transportation for seniors living in the urbanized "grey" area of Macon County.

## **Moultrie and Shelby Counties**

- No reports of unmet need for transportation in Moultrie and Shelby Counties as of 9-30-13.
- Central Illinois Public Transit serves Moultrie and Shelby Counties.
- Mid-Illinois Senior Services (MISS) is the CPoE for Moultrie County; CCSI is the CCU for Moultrie and Shelby Counties and the CPoE for Shelby County.
- CCSI refers clients to CCP Homemaker Providers, American Cancer Society, taxis, churches.
- MISS and CCSI reported no increase in unmet need for transportation in Moultrie and Shelby Counties.

## **Piatt County**

- No reports of unmet need for transportation in Piatt County as of 9-30-13.
- Piattran is the rural public transit provider for Piatt County.
- Piatt County Services for Seniors is the CPoE of Piatt County; Cumberland Associates is the CCU.
- PCSS and Cumberland Associates refer seniors to Piattran, Faith in Action, and the VA.

- Neither PCSS nor Cumberland Associates reported an increase in unmet need for transportation.
- PCSS commented: “We have a good system of coordination and transportation in this county. For example, if a veteran needs to go to Danville and the VA van is not available, the local VA office will pick up the cost for Piattran to take the Veteran. We all work together for the good of the senior!”

### **Vermilion County**

- No reports of unmet need for transportation in Vermilion County as of 9-30-13.
- CRIS is the rural public transit provider in Vermilion County and the provider of accessible transportation for persons with disabilities in the Danville Urbanized Area.
- CRIS provides public transit in Hoopeston under contract with the Hoopeston Multi-Agency.
- CRIS is the CPoE and CCU for Vermilion County.
- CRIS refers clients to CRIS Transit, Danville Mass Transit, Faith in Action, CCP Home Care providers, and the Hoopeston Multi-Agency.
- CRIS reported no increase in unmet need for transportation in Vermilion County.

### **ECIAAA Responses to IDoA Questions about the ECIAAA Transportation Report Published October 21, 2013**

**IDoA Question** – As shown in the report of unmet needs as of September 30, 2014, there were a total of 30 persons in 7 counties who needed transportation. Did all of these older persons receive service? If not, what happened to them? Do we know whether these older persons could afford to pay a fare? Please advise.

**ECIAAA Response** – ECIAAA conducted follow-up telephone calls with the Coordinated Points of Entry and Care Coordination Units which had reported unmet needs for transportation as of 9-30-13. They reported that requests were unmet because:

- 12 persons requested rides to destinations outside existing service routes;
- 9 persons could not afford the round-trip fare per mile to destinations outside regular service routes;
- 3 persons requested rides at times outside operator service hours;
- 3 persons were unable to transfer from one operator to another for cross-county trips;
- 3 persons could not be served because transportation was not available or the schedule was full.

The CPoEs and CCUs reporting the unmet needs did not report on follow-up activities. ECIAAA conducted in-depth interviews with all CCUs in Area 05 during February 2014 to identify barriers to transportation and alternative resources to assist clients. A summary of the findings from these interviews appear below.

**IDoA Comment** – At County Conversation meetings that the Department staff has attended, transportation needs have been expressed by various service providers.

**ECIAAA Response** – On February 21 Research Survey Service submitted a draft Executive Summary of the 16 County Conversations. The following is an excerpt from the Executive Summary showing the frequency of responses to transportation-related questions contained in the survey questionnaire:

Suggestions for ways to improve **transportation** came up in at least half of the 16 county conversations. The emphasis was on the need, especially in small towns and rural areas, for information on the availability of “point-to-point” transportation that can’t be easily accomplished using scheduled routes on mass transit systems.

Transportation was dealt with on two survey questions. This was the first (Q. 7): “I need, but do not have transportation for...” And these were the response categories:

Medical appointments	9%	Unspecified	2%
Social activities	7%		
Grocery shopping	5%	Does not apply	53%
Assistance with special needs	2%	No answer	31%

The second (Q. 8) concerned public transportation and read: “I find public transportation...”

Response categories were:

Easy to use	14%	Too expensive	2%
Not available in my area	12%	Does not apply	36%
Difficult to use	12%	No answer	26%

**IDOA Comment and Question** – In view of other transportation options mentioned by several CPoEs and CCUs in this section of the report is the referral of older persons to CCP home care providers for transportation services. Should older persons be referred to CCP providers specifically for transportation? The unit of service is more expensive than a reasonable public transit fare. Is this an appropriate referral? Also, the person’s income and assets must be obtained for CCP for a simple ride to go shopping and then back home.

**ECIAAA Response** – The Report of Unmet Needs submitted by Coordinated Points of Entry and Care Coordination Units to ECIAAA indicates that as of December 31, 2013, there were a total of 12 unmet transportation requests from Clark County (1), Livingston County (1), Macon County (9), and McLean County (1).

During February 2014 the ECIAAA conducted interviews with the supervisors of six Care Coordination Units about transportation barriers. A summary of their responses appear below.

**Community Care Systems, Inc., CCU serving Clark, Cumberland, McLean, Moultrie and Shelby Counties**

- The CCU reported no problems accessing transportation services for CCU clients at this time;
- McLean County – SHOW BUS started transporting clients throughout McLean County to the BroMenn Adult Day Center in Normal on March 1, 2014.
- Previous transportation problems in Clark and Cumberland have been resolved;
- Care Coordinators research other options before authorizing Homecare Aides to transport clients;
- Care Coordinators empower clients to use public and private transportation services available and maximize the time of the Homecare Aide to do other supportive tasks in the home;
- Care Coordinators will authorize Homecare Aides to transport clients if clients needs assistance “through the door” of the medical facility and someone to accompany them at the doctor’s office;
- The CCU reported no concerns about transportation fare policies in their service area;
- The CCU reported that they can find churches to cover the cost of long-distance trips;
- The CCU coordinates with the Cancer Society, American Red Cross, Easter Seals and American Legion.

**CRIS Healthy-Aging Center CCU serving Vermilion County**

- CRIS CCU Care Coordinators assist clients in completing First Transit applications upon request, or make a referral to a CRIS Options Specialists to assist clients in completing First Transit applications.
- Most CCU clients residing in Vermilion County visit doctors and medical facilities located in Danville or Champaign-Urbana. There are few requests for trips outside of Champaign and Vermilion Counties.
- CRIS CCU Care Coordinators refer clients needing handicapped-accessible public transportation to CRIS Mass Transit serving Champaign and Vermilion Counties.
- If CCU clients request trips within or outside Vermilion County and cannot readily use public transit, the CRIS CCU Care Coordinators make referrals to Danville Faith in Action or Vermilion-South Faith in Action to arrange volunteer assisted transportation to medical appointments.

- The Unmet Needs Committee of Vermilion County is staffed by several community organizations. The Committee raises funds, reviews applications, and authorizes funds for persons of all ages based upon need. Applications are submitted to the City of Danville. Example: a CRIS CCU client over 60 who is eligible for the Home Services Program and uses a wheel chair was able to purchase a portable ramp with funds provided by the Unmet Needs Committee, and DoRS paid for the installation.
- The Unmet Needs Committee has authorized gas cards for individuals who need to use personal vehicles to transport family members to medical appointments out of county.
- Transit fares are not a barrier for seniors in Vermilion County. Seniors and persons with disabilities can use Danville Mass Transit fixed bus routes free of charge. Persons 60+ in the Danville Urbanized Area can use CRIS handicapped accessible transportation at no charge with the assistance of the DFI program. CRIS Mass Transit charges reduced fares for persons 60 and older in rural Vermilion County.
- CRIS Care Coordinators help clients register with Danville Mass Transit to arrange handicapped accessible transportation.
- CRIS CCU makes referrals to Illiana Health System/VA Medical Hospital for transport older veterans to VA Medical Center in Indianapolis.
- CRIS CCU informs clients about public and private transportation options before authorizing Homecare Aide to transport clients.
- CRIS Care Coordinators will authorize Homecare Aides to transport clients when clients need help through-the-door and need someone to accompany them during a medical appointment.

#### **Cumberland Associates serving Champaign, Coles, DeWitt, Douglas, Edgar, and Piatt Counties**

- Currently CCU Care Coordinators report no unmet needs for transportation in their service area.
- The application process for First Transit authorization of medical trips for Medicaid-eligible individuals is complicated and time consuming.
- CCU Care Coordinators inform clients about other transportation options before authorizing a Homecare Aide to transport a CCP client.
- CCU Care Coordinators arrange transportation services that best meet the needs of the clients and respond to the clients' choice.
- CCU coordinates with Family Service and Champaign Faith in Action to arrange volunteer transportation for clients in the Champaign-Urbana area. The CCU reports some problems coordinating medical appointments with the schedule of the volunteers.
- The CCU makes referrals to the TRIP coordinator to arrange cross-county trips when needed.

#### **Ford-Iroquois Public Health Department CCU serving Ford and Iroquois Counties**

- SHOW BUS has improved service to Champaign-Urbana and Kankakee;
- SHOW BUS accepts donations for passengers 60 years of age and older;
- SHOW BUS reimburses mileage for a volunteer driver in Iroquois County to take clients to medical appointments, including health care providers located in Indiana;
- Gibson City Telecare vans serve a 70-mile radius around Gibson City but charge a fare by the mile;
- It is difficult arranging SHOW BUS trips for residents of Cabery and Kempton in northern Ford County because SHOW BUS is only available on Tuesdays;
- CCU may authorize Homecare Aides to transport CCP clients when public transit is not available or when the client cannot tolerate the wait time for the return trip;
- Volunteer Services of Iroquois County does not authorize their Homecare Aides to transport clients outside of Iroquois County;
- Other CCP Homemaker providers serving Iroquois County may transport CCP clients to medical appointments out of county, except when clients reside in remote rural areas or if a Homecare Aide is not available.

### **Livingston County Health Department CCU serving Livingston County**

- The biggest barrier is filling requests for out-of-county transportation for medical appointments;
- The CCU Care Coordinator reports that family members and friends usually step forward to transport clients to Peoria, Bloomington, Joliet and Kankakee for medical appointments.
- Although SHOW BUS provides good service, some CCU clients prefer not to ride SHOW BUS because the schedule may require a long waiting time before the bus departs for the return trip to their home.
- Cost is not an issue for older adults who chose to use SHOW BUS.
- The Livingston County Health Department primarily works with First Transit to seek authorization for non-emergency medical transportation on behalf of women with young children. The CCU has not had a problem working with First Transit to authorize trips for older adults who are Medicaid eligible.
- The CCU authorizes Homecare Aides to transport CCP clients if they cannot readily use public transit.
- Home Care providers are willing to transport CCP clients within and outside of Livingston County.
- The American Red Cross in Fairbury will provide transportation for older persons and persons with disabilities within the City of Fairbury.
- The CCU has been successful in engaging volunteers from faith communities to transport clients.
- Residents in the Dwight area who use Morris Hospital may be transported by their hospital van.
- Veterans' organizations will transport veterans to the VA Outpatient Clinic in Peoria and the Illiana HealthCare System in Danville.
- Livingston County Health Department can issue gas cards to individual drivers to transport clients.
- The Cancer Fund will provide gas cards to transport patients to out-patient cancer treatments.

### **Starting Point - Macon County Health Department CCU – serving Macon County**

- Care Coordinators report difficulty finding transportation coverage for some clients who reside outside Decatur city limits, i.e., the grey area served neither by SHOW bus nor Decatur Public Transit, or when transportation provider schedules cannot accommodate doctors' appointments.
- For the most part, health care providers in the Decatur area are cooperative in changing medial appointments to accommodate transit provider schedules and schedules of homecare aides.
- The CCU informs their clients about transportation options in the community before authorizing a homecare aide to transport a client. Transporting a client to a medical appointment may take two or more hours during a service day, reducing time for other activities in the care plan.
- If the client cannot or will not use public transit and does have other options, e.g., family, friends, or volunteers, and prefers having the Homecare Aide transport and accompany them to medical appointments, the CCU authorizes the Homecare Aide to transport the client as part of the care plan.
- Decatur Faith in Action can respond to requests for transportation with five days advance notice and an assessment to match the needs of the care receiver with the volunteer caregiver. Faith in Action cannot transport clients with major medical conditions, and clients must be able to transfer.
- The CCU is not currently collaborating with TRIP, Cancer Society, the American Red Cross, American Legion, and Easter Seals.
- Decatur Memorial VIP will provide transportation to DMH facilities with two weeks advance notice.
- St. Mary's Hospital currently transports clients enrolled in their Adult Day Services program.
- Macon County Transportation Committee and the Rural Transportation Advisory Group has been informed that Mary's Hospital and SHOW BUS are exploring the feasibility of SHOW BUS' providing transportation in Macon County to St. Mary's Adult Day Center.
- SHOW BUS continues to provide rides to persons 60+ residing in rural Macon County on a donation basis.

- Decatur Public Transit provide subsidized taxi fares in Decatur.
- Generally, a client's ability to pay has not been a major barrier to obtaining transportation.
- CCU clients have privately purchased taxi services for long distance medical trips outside Macon County.
- CCU reports success in working with First Transit to obtain Medicaid payment for medical transportation.
- March 1 dual-eligibles must seek Medicaid trips through the MCO in which they are enrolled
- Homecare providers generally try to coordinate several trips during one day on behalf of their clients for maximum efficiency.

