

# PUBLIC INFORMATION DOCUMENT



## SUMMARY OF THE PROPOSED AREA PLAN For FISCAL YEARS 2017-2018



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

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

*The East Central Illinois Area Agency on Aging does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voice and TDD), or contact the Area Agency's Civil Rights Coordinator at 1-800-888-4456.*

**PUBLISHED: April 7, 2016**

## NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed Area Plan for Fiscal Years 2017-2018. A summary of this document will be presented at Public Hearings (see schedule below).

A summary of public comments will be presented to the ECIAAA Advisory Council on May 4, 2016 and to the ECIAAA Corporate Board on May 18, 2016 for their consideration.

Comments on the proposed Area Plan for Fiscal Year 2017 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., May 3, 2016 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 for the remaining years (FY 2017 & FY 2018) of ECIAAA's current three-year Area Plan (FY 2016-2018).

<b>Date</b>	<b>Time</b>	<b>Location</b>
April 29	10:00-11:30 a.m.	Decatur Macon County Senior Center, 1430 North 22nd Street, Decatur, IL
April 29	2:00 – 3:30 p.m.	East Central Illinois Area Agency on Aging, 1003 Maple Hill Rd., Bloomington, IL
May 2	10:00-11:30 a.m.	LifeSpan Center, 11021 East County Road 800 North, Charleston, IL
May 2	2:00-3:30 p.m.	Family Service, 405 South State Street, Champaign, IL

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

- Reauthorization of the Older Americans Act for FY 2015
- Proposed Older Americans Act funding for FY 2017 for services in Planning and Service Area 05, as allocated by Illinois Department on Aging (IDOA)
- Proposed Illinois Community Reinvestment Program as presented by the Illinois Department on Aging (IDOA)
- The funding crisis ECIAAA-Service Providers are experiencing based on the current Illinois Budget Impasse for FY 2016

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 2017. 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 Ombudsman Program.

**For more information** contact Susan Real, ECIAAA Executive Director by email at: sreal@eciaaa.org.

# **East Central Illinois Area Agency on Aging**

## **Who We Are**

The East Central Illinois Area Agency on Aging is a non-profit organization, founded in 1972, and authorized under the federal Older Americans Act and the Illinois Act on Aging to plan and administer services for older adults, persons with disabilities, caregivers, and grandparents.

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

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 165,000 persons 60 years of age and older, persons with disabilities, caregivers, grandparents and other relatives raising children in communities throughout the 16 counties of east central Illinois.

There are 618 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 5.

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

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

## **What We Do**

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

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

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

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

**HEALTHY AGING PROGRAMS** such as: *Chronic Disease Self-Management, Diabetes Self-Management, PEARLS (Program to Encourage Active, Rewarding Lives for Seniors), Strong for Life, and A Matter of Balance.*

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

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

## **ECIAAA Serves Older Americans, Persons with Disabilities, and Their Caregivers through...**

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

**Planning, Program Development and Coordination** – ECIAAA assesses the needs of seniors, persons with disabilities, caregivers, and grandparents, identifies planning issues, sets priorities for funding, coordinates services, develops new or expanded services, and forms partnerships with other organizations, for example, collaboration with Centers for Independent Living to develop an Aging and Disability Resource Network in Area 5.

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

**Providing Easy Access to Information, Assistance, Services and Supports** – ECIAAA supports a network of 12 Coordinated Points of Entry who work with 7 Care Coordination Units, 10 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, and other community organizations. This collaboration is known as the Aging & Disability Resource Network. Our partners take a “no-wrong-door” approach to inform adults, persons with disabilities, and their families about their options, make informed choices, and help them apply for benefits and services. You can find a list of Aging & Disability Resource Network partners nearest you by calling 1-800-888-4456; you can visit our website at [www.eciaaa.org](http://www.eciaaa.org); or you can send an inquiry by e-mail to: [aginginfo@eciaaa.org](mailto:aginginfo@eciaaa.org).

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

**Advocacy for Residents in Long Term Care Facilities** – ECIAAA sponsors a regional Ombudsman Program through a grant with the Illinois Department on Aging and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and in the future will advocate on behalf of clients receiving homecare and persons enrolled in managed care programs. The Ombudsman Program also advocates on behalf of adults eligible for Medicaid-waivered home care services and older adults and persons with disabilities who are enrolled in managed care demonstration programs in Area 5.

**Responding to Abuse, Neglect and Exploitation** – ECIAAA is the Regional Administering Agency for the Illinois Adult Protective Services Program in Area 05 under a grant with the Illinois Department on Aging. ECIAAA manages grants with 7 Adult Protective Service provider agencies who investigate reports of alleged abuse, neglect, exploitation, and self-neglect of persons with disabilities ages 18-59 and older persons 60 years of age and older, and provide assistance to vulnerable adults.

## **ON THE NATIONAL SCENE PROPOSED FY 2017 BUDGET**

President Obama sent his FY 2017 budget request to Congress, thus beginning the annual process of setting spending levels for all discretionary federal programs. While the President's budget theoretically serves as a starting point for congressional budget discussions, a Republican Congress is expected to reject most of his proposals. Despite this fact, the Administration's budget still serves as an important framer for the public on its federal investment priorities. It also annually kicks off the larger conversations on our nation's budget, deficit and debt that Congress and the President will have to resolve before year's end.

In total, the budget reflects \$4.23 trillion in spending authority, \$4.15 trillion in actual anticipated spending and \$3.64 trillion in proposed revenue—resulting in an anticipated \$503 billion deficit for FY 17. Unlike last year, the FY 17 budget conforms to budget caps signed into law last fall under the Bipartisan Budget Agreement (BBA), which lifted, by a total of \$80 billion for FY 16 and FY 17, the sequester-driven budget caps mandated for FY 16 by the Budget Control Act of 2011 (BCA). The President also proposed eliminating the budget caps entirely, as well as the threat of future sequestration, starting in FY 2018. For this year, however, because the President proposed spending in line with the BBA, spending increases proposed for many programs were more modest than we saw in last year's budget proposal. This strategy was anticipated by n4a based on our meetings with budget officials last fall.

n4a examined the President's budget with special attention given to programs that help older adults remain in their homes and communities. The following analysis focuses on key programs that serve older Americans and their caregivers, and is accompanied by n4a's detailed [appropriations chart](#).

### ***Discretionary Funding Details***

#### **Proposed Increases**

##### **Administration for Community Living (ACL), HHS**

ACL/AoA fared relatively well in this year's budget, with a nearly \$2.1 billion proposed budget that reflects both discretionary and mandatory investments in core Older Americans Act programs, as well as funding for existing disability programs that were shifted to ACL under the workforce investment reauthorization. This total includes an increase of \$28.4 million (1.4 percent) over FY 16 final funding.

##### **Older Americans Act Title III B and III C**

In a win for advocates, increases for III B Home and Community-Based Supportive Services and III C Nutrition Services totaled \$24.4 million. An increase of \$10 million (3 percent) for III B services; \$5.8 million (1.2 percent) for III C1 Congregate Meals; and \$8 million (3 percent) for III C2 Home-Delivered Meals reflects the bulk of the overall boost for ACL. Additionally, ACL proposes making one percent of III C available for national innovations investments to improve and modernize nutrition delivery models.

##### **Aging and Disability Resource Centers**

Funding for Aging and Disability Resource Centers (ADRCs) also received a modest, but important, increase of \$2 million (32 percent), which reflects the Administration's continued commitment to evolving and building out the ADRC/No Wrong Door (NWD) network across the country. However, this proposed funding, which is significantly below recent requests, also indicates a shift in investment strategy for ADRCs.

Since \$10 million in annual mandatory funding for ADRCs expired in September 2014, advocates and Administration officials have been unable to fill that gap with additional discretionary (annually appropriated) or restored mandatory funding. The \$2 million increase in the FY 17 request for the ADRC program represents the commitment to providing additional technical assistance to ADRC networks, but also recognizes that the bulk of infrastructure funding for ADRCs is occurring via investments by the Centers for Medicare and Medicaid Services (CMS) and the Veterans Health Administration (VHA) through other initiatives (e.g., the Balancing Incentive Program and Veterans-Directed Home and Community-Based Services program). In a briefing call with advocates yesterday, Assistant Secretary for Aging and ACL Administrator Kathy Greenlee specifically cited recent CMS guidance released to states to support state operations of ADRC/NWD networks. While n4a will continue to advocate for increased ADRC funding with Congress, the FY 17 ACL budget reflects the reality that major investments in ADRC/NWD networks are being implemented at a state level.

### **Elder Justice and Adult Protective Services**

Again, in a pivot from ambitious investments included in previous budget requests, but still reflective of Administration priorities, a \$2 million increase (25 percent) was included for the Elder Justice Initiative—specifically to continue developing a national Adult Protective Services (APS) data system and to continue APS research. This approach mirrors the slow and steady, yet significant, increases in Elder Justice and APS over the last several years. In FY 15, advocates secured first-time funding from Congress for Elder Justice Act–related activities included under this request, with an appropriation of \$4 million. Last year, Congress doubled that funding to \$8 million. The Administration’s FY 17 request would continue to promote incremental investments in developing a national APS data system, including grants to states to test and develop infrastructure.

### **Commitment to Caregivers**

The budget request includes a \$1.6 million boost (nearly 50 percent) for the Lifespan Respite care program to support state initiatives and programs to provide respite care to the nearly 44 million caregivers of older adults and people with disabilities of all ages across the country. The Lifespan Respite Care program was targeted for investments in this budget because of systems innovations initiatives and the focus on caregiver respite services that the program fosters in states. Recent studies have shown that requests for respite are second only to direct financial assistance as an instrumental service to caregivers. The Administration’s budget reflects a targeted approach and effort to leverage relatively small investments in priority areas with the opportunity to innovate.

### **Senior Housing**

In a major win for the Section 202 Housing for the Elderly program that is consistent with the budget’s overall focus on reducing homelessness, the President’s budget provides a total of \$505 million—a massive \$72.3 million increase (16 percent). Section 202 Housing provides funding to create and support multifamily housing for very low-income elderly people. Nearly 400,000 units for low-income senior households have been produced to date, and Section 202 is currently the only federal program that expressly addresses this need for affordable senior housing.

### **Level Funding**

### **Other Core OAA Programs**

Funding requests for other core OAA services—including Title IIIE **Family Caregiver Support**, Title VI **Native American Aging Programs** and Title VII **Long-Term Care Ombudsman Program**—remained at their FY 16 final spending levels. However, the President’s budget did reflect the long-overdue increases for Title VI programs that were included in last year’s final omnibus appropriations bill. In FY 16, Congress appropriated funding for Title VI programs above the Administration’s request for that year, and n4a is very pleased to see those increases paralleled in the President’s request for this year.

## No Cuts for SCSEP, Senior Corps

Unlike in recent years, the Administration did not propose to move the OAA Title V **Senior Community Service Employment Program (SCSEP)** to AoA from the Department of Labor (DOL). The program would be level-funded at \$434 million in FY 17. The budget does make several structural changes to the SCSEP program in an effort to focus on activities that will lead to employment including modifying the SCSEP grant period; changing the income guidelines to 133 percent of the poverty line, or “be receiving SSI, SNAP, or veterans pensions”; increasing the reserve for pilot, demonstration, evaluation and technical assistance; increasing the percentage of training funds; and reducing required community service. The changes would also encourage competition among state agencies and other public and nonprofit organizations in low-performing states.

## State Health Insurance Assistance Programs

Last year was the first year that the State Health Insurance Assistance Program (SHIP) was administered by ACL with discretionary funding. However, during the congressional appropriations process, n4a and other national, state and local aging advocates successfully fought off a dramatic and potentially devastating 40 percent cut that the Senate proposed for the program. Ultimately Congress level-funded the program, and the President has proposed FY 17 funding at the final FY 16 level of \$52.1 million.

## Other Programs:

The President proposed continuing the current level of \$202 million for the three programs under the **Senior Corps** umbrella—RSVP (formerly the Retired Senior Volunteer Program), the Foster Grandparent Program (FGP) and the Senior Companion Program (SCP).

The **Community Services Block Grant** and the **Social Services Block Grant** would both be level funded at \$674 million and \$1.7 billion respectively. The request for the **Low-Income Home Energy Assistance Program (LIHEAP)** reflected a \$400 million decrease (11 percent) from last year’s budget request for discretionary funding, but the administration also proposed a total of \$1.9 billion for separate contingency and mandatory funding for the program.

## Transportation

The President’s FY 17 budget request for the Department of Transportation (DOT) supports fully funding transportation programs at the authorized levels passed in the recent five-year transportation reauthorization bill, the FAST ACT, totaling \$98 billion for FY 17.

This request includes \$12.1 billion—a \$400 million (8.5 percent) increase over FY 16 enacted levels—for the **Federal Transit Administration (FTA)**, which falls far below last year’s request, but which reflects the bipartisan transportation bill’s agreed-upon levels. The budget request for **FTA Section 5310**, transportation programs targeted at serving seniors and people with disabilities, included a \$4 million increase (1.5 percent) over last year’s funding. Again, this amount is consistent with the FAST Act–authorized funding level. The request also includes \$5 million in funding for the n4a and Easter Seals–led **National Aging and Disability Transportation Center (NADTC)**, as part of the Federal Transit Administration’s technical assistance program to assist local communities and states in the expansion and provision of transportation services for older adults and people with disabilities.

## Mandatory Funding Details

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

The **Prevention and Public Health Fund** (PPHF), created in 2010 by the Affordable Care Act (ACA), provides a source of mandatory funding for activities devoted to boosting public health and using proven prevention strategies to reduce Americans' rates of illness and disability. What is unique about the PPHF, however, is that while the funding is set statutorily by ACA, the determination on which programs it will be spent on in any given year is up to Congress. So appropriators don't have to "find" the money, but they do get to divvy it up, which is different than regular appropriations processes.

Two examples of former AoA Title II demonstrations that have since secured mandatory funding through PPHF are the **Chronic Disease Self-Management Program** (CDSMP), which received \$8 million of PPHF resources in FY 16 and **Elder Falls Prevention**, which received \$5 million in FY 16; ACL then administered the funding. The President has recommended continuing these investments in FY 17 at the same levels, a strong endorsement of these PPHF programs focused on older adults. n4a worked with other advocacy groups to secure these PPHF resources for falls prevention programs at ACL, and will continue to press Congress to continue and increase these PPHF allocations again in FY 17.

