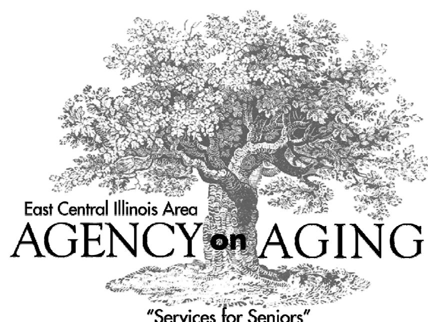
PUBLIC INFORMATION DOCUMENT



SUMMARY OF THE PROPOSED

AREA PLAN For FISCAL YEARS 2016-2018

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 7, 2015***

NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed three-year Area Plan for Fiscal Years 2016-2017-2018. 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 6, 2015 and to the ECIAAA Corporate Board on May 20, 2015 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 30, 2015 to the following address:

Attention: Susan C. Real, Executive Director
East Central Illinois Area Agency on Aging
1003 Maple Hill Road – Bloomington, IL 61705-9327
Fax: (309) 829-6021; E-Mail: sreal@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 three-year Area Plan for Fiscal Years 2016-2018.

Date	Time	Location
April 28	10:00-11:30 a.m.	Decatur Macon County Senior Center, 1430 North 22nd Street, Decatur, IL
April 29	9:30 -11:00 a.m.	LifeSpan Center, 11021 East County Road 800 North, Charleston, IL
April 29	2:00-3:30 p.m.	Mid-Illinois Senior Services and Community Center, 114 East Jefferson, Sullivan, IL
April 30	10:00-11:30 a.m.	CRIS Healthy-Aging Center, 309 North Franklin, Danville, IL
April 30	2:00 – 3:30 p.m.	East Central Illinois Area Agency on Aging, 1003 Maple Hill Rd., Bloomington, IL
May 1	2:00-3:30 p.m.	Champaign Public Library, 200 West Green Street, Champaign, IL

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

- Developing an Aging and Disability Resource Network in Area 5;
- Implementing outcome measures for programs and services funded under the Area Plan.
- Disseminating evidence-based healthy-aging programs.
- Coordinating Elder Rights programs including Adults Protective Services and the Ombudsman Program.
- Advocating for reauthorization of the Older Americans Act and appropriations for programs and services.

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 Susan Real, ECIAAA Executive Director by email at: sreal@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, persons with disabilities, caregivers, and grandparents.

Our mission is to empower older adults, persons with disabilities, caregivers, and grandparents to age strong and live long – to live in their homes with dignity and safety, manage chronic health conditions, participate in community-based programs, prevent unnecessary institutionalization, and make informed decisions.

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 165,000 persons 60 years of age and older, persons with disabilities, caregivers, grandparents and other relatives raising children 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 5.

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, persons with disabilities, caregivers, and grandparents, and provides advice on the Area Plan and senior services.

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 persons with disabilities, and support families caring for older persons, and grandparents and other relatives raising children. 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, Diabetes Self-Management*, *PEARLS (Program to Encourage Active, Rewarding Lives for Seniors), Strong for Life, and A Matter of Balance.*

CAREGIVER SUPPORT PROGRAMS including: Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren, and educational programs such as: *Powerful Tools for the Caregiver*.

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

ECIAAA Serves Older Americans, Persons with Disabilities, and Their Caregivers through…

Advocacy in Action - ECIAAA informs seniors, persons with disabilities, and caregivers about 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, persons with disabilities, caregivers, and grandparents, identifies planning issues, 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 Network in Area 5.

Supporting Community Programs on Aging – ECIAAA awards federal and state grant assistance to local agencies to provide services to seniors and caregivers. Services are available to persons 60 and older, persons with disabilities, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and younger. Older adults, persons with disabilities and caregivers 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 with 7 Care Coordination Units, 10 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, 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 1-800-888-4456; you can visit our website at www.eciaaa.org; or you can send an inquiry by e-mail to: 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 also work 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. The Ombudsman Program also advocates 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 5.

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 grants with 7 Adult Protective Service provider 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 FY2016

The following summary of the President's FY2016 budget was published by the National Association of Area Agencies on Aging (n4a) on February 3, 2015:

On February 2, 2015 President Obama sent a $3.99 trillion FY 2016 budget request to Congress, thus beginning the annual process of setting spending levels for all discretionary federal programs. While the President's budget theoretically serves as a starting point for Congressional budget discussions, it is unlikely that a Republican Congress will give the FY 2016 budget more than a passing glance before unveiling its own budget in March. The Administration's budget also serves as a framer for the public on its federal investment priorities. It sets up the larger debates on mandatory (i.e., "entitlement" programs) spending, revenues and other major changes to our nation's budget, deficit and debt that Congress and the President will have to face before year's end.

Unlike last year, the FY 2016 budget does not conform to the sequester-driven budget caps mandated for FY 2016 by the Budget Control Act of 2011 (BCA). Instead, the President proposes replacing this year's sequester entirely with a mix of revenue increases and alternative spending cuts. The President's budget plan would allocate that additional $74 billion in recaptured revenue across both defense and non-defense discretionary programs, which means several of n4a's top priorities would benefit tremendously under the President's plan, including significant boosts to key Older Americans Act programs and services.

The following analysis focuses on key programs that serve older Americans and their caregivers, and is accompanied by n4a's detailed appropriations chart.

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

ACL/Administration on Aging (AoA) did particularly well in this year's budget, with a $2.1 billion proposed budget that reflects both discretionary and mandatory investments in core programs, as well as funding for existing disability programs that were shifted to ACL under the workforce investment reauthorization passed last year.

Older Americans Act III B, III C, III E and Title VI

The ACL budget includes significant increases for several core OAA programs in Titles III and VI. These increases include nearly $106 million over FY 2015 funding for Title III home and community-based services. This request incorporates $38 million more than last year for III B Supportive Services (an 11 percent increase) and an additional $20 million each for the III C nutrition programs (representing a 4.5 percent increase for congregate meals and 9.2 percent increase for home-delivered meals). The National Family Caregiver Support Program (Title III E) would be increased by $5 million (3.4 percent) under the Administration's proposal, as well. Most other OAA line items were level funded; none were decreased in this budget, unlike last year.

Investments in Innovation - In addition to shoring up the most requested OAA services (e.g., transportation, in-home services, respite and meals), ACL's budget also contains $70 million for innovation and modernization initiatives in nutrition, caregiver support programs and adult protective services.

Making a repeat appearance in the President's budget as the Elder Justice Initiative, federal support of **Adult Protective Services (APS)** would receive $25 million. In FY 2015, advocates secured first-time funding from Congress for Elder Justice Act–related activities included under this request, but that appropriation only totaled $4 million. The Administration has once again asked for the full $25 million, which it would use to develop a national APS data system, including grants to states to test and develop infrastructure. Part of this request would fund research on evidence-based interventions to effectively prevent, identify, report and respond to abuse of adults of all ages.

ACL proposes to devote **$20 million to modernize OAA's nutrition programs** for older adults via competitive grants aimed at translating research into evidence-based models for delivering services at the community level. Given the importance of nutrition services, this effort intends to improve service quality to drive improved health outcomes for participants, increase the knowledge base of nutrition providers and increase program efficiency through innovative service delivery models, according to ACL.

A new **Family Support Initiative would direct $15 million** to "encourage the use of community assets and opportunities to help families to reduce stress, improve emotional well-being, develop support skills and plan for the future." The effort would focus on all caregivers of all ages caring for people of all ages and likely be tested in 5-7 states to find the gaps between existing services and systems where caregivers could use additional support.

Unlike the previous four years, the Administration did not propose to move the **OAA Title V Senior Community Service Employment Program (SCSEP)** to AoA from the Department of Labor (DOL). The program would be level-funded at $434 million in FY 2016.

The President proposed continuing current levels of $202 million for the three programs under the **Senior Corps** umbrella—RSVP (formerly the Retired Senior Volunteer Program), the Foster Grandparent Program (FGP) and the Senior Companion Program (SCP). The Administration did not propose a dramatic restructuring of the Senior Corps program that was included in last year's budget request—relocating FGP and SCP to other areas of the Corporation for National & Community Service (CNCS) and cutting RSVP—but the President's budget does include proposed changes to the program to ensure that grants are competitively awarded and programs are evidence-based.

The **Community Services Block Grant** would be level funded at the FY 2015 level of $674 million. This is an increase of $324 million over last year's Administration-proposed cut to the program.

The **Low-Income Home Energy Assistance Program (LIHEAP)** would be level funded at the FY 2015 mark of $3.39 billion. This is an increase from the President's FY 2015 request, which would have cut the program by over $600 million.

Shifting Strategies – Just as this year's President's budget provides tens of billions of dollars more for discretionary programs compared to last year's proposal, other requests have been altered this year, as well. Varying from last year's request of $100 million over five years in mandatory funding for **Aging and Disability Resource Centers (ADRCs)**, the Administration is now requesting that same amount of $20 million/year, but provided by appropriators as annual discretionary funding.

Other Programs

Transportation: The President's FY 2016 budget request for the Department of Transportation (DOT) proposes significant new investments in infrastructure and transportation including a $478-billion, six-year surface transportation reauthorization proposal that mirrors the Grow America proposal the President released last summer. In FY 2016, the President has requested funding DOT programs at $94.7 billion with both discretionary dollars and mandatory allocations from the Highway Trust Fund. This request includes $18.4 billion—a $7.4 billion increase over FY 2015 enacted levels—for the Federal Transit Administration (FTA), which supports mobility programs for seniors and people with disabilities. Funding for these programs under Section 5310 would receive a $6 million increase in FY 2016 for a total of $264 million. FTA also funds The **National Center on Senior Transportation**, which the n4a co-directs with Easter Seals, to provide technical assistance on best practices for non-governmental organizations and public agencies and seed grants that demonstrate creative, effective approaches to increasing mobility for older adults. The President proposed a $3 million increase for all TA programs—including but not limited to NCST—bringing this allocation to $7 million. The Administration also proposes moving TA funding under the umbrella of the Highway Trust Fund, which would enhance program stability and reliability.

Housing: The President's budget provides a total of $455 million for the Housing for the Elderly (Section 202) and $177 million for Housing for Persons with Disabilities programs (Section 811), which would be a boost in spending for both programs (increases of $35 million and $42 million, respectively). The Section 202 funding level includes $365 million for existing operating subsidy contracts, $77 million for housing service coordinators, and $10 million for new awards to supportive housing models that coordinate with HCBS.

Social Services Block Grant: The President's budget would keep SSBG funding level with last year's $1.7 billion appropriation. SSBG is a vital source of funding for APS and other aging programs such as local senior transportation and nutrition programs.