### **Overall Summary**

The following is an overall summary of comments about transportation received from six CCUs in Area 05:

- CCUs report no major problems with availability of public or private transportation services in Area 05.
- CCUs report that cost is not a major barrier for older adults seeking transportation in Area 05.
- CCU Care Coordinators inform clients about public and private transportation options.
- CCU Care Coordinators may authorize Homecare Aides to transport a client as part of the care plan if:
  - The client cannot readily use public transportation;
  - The client needs through-the-door assistance from home to medical facility;
  - The client needs someone to accompany them during the medical visit;
  - The client expresses a preference for the Homecare Aide to transport them.
- CCU Care Coordinators are resourceful in researching transportation options and obtaining authorization for payment from public and private sources for transportation on behalf of their clients, including TRIP, First Transit, American Red Cross, American Legion, Cancer Society, Easter Seals, Faith in Action, and other faith-based organizations and social service agencies coordinating volunteers.
- Further communication, coordination and training are needed among CCUs, Managed Care Organizations, TRIP, First Transit, and transportation service providers to facilitate the authorization of payment for long-distance, cross-county, non-emergency medical transportation for older adults and persons with disabilities enrolled in managed care demonstration programs in Area 05.

**Transit Reservation Information Program (TRIP) serving 12 counties in East Central Illinois, including: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermilion**  
 ECIAAA interviewed Leanna Guill, TRIP Coordinator. The following is a summary of her responses:

- The greatest barrier to arranging cross-county trips for Medicaid eligible individuals requesting non-emergency medical transportation is that First Transit will only authorize payment to one provider per leg of trip, in other words, if the passenger must transfer from one provider to another during one leg of the trip, First Transit will only reimburse one of the providers. Providers are not willing to allocate reimbursements to other providers.
- Some transportation providers cannot serve counties outside of their service area.
- Some clients needing transportation to eye appointments out of county cannot find affordable transportation.
- Scheduling can be a barrier; however, the TRIP Coordinator is able to work with health care providers to change appointments or coordinate appointments for patients who agree to travel together.
- The American Legion will transport veterans out of county.
- The American Red Cross will transport patients out of county.
- The Cancer Society will help in some cases.
- Easter Seals will only transport their clients.
- Churches and families will help when available.
- CRIS Mass Transit District will transport patients who are Medicaid eligible but are not set up to complete applications to First Transit.

**The TRIP Annual Report for FY2011-2013** includes the following program statistics about the coordination of trips across county and state lines on behalf of individuals residing in the 12-county TRIP service area:

- 574 Individuals (of all ages) served;
- 323 New Clients;
- 2974 Referrals and information services provided;
- 588 Coordinated Trips resulted from:
- 521 requests, of which:
- 177 Requests (from Individuals of all ages) were Unmet due to:
  - 40% outside of existing service routes
  - 33% operator fare costs were a barrier to the customer
  - 10% requested times were outside operator service hours
  - 10% TRIP unable to coordinate transfer with operator
  - 4% no operator availability or schedules full
  - 2% client does not meet operator eligibility
  - <1% no ADA accessible vehicle was available

**FY2015 ECIAAA Strategy to Address the Transportation Needs of Older Adults in Area 05:**

1. ECIAAA will collaborate with the Transit Information Reservation Program (TRIP), First Transit, Managed Care Organizations such as Health Alliance Connect and Molina Healthcare, and MCO transportation brokers, such as Logisticare, to promote mobility management for older adults in Area 05 to improve access to health care services and provide affordable transportation for older adults discharged from the hospital to their homes.
2. ECIAAA will collaborate with Faith in Action Programs and other volunteer transportation programs in Area 05 to expand assisted transportation options for older adults who need personalized service.
3. ECIAAA will serve on the Technical Advisory Sub- Committees of the Human Service Transportation Committees serving Regions 6 and 8 to advocate on behalf of older adults and persons with disabilities in need of rural public transportation and specialized transportation for older and disabled persons, such as Adult Day Service transportation and transportation to outpatient kidney dialysis clinics.
4. ECIAAA will advocate for improvements to the Illinois Department of Transportation's procurement process to expedite the acquisition of reliable and fuel efficient replacement vehicles for providers of rural public transit and specialized transportation for older adults and persons with disabilities.
5. ECIAAA will support the position of the Community Transportation Association of America on reauthorization of the *Moving Ahead for Progress in the 21<sup>st</sup> Century* (MAP-21) for a minimum of five years, and increased appropriations for the Federal Transit Administration to address the need for federal funds to operate public transportation programs, and increase investment in the Section 5310 program to respond to the transportation needs of a growing population of older adults and persons with disabilities.
6. ECIAAA will serve as an active member of the Illinois Public Transportation Association and advocate for continued state appropriations and Downstate Operating Assistance Program (DOAP) funds in support of rural public transportation in Area 05.
7. ECIAAA will collaborate with AAAs, the Illinois Falls Prevention Coalition, AARP, Centers for Independent Living, and community programs on aging to explore the feasibility of developing a comprehensive senior mobility campaign in Area 05, including evidence-based practices that promote senior strength and fitness, prevent falls, promote older driver safety, and empower older adults to use public transportation.



## Local Initiative #3 – Healthy Aging - helping older adults manage chronic health conditions.

### Statement of Need

The Administration on Community Living reports that due in large part to advances in public health and medical care; Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20th century to over 78 years today. On average, an American turning age 65 today can expect to live an additional 19.1 years. The population of older Americans is also growing, particularly the population age 85 and over, which is growing very rapidly, totaling 5.9 million in 2012 and projected to reach 8.9 million by the year 2030. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity.

Health and independence programs authorized by the Older Americans Act assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home care. For example, 62 percent of congregate and 93 percent of home-delivered meal recipients reported that the meals enabled them to continue living in their own homes and 53 percent of seniors using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community.

From 2010 to 2015, the number of Americans age 60+ will increase by 15 percent, from 57 million to 65.7 million. During this period, the number of seniors with severe disabilities (defined as 3 or more limitations in ADLs) who are at greatest risk of nursing home admission and Medicaid eligibility (through the "spend down" provisions) will increase by more than 13 percent. Older Americans Act programs and services help seniors in need maintain their health and independence.

The Aging Network is faced with the challenge and the opportunity to integrate evidence-based health promotion practices with community-based programs for older adults. Community-based programs such as congregate nutrition programs, senior centers, adult day centers, and home care services are trusted and used by over 11 million seniors across the nation, 493,000 Illinois Seniors, and over 27,000 older adults in Area 05. However, community programs on aging have lacked the resources and the training to deliver healthy aging programs to seniors today and to a growing population of baby-boomers in the future.

The Older Adult Services Act (OASA) Report for 2007 included the following statement: "Nutrition services are critical to helping older adults remain healthy and independence in their own homes. Lack of nutrition leads to diminished capacity, exacerbates the natural aging process, and without intervention can result in nursing home placement before 24-hour skilled care is needed." This Report calls for expanding home delivered meals to address waiting lists and unmet needs, to include two meals per day 365 days a year, offering shelf-stable meals, and addressing meal preparation and production issues.

**Home Delivered Meals** - The FY2014 Home Delivered Meals Report, published by the Illinois Department on Aging estimated that 1,321 older adults statewide were denied home delivered meals in FY 2013 due to insufficient funding. This is a 28 percent decrease since FY 2012. Currently 1,093 seniors are on waiting lists for home delivered meals throughout Illinois; this is a 2 percent decrease over the past year. In Fiscal Year 2014, the Area Agencies on Aging estimate that a total of 2,031 older adults need home delivered meals in unserved areas of Illinois. In Fiscal Year 2013, this number was 1,987.

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAA) on the average number of persons served each day with home delivered meals. An average number of 20,782 persons are served per day. Based on the Medicare Current Beneficiary Survey, five percent of the Medicare population has 3 to 4 limitations in activities of daily living. Two percent of this same population has 5 to 6 limitations in activities of daily living. The Department estimated the number of older adults with 3 to 4 limitations of activities of daily living and an estimated number of older adults with 5 to 6 limitations of activities of daily living in each county. The Department then subtracted the number of persons currently served from these estimates to determine the potential unmet need for home delivered meals in each county.

PSA	Age 65+ Population	Estimated # with 3 to 4 ADLs	Estimated # with 5 to 6 ADLs	Average # of Persons Served Per Day	Estimated Unmet Need for HDMs 3 to 4 ADLs	Estimated Unmet Need for HDMs 5 to 6 ADLs
05	114,421	5,721	2,290	1,367	4,361	923

**Number of Older Adults Denied Home Delivered Meal  
And Number of Older Adults on Waiting Lists**

The following information outlines the estimated number of older adults denied home delivered meals in FY 2013 and the current number of older adults on waiting lists due to insufficient funding. Statewide, it is estimated that 1,321 older adults were denied home delivered meals in FY 2013 due to insufficient funding. This is a 28 percent decrease since FY 2012. At the present time, 1,093 older adults are on waiting lists for home delivered meals throughout Illinois; this is a 2 percent decrease over the past year. The following table shows the estimated number of older adults denied home delivered meals in Area 05 due to lack of funding and the most recent estimate of the number of older adults on waiting lists for home delivered meals by county in Area 05.

Source: FY2014 Home Delivered Meal Report, Illinois Department on Aging, January 2014

Name of PSA and County	FY 2013 # of Older Adults Denied HDMS due to Lack of Funding	Current # of Older Adults on Waiting Lists
<b>PSA 05 East Central Illinois Area Agency on Aging</b>		
Champaign	40	0
Clark	30	0
Coles	30	0
Cumberland	5	0
DeWitt	20	0
Douglas	15	0
Edgar	30	0
Ford	15	0
Iroquois	20	0
Livingston	20	0
McLean	50	0
Macon	0	0
Moultrie	20	0
Piatt	5	0
Shelby	15	0
Vermilion	65	64
<b>PSA 05 Total</b>	<b>380</b>	<b>64</b>
<p>Note: Fresh meals are denied if outside established delivery areas. These are estimates of the number who would benefit from meals but cannot be reached. Additional funding would allow the establishment of additional routes to meet the need. Frozen meals are offered to those referrals. Currently there are fewer than ten people taking frozen meals.</p>		

## Number of Older Adults Needing HDMs in Unserved Areas

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAA) on the estimated number of older adults needing home delivered meals in unserved areas. “Unserved areas” is defined as geographic areas (e.g., rural township areas or neighborhoods in cities, etc.) that are not served by the home delivered meal program due to lack of funding or the need for additional volunteers to deliver the meals.

In Fiscal Year 2014, the thirteen Area Agencies on Aging in Illinois estimate that a total of 2,031 older adults need home delivered meals in unserved areas statewide. In Fiscal Year 2013, this number was 1,987.

There are an estimated 466 older adults in need of home delivered meals who live in the following un-served areas in Planning and Service Area 05. The table below provides an estimate of the number of older adults in underserved townships by county in east central Illinois:

Source: FY2014 Home Delivered Meal Report, Illinois Department on Aging, January 2014

<b>PSA 05 East Central Illinois AAA</b>	<b>Unserved Townships</b>	<b>Number of Older Adults Needing Home Delivered Meals</b>
Champaign	Ayers, Condit, Crittenden, East Bend, Harwood, Kerr, Ogden, Raymond, Stanton, St. Joseph, Ludlow.	40
Clark	Anderson, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Parker, Wabash, York.	30
Coles	Hutton, Morgan, North Okaw, Seven Hickory.	30
Cumberland	Union	5
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Wapella, Waynesville, Wilson.	20
Douglas	Bourbon, Bowdre, Garrett, Sargent.	15
Edgar	Brouillets Creek, Edgar, Elbridge, Grandview, Hunter, Redmon, Stratton, Symmes.	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall.	15
Iroquois	Artesia, Ashkum, Chebanse, Concord, Cresecent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland.	20
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Forrest, Germansville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo.	20
McLean	Anchor, Bellflower, Blue Mound, Cropsey, Funks Grove, Gridley, Hudson, Lawndale, Martin, Money Creek, West, Yates.	50
Macon	Warrensburg, Oreana, Elwin, Niantic, Argenta, Forsyth	30
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe.	20
Piatt	Cerro Gordo, Deland, Sangamon, Unity.	5
Shelby	Flat Branch, Holland, Penn, Rural	15
Vermilion	N/A	64
<b>PSA 05 Total</b>		<b>409</b>

## Estimated Number of Older Adults Needing Home Delivered Meals

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAA) on the average number of persons served each day with home delivered meals. Statewide an average number of 20,782 persons are served per day. Based on the Medicare Current Beneficiary Survey, five percent of the Medicare population has 3 to 4 limitations in activities of daily living. Two percent of this same population has 5 to 6 limitations in activities of daily living. The Department used this information to determine an estimated number of older adults with 3 to 4 limitations of activities of daily living and an estimated number of older adults with 5 to 6 limitations of activities of daily living in each county.

The Department then subtracted the number of persons currently served from these estimates to determine the potential unmet need for home delivered meals in each county.

