

# PUBLIC INFORMATION DOCUMENT



## SUMMARY OF THE PROPOSED AREA PLAN FOR FISCAL YEAR 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 3, 2017**

## **NOTICE**

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed Area Plan Extension for Fiscal Year 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 3, 2017 and to the ECIAAA Corporate Board on May 17, 2017 for their consideration.

Comments on the proposed Area Plan for Fiscal Year 2018 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., May 1, 2017 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](mailto:sreal@eciaaa.org)

### **Public Hearings**

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed Area Plan extension for the remaining year (FY 2018) of ECIAAA's current three-year Area Plan with the Illinois Department on Aging (FY 2016-2018).

<b>Date</b>	<b>Time</b>	<b>Location</b>
April 24	10:00-11:30 a.m.	CRIS Healthy-Aging Center, 309 North Franklin, Danville, IL 61832
April 24	2:00 – 3:30 p.m.	Champaign Public Library, 200 W. Green St., Champaign, IL 61820
April 25	10:00-11:30 a.m.	LifeSpan Center, 11021 East County Road 800 North, Charleston, IL
April 27	10:00-11:30 a.m.	Decatur Macon County Senior Center, 1430 North 22 <sup>nd</sup> Street, Decatur, IL 62526
April 27	2:00 – 3:30 p.m.	ECIAAA Large Conference Room, 1003 Maple Hill Road, Bloomington, IL 61705

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

- The proposed federal budget as released by the President for FY 2018.
- Proposed Older Americans Act funding for FY 2018 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 2017

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 2018. 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](mailto: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 2018 BUDGET

On March 16 2017, President Trump sent an outline to Congress of a FY 2018 budget that would dramatically alter the course of federal investments in both defense and non-defense discretionary funding. The “skinny” budget is an opening salvo to lawmakers, federal agencies and the country outlining the Trump Administration’s funding priorities. The budget does not contain many individual program line-items, so it is impossible to say exactly what funding levels the President proposes for many programs—including for Older Americans Act and other aging programs within the Administration for Community Living (ACL) and Administration on Aging (AoA).

However, overall, the budget increases defense programs by \$54 billion by breaking current parity between non-defense (NDD) and defense discretionary programs, and slashing NDD programs by \$54 billion overall. Top-line agency numbers in the Trump’s FY18 budget reflect deep cuts far below current budget caps and sequestration levels as mandated by the Budget Control Act of 2011. We don’t know exactly how the Trump Administration proposes to divvy up proposed NDD cuts among many specific programs, but top-line agency allocations suggest deep and concerning cuts will be proposed later this spring. The budget delivered to Capitol Hill does not outline the Administration’s proposals for mandatory spending, such as Medicare and Social Security, or for federal revenue and tax proposals; that, too, will come in the next budget round

### **What We Know—and Don’t Know—About Older Americans Act (OAA) and Other Aging Programs**

President Trump proposed funding the Department of Health and Human Services (HHS), which houses the Administration for Community Living and its Administration on Aging, at \$65.1 billion. This reflects a deep \$12.6 billion cut (16.2 percent) from current funding. Please note, it was originally reported that a 17.9% cut was slated for the Department of Health and Human Services. However, because the budget outline released on March 16 lacks many details on individual agency spending, **we do not know exactly how this overall cut would affect most Older Americans Act programs**. Roughly \$10 billion of the overall cut to HHS comes from rolling back recent funding increases for the National Institutes of Health and from eliminating other block-grant programs.

President Trump proposed eliminating many workforce development programs including the OAA Title V **Senior Community Services Employment Program (SCSEP)**, housed within the Department of Labor. Last year, Senate appropriators targeted SCSEP for a \$34 million cut to its \$434 funding level, but the House lawmakers rejected that cut. The Trump budget would zero out the program entirely.

Within the Department of Housing and Urban Development (HUD), the President proposed cuts to rental assistance programs, which could include **Section 202 Supportive Housing for the Elderly**. Again, we don't have details on exactly how these cuts would roll out, but overall HUD was slated for an 11.6 percent cut.