Another PPHF program included in the President's budget is the **Alzheimer's Initiative**, which provides total funding of \$14.7 million to fund both Alzheimer's outreach and awareness campaign activities and long-term services and caregiver support programs.

### **What Happens Next?**

The President's budget reflects both the government agencies' requests and the Administration's political and policy agenda. The President's budget is the first step in the process to determine government spending for FY 17.

In the coming weeks, Congress will hold hearings on some components of the President's recommendations, but it is safe to say that the Republican Congress will not be taking up the President's budget proposal as they begin their own budget deliberation.

In Congress, traditionally, a formal budget resolution is prepared by budget committees in each chamber in March. A congressional budget resolution sets the total level of spending authority and revenues, with specific allocations to each major budget category. This non-binding plan, if adopted by April 15, then guides the appropriations committees, as well as tax and finance panels, for the rest of the year. Congress rarely gets fully on the same page, with one or both chambers failing to pass a resolution.

While both chambers have publicly stated their intent to pass budget resolutions for FY 17, last fall's BBA largely negates the necessity of setting overall spending limits—because they are already determined for this year. If another resolution is passed by both chambers, budget leaders will have the authority to send "reconciliation instructions" to the committees with jurisdiction over taxes and mandatory programs, which means that Congress could repeat last year's attempts to make major changes to those programs and revenue streams—including repealing the Affordable Care Act. Any changes would likely be met with a Presidential veto.

In late spring and through the summer, the House and Senate Appropriations subcommittees of jurisdiction make the specific programmatic determinations for each discretionary line item (e.g., a specific program such as OAA Title III B). This takes several months to move through committee, and larger or more contentious bills can take all summer or fall before being passed. Like all other legislation, the House and Senate must agree on appropriations bills. Achieving agreement further lengthens the process, but with the commitment from Speaker Paul Ryan to produce appropriations bills that are consistent with the increased budget caps agreed to in the 2015 BBA, it is possible that individual bills may move through Congress by the October 1 deadline. Further complicating next steps is the abridged, election-year legislative calendar. The Presidential elections have the ability to derail both policy and political debates for FY 17 funding.



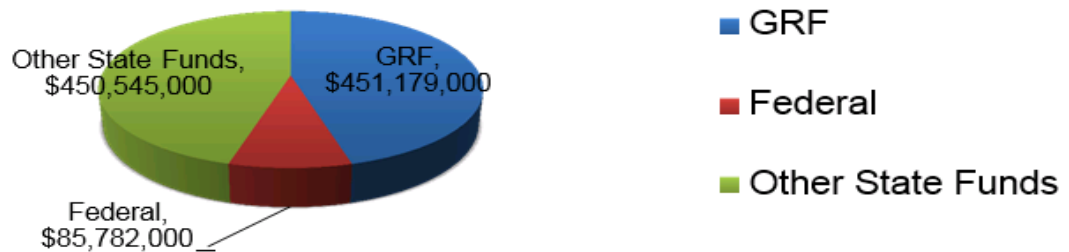
## Illinois Department on Aging

The FY17 Aging Budget focuses on 3 major points:

- Program sustainability in preparation for anticipated growth in aging population
- Commitment to rebalancing - supporting older adults in community-based settings
- Flexibility in delivery of services and supports

The FY17 Introduced Budget will include changes necessary for the Department to focus on those three major points.

### FY17 Governor's Introduced



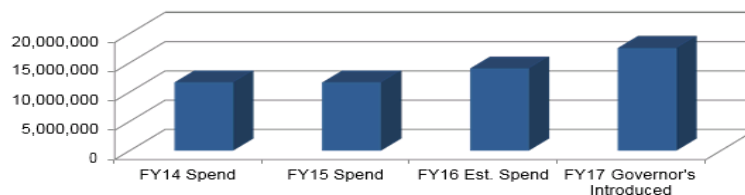
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## Budget Highlights Home Delivered Meals

An additional \$3.3 million in GRF over the anticipated current year spending for Home Delivered Meals (HDM) will “maintain” the current meal levels and persons served in the HDM program.

\$350K has also been added to the HDM budget for a cost and tracking study to help the Department define new and or innovative methods of tracking costs, clients, inflation effects, and different methods of projecting needs of unique communities.

### Home Delivered Meals GRF

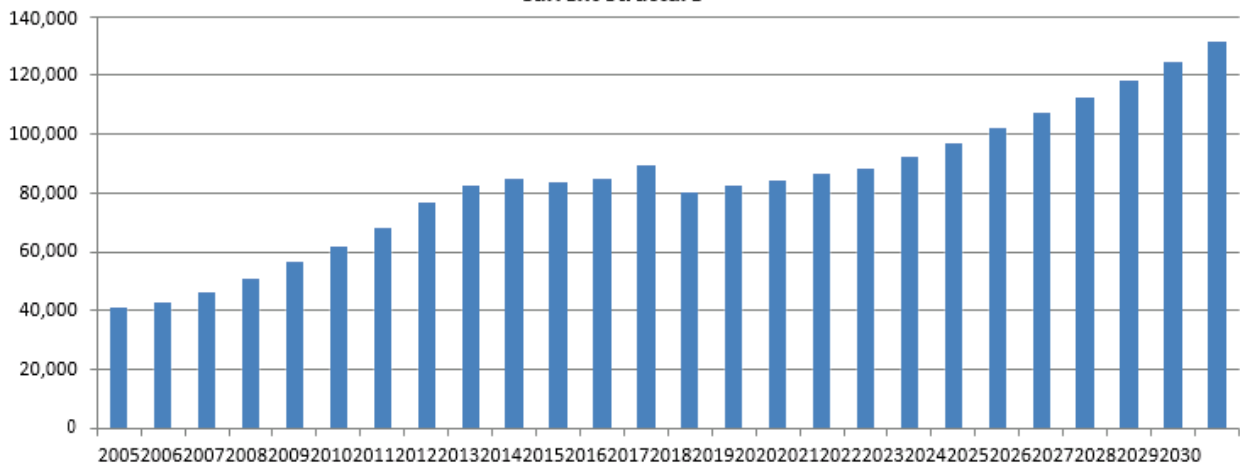


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# Budget Highlights: Community Care Program

Enrollment in the Department on Aging’s Community Care Program (CCP) has significantly grown over the past 10 years, from 40,965 enrollees in 2005 to 83,787 enrollees in 2015, a 105% increase over a decade. Looking forward, the growth in Illinois’ aging population will also more than double by 2030, with an expected 57 percent increase in individuals aged 60 plus over the next 15 years. Sustaining CCP as it exists today will cost an additional \$93.3 million in the next six years assuming the completion of the managed care transition by FY2018.

**CCP Average Monthly Caseload**  
Current Structure



\*Dip in 2018 is due to transfer of remaining MCO participants

## Budget Highlights

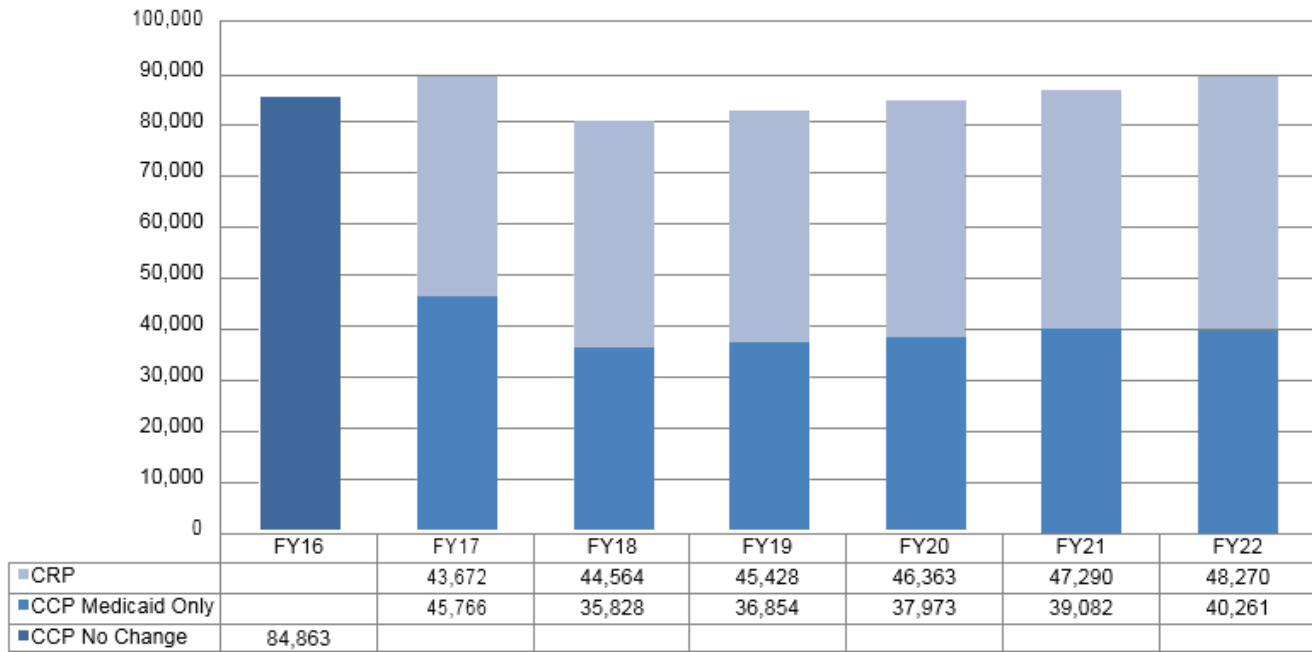
### Community Reinvestment Program (CRP)

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- The Community Reinvestment Program is a new initiative targeted to older adults who are not eligible for CCP who need assistance to live independently in the community.
- The initiative represents a long term strategy to maintain community-based supports for our current aging population as well to address the anticipated growth in the population its first year at a funding level of \$225 Million.
  
- **Transition individuals who are non-Medicaid eligible to a new Community Reinvestment Program (“CRP”).**
  - Non-Medicaid eligible clients will have their DON score applied to the new service cost maximum table to derive a new individual spending allocation.
  - CRP will provide greater flexibility of services. The AAA Network (Area Agency on Aging) will be utilized as the mechanism for the coordination of preventative services.
  - Similar to other states, Illinois’ approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
  - This approach will maintain the Department’s commitment to maintaining individuals in their own home and community and delay the number of admissions in nursing facilities, which is currently a large portion of the Medicaid budget at \$1,583,008,257 per year out of the total spending for Medicaid Long Term Care.

## Caseload Trends

### Aging Average Monthly Caseload



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## **The FY17 Aging Budget focuses on 3 major points:**

▪  
**Program sustainability in preparation for anticipated growth in aging population**

▪  
**Commitment to rebalancing - supporting older adults in community-based settings**

▪  
**Flexibility in delivery of services and supports**

The Governor's recommended FY2017 budget for IDoA totals approximately \$987,506,100, including approximately \$ 451,179 million in General Revenue Funds.

- Recommended funding levels for the Community Care Program total \$608,756,600, including:
  - \$221,000,000 for administration and service grants
  - \$228,789,600 for CCP services, grants and administrative expenses
  - \$49,000,000 for CCP Capitated Coordinated Care
  - \$64,500,000 for Case Management
    - 45,766 older adults receiving CCP services (average of 45,766 clients per month)
    - Average monthly cost of care: \$872.95.
- Recommended funding level for the new Community Reinvestment Program:
  - \$228,357,700 to serve 43,700 clients with an average monthly cost of care of \$400.
- Recommended funding level for Home Delivered Meals is \$17,650,000 – increase of \$3,664,800 from FY2016 to maintain a projected service level of 6 million meals and respond to persons on waiting lists.
- Recommended funding for Adult Protective Services Program is \$23,370,100 - \$2,970,100 above the FY2016 level - to respond to 18,065 projected reports of abuse, neglect and exploitation affecting persons 60+ and persons with disabilities ages 18 to 59.
- Recommended funding for the Long Term Care Ombudsman Program (LTCOP) includes: \$8.1 million GRF – an increase of \$1,400,000 over the FY2016 level.
- Recommended funding for Benefits Eligibility Assistance and Monitoring is \$1,390,000 - \$385,000 below the FY2016 level.
- Recommended funding for the Senior HelpLine is \$2,690,000, - \$1,190,000 above the FY2016 level.

### **Other Recommendations for Funding in FY2017**

- Planning and Service Grants to AAAs at \$7,722,000 GRF to maintain access to federal public benefit programs; and provide access to Aging and Disability Resource Center (ADRC) options counseling;
- Senior Health Insurance Program at \$2.2 million in federal funds – a increase of \$770,000 from FY2016;
- Senior Health Assistance Program (SHAP) at \$1.6 million in Tobacco Settlement Recovery Funds;
- Grandparents Raising Grandchildren Program at \$300,000 GRF;
- Long Term Care Systems Development Grants to AAAs at \$273,800 GRF;
- Senior Employment Specialist Program at \$190,300 GRF;
- Retired & Senior Volunteer Program at \$551,800 GRF; and
- Foster Grandparents Program at \$241,400 GRF.