ECIAAA modified the Department’s estimates by also subtracting the number of persons served by local “Meals on Wheels” programs which do not receive federal or state funding from the number of older adults with 3 to 4 and 5 to 6 limitations in activities of daily living. The table below shows the estimated unmet need for home delivered meals in the 16 counties in Area 05:

County	Age 65+ Population	Estimated Persons with 3 to 4 ADLs	Estimated Persons with 5 to 6 ADLs	Average OAA Title C-2 Persons Served per day	Average Private MOW Persons Served per day	Estimated Unmet Need For HDMs 3 to 4 ADLs	Estimated Unmet Need For HDMs 5 to 6 ADLs
Champaign	20,066	1,003	401	120	95	788	186
Clark	2,946	147	59	12	20	115	27
Coles	7,431	372	149	108		264	41
Cumberland	1,838	92	37	50		42	-13
DeWitt	2,768	138	55	32		106	23
Douglas	3,154	158	63	31		127	32
Edgar	3,469	173	69	35		138	34
Ford	2,633	132	53	4	26	102	23
Iroquois	5,627	281	113	24	25	232	64
Livingston	6,142	307	123	37	25	245	61
McLean	17,340	867	347	239		628	108
Macon	18,142	907	363	280		627	83
Moultrie	2,618	131	52	22		109	30
Piatt	2,713	136	54	42		94	12
Shelby	4,232	212	85	60		152	25
Vermilion	13,302	665	267	271		394	-4
PSA 05 Total	114,421	5,721	2,290	1,367	191	4,163	732

**Availability of Congregate and Home Delivered Meals in Area 05** – In FY2014 ECIAAA provides federal and state grant assistance to the following senior nutrition programs serving 16 counties in east central Illinois:

- Peace Meal Senior Nutrition Program sponsored by Sarah Bush Lincoln Health System provides congregate and/or home delivered meals at 48 sites in 14 counties including: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby. Peace Meal collaborates with restaurants to provide senior congregate dining in four communities.
- CRIS Healthy-Aging Center provides congregate meals at 8 sites in Vermilion County and provides home delivered meals countywide. CRIS collaborates with 5 restaurants to provide senior congregate dining.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home delivered meals at 11 sites in Macon County and collaborates with the Maroa Café for senior congregate dining.
- Catholic Charities provides Meals-on-Wheels in Decatur and Macon County.

**Number of Older Persons Served Congregate Meals and Home Delivered Meal Each Serving Day by Site**

<b>PSA 05 East Central Illinois AAA</b>	<b>County</b>	<b>Number of Older Persons served congregate meals each serving day</b>	<b>Number of Older Persons served HDMs each serving day</b>
<u>Peace Meal Senior Nutrition</u>			
Champaign HDM	Champaign	0	61
Rural Champaign	Champaign	0	24
Champaign Housing	Champaign	9	0
Fisher	Champaign	0	1
Homer	Champaign	5	4
Mahomet	Champaign	0	9
Rantoul	Champaign	17	16
Sidney	Champaign	8	5
Urbana	Champaign	7	0
Casey	Clark	0	7
Marshall	Clark	6	0
Martinsville	Clark	0	5
Charleston	Coles	9	33
Mattoon	Coles	13	62
Oakland	Coles	9	13
Toledo	Cumberland	17	50
Clinton	Dewitt	10	22
Farmer City	Dewitt	8	9
Weldon	Dewitt	9	1
Arcola	Douglas	2	5
Atwood	Douglas	3	3
Murdock	Douglas	0	3
Tuscola	Douglas	9	13
Villa Grove	Douglas	8	7
Brocton	Edgar	6	1
Chrisman	Edgar	7	6
Hume	Edgar	1	3
Kansas	Edgar	0	9
Paris	Edgar	5	16
Gibson City	Ford	8	0
Paxton	Ford	9	2

<b>PSA 05 East Central Illinois AAA</b>	<b>County</b>	<b>Number of Older Persons served congregate meals each serving day</b>	<b>Number of Older Persons served HDMS each serving day</b>
Roberts	Ford	8	2
Cissna Park	Iroquois	12	16
Milford	Iroquois	17	8
Watseka	Iroquois	53	0
Dwight	Livingston	0	12
Pontiac	Livingston	2	16
Flanagan	Livingston	0	3
Streator	Livingston	0	6
Bloomington-Woodhill	McLean	27	0
Bloomington-Kitchen	McLean	2	199
Bloomington- Housing	McLean	33	0
Chenoa	McLean	6	6
Danvers	McLean	7	5
Leroy	McLean	7	13
Lexington	McLean	8	4
Normal	McLean	16	0
Saybrook	McLean	13	4
Heyworth	McLean	0	4
Towanda	McLean	0	4
Bethany	Moultrie	19	4
Sullivan	Moultrie	10	18
Bement	Piatt	0	6
Monticello	Piatt	15	23
Deland	Piatt	0	3
Mansfield	Piatt	0	10
Findlay	Shelby	3	5
Herrick	Shelby	27	11
Moweaqua	Shelby	11	8
Shelbyville	Shelby	6	30
Windsor	Shelby	6	6

PSA 05 East Central Illinois AAA	County	Number of Older Persons served congregate meals each serving day	Number of Older Persons served HDMs each serving day
<u>CRIS Healthy Aging</u>			
CRIS Healthy Aging Center	Vermilion	26	199
Laura Lee	Vermilion	9	0
Vermilion House	Vermilion	0	17
Hoopeston	Vermilion	14	20
Georgetown	Vermilion	18	14
Westville	Vermilion	0	21
Presence Hospital	Vermilion	5	0
Tilton	Vermilion	5	0
<u>DMCOC</u>			
Concord	Macon	40	0
Maroa	Macon	90	0
Oxford	Macon	30	0
Hartford	Macon	20	5
Elderly Services	Macon	0	60
Reserve	Macon	0	10
Macon	Macon	10	10
Mt. Zion	Macon	20	0
Decatur Senior Center	Macon	20	0
Catholic Charities MOWS	Macon	0	195
<b>PSA 05 Total</b>		<b>800</b>	<b>1,367</b>

### ECIAAA Plans for FY2015

- ECIAAA will advocate for federal, state, and local funding to maintain current meal levels, keep pace with rising food and delivery costs, and respond to the demand for home delivered meals, especially for older adults currently on waiting lists and those who reside in un-served areas.
- ECIAAA will conduct a competitive request for proposal process for FY2015-2017 to select senior nutrition programs which demonstrate a willingness and ability to:
  - pursue innovative and cost-effective methods of producing and delivering meals for older adults
  - maintaining food safety,
  - improving meal quality,
  - increasing consumer satisfaction,
  - monitoring the safety and well-being of at-risk older persons and reducing their social isolation, and
  - providing older adults with opportunities for socialization, nutrition education, and access to evidence-based healthy-aging programs.

**Medication Management** – For many older adults, the ability to remain independent in one’s home depends on the ability to manage medications. Failure to adhere to prescribed medication therapy is a major cause of nursing home placement of frail older adults. In the U.S., approximately 3 million older adults are admitted to nursing homes due to drug-related problems at an estimated annual cost of over \$14 billion.

Older adults are the largest users of prescription drugs, yet with advancing age they are more vulnerable to adverse reactions to the medications they are taking. About 30% of hospital admissions of older adults are drug related, with more than 11% attributed to medication non-adherence and 10-17% related to adverse drug reactions. Older adults discharged from the hospital on more than five drugs are more likely to visit the emergency department (ED) and be re-hospitalized during the first six months after discharge.

Evidence-based interventions can assist older adults in managing their medications, prevent unnecessary nursing home admissions, hospitalizations, and ED visits, as well as improve the quality of their lives. With a grant from Carle Foundation Hospital, ECIAAA coordinated the Medication Management Improvement System Pilot Project in collaboration with Cumberland Associates CCU, CRIS Healthy-Aging Center, Consulting Pharmacist Kathy Munday, and Partners in Care Foundation. For a copy of the MMIS Pilot Project Report, contact Mike O’Donnell at: [modonnell@eciaaa.org](mailto:modonnell@eciaaa.org).

**Automated Medication Dispensing Technology** - In the spring of 2014, the Illinois Department on Aging plans to include automated medication dispensing technology among the services that may be authorized in the home for older adults eligible for the Community Care Program.

**Mental Health & Aging** – ECIAAA is committed to promoting integrated, holistic healthcare which addresses the physical and behavioral health needs of older adults. We are committed helping older adults to reduce depression. Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report depressive symptoms often experience higher rates of physical illness, greater functional disability, and higher use of health care services. Older women are more likely to report clinically relevant depressive symptoms than older men. In 2006, 18 percent of women age 65 and over reported depressive symptoms compared with 10 percent of men. In 2006, the percentage of men 85 and over (almost 18 percent) reported clinically relevant depressive symptoms.

### **Healthy Aging in East Central Illinois: Progress in FY2013-2014**

#### **ECIAAA promotes healthy aging with local and statewide partners including:**

- ECIAAA collaborates with PATH to coordinate the McLean County Senior Wellness Coalition.
- ECIAAA is an active member of the Illinois Coalition on Mental Health and Aging. The Coalition advocates for the integration of behavioral health care and primary health care and continuing education for professionals in the fields of mental health and aging.
- ECIAAA supports and serves on the planning committee for an annual training conference on mental health and wellness for older adults in Area 05. The 2014 Mental Health & Aging Conference for Area 05 is scheduled for October 28, 2014.
- ECIAAA is an active member of the Champaign County Diabetes Coalition.

**Evidence-Based Healthy Aging Programs in Area 05** – ECIAAA currently disseminates the following evidence-based healthy aging programs in partnership with community programs on aging in Area 05:

**Take Charge of Your Health: Live Well, Be Well** - The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together.



Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. Each participant in the workshop receives of a workbook and relaxation CD. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The program is supported with grants of federal AoA funds through the Illinois Department of Public Health.

From August 1, 2006 to July 2010, CDSMP Master Trainers trained 65 Class Leaders, facilitated 24 CDSMP classes, and enrolled 276 participants - 185 of whom completed 4 or more of 6 sessions. Participants report that the program has changed their lives and given them the confidence to manage chronic illness and disability.

ECIAAA contracted with four Family Caregivers Resource Centers in FY2011 and FY2012 to disseminate CDSMP. We reached 296 completers by March 30, 2012, exceeding our goal by 113%.

CDSMP Partners in Area 05	Classes Completed	Persons Enrolled	Persons completing 4 or more sessions	Completion Rate
Family Service	17	169	122	72.2%
CRIS Healthy-Aging Center	8	68	59	86.7%
Starting Point	5	68	52	76.4%
PATH	6	84	63	75.0%
<b>Total Area 05</b>	<b>36</b>	<b>389</b>	<b>296</b>	<b>76.1%</b>

**CDSMP community partners and host sites in Area 05 have included:**

- Family Service Senior Resource Center with Master Trainers for CDSMP & DSMP in Area 05
- Starting Point – ADRC for Macon County with Master Trainers for CDSMP & DSMP in Area 05
- Presence Health - Center for Healthy Living serving Champaign-Urbana
- Windsor of Savoy, Champaign
- Victorian Woods, Decatur
- St. Mary’s Hospital, Decatur
- Community Health Improvement Center (CHIC)
- Decatur-Macon County Senior Center serving Decatur and Macon County
- Moultrie County Counseling Center serving Moultrie County
- PATH serving DeWitt, Livingston and McLean Counties
- DeWitt County Friendship Center, Clinton
- CRIS Healthy-Aging Center serving Vermilion County
- Public Libraries in Danville and rural communities in Vermilion County

**CDSMP Refresher Training** – Through a grant from Health Alliance Medicare, ECIAAA contracted with Family Service to conduct Refresher Training for 24 CDSMP Class Leaders in Area 05 on March 12, 2013.

**Plans for FY2014** - ECIAAA awarded an assistance contract with federal OAA Title III-B funds to Family Service to provide fidelity monitoring for newly trained class leaders for both CDSMP and DSMP. ECIAAA also awarded assistance contracts to Family Service, Macon County Health Department, PATH, and CRIS Healthy-Aging Center to conduct CDSMP and DSMP classes in their service areas. ECIAAA also plans to award one-time funds to Family Service to offer a one-day CDSMP Refresher Training for class leaders by September 30, 2014.

*Strong for Life* is a strengthening exercise program designed by physical therapists for home use by older adults to improve strength, balance, and overall health. Therabands (elastic resistive bands) are used to provide force for strengthening muscles. This program targets specific muscles that are important in every day movements such as getting out of a chair and walking. Each exercise on the video is scalable in difficulty and the instructions on how to modify the exercises to suit different strength and functional levels are provided verbally by the instructor as well as shown visually by the elders in the video.

From August 1, 2006 to July 2010, Decatur Catholic Charities Faith in Action Coordinator trained 75 Strong For Life Coaches who led 406 older adults in this evidence-based strength-building exercise program. ECIAAA sponsored two Strong For Life Training Sessions in 2011 in Clinton and Danville.

**Strong For Life** community partners in Area 05 include:

- Faith in Action, Decatur Catholic Charities, Coordinator of the Strong for Life Program in Area 05
- Piatt County Faith in Action
- DeWitt County Friendship Center, Clinton
- DeWitt Human Resources Center, Clinton
- Chester P. Sutton Community Center for Edgar County
- Peace Meal Senior Nutrition Program Sites in Atwood, Clinton, Oakland, and Toledo
- CRIS Healthy-Aging Center, Danville

**Diabetes Self Management Program** – The Diabetes Self-Management workshop is given 2½ hours once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals.

