

PUBLIC INFORMATION DOCUMENT



SUMMARY OF THE PROPOSED AREA PLAN FOR FISCAL YEAR 2019



*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*

PUBLISHED: April 3, 2018

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NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed Area Plan Extension for Fiscal Year 2019. 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 2, 2018 and to the ECIAAA Corporate Board on May 16, 2018 for their consideration.

Comments on the proposed Area Plan for Fiscal Year 2019 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., May 1, 2018 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 Area Plan extension for the remaining year (FY 2019) of ECIAAA's current three-year Area Plan with the Illinois Department on Aging (FY 2019-2021).

Date	Time	Location
April 24	10:00-11:30 a.m.	LifeSpan Center, 11021 East County Road 800 North, Charleston, IL
April 24	2:00 – 3:30 p.m.	Champaign Public Library, 200 W. Green St., Champaign, IL 61820
April 25	10:00-11:30 a.m.	ECIAAA Large Conference Room, 1003 Maple Hill Road, Bloomington, IL 61705
April 26	10:00-11:30 a.m.	Decatur Macon County Senior Center, 1430 North 22 nd Street, Decatur, IL 62526

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

- Proposed Older Americans Act funding for FY 2019 for services in Planning and Service Area 05, as allocated by Illinois Department on Aging (IDOA)
- Proposed Illinois General Revenue Fund allocations for FY 2019 for services in Planning & Service Area 05, as allocated by the Illinois Department on Aging

Under the Older Americans Act and the Illinois Department on Aging's direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds

for services as contained in its AAA Planning Allocation Directive for FY 2019. 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, Evidence-Based Health Promotion Programs, Gerontological Counseling, Caregiver Advisory Services, Respite Care, the Adult Protective Services Program, and the Long-Term Care Ombudsman Program.

ECIAAA MISSION STATEMENT

ECIAAA Mission Statement: We are dedicated to enhancing the quality of life for Older Americans and their families by providing information about and access to a variety of services in their community in the 16 counties of East Central Illinois.

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 purpose 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 180,000 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 05.

ECIAAA is governed by a Corporate Board comprising 20 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 the majority of its members aged 60 years 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 for families caring for older persons, and grandparents and other relatives raising children. Services include:

ACCESS SERVICES which includes a network of 11 Coordinated Points of Entry to provide Information & Assistance, and coordination with 7 Care Coordination Units and public and private transportation providers.

IN-HOME SERVICES which includes Home Delivered Meals, Individual Needs Assessments for Home Delivered Meals, Respite Care, and other consumer-directed Long-Term Services and Supports (LTSS).

COMMUNITY SERVICES which includes Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

HEALTHY AGING PROGRAMS which includes 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 which includes Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren, and educational programs such as *Savvy Caregiver*.

ELDER RIGHTS PROGRAMS which includes Adult Protective Services and the Long-Term Care Ombudsman Program.

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP) which includes the Benefit Access program, the Medicare Part D Benefit, Low-Income Subsidy and the Medicare Savings Programs.

SENIOR HEALTH INSURANCE PROGRAM (SHIP). Senior Health Insurance Program is a counseling service provided to individuals who are seeking help regarding information and enrollment assistance for Medicare, Medicare Supplemental plans, Medicare Advantage plans, prescription drug coverage through Medicare Part D and other sources, etc.

MEDICARE IMPROVEMENT for PATIENTS and PROVIDERS (MIPPA). MIPPA funds are used to expand services through SIS/CPoE. These funds are used to increase outreach activities about Medicare Savings Programs, Low-Income Subsidy and prescription coverage available under Medicare Part D drug plans. It also promotes the Medicare Part B Prevention and Wellness benefits included in the Affordable Care Act.

LONG-TERM CARE SYSTEMS DEVELOPMENT. ECIAAAA assists with Community Care Program (CCP) operational activities and management issues. ECIAAAA also assists with Illinois Department on Aging planning and development activities, as requested, including the implementation of the No Wrong Door service system in PSA 05.

SENIOR MEDICARE PATROL (SMP). The SMP program provides education and information to older adults on how to protect their personal information to avoid healthcare fraud and abuse. Older adults learn how to protect, detect, and report Medicare fraud and abuse.

SENIOR FARMER MARKET NUTRITION PROGRAM (SFMNP). The program provides eligible seniors who are nutritionally at risk with fresh fruit and vegetables. The program is available during the summer months.

COMMUNITY BASED OPTIONS DEMONSTRATION PROJECT. The demonstration project serves eligible Community Care Program (CCP) clients with asset levels between \$4000 and \$17,500 and not currently on Medicaid at the time of assessment. The project offers creative services to complement existing core CCP services. The range of services include personal care support, nutrition services, household support, assistive technology, medication management, alternative services and one-time services to keep older adults remain independent in their own homes.

ECIAAAA Serves Older Americans, Family Caregivers and Grandparents/Relatives Raising Grandchildren/Children through...

Advocacy in Action - ECIAAAA 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 – ECIAAAA assesses the needs of seniors, persons with disabilities, caregivers, and grandparents, identifies planning issues, sets priorities for funding, coordinates community 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 Planning and Service Area 05.

Supporting Community Programs on Aging – ECIAAAA 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 – ECIAAAA supports a network of 11 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.

Developing Community-Based Long-Term Services and Supports – ECIAAAA 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 – ECIAAAA 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, and will advocate on behalf of all residents of licensed long-term care facilities (*updated May 15, 2017*).

Responding to Abuse, Neglect and Exploitation – ECIAAAA is the Regional Administering Agency for the Illinois Adult Protective Services Program in Area 05 under a grant with the Illinois Department on Aging. ECIAAAA 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.

ADVOCACY in ACTION

Federal Level

On February 12, 2018, President Trump sent his FY 2019 budget outline to Congress which impacts aging programs. Please note, this budget is visionary and outlines priorities set forth by the Administration. All federal spending bills must be approved by Congress first and typically will not mirror the Administration’s proposed budget. The following describes what is contained in the President’s proposed FY 2019 budget.

- The good news is that core Older Americans Act (OAA) programs were spared cuts, and includes a \$6 million boost for OAA Title III C nutrition programs.
- The bad news is that it eliminates SHIP.

- It includes steep cuts and elimination of key programs such as Foster Grandparents and RSVP, LIHEAP, Social Services Block Grant (SSBG) and Community Services Block Grant (CSBG) programs, and the Legal Service Corporation.
- It targets deep cuts to Medicaid, Medicare, SNAP (also known as Food Stamps) and disability programs.
- Finally, it proposes to repeal and replace the Affordable Care Act.

State Level

On February 14, 2018, Governor Rauner presented his state budget for FY 2019. The Governor cited the following Illinois Department on Aging accomplishments during FY 2018:

- Implemented an automated and comprehensive critical event reporting system with a risk mitigation focus to improve quality, timeliness and services, and prevent premature hospitalizations.
- Implemented Choices for Care, a prescreen policy expediting client screenings to more effectively match individuals with services appropriate to their needs.
- Expanded the Community Care Program to include Automated Medication Dispenser services to participants.

The following describes what is being proposed for Illinois General Revenue Fund allocations in FY 2019.

- An increase of 1.3% in the Illinois Adult Protective Services Program.
- A decrease of 11.2% in the Illinois Community Care Program.
- An increase of 6% in the Illinois Long Term Care Ombudsman Program.
- An increase of 14% for Planning & Services Grants to Area Agencies.

It appears the proposed budget includes a slight increase in Senior Health Assistance Programs (SHAP) along with maintaining current funding for the Senior Health Insurance Program (SHIP).

ECIAAAA Advocacy Agenda for 2019

ECIAAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 05. ECIAAAA is a member of **n4a** - the National Association of Area Agencies on Aging, and the **IAA** - the Illinois Association of Area Agencies on Aging. ECIAAAA supports the following advocacy agenda for 2019:

On the National Scene:

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

- Support the preservation of the Legal Services Corporation, which provides legal assistance to low income older adults.
- Support the preservation of the Senior Health Insurance Program (SHIP).
- Support the preservation of the Senior Community Senior Employment Program (SCSEP).
- Support the preservation of the Corporation for National and Community Service, which includes the Senior Corps programs such as Foster Grandparents and RSVP.
- Support the preservation of the Low-Income Home Energy Assistance Program (LIHEAP) which provides financial assistance for utility bills.
- Support the preservation of the Community Services Block Grant program, which provides wrap-around services for older adults in many communities.

At the State Level:

- Support enhancements to the Community Care Program.
- Support increases in GRF allocations to implement the No Wrong Door System in PSA 05.
- Support increases to GRF allocations to home delivered meals to support program infrastructure.

ECIAAA's Planning & Assessment Process **In Pursuit of Outcomes: *Age Strong, Live Strong***

ECIAAA REPORT ON PERFORMANCE OUTCOME MEASURES

East Central Illinois Area Agency on Aging, a 2017 Performance Report to Constituents on Legal, Nutrition, Caregiver Advisory/Grandparents Serving Grandchildren, and Coordinated Points of Entry/Senior Information Services
Final Dated January 12, 2018

Results: A Summary of 2017 Outcomes:

During FY 2017, Service Providers utilized \$4,392,511 to assist 20,225 older persons. The cost benefit derived by enabling these individuals to continue living in the community versus a nursing facility is immense. The State of Illinois' median cost of care for a semi-private room in a nursing home is \$187/day. Assuming a minimum 25% of the 20,225 individuals living in the community we served are at risk of institutional living, our services have saved older persons and taxpayers nearly \$317 million.