**ECIAAA's Summary of FY2017 State Budget for the Illinois Department on Aging**

**Source Document: Illinois Department on Aging's Proposed Budget Published on February 17, 2016**

*NOTE: The Illinois Budget Impasse for SFY 2016 continues to cause a financial hardship for ECIAAA-funded Service Providers. Therefore, when reviewing the*

*State's FY 2017 Budget Summary, please note the FY 2016 Estimated Expenditures are not fully accurate.*

<b>Line Item</b>	<b>FY2015 Actual Expenditures</b>	<b>FY2016 Estimated Expenditures</b>	<b>FY2017 Proposed Budget</b>	<b>Difference FY2016 vs FY2017</b>
Balancing Incentive Program	2,398,400	5,074,700	5,074,700	0
CCP Services and Grants	958,986,200	614,100,000	608,745,600	(5,354,400)
Administrative Expenses			228,357,700	228,357,700
Community Reinvestment Program				
Community Support Services	44,000,000	32,796,100	44,885,900	12,089,800
APS/Elder Abuse and Neglect	23,157,300	20,400,000	23,370,100	2,970,100
Home Delivered Meals (Non-Formula and Formula)	11,623,200	14,005,200	17,650,000	3,644,800
Fiscal programmatic Monitoring (formerly Benefit Eligibility Assessment and Monitoring BEAM)	1,095,900	1,775,000	1,390,000	(385,000)
Senior HelpLine	1,242,900	1,500,000	2,690,000	1,190,000
Program Development & Training (formerly Specialized Training)	18,100	20,000	475,000	455,000
AAA Grants for CBS (Equal )	734,300	751,200	1,751,200	1,000,000
AAA Planning & Service Grants	7,800,000	7,722,000	7,722,000	0
SHIP (Federal CMS)	2,114,600	1,430,000	2,200,000	770,000
SHAP (Tobacco Settlement Recovery Funds)	1,600,000	1,600,000	1,600,000	0
LTC Systems Development	238,300	273,800	273,800	0
Senior Employment	190,300	190,300	190,300	0
GRG Program	298,700	300,000	300,000	0
RSVP	539,400	539,400	551,800	12,400
Foster Grandparents	236,000	241,400	241,400	0
LTCOP (GRF)	1,137,400	5,500,000	5,500,000	0
LTCOP (LTCPF)	1,745,300	1,200,000	2,600,000	1,400,000

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

**ILLINOIS DEPARTMENT ON AGING'S  
PROPOSED COMMUNITY REINVESTMENT PROGRAM  
FACT SHEET**

**Community Reinvestment Program (CRP)**

Working with the Illinois Department on Aging (IDoA), the Rauner Administration has unveiled a new initiative called the Community Reinvestment Program (CRP). In alignment with the Administration's transformation agenda, specifically the goal of rebalancing and supporting individuals in their own homes, the CRP provides the necessary supports to enable older adults to remain independent, enjoy a quality of life, and avoid premature institutionalization. The CRP represents a pro-active, long term strategy to meeting the anticipated growth in the aging population by sustaining the commitment to support older adults in their own homes and communities.

**Why:**

The IDoA's Community Care Program (CCP) has increased by 105% over the past decade. Looking forward, the growth in Illinois' aging population will more than double from 2000 to 2030, with an expected 57% increase of individuals 60+

The Department on Aging's Community Care Program (CCP) has significantly grown over the past ten years; sustaining CCP as it exists today will cost an additional \$93.9 million in the next six years assuming the completion of the managed care transition occurs during FY17

**IDoA's Approach:**

Individuals who are not eligible for Medicaid and have a DON score of 29 or higher will be eligible for a package of home and community-based services that includes core services as well as locally driven services that are unique to each of the 13 Planning and Service Areas (PSA's)

The Area Agencies on Aging (AAA's) will collaborate with the Care Coordination Unit (CCU) on the development of a person-centered plan to support older adults' ability to remain in their own homes

Similar to other states, Illinois' approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements

The state is committed to reinvesting in a community-based network of services for those individuals who are not eligible for Medicaid

**Key objectives of CRP:**

Sustain services and supports to individuals aged 60 and above who demonstrate a need, regardless of their Medicaid eligibility status; no seniors will lose service due to the implementation of CRP

Increase flexibility in how services to older individuals are delivered

Prevent early admission to institutional care (nursing facility level of care) as a result of community-based services while supporting individuals to remain safely at home

Utilize the strengths of the Aging Network for intake, consistent eligibility determination process, development of service plans, care coordination, service delivery, and oversight of service provider agencies

**ILLINOIS DEPARTMENT ON AGING'S**  
**PROPOSED COMMUNITY REINVESTMENT PROGRAM**  
**FREQUENTLY ASKED QUESTIONS**

**Since the funding for CRP is coming from the Commitment for Human Services Fund, how will that be better for our network and vendors?**

This fund created by the General Assembly on 1/13/11, receives deposits in accordance with the Illinois Income Tax Act, which creates a steady funding source. Because of the stability of the fund, processing and warranting of vouchers will be within 10 days creating a positive cash flow for the Aging providers and vendors.

**What are the eligibility criteria for CRP?**

Individuals who are not eligible for Medicaid and are 60 years or older, are residents of Illinois, have non-exempt assets of \$17,500 or less and have a DON score of 29 or higher will be eligible.

**How does eligibility criterion for CRP differ from that of CCP?**

The functional eligibility requirements are the same - a minimum DON score of 29. The main difference is that in order to be eligible for CCP an individual must meet the financial Medicaid eligibility requirements.

Where will the non-Medicaid clients with higher DON scores receive services?

CRP will provide core services that include: in-home supports, personal care, respite and nutrition services. Additionally, CRP will have the ability to provide funding for non-traditional services, e.g., home modifications and assistive technology.

**What is the time frame for implementation?**

The CRP is scheduled to begin in Fiscal Year 2017.

If a budget is not in place on July 1, 2016 will the proposed changes be delayed?

Yes, changes will not occur until the budget is passed and signed. Until such time, clients will remain in the current program structure.

**Will CCP be Medicaid only?**

Yes. Individuals that meet the Medicaid eligibility requirements will continue to receive services and supports through the CCP.



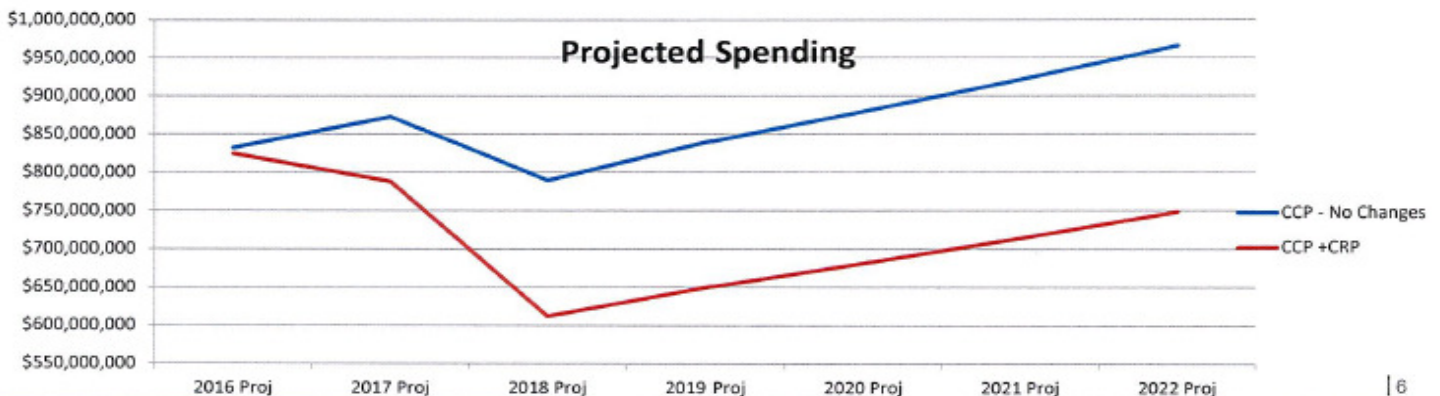
## ILLINOIS DEPARTMENT ON AGING'S PROPOSED COMMUNITY REINVESTMENT PROGRAM

- The Department on Aging's Community Care Program currently serves == 80,000 individuals. This singular program includes == 35,000 individuals who are Medicaid eligible and --- 45,000 individuals who are non-Medicaid eligible.
- The current CCP provides services to individuals who are both non-Medicaid and Medicaid eligible that meet the requirements, including having a minimum Determination of Need (DON) score of 29.
- For participants who are Medicaid eligible, the State receives a match of up to approximately \$200 million from the federal government which is returned to the GRF. .For individuals who are non-Medicaid eligible, services are funded entirely through GRF.
- Beneficiaries are not responsible for a copay nor do they share in paying for the expense of their services. From a long term planning approach, the current service model cannot be sustained, especially in light of the anticipated growth in the aging population.
- The Community Care Program provides the same level of services and supports to individuals aged 60 and over regardless of their Medicaid eligibility status. This approach is no longer financially feasible, especially in light of the anticipated growth in the aging population.

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### The Reinvestment

- Transition individuals who are non-Medicaid eligible to a new Community Reinvestment Program ("CRP").
- Non-Medicaid eligible clients will have their DON score applied to the new service cost maximum table to derive a new individual spending allocation.
- CRP will provide greater flexibility of services. The AAA Network (Area Agency on Aging) will be utilized as the mechanism for the coordination of preventative services.
- Similar to other states, Illinois' approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
- This approach will maintain the Department's commitment to maintaining individuals in their own home and community and delay the number of admissions in nursing facilities, which is currently a large portion of the Medicaid budget at \$1,583,008,257 per year out of the total spending for Medicaid Long Term Care.



## Advocacy Agenda for 2017

ECIAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 05. ECIAAA is a member of **n4a** - the National Association of Area Agencies on Aging, **I4A** - the Illinois Association of Area Agencies on Aging, the Illinois Alliance for Home and Community Care, and the Illinois Coalition on Mental Health & Aging. ECIAAA supports the following advocacy agenda for 2017:

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

- Support strengthening the Social Security Disability Insurance Trust Fund by rebalancing existing payroll tax collections between it and the Old-Age and Survivors Insurance (OASI) Trust Fund.
- Oppose the use of United States Chained Consumer Price Index (C-CPI-U), also known as chain-weighted CPI, or chain-linked CPI, as a time series measure to calculate Social Security Cost-of-Living Adjustments.
- Support higher federal appropriations for all Older Americans Act Programs.
- Support federal legislation to amend Medicare's statutory definition of "post-hospital extended care services" to clarify that Medicare beneficiaries in observation are deemed inpatients in the hospital.
- Support the strengthening of rights for Medicare Part D beneficiaries to obtain the drugs they need when not covered by an existing Part D plan.

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

- Strengthen advocacy efforts for the resolution of the State Budget Impasse for FY 2016 and increased funding for FY 2017.
- Support a FY2017 budget for the Illinois Department on Aging which maintains or increases funding for grants to Area Agencies on Aging for Community-Based Services, Home Delivered Meals, Adult Protective Services and the Ombudsman Program, and ensures timely payments for provider agencies.
- Support the Community Reinvestment Program (CRP) for non-Medicaid eligible Community Care Program *only if* clients are not adversely affected by the loss of the traditional CCP services. The current Community Care Program provides in-home services (homemaker), adult day services and emergency home response systems to enable older adults and persons with disabilities to obtain services and supports needed to live independently at home, and prevent unnecessary placements in long term care facilities.
- Oppose the excessive amount of documentation and required delay in uploading required documents to apply for Secretary of State License Plate Discounts through the Benefits Access Eligibility Monitoring Unit at the Illinois Department on Aging.

### **Additional Recommendations:**

- Monitor the implementation of the Older Americans Act as reauthorized to ensure efficient service delivery in PSA 05. Particularly, improving the service delivery of Healthy Aging/Evidence-Based Programs in PSA 05.
- Monitor the implementation of provisions of the Affordable Care Act which may result in individuals electing to pay tax penalties rather than purchasing health insurance coverage, and employers electing to accept financial penalties rather than offering health insurance plans to their employees;
- Monitor the implementation of provisions of the Affordable Care Act and reforms to the Medicare and Medicaid programs which may result in shifting additional costs to older adults, persons with disabilities, caregivers, and grandparents and other relatives raising children.
- Advocate for policies and incentives in the private and public sectors which encourage adults of all ages to exercise personal responsibility for their health, health care, and insurance coverage.

## 2015 White House Conference on Aging

### Questions Presented during the FY 2016 Public Hearings held by Area Agencies on Aging in Illinois

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

#### **Should Social Security be privatized?**

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

ECIAAA Results: The majority of people felt that Social Security is the backbone of retirement and will be in the future. They do not believe that 401K plans do enough to prepare for retirement. These plans often are less stable than people realize due to market fluctuations. Many people cited the downturn of the market and the resulting downturn in their 401K plans that have never fully recovered. Individual savings in addition to Social Security are essential as defined benefit pensions are a thing of the past.

The lack of financial literacy in America came up in the majority of sessions. People felt that this should be taught early especially in high school and college. The need to save for retirement should be emphasized along with other financial literary skills. The people attending these sessions felt that when they were younger they never thought about retirement so emphasis on financial literary education at a young age when people are just beginning to work is essential.

The people who were in favor of privatizing social security felt that it is too much of a risk to allow people to invest for themselves due to poor choices that could be made and then the state would have even more people to take care of because there would be many with no retirement at all. If it is privatized there should still be mandatory deductions from everyone's paycheck as currently happens with Social Security today.

Many people expressed concern about the generalized discussion on the part of Congress that Social Security is broke and cannot be fixed. Many feel that without some type of government sponsored taxes and savings like Social Security their children and grandchildren will have no savings for retirement. The majority do not want Social Security to be privatized. They acknowledge changes need to be made in Social Security and this is already happening with the increase in retirement age.

**Figure 2: Median Wealth of Families by Race**

	1983	2010
White	\$91,000	\$124,000
Black	\$11,000	\$16,000
Hispanic	\$10,000	\$15,000

Source: Urban Institute, 2013

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

**The trend in the future for Medicare is to shift more costs to Medicare beneficiaries themselves. What will be the impact of this change on you and others you know who rely on Medicare for health care insurance coverage?** Overall people felt that this shift is detrimental and would result in people not accessing the health services they need. Many people of limited means would just no longer go to the doctor, get necessary tests and prescriptions. If costs continue to rise and are passed along to older adults the impact on being able to age healthy would be devastating especially for people relying on very low Social Security income.

**Medicare paying for evidenced based programs to encourage participation in healthy ageing programs, such as nutrition counseling, exercise programs and gym membership by adding these as paid benefits?** People participating had very mixed feelings about Medicare paying for these programs. Some were very enthusiastic and would participate others were not so sure that this was good idea. They were skeptical and wanted to make sure they produced results.

**ECIAAA Results –ISU Capstone Presentation - Katie Raynor, Planning & Grants Specialist:** Evidence-based programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management” (n4a).

Funding from the Older Americans Act supports highest-tier, evidence-based programs that have:

1. Demonstrated statistically significant results in an experimental study
2. Made program materials available to the public
3. Successfully been adopted at one or more community-based organization(s)

Nearly **20% of the population will be over the age of 65 by 2030** (n4a 2011). A rising concern has been how to deliver affordable, preventative healthcare on a large scale.