### **Other Key Programs Slated for Elimination**

In addition to SCSEP, other programs on the chopping block that could affect services and support for older adults include the Corporation for National and Community Service (CNCS), which includes the Senior Corps programs such as Foster Grandparents and RSVP; the Low Income Home Energy Assistance Program (LIHEAP), which provides financial assistance for utility bills; the Community Services Block Grant, which provides wrap-around services for older adults in many communities; and the Legal Services Corporation, which administers some elder justice programs.

Additionally, the budget would eliminate funding within HUD for the Community Development Block Grant (CDBG). This \$3 billion cut would eliminate CDBG funding to states to use for a variety of programs including a small amount that a few states and communities direct toward shoring up senior nutrition programs such as home-delivered meals. *However, this cut does not mean that the federal home-delivered meals program under the Older Americans Act was slated for elimination. Those details are not available in the current budget blueprint, but news reports of the CDBG cut have led to confusion among advocates and the public.*

### **What's Next for the FY 2018 Budget?**

There is much to be concerned about in President Trump's budget blueprint, and this budget clearly highlights the need for increased advocacy in every community. However, this is simply the first step in the budgeting process—and the Administration hasn't even released its full budget outline, so it's really a half step at this point

While the President's budget does begin the annual process of setting spending levels for all discretionary federal programs, it is simply a starting point for conversations with Congress. Lawmakers will ultimately have to draft their annual funding bills and send to the President for approval. Furthermore, Congress hasn't yet finalized funding for FY 2017, and current funding, which expires at the end of April, will have to take priority.

In the coming weeks, Congress will hold hearings on some components of the President's recommendations, but we have heard early objections from House and Senate appropriators on both sides of the aisle about the level of overall NDD Cuts in the President's budget.

Once Congress finalizes FY 2017 funding and when the Administration sends full details to Congress, 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 can take 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.

### **UPDATE-- PROPOSED 2017 FUNDING PLAN.**

On March 28, 2017, the White House released current fiscal year funding recommendations. As a way to pay for supplemental funding for specific priorities, such as building a border wall and boosting defense spending, President Trump proposes to cut \$18 billion from non-defense discretionary (NDD) funding in this current fiscal year, FY 2017.

Several programs that were targeted for deep cuts or total elimination in the President's [FY 2018 budget](#) (the first part of which was released March 16) would also be on the chopping block in this latest proposal from the Administration. The State Health Insurance Assistance Programs (SHIPs) are also targeted in this proposal, with a cut that would virtually eliminate the entire program in the current fiscal year.

### **On the Trump Administration's chopping block for FY 2017:**

*State Health Insurance Assistance Programs (SHIPs):* Eliminate \$49 million from this \$52 million program.

*OAA Title V Senior Community Service Employment Program (SCSEP):* Total elimination.

*Senior Corps:* All three programs (Senior Companion, RSVP and Foster Grandparents) would suffer cuts of 60-80 percent.

*Community Services Block Grant:* Strike \$306 million of \$715 million provided in FY 2017.

*Community Development Block Grant:* Roughly a 50 percent cut.

### **What Happens Next?**

Congress has yet to finalize FY 2017 spending, despite the fact that it is now six months into the fiscal year, which began on October 1, 2016. The current spending measure keeping government funding flowing—the continuing resolution (CR)—expires on April 28. The Trump Administration asked House and Senate appropriators to make these changes to the final spending measure for FY 2017, or a separate bill shortly thereafter.