Mandatory Funding Details - Mandatory spending is on the "other side of the ledger" from the appropriated, or discretionary, funding our annual budget analysis usually addresses. It flows automatically as needed, based on the laws Congress has crafted, until they change that law. Medicare, Medicaid and Social Security are funded examples of programs largely based on mandatory funding.

Also created within ACA is the **Prevention and Public Health Fund (PPFH)**, which provided a major new source of mandatory funding for activities devoted to boosting public health and using proven prevention strategies to reduce Americans' 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 than regular appropriations.

Two examples of former AoA Title II demonstrations that later secured mandatory funding are the **Chronic Disease Self-Management Program (CDSMP)**, which received $8 million of PPHF resources for FY 2015, and **Elder Falls Prevention**, which received $5 million from PPHF to ACL in FY 2015. The President has recommended continuing these investments in FY 2016 at the same levels, a strong endorsement of these PPHF programs administered by ACL.

Another PPHF program included in the President's budget is the **Alzheimer's Initiative**, which provides total funding of $14.7 million to fund both Alzheimer's outreach and awareness campaign activities and long-term services and care caregiver support programs. (Note: n4a's chart reflects only the $10.5 million portion of this program run by ACL.)

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 FY 2016. In the coming weeks, Congress will hold hearings on the President's recommendations. Traditionally, a formal budget resolution is then prepared by budget committees in each chamber in March. 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 by April 15, then guides the appropriations committees, as well as tax and finance panels, for the rest of the year. Congress rarely gets fully on the same page, with one or both chambers failing to pass a resolution. However, this year, with Republicans in charge of both the House and the Senate, hopes are high for an agreed-upon budget resolution. If passed by both chambers, budget leaders will have the authority to send "reconciliation instructions" to the committees with jurisdiction over taxes and mandatory programs, which could mean major changes to those programs and revenue streams. 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 (e.g., a specific program 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. However, the President's recommendations can be used effectively by advocates as we begin our FY 2016 appropriations campaign and continue our fight to stop sequestration.

AT THE STATE LEVEL

Governor's Proposed FY2016 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 FY2016.

The Governor's recommended FY2016 budget for IDoA totals approximately $1.043 billion – $170.3 million (14%) less than FY2016 Maintenance Budget level, including approximately $ 937.7 million in General Revenue Funds.

- Recommended funding levels for the Community Care Program total $834,145,000, including:
  - $604.5 million for administration and service grants – a reduction of $140.73 million from FY2015
  - $167 million for CCP Capitated Coordinated Care – an increase of $134.7 million over FY2015
  - $62.6 million for Case Management – an increase of $1,842,100 over FY2015
    - 78,893 older adults receiving CCP services (average of 76,000 clients per month)
    - Average monthly cost of care: $781.60

- Proposed changes to Community Care Program:
  1. Proposed reduction in authorized services by an average of one unit per week per client;
  2. Proposed new income eligibility limit of $17,500 for new applicants effective 7-1-15;
  3. Proposed increase in Determination of Need (DON) score from 29 to 37 points for new applicants;
  4. Proposed elimination of enhanced reimbursement rate for Homemaker services on the assumption that Homecare Aides can get health insurance under the Affordable Care Act through the Exchange.

- Recommended funding level for Home Delivered Meals is $14,005,200 – an increase of $2,382,000 from FY2015 to maintain a projected service level of 6 million meals and respond to persons on waiting lists.

- Recommended funding for Adult Protective Services Program is $22,400,000 - $659,700 below the FY2015 level - to respond to 18,065 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: $5.5 million GRF – an increase of $4,021,900 over the FY2015 level; $2.6 million from the LTC Ombudsman Fund – $400,000 below FY2015; and $1 million in federal Older Americans Act Title VII funds – the same level as FY2015.

- Recommended funding for Benefits Eligibility Assistance and Monitoring is $1,877,200 - $28,500 below the FY2015 level.

- Recommended funding for the Senior HelpLine is $1,500,000, - $106,100 above the FY2015 level.

Other Recommendations for Funding in FY2016

- 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 $2.3 million in federal funds – a reduction of $700,000 from FY2015;
- 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.

I4A Summary of FY2016 State Budget for the Illinois Department on Aging

Line Item	FY2014 Actual Expenditures	FY2015 Enacted Appropriations	FY2016 Proposed Budget	Difference FY2015 vs FY2016
Balancing Incentive Program	0	3,476,600	5,074,700	1,598,100
CCP Services and Grants Administrative Expenses	826,116,500	745,286,900	604,545,600	(140,741,300)
CCP Capitated Coordinated Care	6,345,000	32,230,000	167,000,000	134,770,000
Case Management	54,675,200	60,757,900	62,600,000	1,842,100
CCP Subtotal	887,136,700	838,274,800	834,145,600	(4,129,200)
Community Transition and System Rebalancing		32,496,400	32,496,400	0
APS/Elder Abuse and Neglect	14,183,700	23,059,700	22,400,000	(659,700)
Home Delivered Meals (Non-Formula and Formula)	12,169,500	11,623,200	14,005,200	2,382,000
Benefit Eligibility Assessment and Monitoring	1,319,600	1,848,700	1,877,200	28,500
Senior HelpLine	1,289,800	1,393,900	1,500,000	106,100
Specialized Training	50,000	50,000	20,000	(30,000)
AAA Grants for CBS (Equal)	758,800	751,200	751,200	0
AAA Planning & Service Grants	7,800,000	7,722,000	7,722,000	0
Subtotal AAAs	8,558,800	8,473,200	8,473,200	0
SHIP (Federal CMS)	3,000,000	3,000,000	2,300,000	(700,000)
SHAP (Tobacco Settlement Recovery Funds)	1,600,000	1,600,000	1,600,000	0
LTC Systems Development	246,300	243,800	273,800	30,000
Senior Employment	190,300	190,300	190,300	0
GRG Program	298,700	300,000	231,300	0
RSVP	557,400	551,800	425,400	0
Foster Grandparents	243,800	241,400	186,100	0
LTCOP (GRF)	1,443,300	1,478,100	5,500,000	4,021,900
LTCOP (LTCPF)	1,115,300	3,000,000	2,600,000	(400,000)
Subtotal LTCOP	2,558,600	4,478,100	8,100,000	3,621,900

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 2015

ECIAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 5. ECIAAA is a member of **n4a** - the National Association of Area Agencies on Aging, **NCOA** - the National Council 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 2014:

On the National Scene:

- Support strengthening the Social Security Disability Insurance Trust Fund by rebalancing existing payroll tax collections between it and the Old-Age and Survivors Insurance (OASI) Trust Fund.

- Oppose proposals which are designed to save money in the Medicare program but significantly increase costs for future Medicare beneficiaries, including a higher Part B deductible, a copayment for home health, a Part B premium surcharge, and expanded means tests for Medicare Part B and Part D premiums.

- Support the passage of S. 192 to reauthorize the Older Americans Act.

- Support higher federal appropriations for all Older Americans Act Programs.

- Support federal legislation to 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 FY2016 budget for the Illinois Department on Aging which maintains or increases funding for grants to Area Agencies on Aging for Community-Based Services, Home Delivered Meals, Adult Protective Services and the Ombudsman Program, and ensures timely payments for provider agencies.

- Oppose increasing the minimum Determination of Need (DON) score from 29 to 37 points for eligibility of older adults for the Community Care Program and persons with disabilities for the Home Services Program, and ensure that older adults and persons with disabilities can continue to obtain services and supports needed to live independently at home, and prevent unnecessary placements in long term care facilities.

Additional Recommendations:

- Monitor the implementation of the Affordable Care Act and the practices of employers in the public and private sectors which may 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;

- 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;

- 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, persons with disabilities, caregivers, and grandparents and other relatives raising children.

- 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.

2015 White House Conference on Aging

Questions for Public Forums held by Area Agencies on Aging in Illinois

Q1 Retirement security is a vitally important issue. Financial security in retirement provides essential peace of mind for older Americans, but requires attention during our working lives to ensure that we are well prepared for retirement.

Should Social Security be privatized?

Many defined pension plans offered by businesses no longer exist, instead a 401(K) systems, annuities or other type of investment plans have taken their place to save for retirement. Do you or does someone you know have a 401(K) or other plan that they are relying on or will rely on for retirement income? Will these plans ensure a well prepared retirement?

Q2 Healthy aging will be all the more important as baby boomers age. As medical advances progress, the opportunities for older Americans to maintain their health and vitality should progress as well and community supports, including housing, are important tools to promote this vitality.

The trend in the future for Medicare is to shift more costs to Medicare beneficiaries themselves. What will be the impact of this change on you and others you know who rely on Medicare for health care insurance coverage?

Should Medicare encourage participation in healthy ageing programs, such as nutrition counseling, exercise programs and gym membership by adding these as paid benefits?

Q3 Long-term services and supports remain a priority. Older Americans overwhelmingly prefer to remain independent in the community as they age. They need supports to do so, including a caregiving network and well-supported workforce.

One in four households in our nation provide care and support for a least one older adult family member with chronic health problems or a family member who has disabilities. What kind of support do caregivers need and want to sustain them in their caregiving role?

Some seniors in Illinois are on waiting lists and about 1,128 seniors were denied the long term community service of home delivered meals in FY 2014 due to lack of funding. As the senior population increases and funding either stays the same or decreases more seniors may be denied long term community service such as home delivered meals. How would this impact you or someone you know in the future?

Q4 Elder justice is important given seniors, particularly the oldest older Americans, can be vulnerable to financial exploitation, abuse, and neglect. The Elder Justice Act was enacted as part of the Affordable Care Act, and we need to realize its vision of protecting seniors from scam artists and others seeking to take advantage of them.

Have you or anyone you know ever been a victim of financial exploitation, abuse or neglect? What kind of impact did this have?

Do you know where to report if feel you or suspect someone you know is being financially exploited, abused or neglected?

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 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, 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, 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. 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 $35,775 a year, will pay 4% of its income, or $1,431, on premiums. A family with income up to 400% of the poverty level, or $95,400 will pay 9.5%. 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 ay 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 www.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. Since 2010, 8.2 million seniors have saved more than $11.5 billion in drug costs.

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. 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 plan, visit the federal website: www.healthcare.gov or the Illinois marketplace at: www.getcoveredillinois.gov. For information about Obamacare visit: www.obamacarefacts.com. For clear and concise information for Medicare beneficiaries in Illinois, visit the Make Medicare Works Coalition website: www.makemedicarework.org.

Reauthorization of the Older Americans Act

On January 20, 2015, Senator Lamar Alexander (R-TN), Chairman of the Senate Health, Education, Labor, and Pensions Committee (HELP), Ranking Member Patty Murray (D-WA), Senator Bernie Sanders (I-VT) and Senator Richard Burr (R-NC) introduced the **Older Americans Act Reauthorization Act of 2015 (S. 192)**. The new measure includes most provisions from S. 1562, which was the bill considered last Congress to reauthorize OAA. The current bill also adds a new provision to address the funding formula agreement, and it would authorize the Act for three years. On January 28, 2015 the Senate HELP Committee voted unanimously to approve S. 192.

