EAST CENTRAL ILLINOIS AREA AGENCY ON AGING

East Central Illinois Area
AGENCY on AGING

Summary of the

Area Plan on Aging

For Fiscal Year 2017

ECIAAA is Your
Area Agency on Aging

☐ Our mission is to help older Americans maintain their independence and quality of life.

Who We Are

- ECIAAA is a non-profit organization

- Founded in 1972

- Serves over 165,000 older adults and their families in 16 counties (Area 05)

- One of 618 AAAs in the U.S.; 13 in Illinois

- Governed by a Corporate Board of 20 volunteer community leaders

- Advised by an Advisory Council of 32 volunteer community leaders

ECIAAA Staff

- Susan C. Real, Executive Director
- Susan H. Redman, Deputy Director-CFO
- Amanda Hyde, Planning & Grants Manager
- Kelly Coffee, Fiscal Manager/IT Manager
- Nichole Lind, Grants Compliance Supervisor
- Lacey Weatherly, Planning & Grants Specialist
- Katie Raynor, Planning & Grants Specialist
- Jordan Chism, Administrative Resource Specialist
- Jessica Aceves, ISU Stevenson Fellow
- Jaime Spears, Regional Ombudsman
- Misty Parker, Long Term Care Ombudsman
- Valerie Anderson, Long Term Care Ombudsman
- Joy Sorden, Administrative Assistant
- Lynne Doran, ISU Intern

Sources of Authority and Funding

- Area Agencies on Aging in Illinois are authorized under the federal Older Americans Act and the Illinois Act on Aging.

- ECIAAA is designated by the Illinois Department on Aging to serve PSA 05.

- Major funding for ECIAAA is made possible with grants of Federal Older Americans Act funds and State Funds from the Illinois Department on Aging

What We Do

- Advocacy in Action
- Answers on Aging
- Empowering older adults to uphold their rights
- Regional and Community-Based Planning
- Program Development
- Coordination of Services
- Grants Administration
- Quality Assurance & Quality Improvement

The Aging Network in Area 05

- 21 OAA Community Programs on Aging
- Served 21,559 older adults, 1,062 caregivers and 261 grandparents raising grandchildren in FY2015
- When compared to service performance in FY 2014, ECIAAA PSA 05 Service Providers *Increased*:
  - Persons Served Home Delivered Meals by 13%;
  - Home Delivered Meals by 17%;
  - Congregate Meals by 17%;
  - Senior Information Service Units by 9%; and,
  - Grandparents Raising Grandchildren by 14%.

Coordinated System of Services

- Access Services
- In-Home Services
- Community Services
- Evidence-Based Healthy Aging Programs
- Care Transitions
- Caregiver Support Programs
- Elder Rights Programs
  - Adult Protective Services and Ombudsman Program

Advocacy: On the National Scene

- ECIAAA is a member of the National Association of Area Agencies on Aging (**n4a)** advocating to:

- Strengthen the Social Security Program

- Strengthen the Medicare Program

- Increase appropriations for Older Americans Act Programs

- Amend Medicare's definition of "post-hospital extended care services" so Medicare beneficiaries in observation are deemed hospital inpatients.

- Support the rights of Medicare Part D beneficiaries to obtain needed drug benefits

Advocacy at the State Level

- ECIAAA is a member of:
  - *I4A* - Illinois Association of Area Agencies on Aging
  - Illinois Alliance for Home and Community Care
  - Illinois Partners for Human Services
  - Together we support rebalancing the Long Term Care System to provide community-based long term services and supports for older adults and persons with disabilities and prevent unnecessary placement in state operated facilities and long term care facilities.
  - ECIAAA supports the Community Reinvestment Program for non-Medicaid eligible CCP clients only if clients are not adversely affected.

Advocacy at the State Level – FY 2017

- Governor's Proposed Budget for FY2017 focuses on 3 major points:

    1. Program sustainability in preparation for anticipated growth in aging population;

    2. Commitment to rebalancing – supporting older adults in community based settings; and,

    3. Flexibility in delivery of services and supports.

Community Reinvestment Program – FY 2017

- Enrollment in the Department on Aging's Community Care Program has significantly grown over the past 10 years.