# ON THE STATE SCENE PROPOSED FY 2018 BUDGET

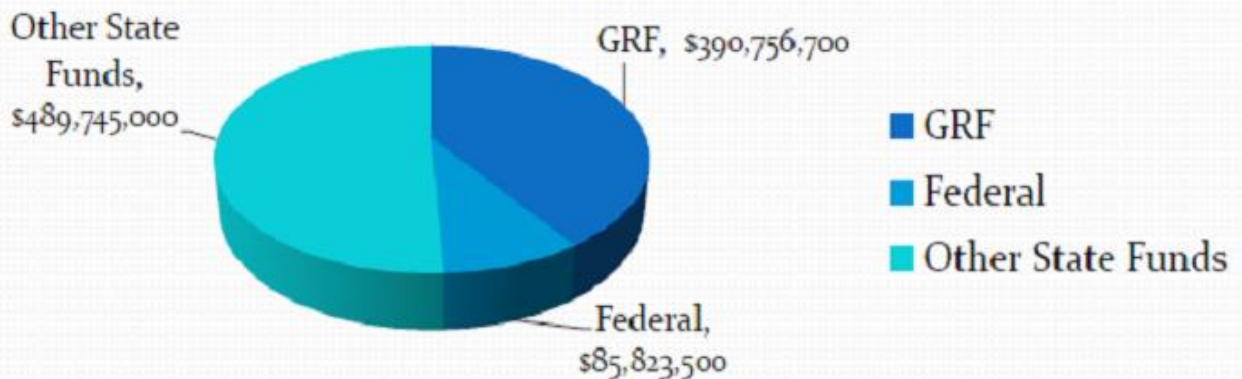
## Illinois Department on Aging

The FY18 Aging Budget focuses on 3 major points:

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

The FY18 Introduced Budget will include changes necessary for the Department to focus on those three major points.

### FY18 Budget Book

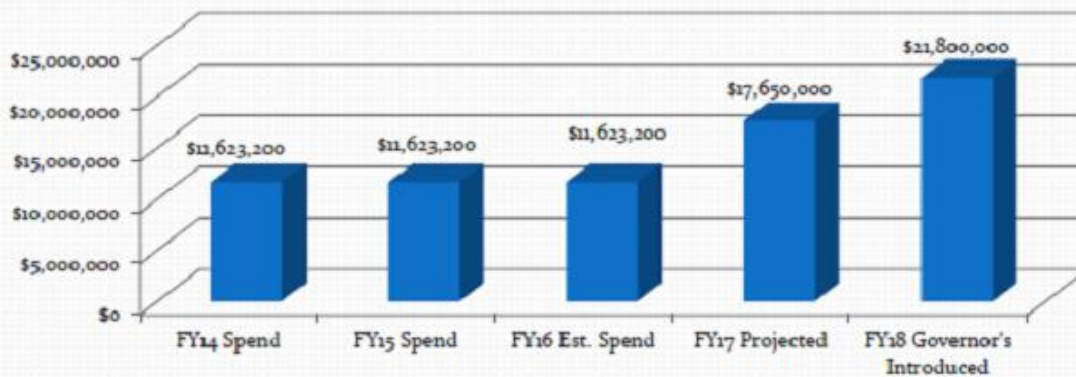


## Budget Highlights

### Home Delivered Meals

- Home Delivered Meals (HDM) will be maintained with an additional \$4,200,000 million over the estimated current year spending. The program serves over 5,800,000 meals annually to Illinois seniors.
- \$1,200,000 of the additional funding will go toward the expected higher cost of food as projected by the Economic Research Service and \$3,000,000 is needed to eliminate the current waiting lists (1,757 seniors).

#### Home Delivered Meals



## Programmatic Highlights

### Medication Management Demonstration Program

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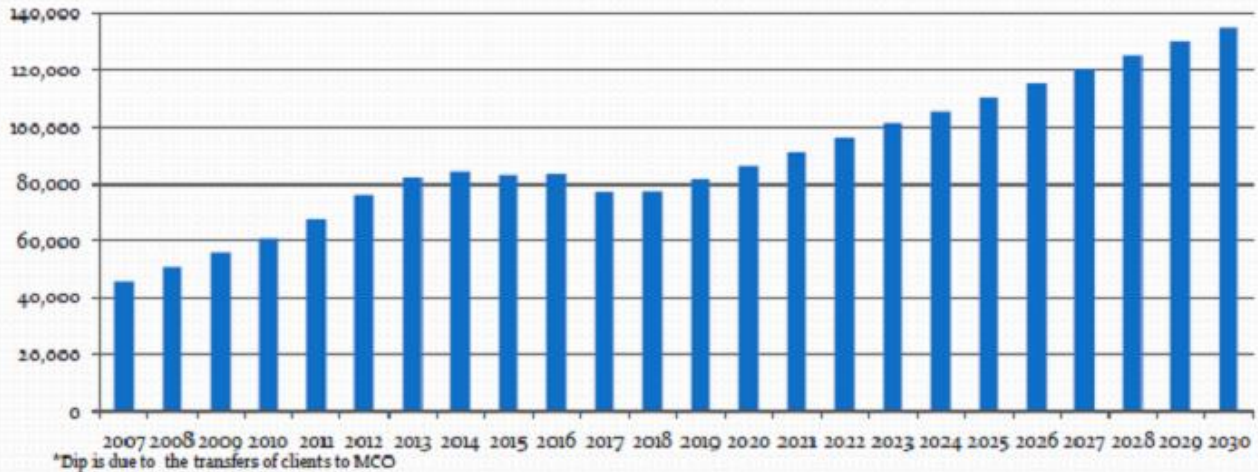
- The Medication Management Demonstration is designed to enhance the coordination of current delivery systems that providers, pharmacies and hospitals don't have the capacity to address.
  - Select CCU's will work with the designated medication management company to provide pharmacist-led in-home visits and design an individualized plan for each client
  - Clients will have a pharmaceutical case manager who will ensure that all prescribing physicians have an accurate and current list of medications,
  - Having pharmaceutical case managers greatly reduces prescription errors and unsafe combinations that may result from communication gaps often arising when multiple prescribers and health providers are involved.
  - All medications are cycled and delivered monthly in small dispensers which contain their daily medications in clear packets with dosing instructions.
- The goals:
  - To reduce medication error rates and improve outcomes in clients who have historically been challenged by managing multiple medications at home
  - Help older adults with multiple chronic illnesses simplify their medication regimens, improve medication adherence, and reduce the risk of admission or readmission into a hospital or other long-term care facility