The modifications to the "hold harmless" provision was key to achieving a funding formula compromise. The compromise alters the current hold harmless provision, which currently protects state OAA funding from falling below FY 2006 levels. The FY 2013 sequester did not override this provision, leading to double-digit cuts for many of the fastest-growing states and lower-than-average cuts for the states with slower growing aging populations. Absent increased funding for the Older Americans Act overall, Senators struggled to respond to the concerns of the fastest-growing states without directly reducing funding to other states.

Here's how the compromise would work: the hold harmless provision would be replaced by an alternative calculation that stipulates that for the next three fiscal years (FY 2016–FY 2018), no state shall receive less than 99 percent of what it received in the previous year. In FY 2019, unless Congress acts to update the law again, the hold harmless resets so that no state shall receive less than 100 percent of what it was allocated in FY 2018. While the formula compromise is, like any compromise, imperfect, it appears that HELP leaders have secured support for the new provision from Senators representing both slower and faster growing states. This compromise alone represents a major step forward.

As advocates will recall, the overall legislation is fundamentally modest. More ambitious proposals made back in 2012 and 2013 did not survive the bipartisan negotiation process in the summer of 2013 that eventually led to HELP Committee approval during the last Congress. Provisions in the bill do address definition updates (elder justice, Aging and Disability Resource Centers); technical corrections (eligibility under National Family Caregiver Support Program); new emphases on evidence-based health and wellness programs and coordination of human services transportation; and detailed instructions on prevention and remediation of conflicts of interest in the long-term care ombudsman program

According to an analysis of the proposed funding formula change published by the Congressional Research Services on January 13, 2015, the simulated allotment of federal OAA Title III funds for Illinois would be reduced from $40,440,850 in FY2015 to $40,117,017 for FY2016 – a reduction of $323,832 (-0.8%). The simulated allotment for Illinois would be reduced in FY2017 to $39,796,417 – a reduction of $644,430 (-1.6%) from the FY2015 level. The simulated allotment for Illinois would be reduced in FY2018 to $39,478,077 – a reduction of $961,872 (-2.4%) from the FY2015 level. Although concerned about these reductions, I4A supports S. 192 and must advocate even more diligently for increased federal appropriations for OAA programs to keep pace with a growing aging population.

The Older Americans Act needs your help! n4a reports that the Older Americans Act reauthorization bill, S. 192, which passed unanimously on January 28, 2015, could be considered soon on the Senate floor. We thank Senator Mark Kirk for voting for S. 192 in Committee and Senator Richard Durbin for his show of support. We believe that S. 192 represents a reasonable approach to moving a reauthorization bill through this Congress and reinforces the critical importance of OAA programs and services that you develop, coordinate and deliver every day. The legislation also includes a compromise provision to address the funding formula issues that stymied progress during the last Congress. Please contact Senators Kirk and Durbin, thank them for their support and ask them to urge their colleagues to *support passage of S. 192 – the Older Americans Act Reauthorization of 2015 - when it comes to a vote in the full Senate.*

***This is our message**: "The Older Americans Act is critically important to seniors here at home, as it creates and funds the vital home and community-based services that help older Americans to live with maximum health, independence and dignity. We are so pleased the bill has bipartisan support and urge the Senator to vote in favor of reauthorization."*

County Conversations on Aging and Independent Living

To obtain the input of older adults, persons with disabilities, and caregivers for the Area Plan Amendments for Fiscal Year 2015 and the Area Plan for Fiscal Years 2016-2018, ECIAAA convened County Conversations on Aging and Independent Living in each of the 16 counties in Area 05 from October 2013 through January 2014. The table below shows the dates, time, locations of the County Conversations and the number of participants.

Date	Time	County	Location	Number of Participants
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
Total		**16 Counties**		**496**

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.

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%)*

Newspaper	*47%*	*Cable TV*	*19%*
Mail	*25*	*E-mail*	*17*
Public meetings	*24*	*Radio*	*16*
Internet	*22*		

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:

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*

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:

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

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

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:

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

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."

County Conversations Epilogue

Since the County Conversations were completed in January 2014, ECIAAA incorporated the input gathered from the County Conversations in the Area Plan Amendment for FY2015. ECIAAA proposes to continue to respond to these concerns, unmet needs, and recommendations from consumers and other stakeholders during the next three-year Area Plan period of Fiscal Years 2016 through 2018. The following is a report of significant developments during FY2015, which respond to the issues raised at the County Conversations on Aging and Independent Living:

Senior Information Services

- The Illinois Department on Aging awarded the following MIPPA (Medicare Improvements for Patients and Provider Act) grants to ECIAAA to conduct outreach activities about Medicare Savings Programs (MSP), the Low Income Subsidy (LIS) Program, the prescription coverage available under Medicare Part D drug plans, expand application assistance services for LIS and MSP benefits, and conduct outreach activities to promote new Medicare Part B Prevention and Wellness benefits included in the Affordable Care Act: MIPPA-AAA Grant of $19,394, MIPPA-ADRC Grant of $16,008, and MIPPA-SHIP Grant of $13,740. ECIAAA allocated grants to 12 Coordinated Points of Entry and SHAP sites to support MIPPA activities in Area 5.

- The Illinois Department on Aging awarded a Medicare-Medicaid Alignment Initiative (MMAI) grant to ECIAAA in the amount of $23,007 which enabled ECIAAA to allocate grant assistance to Coordinated Points of Entry serving the seven counties in Area 5 participating in MMAI to provide information and assistance and counseling to Medicare-Medicaid individuals (dual eligible) to ensure that they have access to an unbiased and consumer-friendly source of information and counseling – distinct from the Demonstration Plans and Enrollment Brokers – to help them make informed decisions about alternatives they have for receiving their Medicare and Medicaid benefits.

- ECIAAA Planning and Program Department has reviewed quarterly reports submitted by Coordinated Points of Entry providing Information and Assistance to older adults and their caregivers. These reports show the following progress in addressing unmet needs identified during the County Conversations:

  1. Need for a “central clearinghouse” or a master list of senior services available in each county along with phone numbers and contact names.

     There were no specific references to a master list apart from agency-related promotional brochures, public service announcements, and networking with other agencies and organizations to inform seniors and caregivers. The following providers included specific reference to the County Conversations:

     - Macon County Health Department reported that the Macon County Senior Division of Human Service Agency Consortium HSAC) created a list in FY2014.

     - Family Service’s Senior Resource Center in Champaign County is designed to be a central clearinghouse” and be one number to call for seniors and families to receive all the information needed about services offered in house. The Senior Resource Center also provides referrals for services not offered in-house – over 7,300 referral and warm transfers in FY2014.

     - Coles County Telecare is a “central clearinghouse” for Coles County and maintains an updated Resource Directory of available services.

- PATH (Providing Access to Help) serving DeWitt, Livingston, and McLean Counties produces mini-directories for older adults that include an index, list of services, contact information, eligibility requirements, service area, fees and a brief description upon request
- PATH also produces a "Where Do I Find…" tri-fold brochure that lists basic services and contact information
- PATH also has utilizes a 2-1-1 phone service, which has been in operation since Feb. 2009
    - Available in Champaign, DeWitt, Douglas, Livingston, McLean, and Vermilion counties
    - Outreach workers regularly hand out 2-1-1 business cards
- PATH also utilizes local radio and newspaper announcements, health fairs, presentations to clubs, churches and other organizations where seniors and caregivers may frequent
- CRIS Healthy-Aging Center serving Vermilion County provides outreach by participating in local community information fairs and expos, speaking and distributing information at CRIS events, at CRIS congregate meal sites, conducting public service announcements published and broadcast in local media.
- CRIS works with United Way to publish a Directory of Services

2. Need for information about transportation, specifically the need for information on the availability of point-to-point transportation, especially in small towns and rural areas.

    - All Coordinated Points of Entry (CPoEs) provide information regarding transportation services in their area as a function of Senior Information Services (SIS) via working agreements, referrals, or warm transfers. Specific rural areas and small towns may not be served regularly by public transit.

3. Need for a list of "handyman" types – people who could help with household tasks like raking leaves, cleaning gutters, etc.

    - This need was not directly addressed in the quarterly reports submitted by CPoEs.

Caregiver Support Services

- In January 2015, the Administration for Community Living invited ECIAAA to participate in an upcoming Area Agency on Aging survey for the evaluation of the National Family Caregiver Support Program (NFCSP).

- ECIAAA is exploring the feasibility of piloting the Savvy Caregiver Program to train families and others who serve as caregivers for a relative or friend with Alzheimer's disease or another dementia. Savvy Caregiver is a 12-hour training program that is usually delivered in 2-hour sessions over a 6-week period. Available materials for the program include a detailed trainer's manual, a caregiver manual, a training videotape, and a CD-ROM. The program focuses on helping caregivers think about their situation objectively and providing them with the knowledge, skills, and attitudes they need to manage stress and carry out the caregiving role effectively.

- ECIAAA Planning and Program Department has reviewed quarterly reports submitted by Caregiver Resource Centers in Area 5 serving caregivers of older adults and grandparents and other relatives raising children. These reports show the following progress in addressing unmet needs identified during the County Conversations:

    1. Transportation
        - All service providers offer referrals to local transportation providers and Faith in Action programs.

    2. Greater services for "young" seniors as well as those with disabilities
        - None reported.

3. Grandparents Raising Grandchildren – need for financial support, opportunities to re-learn parenting skills

    - CRIS Healthy-Aging Center reports that caregiver training and education programs provide caregivers and grandparents raising grandchildren opportunities to acquire knowledge and skills which address their caregiving roles through personalized in-hone instruction and/or formally structured, group-oriented lectures, classes, workshops or conferences.
    - CRIS also participates in the annual "Health, Safety and Wellness Fairs," CRIS provides transportation to these events from all parts of Vermilion County.
    - Volunteer Services of Iroquois County provides information, assistance, and support to older adults raising grandchildren needing to know where to turn to for answers about legal issues, financial assistance, support groups, child care, etc.
    - Volunteer Services coordinates training and education for grandparents raising grandchildren on a variety of topics.

4. Need for coordination among services

- CRIS Healthy-Aging Center's Caregiver Advisor coordinates and collaborates with community organizations to develop Caregiver training and education programs.
- The CRIS Caregiver Advisor has established contacts in more than 34 churches throughout Vermilion County.
- PATH coordinates with various community agencies and makes referrals when appropriate.
- Volunteer Services works closely with their local Community Action agency and with other local providers to enhance and coordinate services to the targeted populations. Accept and provide referrals to their partner agencies.