- From 40,965 enrollees in 2005 to 83,787 enrollees in 2015 – an increase of 105%.

- Looking forward, the growth in Illinois' aging population will also more than double by 2030.

- Sustaining CCP as it exists today will cost an additional $93.3 million n the next six years (assuming the completion of the managed care transition by FY 2018).

Community Reinvestment Program – FY 2017

- Implementation of the Community Reinvestment Program (CRP) is contingent upon an approved FY 2017 Illinois Budget.
- Draft CRP Rules will be shared with the Aging Network on May 13, 2016.
- Affects approximately 2,000 clients in PSA 05.

Community Reinvestment Program (CRP) – FY 2017

- 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 $228 Million.

CRP Transition Plan – FY 2017

- 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 Agencies on Aging) will be utilized as the mechanism for the coordination of preventative services.
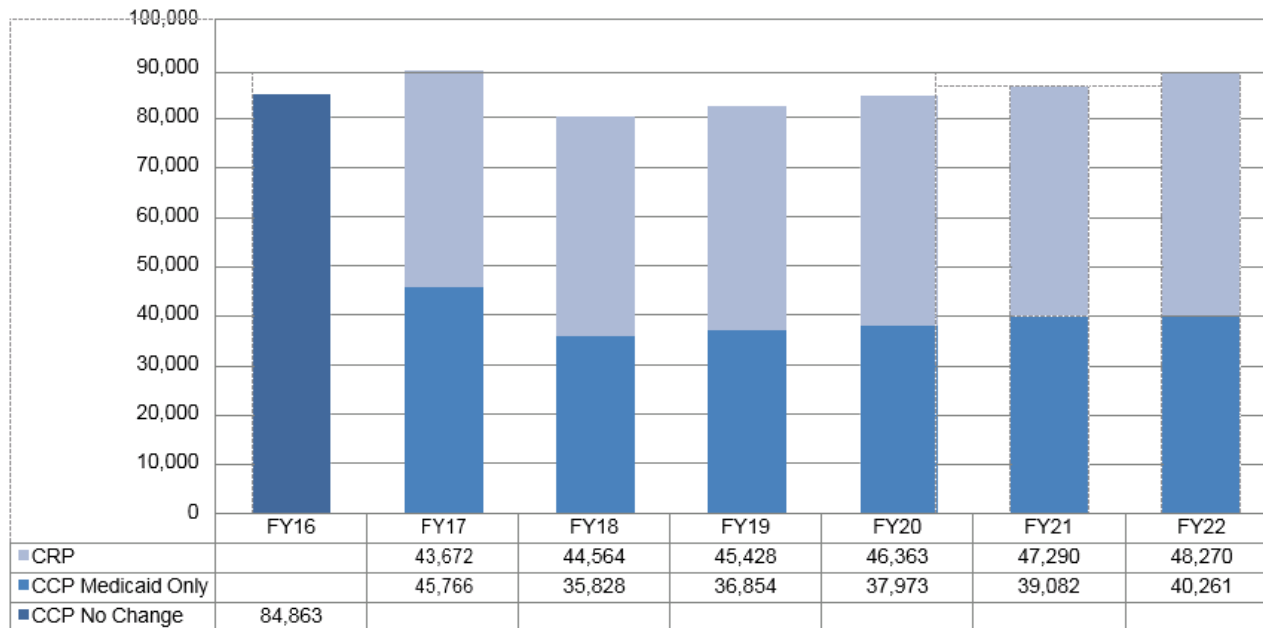
CRP Transition Plan – FY 2017

- 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.