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.

The Coordinated Point of Entry/Senior Information Services Program provided by the ECIAAA is resulting in older adults and disabled persons experiencing financial security, peace of mind, independence, and improving their overall health, well-being, and quality of life.

Outcome #2: Caregivers are supported to enable them to continue caring for their loved ones.

The caregiver services provided by the ECIAAA are resulting in caregivers and grandparents raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, and receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. Care giving services enable older adults to continue living in their homes.

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

Nutrition services provided by the ECIAAA are improving food security, increasing opportunities for socialization, reducing feelings of isolation, helping participants to eat healthier, make better food choices, and improve their health, promoting independence, and enabling older adults to live at home.

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

Legal services provided by the ECIAAA are promoting the independence and financial stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights and responsibilities.

We have two performance goals that permeate all services and programs:

1. Older Americans will have successful transitions between all services and levels of care.

Results: CRIS Healthy-Aging Center, in conjunction with Carle Foundation Hospital and Presence Health, is conducting a program aimed at providing community-based services to prevent hospital readmissions of Medicare patients within 30-days. During FY2017, 2,821 Medicare patients living in Champaign and Vermilion Counties were seamlessly transitioned from the hospital to in-home care. ECIAAA is awaiting evaluation information and remains committed to supporting care-transition services that bridge Medicare and human services.

2. Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results: ECIAAA budgeted \$84,588 for six organizations to disseminate evidence-based, healthy aging programs. In total, 295 older adults participated in the programs, attending a total of 3,277 individual class sessions. The programs included Chronic Disease Self-

Management Program, Diabetes Self-Management Program, A Matter of Balance, Strong for Life, and Program to Encourage Active Rewarding Lives for Seniors.

Cost Benefit:

Based on healthcare costs savings as determined by the Centers for Medicare and Medicaid Services, participants in A Matter of Balance workshops saved \$70,444 in healthcare costs and, based on the cost-savings reported by BMC Public Health, participants in the Chronic Disease Self-Management Program experienced a savings of \$1,322.

In accord with mandates of the Older Americans Act, we also target services to those in greatest need. The chart below depicts the demographic and socioeconomic factors that define “greatest need” and reflects targeting outcomes of Service Providers in FY2017.

Participants Tell Us How Services Affect Them

We measure performance through participant feedback and data collected by Service Providers. They utilize the Performance Outcome Measurement Project (POMP) Survey, developed by the Administration for Community Living, to annually solicit feedback from randomly selected participants. The POMP Survey questions are answered by individuals receiving nutrition, caregiver, and senior information services. Legal services solicit client feedback but do not use the POMP survey instrument. Several Service Providers also administer additional surveys to collect information that enables us to determine the impact these services are having on older adults in east central Illinois.

2017 PERFORMANCE REPORT: COORDINATED POINT of ENTRY/ SENIOR INFORMATION SERVICES

Performance 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.

The Coordinated Point of Entry/ Senior Information Services Program provided by the East Central Illinois Area Agency on Aging (ECIAAA) is resulting in older adults and disabled persons experiencing financial security, peace of mind, independence, and improving their overall health, well-being, and quality of life.

The implementation of Coordinated Points of Entry/Senior Information Services (CPoE/SIS) was the top service funding priority in FY2017. The East Central Illinois Area Agency on Aging (ECIAAA) budgeted \$991,992 for CPoE/SIS through a combination of federal Older Americans Act (OAA), Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds.

The ECIAAA funded 11 organizations (Service Providers) to provide Coordinated Points of

Entry/Senior Information Services throughout its 16-county geographic service area:

- Family Service Senior Resource Center - Champaign County
- Life Center Senior Services - Clark and Cumberland Counties
- Coles County Council on Aging - Coles County
- Community Care Systems, Inc. - DeWitt, Livingston, McLean, and Shelby Counties
- Mid-Illinois Senior Services - Douglas and Moultrie Counties
- Chester P. Sutton Community Center - Edgar County
- Ford County Health Department - Ford County
- Volunteer Services of Iroquois County - Iroquois County
- Macon County Health Department - Macon County
- Piatt County Services for Seniors - Piatt County
- CRIS Healthy-Aging Center - Vermilion County

Coordinated Points of Entry/Senior Information Services serve as a “central clearinghouse” for adults and persons with disabilities and their families, provide ongoing coordination and connection to services, utilize a standardized intake process, complete referrals and “warm transfers”, provide follow-up monitoring, utilize Options Counseling for participants, engage participants in available programming such as Plan Finder and Benefits Access, utilize the Enhanced Services Program (ESP) – a statewide resource database, and provide access to evidence-based Healthy Aging services. The ECIAAA requires Coordinated Points of Entry/Senior Information Services to have at least one staff member who is certified by the Alliance of Information and Referral Systems (AIRS).

Cost Benefit: CPoE/SIS Service Providers enrolled older adults in the following programs, saving East Central Illinois Medicare beneficiaries a total of \$6,902,779, to help pay on other necessities such as groceries, utilities, and home repairs.

PROGRAM	# OF ENROLLMENTS	COST SAVINGS
Medicare Part D	1,691	\$3,288,995*
SSA Extra Help (LIS)	653	\$2,612,000**
Medicare Savings Plan	623	\$1,001,784***
TOTAL		\$6,902,779

*Based on an average savings of \$1945 per beneficiary, Source: Centers for Medicare and Medicaid Services; **based on a savings of \$4000/year, Source: Social Security Administration; ***based on a savings of \$134/month, Source: Medicare.gov.

Performance Results: Level of Service and Persons Served

The CPoE provided 41,393 units/hours of service to 14,302 persons throughout the 16-county geographic service area.

Performance Results: Targeting Those in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

CPoE/SIS Services Participants: Minority	Unduplicated Persons
White – Hispanic	112
American Indian/Alaska Native	18
Asian	39
Black – Non/Hispanic	1,193
Black -Hispanic	15
Black - Ethnicity Missing	3
Native Hawaiian - Other Pacific Islander	8
Other Races	110
TOTAL MINORITY SERVED	1,498
CPoE/SIS Services Participants: Overview	Unduplicated Persons
Rural	5,084
Living Alone	7,387
Low Income	7,421
Low Income – Minority	937
Limited English	184
+75 Years Old	7,091

Performance Results: Impact of CPoE/SIS Services

Older adults and disabled persons experience an improved level of financial security.

- Service Providers assisted older adults in applying for benefit programs, enabling them to save money on rent and utilities.
- Service Providers counseled and/or assisted older adults with Benefits Access applications, providing seniors and persons with disabilities free transit rides and a Secretary of State license plate discount, resulting in an individual savings of \$76 per year.
 - Starting Point – Your ADRC/Macon County Health Department enabled participants to save \$221 each per year on a Rides Free Program bus pass.
 - CRIS Healthy-Aging Center helped older adults received free rides from Danville Mass Transit.

Older adults are experiencing an increased sense of well-being related to savings incurred through a customized prescription plan.

- Service Providers counseled and/or assisted older adults in enrolling in Medicaid and Medicare Part D.
- Service Providers counseled and/or assisted older adults in making applications for insurance and prescription drug savings such as the Senior Health Assistance Program (SHAP), Social Security Administration's Low-Income Subsidy (to receive a reduction on Medicare Part D premiums, Medicare Savings Program (a savings of at least \$105/month), Medicare Part B Prevention and Wellness benefit, and other prescription drug assistance program options.

Older adults are improving their overall health and well-being.

- By engaging in CPoE/SIS, older adults have access to medical care to maintain or improve their health.
- Service Providers provide older adults with access to evidence-based Healthy Aging programs such as the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and "Strong for Life" exercise classes.
- Service Providers refer older adults to congregate meal, home-delivered meal, and home care assistance programs in their communities.

Older adults are experiencing independence and improved quality of life.

- 99% of participants contacting the CPoE/SIS found the information they were given to be helpful in resolving matters.
- Nearly 58% of the participants contacting the CPoE/SIS were seeking information and 54% requested services.
- 99% of participants were satisfied with the way their call was handled and 99.7% would recommend the service.
- Follow-up activities by Service Providers ensured that participants had a successful care transition between services and levels of care.
- The provision of Options Counseling enabled older adults to make decisions about living arrangements based upon their needs and the services that are available to them to help them continue living at home.
- 89% of the participants in Volunteer Services of Iroquois County's survey reported an increased ability to live independently.
- Family Resource Service Center reports that 100% of clients avoided nursing home placement for six months or longer while engaged as a CPoE client.
- By accessing benefit and savings programs, older adults have more money to purchase food, prescription drugs, and other necessities.

**2017 PERFORMANCE REPORT:
CAREGIVER ADVISORY SERVICE (CAS)/GRANDPARENTS RAISING
GRANDCHILDREN (GRG)**

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

The caregiver services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are resulting in caregivers and grandparents raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, and receiving counseling and/or participating in support groups that equip them to better cope with the responsibilities of caring for their loved ones. Caregiving services are enabling older adults to remain in their homes.

During FY2017, the ECIAAA budgeted \$321,984 for the federal Older Americans Act (OAA) Title III-E funds for Caregiver Advisory Services (CAS) and Grandparents Raising Grandchildren Services (GRG).

Caregiver Advisory Services provide help to an adult family member or another individual, who is an informal provider of in-home care to an older individual. The program is a source of information for caregivers, assists them in accessing services, and offers individual counseling/consultation and support services to help caregivers and grandparents raising grandchildren cope with their caregiving roles and/or develop and strengthen capacities for more adequate social and personal adjustments. Respite services provide temporary, substitute care or supervision of a functionally impaired person. It allows the primary caregiver time away to complete other tasks without disruption of the care of the individual.