Nutrition

ECIAAA Planning and Program Department has reviewed quarterly reports submitted by Senior Nutrition Programs providing congregate and home delivered meals in Area 5. These reports show the following progress in addressing unmet needs identified during the County Conversations:

1. Want more fruit available with meals, also want more desserts

    - CRIS Senior Nutrition Program contracts with a consulting dietitian who reviews menus for quality assurance of the 1/3 RDA. Educate meal participants about nutrition through a "Lunch and Learn." Collaborate with community sponsor to provide health programs that encourage and promote nutritional habits and good health.
    - Specific complaints regarding menu items are reported to the Director of CRIS Nutrition Services to determine methods to resolve problems. Clients are thanked for their feedback and asked to call if they have any more problems with the meals in the future. Complaints are recorded in a log.
    - Peace Meal Senior Nutrition Program provides meals that comply with 1/3 DRI and engages in education opportunities for meal participants to learn about nutrition.
    - DMCOC's Nutrition Director oversees the participant nutrition education program scheduled at every meal site based on the unique needs of the client environment utilizing a variety of tools. Education and training is also conducted with nutrition staff to better meet the needs of clients.
    - DMCOC added a new congregate meal site in the Village of Argent effective January 1, 2015.

2. Want to see the continued delivery of hot meals to congregate locations and to senior's homes (Peace Meal)

   - Peace Meal Senior Nutrition Program sponsored by Sarah Bush Lincoln Health System was able to continue providing hot meals for both congregate and home-delivered sites in FY 2015. Peace Meal also moved to providing meals 5 days a week.

3. Attendance is declining at congregate meal gatherings

   - CRIS Senior Nutrition Program conducts programming for their meal sites to help engage meal participants. Programs include Healthy Aging topics, like Strong for Life and CDSMP; other organizations also sponsor events for meal participants.
   - Peace Meal takes a very proactive role in attempting to increase participation. Strategies for increased participation include: community involvement, public relations strategies and networking with other agencies, participating in community events like health expos and wellness fairs, they may canvass neighborhoods to promote available services, engage with local staff and community leaders to address local needs.
   - Peace Meal holds events such as "Soup and Salad Bars" in an effort to attract younger seniors to the benefits, both social and nutritional, of Peace Meal participation.
   - Peace Meal also provides healthy aging programs at meal sites to engage meal participants.

Legal Assistance

- ECIAAA Planning and Program Department has reviewed quarterly reports submitted by Coordinated Points of Entry providing Information and Assistance to older adults and their caregivers. These reports show the following progress in addressing unmet needs identified during the County Conversations:

1. Need for more education regarding services available

   - Prairie State Legal Services serving Iroquois, Livingston, and McLean Counties in Area 5 regularly provides speakers for local clubs to educate audiences on available services.
   - Also offer legal education presentations to seniors at subsidized housing developments, caregiver support groups, and upon request.
   - Prairie State also conducts legal education webinars for social service providers to enable them to recognize legal issues and refer appropriate matters.
   - Land of Lincoln Legal Assistance Foundation reaches seniors by referrals from community service agencies as well as by outreach and advocacy activities.
   - LLLAF conducts legal education presentation events monthly.
   - LLLAF has scheduled three mailings to service providers in 13 counties in FY 2015.

2. The very personal nature of legal issues – try to understand the reluctance on the part of seniors to seek out help

   - Prairie State makes every effort to ensure confidentiality, refer to client-attorney privilege.
   - LLLAF provides legal assistance for older adults at convenient locations throughout 13 counties in Area 5, for example the Mid-Illinois Senior Services and Community Center in Sullivan.

From County Conversations to an Area Plan for FY2016 through FY2018

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 ECIAAA about what consumers currently want, expect, prefer, value, and support. ECIAAA has incorporated their views in the development of the proposed 3-year Area Plan for Fiscal Years 2016-2018 and the process of awarding grant assistance for services fundable under the Area Plan for Fiscal Year 2016.

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 10, 2015, PATH reports providing 2-1-1 service in the City of Barrington, and the Counties of Alexander, Champaign, Christian, DeWitt, Franklin, Ford, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Livingston, Massac, McHenry, McLean, Menard, Ogle, Perry, Pope, Pulaski, Saline, Sangamon, Union, Vermilion, Washington, Wayne, White, Whiteside, Winnebago and Williamson.

- 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. The Governor's FY2016 has proposed a 26% reduction in State funds for 63 public transportation providers serving municipalities and rural communities in downstate Illinois. This will reduce operating assistance to serve people of all ages including older adults and persons with disabilities.

- The Home Delivered Meal Report for 2015 published by the Illinois Department on Aging shows 394 older adults in Area 5 denied home delivered meals due to lack of funding. As of 3-4-15, CRIS Healthy-Aging Center reported 25 seniors on a waiting list for home delivered meals. The Governor's proposed FY2016 budget requests $14 million GRF – an increase of $2.83 million - for home delivered meals to support a projected 6 million meals statewide and respond to persons on waiting lists.

- The Administration for Community Living's (ACL) FY2015 and FY2016 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 – In the U.S. over 76% of older adults have two or more chronic conditions placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement. 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 20th 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 prove 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 $67 million in FY2016 for the Protection of Older Adults – an increase of $21 million above the FY2015 enacted level. Specific program requests include: $15.8 million for the Long Term Care Ombudsman Program (same as FY2015); $4.7 million for Prevention of Elder Abuse and Neglect (same as FY2015); $8.9 million for Senior Medicare Patrol (same as FY2015); and $28.8 million for Elder Rights Support Activities (an increase of $21 million) to advance ACL's Elder Justice Initiative, including: resource centers, information, training and technical assistance on elder rights issues.

- 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 investigated 14,789 reports of abuse, neglect, and exploitation of adults. The forecast for FY2015 is 16,875 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. APS provider agencies have experienced increased caseloads and increased case complexity without a rate increase. The General Assembly appropriated $23 million for APS in FY2015. I4A advocated for $26 million 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 Department on Aging did enhance reimbursement rates for APS activities in FY2015, however the Governor's proposed budget for FY2016 only requests $22.4 million, a cut of $659,700.

- The Ombudsman Program in Illinois has been expanded to include complaint investigation and advocacy on behalf of adults participating in Medicaid home and community-based services and individuals enrolled in managed care. The Regional Ombudsman Program in Area 5 will collaborate with the Office of the State Ombudsman on this program expansion with state funds provided 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 2016 through 2018, and our processes for the allocation of federal and state grant assistance to community programs on aging over that period, ECIAAA 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, MIPPA, SHIP, MMAI
- 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)**
    - Evidence-based training, such as: *Powerful Tools for the Caregiver* and *Savvy 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, MMAI, 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 for Seniors (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 2012-2015

ECIAAA conducted the following activities in pursuit of the statewide initiative during FY 2012-2015:

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 County Health Department	217-379-9281
Iroquois County:	Volunteer Services of Iroquois County	815-432-5785
Livingston County:	PATH (Providing Access to Help)	815-842-3484
Macon County:	Macon County Health Department with the Decatur-Macon County Senior Center, and CHELP	217-423-6550 217-429-1239 217-422-9888
McLean County:	PATH (Providing Access to Help)	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

2. ECIAAA provided technical assistance to CPoE/SIS providers in complying with this standard.
   a. ECIAAA personnel proctored AIRS certification tests.
   b. PATH maintained AIRS accreditation and serves as the 2-1-1 Call Center in Area 05.

3. 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.
   h. Completed directories of ADRN Core Partners, Critical Pathway Partners and Resources for each of the 16 counties in Area 5 in consultation with ADRN Core Partner agencies.

4. 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 3-8-13 in Springfield and options counseling training sponsored by IDoA in Springfield on 4-11-13.

   ECIAAA awarded grants to the following Coordinated Points of Entry for Options Counseling Pilot Testing in FY2014-2015:
   - Senior Resource Center at Family Service – serving Champaign County
   - Coles County Council on Aging at the LifeSpan Center – serving Coles 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

5. 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.

6. 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.

7. ECIAAA established Memoranda of Understanding with the following core partners in the Aging and Disability Center Network in Area 05:
   Ford County Health Department
   Iroquois County Health Department
   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

8. 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 a modified "Bridge Model" – an evidence-based care transition model adapted by community-based organizations and hospitals in Champaign and Vermilion Counties. CMS renewed an agreement with CRIS in January 2015 to continue Care Transitions.

9. ECIAAA conducted the following activities to update and maintain the ESP resource database:
    a. ECIAAA Operations Specialist updated 1,500 records in the ESP database.
    b. ECIAAA Operations Specialist scanned the internet for new programs, services and resources.
    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 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.

10. 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 FY2015:
        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 County Health Department for Ford County
        7. Volunteer Services for Iroquois County
        8. Starting Point – ADRC for Macon County
        9. 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.

11. ECIAAA 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), the Illinois Network of Centers for Independent Living (INCIL), other statewide partners and consultants to develop ADRC/Networks statewide.

12. ECIAAA 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.

13. ECIAAA 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.

14. ECIAAA received a grant for $165,000 GRF from the Illinois Department on Aging for the ADRC Enhancement & Nursing Home Deflection Program. ECIAAA will provide grant assistance to the Macon County Health Department to implement this program in collaboration with St. Mary's Hospital, Heritage Behavioral Healthcare, Soyland Access for Independent Living (SAIL) and the Decatur Housing Authority to provide services and supports for older adults to deflect them from long-term placement in nursing homes and enable them to live in their own homes in the community.

Plans for ADRC Development in FY2015

ECIAAA will collaborate with the ADRC Network Advisory Council to develop the ADRC Network consisting of Core Partners and Critical Pathway Partners serving single counties or multiple counties in Area 5.

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
- Local health departments
- Hospitals, clinics, and Federally Qualified Health Centers (FQHCs)
- Public Housing Authorities

ECIAAA will engage Core Partners and Critical Pathway Partners to accomplish the following objectives:

- Identify key contacts and maintain interagency communications
- Improve mutual understanding of organizational missions, programs, and services
- Promote person-centered planning and consumer empowerment and 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

Case Management

Area 05 is served by seven (7) Case Coordination Units (CCUs). As of March 12, 2015 CCUs in Area 05 reported serving a total of 5,277 Comprehensive Care Coordination clients. Among total CCC clients, 3,696 (70%) qualified for the Community Care Program. CCUs authorized the installation of Emergency Home Response Systems for 2,720 CCC clients who qualified for CCP. The table on the following page summarizes data for CCC, CCP, and EHRS in Area 05 as of March 12, 2015.