FY 2017 – CCP Program Trends

Caseload Trends

Aging Average Monthly Caseload

	FY16	FY17	FY18	FY19	FY20	FY21	FY22
CRP		43,672	44,564	45,428	46,363	47,290	48,270
CCP Medicaid Only		45,766	35,828	36,854	37,973	39,082	40,261
CCP No Change	84,863						

Forecasted Spending

Projected Spending
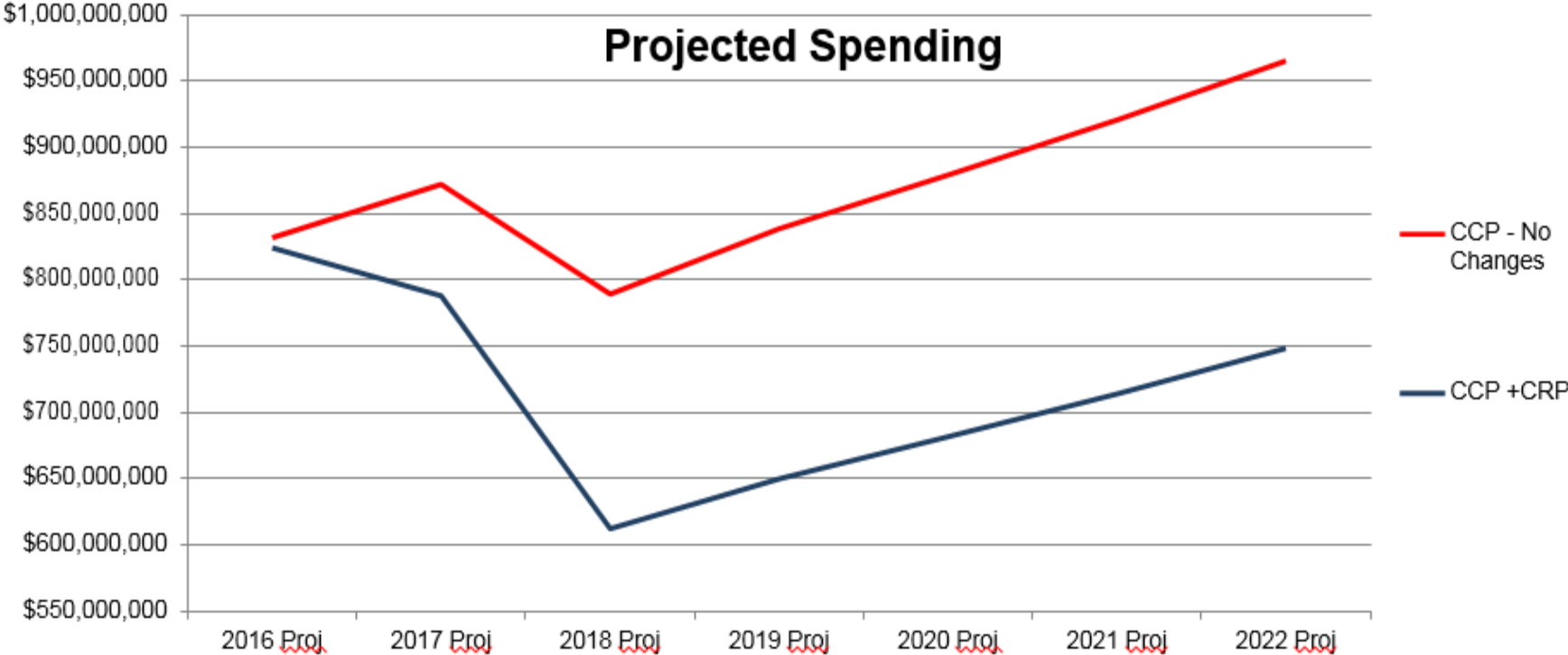
CRP Core Services – FY 2017

- In-Home Services (AKA Homemaker)
- Adult Day Services (ADS)
- Emergency Home Response Service (EHRS)
- Home Delivered Meals (HDM)

CRP Additional Services Draft – FY 2017

- Respite Services
- Wellness Services
- Transportation
- Assistive Devices
- Home Modification
- Medication Management
- Options Counseling
- Flexible (Gap) Services

AAA Responsibilities - *Draft*

- ☐ Identifying gaps in services in your area and developing services to fill those gaps