The ECIAAA funded nine organizations (Service Providers) to deliver these services in its 16-county geographical service area:

- Family Service Senior Resource Center for Champaign and Piatt Counties
- Community Care Systems, Inc. for Clark, Cumberland, DeWitt, Livingston, and McLean Counties
- Coles County Council on Aging for Coles County
- Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
- Chester P. Sutton Community Center for Edgar County
- Ford County Health Department for Ford County
- Volunteer Services of Iroquois County for Iroquois County
- Macon County Health Department for Macon County
- CRIS Healthy-Aging Center for Vermilion County

To support caregivers and enable them to provide care to their loved ones, Caregiver Support Program Service Providers conduct intake, screening, and follow-up services, organize and facilitate or refer persons to appropriate support groups, including support groups for families caring for persons with Alzheimer's Disease and other dementias, conduct training and education on topics such as Grandparents Raising Grandchildren, and utilize evidence-based

training programs such as *Powerful Tools for the Caregiver* and *Savvy Caregiver*, and provide Options Counseling, whereby care plans are developed and caregivers are supported in their deliberations to determine appropriate long-term care choices for their loved ones.

Cost Benefit: Although local data is not yet available to calculate costs, the AARP Public Policy Institute indicates the value of unpaid caregiving in the United States totals \$470 billion per year. Nationwide, there are 43.5 million caregivers providing care to adults 18 years of age and older with a disability or illness. Sixteen million adult family caregivers care for someone who has Alzheimer’s disease or other dementia. The value of unpaid caregiving exceeds the value of paid home care and total Medicaid spending in the same year.

Performance Results: Level of Service and Persons Served

Service Providers provided a total of 7,058 units/hours of CAS service to 902 caregivers, and 2,374 units/hours of GRG services to 227 grandparents:

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

GREATEST NEED: Minority	Caregiver Advisory	Grandparents Raising Grandchildren
White – Hispanic	6	1
American Indian/Alaska Native	-	-
Asian	2	-
Black – Non/Hispanic	51	34
Black -Hispanic	-	-
Black - Ethnicity Missing	-	-
Native Hawaiian - Other Pacific Islander	1	-
Other Races	6	-
TOTALS – MINORITY	66	35
GREATEST NEED: Overview	Caregiver Advisory	Grandparents Raising Grandchildren
Rural	350	78
Living Alone	137	22
Low Income	264	111
Low Income – Minority	21	23
Limited English	7	4
+75 Years Old	327	25

Performance Results: Impact of the Caregiver Support/Grandparents Raising Grandchildren Program

Service Providers are responsible for surveying caregivers and grandparents to collect information about them and seek their feedback about the services they are receiving in this program.

Caregivers are better informed about services, connected to services and programs enabling them to continue providing care to their loved ones, and more comfortable in the role of caregiver.

- 57% of caregivers report they have received education or training, including counseling or support groups, to help them make informed decisions.
- 78% of caregivers report receiving information to connect to the services and resources they need.
- More than 60% of caregivers report the information and services they receive are helping them.
- More than 87% of caregivers rate caregiver support services as good, very good, or excellent.
- Nearly 75% of caregivers indicate the support has helped them to be a better caregiver.
- 32% of caregivers are providing all the care to their loved ones.
- Most caregivers are spouses caring for a spouse, and nearly 63% of the caregivers live in the same house with the care recipient.
- 67.5% of caregivers indicate the services they are receiving have alleviated the difficulties of caregiving.

Caregivers are enabling their loved ones to continue living at home.

- 71% of caregivers report the program has enabled them to provide care longer.
- 35% of caregivers indicate that without this service, their loved ones would be living in a nursing home.
- 13% say they would be living in an assisted living facility.

2017 PERFORMANCE REPORT: NUTRITION SERVICES

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

Nutrition services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are improving food security, increasing opportunities for socialization, reducing feelings of isolation, helping participants to eat healthier, make better food choices and improve their health, promoting independence, and enabling older adults to live at home.

During FY2017, ECIAAA budgeted \$604,814 in federal Older Americans Act Title III-C and Nutrition Services Incentive Program funds for congregate nutrition and \$2,337,186 in III-C Federal and State GRF support for home-delivered meals. Congregate meals are served at familiar locations, such as senior centers, to promote health and reduce isolation. Home-delivered meals are provided to older adults who are homebound because of illness, physical or mental impairment or otherwise isolated.

The ECIAAA funded four organizations (Service Providers) to deliver congregate and home-delivered meals throughout its 16-county geographic service area:

- Peace Meal Senior Nutrition Program, sponsored by Sarah Bush Lincoln Health System, provides congregate and/or home-delivered meals sites in 14 counties, including Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby.
- CRIS Healthy-Aging Center provides congregate meals in Vermilion County and provides home-delivered meals countywide.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home-delivered meals in Macon County.
- Catholic Charities provides Meals on Wheels in Decatur and Macon County.

Nutrition programs are required to implement creative program design and menu planning that optimize consumer choice, provide consistent meal provision meeting dietary standards, provide a five-day per week meal program, conduct activities to increase socialization and reduce feelings of isolation, provide access to Healthy-Aging services/programs such as A Matter of Balance and Chronic Disease Self-Management, provide nutrition education, conduct individual needs assessments with home-delivered meal recipients to identify operational and safety issues, and conduct wellness checks on home-delivered meal recipients.

Cost Benefit: Studies are underway to determine the financial benefit of nutrition services, but early studies are linking them to improved health and health care utilization. Brown University's Center of Gerontology and Health Care Research in 2016 showed that the health care costs of Meals on Wheels recipients declined after they enrolled in a home-delivered meals program. Hospitalization costs fell by an average of \$362, \$1155, and \$1356 at the 30-, 90-, and 180-day time periods following enrollment. Nursing facility costs fell by \$244, \$652, and \$363 over the same time periods respectively.

Performance Results: Number of Meals and Older Adults. The organizations provided a total of 774,775 meals to 12,528 older adults, 362,536 congregate meals to 4,854 older adults, and 412,239 home-delivered meals to 3,328 older adults:

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Congregate Meals	Home Delivered Meals
White – Hispanic	20	9
American Indian/Alaska Native	6	5
Asian	15	-
Black – Non/Hispanic	188	321
Black -Hispanic	-	2
Black - Ethnicity Missing	-	1
Native Hawaiian - Other Pacific Islander	1	4
Other Races	25	16
TOTAL MINORITY SERVED	255	358
GREATEST NEED: Overview	Congregate Meals	Home Delivered Meals
Rural	2,515	1,269
Living Alone	1,697	1,519
Low Income	1,216	1,468
Low Income – Minority	148	267
Limited English	48	31
+75 Years Old	2,677	1,897

Performance Results: Impact of Nutrition Services

Service Providers are responsible for surveying meal recipients to collect information about those participating in the programs and seek feedback regarding their satisfaction with the food and services. The impact of nutrition services on older adults is depicted in the results of the survey, as follows:

Participants in the congregare and home-delivered meal programs experience improved food security.

- Nearly 59% eat at a site daily or at least weekly.
- 37% of congregare meal participants eat at a site daily.
- 55% of congregare meal participants indicate the meal served at the site is their main source of food.
- 17% do not always have enough money or financial assistance to buy food.
- 13% in the past have had to choose between buying food and paying their medical bills, and another 12% have had to choose between buying food and paying their utility bills.
- Nearly 10% indicate they had to skip meals because they had no food or money.

The nutrition program provides participants with opportunities for socialization and reduces the isolation of older adults.

- 88% indicate that by participating in the congregate meal program, they see their friends more often.
- Nearly 80% report they have been attending the meal site for one or more years.

Meal participants are eating healthier, making better food choices, and improving their health.

- 87% of congregate meal participants and nearly 92% of home-delivered meal recipients report they eat healthier.
- 98% like the meals served at their congregate site. 95% rate the food as good, very good, or excellent, and 85.9% of home-delivered meal recipients like the way the food tastes either most or all the time.
- 96% of the participants would refer a friend to the program.
- Slightly more than 80% of congregate meal participants indicate they feel better and 76% report improved health.
- 66% of home-delivered meal recipients think their health has improved and indicate they feel better.
- More than 65% of participants report they have either achieved or are maintaining a healthy weight.
- 67% of participants indicate they make more healthful and nutritious food choices because of participating in a congregate meals program.

The Nutrition Services program is promoting independence and enabling older adults to live at home.

- Nutrition service programs check on home-delivered meal recipients to ensure their well-being.
- More than 71% report that the meals and services they receive at a congregate meal site are helping them to continue living at home.

2017 PERFORMANCE REPORT: LEGAL SERVICES

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

Legal services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are promoting the independence and financial stability of older adults by providing legal advice, representation, and education to increase their understanding of consumer, legal, medical, and financial rights and responsibilities.

During FY2017, the ECIAAA budgeted \$94,626 in federal Older Americans Act Title III-B funds for legal assistance for older adults. The agency funded two organizations (Service Providers) to deliver legal assistance throughout its 16-county geographic service area: Land of Lincoln Legal Assistance Foundation, serving 13 counties, and Prairie State Legal Services, serving three counties.

The provision of legal services includes advocating for and assisting with basic civil needs of an older adult. Assistance can be provided to help in cases of elder abuse and neglect, financial exploitation, consumer fraud, landlord/tenant relationships, and public benefit programs. Criminal, real estate and damage award cases cannot be handled by legal assistance.