- An estimated four in five Americans over the age of 50 live with one or more **chronic health conditions** (AARP Public Policy Institute 2009).
- Roughly one-third of the senior population **falls** each year, which frequently results in injuries, hospital stays, and fatalities (Centers for Disease Control and Prevention 2006).

Research Questions: What are the advantages and challenges involved with the implementation process of the targeted evidence-based programs in several communities in east central Illinois?

- What are the roles and relationships of the practitioners and consumers of these services?
- In what ways does program involvement affect said practitioners and consumers, with attention to the programs’ anticipated outcomes as well as other, secondary outcomes?

### **Findings: Socialization**

- Positive impact for socially and/or geographically isolated older adults
- Participants often enroll with existing friends or make new friends
- Group discussion and weekly interaction helps foster bonds

Matter of Balance Coach #1:

“They helped each other. **The participants really bonded and there was a lot of discussion and problem solving and brainstorming among them**, for solutions to things that they were encountering in their lives.”

### **Findings: Information and Referral**

- “Show and tell” benefits possessor and receiver of information
- Teachers share referrals to other available social services in the region

Matter of Balance Master Trainer:

“They bring in their own adaptive equipment from home. There was a lady whose daughter bought her long-handed gardening tools. So **we have impromptu show and tell almost every session.** There are different kinds of flashlights, different kinds of grab bars.”

### **Findings: Accountability**

- Scheduled activities create a routine
- CDSMP “action plans” motivate subjects to stay active throughout the week
- Reporting results to group improves likelihood of completing goals

MOB Master Trainer, referring to a 91-year-old participant:

“She said, ‘I just look forward to Wednesdays because I have to get up and take a shower and get ready to go.’ She said, **‘If I didn’t have this, I wouldn’t do it.’**”

### **Findings: Self-Efficacy**

- Subjects gain competence to manage their health
- Encourages subjects to self-advocate in a changing medical landscape
- Preventative health education helps to pacify concerns
- Group discussion encourages reciprocated feelings and experiences

CDSMP Focus Group Participant #4:

“[CDSMP] gave me hope. And that was, for a single old lady... **I don’t know how you can measure it on your little graph, but I felt hopeful.** And that book, I still go back to. So it helped me get out and the more I got out, the more I got to see the same people now and then in class and connect, the better you feel.”

### **Recommendations:**

- **Try innovative recruitment methods**
  - Announcements/presentations during community events or congregate meals
  - Distribute information in utility bills
  - Fliers on local bulletin boards and in neighborhood stores
  - Encourage past participants to talk to their friends and loved ones
- **Involve doctors’ offices and healthcare facilities**
  - Would target individuals at greater risk for health concerns
  - Refer with prescription pads
  - Mail letters to disseminate information
- **Improve Marketing Efforts**
- **Illinois Community Health and Aging Collaborative**
  - Branding
  - Appeal to health plans to invest in evidence-based programs as a form of preventative care
  - Calculate potential return on investment
- **Conduct more systematic follow-up**
  - Pre- and post-class surveys, available online

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

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

**Some seniors in Illinois are on waiting lists and about 1,128 seniors were denied the long term community service of home delivered meals in FY 2016 due to lack of funding. As the senior population increases and funding either stays the same or decreases more seniors may be denied long term community service such as home delivered meals. How would this impact you or someone you know in the future?**

Long-term services and supports help older adults and people with disabilities accomplish everyday tasks such as bathing, dressing, preparing a meal, or managing money.

Through the Older Americans Act and the Aging Network, social services and personalized information on the services and supports available in each community to live independently.

Overwhelmingly, long term services and supports are provided by family and friends, but may also be provided by professional direct care workers.

Who uses Long-term Care Services & Supports?

- Approximately 20 percent (7.7 million) of older Americans receive assistance with their care needs.
- Most receive services or supports from family, friends, or professional direct care workers in their homes and communities

#### **Informal Caregivers**

- Are often called the backbone of long-term services and supports.
- Family members or friends, who are not paid for their assistance, provide the majority of long-term services and supports.
- Almost two-thirds are individuals 65+ rely exclusively on informal care for their personal needs.
- An additional 30 percent use a mix of paid and unpaid care.

#### **Long-Term Services & Supports**

- National Family Caregiver Support Program
- Formal Services and Supports
- Direct Care Workers
- Access to Information and Services
- Aging and Disability Networks – No Wrong Door Systems
- Aging Network Services – OAA Home Delivered Meal Programs
- Planning for Long-Term Services and Supports – Options Counseling/Person Centered Planning

#### **ECIAAA Results – Amanda Hyde, Planning & Grants Manager:**

What kind of support do caregivers need and want to sustain them in their caregiving role?

- Support from employers when staff experience an issue being a caregiver
- Incentives for employers to recognize caregivers
- Awareness and education
- Support programs that enable people to remain independent
- Support services that are not family based ease some pressure off of the family
- Overwhelming response of the importance of Respite Services

#### **Caregiver Advisory Services**

- Includes the provision of
- Support for the Caregiver through Information and assistance in gaining access to services
- Individual Counseling/Consultation and support services to help caregivers and grandparents raising grandchildren cope with their caregiving roles

- Support Groups- emphasizing coping strategies, peer support and resource education
- Caregiver Training & Education- provides opportunities for caregivers and grandparents raising grandchildren to acquire knowledge and skills to address their caregiving roles

#### Respite Services

- The provision of appropriate, temporary, substitute care or supervision of functionally impaired persons aged sixty and over to enable the caregiver to maintain his/her provision of assistance to the older person
- Home Care services
- Senior Companion Services
- Short term institutional placement
- Practical Application-  
  - Arranging for an informal family caregiver to have time off on Fridays to run personal errands with the assurance that a person they trust is providing the care for their loved-one.
- Utilization of respite helps keep family caregivers serving as effective caregivers much longer than without assistance such as respite.

How the denial of services impact you or someone you know in the future?

- Caregivers already face barriers with time constraints. If there was an added barrier of waiting lists or lack of needed services it could cause resignation from employment to provide more caregiving tasks.
- In some instances it may result in institutionalization if resources are not available to meet the care recipient or the caregiver needs.

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

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

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

ECIAAA Results:

- Elder abuse is a serious public health problem affecting millions of older Americans each year, with some studies suggesting that as few as one in 23 cases is reported to authorities.
- Elder abuse is defined as intentional actions that cause harm or create a serious risk of harm to an older person (whether or not harm is intended).
- Elder abuse encompasses physical abuse, neglect, financial exploitation, sexual abuse as well as emotional and psychological abuse.

Elder Justice – A local Perspective:

- Abuse, neglect and exploitation in long term care facilities is a big part of the Elder Justice focus.
- Our most vulnerable older adults reside in these settings.

## WHITE HOUSE CONFERENCE ON AGING - WHAT ACTION HAS BEEN TAKEN?

- ***Facilitating State Efforts to Provide Workplace-based Retirement Saving Opportunities*** – by the end of the year, the U.S. Department of Labor will publish a proposed rule clarifying how states can move forward, including with respect to requirements to automatically enroll employees and for employers to offer coverage.
- ***Launching Aging.gov*** – On July 13, the Administration launched ***Aging.gov*** to provide older Americans, their families, friends, and other caregivers a one-stop resource for government-wide information on helping older adults live independent and fulfilling lives.
- ***Modernizing Federal Rules that Affect Long-term Care, Healthy Aging and Elder Justice*** – Steps being announced today include: a new Centers for Medicare and Medicaid Services proposed rule to update, for the first time in nearly 25 years, the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities to improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignments with current professional standards.
- ***Using Technology to Support Older Americans***- as part of the President’s commitment to making Federal government data open and more easily usable, the Administration announced that by September 2015, Federal data sets relevant to aging and to elder Americans will be easily available on ***Data.gov***, the repository for the U.S. Government’s open data. This resource will continuously be updated with datasets on aging, much like it is for other important Administration priorities such as climate, public safety, and education.
- ***Employers Better Preparing Workers for Retirement*** – Even among workers with access to an employer-based plan, only 78 percent participate; for part-time workers, this number decreases to 57 percent. Best practices such as automatic enrollment of employees in 401(k) plans at 5% of pay are being considered.
- ***Improving the Retirement Security of Federal Workers***- the Federal government is making it easier for Federal government workers by taking steps to improve its own retirement plans.
- ***Helping Workers Plan for Retirement by Providing Ready access to Information About Social Security Benefits***- the Social Security Administration will provide new tools utilizing SS benefit information to combine with self-reported information on an individual’s retirement savings plan to understand how much they will need to save for retirement.
- ***Protecting Defined Benefit Pensions***- to ensure that more retirees continue to enjoy a steady, reliable stream of income in retirement, the U.S. Department of the Treasury has recently issued guidance.
- ***Facilitating the Availability of Lifetime Income Options***-Retirement security requires more than just accumulating savings – people also need protection against outliving assets. The U.S. Department of Labor has issued guidance clarifying on encouraging more employers to offer lifetime income annuities as a benefit distribution option in their 401 (k)-type plans.
- ***Keeping Older Americans Moving***- the Surgeon General joined with the YWCA in issuing a challenge to the 850 YMCA associations across the country to host intergenerational physical activity events during the first week of August to promote opportunities for young and older Americans to be active together.
- ***Helping Older Americans Stay Healthy***- to reduce the occurrence of falls among older Americans, the Centers for Disease Control and Prevention (CDC) is launching a free on-line course offering continuing education credits to physicians, nurses and other health professionals on making falls prevention a routine part of clinical care.
- ***Improving the Science of Understanding and Preventing Elder Abuse***- this fall, the National Institutes of Health will convene a state of the science workshop on elder abuse with researchers; clinicians, and others to the science on understanding and preventing abuse; screening tools to identify abuse victims; effective interventions and research in related areas like child abuse and domestic violence that might inform research on elder abuse; and, gaps and opportunities in this field of research.



## Reauthorization of the Older Americans Act

### **April 7, 2016 – The OAA Reauthorization Bill heads to the President’s desk for signature! THE OLDER AMERICANS ACT REAUTHORIZATION ACT OF 2015 (S. 192 as amended)**

First enacted in 1965, the *Older Americans Act* (OAA) provides for a wide range of social services and programs for America’s seniors and their caregivers. These programs include nutrition services, family caregiver support, community service employment, and elder abuse prevention. The *Older Americans Act Reauthorization Act* (as amended) reauthorizes these services through 2019 and strengthens the law by:

- Providing better protection for vulnerable elders;
- Streamlining and improving program administration;
- Promoting evidence-based support;
- Improving nutrition services; and
- Aligning senior employment services with the workforce development system.

#### **Providing Better Protection for Vulnerable Elders**

**Elder Abuse:** The bill promotes best practices for responding to elder abuse, neglect, and exploitation in long-term care facilities by requiring the Administration on Aging (AOA) to provide, as appropriate, training for states, area agencies on aging, and service providers on elder abuse prevention and screening. The legislation also encourages states to submit information on elder abuse and improves coordination of activities between state and local aging offices. Furthermore, the bill updates the definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice” to ensure support services are in line with current practices intended to prevent abuse and neglect.

**Long-Term Care Ombudsman Program:** The Long-Term Care Ombudsman Program investigates and resolves resident complaints in nursing home facilities and other adult care homes. The legislation strengthens the program by:

- Clarifying the ombudsman’s role includes advocating for residents unable to communicate their wishes;
- Ensuring residents receive private and unimpeded access to an ombudsman;
- Requiring ombudsmen to participate in training provided by the National Ombudsman Resource Center;
- Clarifying ombudsmen may continue to serve residents who are transitioning from a long-term care facility to a home care setting;
- Allowing ombudsmen to assist all residents of care facilities, regardless of age;
- Clarifying the ombudsman office is a “health oversight agency” for purposes of federal law governing health information privacy (known as “HIPAA”); and
- Strengthening provisions around identifying and resolving potential individual or organizational conflicts of interest.

**Holocaust Survivors:** Holocaust survivors face a unique difficulties and needs as an aging population. To help address these needs, the legislation requires AOA officials to work with stakeholders to provide guidance and best practices to states with regards to serving Holocaust survivors.

**Health and Economic Welfare:** The bill clarifies the role of the Assistant Secretary for Aging includes supporting state and local efforts that promote the health and economic welfare of older individuals through a number of activities, including the dissemination of education materials and best practices.

## **Streamlining and Improving Program Administration**

**Program Elimination:** The bill streamlines the law and refocuses on proven programs by eliminating three outdated and unfunded programs: Computer Training, Multidisciplinary Centers and Multidisciplinary Systems, and Ombudsman and Advocacy Demonstration Projects.

**Transportation Services:** Reliable transportation services are an unmet need for many older Americans. To help address this need, the legislation directs the Assistant Secretary to provide information and technical assistance on providing efficient, person-centered transportation services, including transportation across geographic boundaries, to service providers, and states and area agencies on aging.

**Aging and Disability Resource Centers (ADRCs):** Aging and Disability Resource Centers are “one-stop shop” single entry points for information about long-term services available to older Americans. The bill improves ADRC cooperation and coordination with area agencies on aging and other community-based entities in providing information and referrals regarding available home and community based services for individuals who are at risk of residing, or currently reside, in institutional settings. It also updates the definition of “Aging and Disability Resource Center” to be consistent with current practice and current law, including by emphasizing independent living and home and community-based services.

**Senior Centers:** The bill requires the Assistant Secretary to identify model programs and provide information and technical assistance to states, area agencies on aging, and service providers to support the modernization of multipurpose senior centers.

**Home Care:** The bill requires the Assistant Secretary, in coordination with states and national organizations, to develop a consumer-friendly tool to assist older individuals and their families in choosing the best home and community-based services for them.

**Preventing Fraud and Abuse:** The bill expresses continued support for the Medicare program integrity initiative that instructs senior volunteers on how to prevent and identify health care fraud and abuse.

**National Family Caregiver Support Program:** The bill clarifies current law by stipulating older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the program.

## **Promotes Evidence-Based Support**

Consistent with current practice, the bill requires “evidence-based” disease prevention and health promotion services. It also encourages states to provide falls prevention and chronic condition self-management programs. Furthermore, under the legislation, grant funding may be used to deliver oral health screenings among other disease prevention and health promotion services. Finally, it directs the Assistant Secretary to provide technical assistance to, and share best practices with, states, area agencies on aging, and ADRCs on how to collaborate with health care entities. This collaboration includes Federally Qualified Health Centers, in order to improve care coordination for individuals with multiple chronic illnesses.