- ☐ Securing providers for these services and negotiating rates for each services

- ☐ Developing policies/standards/guidelines for each services

AAA Responsibilities - *Draft*

- CCUs will send care plans to the AAA. AAA's will confirm adequacy/availability of funding, services, and or vendors

- Develop and monitor waiting lists when necessary

- Review monthly expenditure reports by vendors and handle fiscal management responsibilities for reimbursement of services by vendors

- Handle vendor contract appeals

- Serve as the final disposition of client eligibility

Advocacy at the State Level

□ Recommended funding level for Home Delivered Meals is $17,650,000 – an increase of $3,664,800 from FY 2016 to maintain a projected service level of 5 million meals and respond to persons on waiting lists.

Advocacy at the State Level

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

Advocacy at the State Level

- $23.4 million (FY 2016 $22.4 million) GRF for Adult Protective Services Program to respond to 18,065 reports of abuse, neglect and exploitation affecting persons 60+ and for persons with disabilities ages 18 – 59

- $8.1million (FY 2016 $6.1million) in state funds for the Long-Term Care Ombudsman Program.

Advocacy: At the State Level

□ $7.7 (FY16 $7.7) million for Planning and Service Grants to AAAs – to help seniors access federal benefits and ADRC options counseling.

Advocacy at the State Level

- Senior Health Insurance Program (SHIP)- $2.2 million
- Senior Health Assistance Program (SHAP) - $1.6 million (Tobacco Settlement Recovery Funds)(FY 16$1.6 million)
- Grandparents Raising Grandchildren - $300,000 (FY 16 $300,000)
- Long Term Care Systems Development - $273,800 (FY16 $273,800)
- Senior Employment Specialist Program - $190,300
- Retired & Senior Volunteer Program - $551,800 (FY16 $551,800)
- Foster Grandparent Program - $241,400 (FY16 $241,400)

Older Americans Act of 1965

April 19, 2016 – President Signs OAA Reauthorization

☐ *This law renews and improves upon our commitment to help Americans stay safe, healthy, and independent as they age. It includes reforms that will strengthen protections for seniors, streamline programs to better meet their needs, and deliver state and local leaders the flexibility necessary to serve seniors in their communities. These commonsense changes will help ensure older Americans can continue to live active, independent lives with the dignity they deserve. We are pleased Republicans and Democrats were able to come together to advance this important priority.*
(Source: Press Release – Education & Workforce Committee)

OAA Objectives

- An adequate income in retirement
- The best possible physical and mental health
- Obtaining and maintaining suitable housing
- Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services
- Opportunity for employment with no discriminatory personnel practices because of age.
- Retirement in health, honor, dignity
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.

OAA Objectives

- Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner.

- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Reauthorization of OAA

Reauthorizes 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.

Advocacy To Raise OAA Authorization Levels

- Raise or create authorization levels for all of the titles of the Older Americans Act
- To ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, especially the rapidly growing population 85+ who have the greatest need for aging supportive services
- By 2030 the U.S. population 60+ will be 72 million
- Illinois' population 60+ in Illinois will be 3.6 million
- Area 05's population 60+ will be 234,624 (+69%)

Emerging Strategic Issues – FY 2017

- Medicare-Medicaid Alignment Initiative (MMAI) affecting over 5,000 older adults and persons with disabilities who are dually-eligible for Medicare and Medicaid;

- Effective January 1, 2016, only one Managed Care Organization serving Champaign, DeWitt, Ford, McLean, Macon, Piatt and Vermilion Counties.