CCU = Case Coordination Unit
CCC = Comprehensive Care Coordination
CCP= Community Care Program
EHRS = Emergency Home Response System

FTE = Full Time Equivalent
DON= Determination of Need
MCO= Managed Care Organizations

Comprehensive Care Coordination Clients by Case Coordination Unit in Area 05
Source: ECIAAA Survey of CCUs in Area 05 for FY2014
Report Period: July 1, 2014 through March 12, 2015

CCU	CCC Clients	CCP Clients	CCC EHRS Clients	CCP EHRS Clients	CCC Average Monthly Caseload by 1 FTE Case Manager	CCP Average Monthly Caseload by 1 FTE Case Manager	CCC Client Average DON Score	CCP Client Average DON Score	CCP Clients DON Score Below 37	CCP Clients Enrolled in MCO
Cumberland Associates	1,659	1,455	0	956	N/A	199	N/A	41	460	140
Community Care Systems	1,045	722	5	546	2	80	39	39	289	95
CRIS Healthy Aging Center	893	761	0	469	223	190	39	47	212	109
Ford Co. Public Health Department	3	85	0	71	1	59	30	41	27	14
Iroquois Co. Public Health Department	235	208	0	152	80	78	38	38	91	0
Livingston Co. Health Department	200	135	0	90	18	60	40	41	45	0
Macon Co. Health Department	1,242	330	0	436	78	140	40	41	310	211
TOTAL Area 05	**5,277**	**3,696**	**5**	**2,720**	**67**	**115**	**38**	**41**	**1,434**	**569**

Local Initiative in Area 05

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 FY2015 Home Delivered Meals Report, published by the Illinois Department on Aging estimated that 1,128 older adults statewide were denied home delivered meals in FY 2014 due to insufficient funding. This is a 15% decrease since FY 2013. Currently 782 seniors are on waiting lists for home delivered meals throughout Illinois; this is a 28% percent decrease over the past year. In Fiscal Year 2015, the Area Agencies on Aging estimate that a total of 2,105 older adults need home delivered meals in unserved areas of Illinois. In Fiscal Year 2013, this number was 2,031.

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 19,018 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. Here are the estimates for Area5:

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: FY2015 Home Delivered Meal Report, Illinois Department on Aging, January 2015

Name of PSA and County	FY 2014 # of Older Adults Denied HDMS due to Lack of Funding	Current # of Older Adults on Waiting Lists
PSA 05 East Central Illinois Area Agency on Aging		
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	79	25
PSA 05 Total	**394**	**25**
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.		

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: FY2015 Home Delivered Meal Report, Illinois Department on Aging, January 2015

PSA 05 East Central Illinois AAA	Unserved Townships	Number of Older Adults Needing Home Delivered Meals
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	Brouilletts 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, Forsyth	15
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	0
PSA 05 Total		**330**

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 19,018 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 to4 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	110	95	798	196
Clark	2,946	147	59	4	20	123	35
Coles	7,431	372	149	131		241	18
Cumberland	1,838	92	37	35		57	2
DeWitt	2,768	138	55	27		111	28
Douglas	3,154	158	63	18		140	45
Edgar	3,469	173	69	33		140	36
Ford	2,633	132	53	3	26	103	24
Iroquois	5,627	281	113	10	25	246	78
Livingston	6,142	307	123	37	25	245	61
McLean	17,340	867	347	193		674	154
Macon	18,142	907	363	271		636	92
Moultrie	2,618	131	52	25		106	27
Piatt	2,713	136	54	13		123	41
Shelby	4,232	212	85	55		157	30
Vermilion	13,302	665	267	271		394	-4
PSA 05 Total	114,421	5,721	2,290	1,236	191	4,294	863

Availability of Congregate and Home Delivered Meals in Area 05 – In FY2015 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 7 sites in Vermilion County and provides home delivered meals countywide. CRIS collaborates with 4 restaurants to provide senior congregate dining.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home delivered meals at 10 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

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
Peace Meal Senior Nutrition			
Champaign HDM	Champaign	0	44
Rural Champaign	Champaign	0	26
Champaign Housing	Champaign	5	0
Fisher	Champaign	0	6
Homer	Champaign	6	7
Mahomet	Champaign	0	8
Rantoul	Champaign	13	15
Sidney	Champaign	6	4
Urbana	Champaign	4	0
Casey	Clark	0	4
Marshall	Clark	7	0
Martinsville	Clark	0	9
Charleston	Coles	5	44
LifeSpan Center	Coles	10	0
Mattoon	Coles	13	66
Oakland	Coles	9	21
Toledo	Cumberland	17	35
Clinton	Dewitt	11	16
Farmer City	Dewitt	4	8
Weldon	Dewitt	6	3
Arcola	Douglas	0	0
Atwood	Douglas	2	2
Murdock	Douglas	0	1
Tuscola	Douglas	6	9
Villa Grove	Douglas	6	6
Brocton	Edgar	0	3
Chrisman	Edgar	2	6
Hume	Edgar	1	3
Kansas	Edgar	0	10
Paris	Edgar	8	11

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
Gibson City	Ford	11	0
Paxton	Ford	9	1
Roberts	Ford	5	2
Cissna Park	Iroquois	91	4
Milford	Iroquois	12	6
Watseka	Iroquois	32	0
Dwight	Livingston	0	13
Pontiac	Livingston	1	14
Flanagan	Livingston	0	2
Streator	Livingston	0	8
Bloomington-Woodhill	McLean	25	0
Bloomington-Kitchen	McLean	2	163
Bloomington- Housing	McLean	2	0
Chenoa	McLean	6	5
Danvers	McLean	5	4
Leroy	McLean	6	9
Lexington	McLean	8	4
Normal	McLean	10	0
Saybrook	McLean	16	4
Heyworth	McLean	0	4
Towanda	McLean	0	0
Bethany	Moultrie	14	5
Sullivan	Moultrie	12	14
Bement	Piatt	0	6
Monticello	Piatt	11	10
Deland	Piatt	0	3
Mansfield	Piatt	0	0
Findlay	Shelby	1	8
Herrick	Shelby	24	8
Moweaqua	Shelby	10	3
Shelbyville	Shelby	2	31
Windsor	Shelby	6	5

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**
CRIS Healthy Aging			
CRIS Breakfast	Vermilion	23	0
CRIS Lunch	Vermilion	91	202
Laura Lee	Vermilion	8	0
Brick Street Café (now Sonny's)	Vermilion	13	0
Wanda's Restaurant	Vermilion	74	0
Presence Hospital	Vermilion	5	0
Hoopeston	Vermilion	15	27
Vermilion House HDMs	Vermilion	0	23
Georgetown HDMs	Vermilion	0	19
Tilton	Vermilion	2	0
Westville HDMs	Vermilion	0	16
DMCOC			
Concord	Macon	40	6
Maroa	Macon	85	10
Oxford	Macon	35	0
Hartford	Macon	18	0
Elderly Services	Macon	0	50
Reserve	Macon	0	10
Macon	Macon	12	0
Mt. Zion	Macon	12	0
Decatur Senior Center	Macon	20	0
Catholic Charities MOWS	Macon	0	195
PSA 05 Total		**915**	**1,261**

ECIAAA Plans for FY2016-FY2018

- 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 older adults on HDM waiting lists. ECIAAA will promote innovative and cost-effective methods of producing and delivering meals for older adults to ensure food safety, meal quality, consumer satisfaction, safety and well-being of at-risk older persons and social interaction.

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 Susan Real at: sreal@eciaaa.org.

Automated Medication Dispensing Technology – In the future, the Illinois Department on Aging plans to implement 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 FY2013-2015

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 2015 Senior Wellness Conference in Area 5 is scheduled for October 27, 2015.
- 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%
Total Area 05	36	389	296	76.1%

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
- 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

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 FY2015 - 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. In FY2014, these providers reported a total of 26 completers.

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%.

In Y2014, ECIAAA renewed a grant of OAA Title IIID funds to the Macon County Health Department to conduct DSMP classes. The Health Department reported: 42 persons (participants) and 135 units (sessions) completed.

Plans for FY2015

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, 20155.

ECIAAA awarded a grant of OAA Title III-B funds to Family Service to support to provide refresher training and 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 FY2015.

ECIAAA awarded grant assistance with OAA Title III-B funds to Decatur Catholic Charities to coordinate Strong For Life in Area 5 during 2015.

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.

Beginning 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.

PEARLS Participation in FY2015 – 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, 2015, Family Service reported 6 clients enrolled in PEARLS clients and PATH reported 15 clients enrolled in PEARLS.

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.

Performance of Evidence-Based Healthy-Aging Programs in Area 05 in FY2015

Source: ECIAAA Client Tracker Program Reporting System

CRIS Healthy Aging

CDSMP				DSMP			
PROJECTIONS		**ACTUAL**		**PROJECTIONS**		**ACTUAL**	
# of participants	20	Persons	0	# of participants	20	persons	6
		Units	0			units	36

- **Service Definitions and Standards:**
  - **CDSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **DSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
- DSMP – 6 people participated in the most recent class
- CDSMP – in the most recent CDSMP class no one showed up

Macon County Health Department – Starting Point

CDSMP				DSMP			
PROJECTIONS		**ACTUAL**		**PROJECTIONS**		**ACTUAL**	
# of participants	40	Persons	0	# of participants	40	persons	0
# of classes	2	Units	0	# of classes	2	units	0

- **Service Definitions and Standards:**
  - **CDSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **DSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
- DSMP – currently one class underway with 14 participants. There is another DSMP class scheduled for May 5th and one for May 14th. One new staff member became certified to co-lead DSMP in February.
- CDSMP – In the process of scheduling a CDSMP class for some time in June.

Catholic Charities

A Matter of Balance		
	PROJECTIONS	**ACTUAL**
persons	24	38
units	552	283
classes	2	28
# of coaches		
Macon County	6	6
McLean County	8	4
Champaign County	6	6

Strong for Life			
PROJECTIONS		**ACTUAL**	
coaches trained	20	coaches trained	0
persons	100	persons	34
sessions	48	units	388
units	480		

- Service Definitions and Standards:
  - **A Matter of Balance –** one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **Strong for Life** - one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
- Upcoming training
  - **Strong for Life** - Coaches training scheduled for the end of April in Macon County. They are also trying to see about interest for a coaches training in Champaign. Macon Resources in Macon County is going to implement the program into their programing for their DD clients.
  - **A Matter of Balance –** Coaches training scheduled in April, four people currently signed up in McLean County. Macon County currently has 2 classes going and they are in the process of scheduling another. There is a coaches training for Macon County scheduled in April with 5 people signed up, 2 trained so far this year. In Champaign County, there have been 6 coaches trained and there are two classes scheduled for April.
- What has been done to expand Matter of Balance in Champaign County?
  - Catholic Charities has set up a working partnership with Presence Hospital in Champaign to promote the program, Presence is also providing a Physical Therapist for the classes. The hospital has helped with outreach for the program and are promoting it to their clients.
  - Matter of Balance has also been introduced to the Senior Task Force, the Committees on Aging, and through newspapers and e-mails distributed throughout Champaign County. PACE had a program scheduled in either January or February but was cancelled due to lack of enrollment. PACE plans on scheduling a class at Presence Center for Healthy Aging and at Grace Church in Urbana and currently working with the Parish Nurses on the collaboration effort.