## **Improve Nutrition Services**

**Title III Grants to States Formula:** To account for geographic changes in the older population, the bill adjusts the formula for the Title III supportive services, congregate meals, home-delivered meals, and preventive services programs. The formula adjustment would modernize the 2006 hold harmless provision by using the most recent fiscal year funding as a baseline for a new annual dynamic hold harmless. The new formula will reflect more recent population trends and ensure funding meets the nationwide needs of older adults while also protecting states from experiencing a negative adjustment of no more than one percent per year. After three years, the formula’s hold harmless will again remain in place at FY2019 funding levels. Minimum grant states are not affected by these changes.

**Nutrition Services:** The bill encourages, where feasible, the use of locally grown foods in meal programs and identifies potential partnerships and contracts with local producers and providers of locally grown foods.

## **Aligning senior employment services with the workforce development system**

**Program Alignment:** The bill aligns the employment services provided under the Senior Community Service Employment Program (SCSEP) with the employment services carried out under the *Workforce Innovation and Opportunity Act* (WIOA) and other related jobs programs. The bill also aligns the SCSEP performance indicators

related to employment and earnings with the performance indicators used in WIOA to help ensure these services deliver positive results for older Americans and taxpayers.

*This is our message: “The Older Americans Act is critically important to seniors here at home, as it creates and funds the vital home and community-based services that help older Americans to live with maximum health, independence and dignity. We are so pleased this bipartisan measure now goes to the President for signature!”*

## County Conversations on Aging and Independent Living

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

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

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

ECIAAA engaged consultants with Research Survey Service in Champaign, IL to plan, facilitate, and record the County Conversations. ECIAAA Staff and Research Survey Service collaborated to develop a common framework to

guide the conversations and identify consumer preferences and unmet needs in the following issue areas: Information & Assistance, Caregiver Support, Nutrition, and Legal Assistance. These issue areas correspond to services in the Area Plan, for which the Area Agency is developing outcome measures. In addition to these issues, participants were given ample opportunity to identify other topics and unmet needs for services affecting older adults and persons with disabilities in their communities.

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

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

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

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

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

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

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

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

Others were skeptical about the whole “clearinghouse” idea:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **County Conversations about Nutrition**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **County Conversations about Legal Assistance**

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



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

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

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

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

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

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

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

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

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

## Other Issues raised by participants at the County Conversations

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

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

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

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

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

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

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

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

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

## From County Conversations to an Area Plan for FY2016 through FY2018

The County Conversations on Aging and Independent Living enabled citizens in Area 05 to identify unmet needs and express their views and preferences about community-based services for older adults, persons with disabilities, and their caregivers. The common themes or “take-away” messages contained in the Executive Summary have informed ECIAAA about what consumers currently want, expect, prefer, value, and support. ECIAAA has incorporated their views in the development of the proposed 3-year Area Plan for Fiscal Years 2016-2018 and the process of awarding grant assistance for services fundable under the Area Plan for Fiscal Year 2017.

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

- The implementation of the Medicare-Medicaid Alignment Initiative affecting an estimated 5,292 older adults and persons with disabilities who are dually-eligible for Medicare and Medicaid and enrolled in managed care plans in Champaign, DeWitt, Ford, McLean, Macon, Piatt, and Vermilion Counties over the next 3 years.
- The implementation of the Balancing Incentive Program (BIP) in Illinois which increases the Federal Matching Assistance Percentage (FMAP) to States that make the following structural reforms to increase nursing home diversions and access to non-institutional long-term services and supports:
  - A no wrong door/single entry point system (NWD/SEP),
  - Conflict-free case management services, and
  - Core standardized assessment instruments, known in Illinois as the “Uniform Assessment Tool.”
- The consolidation of Illinois Department of Human Services Family Community Resource Centers limits their accessibility to older adults and persons with disabilities in Area 05, especially in rural counties, as follows:
  - Family Community Resource Center in Champaign serves: Champaign and Ford Counties;
  - Family Community Resource Center for Mid Illinois in Charleston serves: Clark, Coles, Cumberland Douglas, Edgar, Moultrie, Piatt, and Shelby Counties;
  - Family Community Resource Center in Lincoln serves DeWitt and Logan Counties;
  - Family Community Resource Center in Kankakee serves, Iroquois and Kankakee Counties;
  - Family Community Resource Center in Bloomington serves Livingston and McLean Counties;
  - Family Community Resource Center in Decatur serves Macon County; and the
  - Family Community Resource Center in Danville serves Vermilion County.
- The expansion of 2-1-1 systems will eventually provide 24/7 telephone access to human services in Area 05. PATH reports providing 2-1-1 service in the City of Barrington, and the Counties of Alexander, Champaign, Christian, DeWitt, Franklin, Ford, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Livingston, Massac, McHenry, McLean, Menard, Ogle, Perry, Pope, Pulaski, Saline, Sangamon, Union, Vermilion, Washington, Wayne, White, Whiteside, Winnebago and Williamson.
- The availability of public and private transportation options for older adults and persons with disabilities to access non-emergency medical services across county and state lines is limited. This will reduce operating assistance to serve people of all ages including older adults and persons with disabilities.
- The FY 2016 Home Delivered Meal Report published by the Illinois Department on Aging in January 2016 shows 345 older adults in PSA 05 denied home delivered meals due to lack of funding. The Governor’s proposed FY2017 budget requests an additional \$3.3 million GRF – for home delivered meals to support a projected 6 million meals statewide and respond to persons on waiting lists.

- The prevalence of disability in later life – In the U.S. over 76% of older adults have two or more chronic conditions placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement. The U.S. population over 60 is projected to increase by 26% between 2012 and 2020, from 61 million to 77 million. Over the same period, the number of seniors age 65 and older with severe disabilities – defined as 3 or more limitations in activities of daily living – who are at greatest risk of nursing home admission, is projected to increase by nearly 30%. The U.S. Census Bureau estimated that 37.6 million people have a disability, representing 12.2% of the civilian, non-institutionalized population.
- An estimated 5.2 million Americans of all ages have Alzheimer’s disease in 2013. This includes an estimated 5 million people age 65 and older and approximately 200,000 individuals under age 65 whom have younger-onset Alzheimer’s. By 2025, the number of people age 65 and older with Alzheimer’s disease is estimated to reach 7.1 million – a 40% increase from the 5 million aged 65 and older currently affected. By 2050, the number of people age 65 and older with Alzheimer’s disease may nearly triple, from 5 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow, or stop the disease.
- The growth of the 85+ population – Due in large part to advances in public health and medical care, Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20<sup>th</sup> century to over 78 years today. On average, an American turning 65 today can expect to live an additional 19.1 years. The population of older Americans is also growing, particularly the population 85 and over, which is growing very rapidly, totaling 5.9 million in 2012, and projected to reach 8.9 million by 2013. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from falls.
- Family caregivers remain the major source of support for most people with Alzheimer’s disease. The nature of the disease – a slow loss of cognitive and functional/physical independence – means that most people with Alzheimer’s disease are cared for in the community for years. They may access a variety of services from many different systems including the aging, medical, and mental health service systems. As the number of people with Alzheimer’s disease grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. It is also important to ensure the availability of dementia-capable community-based social and health care services.
- From FY1989 to FY2013, the Illinois Department on Aging administered the Elder Abuse and Neglect Program in collaboration with Area Agencies on Aging and local Elder Abuse Provider agencies. In 2013 legislation was enacted creating an Adult Protective Services program for persons 60 and older and persons with disabilities aged 18-59. In FY2014, Adult Protective Service Providers investigated 15,700 cases of abuse, neglect, and financial exploitation. In FY2015, the Adult Protective Services Program projects investigated 15,339 reports of abuse, neglect, and exploitation of adults. An estimate of 16,141 reports for FY2016 is anticipated. The forecast for FY 2017 is 16,990 reports.
- The Ombudsman Program in Illinois has been expanded to include complaint investigation and advocacy on behalf of adults participating in Medicaid home and community-based services and individuals enrolled in managed care. The Regional Ombudsman Program in Area 5 will collaborate with the Office of the State Ombudsman on this program expansion with state funds provided through September 30, 2016.

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

The mission of the East Central Illinois Area Agency on Aging is to help older Americans maintain their independence and quality of life. Through the implementation of the Area Plan for Fiscal Years 2016 through 2018, and our processes for the allocation of federal and state grant assistance to community programs on aging over that period, ECIAAA will advance our mission and achieve the outcomes below. Please note that activities in **bold print** relate to comments made by participants at the County Conversations on Aging and Independent Living.

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

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

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

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

To achieve this, Caregiver Support Programs will:

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

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

To achieve this, Senior Nutrition Programs will:

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

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

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

To achieve this, Senior Legal Assistance Programs will:

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

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

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

To achieve this outcome, Aging Network service providers will:

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

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

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

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

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

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

**Progress in Fiscal Years 2012-2015**

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

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

Champaign County:	Family Service Senior Resource Center	217-352-5100
Clark County:	Life Center Senior Services	217-849-3965
Coles County:	Coles County Council on Aging	217-639-5166
Cumberland County:	Life Center Senior Services	217-849-3965
DeWitt County:	PATH at DeWitt County Friendship Center	309-660-6821
Douglas County:	Mid- Illinois Senior Services	800-736-4675
Edgar County:	Chester P. Sutton Community Center	217-465-8143
Ford County:	Ford County Health Department	217-379-9281
Iroquois County:	Volunteer Services of Iroquois County	815-432-5785
Livingston County:	PATH (Providing Access to Help)	815-842-3484
Macon County:	Macon County Health Department with the Decatur-Macon County Senior Center, and CHELP	217-423-6550 217-429-1239 217-422-9888
McLean County:	PATH (Providing Access to Help)	800-570-7284
Moultrie County:	Mid- Illinois Senior Services	800-736-4675
Piatt County:	Piatt County Services for Seniors	217-762-7575
Shelby County:	Mid- Illinois Senior Services	800-736-4675
Vermilion County:	CRIS Healthy- Aging Center	217-443-2999

2. ECIAAA provided technical assistance to CPoE/SIS providers in complying with this standard.
  - a. ECIAAA personnel proctored AIRS certification tests.
  - b. PATH maintained AIRS accreditation and serves as the 2-1-1 Call Center in Area 05.
  
3. ECIAAA conducted the following activities to develop the ADRC system:
  - a. Promote the independent living philosophy.
  - a. Facilitate a planning process to develop an ADRC network in Area 05.
  - b. Clarify expectations and promote collaboration among partners.
  - c. Identify and build upon the strengths, talents, and experience of all partners.
  - d. Identify challenges, overcome barriers, and solve problems.
  - e. Recruit new members who will serve as spokespersons for underserved populations.
  - f. Contribute toward the development of a statewide intake instrument and procedures.
  - g. Invited ADRC Network Advisory Council members to participate in 16 County Conversations on Aging and Independent Living scheduled between October 29, 2013 and January 16, 2014.
  - h. Completed directories of ADRC Core Partners, Critical Pathway Partners and Resources for each of the 16 counties in Area 5 in consultation with ADRC Core Partner agencies.

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

ECIAAA Planning and Program Specialists attended training on motivational interviewing on 3-8-13 in Springfield and options counseling training sponsored by IDoA in Springfield on 4-11-13.

ECIAAA awarded grants to the following Coordinated Points of Entry for Options Counseling Pilot Testing in FY2014-2015:

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



PACE Center for Independent Living  
Family Service of Champaign County  
East Central Illinois Area Agency on Aging  
Options Center for Independent Living  
Starting Point  
Decatur-Macon County Senior Center  
Soyland Access to Independent Living  
Illinois Department on Aging

8. ECIAAA collaborated with ADRC Network partners to develop relationships with “critical pathway” health care providers. ECIAAA as the designated CCU for Vermilion County, collaborated with CRIS Healthy-Aging Center CCU to plan and implement a modified “Bridge Model” – an evidence-based care transition model adapted by community-based organizations and hospitals in Champaign and Vermilion Counties. CMS renewed an agreement with CRIS in January 2015 to continue Care Transitions.
9. ECIAAA conducted the following activities to update and maintain the ESP resource database:
  - a. ECIAAA Operations Specialist updated 1,500 records in the ESP database.
  - b. ECIAAA Operations Specialist scanned the internet for new programs, services and resources.
  - c. ECIAAA Operations Specialist entered new programs, services and resources into the ESP data base from reports and recommendations submitted by ECIAAA staff and service providers
  - d. ECIAAA Operations Specialist conducted site visits with CPoEs in Area 05 to observe how CPoE personnel are using the ESP database and applied her findings to editing current records, creating new records, providing training and technical assistance, and improving the utility and quality of the system.
  - e. ECIAAA Operations Specialist conducted a webinar for the Coles County Council on Aging Telecare staff about the use of ESP.
  - f. ECIAAA Operations Department and Planning & Program Department jointly conducted an annual ESP webinar for all CPoEs.
10. ECIAAA integrated the Caregiver Support Program into the ADRC Network.
  - a. ECIAAA extended federal OAA Title III-E grant assistance to the following CPoEs to provide Caregiver Advisory Services in FY2015:
    1. Family Service Senior Resource Center for Champaign and Piatt Counties
    2. Coles County Council on Aging for Coles County
    3. PATH for DeWitt, Livingston, and McLean Counties
    4. Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
    5. Chester P. Sutton Community Center for Edgar County
    6. Ford County Health Department for Ford County
    7. Volunteer Services for Iroquois County
    8. Starting Point – ADRC for Macon County
    9. CRIS Healthy-Aging Center for Vermilion County
  - b. ECIAAA extended federal OAA Title III-E grant assistance to the following provider for Caregiver Advisory Services which is not a CPoE:
    1. Community Care Systems serving Clark and Cumberland Counties
  - c. ECIAAA renewed a Cooperative Agreement with Illiana Healthcare System to coordinate the Veterans Independence Program through contracts with six (6) CCUs in Area 05.
11. ECIAAA participated in statewide meetings with Illinois Department on Aging, Illinois Association of Area Agencies on Aging (I4A), the Illinois Council of Case Coordination Units (ICCCU), the Illinois Network of Centers for Independent Living (INCIL), other statewide partners and consultants to develop ADRC/Networks statewide.