Emerging Strategic Issues – FY 2017

- Balancing Incentive Program (BIP):
- Structural reforms to increase nursing home diversions and access to non-institutional long-term services and supports
  - No Wrong Door – Coordinated Entry Point
  - Conflict-free case management services
  - Initial Screening Instrument (Level I)
  - Universal Assessment Tool (UAT)

Emerging Strategic Issues

- Expansion of 2-1-1 System in Illinois;
- Public and private transportation options;
- Unmet need for home delivered meals;
- Growth of the 85+ population;
- Prevalence of disabilities in later life;
- 5.2 million Americans of all ages with Alzheimer's Disease;
- Growing needs of family caregivers;

Emerging Strategic Issues

- Increase in number of cases of abuse, neglect, and financial exploitation impacting older adults and adults with disabilities ages 18 to 59;

- Expansion of Self-Neglect Service Interventions into the Adult Protective Services Program;

- Ombudsman Program will continue to include complaint investigation and advocacy on behalf of persons receiving home care and older adults and persons with disabilities enrolled in managed care.

Age Strong, Live Strong

- The mission of ECIAAA is to empower older adults to *Age Strong and Live Strong* – to help them maintain their independence and quality of life.

- Through the implementation of the Area Plan for FY2016 and beyond, to allocate federal and state grant assistance for community programs on aging in Fiscal Years 2016-2017, ECIAAA will pursue the following outcomes:

Outcome #1- Easy access to information and services

- **Older Adults served by Coordinated Points of Entry and Senior Information Services are empowered to engage in services to improve their quality of life.**

- To achieve this outcome, CPoE/SIS providers will;
  - Utilize a standardized intake process
  - Utilize the Enhanced Services Program (ESP)
  - Provide on-going coordination & connection to services
  - Complete referrals and "warm transfers"
  - Utilize Options Counseling

Outcome #1- Easy access to information and services

- CPoE/SIS providers will:
  - Engage participants in available programing, such as Plan Finder, Benefits Access, Medicaid applications, etc.
  - Provide follow-up monitoring
  - Provide access to evidence-based Healthy-Aging programs
  - Serve as a "central clearinghouse" for senior services as part of their service design
  - Collaborate with Centers for Independent Living
  - Comments?

Outcome #2- Caregivers are supported

- To achieve this, Caregiver Support Services will:
  - Provide information and assistance
  - 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
  - Offer training and education on topics, such as:
    - Grandparents Raising Grandchildren
    - Powerful Tools for the Caregiver
    - Other topics? What would you recommend?

#2 Outcome – Caregivers are supported

- Caregiver Support Programs will:
  - Caregiver and GRG Intake and Screening completion
  - Provide caregiver-centered respite services as prescribed in their Care Plan
  - Provide follow-up monitoring
  - Program Options Counseling when appropriate
  - Provide access to Healthy-Aging Programs
  - Comments?

Outcome #3 – Improve food security; reduce 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 the individual assessment for home delivered meals
  - Implement creative program design and menu planning that optimize consumer choice
  - Provide consistent meal provision in accordance with Dietary Reference Intakes (DRIs)

Outcome #3 Improve food security; reduce social isolation

- Provision of a five day per week meal program
- Reduce feelings of isolation in participants
- Provide access to Healthy-Aging programs
- Provide "wellness" or "well-being" checks which follow best practice guidelines
- Provide nutrition education
- Enhance socialization of participants

Outcome #4 Older adults have their legal needs met

- To achieve this outcome, 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
    - Attend court hearing and prepare legal documents, such as advance directives

Outcome #4 – Older adults have their legal needs met

- To achieve, this Legal Assistance Programs will:
  - Provide assistance in obtaining public benefits, such as Social Security, Medicare, Medicaid, etc.
  - Provide referrals and follow-up for additional services to benefit the client
  - Provide community education opportunities on legal issues impacting target populations
  - Collaborate and consult with other service providers serving the same populations

Care Transitions

- Outcome: Older adults will have successful transitions between services and levels of care
- The Aging Network will:
  - Conduct holistic assessment & identification of needs
  - Make referrals and connections to services, e.g., Options Counseling, warm transfers, etc.
  - Timely service delivery and initiation of services
  - Follow-up to ensure services are in place and benefit the consumer
  - Gather consumer input, feedback on satisfaction

Healthy Aging

- Outcome: Older adults are empowered to improve their health through evidence based programs, including:
  - **Chronic Disease Self Management**
  - **Diabetes Self Management**
  - **Program to Encourage Active Rewarding Lives (PEARLS)**
  - **A Matter of Balance (falls prevention)**
  - **Strong for Life (strength-building exercise)**

Area Plan Initiatives

- Statewide Initiative – Development of Aging and Disability Resource Centers/Networks

- Local Initiative in Area 05:
  - Healthy Aging – Helping older adults age strong and live strong!