# 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 45,746 enrollees in 2007 to 83,590 enrollees in 2016
  - An 83% increase over a decade.
- The growth in Illinois' 60 plus aging population:
  - Expected growth is 25% percent over the next 15 years.
  - CCP projected growth is 62% over the same time period.
- Sustaining CCP without change over the next 5 years:
  - \$929,719,755 of additional funds will be needed.
  - That is a 52% growth in spending over 5 years.

**CCP Average Monthly Caseload**  
Current Program Structure



## 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 and anticipated aging population.
  - This new strategy will also create a new continuum of services that are inclusive of Older American Services and Community Care Program Services.
- The Community Reinvestment Program is designed to provide preventive services as they progress to eligibility for CCP services. For example:
  - Minor Home Modifications
  - Assistive Technologies
  - Services Tailored to Regional Needs
  - Wellness Programming
  - Behavioral Health

## Transition of individuals who are non-Medicaid eligible to a new Community Reinvestment Program (“CRP”)

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- Similar to other states, Illinois’ approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
- To better accommodate person centered planning, CRP will provide greater flexibility of services.
  - The AAA Network (Area Agency on Aging) will be utilized for the development and coordination of regional optional and preventative services.
- Non-Medicaid eligible clients will have their DON score applied to a risk category table to derive a new individual spending allocation.
- 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.
- Illinois has committed \$260,000,000 to this new exciting and innovative program.