People with type 2 diabetes attend the program in groups of 12-16. Workshops are facilitated from a highly detailed manual by two trained Leaders, one or both of whom are peer leaders with diabetes themselves.

Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians and other health professionals both at Stanford and in the community have reviewed all materials in the course.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The program does not conflict with existing programs or treatment. Treatment is not altered. For medical questions, participants are referred to their physicians. If the content of the course conflicts with instructions they receive elsewhere, they are advised to follow their physicians' orders and discuss discrepancies with the physician

Effective February 16, 2012, AoA required that OAA Title III-D funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. The Illinois Department on Aging notified ECIAAA that in FY2013 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

In FY2013 ECIAAA awarded a grant of OAA Title III-D funds to the Macon County Health Department to conduct two DSMP classes. The Health Department conducted two DSMP classes in FY2013, enrolling 30 individuals of who 22 completed at least four of six sessions, a completion rate of 73%.

#### **Plans for FY2014**

ECIAAA awarded grant assistance with OAA Title III-D funds to the Macon County Health Department to conduct two DSMP classes in Macon County by September 30, 2013.

ECIAAA awarded a grant of OAA Title III-B funds to Family Service to conduct a DSMP Class Leader Training on May 22, 23, 29, 30, 2014, and support Fidelity Monitoring of newly trained CDSMP and DSMP Class Leaders in Area 05.

ECIAAA awarded grants of OAA Title III-B funds to Family Service, Macon County Health Department, PATH, and CRIS Healthy-Aging Center to assist them in conducting CDSMP and/or DSMP classes during FY2014.

ECIAAA plans to award one-time grant assistance with OAA Title III-B funds to Decatur Catholic Charities to conduct Strong For Life Coaches Trainings at two locations in Area 05 by September 30, 2014.

## **Integrating *PEARLS* into Gerontological Counseling Funded Under OAA Title III-D**

The Senior Resource Center at Family Service has provided counseling for older adults in Champaign County for 37 years and PATH (Providing Access to Help) has provided counseling for older adults in McLean County for 29 years. Counseling services are made possible with the support of local funding sources and federal OAA Title III grant assistance from ECIAAA. In FY2012, Family Service projected 1,724 hours of counseling for 48 older adults, and PATH projected 431 hours of counseling for 57 older adults.

Effective February 16, 2012, AoA required that OAA Title III-D funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. The Illinois Department on Aging notified ECIAAA that in FY2013 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

In FY2013, ECIAAA awarded OAA Title III-D grants to Family Service serving Champaign County, and to PATH serving Livingston and McLean County to integrate the evidence-based intervention known as *PEARLS* into their gerontological counseling programs.

*PEARLS* is a community-based treatment program using methods of problem solving treatment, social and physical activation, and increased pleasant events to reduce depression in physically impaired and socially isolated people. *PEARLS* is an empowering, skill-building approach. *PEARLS* was developed and researched by the Health Promotion Research Center at the University of Washington,

*PEARLS* is based on three fundamental principles:

- What a participant is experiencing are symptoms and the symptoms are due to depression.
- There is a close link between depression and unsolved problems.
- Increasing participation in social, physical, and other pleasant activities will lead to a decrease in depressive symptoms.

By working with *PEARLS* participants to help them define and solve their problems, become more socially and physically active, and experience more pleasant activities, their symptoms of depression can be decreased. *PEARLS* provides a concrete, easy-to-learn and empowering approach to solving problems and reducing depression. Research and case studies, described later in this section, have demonstrated the impact that this program has had on the lives of the clients who have participated.

*PEARLS* partners in Area 05 currently include ECIAAA, Family Service, PATH, Clinical Consultant Dr. Archana Chopra, Doctor of Psychiatry, Medical Advisor Uday Deoskar, MD, and his staff at Deoskar Integrative Health.

ECIAAA hosted a two-day *PEARLS* training on August 27-28, 2012. The training was conducted by *PEARLS* Instructors Sheila Greuel, Counselor at Moultrie County Counseling Center, and Charlotte Kauffman, Service Systems Coordinator at the Illinois Department of Human Services, Division of Mental Health.

During FY2013, Family Service reported serving 93 Counseling clients including 11 clients who were screened eligible and consented to participate in *PEARLS*. PATH reported serving 36 Counseling clients including nine clients who were screened eligible and consented to participate in *PEARLS*. Most *PEARLS* participants have reduced their depressive symptoms by setting goals and increasing their participation in physical, social, and pleasant activities. ECIAAA hosts monthly clinical conference calls enabling *PEARLS* Counselors to review cases with the Clinical Consultant, who advises them on issues, such as symptoms of other health conditions and drug interactions.

**Plans for FY2014** – ECIAAA awarded grants of OAA Title III-D funds to Family Service and PATH to continue to integrate *PEARLS* in their gerontological counseling services. As of March 31, 2013, Family Service reported 3 clients enrolled in *PEARLS* clients and PATH reported 2 clients enrolled in *PEARLS*.

## **Introducing A Matter of Balance in Area 05**

**Background** – According to the federal Administration on Community Living, falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. One in three adults aged 65 and older falls each year. In 2010, fall-related injuries resulted in 2.3 million emergency room visits, over 660,000 hospitalizations, about 21,700 deaths, and an estimated \$30 billion in direct medical costs. Of those who fall, 20 to 30 percent will experience serious injuries, such as brain trauma, broken bones, or hip fractures. The average hospital stay for a hip fracture is one week and about one-third of those with hip fractures stay in a nursing home for a year or more. These injuries may limit the ability of older adults to get around or live independently. Those who are not injured may develop a fear of falling, which may increase their actual risk of falling. Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility. The importance of preventing falls is underscored by the inclusion of falls prevention screening in the annual Medicare wellness visit. Falls can result in significant loss of independence and often trigger the onset of a series of growing needs. For those over age 75, fallers are more than four times more likely to be admitted to a skilled nursing facility. And falls, even without a major injury, can cause an older adult to become fearful or depressed, making it difficult for them to stay active, which in turn increases the need for assistance.

**Falls prevention programs** help participants to achieve improved strength, balance, and mobility and provide education on how to avoid falls and reduce fall risk factors. These programs may also involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards. Since 2006, more than 27,000 older adults in 38 states have been served via AoA-supported Falls Prevention/Management programs, including A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance.

**Research Findings** - Randomized controlled trials of several community-based Falls Prevention/Management programs have clearly demonstrated a reduction in falls. When compared with control groups, the risk of falling for participants in the Tai Chi: Moving for Better Balance intervention was decreased 55 percent; and the Stepping On program reduction was 31 percent. Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults. Research has shown significant improvements for participants regarding their level of falls management (the degree of confidence participants perceive concerning their ability to manage the risk of falls and of actual falls); falls control (the degree to which participants perceive their ability to prevent falls); level of exercise; and social limitations with regard to concern about falling. Matter of Balance participation has been associated with total medical cost savings, and cost savings in the unplanned inpatient, skilled nursing facility, and home health settings. Participation was associated with a \$938 decrease in total medical costs per year. This finding was driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in skilled nursing facility costs, and an \$81 reduction in home health costs.

### ***Why is ECIAAA addressing this problem?***

ECIAAA is concerned about the physical, psychological, and social well-being of older adults who have experienced falls, lost self confidence, and virtually become self-imposed prisoners in their own homes. ECIAAA is committed to empowering older adults to maintain and improve their strength to continue to live at home for as long as possible in safety and dignity, and prevent avoidable hospitalizations and nursing home admissions. ECIAAA plans to disseminate the evidence-based program known as A Matter of Balance to build senior strength beginning in FY2014.

### ***What is a Matter of Balance?***

Many older adults experience a fear of falling. People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater. *A Matter of Balance: Managing Concerns About Falls* is a program designed to reduce the fear of falling and increase activity levels among older adults.

A Matter of Balance includes eight two-hour sessions for a small group led by a trained facilitator. This nationally recognized program was developed at the Roybal Center at Boston University.

During the class, participants learn to:

- View falls as controllable
- Set goals for increasing activity
- Make changes to reduce fall risk at home
- Exercise to increase strength and balance
- Who should attend A Matter of Balance?

The program was designed to benefit community-dwelling older adults who:

- Are concerned about falls
- Have sustained falls in the past
- Restrict activities because of concerns about falling
- Are interested in improving flexibility, balance and strength
- Are age 60 or older, ambulatory and able to problem solve

### **Plans for Funding Evidence-Based Healthy Aging Programs in FY2015**

#### ***Chronic Disease Self Management Program (CDSMP) and Diabetes Self Management Program (DSMP)***

1. ECIAAA proposes to budget \$8,000 in Older Americans Act Title III-B funds for grants to the following community-based organizations to conduct CDSMP or DSMP classes in FY2015:
  - Family Service serving Champaign County
  - PATH serving DeWitt, Livingston, and McLean Counties
  - Macon County Health Department serving Macon County
  - CRIS Healthy-Aging Center serving Vermilion County

Goal: Conduct 8 CDSMP/DSMP classes; enrollment target: 160 persons; completion target: 112 (70%)

2. ECIAAA proposes to budget \$5,000 in Older Americans Act Title III-B funds for a grant to Family Service to conduct a four-day Diabetes Self Management Program (DSMP) Class Leader Training in Area 05, with special emphasis on reaching Limited English Speaking older adults.  
Goal: 20 Class Leaders trained.
3. ECIAAA proposes to budget \$5,000 in Older Americans Act Title III-B funds for a grant to Family Service to monitor 20 new CDSMP/ DSMP class leaders to assure fidelity with program standards and provide technical assistance.
4. ECIAAA proposes to budget \$9,866 in Older Americans Act Title III-D funds for a grant to the Macon County Health Department for Diabetes Self Management Program classes in Macon County.  
Goal: 2 DSMP classes; enrollment target: 40; completion rate 28 (70%).

#### ***PEARLS***

ECIAAA proposes to budget 35,389 in Older Americans Act Title III-D funds for grant assistance to Family Service serving Champaign County, and PATH serving Livingston and McLean Counties, to integrate the ***PEARLS*** in the provision of gerontological counseling to empower older adults with depression to reduce their depressive symptoms.  
Goal: Enroll 40 older adults in ***PEARLS*** in FY2015.

#### ***A Matter of Balance***

ECIAAA proposes to budget \$13,314 in Older Americans Act Title III-B funds for grant assistance to Decatur Catholic Charities to disseminate A Matter of Balance to empower older adults to prevent and manage falls.

### **Goals in FY2015:**

1. Conduct at least one Coach Training Session in Macon County for 6 to 10 coaches.
2. Conduct at least one Coach Training Session for Livingston and McLean County for 8 to 12 coaches.
3. Conduct 5 Matter of Balance classes to reach 50 older adults in Macon County.
4. Conduct 5 Matter of Balance classes to reach 50 older adults in McLean County.
5. Conduct 2 Matter of Balance classes to reach 20 older adults in Livingston County.
6. Completion Target: 80% of older adults enrolled in Matter of Balance will complete 5 of 8 sessions.

### ***Strong for Life***

ECIAAA proposes to budget \$7,500 in Older Americans Act Title III-B funds for grant assistance to Decatur Catholic Charities to disseminate Strong for Life a strength building exercise program for older adults.

#### Goals in F2015:

1. Conduct SFL Coach Trainings at two locations in Area 05 to train 20 SFL Coaches.
2. Enroll and engage 100 older adults in Strong For Life at 10 locations in Area 05.
3. Conduct 48 sessions at 10 locations in Area 05; total estimated units (one hour): 480 units.

**Sustainability Plan** – ECIAAA will collaborate with all healthy-aging program partners to develop plans to integrate evidence-based interventions in the delivery of aging services and sustain and/or expand the dissemination of evidence-based healthy aging programs to reach more older adults, especially older adults in greatest social and economic need, with special emphasis on older adults with multiple chronic health conditions and disabilities, older adults who are limited English speaking, and older adults in rural areas.

## **Proposed Elder Rights Plan for FY2015**

ECIAAA administers a network of Adult Protective Services Agencies which receive and investigate reports of alleged abuse, neglect, self-neglect, and exploitation, and arrange emergency services to assist victims. Due to the dissolution of the Ford Iroquois Public Health Department on June 30, 2014, ECIAAA intends to release an emergency Request for Proposals for Adult Protective Services for Ford and Iroquois Counties beginning July 1, 2014.

In State FY 2013 (July 1, 2012 through June 30, 2013) Elder Abuse Provider agencies in Area 05 responded to 1,080 ANE reports. Effective July 1, 2013, the Illinois Department on Aging implemented the Adult Protective Services As of March 31, 2014, PSA 05 APS Providers have responded to 638 reports of abuse of individuals 60 years of age and older. During the same time period, APS providers have responded to 162 reports of abuse of individuals 18 – 59 years of age.