Family Service

CDSMP				DSMP				PEARLS	
PROJECTIONS		**ACTUAL**		**PROJECTIONS**		**ACTUAL**		**ACTUAL**	
# of participants	20	persons	0	# of participants	20	persons	0	persons	6
# of classes	1	units	0	# of classes	1	Units	0	units	64

- Service Definitions and Standards:
  - **CDSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **DSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **PEARLS** – one (1) unit of service is counted as one (1) hour of staff time expended serving one (1) PEARLS client.
- As reported by Rosanna McLain, Family Service has been unsuccessful in enrolling participants in both CDSMP and DSMP this fiscal year. They are currently working on ways to increase interest and participation. They have sought out feedback and suggestions for improvement from local agencies and organizations.
- DSMP – There is a leader's training scheduled for May 7, 8, 14, and 15 and they are in the process of scheduling a DSMP refresher training.
- PEARLS – There are currently 5 intakes pending.

PATH

CDSMP				DSMP				PEARLS	
PROJECTIONS		**ACTUAL**		**PROJECTIONS**		**ACTUAL**		**ACTUAL**	
# of participants	20	persons	3	# of participants	20	persons	0	persons	15
# of classes	1	units	18	# of classes	1	Units	0	units	62

- Service Definitions and Standards:
  - **CDSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **DSMP** – one (1) unit of service is counted per person per class attended. For example, if one (1) participant attends five (5) classes, this would be five (5) units of service.
  - **PEARLS** – one (1) unit of service is counted as one (1) hour of staff time expended serving one (1) PEARLS client.
- In process of scheduling a DSMP class, working with Livingston County Health Department, but have to pay a consulting fee. PATH is applying for a grant with Illinois Prairie Community Foundation to cover this fee.
- One CDSMP class was offered in the 1st quarter, 3 participants completed the course. Another CDSMP class is scheduled for the spring.

Plans for Funding Evidence-Based Healthy Aging Programs in FY2016

Chronic Disease Self-Management Program (CDSMP) and ***Diabetes Self-Management Program (DSMP) and Strong For Life***

1. ECIAAA proposes to budget a total of $18,836 in Older Americans Act Title III-B funds for grants to the following community-based organizations to conduct CDSMP, DSMP classes and Strong for Life 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
    - Catholic Charities coordinating Strong for Life in Area 5

    Goals:

    A. Conduct 8 CDSMP/DSMP classes; enrollment target: 80 persons; completion target: 56 (70%)
    B. Monitor fidelity for new CDSMP and DSMP class leaders
    C. Conduct SFL Coach Trainings at two locations in Area 05 to train 10 SFL Coaches.
    D. Enrollment target: 40 older adults engaged in Strong For Life at 4 locations in Area 5.

2. ECIAAA proposes to budget $9,914 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 $35,565 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 20 older adults in PEARLS in FY2016.

A Matter of Balance
ECIAAA proposes to budget $10,641 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 FY2016:
1. Conduct at least one Coach Training Session in Macon County for 4 to 6 coaches.
2. Conduct at least one Coach Training Session for McLean County for 4 to 6 coaches.
3. Conduct at least one Coach Training Session in Champaign County for 4 to 6 coaches.
4. Conduct at least 2 Matter of Balance classes to reach 40 older adults in Macon County.
5. Conduct at least 2 Matter of Balance classes to reach 40 older adults in McLean County.
6. Conduct at least 2 Matter of Balance classes to reach 40 older adults in Champaign County.
7. Completion Target: 80% of older adults enrolled in Matter of Balance will complete 5 of 8 sessions.

Sustainability Plan – ECIAAA has joined the Illinois Community Health and Aging Collaborative to develop a business plan to demonstrate the return on investment of evidence-bases programs to healthcare providers and insurers, market community-based programs to increase public awareness, increase referrals from trusted sources, and reach more older adults facing healthy disparities, 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 FY2016

ECIAAA administers a network of 7 Adult Protective Services Agencies which receive and investigate reports of alleged abuse, neglect, self-neglect, and exploitation (ANE), and arrange emergency services to assist victims. In State FY 2014 (July 1, 2013 through June 30, 2014) Adult Protective Services Provider agencies in Area 05 responded to 1,211 ANE reports. Effective July 1, 2013, the Illinois Department on Aging implemented the Adult Protective Services As of February 28, 2015, PSA 05 APS Providers have responded to 801 reports of abuse, neglect and exploitation.

In FY2016, ECIAAA will serve as the Regional Administering Agency for the Adult Protective Services Program in Area 5 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, polices, 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 144 licensed health facilities, 32 assisted living facilities, and 18 supportive living facilities. The Ombudsmen visit residents regularly, inform them of their rights, and empower them to advocate on their own behalf. In FY 2014, professional Ombudsmen completed 759 visits, responded to 3284 inquiries, and investigated 569 cases involving 922 complaints in Area 5. In FY2015, an increase in state funds for the Ombudsman Program enabled the ECIAAA Long Term Care Ombudsman program to meet the Institute of Medicine’s recommended staffing ratio of one Ombudsman per 2,000 residents. In FY2016, the program will:

- Maintain a staff of 5.73 FTE 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 5, 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: 2013

Source: Administration on Aging/Administration for Community Living

- The older population (65+) numbered 43.1 million in 2012, an increase of 7.6 million or 21% since 2002.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 24% between 202-2012.
- About one in every seven, or 13.7%, 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 24.3 million older women to 18.8 million older men.
- In 2012, 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), .5% were Native American or Native Alaskan (not Hispanic), and 0.7% 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--71% of men vs. 45% of women. In 2013, 36% older women were widows.
- About 28% (12.1 million) of non-institutionalized older persons live alone (8.4 million women, 3.7 million men).
- Almost half of older women (45%) age 75+ live alone.
- In 2012, about 518,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35.5 million in 2002 to 43.1 million in 2012 (an 21% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.9 million in 2012 to 14.1 million in 2040.
- Racial and ethnic minority populations have increased from 6.1 million in 2002 (17% of the elderly population) to 8.9 million in 2012 (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 2012 was $27,612 for males and $16,040 for females. Median money income (after adjusting for inflation) of all households headed by older people rose by .1% (not statistically significant) from 2011 to 2012. Households containing families headed by persons 65+ reported a median income in 2011 of $48,557.

- The major sources of income as reported by older persons in 2011 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 28%).
- Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2011 (22% of married couples and 45% of non-married beneficiaries).
- Almost 3.9 million elderly persons (9.1%) were below the poverty level in 2012. This poverty rate is not statistically different from the poverty rate in 2011 (8.7%). 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. In 2012, the SPM shows a poverty level for older persons of 14.8% (more than 5 percentage points higher than the official rate of 9.1%). 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

Sources: 2009-2013 American Community Survey (ACS) - Aging Special Tabulation (2008-2012 ACS), and Aging Special Tabulation (2007-2011 ACS) provided by Illinois Department on Aging on March 18, 2015.

Current Intrastate Funding Formula Factors	**# in Population**	**% of 60+ Population**
60+ Population	2,469,688	100%
60+ Greatest Economic Need	198,282	8.03%
60+ Minority	590,754	23.92%
75+ Population	779,182	31.55%
Living Alone	595,675	24.12%
Rural	371,650	15.05%

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 and 2012 Population Estimates

County	2012 Estimates Population 60+	2013 Estimates Population 60+	Population Change 2012 to 2013 (persons)	Population Change 2012 to 2013 (percentage)
Champaign	30,865	32,865	1,226	4.0%
Clark	3,964	4,016	52	1.3%
Coles	10,568	10,795	227	2.1%
Cumberland	2,619	2,654	35	1.3%
DeWitt	3,880	3,965	85	2.2%
Douglas	4,325	4,399	74	1.7%
Edgar	4,751	4,810	59	1.2%
Ford	3,473	3,493	20	0.6%
Iroquois	7,623	7,661	38	0.5%
Livingston	8,594	8,694	100	1.2%
McLean	26,864	27,745	881	3.3%
Macon	26,018	26,018	400	1.5%
Moultrie	3,624	3,624	51	1.4%
Piatt	3,930	3,966	36	0.9%
Shelby	5,941	6,013	72	1.2%
Vermilion	18,626	18,892	266	1.4%
TOTAL	165,665	169,287	3,622	2.2%

Demographic Characteristics of Older Persons by County in Area 05
Sources: 2013 ACS Estimates and 2008-2012 American Community Survey and Aging Special Tabulation

County	60+ Population	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural
Champaign	32,091	2,140	4,242	10,170	8,050	0
Clark	4,016	230	49	1,367	1,090	4,016
Coles	10,795	625	322	3,783	2,975	10,795
Cumberland	2,654	240	39	890	605	2,654
DeWitt	3,965	198	59	1,277	1,055	0
Douglas	4,399	359	124	1,600	1,100	4,399
Edgar	4,810	493	67	1,658	1,340	4,810
Ford	3,493	243	68	1,407	1,010	0
Iroquois	7,661	733	228	2,783	1,915	7,661
Livingston	8,6,94	504	260	3,083	2,245	8,694
McLean	27,745	1,546	1,848	8,621	6,625	0
Macon	26,418	1,697	3,069	8,991	6,930	0
Moultrie	3,675	144	40	1,379	725	3,675
Piatt	3,966	164	45	1,327	890	0
Shelby	6,013	407	84	2,065	1,500	6,013
Vermilion	18,892	1,692	1,650	6,257	5,640	0
Area 05 Total	169,287	11,415	12,194	56,658	43,695	52,717

Population 60+ as a percentage of the Total Population
by County in Area 05
Source: 2013 Census Estimates

County	Total Population	60+ Population	60+ Pop. As % of Total Population
Champaign	204,897	32,091	15.66
Clark	16,182	4,016	24.82
Coles	53,697	10,795	20.10
Cumberland	10,939	2,654	24.26
DeWitt	16,420	3,965	24.15
Douglas	19,887	4,399	22.12
Edgar	17,960	4,810	26.78
Ford	13,832	3,493	25.25
Iroquois	28,982	7,661	26.43
Livingston	38,586	8,694	22.53
McLean	174,647	27,745	15.89
Macon	109,278	26,418	24.18
Moultrie	14,876	3,675	24.70
Piatt	16,433	3,966	24.13
Shelby	22,119	6,013	27.18
Vermilion	80,329	18,892	23.52
Total Area 05	841,069	169,287	20.19