Legal service programs are required to provide legal advice and representation, inform older adults about the availability and location of their services and case acceptance priorities, provide community education opportunities on legal issues, prioritize legal assistance for Adult Protective Service cases, attend court hearings and prepare legal documents, provide referral and follow-up for additional services to benefit the client, provide assistance in obtaining public benefits such as Social Security, Medicare, Medicaid, etc., and collaborate and consult with other service providers serving the same populations.

Cost Benefit: On average, private attorney fees are 2.4 times the cost of Service Provider fees. Funds provided by the ECIAAA enabled Service Providers to provide 1,245.8 hours of legal services to older adults. This resulted in a cost savings of \$126,614 when program cost is compared to private attorney fees.

Performance Results: Level of Service and Older Adults Served

The Land of Lincoln Legal Assistance Foundation and Prairie State Legal Services assisted 581 older adults during FY2017, providing 3,495 units/hours of legal assistance.

Performance Results: Targeting Older Persons in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Legal Services
White – Hispanic	10
American Indian/Alaska Native	-
Asian	1
Black – Non/Hispanic	133
Black -Hispanic	-
Black - Ethnicity Missing	-
Native Hawaiian - Other Pacific Islander	-
Other Races	6
TOTAL MINORITY SERVED	150
GREATEST NEED: Overview	Legal Services
Rural	70
Living Alone	454
Low Income	144
Low Income – Minority	55
Limited English	1
+75 Years Old	187

Performance Results: Impact of Legal Services

Older adults who work with attorneys understand the legal importance of advance directives, and benefit from peace of mind when choosing their future financial and medical decision-makers.

- The Land of Lincoln Legal Assistance Foundation, which serves 13 of the 16-county service area, drafted and executed Powers of Attorney on behalf of 100 clients.
- Prairie State Legal Services assisted clients in three counties with Medicaid Long-Term Care insurance issues.
- Prairie State Legal Services educated older adults residing at Phoenix Towers and Evergreen Village about Powers of Attorney, Wills, and Scams.
- Prairie State Legal Services reported that 100 percent of the cases for which they provided legal representation in negotiations, hearings, or court appearances resulted in fully favorable outcomes for clients.
- A survey of the clients Prairie State Legal Services advised indicated 98% understood the advice given.

Older adults who work with attorneys understand their rights to public benefits including medical and financial benefits, and achieve stability from obtaining or preserving these benefits.

- The Land of Lincoln Legal Assistance Foundation provided either brief services or extended representation for 20 clients in either obtaining or maintaining health and economic benefits.

- The Land of Lincoln Legal Assistance Foundation provided either brief services or extended representation, and provided services to 67 seniors aimed at protecting their income.
- Prairie State Legal Services represented several clients in negotiations and in court to prevent eviction and maintain subsidized housing benefits.

Older adults who work with legal service attorneys understand their legal and consumer rights are protected from fraud, elder abuse, neglect and financial exploitation, landlord/tenant relationships and unlawful debt collection.

Prairie State Legal Services represented several clients in negotiations and in court to prevent eviction and maintain subsidized housing benefits.

The Land of Lincoln Legal Assistance Foundation assisted 67 seniors with consumer matters.



ECIAAA
wants
to hear from you!

Have you or someone you know...

- Received a home delivered meal?**
- Received help with a Medicare Part D application?**
- Attended a support group for family caregivers?**
- Obtained legal assistance to deal with a public housing issue?**

Community-based programs serve as a lifeline for older adults, caregivers, grandparents raising grandchildren, and individuals with disabilities. State and federal funding for these services must be *preserved and increased*.

Your voice is vital and must be heard!
Please join us for your County Conversation on Aging.

ECIAAA County Conversations Summary:

ECIAAA Conducted 12 County Conversations from January 12, 2018 through February 5, 2018.

Total Attendees – 205

Locations – Majority of the sites were local senior centers

Objective I

Presented the FY 2017 Performance Outcomes Report to Constituents on Older Americans Act Services - Legal, Nutrition, Caregiver Advisory and CPoE/Senior Information Services.

Objective II

Obtained input from participants how ECIAAA can improve the OAA services provided, and how ECIAAA can improve OAA service delivery.

Objective III

Served as an advocacy platform to inform lawmakers how vital these programs are to their constituents and must be preserved and increased!

Questions Asked...

HOW CAN WE IMPROVE THE OAA SERVICES PROVIDED?

HOW CAN WE IMPROVE OAA SERVICE DELIVERY?

Senior Information Services/Coordinated Points of Entry (SIS/CPoE)

1. The PSA 05 SIS/CPoE Program needs a Statewide Brand – similar to the United Way Brand/Logo which is easily recognized by the public.
2. Increased federal and state funding is needed to respond to the increased demand for services.
3. OAA must allow Service Providers to report under NAPIS the SHAP services provided to individuals with disabilities who are under 60 years of age.
4. Reinstate “Gap-Filling” services to allow SIS/CPoE programs to provide one-time support services to clients in need.
5. Service Providers and participants support the current SIS/CPoE Service Program Design as implemented by ECIAAA in FY 2011.
6. SHIP Counselors provide many important services that are not available online or through IDOA’s Senior Helpline.
7. Individuals with disabilities are a large portion of the SIS customer base. Resources are being shifted from SIS to SHAP to address the demand.
8. Ethnic diversity is increasing in all communities – ECIAAA needs to ensure services are targeting diverse groups.
9. Technology needs have outpaced the availability of federal, state and local funding.
10. Long-term care facilities (ALFs, SLFs and SNFs) are relying on SIS/CPoE providers to provide benefit access services and support services to their residents.

Caregiver Advisory Services

1. Participants reported the need to implement online support groups and online Evidence-Based Healthy Aging classes (CDSMP & DSMP).
2. More Respite Services are needed, specifically Respite Services for Grandparents Raising Grandchildren.
3. Reinstate “Gap-Filling” services for Caregivers and Grandparents Raising Grandchildren to provide one-time support services to those in need.
4. Service Providers and participants support the current Caregiver Advisory Program Service Program Design as implemented by ECIAAA in FY 2002.
5. Participants reported difficulty in finding affordable in-home care services for care recipients.
6. Participants reported the need to encourage early access to support groups – the key is to have caregivers access services before the caregiver is completely worn down and desperate for help.
7. Caregiver Advisors reported the continued need to find legal support for Grandparents Raising Grandchildren seeking guardianship.
8. Caregivers & Grandparents Raising Grandchildren need more organized ‘Nights Out of the House’ to provide meaningful support.
9. Changes to the DHS system (Regional HUBS) have made Public Aid and Medicaid cases for Caregivers and GRG’s much more difficult and time-consuming for the Caregiver Advisors.
10. Caregiver Advisory Programs provide services to GRGs under 55 which cannot be reported under OAA’s NAPIS Reporting System.
11. Caregiver Advisory Programs report the circumstances GRGs become children caregivers have resulted in a negative stigma which prevents acceptance of services.

Nutrition Services

1. A need for increased funding is clearly evident – however – lawmakers must understand that the expectation to increase home-delivered meals comes with a cost.
2. Nutrition Providers must also invest in their infrastructure, such as replacement of central kitchen equipment and meal delivery vehicles, with increased funding.
3. Restaurant programs have been successful in increasing congregate participation, but are more expensive to operate.
4. Participants reported no recommendations for changes to the current service delivery design for Nutrition Services.
5. Nutrition Providers reported the need for more volunteers.
6. Nutrition Providers reported that the implementation of the Dietary Reference Intake (DRI’s) nutritional requirements have not affected participants’ satisfaction with OAA meals.
7. OAA Nutrition Programs require to match their operational budgets with local donations – Nutrition Providers reported the need for better communication of how important these donations are to ensure nutrition services continue.
8. Nutrition Providers reported that nationally, there has been a shift away from preserving the congregate programs (shifting resources to home-delivered meals).

9. However, ECIAAAA Nutrition Providers have successfully invested in congregate nutrition program expansion which has resulted in an overall increase in congregate participation in PSA 05.
10. Nutrition Providers reported a need for congregate meals on weekends and holidays.
11. Nutrition Providers reported a need to expand service delivery to rural areas.
12. Nutrition Providers requested more funding to provide more highly specialized diets to those in need.
13. The Nutrition Provider for Vermilion County reported that they have met their capacity for providing home-delivered meals – a waiting list has been established for HDM clients.

Legal Services

1. Legal Service Providers are diversifying caseloads.
2. There is a need for GRG Guardianship assistance.
3. More outreach is needed to younger individuals to plan for legal issues that come with Aging.
4. Guardianship cases are in demand.
5. Denial of public benefits cases are in demand.
6. Uncertainty of funding at the federal level affecting OAA legal services.

Community Issues Affecting OAA Services

Unmet Needs – PSA 05

1. Energy Assistance
2. Home Delivered Meals
3. Dentures
4. Residential Repair & Renovation
5. Mental Health Counseling
6. Senior Companion
7. Yardwork/Snow Removal

Local Funding – PSA 05

1. United Way Agencies are no longer prioritizing senior services in several counties.
2. United Way of Macon County is targeting resources to support the 211 Information System.
3. United Way in McLean County has received a significant decrease in campaign donations (50%) due to competition for charitable donations.
4. Many municipalities are cutting social service funding.
5. Diversity is needed when raising local funds.