In FY2015, ECIAAA will serve as the Regional Administering Agency for the Adult Protective Services Program in Area 05 and conduct the following activities:

- Administer contracts with designated APS Provider agencies;
- Convene quarterly meetings and an annual retreat for APS Provider agencies in Area 05;
- Participate in local Multi-Disciplinary “M” Teams;
- Award grant assistance for legal services to assist victims of elder abuse;
- Support and develop Money Management Programs;
- Assist in the implementation of the Self-Neglect component of the Illinois APS Program in PSA 05 once IDOA is approved to begin;
- Review and comment on proposed administrative rules, policies, protocols and procedures;
- Promote public awareness about Adult Abuse, Neglect, Self Neglect, and Exploitation;
- Promote the development of community-based services to assist victims of adult abuse, neglect, self-neglect and exploitation; and,
- Advocate for appropriations of federal and state funds necessary to operate elder justice programs and provide assistance to older adults who are victims of adult abuse, neglect, self-neglect and exploitation
- Continue to implement an Adult Protective Service program for persons with disabilities ages 18-59 in accordance with state statutes and administrative rules, and standards promulgated by the Department on Aging.

## **Long Term Care Ombudsman Program**

ECIAAA sponsors the Long Term Care Ombudsman Program in Area 05, serving over 10,000 residents in 128 licensed health facilities, 20 assisted living facilities, and 17 supportive living facilities. The Ombudsmen visit residents regularly, inform them of their rights, and empower them to advocate on their own behalf. In FY 2013, three professional Ombudsmen completed 883 visits, responded to 2725 inquiries, and investigated 514 cases involving 866 complaints. In FY2013, an increase in state funds for the Ombudsman Program enabled the ECIAAA Long Term Care Ombudsman program to hire additional staff that enables us to meet the Institute of Medicine's recommended staffing ratio of one Ombudsman per 2,000 residents. In FY2015, the program will:

- Maintain a staff of five professional Ombudsmen.
- Visit residents of licensed and certified facilities regularly, respond to inquiries and investigate complaints on behalf of the residents.
- Track and monitor Identified Offenders in PSA05 located in long term care facilities.
- Educate and empower residents and families to improve the quality of life in long term care facilities.
- Meet or exceed statewide mandated benchmarks in the areas of: Regular Presence, Individual Consultations, Resident Council Meeting Attendance, Community Education sessions, Facility In-Services, and Money Follows the Person activities.
- Participate in the Home Care Ombudsman/Managed Care Ombudsman Initiative serving an estimated 15,899 older adults and person with disabilities ages 18-59 within the seven identified counties of: Champaign, DeWitt, Ford, Macon, McLean, Piatt, and Vermilion, including the following projected caseloads:
  - 6,053 clients served by Medicaid-waivered home and community-based service programs, e.g. Community Care Program, Home Services Program, or programs serving adults with developmental disabilities;
  - 5,292 older adults and persons with disabilities enrolled in Medicare Parts A and B and receiving full Medicaid benefits through Managed Care Organizations under the Medicare-Medicaid Alignment Initiative;
  - 4,554 older adults and persons with disabilities who are eligible for Medicaid, but not Medicare, and enrolled in Managed Care Organizations under the Integrated Care Program.

## Emergency Preparedness Plan

The Older Americans Act requires Area Agencies on Aging to outline in its Area Plan how the Area Agency on Aging will coordinate activities, and develop long-range preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

The Illinois Department on Aging has a functional all hazards Disaster Operations Plan in place for the Department and the Illinois Aging Network (13 Area Agencies on Aging and their service providers). AAAs and service providers have developed their own local disaster plans and/or have modified the Department's to protect older persons and their caregivers when any kind of disaster(s) occur. In conjunction with a federal "Statement of Understanding," the Department on Aging works with the Red Cross at the state and local levels across Illinois to prepare and respond to all disasters.

In accordance with instructions from the Illinois Department on Aging, ECIAAA will review and revise our strategy on coordinating activities and developing long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery. At minimum, ECIAAA will address the following:

1. ECIAAA will update the disaster plan to address how the Area Agency on Aging and service providers will address the functional needs of older adults during any disaster situation.
2. ECIAAA will review and revise coordination agreements with Emergency Services Disaster Agencies, voluntary relief organizations, and community-based organizations.
3. ECIAAA will develop a Memorandum of Understanding (MOU) with the Illinois Emergency Management Agency (IEMA) to provide "mutual aid" to other Area Agencies on Aging in Illinois who need assistance with disaster situations. ECIAAA will coordinate with the Illinois Department on Aging in developing this MOU with IEMA.
4. ECIAAA will ensure that coordination agreements with the American Red Cross (ARC) and other disaster related organizations should be developed for the use of senior centers of nutrition sites as shelters of feeding sites during disasters.
5. ECIAAA will ensure that disaster plans address continuity of operations of the Area Agency on Aging and local service providers, i.e., how the Agency will respond to a situation that directly affects the functioning of staff and the critical missions of the Agency during a major disaster.
6. During a Presidentially declared disaster, explain how ECIAAA will determine when and how personnel and service providers will be mobilized to assist the American Red Cross and state and local disaster agencies.
7. In the activation of the disaster plan in Area 05, explain how advocacy, outreach, and follow-up services will be conducted, and how ECIAAA will monitor service providers' delivery of disaster related services.
8. ECIAAA will promote the enrollment of older adults with special needs in Special Needs Registries established by county health departments and county emergency management agencies with the cooperation of Coordinated Points of Entry/Senior Information Service, Aging and Disability Resource Centers, Care Coordination Units, other community programs on aging, and Centers for Independent Living.



## Demographic Characteristics and Trends

### *A Profile of Older Americans: 2012*

- The older population (65+) numbered 41.4 million in 2011, an increase of 6.3 million or 18% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 33% during this period.
- Over one in every eight, or 13.3%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males).
- Older women outnumber older men at 23.4 million older women to 17.9 million older men.
- In 2011, 21.0% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), less than 1% were American Indian or Native Alaskan (not Hispanic), and 0.6% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 7% of the older population.
- Older men were much more likely to be married than older women--72% of men vs. 45% of women (Figure 2). 37% older women in 2012 were widows.
- About 28% (11.8 million) of non-institutionalized older persons live alone (8.4 million women, 3.5 million men).
- Almost half of older women (46%) age 75+ live alone.
- In 2011, about 497,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35 million in 2000 to 41.4 million in 2011 (an 18% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.7 million in 2011 to 14.1 million in 2040.
- Racial and ethnic minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.5 million in 2011 (21% of the elderly) and are projected to increase to 20.2 million in 2030 (28% of the elderly).
- The median income of older persons in 2011 was \$27,707 for males and \$15,362 for females. Median money income (after adjusting for inflation) of all households headed by older people rose by 2% (not statistically significant) from 2010 to 2011. Households containing families headed by persons 65+ reported a median income in 2011 of \$48,538.
- The major sources of income as reported by older persons in 2010 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 26%).

- Social Security constituted 90% or more of the income received by 36% of beneficiaries in 2010 (23% of married couples and 46% of non-married beneficiaries).
- Almost 3.6 million elderly persons (8.7%) were below the poverty level in 2011. This poverty rate is not statistically different from the poverty rate in 2010 (8.9%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. The SPM shows a poverty level for older persons of 15.1% (more than 6 percentage points higher than the official rate of 8.7%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

Sources: U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

### **A Profile of Older Adults in Illinois**

Source: 2010 Census and Aging Special Tabulation (2007-2011 American Community Survey) released March 26, 2014

<b>Current Intrastate Funding Formula Factors</b>	<b># in Population</b>	<b>% of 60+ Population</b>
60+ Population	2,236,370	100%
60+ Greatest Economic Need	183,797	8.22%
60+ Minority	474,650	21.22%
75+ Population	760,065	33.99%
Living Alone	583,750	26.1%
Rural	353,235	15.8%

**A Profile of Older Adults in Planning and Service Area 05**

**Changes in the Population Aged 60+ By County in Area 05**

Sources: 2010 Census, 2007-2011 American Community Survey, and Aging Special Tabulation

	<b>2010 Census</b>	<b>2007-2011 ACS</b>	<b>Population Change</b>	<b>Population Change</b>
<b>County</b>	<b>Population 60+</b>	<b>Population 60+</b>	<b>2010 to 2011 ACS (persons)</b>	<b>2000 to 2010 (percentage)</b>
Champaign	28,534	28,115	-419	-1.5%
Clark	3,886	3,860	-26	-0.7%
Coles	10,055	9,935	-120	-1.2%
Cumberland	2,521	2,500	-21	-0.8%
DeWitt	3,728	3,730	+2	+0.1%
Douglas	4,265	4,140	-125	-2.9%
Edgar	4,691	4,570	-121	-2.6%
Ford	3,429	3,480	+51	+1.5%
Iroquois	7,534	7,505	-29	-0.4%
Livingston	8,294	8,160	-134	-1.6%
McLean	24,977	24,485	-492	-2.0%
Macon	24,976	24,555	-421	-1.7%
Moultrie	3,500	3,260	-240	-6.9%
Piatt	3,772	3,725	-47	-1.2%
Shelby	5,683	5,790	+107	+1.9%
Vermilion	18,315	17,970	-345	-1.9%
<b>TOTAL</b>	<b>158,160</b>	<b>155,780</b>	<b>-2,380</b>	<b>-1.5%</b>

**Demographic Characteristics of Older Persons by County in Area 05**

Source: 2007-2011 American Community Survey and Aging Special Tabulation

<b>County</b>	<b>60+ Population</b>	<b>60+ Poverty</b>	<b>60+ Minority</b>	<b>75+</b>	<b>60+ Living Alone</b>	<b>60+ Rural</b>
Champaign	28,115	2,014	3,455	9,650	7,955	0
Clark	3,860	265	59	1,435	1,110	3,860
Coles	9,935	739	269	3,760	2,870	9,935
Cumberland	2,500	205	32	905	615	2,500
DeWitt	3,730	233	130	1,256	920	0
Douglas	4,140	349	30	1,560	1,045	4,140
Edgar	4,570	360	63	1,664	1,455	4,570
Ford	3,480	225	55	1,445	1,105	0
Iroquois	7,505	518	149	2,795	1,735	7,505
Livingston	8,160	480	94	3,110	2,085	8,160
McLean	24,485	1,239	1,464	8,350	6,490	0
Macon	24,555	1,734	2,650	9,075	6,880	0
Moultrie	3,260	160	35	1,385	730	3,260
Piatt	3,725	155	23	1,260	825	0
Shelby	5,790	439	78	2,050	1,490	5,790
Vermilion	17,970	1,445	1,425	6,370	5,520	0
<b>Area 05 Total</b>	<b>155,780</b>	<b>10,560</b>	<b>10,011</b>	<b>56,145</b>	<b>42,830</b>	<b>49,720</b>

**Population 60+ as a percentage of the Total Population  
by County in Area 05**

**Sources:** Total Population – 2010 Census  
60+ Population – American Community Survey Estimate 2007-2011

<b>County</b>	<b>Total Population</b>	<b>60+ Population</b>	<b>60+ Pop. As % of Total Population</b>
Champaign	201,081	28,115	13.98
Clark	16,335	3,860	26.63
Coles	53,873	9,935	18.44
Cumberland	11,049	2,500	22.63
DeWitt	16,561	3,730	22.52
Douglas	19,980	4,140	20.72
Edgar	18,576	4,570	24.60
Ford	14,081	3,480	24.71
Iroquois	29,718	7,505	25.25
Livingston	38,950	8,160	20.95
McLean	169,572	24,485	14.44
Macon	110,768	24,555	22.17
Moultrie	14,846	3,260	21.96
Piatt	16,729	3,725	22.27
Shelby	22,363	5,790	25.89
Vermilion	81,625	17,970	22.02
<b>Total Area 05</b>	<b>836,106</b>	<b>155,780</b>	<b>18.63</b>

**Grandparents (GPs) 30-59 and 60+ Responsible for Grandchildren (GCs) <18**  
**Source: 2006-2010 American Community Survey 5-Year Estimates (File S-1002)**

<b>County</b>	<b>Total GPs living with GCs &lt;18</b>	<b>Total GPs Responsible for GCs &lt; 18</b>	<b>GPs 30-59 Responsible for GCs &lt;18</b>	<b>GPs 60+ Responsible for GCs &lt;18</b>
Champaign	2,322	1,198	909	289
Clark	239	163	108	55
Coles	805	370	225	145
Cumberland	69	27	21	6
DeWitt	224	91	48	43
Douglas	272	169	160	9
Edgar	437	283	208	75
Ford	220	102	82	20
Iroquois	465	246	127	119
Livingston	443	289	216	73
McLean	1,722	683	506	127
Macon	2,275	1,345	887	458
Moultrie	214	131	99	32
Piatt	192	93	43	50
Shelby	133	64	53	11
Vermilion	1,735	823	555	268
<b>Total</b>	<b>11,767</b>	<b>6,077</b>	<b>4,247</b>	<b>1,780</b>

**Percentage Share of Demographic Characteristics Used by the Illinois Department on Aging to  
Compute Intrastate Funding Formula Weights for the Planning and Service Areas in Illinois  
For Fiscal Year 2015**

<b>PSA</b>	<b>60+ Pop.</b>	<b>60+ Poverty</b>	<b>60+ Minority</b>	<b>75+</b>	<b>60+ Living Alone</b>	<b>60+ Rural</b>	<b>IFF Weight</b>	<b>Change in IFF Weight</b>
01	6.05	4.91	2.19	6.08	5.74	15.70	6.23	0.25
02	22.60	13.35	15.83	20.21	19.11	0.00	17.39	0.17
03	4.84	4.24	1.27	5.25	5.24	17.00	5.49	0.17
04	3.86	3.11	1.05	4.08	3.83	2.60	3.29	0.08
05	6.97	5.75	2.11	7.39	7.34	14.08	6.88	0.13
06	1.31	1.39	0.15	1.48	1.34	7.89	1.82	0.08
07	4.37	3.56	0.88	4.59	4.63	11.45	4.49	0.02
08	5.66	5.07	3.35	5.98	5.87	2.97	5.08	-0.03
09	1.47	1.67	0.23	1.56	1.58	9.33	2.12	0.02
10	1.32	1.30	0.13	1.47	1.41	8.33	1.84	0.06
11	2.87	3.52	0.74	2.85	3.13	16.29	3.54	-0.57
12	17.77	34.97	49.24	17.03	20.14	0.00	23.73	-0.66
13	20.91	16.16	22.83	22.03	20.16	0.00	18.10	0.28
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	0.00

**Note: The IFF weight for PSA 05 will increase from 6.75 in FY2014 to 6.88 in FY2015 - an increase of 0.13%.**

## **ECIAAA Funding Formula for FY2015**

### **A. Introduction**

The East Central Illinois Area Agency on Aging will allocate Title III and State General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of sixteen (16) counties on a formula basis.