# Caseload Trends

## Aging Average Monthly Caseload



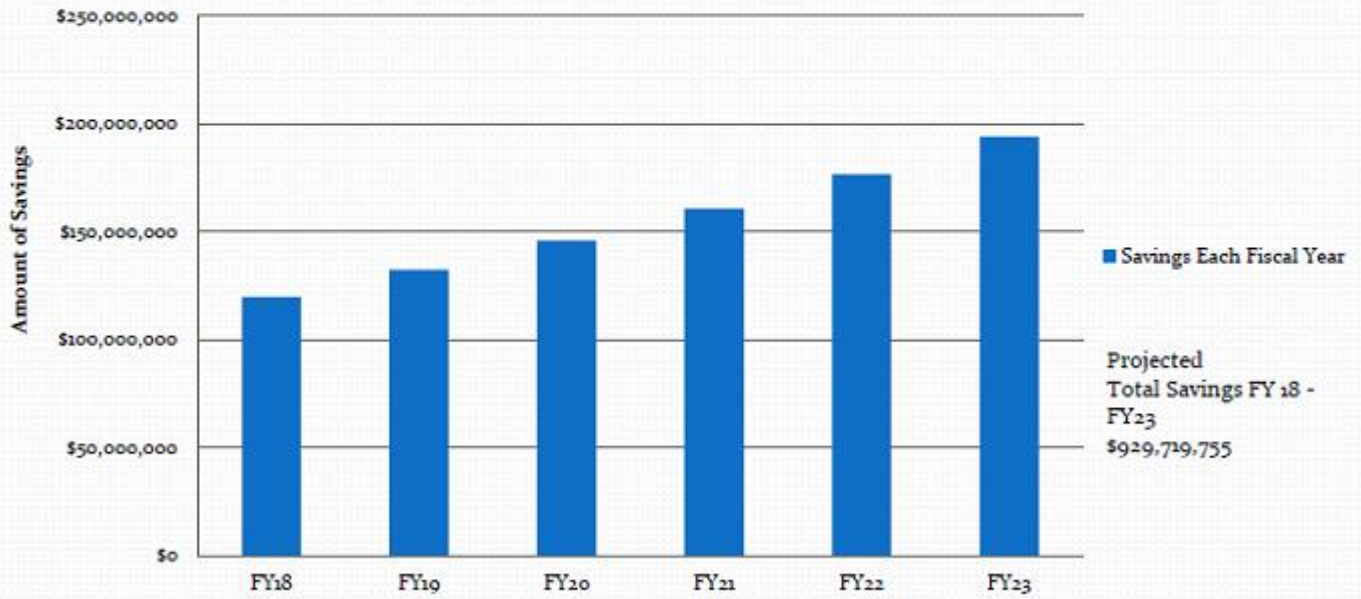
# Forecasted Spending

## Projected Spending CCP No Change vs CCP + CRP



# Forecasted Spending

## Projected Savings Each Fiscal Year



**The FY18 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 FY2018 budget for IDoA totals approximately \$966,325,200, including approximately \$ 875,756,700 in General Revenue Funds.

- Recommended funding levels for the Community Care Program total \$546,950,500, including:
  - \$440,000,000 for CCP services, grants and administrative expenses
  - \$64,100,000 for Case Management .
- Recommended funding level for the new Community Reinvestment Program:
  - \$260,000,000 to serve 36,550 clients with an average monthly cost of care of \$400.
- Recommended funding level for Home Delivered Meals is \$21,800,000 – increase of \$4,150,000 from FY2017 to maintain a projected service level of 5.8 million meals and respond to persons on waiting lists.
- Recommended funding for Adult Protective Services Program is \$23,370,100 - \$165,600 above the FY2017 level - to respond to 17,840 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: \$9,623,300 GRF – an increase of \$1,532,300 over the FY2017 level.
- Recommended funding for Benefits Eligibility Assistance and Monitoring is \$419,400.
- Recommended funding for the Senior HelpLine is \$2,646,200,000, - \$43,800 below the FY2017 level.

**Other Recommendations for Funding in FY2018**

- Planning and Service Grants to AAAs at \$7,722,000 GRF, an increase of \$1,000,000 from FY 2017 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 \$2,500,000 in federal funds – a increase of \$300,000 from FY2017;
- Senior Health Assistance Program (SHAP) at \$1.8 million, an increase of \$200,000 from FY 2017 (Tobacco Settlement 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 FY2018 State Budget for the Illinois Department on Aging**

**Source Document: Illinois Department on Aging's Proposed Budget Published on February 15, 2017**

*NOTE: The Illinois Budget Impasse for SFY 2017 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 2017 Estimated Expenditures are not fully accurate.*

<b>Line Item</b>	<b>FY2016 Actual Expenditures</b>	<b>FY2017 Estimated Expenditures</b>	<b>FY2018 Proposed Budget</b>	<b>Difference FY2017 vs FY2018</b>
Balancing Incentive Program	2,67,000	273,800	0	-273,800
CCP Services and Grants	553,918,500	795,363,700	440,000,000	-355,363,700
Administrative Expenses			260,000,000	260,000,000
Community Reinvestment Program			260,000,000	260,000,000
Community Support Services	33,141,100	43,382,200	45,717,600	2,335,400
APS/Elder Abuse and Neglect	22,540,900	22,400,000	22,400,000	0
Home Delivered Meals (Non-Formula and Formula)	0	17,650,000	21,800,000	4,150,000
Fiscal programmatic Monitoring (formerly Benefit Eligibility Assessment and Monitoring BEAM)	590,900	1,055,000	419,400	-635,600
Senior HelpLine	1,359,900	2,843,500	2,608,700	-234,800
Program Development & Training (formerly Specialized Training)	0	307,600	475,000	167,400
AAA Grants for CBS (Equal )	0	1,751,200	1,751,200	0
AAA Planning & Service Grants	0	7,722,000	8,722,000	1,000,000
SHIP (Federal CMS)	1,330,300	1,600,000	2,500,000	900,000
SHAP (Tobacco Settlement Recovery Funds)	1,589,700	1,600,000	1,800,000	200,000
LTC Systems Development	0	273,800	273,800	0
Senior Employment	0	190,300	190,300	0
GRG Program	0	300,000	300,000	0
RSVP	0	551,800	551,800	0
Foster Grandparents	0	241,400	241,400	0
LTCOP (GRF)	4,458,300	6,042,800	9,632,300	3,589,500
LTCOP (LTCPF)	484,000	1,654,000	2,600,000	946,000