Medicaid Managed Care Expansion Affecting East Central Illinois

HealthChoice Illinois. Your Health. Your Choice.

Starting January 1, 2018, managed care in Illinois has expanded to all counties statewide. The program is designed to provide enhanced quality and improved outcomes, while managing costs. Most Medicaid clients are required to enroll with a HealthChoice Illinois (managed care) health plan.

This affects current clients served by the Community Care Program who are also on Medicaid.

- Blue Cross Community Health Plan
- Harmony Health Plan, Inc.
- IlliniCare Health
- Meridian Health Plan
- Molina Healthcare

Please note: PSA 05 Expansion slated for April 1, 2018 has been suspended by the Department of Healthcare and Family Services until further notice.

PSA 05 Counties	ICP	FHP	MMAI/MLTSS	Total
Champaign	41	1	199	241
Clark	2	0	29	31
Coles	27	2	156	185
Cumberland	3	0	15	18
DeWitt	6	0	33	39
Douglas	3	1	17	21
Edgar	10	0	45	55
Ford	1		22	23
Iroquois	8	1	46	55
Livingston	1	1	32	34
Macon	54	5	259	318
McLean	26	7	141	174
Moultrie	2	0	15	17
Piatt	0		7	7
Shelby	10		34	44
Vermilion	40	4	197	241
PSA 05 Total	234	22	1,247	1,503

ICP – Integrated Care Program - Seniors and Individuals with Disabilities Eligible for Medicaid by not Medicare

FHP & ACA – Family Health Plan & ACA Group

MMAI / MLTSS – Medicaid Medicare Alignment Initiative & Managed Long-Term Services & Supports

**Home Delivered Meals
Numbers of Older Persons Denied HDMS & Current
Numbers of Older Persons on Waiting Lists**

Column A Name of County	Column B FY 2018 # of Older Persons Denied HDMS due to Lack of Funding	Column C Current # of Older Persons on Waiting Lists
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	0	0
Moultrie	20	0
Piatt	5	0
Shelby	15	0
Vermilion	119	25
Macon	0	0
Grand Total:	384	25

Numbers of Older Persons Needing HDMs in Unserved Areas

Column A County	Column B Unserved Townships/Communities/Neighborhoods	Column C # of Older Persons Needing HDMs
Champaign	Ayers, Compromise, Crittenden, East Bend, Kerr, Ogden, Raymond, Stanton, St. Joseph	40
Clark	Anderson, Auburn, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Wabash, York	30
Coles	Hutton, Morgan, North Okaw, Seven Hickory	30
Cumberland	Union	5
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Tunbridge, Wapella, Waynesville, Wilson	20
Douglas	Bourboon, Bowdre, Garrett, Sargent	15
Edgar	Brouilletts Creek, Elbridge, Grandview, Hunter, Prairie, Redmon, Stratton, Symmes	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall	15
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, 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, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo	20
McLean		0
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe	20
Piatt	Cerro Gordo, Sangamon, Unity, Willow Branch	5
Shelby	Flat Branch, Holland, Penn, Rural,	15
<i>PEACE MEAL TOTAL</i>		<i>315</i>
Vermilion – CRIS	None	0
Macon – DMCOC	Macon	15
Macon – MOWs	None	0
GRAND TOTAL		330

Statewide Initiative

Enhance Illinois' Existing Community-Based Service Delivery System to Address Social Isolation among Older Adults

Background Information

ECIAAA will work in collaboration with other community-based providers to address social isolation among older adults. The goal is to reduce social isolation among older adults within the PSA.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. A recent review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function and mortality.

Social isolation refers to the objective absence of contacts and interactions between a person and a social network. Thus, socially isolated older adults have poor or limited contact with others and they view this level of contact as inadequate, and/or that the limited contact has had adverse personal consequences for them.

The AARP Foundation has defined social isolation as the following:

Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health, ability and motivation to access adequate support for themselves, and the quality of the environment and community in which they live.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that, "Socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth" (Flowers, Shaw, Arid, 2017). Other surveys have indicated that gender, education and race/ethnicity were not related to loneliness. Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses, and have difficulty performing activities of daily living.

The primary risk factors associated with isolation include:

- Living alone
- Mobility or sensory impairment
- Major life transitions
- Socioeconomic status (low income, limited resources)
- Being a caregiver for someone with severe impairment

- Psychological or cognitive vulnerabilities
- Location: rural or inaccessible neighborhood/community
- Small social network and/or inadequate social support
- Language (limited English-speaking)
- Membership in a vulnerable group (AARP Foundation)

ECIAAAA will target the communities of Bloomington/Normal, Champaign/Urbana, Decatur and Danville.

ECIAAAA will conduct service coordination and program development activities which may include, but not but limited to the following:

- Consider transportation initiatives for older adults
- Expand social facilitation interventions such as friendly visitor, telephone reassurance programs
- Develop leisure/skill development interventions
- Expand health prevention and promotion activities
- Use remote communications to reduce isolation
- Support informal caregivers
- Increase the service delivery capacity of small community agencies to address social isolation
- Support the development of volunteer-based outreach programs
- Consider Intergenerational activities

ECIAAAA will implement the Statewide Initiative during the next three fiscal years. Year One – FY 2019 – will serve as the planning year.

ECIAAAA LOCAL INITIATIVE

Healthy Aging - helping older adults manage chronic health conditions.

Statement of Need

The Administration on Community Living (ACL) 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 79 years today (U.S. Census). On average, an American turning age 65 today can expect to live an additional 19.1 years. Not only are Americans living longer, the population of older Americans is experiencing tremendous growth. According to the ACL, the population of Americans age 60 and over will increase from 57 million to over 77 million between now and 2020. The 85 and over age group will see similar growth, increasing from 6.3 million to 9.1 million from 2015 to 2030, according to U.S. Census data. 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. Older Americans Act programs and services help seniors in need maintain their health and independence.

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital 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. According to studies by the Stanford Patient Education Resource Center, participants in Chronic Disease and Diabetes Self-Management Programs (evidence-based healthy aging programs often supported by OAA funds) gained significant improvements in many health factors and self-management skills, resulting in fewer and shorter hospital visits. Survey results from another evidence-based program, A Matter of Balance, indicated over 97 percent of participants felt more comfortable talking about falling, and planned to continue the program's exercises after the conclusion of the workshops.

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.

Healthy Aging in East Central Illinois

ECIAAA promotes healthy aging with local and statewide partners including:

- Through the collaboration with McLean County Senior Wellness Coalition, ECIAAA has been able to initiate and fund A Matter of Balance workshops throughout McLean County.
- ECIAAA funded providers have reported 140 participants in McLean County A Matter of Balance workshops.
- ECIAAA is a partner with Illinois Pathways to Health – an ACL grant awarded to and administered by AgeOptions, to enhance the dissemination of Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) in PSA 05.
- ECIAAA participates in statewide initiatives with Illinois Pathways to Health to unify marketing and outreach strategies, as well as gather participant and workshop performance data and outcome measures.
- ECIAAA is a member of the Illinois Community and Healthy Aging Collaborative (ICHAC). The mission of the newly developed Illinois Community and Healthy Aging Collaborative is to expand funding opportunities to existing and new Healthy Aging/Evidenced-Based programs in Illinois.
- ECIAAA is partnering with ICHAC and Rush Medical Center in a statewide initiative to expand A Matter of Balance programs. ECIAAA gained four new master trainers and expanded workshops into four new counties.

- Under the direction of Rush Medical Center and Illinois Aging Services, ECIAAA is sponsoring the Geriatric Workforce Enhancement Program Grant to expand PEARLS and HEALTHY IDEAS to Planning and Service Areas serving downstate Illinois.

ECIAAA Funding for Healthy Aging/Evidence-Based Programming for FY 2019:

In response to multiple statewide initiatives, ECIAAA will direct Title III-D and Title III-B funding to support evidence-based healthy aging programming and services. Programs supported with Title III-D funding include Strong for Life, A Matter of Balance, and Program to Encourage Active, Rewarding Lives for Seniors (PEARLS). *Take Charge of Your Health: Live Well, Be Well*, the Chronic Disease Self-Management and Diabetes Self-Management Program will be supported with Title III-B funding. A Matter of Balance will also share in Title III-B funding. Through increased collaboration, ECIAAA will strive to exceed evidence-based healthy aging completer performance, resulting in enhanced funding opportunities. ECIAAA is committed to continued support of Leaders Trainings, fidelity monitoring, as well as increasing the number of Master Trainers located in PSA 05. ECIAAA will aim to make evidence-based programs available across all 16 counties in East Central Illinois.

Demographic Characteristics and Trends

A Profile of Older Americans: 2016

Source: Administration on Aging/Administration for Community Living

- The older population (65+) numbered 47.8 million in 2015 (the most recent year for which statistics are available), an increase of 11.1 million or 30% since 2005.
- Between 2005 and 2015 the population age 60 and over increased 34% from 48.9 million to 66.8 million.
- The 85+ population is projected to triple from 6.3 million in 2015 to 14.6 million in 2040.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 14.9% between 2005-2015.
- Racial and ethnic minority populations have increased from 6.7 million in 2005 (18% of the older adult population) to 10.6 million in 2015 (22% of older adults) and are expected to increase to 21.1 million in 2030 (28% of older adults).
- About one in every seven, or 14.9%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).
- There were 76,974 persons aged 100 or more in 2015 (.02% of the total 65+ population).
- Older women outnumber older men at 26.7 million older women to 21.1 million older men.
- In 2015, 22% 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), 0.5% 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 8% of the older population.