12. ECIAAAA sought to identify the roles of the ADRC Network with Managed Care Organizations selected for the Integrated Care Program and the Medicare-Medicaid Alignment Initiative.
13. ECIAAAA sought to coordinate the development of ADRCs with federal and state long term care balancing initiatives which require single points of entry, uniform statewide assessment instruments and processes, “conflict-free” case management, and the measurement and evaluation of outcomes.
14. ECIAAAA received a grant for \$165,000 GRF from the Illinois Department on Aging for the ADRC Enhancement & Nursing Home Deflection Program. ECIAAAA will provide grant assistance to the Macon County Health Department to implement this program in collaboration with St. Mary’s Hospital, Heritage Behavioral Healthcare, Soyland Access for Independent Living (SAIL) and the Decatur Housing Authority to provide services and supports for older adults to deflect them from long-term placement in nursing homes and enable them to live in their own homes in the community.

**Plans for ADRC Development in FY2016**

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

**Core Partners will include:**

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

**Critical Pathway Partners may include:**

- Illinois Department of Human Services Family & Community Resource Centers
- The DHS Division of Rehabilitative Services
- Community agencies serving Persons with Intellectual or Developmental Disabilities
- Providers of Behavioral Healthcare
- Managed Care Organizations
- Local health departments
- Hospitals, clinics, and Federally Qualified Health Centers (FQHCs)
- Public Housing Authorities

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

- Identify key contacts and maintain interagency communications
- Improve mutual understanding of organizational missions, programs, and services
- Promote person-centered planning and consumer empowerment and facilitate consumer referrals
- Develop and implement provisions of the Balancing Incentive Program including:
  - No-wrong-door access to information and services
  - A uniform statewide assessment process
  - Conflict-free case management

## FY 2016 – FY 2018 PLANNED ACTIVITIES FOR THE STATEWIDE INITIATIVE

ECIAAA will work with the Illinois Area Agencies on Aging, the Illinois Department on Aging, the Illinois Department of Healthcare and Family Services in its continued work in collaboration with other state agencies, and aging and disability service providers to develop the No Wrong Door (NWD) service system in Illinois. The NWD System will also provide Illinois with a vehicle for better coordinating and integrating the multiple access functions associated with the various state administered programs that pay for LTSS.

ACL defines the NWD service system functions as the following:

1. Public Outreach and Coordination with Key Referral Sources;
2. Person Centered Counseling;
3. Streamlined Access to Public LTSS Programs; and,
4. State Governance and Administration.

### **Public Outreach and Coordination with Key Referral Sources as Defined by ACL.**

In accordance with the direction provided by IDOA and IDHFS, ECIAAA will work with its Core Partners and Critical Pathway Partners to develop a “visible” source of individualized counseling and help with accessing LTSS. ECIAAA will work to ensure the NWD System proactively engage in public education to promote broad public awareness of the resources that area available from the NWD System. ECIAAA will work to promote the NWD System as a place where citizens of the state know where they can turn to for unbiased and “trusted “ help in understanding and accessing the LTSS options that are available in their communities. ECIAAA will work with IDOA and IDHFS to ensure the NWD System’s public education efforts give special attention to underserved and hard-to-reach populations, including people with hearing and visual impairments and limited English speaking populations. ECIAAA will work with IDOA and IDHFS to implement this effort.

## Case Management

Area 05 is served by seven (7) Case Coordination Units (CCUs). As of March 30, 2016 CCUs in Area 05 reported serving a total of 5,277 Comprehensive Care Coordination clients. Among total CCC clients, 3,696 (70%) qualified for the Community Care Program. CCUs authorized the installation of Emergency Home Response Systems for 2,720 CCC clients who qualified for CCP. The table on the following page summarizes data for CCC, CCP, and EHRS in Area 05 as of March 12, 2015.

**CCU** = Case Coordination Unit

**CCC** = Comprehensive Care Coordination

**CCP** = Community Care Program

**EHRS** = Emergency Home Response System

**FTE** = Full Time Equivalent

**DON** = Determination of Need

**MCO** = Managed Care Organizations

### Comprehensive Care Coordination Clients by Case Coordination Unit in Area 05

Source: ECIAAA Survey of CCUs in Area 05 for FY2016

Report Period: July 1, 2015 through March 30, 2016

CCU	CCC Clients	CCP Clients	CCC EHRS Clients	CCP EHRS Clients	CCC Average Monthly Caseload by 1 FTE Case Manager	CCP Average Monthly Caseload by 1 FTE Case Manager	CCC Client Average DON Score	CCP Client Average DON Score	CCP Clients DON Score Below 37	CCP Clients Enrolled in MCO
Cumberland Associates	2,194	1,406	0	1,117	1	89	38	41	402	150
Community Care Systems	1,220	678	5	486	7	80	39	40	266	69
CRIS Healthy Aging Center	950	825	0	528	320	270		46	233	76
Ford Co. Public Health Department	88	85	0	71	1	59	30	41	27	14
Iroquois Co. Public Health Department	237	227	0	149	72	73	39	39	72	0
Livingston Co. Health Department	232	150	0	95	27	72	39	41	43	0
Macon Co. Health Department	1,424	1,101	0	468	82	135	40	42	306	156
<b>TOTAL Area 05</b>	<b>6,345</b>	<b>4,472</b>	<b>5</b>	<b>2,914</b>	<b>72</b>	<b>111</b>	<b>38</b>	<b>41</b>	<b>1,349</b>	<b>465</b>

## **Local Initiative in Area 05**

### **Healthy Aging - helping older adults manage chronic health conditions.**

#### **Statement of Need**

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

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

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

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

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

**Home Delivered Meals** - The FY2016 Home Delivered Meals Report, published by the Illinois Department on Aging estimated that 1,650 older adults statewide were denied home delivered meals in FY 2016 due to insufficient funding. This is a 46% increase since FY 2015. Currently 1,735 seniors are on waiting lists for home delivered meals throughout Illinois; this is a 122% percent increase over the past year. In Fiscal Year 2016, the Area Agencies on Aging estimate that a total of 2,350 older adults need home delivered meals in unserved areas of Illinois. In Fiscal Year 2015, this number was 2,105.

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAA) on the average

number of persons served each day with home delivered meals. An average number of 22,840 persons are served per day. Based on the Medicare Current Beneficiary Survey, five percent of the Medicare population has 3 to 4 limitations in activities of daily living. Two percent of this same population has 5 to 6 limitations in activities of daily living. The Department estimated the number of older adults with 3 to 4 limitations of activities of daily living and an estimated number of older adults with 5 to 6 limitations of activities of daily living in each county. The Department then subtracted the number of persons currently served from these estimates to determine the potential unmet need for home delivered meals in each county. Here are the estimates for Area5:

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

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

The following information outlines the estimated number of older adults denied home delivered meals in FY 2015 and the current number of older adults on waiting lists due to insufficient funding. Statewide, it is estimated that 1,650 older adults were denied home delivered meals in FY 2015 due to insufficient funding. This is a 46 percent increase since FY 2014. At the present time, 1,735 older adults are on waiting lists for home delivered meals throughout Illinois; this is a 122 percent increase over the past year. The following table shows the estimated number of older adults denied home delivered meals in Area 05 due to lack of funding and the most recent estimate of the number of older adults on waiting lists for home delivered meals by county in Area 05.

Source: FY2016 Home Delivered Meal Report, Illinois Department on Aging, January 2016:

Name of PSA and County	FY 2015 # of Older Adults Denied HDMS due to Lack of Funding	Current # of Older Adults 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	50	0
Macon	0	0

Moultrie	20	0
Piatt	5	0
Shelby	15	0
Vermilion	30	10
<b>PSA 05 Total</b>	<b>345</b>	<b>10</b>
<b>Note; Fresh meals are denied if outside established delivery areas. These are estimates of the number who would benefit from meals but cannot be reached. Additional funding would allow the establishment of additional routes to meet the need. Frozen meals are offered to those referrals. Approximately ten people accept the offer of frozen meals.</b>		

### Number of Older Adults Needing HDMs in Unserved Areas

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

In Fiscal Year 2015, the thirteen Area Agencies on Aging in Illinois estimate that a total of 2,350 older adults need home delivered meals in unserved areas statewide. This is a 15% increase over the past year.

There are an estimated 325 older adults in need of home delivered meals who live in the following un-served areas in Planning and Service Area 05. The table below provides an estimate of the number of older adults in underserved townships by county in east central Illinois:

Source: FY2016 Home Delivered Meal Report, Illinois Department on Aging, January 2016:

PSA and County	Unserved Townships/Communities/Neighborhoods	# of Older Adults Needing HDMs
<b>PSA 05 East Central Illinois AAA</b>		
Champaign	Ayers, Condit, Crittenden, East Bend, Harwood, Kerr, Ogden, Raymond, Stanton, St. Joseph, Ludlow.	40
Clark	Anderson, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Parker, Wabash, York.	30
Coles	Hutton, Morgan, North Okaw, Seven Hickory.	30
Cumberland	Union	5
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Wapella, Waynesville, Wilson.	20
Douglas	Bourbon, Bowdre, Garrett, Sargent.	15
Edgar	Brouillets Creek, Edgar, Elbridge, Grandview, Hunter, Redmon, Stratton, Symmes.	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall.	15
Iroquois	Artesia, Ashkum, Chebanse, Concord, Cresecent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland.	20

Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Forrest, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo.	20
McLean	Anchor, Bellflower, Blue Mound, Cropsey, Funks Grove, Gridley, Hudson, Lawndale, Martin, Money Creek, West, Yates.	50
Macon	Warrensburg, Niantic, Forsyth	0
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe.	20
Piatt	Cerro Gordo, Deland, Sangamon, Unity.	5
Shelby	Flat Branch, Holland, Penn, Rural	15
Vermilion	N/A	10
<b>PSA 05 Total</b>		<b>325</b>

### Estimated Number of Older Adults Needing Home Delivered Meals

The Illinois Department on Aging surveyed the 13 Area Agencies on Aging (AAA) on the average number of persons served each day with home delivered meals. Statewide an average number of 22,840 persons are served per day. Based on the Medicare Current Beneficiary Survey, five percent of the Medicare population has 3 to 4 limitations in activities of daily living. Two percent of this same population has 5 to 6 limitations in activities of daily living. The Department used this information to determine an estimated number of older adults with 3 to 4 limitations of activities of daily living and an estimated number of older adults with 5 to 6 limitations of activities of daily living in each county.

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

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

County	Age 65+ Population	Estimated Persons with 3 to 4 ADLs	Estimated Persons with 5 to 6 ADLs	Average OAA Title C-2 Persons Served per day	Average Private MOW Persons Served per day	Estimated Unmet Need For HDMs 3 to 4 ADLs	Estimated Unmet Need For HDMs 5 to 6 ADLs
Champaign	20,066	1,003	401	110	95	798	196
Clark	2,946	147	59	4	20	123	35
Coles	7,431	372	149	131		241	18
Cumberland	1,838	92	37	35		57	2
DeWitt	2,768	138	55	27		111	28
Douglas	3,154	158	63	18		140	45
Edgar	3,469	173	69	33		140	36
Ford	2,633	132	53	3	26	103	24
Iroquois	5,627	281	113	10	25	246	78
Livingston	6,142	307	123	37	25	245	61
McLean	17,340	867	347	193		674	154
Macon	18,142	907	363	271		636	92
Moultrie	2,618	131	52	25		106	27
Piatt	2,713	136	54	13		123	41



Shelby	4,232	212	85	55		157	30
Vermilion	13,302	665	267	271		394	-4
PSA 05 Total	114,421	5,721	2,290	1,236	191	4,294	863

**Availability of Congregate and Home Delivered Meals in Area 05** – In FY2016 ECIAAA provides federal and state grant assistance to the following senior nutrition programs serving 16 counties in east central Illinois:

- Peace Meal Senior Nutrition Program sponsored by Sarah Bush Lincoln Health System provides congregate and/or home delivered meals at 62 sites in 14 counties including: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby. Peace Meal collaborates with restaurants to provide senior congregate dining in four communities.
- CRIS Healthy-Aging Center provides congregate meals at 7 sites in Vermilion County and provides home delivered meals countywide. CRIS collaborates with 4 restaurants to provide senior congregate dining.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home delivered meals at 10 sites in Macon County and collaborates with the Maroa Café for senior congregate dining.
- Catholic Charities provides Meals-on-Wheels in Decatur and Macon County.