Aging & Disability Resource Centers

- The Illinois Department on Aging has defined this statewide Area Plan initiative as follows:

- <u>Enhance</u> Illinois' existing aging and disability access network through <u>improved collaboration</u> and <u>adoption</u> of Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center standards

- Goal: All 13 Area Agencies on Aging will have fully functional ADRCs in place by some date in the distant future!!!!

Coordinated Points of Entry

- Purpose: to make it easier for seniors and families to access information and services.

- Definition: "an integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral and assistance in completing applications, authorizations of services where permitted and follow-up to ensure that referrals and services are accessed."

CPoE Implementation in Area 05

- ECIAAA incorporated statewide CPoE standards into Senior Information Services effective October 1, 2010
- ECIAAA designated 12 CPoE/SIS providers
- ECIAAA increased to a $35,000 base level of funding per county for CPoE/SIS in FY 2015
- ECIAAA adopted a funding formula to allocate additional funds over the CPoE/SIS base level to achieve a more equitable distribution of funds
- ECIAAA continues to monitor the performance of CPoE/SIS providers
- ECIAAA continues to provid technical assistance and training

ADRC = A Process

- The ADRC service model is more a process than an entity
- The ADRC is not necessarily located in a single place
- Program components are not necessarily carried out by a single agency
- **ADRCs have evolved into a "No Wrong Door" system**

Defining Characteristics of NWD-ADRCs

- Seamless access system for the consumer
- High level of visibility and trust
- Proactive intervention with pathways to LTSS
- Options counseling
- Integration of aging and disability service systems
- Formal partnerships across aging, disability and Medicaid services
- All income levels served
- Continuous quality improvement

No Wrong Door

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.

No Wrong Door

ACL defines the NWD service system functions as the following:

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

NWD-ADRC Workplan for FY2017

- Promote AIRS training and certification
- Convene the ADRC Network Advisory Council
- Develop core competencies, e.g., Options Counseling
- Develop relationships with Critical Pathway Partners, e.g., DHS Family & Community Resource Centers, DORS, providers of behavioral healthcare and services to persons with developmental disabilities
- Maintain and update the ESP resource data base
- Integrate the Caregiver Support Program into the ADRC Network.
- Integrate the VIP Program into the ADRC Network

Collaborative Partnerships

- Promote interagency communications

- Identify key contacts

- Improve mutual understanding

- Facilitate inter-agency referrals

- Coordinate with Manage Care Organizations

- Implement Balancing Incentive Program provisions:
  - No wrong door
  - Uniform Assessment Tool & Initial Screening (Level I)
  - Conflict-free Case Management

Healthy Aging

- **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.

Healthy Aging

- ☐ 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.

Healthy Aging

- 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.

Local Initiative: Healthy Aging

- Strong for Life
- Matter of Balance
- Take Charge of Your Health: Live Well, Be Well–CDSMP & DSMP
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- SAVVY Caregiver

Healthy Aging for FY 2017

- 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.

APS Program

- ECIAAA - Regional Administering Agency for the Elder Abuse & Neglect Program in Area 05
- Administer grant assistance to 7 Adult Protective Services Provider Agencies serving 16 counties
- Responded to over 1,066 ANE reports in FY2015
- Participate in multi-disciplinary "M" teams
- Convene annual retreat, coordinate training
- Promote public awareness; increase reporting
- Promote development of legal assistance and money management services
- Assist with the implementation of Self-Neglect Interventions within the Adult Protective Services program in accordance with statutes, rules and standards promulgated by Department on Aging

LTC Ombudsman Program

- ECIAAA sponsors the Long Term Care Ombudsman Program in Area 05
- Serving over 10,000 residents in 144 licensed health facilities, 32 ALFs, and 18 SFLs
- Regional Ombudsman and 2 FTE Ombudsmen
- Meet or exceed mandated benchmarks including: regular presence visits, individual consultations, resident council meetings, community education, facility in-service trainings, educate residents about Money Follows the Person, and facilitating MFP referrals and transitions.