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

County	Total GPs living with GCs <18	Total GPs Responsible for GCs < 18
Champaign	2,185	1,165
Clark	316	193
Coles	767	438
Cumberland	188	127
DeWitt	118	55
Douglas	248	87
Edgar	396	312
Ford	222	71
Iroquois	506	290
Livingston	485	326
McLean	2,332	749
Macon	2,707	1,793
Moultrie	252	124
Piatt	205	83
Shelby	194	95
Vermilion	1,367	682
Total	12,488	6,590

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

PSA	60+ Pop.	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.96	4.87	2.13	6.13	5.77	15.89	6.19
02	23.92	14.89	16.54	21.41	19.28	0.00	18.23
03	4.68	3.76	1.22	5.09	5.27	17.15	5.30
04	3.76	3.04	1.05	4.01	3.78	2.50	3.22
05	6.85	5.76	2.06	7.27	7.34	14.18	6.83
06	1.24	1.28	0.12	1.43	1.26	7.84	1.75
07	4.28	3.56	0.83	4.52	4.54	11.43	4.44
08	5.61	4.87	3.11	5.88	5.92	3.01	4.98
09	1.41	1.38	0.20	1.51	1.58	9.36	2.02
10	1.22	1.10	0.09	1.41	1.38	8.14	1.73
11	2.73	3.11	0.69	2.80	3.03	10.50	3.35
12	17.16	35.14	47.01	16.57	20.32	0.00	23.29
13	21.18	17.24	24.95	21.97	20.53	0.00	18.67
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 will decrease from 6.87 in FY2015 to 6.83 in FY2016 – a decrease of 0.04%.

ECIAAA Funding Formula for FY2016-FY 2018

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

Factor		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 *POP-60* + .10 *MIN-60* + .075 *LA-60* + .075 *POP75* + .25 *POV-60* + .095 *RUR-60* + .075 *SSI/OASDI*) X (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 FY2016, using data derived from the Special Tabulation of the Population 60+, the 2013 Population Estimates, and five-year estimates from the American Community Survey for 2008-2012.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Years 2016 to FY2018, and proposes to update the formula using the latest 5-year estimates from the American Community Survey for the Area Plan for FY 2016.

ECIAAA Budget Assumptions for FY2016

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 and the so-called "stop-loss" provision in a bill to reauthorize the Older Americans Act (S.192), which would effectively reduce OAA funds allotted to Illinois by 0.8% in FY2016, 1.6% in FY2017, and 2.4% in FY2018.

2. The President presented his proposed FY2016 budget on February 2, 2015 which includes $2.1 billion in both discretionary and mandatory investments in core programs, including:
   a. $38 million increase for Title III B Supportive Services – an increase of 11%;
   b. $20 million increase for Title III C nutrition programs – a 4.5% increase for congregate meals and a 9.2% increase for home delivered meals;
   c. $5 million increase for Title III-E National Family Caregiver Support Program – an increase of 3.4%;
   d. Most other OAA line items would be level funded but none were decreased in this budget unlike last year;
   e. $70 million was requested for innovation and modernization initiatives in nutrition, caregiver support and adult protective services, including $25 million for the Elder Justice Initiative, $20 million to modernize OAA nutrition programs, and $15 million for a new Family Support Initiative.
   f. The U.S. Administration for Community Living requests $8 million for Chronic Disease Self-Management Education, $5 million or elder falls prevention – the same levels appropriated for FY2015.
   g. The President's budget for FY2016 includes $52 million for SHIP.

3. Congress passed Medicare Sustainable Growth Rate "Doc-Fix" legislation which extended the Qualified Individual (QI) benefit for low-income Medicare beneficiaries and MIPPA funding through September 2017 at $15 million annually for SHIPS, $7.5 million annually for AAAs, and $5 million annually for ADRCs.

4. The Department of Healthcare and Family Services is implementing the Balancing Incentive Program (BIP) in collaboration with other State agencies. To quality 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). BIP states must agree to use enhanced Federal Medicaid Assistance Percentage (FMAP) to provide new or expanded home and community-based LTSS. Using BIP funds, the Department on Aging and AAAs are implementing Nursing Home Deflection Demonstration Projects through March 2016.

5. The Governor presented his proposed State Budget for FY2016 on February 18, 2015. The Governor's recommended FY2016 budget for the Illinois Department on Aging totals approximately $1.043 billion - $170.3 million (14%) less than the maintenance level.

6. Recommended funding levels for the Community Care Program total $834,145,000, including:
   - $604.5 million for administration and service grants – a reduction of $140.73 million from FY2015;
   - $167 million for CCP Capitated Coordinated Care – an increase of $134.7 million over FY2015;
   - $62.6 million for Case Management – an increase of $1,842,100 over FY2015
     - 78,893 older adults receiving CCP services – average monthly caseload of 76,000 clients;
     - $781.60 - CCP average monthly cost of care per client

7. Recommended funding level for Home Delivered Meals is $14,005,200 - $2,382,000 over the FY2015 level - to maintain a projected service level of 6 million meals. And address a waiting list of 1,120 older adults.

8. Recommended funding for Adult Protective Services Program is $22.4 million - $659,700 below the FY2015 level - to respond to 18,065 projected reports of abuse, neglect and exploitation affecting persons 60+ and persons with disabilities ages 18 to 59.

9. Recommended funding for the Long Term Care Ombudsman Program (LTCOP) includes: $5.5 million GRF – an increase of $4,021,900 over the FY2015 level; $2.6 million from the LTC Ombudsman Fund – $400,000 below FY2015; and $1 million in federal Older Americans Act Title VII funds – same as FY2015.

10. Recommended funding for Benefits Eligibility Assistance and Monitoring is $1,877,200 - $28,500 below the FY2015 level.

11. Recommended funding for the Senior HelpLine is $1,500,000, - $106,100 above the FY2015 level.

12. The Governor has recommended flat funding for the following aging programs in FY2016:
    a. 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.
    b. Community Based Services for Equal Distribution to Each of 13 Area Agencies on Aging at $751,200
    c. Senior Health Insurance Program at $2.3 million in federal funds - $700,000 less than fY2015
    d. Senior Health Assistance Program (SHAP) at $1.6 million in Tobacco Settlement Recovery Funds.
    e. Grandparents Raising Grandchildren Program at $300,000 GRF.
    f. Long Term Care Systems Development Grants to AAAs at $243,800 GRF.
    g. Senior Employment Specialist Program at $190,300 GRF.
    h. Retired & Senior Volunteer Program at $551,800 GRF.
    i. Foster Grandparents Program at $241,400 GRF.

13. 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.

14. 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.

15. OAA allows an AAA to apply for 10% of total Title III-B and Title III-C for the cost of administration.

16. 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 which is $113,451 less than the amount allowed by Illinois Department on Aging policy.

17. 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.

18. 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 FY2016	ECIAAA Percentage For FY2016
Access	33.10%	397,163	80.28%
In-Home	0.04%	450	0.09%
Legal	3.20%	67,626	13.67%

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.

19. The Department on Aging selected ECIAAA to serve as the interim Care Coordination Unit for Vermilion County from July 1, 2010 through June 30, 2014. ECIAAA administers a CCU Coordination grant from the Department on Aging to coordinate CCU services in collaboration with CRIS Healthy-Aging Center. IDoA has extended this interim commitment through September 30, 2016. IDoA has also designated ECIAAA as Interim CCU for Ford and Iroquois Counties and ECIAAA has contracted with the Ford County Health Department and the Iroquois County Health Department to provide case management services through September 30, 2016.

Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers In FY2016

1. The implementation of Coordinated Points of Entry/Senior Information Services will be ECIAAA's top service funding priority for Fiscal Year 2016-2018. In FY2015, ECIAAA plans to budget $920,785 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).

2. ECIAAA proposes to budget $64,503 GRF to be allocated to selected CPoEs for Options Counseling.

3. ECIAAA proposes to budget $67,626 in federal OAA Title III-B funds for legal assistance for seniors in FY2016.

4. ECIAAA proposes to budget $18,836 in federal OAA Title III-B funds for the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and Strong For Life in FY2016.

5. ECIAAA proposes to budget $10,641 in federal OAA Title III-B funds for A Matter of Balance in FY2016.

6. 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 in FY2016.

7. ECIAAA proposes to budget $705,112 in federal OAA Title III-C 1 funds for congregate nutrition in FY2016.

8. ECIAAA proposes to budget a total of $1,583,345 in FY2016 for home delivered meals including $626,790 in federal OAA Title III-C-2 funds and $862,828 in Illinois GRF.

9. ECIAAA proposes to budget $35,565 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 in FY2016.

10. ECIAAA proposes to budget $9,914 in federal OAA Title III-D funds for the evidence-based Diabetes Self-Management Program in Macon County in FY2016.

11. ECIAAA proposes to budget $300,319 federal OAA Title III-E funds for Caregiver Advisory Services in FY2016.

12. ECIAAA proposes to budget $17,082 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY2016.

Contingency Planning

Contingency Plan - ECIAAA proposes the following contingency policy and plan for FY2016-2018:

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 giver 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 2016

For Fiscal Year 2016, beginning October 1, 2015 and ending September 30, 2016, the East Central Illinois Area Agency on Aging proposes to administer an estimated $9,035,204 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 2016 Planning Allocations, dated March 20, 2015;
- Governor's Proposed FY 2016 State Budget for Aging Programs factoring in an increase for Home Delivered Meals. The amount below does not factor in the recent 2.25% reduction signed by the Governor for FY 2015, on March 26, 2015, within select State Fund Programs (GRF); and,
- Fiscal Year 2014 audited information.

Description of Services	Federal Funds	State Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
Caregiver [1]	$353,668			$134,639	$5,000	$493,307
Community Based [1] [2] [3]	1,069,032	$698,859		550,000	12,500	2,330,391
Congregate Meals	811,725		$71,540	279,884	390,000	1,553,149
Home Delivered Meals	681,718	956,555	285,119	575,000	675,000	3,173,392
Prevention of Elder Abuse, Neglect & Exploitation	25,611	1,130,313		4,000	1,000	1,160,924
Long Term Care Ombudsman [4]	114,140	191,866				306,006
Community Care Long Term Care Systems Development		18,035				18,035
	$3,055,894	**$2,995,628**	**$356,659**	**$1,543,523**	**$1,083,500**	**$9,035,204**

Footnotes:
1) Federal funds include projected carry-over funds in care giver and community-based services of $1,000, and $15,000 respectively;
2) Senior Health Assistance Program funds in the amount of $113,662 are included under State Funds;
3) Title III-D funds in the amount of $45,479 are included under Federal Funds for g. counseling and PEARLS; and,
4) ECIAAA will continue the second year of a 3 year grant initiative to expand its advocacy role to include Medicaid waivered services and persons in managed care. Limited activity has been experienced to-date. Funds have not been included in the above chart.