### **B. Formula Goals and Assumptions**

The goals to be achieved through the ECIAAA funding formula are as follows:

- To develop a formula consistent with the purpose and requirements of the Older Americans Act (OAA) and its regulations.
- To provide resources across the PSA for older persons over the age of 60.
- To target to areas of the PSA 05 with higher concentrations of older persons in greatest economic and social need, with special emphasis on low-income minority older persons.
- To develop a formula that distributes resources solely on the population characteristics of each county and that will reflect changes in those characteristics among the PSAs as updated data become available.
- To develop a formula that is easily understood.

In reviewing the ECIAAA funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the PSA. Some of the major assumptions implicit in the review of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons aged 60 and older.
- Funding formula factors must be derived from data which is quantifiable by county and based on data from the Bureau of Census and the U.S. Social Security Administration, Office of Retirement and Disability Policy.
- Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.
- The low revenue generating potential of rural areas and high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The funding formula should compensate for these factors.
- Additional resources to counties with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the local level. It is a combination of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

### C. Funding Formula Definitions

**Base Level of Funding** means a base allocation to each county to minimize the reduction of funds in rural counties due to funding formula implementation.

**Bureau of the Census** means the Bureau of the Census, U.S. Department of Commerce.

**Living alone** means being a sole resident of a home or housing unit.

**Minority group** means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the Bureau of the Census.

**County** means a local level of government below the State of Illinois.

**Poverty threshold** means the income cutoff, which determines an individual's poverty status as defined by the Bureau of the Census.

**Rural area** means a geographic location (county) not with a Metropolitan Statistical Area (MSA) as defined by the Bureau of the Census.

**75+** means those persons reported as aged 75 and over as defined by the Bureau of the Census.

**SSI+OASDI** means the number of Supplemental Security Income (SSI) recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county as reported by the U.S. Social Security Administration, Office of Retirement and Disability Policy. Note: Requires a diagnosis by a physician.

**Disability** as defined by the Bureau of the Census means a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, bathing, learning or remembering. Note: Self-reported by the respondent in the Bureau of Census American Community Survey.

## D. Funding Formula Factors and Weights

In order for a particular factor to be included in the intrastate funding formula, it must:

- Be derived from data which is quantifiable by county;
- Be based on data which is derivable from the Bureau of the Census; and,
- Be based on data derivable by the U.S. Social Security Administration.

The formula contains the following factors:

- The number of the state's population 60 years of age and older in the county as an indicator of need (60+ Population).
- The number of the state's population 60+ reported in the minority group (Hispanic, American Indian/Alaska Native, Asian, African American and Native Hawaiian or other Pacific Islander) in the county as an indicator of need (60+ Minority).
- The number of the state's population 60+ reported as living alone (60+Living Alone)
- The number of the state's population aged 75 years of age and older (75+ Population)
- The number of the state's population 60+ at or below the poverty threshold in the county as an indicator of greatest economic need (60+Poverty)
- The number of the state's population 60 years of age and older residing in a rural county meaning the county is not part of the Metropolitan Statistical Area (MSA) as defined by the Bureau of the Census (60+ Rural)
- The number of SSI recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county
- The number of 65+ reporting two or more disabilities as defined by the Bureau of the Census (65+SSI+OASDI With Two or More Disabilities)

## E. Factors by Weight

60+ Population	33%
60+ Minority	10%
60+ Living Alone	7.5%
75+Population	7.5%
Greatest Economic Need (60+ Poverty)	25%
60+ Rural	9.5%
65+SSI+OASDI+ With Two or More Disabilities	7.5%
Total	100%

## F. Application of the ECIAAA Funding Formula

$$A = (.33 \text{ POP-60} + .10 \text{ MIN-60} + .075 \text{ LA-60} + .075 \text{ POP75} + .25 \text{ POV-60} + .095 \text{ RUR-60} + .075 \text{ SSI/OASDI}) \times (T)$$

Where:

- A) A= Funding allocation from a specific source of funds to a particular county
- B) POP-60 = Percentage of state's population within the particular county age 60 and older.
- C) MIN-60 = Percentage of the state's population within the particular county age 60 and older and a member of a minority group.
- D) LA-60 = Percentage of the state's population within the particular county age 60 and older and living alone.
- E) POP-75 = Percentage of state's population within the particular county age 75 and older.
- F) POV-60 = Percentage of state's population within the particular county age 60 at or below the poverty threshold.
- G) RUR-60 = Percentage of state's population within the particular county age 60 and older not residing in a MSA.
- H) SSI+OASDI with Two or More Disabilities = The percentage based on the total number of SSI recipients also receiving OASDI residing in a particular county, plus percentage of individuals with two or more self-reported disabilities.
- I) T = The total amount of funds appropriated from a specific source of funds.

## **G. Base Level of Funding**

### Senior Information Services/Coordinated Point of Entry

In FY2015 ECIAAA proposes to maintain the **BASE Level of Funding** at \$35,000. The SIS allocation amount above the \$420,000, reserved for the Base Level of Funding per county, will be distributed on the formula share per county. ECIAAA has determined that this base level of funding is necessary to enable Coordinated Points of Entry to build and maintain core competencies, such as options counseling, for the development of an Aging & Disabilities Resource Center Network.

### Legal Services

FY 2010 county allocations will serve as the Base Levels of Funding per county for FY2015, if sufficient funds are available. New and/or increased funding for legal services will be distributed on the formula share per county.

### Nutrition Services

FY 2010 county allocations will serve as the Base Levels of Funding per county in FY2015 if sufficient funds are available. New and/or increased funding for nutrition services, including Nutrition Services Incentive Program (NSIP) will be distributed on the formula share per county.

### Title III-E Caregiver Advisor/CG-GRG Legal Services/Respite Services

FY 2010 county allocations will serve as the Base Levels of Funding per county in FY2015, if sufficient funds are available. New and/or increased funding for these services will be distributed on the formula share per county.

### Title III-D Services – Medication Management and Gerontological Counseling

Due to OAA funding percentage requirements, Title III-D services are not subject to the funding formula.

## **Plan for FY2015**

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2015, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2007-2011.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Year 2015, and proposes to update its funding formula with 5-year estimates from the American Community Survey for the Area Plan for FY 2015.



## ECIAAA Budget Assumptions for FY2015

1. Federal appropriations for OAA programs are expected to remain flat or decline due to caps on federal spending for Non-Defense Discretionary Programs from FY2015 through FY2021 imposed by the Budget Control Act.
2. The President presented his proposed FY2015 budget on March 4, 2014. Most Older Americans Act programs would be level funded with a few notable exceptions.
  - a. The President again proposes to move the Senior Community Service Employment Program (SCSEP) from the U.S. Department of Labor to HHS and reduce funding to \$380 million – a \$54 million cut from the current appropriation.
  - b. The U.S. Administration for Community Living requests \$8 million for Chronic Disease Self Management Education, \$5 million for elder falls prevention, and \$3 million for a White House Conference on Aging.
  - c. The President is seeking \$25 million in new funding for elder justice. In response to work by the Elder Justice Coordinating Council, the resources would be used for very specific investments in the national Adult Protective Services Network to develop a coordinated data system, support research, and strengthen programs.
  - d. The President's proposed budget requests \$20 million each year for the next 5 years in new mandatory funding for Aging and Disability Resource Centers.
3. On April 1, 2014, the President signed H.R. 4302, a 12-month patch of the Medicare Sustainable Growth Rate (SGR). Included in the SGR was a full year's funding extension through March 31, 2015 for a total of \$20 million dollars for AAAs, SHIPs, and ADRCs for outreach and enrollment assistance to low income Medicare beneficiaries.
4. The Illinois House and Senate have agreed on revenue projections and spending caps for State FY2015. The total estimate of General Revenue Funds for FY2015 is \$34.495 Billion. Overall revenues are expected to drop by \$965 million, due to the half-year partial expiration of the income tax increase. Mandated expenditures (pensions, health insurance, debt service, Medicaid, etc.) will rise by \$1.4 billion.
5. The Illinois House-Senate agreement includes \$2.4 billion in cuts from discretionary spending. This would translate into \$719 million in cuts to Human Services, a \$967 million cut in spending for schools (K-12), a \$248 million cut to higher education, a \$303 million drop in public safety spending, and a \$144 million cut to General Services.
6. Delays in state payments could have an adverse impact on ECIAAA and providers of community-based services and home delivered meals, and Elder Abuse Provider Agencies.
7. The Department of Healthcare and Family Services will submit Illinois' proposal to federal CMS for the Balancing Incentive Program (BIP). To qualify for enhanced federal match for the State's Medicaid Program, the BIP requires states to implement three structural changes: (1) No Wrong Door/Single Entry Point System, (2) conflict-free case management, and (3) the development of a core standardized assessment instruments.

Additionally states are required to make progress toward increasing their Medicaid expenditures on home and community-based long term services and supports (LTSS) no later than September 15, 2015. BIP states must agree to use enhanced Federal Medicaid Assistance Percentage (FMAP) to provide new or expanded home and community-based LTSS. Area Agencies on Aging will participate in the State's 6-month planning process for the Balancing Incentive Program.

8. The Governor presented his proposed State Budget for FY2015 on March 26, 2014. The Governor called for making the temporary state income tax increase permanent effective January 1, 2015. The Governor's recommended funding levels for human services and other state services, including programs administered by the Illinois Department on Aging, are contingent on making the tax increase permanent. The Governor's budget for FY2015 includes a column entitled "***Not Recommended***" which generally reflects reduced funding levels that would result if an agreement on revenues cannot be reached with the General Assembly. The following is a summary of the proposed FY2015 budget for the Illinois Department on Aging:
- The Governor's recommended FY2015 budget for the Illinois Department on Aging totals approximately \$1.276 billion – \$155 million (+13.8%) over the FY2014 enacted level, including approximately \$1.169 billion in General Revenue Funds (GRF).
  - Recommended funding levels for the Community Care Program total \$1,042,623,100, including:
    - \$904.2 million for administration and service grants – an increase of \$214.3 million over FY2014
    - \$101.2 million for CCP Capitated Coordinated Care – an increase of \$68.9 million over FY2014
    - \$63.7 million for Case Management – an increase of \$2,977,500 over FY2014
      - 82,600 older adults – average monthly CCP caseload for FY2015
      - \$857 - CCP average monthly cost of care per person
  - Recommended funding level for Home Delivered Meals is \$12.5 million - \$917,900 over the FY2014 level - to maintain a projected service level of 6.8 million meals.
  - Recommended funding for Adult Protective Services Program is \$23.1 million - \$3,840,300 over the FY2014 level - to respond to 17,000 projected reports of abuse, neglect and exploitation affecting persons 60+ and persons with disabilities ages 18 to 59.
  - Recommended funding for the Long Term Care Ombudsman Program (LTCOP) includes: \$3.1 million GRF – an increase of \$1,751,600 over the FY2014 level; \$3 million from the LTC Ombudsman Fund – the same level as FY2014; and \$1 million in federal Older Americans Act Title VII funds – same as FY2014.
  - Recommended funding for Benefits Eligibility Assistance and Monitoring is \$2,080,800 - \$232,100 above the FY2014 level.
  - Recommended funding for the Senior HelpLine is \$2,218,100, - \$824,100 above the FY2014 level.
  - New for FY2015 – The Governor recommended \$3,476,000 GRF in the Illinois Department on Aging's budget for the Balancing Incentive Program (BIP).
  - Governor's Proposals for Flat Funding in the Department on Aging Budget for FY2015:
    - Planning and Service Grants to AAAs at \$7,722,000 GRF to maintain access to federal public benefit programs and provide access to Aging and Disability Resource Center (ADRC) options counseling.
    - Community Based Services for Equal Distribution to Each of 13 Area Agencies on Aging at \$751,200
    - Senior Health Insurance Program at \$3,000,000 in federal funds.
    - Senior Health Assistance Program (SHAP) at \$1.6 million in Tobacco Settlement Recovery Funds.
    - Grandparents Raising Grandchildren Program at \$300,000 GRF.
    - Long Term Care Systems Development Grants to AAAs at \$243,800 GRF.
    - Senior Employment Specialist Program at \$190,300 GRF.
    - Retired & Senior Volunteer Program at \$551,800 GRF.
    - Foster Grandparents Program at \$241,400 GRF.