Illinois Long Term Care Ombudsman Program for FY 2017

ECIAAA is required to release a "letter of intent" before the actual Request for Proposal begins, to determine whether or not there will be competition in the sixteen county area of east central Illinois, that will be open for procurement for FY 2017.

Illinois Long Term Care Ombudsman Program for FY 2017

ECIAAA plans to release a "letter of intent" sometime in May 2016, in accordance with the Illinois Long-Term Care Ombudsman Program Policies and Procedures Manual Section 301.

Illinois Long Term Care Ombudsman Program for FY 2017

ECIAAA anticipates the aggregate amount of $321,216, in state and federal funds to provide direct service activities to over 10,000 residents in 155 licensed facilities with 12,130 licensed beds throughout the 16 county area. This represents 9.97% of facilities in Illinois and 8.7% of beds in Illinois, respectively.

Emergency Preparedness Plan

- ECIAAA will update its disaster plan in cooperation with local service provider to address the functional needs of older adults.

- ECIAAA will review and revise coordination agreements with county emergency management agencies, the American Red Cross and other agencies.

- ECIAAA will explain when and how its personnel and service providers will be mobilized to assist local emergency management agencies and responders.

- ECIAAA explain how advocacy, outreach, and follow-up services will be conducted and how ECIAAA will monitor service providers' delivery of disaster-related services.

Funding Formula for FY2017

- ECIAAA allocated Federal and State funds for services among the 16 counties in Area 05 in using a funding formula adopted in FY2011.

- ECIAAA updated the formula when the latest Census data are available (ACS 5-year estimates for 2007-2011)

- Funding Formula Factors and Weights:
  - 60+ Population   33%
  - 60+ Minority   10%
  - 60+ Living Alone   7.5%
  - 75+ Population   7.5%
  - 60+ Poverty   25%
  - 60+ Rural (Non-MSA)   9.5%
  - 65+ SSI+OASDI+ 2 or more Disabilities   7.5%

Funding for CPoE/SIS

- In FY2015 selected 12 CPoE/SIS provider agencies to serve Area 05 for Fiscal Years 2015 thru 2017.
- In FY2017, ECIAAA plans to budget $949,313 for CPoE/SIS.
- Designated CPoE/SIS providers have the opportunity to apply for grant extensions for FY2017
- In FY2017 ECIAAA plans to allocate $35,000 as a base level of funding for SIS/CPoE equally per county; and
- Funds budgeted for SIS/CPoE in FY2017 above $560,000 [$35,000 x 16 counties] will be distributed on a formula share per county.

Funding for Legal Assistance

- ☐ ECIAAA plans to budget $77, 626 in OAA Title III-B funds for senior legal assistance in FY2017.

- ☐ Legal assistance providers funded for FY2016 will have the opportunity to apply for grant extensions for FY2017.

Funding for Nutrition Services

- ECIAAA plans to budget $527,366 in OAA Title IIIC1 funds for FY 2017

- ECIAAA plans to budget $2,008,903 in FY 2017 for home delivered meals including $813,998 in federal OAA Title III-C-2 funds and $1,194,905 in Illinois GRF

- Nutrition providers funded for FY2016 will have the opportunity to apply for grant extensions for FY2017.

Funding for Caregiver Services

- ECIAAA will budget $321,984 in OAA Title III-E funds for Caregiver Advisory Services in FY2017.

- ECIAAA will budget $17,081 in federal OAA Title III-E funds for respite services in FY2017.

- Caregiver Advisory Service providers funded for FY2016 will have the opportunity to apply for grant extensions for FY2017.