- Older men were much more likely to be married than older women--70% of men vs. 45% of women. In 2016, 34% older women were widows.
- About 29% (13.6 million) of non-institutionalized older persons live alone (9.3 million women, 4.3 million men).
- Almost half of older women (46%) age 75+ live alone.
- The population 65 and over has increased from 36.2 million in 2004 to 46.2 million in 2014 (an 28% increase) and is projected to more than double to 98 million in 2060.
- The 85+ population is projected to triple from 6.2 million in 2014 to 14.6 million in 2040.
- Racial and ethnic minority populations have increased from 6.5 million in 2004 (18% of the elderly population) to 10 million in 2014 (22% of the elderly) and are projected to increase to 21.1 million in 2030 (28% of the elderly).
- The median income of all households headed older people declined by 2.7% between 2013 and 2014. Households containing families headed by persons 65+ reported a median income of 2014 of \$54,838.
- The major sources of income as reported by older persons in 2013 were Social Security (reported by 8% of older persons), income from assets (reported by 51%), private pensions (reported by 27%), government employee pensions (reported by 14%), and earnings (reported by 28%).
- Social Security constituted 90% or more of the income received by 33% of beneficiaries in 2014 (21% of married couples and 43% of non-married beneficiaries).
- The major sources of income as reported by older persons in 2014 were Social Security (reported by 84% of older persons), income from assets (reported by 62%), earnings (reported by 29%), private pensions (reported 37%), and government employee pensions (reported by 16%).
- Over 4.2 million elderly persons (8.8%) were below the poverty level in 2015. This poverty rate is not statistically different from the poverty rate in 2014 (10.0%). 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 2015, the SPM shows a poverty level for older persons of 13.7% (almost 5 percentage points higher than the official rate of 8.8%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

Principle sources of data for the Profile are the 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 Planning and Service Area 05

60+ Population Percentage of Total Population

County Name	2016 Census Population Estimates Total Population	2016 Census Population Estimates 60+ Population	60+ Population % of Total Population
Champaign	208,419	35,270	16.9%
Clark	15,983	4,126	25.9%
Coles	52,343	11,518	22.0%
Cumberland	10,858	2,774	25.5%
DeWitt	16,226	4,208	25.9%
Douglas	19,630	4,574	23.3%
Edgar	17,566	5,010	28.5%
Ford	13,575	3,638	26.8%
Iroquois	28,334	8,020	28.3%
Livingston	36,526	9,069	24.8%
McLean	172,418	30,264	17.6%
Macon	106,550	27,492	25.8%
Moultrie	14,827	3,820	25.8%
Piatt	16,560	4,263	25.7%
Shelby	21,717	6,261	28.8%
Vermilion	78,111	19,332	24.7%
PSA 05 Total	829,598	179,639	21.7%

60+ Minority Percentage of 60+ Population

County Name	2016 Census Population Estimates 60+ Population	2016 Census Population Estimates 60+ Minority Population	60+ Minority % of 60+ Population
Champaign	35,270	5,244	14.9%
Clark	4,126	64	1.6%
Coles	11,518	377	3.3%
Cumberland	2,774	51	1.8%
DeWitt	4,208	73	1.7%
Douglas	4,574	167	3.7%
Edgar	5,010	91	1.8%
Ford	3,638	83	2.3%
Iroquois	8,020	288	3.6%
Livingston	9,069	287	3.2%
McLean	30,264	2,274	7.5%
Macon	27,492	3,362	12.2%
Moultrie	3,820	45	1.2%
Piatt	4,263	66	1.5%
Shelby	6,261	105	1.7%
Vermilion	19,332	1,828	9.5%
PSA 05 Total	179,639	14,405	8.0%

60+ Poverty Percentage of 60+ Population

County Name	2016 Census Population Estimates 60+ Population	American Community Survey 2012-2016 60+ Poverty	60+ Poverty % of 60+ Population
Champaign	35,270	2,623	7.4%
Clark	4,126	221	5.4%
Coles	11,518	709	6.2%
Cumberland	2,774	279	10.1%
DeWitt	4,208	192	4.6%
Douglas	4,574	350	7.7%
Edgar	5,010	544	10.9%
Ford	3,638	236	6.5%
Iroquois	8,020	811	10.1%
Livingston	9,069	622	6.9%
McLean	30,264	2,049	6.8%
Macon	27,492	2,021	7.4%
Moultrie	3,820	190	5.0%
Piatt	4,263	225	5.3%
Shelby	6,261	509	8.1%
Vermilion	19,332	1,501	7.8%
PSA 05 Total	179,639	13,082	7.3%

85+ Population Percentage of 60+ Population

County Name	2016 Census Population Estimates 60+ Population	2016 Census Population Estimates 85+ Population	85+ Population % of 60+ Population
Champaign	35,270	3,630	10.3%
Clark	4,126	470	11.4%
Coles	11,518	1,256	10.9%
Cumberland	2,774	294	10.6%
DeWitt	4,208	385	9.1%
Douglas	4,574	464	10.1%
Edgar	5,010	562	11.2%
Ford	3,638	490	13.5%
Iroquois	8,020	946	11.8%
Livingston	9,069	1,098	12.1%
McLean	30,264	3,074	10.2%
Macon	27,492	3,028	11.0%
Moultrie	3,820	513	13.4%
Piatt	4,263	393	9.2%
Shelby	6,261	709	11.3%
Vermilion	19,332	1,887	9.8%
PSA 05 Total	179,639	19,199	10.7%

60+ Rural of 60+ Population

County Name	2016 Census Population Estimates 60+ Population	2016 Population Estimates 60+ Rural Population	60+ Rural % of 60+ Population
Champaign	35,270	0	0%
Clark	4,126	4,126	100%
Coles	11,518	11,518	100%
Cumberland	2,774	2,774	100%
DeWitt	4,208	0	0%
Douglas	4,574	4,574	100%
Edgar	5,010	5,010	100%
Ford	3,638	0	0%
Iroquois	8,020	8,020	100%
Livingston	9,069	9,069	100%
McLean	30,264	0	0%
Macon	27,492	0	0%
Moultrie	3,820	3,820	100%
Piatt	4,263	0	0%
Shelby	6,261	6,261	100%
Vermilion	19,332	0	0%
PSA 05 Total	179,639	30,672	30.7%

60+ Living Alone of 60+ Population

County Name	2016 Census Population Estimates 60+ Population	Aging Special Tabulation ACS 2010-2014 60+ Living Alone	60+ Living Alone % of 60+ Population
Champaign	35,270	8,385	23.8%
Clark	4,126	1,000	24.2%
Coles	11,518	2,765	24.0%
Cumberland	2,774	625	22.5%
DeWitt	4,208	950	22.6%
Douglas	4,574	1,095	23.9%
Edgar	5,010	1,245	24.9%
Ford	3,638	980	26.4%
Iroquois	8,020	2,065	25.7%
Livingston	9,069	2,320	25.6%
McLean	30,264	6,605	21.8%
Macon	27,492	7,285	26.5%
Moultrie	3,820	750	19.6%
Piatt	4,263	885	20.8%
Shelby	6,261	1,405	22.4%
Vermilion	19,332	5,480	28.3%
PSA 05 Total	179,639	43,820	24.4%

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 2019

PSA	60+ Pop.	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.89	4.65	2.13	6.13	5.87	16.04	6.13
02	24.68	16.24	17.07	22.52	19.89	0.00	19.07
03	4.53	3.84	1.19	4.98	5.08	17.12	5.23
04	3.70	2.85	1.03	3.96	3.70	2.45	3.13
05	6.77	5.85	2.09	7.18	7.11	14.25	6.80
06	1.22	1.13	0.14	1.42	1.19	7.91	1.70
07	4.19	3.48	0.83	4.48	4.59	11.31	4.37
08	5.61	4.87	3.11	5.88	5.92	3.01	4.98
09	1.39	1.26	0.19	1.50	1.46	9.44	1.98
10	1.17	1.14	0.09	1.37	1.35	8.04	1.70
11	2.65	3.06	0.67	2.79	2.94	10.41	3.29
12	17.23	33.25	46.11	16.83	20.32	0.00	22.77
13	20.97	18.31	25.46	21.04	20.71	0.00	18.85
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 6.80 in FY2019 – a decrease of 0.07%.

ECIAAA Funding Formula for FY2019

A. Introduction

The East Central Illinois Area Agency on Aging will allocate Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA’s Funding Formula for FY 2019 has been updated, effective March 21, 2018.

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.
- Be based on data derivable by the U.S. Social Security Administration.

The formula contains the following factors:

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

E. Factors by Weight

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

F. Application of the ECIAAA Funding Formula

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

Where:

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

G. Base Level of Funding

Senior Information Services/Coordinated Point of Entry

In FY2019 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 a No Wrong Door Network.

Legal Services

FY 2015 county allocations will serve as the Base Level of Funding per county for FY2019, 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 2015 county allocations will serve as the Base Level of Funding per county in FY2019 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/Respite Services

In FY 2019, ECIAAA will establish the Base Level of Funding at \$5,000 per county. The remaining Title III-E funding will be distributed on the formula share per county. (Updated March 31, 2018)

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 FY2019

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2019, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2012-2016.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Year 2019, and proposes to update its funding formula with five-year estimates from the American Community Survey for the Area Plan for FY 2019.