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

Name of Nutrition Site/Community	Name of County	# of Older Persons Served Congregate Meals Each Serving Day	# of Older persons Served HDMs Each Serving Day
<b>PSA 05</b>			
<b>East Central Illinois AAA</b>			
Champaign HDM	Champaign	0	58
Rural Champaign	Champaign	0	21
Champaign Housing	Champaign	4	0
Fisher	Champaign	0	6
Homer	Champaign	5	8
Mahomet	Champaign	0	9
Rantoul	Champaign	14	22
Sidney	Champaign	5	6
Urbana	Champaign	4	0
Casey	Clark	0	5
Marshall	Clark	0	0
Martinsville	Clark	0	9
Charleston	Coles	9	57
LifeSpan	Coles	11	0
Mattoon	Coles	17	89
Oakland	Coles	9	17
Toledo	Cumberland	17	36
Clinton	Dewitt	12	19
Farmer City	Dewitt	4	7

Weldon	Dewitt	5	1
Arcola	Douglas	0	0
Atwood	Douglas	2	3
Murdock	Douglas	0	0
Tuscola	Douglas	8	14
Villa Grove	Douglas	4	8
Brocton	Edgar	1	2
Chrisman	Edgar	2	5
Hume	Edgar	1	3
Kansas	Edgar	0	11
Paris (Site and Restaurant)	Edgar	9	11
Gibson City	Ford	10	0
Paxton	Ford	9	1
Roberts	Ford	4	3
Cissna Park (Site and Restaurant)	Iroquois	133	3
Milford	Iroquois	10	6
Watseka	Iroquois	26	0
Dwight	Livingston	0	13
Pontiac	Livingston	1	14
Flanagan	Livingston	0	3
Streator	Livingston	0	10
Bloomington Woodhill	McLean	17	0
Bloomington Kitchen	McLean	3	184
Bloomington Housing	McLean	2	0
Chenoa	McLean	13	4
Danvers	McLean	5	3
Leroy	McLean	5	10
Lexington	McLean	7	5
Normal	McLean	10	0
Saybrook	McLean	21	4
Heyworth	McLean	0	5
Towanda	McLean	0	0
Bethany	Moultrie	15	6
Sullivan	Moultrie	13	16
Bement	Piatt	0	6
Monticello	Piatt	7	10
Deland	Piatt	0	2
Mansfield	Piatt	0	0

Findlay	Shelby	0	6
Herrick	Shelby	23	7
Moweaqua	Shelby	9	3
Shelbyville	Shelby	3	31
Windsor	Shelby	6	6
MOW of Macon County	Macon	0	183
Concord (DMCOC)	Macon	34	9
Maroa (DMCOC)	Macon	65	5
Oxford (DMCOC)	Macon	20	7
Hartford (DMCOC)	Macon	12	6
Macon Methodist (DMCOC)	Macon	10	0
Mt. Zion Majestic Hall (DMCOC)	Macon	9	0
Reserve (DMCOC)	Macon	0	8
acon County Senior Center (DMCOC)	Macon	22	0
Argenta (DMCOC)	Macon	31	3
Elderly Services (DMCOC)	Macon	0	55
CRIS Site/Danville	Vermilion	23-5 days per week	219
Vermilion House/Danville	Vermilion	0	19
Laura Lee/Danville	Vermilion	4-1 day per week	0
Presence Hospital/Danville	Vermilion	5-7 days per week	0
Georgetown	Vermilion	28-7 days per week	0
Sidell	Vermilion	15-6 days per week	0
Hoopeston Site	Vermilion	13-2 days per week	23
Westville	Vermilion	0	23
Tilton	Vermilion	1	0
<b>PSA 05 Total</b>		<b>787</b>	<b>1348</b>

### ECIAAA Plans for FY2016-FY2018

- ECIAAA will advocate for federal, state, and local funding to maintain current meal levels, keep pace with rising food and delivery costs, and respond to older adults on HDM waiting lists. ECIAAA will promote innovative and cost-effective methods of producing and delivering meals for older adults to ensure food safety, meal quality, consumer satisfaction, safety and well-being of at-risk older persons and social interaction.

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

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

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

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

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

### **Healthy Aging in East Central Illinois: Area Plan for Fiscal Years 2015-2018**

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

- ECIAAA collaborates with PATH to focus the dissemination of Matter of Balance initiatives through the McLean County Senior Wellness Coalition.
- 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 and Diabetes Self-Management Programs in PSA 05.
- ECIAAA is a member of the Illinois Community and Healthy Aging Collaborative. 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.
- 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 2017:**

In response to multiple State-wide 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, 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 support with Title III-B funding. 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.

## **Proposed Elder Rights Plan for FY2017**

ECIAAA administers a network of 7 Adult Protective Services Agencies which receive and investigate reports of alleged abuse, neglect, self-neglect, and exploitation (ANE), and arrange emergency services to assist victims. In State FY 2015 (July 1, 2014 through June 30, 2015) Adult Protective Services Provider agencies in Area 05 responded to 1066 ANE reports on victims sixty and over, and 266 ANE reports on victims aged 18-59. As of March 30, 2016, PSA 05 APS Providers have responded to 920 reports of abuse, neglect and exploitation on victims aged 60 and older, and 207 reports on victims aged 18-59.

In FY2017, ECIAAA will serve as the Regional Administering Agency for the Adult Protective Services Program in Area 5 and conduct the following activities:

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

### **Long Term Care Ombudsman Program**

ECIAAA sponsors the Long Term Care Ombudsman Program in Area 05, serving over 10,000 residents in 144 licensed health facilities, 32 assisted living facilities, and 18 supportive living facilities. The Ombudsmen visit residents regularly, inform them of their rights, and empower them to advocate on their own behalf. In FY 2014, professional Ombudsmen completed 409 visits, responded to 1,283 inquiries, and investigated 220 cases. In FY2015, an increase in state funds for the Ombudsman Program enabled the ECIAAA Long Term Care Ombudsman program to meet the Institute of Medicine’s recommended staffing ratio of one Ombudsman per 2,000 residents. In FY2017, the program will:

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

## Emergency Preparedness Plan

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

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

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

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

## Demographic Characteristics and Trends

### *A Profile of Older Americans: 2013*

**Source:** Administration on Aging/Administration for Community Living

- The older population (65+) numbered 43.1 million in 2012, an increase of 7.6 million or 21% since 2002.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 24% between 2002-2012.
- About one in every seven, or 13.7%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males).
- Older women outnumber older men at 24.3 million older women to 18.8 million older men.
- In 2012, 21.0% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), .5% were Native American or Native Alaskan (not Hispanic), and 0.7% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 7% of the older population.
- Older men were much more likely to be married than older women--71% of men vs. 45% of women. In 2013, 36% older women were widows.
- About 28% (12.1 million) of non-institutionalized older persons live alone (8.4 million women, 3.7 million men).
- Almost half of older women (45%) age 75+ live alone.
- In 2012, about 518,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35.5 million in 2002 to 43.1 million in 2012 (an 21% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.9 million in 2012 to 14.1 million in 2040.
- Racial and ethnic minority populations have increased from 6.1 million in 2002 (17% of the elderly population) to 8.9 million in 2012 (21% of the elderly) and are projected to increase to 20.2 million in 2030 (28% of the elderly).
- The median income of older persons in 2012 was \$27,612 for males and \$16,040 for females. Median money income (after adjusting for inflation) of all households headed by older people rose by .1% (not statistically significant) from 2011 to 2012. Households containing families headed by persons 65+ reported a median income in 2011 of \$48,557.
- The major sources of income as reported by older persons in 2011 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 28%).

- Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2011 (22% of married couples and 45% of non-married beneficiaries).
- Almost 3.9 million elderly persons (9.1%) were below the poverty level in 2012. This poverty rate is not statistically different from the poverty rate in 2011 (8.7%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. In 2012, the SPM shows a poverty level for older persons of 14.8% (more than 5 percentage points higher than the official rate of 9.1%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

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

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

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

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

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

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

Sources: 2010 Census and 2012 Population Estimates

<b>County</b>	<b>2012 Estimates Population 60+</b>	<b>2013 Estimates Population 60+</b>	<b>Population Change 2012 to 2013 (persons)</b>	<b>Population Change 2012 to 2013 (percentage)</b>
Champaign	30,865	32,865	1,226	4.0%
Clark	3,964	4,016	52	1.3%
Coles	10,568	10,795	227	2.1%



Cumberland	2,619	2,654	35	1.3%
DeWitt	3,880	3,965	85	2.2%
Douglas	4,325	4,399	74	1.7%
Edgar	4,751	4,810	59	1.2%
Ford	3,473	3,493	20	0.6%
Iroquois	7,623	7,661	38	0.5%
Livingston	8,594	8,694	100	1.2%
McLean	26,864	27,745	881	3.3%
Macon	26,018	26,018	400	1.5%
Moultrie	3,624	3,624	51	1.4%
Piatt	3,930	3,966	36	0.9%
Shelby	5,941	6,013	72	1.2%
Vermilion	18,626	18,892	266	1.4%
<b>TOTAL</b>	<b>165,665</b>	<b>169,287</b>	<b>3,622</b>	<b>2.2%</b>

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

Sources: 2013 ACS Estimates and 2008-2012 American Community Survey and Aging Special Tabulation

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

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

Source: 2013 Census Estimates

County	Total Population	60+ Population	60+ Pop. As % of Total Population
Champaign	204,897	32,091	15.66
Clark	16,182	4,016	24.82
Coles	53,697	10,795	20.10
Cumberland	10,939	2,654	24.26
DeWitt	16,420	3,965	24.15

Douglas	19,887	4,399	22.12
Edgar	17,960	4,810	26.78
Ford	13,832	3,493	25.25
Iroquois	28,982	7,661	26.43
Livingston	38,586	8,694	22.53
McLean	174,647	27,745	15.89
Macon	109,278	26,418	24.18
Moultrie	14,876	3,675	24.70
Piatt	16,433	3,966	24.13
Shelby	22,119	6,013	27.18
Vermilion	80,329	18,892	23.52
Total Area 05	841,069	169,287	20.19

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

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

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

<b>PSA</b>	<b>60+ Pop.</b>	<b>60+ Poverty</b>	<b>60+ Minority</b>	<b>75+</b>	<b>60+ Living Alone</b>	<b>60+ Rural</b>	<b>IFF Weight</b>
01	5.96	4.87	2.13	6.13	5.77	15.89	6.19
02	23.92	14.89	16.54	21.41	19.28	0.00	18.23
03	4.68	3.76	1.22	5.09	5.27	17.15	5.30
04	3.76	3.04	1.05	4.01	3.78	2.50	3.22
05	6.85	5.76	2.06	7.27	7.34	14.18	6.83
06	1.24	1.28	0.12	1.43	1.26	7.84	1.75
07	4.28	3.56	0.83	4.52	4.54	11.43	4.44
08	5.61	4.87	3.11	5.88	5.92	3.01	4.98

09	1.41	1.38	0.20	1.51	1.58	9.36	2.02
10	1.22	1.10	0.09	1.41	1.38	8.14	1.73
11	2.73	3.11	0.69	2.80	3.03	10.50	3.35
12	17.16	35.14	47.01	16.57	20.32	0.00	23.29
13	21.18	17.24	24.95	21.97	20.53	0.00	18.67
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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

## **ECIAAA Funding Formula for FY2016-FY 2018**

### **A. Introduction**

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

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

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

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

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

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

targeting strategies at the local level. It is a combination of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

### C. Funding Formula Definitions

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

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

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

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

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

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

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

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

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

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

### D. Funding Formula Factors and Weights

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

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

The formula contains the following factors:

- The number of the state's population 60 years of age and older in the county as an indicator of need (60+ Population).
- The number of the state's population 60+ reported in the minority group (Hispanic, American Indian/Alaska Native, Asian, African American and Native Hawaiian or other Pacific Islander) in the county as an indicator of need (60+ Minority).

- The number of the state’s population 60+ reported as living alone (60+Living Alone)
- The number of the state’s population aged 75 years of age and older (75+ Population)
- The number of the state’s population 60+ at or below the poverty threshold in the county as an indicator of greatest economic need (60+Poverty)
- The number of the state’s population 60 years of age and older residing in a rural county meaning the county is not part of the Metropolitan Statistical Area (MSA) as defined by the Bureau of the Census (60+ Rural)
- The number of SSI recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county
- The number of 65+ reporting two or more disabilities as defined by the Bureau of the Census (65+SSI+OASDI With Two or More Disabilities)

**E. Factors by Weight**

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+	7.5%
With Two or More Disabilities	
Total	100%

**F. Application of the ECIAAA Funding Formula**

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

Where:

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

## G. Base Level of Funding

### Senior Information Services/Coordinated Point of Entry

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

### Legal Services

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

### Nutrition Services

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

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

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

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

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

## **Plan for FY2017**

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2017, using data derived from the Special Tabulation of the Population 60+, the 2013 Population Estimates, and five-year estimates from the American Community Survey for 2008-2012.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Years 2016 to FY2018, and proposes to update the formula using the latest 5-year estimates from the American Community Survey for the Area Plan for FY 2017.

## **ECIAAA Budget Assumptions for FY2017**

- 1. First, and foremost, the Governor and members of the Illinois General Assembly *must* resolve the Illinois Budget Impasse for FY 2016. An Illinois Budget must be passed to allow the release of Illinois General Revenue Funds, which were originally allocated to ECIAAA-funded service providers for projected service provision in FY 2016. The stability and financial health of ECIAAA-funded service providers are in jeopardy because of the FY 2016 Illinois Budget Impasse, and any plans to provide services in FY 2017 remain in jeopardy.**
2. The President presented his proposed FY 2017 budget on February 9, 2016 which includes \$2.1 billion in both discretionary and mandatory investments in core Older Americans Act programs, as well as funding for existing disability programs that were shifted to ACL under the workforce investment reauthorization. This total includes an increase of \$28.4 million (1.4 percent) over FY 16 final funding.
3. The Department of Healthcare and Family Services is implementing the Balancing Incentive Program (BIP) in collaboration with other State agencies. To qualify for enhanced federal match for the State's Medicaid Program, the BIP requires states to implement three structural changes: (1) No Wrong Door/Single Entry Point System, (2) conflict-free case management, and (3) the development of a core standardized assessment instruments.

Additionally states are required to make progress toward increasing their Medicaid expenditures on home and community-based long term services and supports (LTSS). BIP states must agree to use enhanced Federal Medicaid Assistance Percentage (FMAP) to provide new or expanded home and community-based LTSS. Using BIP funds, the Department on Aging and AAAs are implementing Nursing Home Deflection Demonstration Projects through FY 2017.

4. The Governor presented his proposed State Budget for FY2017 on February 17, 2016. The Governor's recommended FY2017 budget for the Illinois Department on Aging totals approximately \$987,506,000.
5. Recommended funding levels for the Community Care Program total \$608,745,600, including:
  - \$221,000,000 for administration and service grants
  - \$228,786,600 for Community Care Program Services, grants and Administrative expenses
  - \$49,000,000 for Capitated Care Coordination
  - \$64,500,000 for Case Management
6. Recommended funding levels for the new Community Reinvestment Program \$228,357,000:
  - 45,800 older adults receiving CCP services – and 43,700 receiving services through the Community Reinvestment program ;
  - \$872.95 - CCP average monthly cost of care per client
  - \$400 CRP average monthly cost of care per client.
7. Recommended funding level for Home Delivered Meals is \$17,650,000 - \$3.3 million over the FY2016 level - to maintain a projected service level of 6 million meals. And address a waiting list of 1,1750 older adults.
8. Recommended funding for Adult Protective Services Program is \$23.3 million - to respond to 16,990 projected reports of abuse, neglect and exploitation affecting persons 60+ and persons with disabilities ages 18 to 59.
9. Recommended funding for the Long Term Care Ombudsman Program (LTCOP) includes: \$8.1 million GRF – an increase of \$3,621,900 over the FY2016 level.
10. Recommended funding for Benefits Eligibility Assistance and Monitoring is \$1,390,000.
11. Recommended funding for the Senior HelpLine is \$2,690,000.
12. ECIAAA must comply with federal OAA statutory obligations to fund categorical or specified services, e.g., congregate nutrition, home delivered meals, Title III-E caregiver support services, etc.
13. ECIAAA must comply with a federal AoA requirement that in FY2017 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.
14. OAA allows an AAA to apply for 10% of total Title III-B and Title III-C for the cost of administration.
15. An AAA will apply for Title III-B funds for the cost of administratively-related direct services including: advocacy, program development and coordination.
16. 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.