Healthy Aging Program Funds

- In FY2017 proposes to budget:

- $18,836 IIIB funds and $4,380 IIID funds for *CDSMP & DSMP*

- $5,850 IIID funds and $10,641 IIIB funds for *A Matter of Balance*

- $4,380 IIID funds for *DSMP* classes in Macon County

- $36,700 IIID for Gerontological Counseling/PEARLS in Champaign, Livingston, and McLean Counties.

Budget Assumptions for FY2017

- The Illinois State Budget Impasse has put our Senior Information Service Providers in jeopardy, as well as other network service providers.

- OAA Reauthorization instituted a .08 percent reduction each year, for the next 3 years in Illinois' allocation of OAA federal funding.

Budget Assumptions for FY2017

- OAA statutory obligations for categorical programs.

- ACL requires OAA Title III-D funds for EBIs only.

- ECIAAA may apply for up to 10% of its total Title III-B and C allotment for the cost of administration.

- ECIAAA will budget $430,810 Title III-B funds for administratively-related direct services, which is 30.6 % below the level allowed by IDoA policy.

Budget Assumptions for FY2017

- ☐ ECIAAA proposes to transfer 9.1% of its III-C allotment to III-B (below the 15% limit)

- ☐ ECIAAA proposes to transfer 27.8% of III-C1 funds to III-C2 which exceeds transfer authority. The amount projected is the same as approved for FY 2016 and is supported by cost allocation changes at the largest nutrition provider of service.

- ☐ ECIAAA complies with IDoA policies for budgeting a minimum percentage of III-B funds for categories of services including: access, in-home, and legal services.

ECIAAA Adminstrative Activities

- ☐ Strategic Planning
- ☐ Regional and Community-Based Planning
- ☐ Grants and Contract Administration
- ☐ Competitive Procurement Processes
- ☐ Program Management and Reporting
- ☐ Quality Assurance and Quality Improvement
- ☐ Fiscal Management and Reporting
- ☐ Computer Technology and Systems Support
- ☐ Technical Assistance and Problem Solving
- ☐ Training, such as, webinars

Budget Highlights for FY2017

- Federal OAA Funds expected: $2,188,967
- State Funds expected: $1,752,782
- NSIP funds expected: $404,839
- Local Match projected: $2,292,139
- Project income projected: $1,218,500
- Total Revenues projected: $9,231,233

Budget Highlights for FY2017

- AAA Administration - $476,864
- Admin-Related Direct Services - $430,810
- Direct Services (LTCOP) - $355,453
- Total Internal Operating Budget: $1,263,127
- ECIAAA has a staffing plan of 14 employees

Contingency Planning

▸ If the planning allocation for Area 05 is reduced for a specific revenue source then funds would be reduced for programs or services related to that revenue source.

▸ CPoE/SIS will be given the highest priority for sustained or increased funding under the Area Plan.

▸ Adjust inter-fund transfers to sustain CPoE/SIS and/or Home Delivered Meals, if necessary and feasible.

Contingency Planning

- ECIAAA will use additional state funds for home delivered meals to sustain current meal levels, keep pace with rising costs and respond to increased demand for meals, if feasible.

- ECIAAA will use additional state funds for the Long Term Care Ombudsman Program to comply with statutory requirements and program standards.

Contingency Planning

- ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults 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.

FY 2017 Grant Extension Process

May 19, 2016--FY 2017 Grant Extension Workshop

June 17, 2016 – FY 2017 Grant Pages Due

August 3, 2016 – ECIAAA Programs & Services Committee Meeting of the Corporate Board

August 17, 2016 – ECIAAA Corporate Board Meeting

September 29, 2016 – FY 2017 Orientation Workshop – Release of NGA's & Contracts

Comments

□ Comments on the proposed Area Plan Amendments for 2017 may be submitted in writing no later than Monday, May 2, 2016 to:

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Thank You

- ECIAAA appreciates your participation at this public hearing, your comments and questions, and for your commitment to serving older adults and caregivers in your community.