ECIAAA Budget Assumptions for FY2019

1. The recommended Illinois General Revenue funding level for Home Delivered Meals is budgeted at \$21,800,000 – which is budgeted at the FY2018 level to maintain the provision of 6.2 million meals.
2. The recommended funding level for Adult Protective Services is budgeted at \$22.9 million - to respond to 18,372 projected reports of abuse, neglect and exploitation affecting persons 60+, and persons with disabilities ages 18 to 59.
3. The recommended funding level for the Long-Term Care Ombudsman Program (LTCOP) is budgeted at \$8.25 million.
4. ECIAAA must comply with federal Older Americans Act statutory obligations to fund categorical or specified services, e.g., III-B Support Services – including Legal Assistance, III-C Nutrition Services – including Congregate and Home Delivered Meals, and Title III-E Caregiver Support Services – which includes Caregiver Advisory and Respite Services.
5. ECIAAA must comply with a federal Administration on Aging (AoA) requirement that requires all Title III-D funds be used to fund evidence-based services that comply with AoA’s Highest Level Criteria.
6. OAA allows an AAA to apply for 10% of total Title III-B and Title III-C for the cost of administration.
7. An AAA will apply for Title III-B funds for the cost of administrative-related direct services including: advocacy, program development, and coordination.
8. 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.

EAST CENTRAL ILLINOIS AREA AGENCY ON AGING’S FY 2019 Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers in PSA 05

1. The implementation of Coordinated Points of Entry/Senior Information Services continues to be a top service priority under Title III-B/GRF for FY 2019. ECIAAA plans to budget \$1,036,670 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP).
2. ECIAAA proposes to budget \$52,531 in GRF for selected CPoEs for Options Counseling.
3. ECIAAA proposes to budget \$77,626 in federal OAA Title III-B funds for legal assistance for seniors in FY2019.
4. ECIAAA proposes to budget \$22,957 in federal OAA Title III-D funds for the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and Strong for Life in FY2019.

5. ECIAAA proposes to budget \$24,074 in federal OAA Title III-D funds for A Matter of Balance in FY2019.
6. ECIAAA proposes to budget \$36,700 in federal OAA Title III-B funds for Gerontological Counseling -PEARLS.
7. ECIAAA proposes to budget \$497,302 in federal OAA Title III-C 1 and \$62,224 in Nutrition Services Incentive Funds (NSIP) for congregate nutrition in FY2019.
8. As a top service priority under Title III-C for FY 2019, ECIAAA proposes to budget a total of \$2,657,853 in FY2019 for home delivered meals, including \$813,209 in federal OAA Title III-C-2 funds, \$1,482,400 in Illinois General Revenue Funds (GRF) and \$362,244 in Nutrition Services Incentive Funds (NSIP).
9. As a top service priority under Title III-E for FY 2019, ECIAAA proposes to budget \$323,487 federal OAA Title III-E funds for Caregiver Advisory Services in FY2019.
10. ECIAAA proposes to budget \$12,739 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY2019.

Contingency Planning

Contingency Plan – ECIAAA proposed the following contingency policy and plan for FY 2019-2021:

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 interfund transfers among OAA Titles III-B, C1 and C2 to sustain Coordinated Points of Entry/Senior Information Services and/or Home Delivered Meals, if necessary and feasible.
5. ECIAAA will use additional GRF for home delivered meals to sustain current meal levels, keep pace with rising costs, and respond to increased demand for meals if feasible.
6. Caregiver Advisory Services will be given the highest priority for OAA Title III-E funds. If ECIAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce expenditures for Respite Services.
7. ECIAAA will use additional state funds for the LTC Ombudsman Program to comply with statutory requirements and program standards.
8. ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect or financial exploitation.

FISCAL YEAR 2019 BUDGET SUMMARY

East Central Illinois Area Agency on Aging proposes to administer an estimated \$9,597,106 in federal, state and local funds for Fiscal Year 2018 for the period covering October 1, 2018 through September 30, 2019. The chart below includes projections of resources using the following sources available at the time of publication:

- Area Agency on Aging Letter #881 issued by the Illinois Department on Aging, dated 3.22.18; and,
 - Letter #881 federal funds will be updated once the federal government finalizes a FY 2018 budget and actual allocations are released by the Administration for Community Living (ACL) to the Illinois Department on Aging.
 - Letter #881 includes Illinois General Revenue Funds as proposed by the Governor for FY 2019 Aging Programs with modest increases for Community-Based Services and Ombudsman Services. These amounts may change as the final FY 2019 state budget is negotiated and enacted.

- Historical information from Fiscal Year 2017 (Prior Year) and Fiscal Year 2018 (Current Year).

Services	Federal Funds	Illinois Revenue Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
Caregiver ⁽¹⁾	\$ 392,211			\$ 93,604	\$ 5,000	\$ 490,815
Community Based ⁽¹⁾ <small>(2), (3)</small>	1,105,875	746,899		575,000	12,500	\$ 2,440,274
Congregate Meals	603,935	-	62,224	825,000	525,000	\$ 2,016,159
Home Delivered Meals	869,113	1,482,400	362,244	785,000	575,000	\$ 4,073,757
Vulnerable Elder Rights and Adult Protective Services	25,387	39,432		7,500	1,000	\$ 73,319
Long Term Care Ombudsman ⁽⁴⁾	103,378	379,150				\$ 482,528
Community Care Program - Systems Development		20,254				\$ 20,254
	\$ 3,099,899	\$ 2,668,135	\$ 424,468	\$ 2,286,104	\$ 1,118,500	\$ 9,597,106

General Note: The above budget amounts include both administration and direct service funds.

Footnotes:

1. Federal funds include projected carry-over funds in caregiver and community-based services of \$51,746, and \$18,626 respectively.
2. Senior Health Assistance Program funds in the amount of \$126,460 are included under State Funds.
3. Title III-D funds in the amount of \$47,031 are included under Federal Funds for Health Promotion Programs – CDSMP, DSMP, Strong for Life and Matter of Balance
4. LTC Ombudsman State Funds includes Long Term Care Provider Funds (formerly Bed Tax) and Illinois General Revenue Funds.

FEDERAL CARRY-OVER FUNDS

Carry-over funds are projected in the amount of \$70,372, within Title III-B Community Based and Title III-E Caregiver Services. Projections are based on prior year and impact of the State Budget and spending requirements. Actual carry-over funds will be determined after the close of the fiscal year 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, 2018.

Title IIIB Community Based Services	Title IIIB Long Term Care Ombud- sman	Title IIIC(1) Congregate Meals	Title IIIC(2) Home Delivered Meals	Title IIID Evidenced Based Programs	Title IIIE Care- giver Services	Title VII Ombud- sman	Title VII Elder Abuse	Total
\$51,746	0	0	0	0	\$18,626	0	0	\$70,372

INTER-FUND TRANSFERS

For FY 2018, ECIAAA is proposing no changes to inter-fund transfers from the current year FY 2018. The transfer from Title III-C to Title III-B is 9.28%. The transfer from Title III-C1 to Title III-C2 is 28.6%. The transfer amount to Title III-B is within the 15% transfer authority while the transfer amount from C1 to C2 exceeds transfer authority.

Title III-B	Title III-B Ombudsman	Title III-C (1)	Title III-C (2)	Total
\$150,658		(\$452,695)	\$302,037	0

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) – CONGREGATE and HOME DELIVERED MEALS

The Nutrition Services Incentive Program is a part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and promote health and well-being of older individuals and delay adverse health conditions through access to healthy meals, nutrition education and nutrition counseling. ECIAAA projects a total of \$424,468 in NSIP funds or 7.36% of total meals based on funds available to the State of Illinois. The number of meals in east central Illinois for the last several years has shown trends of both increases and decreases. Of the \$424,468, \$62,224 and \$362,244 are being budgeted for congregated meals and home delivered meals respectively.

VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

The East Central Illinois Area Agency on Aging will fund activities that include public information & education on elder abuse or ombudsman related issues, elder abuse or ombudsman related trainings, multi-disciplinary teams in accordance with standards and procedures under Title VII of the Older Americans Act. The budget for these service activities is \$22,489.

INTERNAL OPERATIONS & DIRECT SERVICES OF THE AREA AGENCY ON AGING

For Fiscal Year 2019 the operational budget for the organization is budgeted at **\$1,614,093** 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 and the second year in operating the Community Based Options Demonstration Project. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, consulting-professional services, rent/utilities, telecommunications, training and education, and other. Budgets by category and line item are set by the Area Agency on Aging’s Board of Directors.

Funding Source/Program Description	Fiscal Year 2019
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$291,460
Title III-B and Title VII – Ombudsman	10,338
Title VII – Vulnerable Elder Rights Protection	2,539
General Revenue Funds – Match	99,065
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	39,432
General Revenue Funds - Long Term Care Systems Development	20,254
Senior Health Assistance Program	12,646
Sub Total	\$475,734
ADMINISTRATIVELY RELATED DIRECT SERVICES:	
Title III-B – Advocacy, Coordination and Program Development. ⁽¹⁾	\$445,810
Sub Total	\$445,810
DIRECT SERVICES – LONG TERM CARE OMBUDSMAN PROGRAM:	
Title III-B, VII, General Revenue Funds, Money Follows the Person, and Provider Fund (Bed Tax)	\$472,549
Sub Total	\$472,549
DEMONSTRATION PROJECT - COMMUNITY BASED OPTIONS	
Management & General Administration	\$220,000
Sub Total	\$220,000
TOTAL	\$1,614,093

Notes:

- 1) ECIAAA’s Administratively Related Direct Services budget is \$254,375 or 63.7% less than allowed by IDoA policy.
- 2) Community Based Options Demonstration Project budget of \$2.3M for direct services is not included within this exhibit.