**Acronyms:** 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 – Proposed for SFY 2018**

**Community Reinvestment Program (CRP)**

Working with the Illinois Department on Aging (IDoA), the Rauner Administration unveiled for FY 2017 (and is proposed for SFY 2018) 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:**

- 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 FY18.

**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.

## ECIAAA Advocacy Agenda for 2018

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 2018:

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

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

- Advocate for the resolution of the State Budget Impasse for FY 2017 and increased funding for FY 2018.
- Support a FY2018 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. Support I4A's recommendation to the Illinois Department on Aging and the General Assembly that the Community Reinvestment Program is implemented via the legislative process instead of the administrative rule process.

### **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.

## Reauthorization of the Older Americans Act

**In April of 2016, the OAA Reauthorization Bill was signed into law!**

### **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.

## **ECIAAA's Planning Process - 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 planning components made by participants during ECIAAA's 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

## **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.

## 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.

**NUTRITION SERVICES  
ECIAAA CONGREGATE & HOME DELIVERED MEALS REPORT – FY 2016**

<b>Column A Name of County</b>	<b>Column B FY 2015 # of Older Persons Denied HDMS due to Lack of Funding</b>	<b>Column C Current # of Older Persons on Waiting Lists</b>
Champaign	40	0
Clark	30	0
Coles	30	0
Cumberland	5	0
DeWitt	20	0
Douglas	15	0
Edgar	30	0
Ford	15	0
Iroquois	20	0
Livingston	20	0
McLean	50	0
Moultrie	20	0
Piatt	5	0
Shelby	15	0
Macon County	0	0
Vermilion County	105	102
<b>PSA 05 Total:</b>	420	102

**ECIAAA AVERAGE NUMBER OF CONGREGATE & HOME DELIVERED MEALS SERVED EACH DAY:**

<b>Column A Name of Nutrition Site/Community</b>	<b>Column B Name of County</b>	<b>Column C # of Older Persons Served Congregate Meals Each Serving Day</b>	<b>Column D # of Older Persons Served HDMS Each Serving Day</b>
Champaign HDM	Champaign	0	58
Rural Champaign	Champaign	0	21
Champaign Housing	Champaign	13	0
Fisher	Champaign	0	6
Homer	Champaign	4	8
Ludlow	Champaign	7	2
Mahomet	Champaign	0	9
Rantoul	Champaign	15	22

Sidney	Champaign	2	6
Urbana	Champaign	3	0
Casey	Clark	0	5
Marshall	Clark	0	0
Martinsville	Clark	0	9
Charleston	Coles	10	58
LifeSpan	Coles	15	0
Mattoon	Coles	17	104
Oakland	Coles	9	17
Toledo	Cumberland	17	45
Clinton	Dewitt	9	18
Farmer City	Dewitt	7	5
Weldon	Dewitt	2	1
Arcola	Douglas	0	2
Atwood	Douglas	2	2
Murdock	Douglas	0	0
Tuscola	Douglas	8	10
Villa Grove	Douglas	3	7
Brocton	Edgar	1	3
Chrisman	Edgar	0	6
Hume	Edgar	1	5
Kansas	Edgar	0	13
Paris (Site and Restaurant)	Edgar	9	10
Gibson City	Ford	9	0
Paxton	Ford	9	2
Roberts	Ford	4	5
Cissna Park (Site and Restaurant)	Iroquois	148	2
Milford	Iroquois	9	4
Watseka	Iroquois	26	0
Dwight	Livingston	1	20
Pontiac	Livingston	1	12
Flanagan	Livingston	0	2
Streator	Livingston	0	7
Bloomington Woodhill	McLean	20	0
Bloomington Kitchen	McLean	7	192
Bloomington Housing	McLean	15	0
Chenoa	McLean	15	2
Danvers	McLean	4	5