FEDERAL CARRY-OVER FUNDS

Carry-over funds are projected in the amount of $16,000. 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 financial records are audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2016 year end.

Title III-B	Title III-B Ombudsman	Title IIIC(1)	Title IIIC(2)	Title III-D	Title III-E	Title VII Ombudsman	Title VII Elder Abuse	Total
$15,000	0	0	0	0	$1,000	0	0	$16,000

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 8.6%, a decrease from the current year. The transfer from Title III-C(1) to Title III-C(2) is 14.2%, 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 2014, pending release by the Administration on Aging. Therefore for budgeting purposes NSIP funding is based on the current FY 2015 estimate, in the amount of $356,659. NSIP supports both congregate and home delivered meal costs, estimated at $71,540 and $285,119, respectively.

ADULT PROTECTIVE SERVICES

The East Central Illinois Area Agency on Aging proposes to designate, with prior approval from the Illinois Department on Aging, Adult Protective Services provider agencies in the sixteen county service area. Adult Protective Services will be provided through a contract between the East Central Illinois Area Agency on Aging and Adult Protective Service provider agencies. Contracts will be awarded to successful applicants based primarily upon an evaluation of a written application (proposal) submitted to the Area Agency on Aging during a competitive procurement process.

The amount of $1,090,881 in General Revenue Funds in contracts will be awarded prior to July 1, 2015 for intake assessment, casework, follow-up, early intervention, money management service activities, self-neglect, and 24/7 coverage. In addition, contracts under Title VII of the Older Americans Act in the amount of $22,691 will be awarded to the same successful applicants to support service activities of public information and education, training and multi-disciplinary teams. A cost study is planned for Adult Protective Services in 2016.

SERVICES/PROGRAM	Title VII	General Revenue Funds	Local Cash	In-Kind	Program Income	Total
Prevention of Elder Abuse & Neglect Program	$22,691	$1,090,881	$3,000	$1,000	$1,000	$1,118,572

INTERNAL OPERATIONS & DIRECT SERVCES OF THE AREA AGENCY ON AGING

For Fiscal Year 2016, the operational budget for the organization is budgeted at $1,213,058 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 2016
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	$292,335
Title III-B and Title VII – Ombudsman	10,435
Title VII - Elder Abuse	2,561
General Revenue Funds – Match	99,368
General Revenue Funds - Elder Abuse Regional Administrative Agreement	39,432
General Revenue Funds - Long Term Care Systems Development	18,035
Senior Health Assistance Program	11,366
Sub Total	$473,532
ADMINISTRATIVELY RELATED DIRECT SERVICES:	
Title III-B – Advocacy , Coordination and Program Development(1)	$418,310
Sub Total	$418,310
DIRECT SERVICES – LONG TERM CARE OMBUDSMAN PROGRAM:	
Title III-B, VII, General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person(2)	$321,216
Sub Total	$321,216
TOTAL	$1,213,058

Footnotes: 1) ECIAAA's Administratively Related Direct Services budget is $113,451 less than allowed by Illinois Department on Aging's policy; and, 2) ECIAAA will continue the second year of a 3 year grant initiative to expand its advocacy role to include Medicaid waivered services and persons in managed care. Limited activity has been experienced to-date. Funds have not been included in the above chart.

ADMINISTRATION

A total of $404,699 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:

- Resource materials
- Seven respite projects
- Developing forms to meet state and federal requirements developing and implementing policies and procedures
- Technical assistance
- Financial management
- Developing forms to meet state and federal requirements developing and implementing policies and procedures
- Program and financial reporting
- Audit reviews
- Monthly & quarterly desktop reviews
- Management of nine contracts for caregiver service components
- Word processing
- Management of seven contracts for Adult Protective Services activities for multi-disciplinary teams, public information and education, and training
- Computer technology
- Research
- Data analysis
- Procurement of federally and state funded services
- Board, advisory council and staff meetings and staff training
- Assisting IDOA with special initiatives
- Membership affiliation with local, state and national organizations
- Database for program demographics
- Maintaining and modifying a web-based reporting system
- On-site monitoring and quality assurance
- Maintaining and updated Service Provider Policy & Procedure Manual
- ESP resource database management
- Office support

ADULT PROTECTIVE SERVICES

A total of $39,432 in State of Illinois General Revenue Funds is being budgeted to administer the Adult Protective Services Program through contracts with seven elder abuse agencies. Funds will support the following activities:

- Procurement of services
- Attending trainings
- Public education
- Technical assistance
- Planning & implementation of adult self-neglect program
- Quarterly meetings with service providers
- Annual program operations case review
- Annual retreat
- Periodic program administrative reviews

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 7 case coordination units (CCUs):

- Reviewing Community Care Program proposals
- Ongoing assistance to CCP and CCUs related to performance of CCP activities
- Monitoring on billing and rejects to case coordination units (CCUs) and service vendors
- Assisting service availability and service gaps
- On site pre-certification reviews of adult day services sites and in-home provider agencies
- Identifying innovative approaches to service delivery program administration to IDOA
- Other functions mutually agreed upon by IDOA and ECIAAA

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
- Developing older person's capabilities to advocate on their own behalf
- Conducting public hearings on the needs and issues
- Inducing change in attitude and stereotypes, legislation, agency policies and policy implementation
- Advocacy in action training
- Reviewing and commenting on public plans, policies, levies and community action
- Coordinating planning activities with organizations for new and expanded benefits and opportunities
- Participation in senior expos hosted by area legislators
- Maintaining website for the organization

COORDINATION

- Establishing written working agreements with planning agencies and service providers
- Sharing information about ability of services to the general public
- Responding to inquiries from older persons, caregivers and family members about services
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- 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
- Coordinating and updating the Agency's website
- Distribution of Senior Farmer's Market Coupons through local service providers
- Promoting professional training to educate and assist Medicare, Medicare Part D Prescription Drug Coverage and State Pharmaceutical Assistance education
- Collaborating with 211 Pilot Call Center to PATH, in east central Illinois
- Coordinating adherence to national AIRS Standards with an emphasis on Standards 5,6,7,8,9 and 10 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
- Assisting service providers with development an adherence to service standards
- Participating with local, state and federal agencies in coordinating emergency disaster assistance
- Coordinating referrals of clients to local providers of Coordinated Point of Entry/ADRC
- Coordinating information and assistance support to funded service providers, affiliated organizations and the general public that includes: coordinating database Enhanced Services Program (ESP)
- Disseminating program/best practices updates to the aging network and collaborating partners
- Coordinating performance based measurement activities
- Developing a working relationship with assisted living facilities
- Coordinating evidence-based healthy aging programs
- Disseminating information to general public on aging issues through ECIAAA website (www.eciaaa.org), new releases, consumer education, and Advocacy Alerts
- Continuing to build the capacity of Coordinated Point of Entry (CPoE)/ADRC
- Maintaining AIRS CRS-A certified staff
- Tracking and monitoring of website usage
- Hosting student internships
- Coordinating the ADRC network Advisory Council for Area 5

PROGRAM DEVELOPMENT

- Conducting need assessments
- Evaluating the effectiveness and efficiency of existing resources in meeting needs
- Providing community leaders, organizations, and advocates with information current and future needs.
- Hosing student internships
- Working with local housing authorities to address assisted living service needs.
- GIS mapping project to promote local planning efforts for livable communities
- Developing an area-wide system to measure outcomes for services
- Quarterly meetings of caregiver advisors
- 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.
- Implementing Nursing Home Deflection
- Identifying and meeting with key community leaders and organizations
- Integrating new services into existing delivery systems
- Designing services to meet changing needs
- Pursuing innovative methods of expanding services and controlling costs
- Continuing Grandparents Raising Grandchildren support groups
- Building alliances between providers of senior services and behavioral health care
- Building upon Coordinated Points of Entry, to include Aging Disability Resource Centers
- Managing a web-based reporting system
- Building collaboration for the dissemination of evidence based practices

OMBUDSMAN

A total of $321,216 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 8,723 hours of Long Term Care Ombudsman service activities to over 10,000 residents residing in 144 licensed facilities throughout the 16 counties. On an average the occupancy rate in facilities is around 81.3% of licensed beds.

Funds will provide the following advocacy activities:

- Casework of investigating, verifying and resolving complaints
- Publicity and media interviews
- Monitoring, developing and implementing federal, state and local laws, regulations and policies
- Culture change events and training
- Assisting in providing community outreach and community education about Money Follows the Person (MFP)
- Advocacy on behalf of licensed assisted living facilities
- Advocacy
- Assisting and supporting the Illinois Department of Public health's Long Term Care Survey Program
- Information, referral and community education
- Regular presence in long term care facilities & visiting residents
- Promoting Pioneer Practices to improve the quality of life for residents of Long Term Care facilities
- Maintaining client records
- Explaining to families, residents, nursing home staff and others about MFP eligibility requirements and the referral process
- Supporting family and resident councils
- Participating in facility surveys
- 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 $11,366 in Tobacco Settlement Recovery Funds to coordinate and establish region-wide collaboration with partners that include but are 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 and other pharmaceutical assistance programs.

Funds will provide the following activities:

- Referrals to appropriate agencies in the provision of direct services
- Program clarification & program updates to providers
- Educational alerts and updates
- Updating of SHAP Directory
- Expansion of outreach activities about Medicare Savings Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- Technical assistance to providers and other partners
- Postings of education and outreach activity information to website
- Critical complaint resolution
- Coordinate with funded service providers the expansion of application assistance services for LIS and MSP benefits
- 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 Act

BUDGET FOR FUNDING COMMUNITY-BASED SERVICES FOR OLDER ADULTS AND CAREGIVERS IN FY 2016

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/Equal	SHAP	Total
Access Services											
Information & Referral/SIS – CPoE	20,924	43,899	$397,163					$64,342	$356,984	$102,296	$920,785
Options Counseling/SIS – CPoE	650	1,300							$64,503		$64,503
Community Services											
Health Promotion Programs - CDSMP/DSMP/SFL	300	848	18,836			$9,914					28,750
A Matter of Balance	24	283	10,641								10,641
Gerontological Counseling - PEARLS	138	4,502				35,565					35,565
Legal	586	2,697	67,626								67,626
In-Home Services											
Respite	1	29	450								450
Nutrition Services											
Congregate Meals	4820	207,350		$705,112							705,112
Home Delivered Meals	3,271	363,584			$626,790				956,555		1,583,345
Caregiver Services											
Counseling/Support Groups (Care/GRG)	1,448	12104					300,319				300,319
Respite (Care)	44	617					17,082				17,082
TOTAL			494,716	705,112	626,790	45,479	317,401	64,342	1,378,042	102,296	3,734,178