ADMINISTRATION

A total of \$403,402 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. Activities may include:

- Policy development
- Strategic planning
- Representation on task forces, committees and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Seven (7) respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Audit reviews
- Regular desktop reviews
- Management of grants for caregiver service components
- Microsoft Office applications
- Computer technology
- Data analysis
- Research
- Management of contracts for elder abuse activities for multi-disciplinary teams, public information and education, and training
- Procurement of federally and state funded services
- Board, advisory council, staff meetings and staff training
- Recognition
- Special initiatives
- Membership affiliation with local, state and national organizations.
- Maintaining a web-based software for funded program demographics
- Modifying a web-based reporting system
- On-site monitoring and quality assurance
- Maintaining an updated policy & procedure manual for funded service providers
- Maintaining ESP resource database
- Telephone reception and referral
- Filing of records

ADULT PROTECTIVE SERVICES (APS)

A total of \$39,432 in State of Illinois General Revenue Funds is being budgeted to perform or assure the performance of activities of the Adult Protective Services Program with and throughout the sixteen counties of east central Illinois. Direct service activities performed by adult protective service providers will be paid directly from the Illinois Department on Aging while ECIAAA will carry out the following activities:

- Procurement of services
- Attending trainings
- Public education
- Technical assistance
- Annual retreat
- Quarterly meetings with service providers
- Annual program operations case reviews
- Peer reviews
- Planning and implementation of elder self-neglect program
- Attending M-Team Meetings
- Program administration

LONG TERM CARE SYSTEMS DEVELOPMENT

A total of \$20,254 in State of Illinois General Revenue Funds is being budgeted for Community Care Program activities of the Long-Term Care Systems Development Grant. Activities may include:

- Assisting with the Community Care Program operational activities and management issues
- Identifying gaps in services
- Technical assistance
- Assisting with departmental planning and development of activities
- Reporting
- Developing the No Wrong Door/ADRN system

ADVOCACY, COORDINATION & PROGRAM DEVELOPMENT

A total of \$445,810 is being budgeted to provide administratively related direct services of advocacy, coordination and program development under Title III-B of the Older Americans Act. Activities within the three-administrative related direct services may include:

Advocacy - Local, State, National

- Representing the interest of older persons to public officials, public/private agencies and organizations. Client intervention relating to problems and resolving conflicts
- Conducting public hearings on the needs and issues
- Advocacy in action training
- Inducing change in attitude and stereotypes, legislation, agency policies, and policy implementation
- Participation in senior expos hosted by area legislators
- Participating in HSTP meetings in Regions 6 and 8
- Hosting student internships
- Regular Aging Network Alerts
- Use of social media
- Developing older person's capabilities to advocate on their own behalf
- Reviewing and commenting on public plans, policies, levies and community action
- Coordinating planning activities with organizations for new and expanded benefits and opportunities
- Maintaining website for the organization
- Client intervention relating to problems and resolving conflicts
- Maintaining regular communications and availability with legislator and other legislative staff in Springfield, Washington and field offices
- Maintaining regular communications and availability to media

Coordination

- Sharing information about availability of service to general public
- Assisting service providers with development and adherence to service standards
- Participating with local, state and federal agencies in coordinating emergency disaster assistance.
- Coordinating the Coordinated Points of Entry/Aging & Disabilities Resource Centers- Senior Information Services with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- Coordinating and updating the Agency's website
- Distribution of Senior Farmer's Market Coupons through local service providers
- Coordinating Developing a working relationship with assisted living facilities
- evidence-based healthy aging programs
- Coordinating performance based measurement activities
- Responding to inquiries (phone, mail, walk-ins) from older persons, caregivers and family members about services
- Participating in HSTP meetings in Regions 6 and 8 organizations
- 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 general public on aging issues through ECIAAA website, (www.eciaaa.org) news releases, consumer education, and ALERT e-newsletter
- Continuing to build the capacity of Coordinated Point of Entry (CPoE)/ADRC
- Coordinating information and assistance support to funded service providers, affiliated organizations and the general public that includes: coordinating database Enhanced Services Program (ESP)
- Hosting student internships
- Collaborating with 211 Call Center at PATH in Bloomington, Illinois
- Tracking and monitoring of website usage
- Coordinating the ADRC network Advisory Council for Area 5
- Disseminating program/best practices updates to the aging network and collaborating partner
- Coordinating adherence to national AIRS Standards

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.
- Hosting student internships
- Working with local housing authorities to address assisted.
- Implementing a web-based reporting system
- Building collaboration for the dissemination of evidence based practices
- Maintaining a regional-wide system to measure performance outcomes for services
- Developing options for respite care
- Assisting in the aging & disabilities demonstration program
- Identifying and meeting with key community leaders and organizations
- Integrating new services into existing delivery systems
- Developing and designing services to meet changing needs
- Pursuing innovative methods of expanding living service needs services and controlling costs
- Quarterly meetings of caregiver advisors
- Building alliances between providers of senior services and behavioral health care
- Expanding Coordinated Points of Entry to include Aging Disability Resource Centers

OMBUDSMAN

A total of \$472,549 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, and Long-Term Care Provider Funds being budgeted to staff the program with 1 regional ombudsman and up to 5 ombudsmen for service activities targeted to an estimated 9,519 (80% of licensed beds or occupancy rate/projection) residents residing in 160 long term care facilities throughout the 16 counties. The Illinois Department of Public Health recent data shows east central Illinois of having 11,899 licensed beds. In addition, the area of east central Illinois has 8.28% of the total beds in Illinois and 10.03% of facilities in the State of Illinois. Activities may include Monitoring, developing and implementing federal, state and local laws, regulations and policies such as:

- Culture change events and training
- Disseminating materials during regular presence visits and when attending family and resident council meetings, and other public education seminars.
- Advocacy on behalf of licensed assisted living facilities
- Program Administration
- Promoting Pioneer Practices to improve the quality of life for residents of Long Term Care facilities
- Maintaining client records
- Promoting Pioneer Practices to improve the quality of life for residents of Long-Term Care facilities explaining to families, residents, nursing home staff and others about MFP eligibility requirements and the referral process
- Supporting & developing family and resident councils
- Participating in facility surveys
- Advocacy
- Regular presence & visiting residents

SENIOR HEALTH ASSISTANCE PROGRAM

A total of \$12,646 in Tobacco Settlement Recovery Funds to coordinate and establish region-wide collaboration with partners that include but not limited to Social Security Administration, Centers of Independence Living, Division of Rehabilitation Services, and the Department of Human Services. Additionally, local collaboration with Coordinated Point of Entry/ADRC - Senior Information Services providers, other aging network partners, and Social Security Offices. Referrals to appropriate provider agencies from calls received from older adults and family members regarding low income subsidy benefits and prescription drug coverage under Part D Medicare and other pharmaceutical assistance programs. Activities may include:

- Expansion of outreach activities about Medicare Saving Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- Coordinate with funded service providers the conduction 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
- Educational Alerts
- Coordinate with funded service providers the expansion of application assistance services for LIS and MSP benefits
- information to website
- Critical Complaint resolution
- Program clarification & Program updates to providers
- Postings of education and outreach activity
- Program Administration
- Referrals to appropriate agencies in the provision of direct services

COMMUNITY BASED OPTION DEMONSTRATION

The amount of \$220,000 to administer a demonstration project developed to better target services to meet individual needs, to increase cost effectiveness of services provided, and to promote participant-centered care planning. Services may include: emergency home response, automated medication dispensers, personal care support, meals, behavior health, adult day care, household support and one-time services. Program and fiscal administration activities may include:

- Entering and uploading contract and service information in an IT system
- Procuring service providers
- Executing contract and grant awards
- Monitoring service provider performance
- Reimbursing service providers for services
- Reviewing and allocating funds for care plans
- Collaborating with service network, case coordination units and other stakeholders
- Service fairs, shows and other expositions

Service Grants	Program Projections		Budget Projections											
	Persons	Units of Service	Title III-B	Title III-C(1)	NSIP CC-1	Title III-C(2)	NSIP C-2	Title III-D	Title III-E	Title VII-EA	GRF Match	GRF Non Match/Equal	SHAP	Total
Access Services:														
Information & Referral/SIS – CPoE	14,874	42,911	\$354,948								\$63,922	\$503,986	\$113,814	\$1,036,670
Options Counseling/SIS – CPoE	336	1,810										52,531		\$52,531
Community Services:														
Health Promotion Programs														
- CDSMP/DSMP	48	192						18,308						\$18,308
- Strong For Life	112	2,268						4,649						\$4,649
A Matter of Balance	114	604						24,074						\$24,074
Gerontological Counseling - PEARLS	84	752	36,700											\$36,700
Legal	520	3,026	77,626											\$77,626
Elder Abuse & Neglect										22,489				\$22,489
In-Home Services:														
Respite	1	29	450											\$450
Nutrition Services:														
Congregate Meals	4,529	185,352		497,302	62,224									\$559,526
Home Delivered Meals	3,352	416,087				813,209	362,244					1,482,400		\$2,657,853
Caregiver Services:														
Counseling/Support Groups (Care/GRG)	1,203	9,728							323,487					\$323,487
Respite (Care)	25	665							12,739					\$12,739
TOTAL			\$469,724	\$497,302	\$62,224	\$813,209	\$362,244	\$47,031	\$336,226	\$22,489	\$63,922	\$2,038,917	\$113,814	\$4,827,102