## **Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers In FY2017**

1. The implementation of Coordinated Points of Entry/Senior Information Services will be ECIAAA's top service funding priority for Fiscal Year 2016-2018. In FY2017, ECIAAA plans to budget \$949,313 for CPOE/SIS under the Information & Assistance line item, through a combination of federal OAA funds, Illinois GRF, and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP).
2. ECIAAA proposes to budget \$64,503 GRF to be allocated to selected CPoEs for Options Counseling.
3. ECIAAA proposes to budget \$77,626 in federal OAA Title III-B funds for legal assistance for seniors in FY2017.
4. ECIAAA proposes to budget \$18,836 in federal OAA Title III-B funds for the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and Strong For Life in FY2017.
5. ECIAAA proposes to budget \$10,641 in federal OAA Title III-B funds for A Matter of Balance in FY2017.
6. ECIAAA proposes to budget \$450 in federal OAA Title III-B funds for respite services to help meet the minimum percentage for in-home services required by the Illinois Department on Aging in FY2017.
7. ECIAAA proposes to budget \$527,366 in federal OAA Title III-C 1 funds for congregate nutrition in FY2017.
8. ECIAAA proposes to budget a total of \$2,008,903 in FY2017 for home delivered meals including \$813,998 in federal OAA Title III-C-2 funds and \$1,194,905 in Illinois GRF.
9. ECIAAA proposes to budget \$36,700 in federal OAA Title III-D funds to integrate the evidence-based program known as PEARLS into gerontological counseling in Champaign, Livingston, and McLean Counties in FY2017.
10. ECIAAA proposes to budget \$4,380 in federal OAA Title III-D funds for the evidence-based Diabetes Self-Management Program in Macon County in FY2017.
11. ECIAAA proposes to budget \$321,984 federal OAA Title III-E funds for Caregiver Advisory Services in FY2017.
12. ECIAAA proposes to budget \$17,081 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY2017.



## **Contingency Planning**

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

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

# BUDGET SUMMARY FOR FISCAL YEAR 2017

East Central Illinois Area Agency on Aging proposes to administer an estimated 9,231,233 in federal, state and local funds for Fiscal Year 2017 for the period covering October 1, 2016 through September 30, 2017.

The chart below includes projections of resources using the following sources available at the time of publication:

- Federal and State of Illinois funds based on FY 2017 Planning Allocations, dated March 21, 2016;
- Governor’s Proposed FY 2017 State Budget for Aging Programs with increases for Community-Based Services, Ombudsman Services and Home Delivered Meals; and,
- Information from Fiscal Year 2015 (Prior Year) and Fiscal Year 2016 (Current Year).

Services	Federal Funds	State Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
<b>Caregiver</b> <sup>(1)</sup>	\$379,239			\$134,639	\$ 5,000	\$518,878
<b>Community Based</b> <sup>(1), (2), (3)</sup>	1,040,239	\$770,692		575,000	12,500	2,398,431
<b>Congregate Meals</b>	634,168		\$71,540	625,000	525,000	1,855,708
<b>Home Delivered Meals</b>	868,926	1,194,905	333,299	950,000	675,000	4,022,130
<b>Vulnerable Elder Rights and Adult Protective Services</b>	25,571	39,432		7,500	1,000	73,503
<b>Long Term Care Ombudsman</b> <sup>(4), (5)</sup>	108,954	233,375				342,329
<b>Community Care Program - Long Term Care Systems Development</b>		20,254				20,254
	<b>\$3,057,097</b>	<b>\$2,258,658</b>	<b>\$404,839</b>	<b>\$2,292,139</b>	<b>\$1,218,500</b>	<b>\$9,231,233</b>

Footnotes:

- 1) Federal funds include projected carry-over funds in care giver and community-based services of \$2,500, and \$7,500 respectively;
- 2) Senior Health Assistance Program funds in the amount of \$101,884 are included under State Funds;
- 3) Title III-D funds in the amount of \$46,930 are included under Federal Funds for Health Promotion Programs, A Matter of Balance and Gerontological Counseling;
- 4) ECIAAA will continue the last year of a 3 year grant initiative to expand its advocacy role to include Medicaid waiver services and persons in managed care. Funds have not been included in the above chart; and,
- 5) Long Term Care Ombudsman Provider Funds have not been included with the budget due to the lack of an application process from the Illinois Department of Human Services for the current Fiscal Year 2016.

**FEDERAL CARRY-OVER FUNDS**

Carry-over funds are projected in the amount of \$10,000. Carry-over funds for Fiscal Year 2016 are within Title III-B Community Based and Title III-E Caregiver Services. Projections are low compared to Fiscal Year 2015 actuals. The projected amount of carry-over funds is supported by the high probability to expend all or most of federal and State General Revenue Funds allocations during Fiscal Year 2016, in light of the prolonged State of Illinois budget debate. 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, 2017.

Title III-B	Title III-B Ombudsman	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	Title VII Ombudsman	Title VII Elder Abuse	Total
\$7,500	0	0	0	0	\$2,500	0	0	\$10,000

**INTER-FUND TRANSFERS**

For FY 2017, ECIAAA is proposing no changes to inter-fund transfers. The transfer from Title III-C to Title III-B is 9.1%. The transfer from Title III-C1 to Title III-C2 is 27.8%. The transfer amount to Title III-B is within the 15% transfer authority while the transfer amount from C1 to C2 exceeds transfer authority. The amount projected is the same as the current year and is supported by cost allocation changes at the largest nutrition provider of service.

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 \$404,839 in NSIP funds or 6.72 % of total meals based on funds available to the State of Illinois. Of the \$404,839, the amounts of \$71,540 and \$333,299 are being budgeted for congregate 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 and 24 hour availability in receiving and responding to elder abuse reports after regular work hours, in accordance with standards and procedures under Title VII of the Older Americans Act.

SERVICES/PROGRAM	Title VII	Local Match	Program Income	Total
Prevention of Elder Abuse & Neglect Program	\$22,655	\$7,500	\$1,000	\$31,155

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

For Fiscal Year 2017, the operational budget for the organization is budgeted at \$ 1,263,127 in Older Americans Act Funds, Illinois General Revenue Funds and other funds to meet statutory responsibilities and program assurances of grants and contracts with the Illinois Department on Aging, including the direct service of Long Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, rent and other. Budgets by category and line item are set by the Area Agency on Aging’s Board of Directors.

Funding Source/Program Description	Fiscal Year 2017
<b>ADMINISTRATION:</b>	
Title III-B, Title III-C and Title III-E	\$292,795
Title III-B and Title VII – Ombudsman	10,895
Title VII – Vulnerable Elder Rights Protection	2,557
General Revenue Funds – Match	99,611
General Revenue Funds – Adult Protective Services - <del>Regional Administrative Agreement</del>	39,432
General Revenue Funds - Long Term Care Systems	20,254
Senior Health Assistance Program	11,320
<b>Sub Total</b>	<b>\$476,864</b>
<b>ADMINISTRATIVELY RELATED DIRECT SERVICES:</b>	
Title III-B – Advocacy, Coordination and Program	\$430,810
<b>Sub Total</b>	<b>\$430,810</b>
<b>DIRECT SERVICES – LONG TERM CARE OMBUDSMAN PROGRAM:</b>	
Title III-B, VII, General Revenue Funds and Money Follows the Person <sup>(2)</sup> and <sup>(3)</sup>	\$355,453
<b>Sub Total</b>	<b>\$355,453</b>
<b>TOTAL</b>	<b>\$1,263,127</b>

Footnotes:

- 1) ECIAAAA’s Administratively Related Direct Services budget is \$189,905 or 30.6% less than allowed by Illinois Department on Aging’s policy;
- 2) ECIAAAA will continue the final year of a 3 year grant initiative to expand its advocacy role to include Medicaid waived services and persons in managed care. Funds have not been included in the above chart; and,
- 3) ECIAAAA has not included the Long Term Care Provider Fund (formally known as the “Bed Tax”) due to the fact that no grant application has been released for the current year from the Department of Human Services.

## **ADMINISTRATION**

A total of \$405,858 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 making
- Strategic planning
- Representation on task forces, committees, and councils
- Budgeting for multiple program funds
- Financial management
- Resource materials
- Six respite projects
- Report system to meet state and federal requirements including policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Audit reviews
- Monthly & quarterly desktop reviews
- Management of contracts for caregiver service components
- Microsoft 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 and staff meetings and staff training
- Recognition
- Assisting IDOA with special initiatives
- Membership affiliation with local, state and national organizations.
- Web-based software for Older Americans Act program demographics
- Maintaining and modifying a web-based reporting system
- On-site monitoring and quality assurance
- Maintaining an updated Service Provider Policy & Procedure Manual
- ESP resource database management
- Telephone reception
- Filing

## **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. ECIAAAA will enter into memorandums of understanding with provider agencies to perform in-take, assessment, casework, follow-up and early intervention services, as outlined in Illinois Department on Aging's rules, standards, policies and procedures and timeframes. The aforementioned activities performed by provider agencies will be paid directly from the Illinois Department on Aging. Activities may include:

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

## **COMMUNITY CARE PROGRAM – 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:

- Reviewing Community Care Program proposals
- Assisting IDPA in service design and implementation
- Technical assistance on monthly billing and rejects to case coordination units (CCU's) and service vendor
- Assisting service availability and service gaps
- Program administration
- Ongoing assistance to CCP and CCU's related to performance of CCP activities
- On site pre-certification reviews of adult day services sites and in-home provider agencies
- Identifying innovative approaches to service delivery program to administration to IDOA
- Other functions mutually agreed upon by IDOA and East Central Illinois Area Agency on Aging

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

A total of \$430,810 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
- Weekly Aging Network Alerts
- Developing older person's capabilities to advocate on their own behalf
- Reviewing and commenting on public plans, policies, levies and community action
- Hosting student internships
- 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
- Use of Social 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 adherence to national AIRS Standards with an emphasis on Standards 5,6,7,8, and 0 that relate to resource management for the areas of inclusion/exclusion criteria, standardizing the profile of organizations listed in a database or regular basis
- Coordinating and updating the Agency's website
- Distribution of Senior Farmer's Market Coupons through local service providers
- Maintaining AIRS CRS-A certified staff
- Developing a working relationship with assisted living facilities
- Coordinating 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 ECIAAAA website,(www.eciaaaa.org) news releases, consumer education, and ALERT e-newsletter
- Continuing to year two 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 to 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

## 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 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
- 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

Regular presence in long term care facilities & visiting residents. A total of \$355,453 in Title III-B, and Title VII of the Older Americans Act, State of Illinois General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person is being budgeted to provide over 11,000 hours of Long Term Care Ombudsman service activities to over 10,000 residents residing in 145 licensed facilities throughout the 16 counties. On an average the occupancy rate in facilities is between 81.3% of licensed beds. Funds will provide the following advocacy activities: Casework of investigating, verifying and resolving complaints, Information, referral, community education, publicity, and media interviews

- Monitoring, developing and implementing federal, state and local laws, regulations and policies
- Culture change events and training
- Disseminating materials during regular presence visits and when attending family and resident council meetings, and other public education seminars.
- Assisting in providing community outreach and community education about Money Follows the Person (MFP)
- Advocacy on behalf of licensed assisted living facilities
- Advocacy
- 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
- Responding to home care referral

## SENIOR HEALTH ASSISTANCE PROGRAM

A total of \$11,320 in Tobacco Settlement Recovery Funds to coordinate and establish region-wide collaboration with partners that include but not limited to Social Security Administration, Centers of Independence Living, Division of Rehabilitation Services, and the Department of Human Services. Additionally, local collaboration with Coordinated Point of Entry/ADRC -Senior Information Services providers, other aging network partners, and Social Security Offices. Referrals to appropriate provider agencies from calls received from older adults and family members regarding low income subsidy benefits and prescription drug coverage under Part D Medicare, Illinois Cares Rx and other pharmaceutical assistance programs. Activities may include:

- Referrals to appropriate agencies in the provision of direct services
- Program clarification & program updates to providers
- 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
- Program Administration
- Postings of education and outreach activity information to website.
- Expansion of outreach activities about Medicare Saving Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- Critical complaint resolution



## SERVICES FOR OLDER ADULTS AND CAREGIVERS

Grants and Contracts	Program Projections		Budget Projections								
	Persons	Units of Service	Title III-B	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	GRF Match	GRF Non Match/Equal	SHAP	Total
<b>Access Services:</b>											
Information & Referral/SIS – CPoE	\$20,924	\$43,899	\$354,055					\$62,661	\$430,713	\$101,884	\$949,313
Options Counseling/SIS – CPoE	249	2,377							64,503		64,503
<b>Community Services:</b>											
Health Promotion Programs - CDSMP/DSMP/SFL	300	1,080	18,836			\$4,380					23,216
A Matter of Balance	54	662	10,641			5,850					16,491
Gerontological Counseling - PEARLS	56	220				36,700					36,700
Legal	586	2,908	77,626								77,626
<b>In-Home Services:</b>											
Respite	1	29	450								450
<b>Nutrition Services:</b>											
Congregate Meals	4820	155,513		\$527,366							527,366
Home Delivered Meals	3,271	363,584			\$813,998				\$1,194,905		2,008,903
<b>Caregiver Services:</b>											
Counseling/Support Groups (Care/GRG)	1,400	12,104					\$321,984				321,984
Respite (Care)	44	617					17,081				17,081
<b>TOTAL</b>			<b>\$461,608</b>	<b>\$527,366</b>	<b>\$813,998</b>	<b>\$46,930</b>	<b>\$339,065</b>	<b>\$62,661</b>	<b>\$1,690,121</b>	<b>\$101,884</b>	<b>\$4,043,633</b>