9. ECIAAA must comply with federal OAA statutory obligations to fund categorical or specified services, e.g., congregate nutrition, home delivered meals, Title III-E caregiver support services, etc.
10. ECIAAA must comply with a federal AoA requirement that in FY2015 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.
11. OAA allows an AAA to apply for 10% of total Title III-B and Title III-C for the cost of administration.
12. An AAA will apply for Title III-B funds for the cost of administratively-related direct services including: advocacy, program development and coordination. ECIAAA's Administratively Related Direct Services budget of \$418,310 is \$97,423 less than the amount allowed by Illinois Department on Aging policy.
13. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-B and III-C. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-C1 and C2. If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.
14. ECIAAA must comply with IDOA policies for budgeting a minimum percentage of its total federal OAA Title III-B allocation and carryover funds for the following services:

OAA Title III-B Service Category	Minimum Percentage Set by IDoA	ECIAAA Budget For FY2015	ECIAAA Percentage For FY2015
Access	33.1%	\$401,918	79.33%
In-Home	0.04%	\$450	0.09%
Legal	3.2%	\$67,626	13.1%

If an AAA's budget deviates from these minimum percentages, the AAA must submit a waiver request to IDOA to provide a rationale to justify the deviation.

15. The Department on Aging has requested that ECIAAA continue to serve as the interim Care Coordination Unit for Vermilion County and serve as interim CCU for Ford and Iroquois Counties from July 1, 2014 through June 30, 2016. ECIAAA intends to apply for a CCU Coordination grant from the Department on Aging to coordinate CCU services in collaboration with the Ford County Public Health Department, the Iroquois County Public Health Department and CRIS Healthy-Aging Center.

### **Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers In FY2014**

1. The implementation of Coordinated Points of Entry/Senior Information Services will be ECIAAA's top service funding priority for Fiscal Year 2015 and beyond. In FY2015, ECIAAA plans to budget \$919,948 for CPOE/SIS under the Information & Assistance line item, through a combination of federal OAA funds, Illinois GRF, and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). ECIAAA proposes to maintain the funding level for CPoE/SIS in FY2015 at the same level as FY2014.
2. ECIAAA proposes to budget \$67,626 in federal OAA Title III-B funds for legal assistance for seniors. The proposed funding level legal assistance for FY2015 is \$6,430 higher than the actual FY2014 level. ECIAAA proposes this increase in response to the need for senior legal assistance expressed by older adults during the County Conversations and the need for more legal assistance in responding to Adult Protective Service cases.
3. ECIAAA proposes to budget \$38,814 in federal OAA Title III-B funds for Health Promotion Programs including the Chronic Disease Self Management Program, Diabetes Self Management Program, A Matter of Balance, and Strong For Life. The proposed budget includes \$7,500 for an assistance contract for Strong For Life in FY2015.

4. ECIAAA proposes to budget \$450 in federal OAA Title III-B funds for respite services to help meet the minimum percentage for in-home services required by the Illinois Department on Aging. This level is the same as FY2014.
5. ECIAAA proposes to budget \$ 711,250 in federal OAA Title III-C 1 funds for congregate nutrition. The FY2015 budget level is an increase of \$14,113 over the FY2014 actual funding level due to an increase in the planning allocation for Area 05.
6. ECIAAA proposes to budget \$1,368,910 for home delivered meals through combination of \$506,082 in federal OAA Title III-C2 funds and \$862,828 in Illinois GRF. The FY2015 budget level is an increase of \$105,105 over the original FY2014 funding level because of the Governor's recommended increase in Illinois GRF for HDMs, and an increase in the planning allocation for Area 05. The FY2014 transfer of \$159,254 from Title III-C1 to Title III-C2 will be maintained in FY2015. This amount is below the 15% transfer authority allowed by IDoA.
7. ECIAAA proposes to budget \$126,521 in federal OAA Title III-C-2 funds for individual needs assessments for home delivered meals. This is an increase of \$6,383 due to an increase in the planning allocation for Area 05.
8. ECIAAA proposes to budget \$35,389 in federal OAA Title III-D funds to integrate the evidence-based program known as PEARLS into gerontological counseling in Champaign, Livingston, and McLean Counties. This is an increase of \$1,750 due to an increase in the planning allocation for Area 05.
9. ECIAAA proposes to budget \$9,866 in federal OAA Title III-D funds for the evidence-based Diabetes Self Management Program in Macon County. The funding level for FY2015 is the same as FY2014.
10. ECIAAA proposes to budget \$298,034 federal OAA Title III-E funds for Caregiver Advisory Services in FY2015. This is an increase of \$3,492 over the FY2014 level due to an increase in the planning allocation for Area 05.
11. ECIAAA proposes to budget \$23,904 in federal OAA Title III-E funds for respite services for caregivers in FY2015. The funding level for FY2015 is the same as FY2014.

### **Contingency Planning**

The Department on Aging requires the Area Agency on Aging to address how ECIAAA proposes to administer any increases or decreases affecting funds available under the Area Plan for FY2015 by specific resource, including:

- Federal Older Americans Act Titles III-B (supportive services and senior centers),
- Federal Older Americans Act Title III-C-1 (congregate nutrition),
- Federal Older Americans Act Title III-C-2 (home delivered meals),
- Federal Nutrition Services Incentive Program funds for nutrition services under OAA Titles III-C1 and C2.
- Federal Older Americans Act Title III-D (health promotion and disease prevention),
- Federal Older Americans Act Title III-E (Caregiver Support Program),
- Federal Older Americans Act Title VII (Elder Abuse Program and Long Term Care Ombudsman Program),
- Illinois General Revenue Funds for AAA Planning and Service Grants and Community-Based Services,
- Illinois General Revenue Funds for Home Delivered Meals,
- Federal OAA funds and Illinois GRF for AAA Administration and/or AAA Direct Services.

### **Funding Forecast**

1. ECIAAA expects federal Older Americans Act Title III and Title VII funds for FY2015 will be flat compared to the FY2014 level. Funding allocations for FY2015 are contingent on final federal appropriations by Congress.
2. The Governor's proposed budget for FY2015 maintains state funds to AAAs for Planning & Services Grants and equal allocations for Community-Based Services at the FY2014 level of \$7,722,000. If the temporary income tax is not made permanent, the Governor's "not recommended" budget would cut state funds Planning & Service Grants and Community Services from \$7,722,000 to \$5,953,500, a reduction of \$1,768,500 (-22.9%).

3. The Governor's proposed budget for FY2015 would increase state funds for Home Delivered Meals from \$11,600,000 in FY2014 to \$12,541,100 – an increase of 941,100 (+8%) in FY2015. If the temporary income is not made tax permanent, the Governor's "not recommended" budget would cut state funds for Home Delivered Meals from \$11,600,000 to \$9,668,900, a reduction of \$1,931,100 (-16.65%).
4. ECIAAA anticipates other grants for Coordinated Points of Entry (beyond those fundable under the Area Plan), including: the Senior Health Assistance Program (SHAP) with Tobacco Settlement Recovery Funds, and federal funds for the Senior Health Insurance Program (SHIP) and Medicare Improvement for Patients and Provider Act (MIPPA) for outreach and assistance for Medicare beneficiaries applying for Medicare Part D, Low-Income Subsidies, and Medicaid Savings Programs, which are expected to continue in FY2015 at FY2014 levels.
5. Federal funds for the Nutrition Services Incentive Program (NSIP) are expected to be reduced in FY2015 due to a decline in Illinois' overall performance in terms of the total actual number of meals provided under OAA Title III-C1 (congregate) and OAA Title III-C2 (home delivered) compared to some other states.
6. The inclusion of data from the 5-year American Community Survey/Special Tabulation 60+ in the Intrastate Funding Formula (IFF) is expected to increase the IFF percentage for Area 05 from 6.75% in 6.88%, and increase of 0.13%.
7. ECIAAA sponsors the Long Term Care Ombudsman Program for Area 05. Federal funding under OAA Title VII for the Ombudsman Program statewide is expected to remain flat at \$1,000,000 for FY2014. Other State Funds generated by the bed tax for the Long Term Care Ombudsman Fund is expected to remain at the FY2014 level of \$3 million. The Governor has requested an increase in Illinois GRF for the Ombudsman Program from \$1,348,400 in FY2014 to \$3,100,000 in FY2015 to support advocacy for persons receiving home care and persons enrolled in managed care. If the General Assembly does not make the temporary income tax permanent, the Governor's "not recommended" budget would limit this increase to \$2,390,000.

**Contingency Plan** - ECIAAA proposes the following contingency policy and plan for FY2015:

1. In case of any contingency involving an increase or a decrease in federal and/or state funds, ECIAAA will comply with the intent of Congress and the Illinois General Assembly, and/or administrative directives from the Administration for Community Living/Administration on Aging and the Illinois Department on Aging.
2. If the planning allocation is reduced for a specific revenue source, then funds would be reduced for programs and services which are directly related to that revenue source.
3. ECIAAA will give highest priority to sustain or increase Federal OAA and State GRF funds for supportive services under the Area Plan for Coordinated Points of Entry/Senior Information Services, second priority to Legal Assistance, and third priority to evidence-based health aging programs.
4. ECIAAA will adjust inter-fund transfers among OAA Titles III-B, C1 and C2 to sustain Coordinated Points of Entry/Senior Information Services and/or Home Delivered Meals, if necessary and feasible.
5. ECIAAA will use additional GRF for home delivered meals to sustain current meal levels, keep pace with rising costs, and respond to increased demand for meals if feasible.
6. Caregiver Advisory Services will be given the highest priority for OAA Title III-E funds. If ECIAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce expenditures for Respite Services.
7. ECIAAA will use additional state funds for the LTC Ombudsman Program to comply with statutory requirements and program standards.
8. ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect or financial exploitation.

## BUDGET SUMMARY FOR FISCAL YEAR 2015

For Fiscal Year 2015, beginning October 1, 2014 and ending September 30, 2015, the East Central Illinois Area Agency on Aging proposes to administer an estimated \$8,775,353 in federal, state and local funds.

The following budget assumptions have been made that support projections of resources in the following chart:

- Federal and State of Illinois funds based on FY 2015 Planning Allocations, dated March 31, 2014;
- Governor's Proposed FY 2015 State Budget for Aging Programs; and,
- Fiscal Year 2013 audited information, along with projected increases within home delivered meals and community based services where state and federal allocations were increased.

Description of Services	Federal Funds	State Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
Caregiver <sup>(1)</sup>	\$365,209			\$134,639	\$ 5,000	\$504,848
Community Based <sup>(1) (2) (3)</sup>	1,075,160	\$701,345		505,242	12,500	2,294,247
Congregate Meals	819,936		\$71,540	279,884	325,000	1,496,360
Home Delivered Meals	687,531	862,828	265,914	566,278	575,000	2,957,551
Prevention of Elder Abuse, Neglect & Exploitation	22,851	1,168,048		4,000	1,000	1,195,899
Long Term Care Ombudsman <sup>(4)</sup>	115,196	193,217				308,413
Community Care Long Term Care Systems Development		18,035				18,035
	<b>\$3,085,883</b>	<b>\$2,943,473</b>	<b>\$337,454</b>	<b>\$1,490,043</b>	<b>\$918,500</b>	<b>\$8,775,353</b>

- Footnotes:
- 1) Federal funds include projected carry-over funds in care giver and community-based services of \$7,500, and \$15,000 respectively;
  - 2) Senior Health Assistance Program funds in the amount of \$112,288 are included under State Funds;
  - 3) Title III-D funds in the amount of \$45,255 are included under Federal Funds for g. counseling and PEARLS; and,
  - 4) In April 2014, ECIAAAA will have the opportunity to apply for 3 years funding under an ombudsman initiative to expand its advocacy role to include Medicaid waived services and persons in managed care.

## FEDERAL CARRY-OVER FUNDS

Federal carry-over funds are projected in the amount of \$22,500. Carry-over funds for Fiscal Year 2015 are within Title III-B Community Based and Title III-E Caregiver Services.

Actual carry-over funds will be determined after the close of the fiscal year when financial records are audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2015 year end.

Title III-B	Title III-B Ombudsman	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	Title VII Ombudsman	Title VII Elder Abuse	Total
\$15,000	0	0	0	0	\$7,500	0	0	\$22,500

## INTER-FUND TRANSFERS

In FY 2015, ECIAAA is proposing changes to inter-fund transfers to align with its contingency plan related to proposed decreases in federal and/or state funding. The transfer from Title III-C to Title III-B is 8.5%, a decrease from the current year. The transfer from Title III-C(1) to Title III-C(2) is 14.1%, an increase from the current year. Both transfers are within the 15% transfer authority allowed by the Illinois Department Aging.

Title III-B	Title III-B Ombudsman	Title III-C (1)	Title III-C(2)	Total
\$140,858	\$9,800	(\$309,912)	\$159,254	0

## NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

The amount of NSIP funding allocated to each area agency on aging is based on each agency's percentage share of actual meals provided in FY 2013, pending release by the Administration on Aging. Therefore for budgeting purposes NSIP funding is based on the current FY 2014 estimate, in the amount of \$337,454. NSIP supports both congregate and home delivered meal costs, estimated at \$71,540 and \$265,914, respectively.

## ADULT PROTECTIVE SERVICES - Elder Abuse and Neglect Program

ECIAAA proposes to extend contracts in Illinois General Revenue Funds through FY 2015 for all counties except Ford and Iroquois, where an emergency request for proposal will be released in April 2014. The amount of \$1,128,616 in contracts will be extended to the existing providers for intake assessment, casework, follow-up, early intervention, money management service activities and 24/7 coverage, contingent upon compliance of applicable rules, regulations and requirements.

In addition, contracts under Title VII of the Older Americans Act in the amount of \$20,207 will be awarded to the same successful applicants to support service activities of public information and education, training and multi-disciplinary teams.

SERVICES/PROGRAM	Title VII	General Revenue Funds	Local Cash	In-Kind	Program Income	Total
Prevention of Elder Abuse & Neglect Program	\$20,207	\$1,128,616	\$3,000	\$1,000	\$1,000	\$1,153,823

## INTERNAL OPERATIONS & DIRECT SERVICES OF THE AREA AGENCY ON AGING

For Fiscal Year 2015, the operational budget for the organization is budgeted at \$1,218,119 in Older Americans Act Funds, Illinois General Revenue Funds and other funds to meet statutory responsibilities and program assurances of grants and contracts with the Illinois Department on Aging, including the direct service of Long Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, rent and other. Budgets by category and line item are set by the Area Agency on Aging's Board of Directors. A detail of grant/contract related activities is listed following this page.

Funding Source/Program Description	Fiscal Year 2015
<b>ADMINISTRATION:</b>	
Title III-B, Title III-C and Title III-E	\$294,912
Title III-B and Title VII – Ombudsman	10,540
Title VII - Elder Abuse	2,285
General Revenue Funds – Match	100,243
General Revenue Funds - Elder Abuse Regional Administrative Agreement	39,432
General Revenue Funds - Long Term Care Systems Development	18,035
Senior Health Assistance Program	11,229
Sub Total	\$476,676
<b>ADMINISTRATIVELY RELATED DIRECT SERVICES:</b>	
Title III-B – Advocacy , Coordination and Program Development <sup>(1)</sup>	\$418,310
Sub Total	\$418,310
<b>DIRECT SERVICES – LONG TERM CARE OMBUDSMAN PROGRAM:</b>	
Title III-B, VII, General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person <sup>(2)</sup>	\$323,133
Sub Total	\$323,133
<b>TOTAL</b>	<b>\$1,218,119</b>

- Footnotes:
- 1) ECIAAA's Administratively Related Direct Services budget is \$97,423 less than allowed by Illinois Department on Aging's policy; and,
  - 2) In April 2014, ECIAAA will have the opportunity to apply for 3 years funding under an ombudsman initiative to expand advocacy role to include Medicaid waived services and persons in managed care.



## **ADMINISTRATION**

A total of \$407,980 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Administration funds will support the following activities:

- policy-making
- strategic planning
- representation on task forces, committees and councils
- budgeting for multiple program funds
- financial management
- management of approximately 30 grants and contracts for community based and nutrition services
- management of 9 contracts for caregiver service components
- 6 respite projects
- management of 6 contracts for elder abuse activities for multi-disciplinary teams, public information and education, and training
- technical assistance
- program and financial reporting
- audit reviews
- monthly & quarterly desktop reviews
- on-site monitoring and quality assurance
- word processing
- filing
- telephone reception
- resource materials
- computer technology
- research
- data analysis
- dissemination of information
- procurement of federally and state funded services
- board, advisory council and staff meetings and staff training
- volunteer recognition
- assisting IDOA with special initiatives
- membership affiliation with local, state and national organizations
- data base for program demographics
- maintaining and modifying a web-based reporting system
- review of monthly nutrition menus
- developing forms to meet state and federal requirements developing and implementing policies and procedures
- maintaining an up-dated Service Provider Policy & Procedure Manual
- ESP resource database management

## **PREVENTION OF ELDER ABUSE AND NEGLECT**

A total of \$39,432 in State of Illinois General Revenue Funds is being budgeted to administer the Prevention of Elder Abuse and Neglect Program through contracts with six elder abuse agencies. Funds will support the following activities:

- procurement of services
- attending trainings
- public education
- technical assistance
- planning & implementation of elder self neglect program
- management of monthly billings and reconciliations
- quarterly meetings with service providers
- monitoring
- annual program operations case reviews
- annual retreat

## **COMMUNITY CARE PROGRAM**

A total of \$18,035 in State of Illinois General Revenue Funds is being budgeted for Community Care Program activities of the Long Term Care Systems Development Grant. Funds will support the following activities to 28 community care program (CCP) vendors and 6 case coordination units (CCUs):

- reviewing Community Care Program proposals
- technical assistance on monthly billing and rejects to case coordination units (CCUs) and service vendor
- ongoing assistance to CCP and CCU's related to performance of CCP activities
- assessing service availability and service gaps
- assisting IDOA in service design and implementation
- on site pre-certification reviews of adult day services sites and in-home provider agencies
- other functions mutually agreed upon by IDOA and ECIAAA
- identifying innovative approaches to service delivery or program administration to IDOA

## **ADVOCACY, COORDINATION & PROGRAM DEVELOPMENT**

A total of \$418,310 is being budgeted to provide administratively related direct services of advocacy, coordination and program development under Title III-B of the Older Americans Act.

Funds for advocacy, coordination and program development will support the following activities:

### **ADVOCACY - LOCAL, STATE, NATIONAL**

- representing the interest of older persons to public officials, public/private agencies and organizations
- client intervention relating to problems and resolving conflicts
- developing older person's capabilities to advocate on their own behalf
- reviewing and commenting on public plans, policies, levies and community action
- conducting public hearings on the needs and issues
- coordinating planning activities with organizations for new or expanded benefits and opportunities
- inducing change in attitude and stereotypes,
- legislation, agency policies and policy implementation
- hosting student internships
- advocacy in action at local, state and national levels
- advocacy in action training
- participation in senior expos hosted by area legislators
- consumer education about state and federal prescription drug benefits & problem solving
- maintaining website for the organization

### **COORDINATION**

- establishing written working agreements with planning agencies and service providers
- responding to inquiries (phone, mail, walk-ins) from older persons, caregivers and family members about services
- sharing information about availability of services to the general public
- participating with local, state and federal agencies in coordinating emergency disaster assistance
- assisting service providers with development and adherence to service standards
- coordinating the Coordinated Points of Entry/Aging & Disabilities Resource Centers – Senior Information Services with community organizations
- conducting quarterly meetings and trainings for 9 Caregiver Resource Centers
- coordinating information and assistance support to funded service providers, affiliated organizations and the general public that includes:
  - coordinating database Enhanced Services Program(ESP)
- coordinating referrals of clients to local providers of Coordinated Point of Entry/ADRC -
- coordinating new software-based conferencing and collaboration solutions for audio and Web conferencing, face-to-face conferencing via video
- disseminating up-to-date information to funded service providers via web, electronic communications and trainings
- disseminating program/best practices updates to the aging network and collaborating partners via regular email messages and USPS mailings
- tracking and monitoring of website usage
- brokering private sector options with service providers
- hosting student internships
- coordinating and updating the Agency's website
- developing a working relationship with assisted living facilities
- distribution of Senior Farmer's Market Coupons through local service providers
- coordinating performance based measurement activities
- coordinating Senior Wellness Coalitions
- coordinating evidence-based healthy aging programs
- coordinating local coalitions building and professional training to educate and assist Medicare, Medicare Part D Prescription Drug Coverage and State Pharmaceutical Assistance.
- disseminating information to general public on aging issues through ECIAAAA website [www.eciaaaa.org](http://www.eciaaaa.org), new releases, consumer education, and ALERT e-newsletter
- collaborating with 211 Pilot Call Center at PATH, in Bloomington, Illinois
- continuing in year two to build the capacity of Coordinated Point of Entry (CPoE)/ADRC
- coordinating adherence to national AIRS Standards with an emphasis on Standards 5,6,7,8, and 9 that relate to resource management for the areas of inclusion/exclusion criteria, standardizing the profile of organizations listed in the database, indexing the database, adhering to a classification system or taxonomy, maintaining the database on a regular basis
- maintaining AIRS CRS-A certified staff
- coordinating the ADRC Network Advisory Council for Area 05

## **PROGRAM DEVELOPMENT**

- conducting need assessments
- evaluating the effectiveness and efficiency of existing resources in meeting needs
- identifying and meeting with key community leaders and organizations
- providing community leaders, organizations, and advocates with information on current and future needs
- GIS mapping project to promote local planning efforts for livable communities
- pursuing innovative methods of expanding services and controlling costs
- continuing the implementation of the marketing plan results
- continuing Grandparents Raising Grandchildren support groups
- hosting student internships
- building alliances between providers of senior services and behavioral health care
- developing options for respite care
- expanding Coordinated Points of Entry, to include Aging Disability Resource Centers
- providing technical assistance to new and existing organizations in the development process of conducting public hearings, establishing formal organizations, establishing policies and procedures, record keeping systems, job descriptions, etc.
- integrating new services into existing delivery Systems
- designing services to meet changing needs
- working with local housing authorities to address assisted living service needs
- developing a state-wide system to measure outcomes for services
- implementing a web-based reporting system
- quarterly meetings of caregiver advisors
- developing rural transportation systems
- building collaboration for the dissemination of evidence based practices
- assisting in the aging & disabilities demonstration program

## **OMBUDSMAN**

A total of \$323,133 in Title III-B, and Title VII of the Older Americans Act, State of Illinois General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person is being budgeted to provide over 11,000 hours of Long Term Care Ombudsman service activities to over 10,000 residents residing in 128 licensed facilities throughout the 16 counties. On an average the occupancy rate in facilities is between 80-85% of licensed beds.

Funds will provide the following advocacy activities:

- casework of investigating, verifying and resolving complaints
- information, referral and community education
- publicity and media interviews
- regular presence in long term care facilities & visiting residents
- monitoring, developing and implementing federal, state and local laws, regulations and policies
- promoting Pioneer Practices to improve the quality of life for residents of Long Term Care facilities
- culture change events and training
- maintaining client records
- assisting in providing community outreach and community education about Money Follows the Person (MFP)
- Explaining to families, residents, nursing home staff and others about MFP eligibility requirements and the referral process
- advocacy on behalf of licensed assisted living facilities
- supporting & developing family and resident councils
- promoting resident centered care philosophies
- assisting and supporting the Illinois Department of Public Health's Long Term Care Survey Program
- participating in facility surveys
- advocacy
- disseminating materials during regular presence visits and when attending family and resident council meetings, and other public education seminars

## **SENIOR HEALTH ASSISTANCE PROGRAM**

A total of \$11,229 in Tobacco Settlement Recovery Funds to coordinate and establish region-wide collaboration with partners that include but not limited to Social Security Administration, Centers of Independence Living, Division of Rehabilitation Services, and the Department of Human Services. Additionally, local collaboration with Coordinated Point of Entry/ADRC -Senior Information Services providers, other aging network partners, and Social Security Offices. Referrals to appropriate provider agencies from calls received from older adults and family members regarding low income subsidy benefits and prescription drug coverage under Part D Medicare, Illinois Cares Rx and other pharmaceutical assistance programs.

Funds will provide the following activities:

- referrals to appropriate agencies in the provision of direct services
- technical assistance to providers and other partners
- program clarification & program updates to providers
- educational alerts and updates
- postings of education and outreach activity information to website
- critical complaint resolution
- updating of SHAP registry
- coordinate with funded service providers the expansion of application assistance services for LIS and MSP benefits
- expansion of outreach activities about Medicare Savings Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- coordinate with funded service providers the conducting of outreach activities (public events, media, and mailings), promoting the Medicare Part B Prevention and Wellness benefits (annual wellness visits and chronic disease screenings) including the Affordable Care

## BUDGET FOR FUNDING COMMUNITY-BASED SERVICES FOR OLDER ADULTS AND CAREGIVERS IN FY 2015

Grants and Contracts	Program Projections		Budget Projections								
	Persons	Units of Service	Title III-B	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	GRF Match	GRF Non Match	SHAP	Total
<b>Access Services</b>											
Information & Referral/SIS – CPoE	20,924	42,620	\$394,178					\$64,665	\$359,646	\$101,059	\$919,548
Options Counseling/SIS – CPoE	650	1300							\$64,503		\$64,503
<b>Community Services</b>											
Health Promotion Programs - CDSMP/DSMP/SFL	196	984	25,500			\$9,866					35,366
A Matter of Balance	84	552	13,314								13,314
Gerontological Counseling - PEARLS	138	4,502				35,389					35,389
Legal	586	2,697	67,626								67,626
<b>In-Home Services</b>											
Respite	1	29	450								450
<b>Nutrition Services</b>											
Congregate Meals	4820	207,350		\$711,250							711,250
Home Delivered Meals	3,271	363,584			\$506,082				862,828		1,368,910
Individual Needs Assessment	3,251	4,501			126,521						126,521
<b>Caregiver Services</b>											
Counseling/Support Groups (Care/GRG)	1,448	10,101					298,034				298,034
Respite (Care)	75	1,337					23,904				23,904
<b>TOTAL</b>			501,068	711,250	632,603	45,255	321,938	64,665	1,286,977	101,059	3,664,815