Leroy	McLean	4	12
Lexington	McLean	7	7
Normal	McLean	12	0
Saybrook	McLean	22	2
Heyworth	McLean	0	8
Towanda	McLean	0	0
Bethany	Moultrie	16	4
Sullivan	Moultrie	16	15
Bement	Piatt	0	4
Monticello	Piatt	10	9
Deland	Piatt	0	3
Mansfield	Piatt	0	0
Findlay	Shelby	1	5
Herrick	Shelby	21	9
Moweaqua	Shelby	6	3
Shelbyville	Shelby	4	41
Windsor	Shelby	6	9

<b>Column A</b> Name of Nutrition Site/Community	<b>Column B</b> Name of County	<b>Column C</b> # of Older Persons Served Congregate Meals Each Serving Day	<b>Column D</b> # of Older Persons Served HDMs Each Serving Day
CRIS Breakfast	Vermilion	26	0
CRIS site		0	277
Laura Lee		0	0
Wanda's Restaurant		29	0
Georgetown HDM		0	41
Sonny's Restaurant		13	0
Presence United Samaritan's		9	0
Hoopeston		13	30
Vermilion House HDM		0	30
Westville HDM		0	24
Tilton County Market		1	0

Column A Name of Nutrition Site/Community	Column B Name of County	Column C # of Older Persons Served Congregate Meals Each Serving Day	Column D # of Older Persons Served HDMs Each Serving Day
<b>Concord</b>	Macon	40	6
Maroa	Macon	110	15
Oxford	Macon	38	0
Hartford	Macon	20	0
Reserve	Macon	0	15
Macon	Macon	12	0
Mt Zion	Macon	12	0
Macon County Senior Center	Macon	20	0
Elderly Services	Macon	0	50

Column A Name of Nutrition Site/Community	Column B Name of County	Column C # of Older Persons Served Congregate Meals Each Serving Day	Column D # of Older Persons Served HDMs Each Serving Day
<b>Decatur Meals on Wheels</b>	Macon		274
<b>PSA 05 Total:</b>		890	1,598

Column A Name of Nutrition Program	Column B # of Hot Congregate Meals	Column C # of Cold Congregate Meals	Column D # of Frozen Congregate Meals	Column E Total # of Congregate Meals Served
<b>Peace Meal</b>	137,108	0	0	137,108
<b>CRIS</b>	24,257	0	0	24,257
<b>DMCOC</b>	44,892	0	0	44,892
<b>PSA 05 Total:</b>	206,257	0	0	206,257

Column A Name of Nutrition Program	Column B # of Hot HDMs	Column C # of Cold HDMs	Column D # of Frozen HDMs	Column E Total # of HDMs Served
<b>Peace Meal</b>	219,319		1,599	220,918
<b>CRIS</b>	0	10,838	52,950	63,788
DMCOC	20,254	0	540	20,794
Catholic Charities	62,325	1,953	61	64,339
<b>PSA 05 Total:</b>	301,898	12,791	55,150	369,839

## **ECIAAA Plans for 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.

**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 Year 2018**

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

- ECIAAA collaborates with CCSI to focus the dissemination of Matter of Balance initiatives.
- 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 2018:**

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 complete 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 FY2018**

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 2016 (July 1, 2015 through June 30, 2016) Adult Protective Services Provider agencies in Area 05 responded to 1,250 ANE reports on victims sixty and over, and 284 ANE reports on victims aged 18-59. In addition, APS provider agencies responded to Self-Neglect Reports on 184 older adults, and 36 adults under the age of 50. As of February, 2017, PSA 05 APS Providers have responded to 798 reports of abuse, neglect and exploitation on victims aged 60 and older, and 150 reports on victims aged 18-59. In addition, APS provider agencies responded to Self-Neglect Reports on 112 older adults, and 13 adults under 60.

In FY2018, 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;
- Review and comment on proposed administrative rules, polices, protocols and procedures;
- Promote public awareness about Adult Abuse, Neglect, Self-Neglect, and Exploitation;
- Promote the development of community-based services to assist victims of adult abuse, neglect, self-neglect and exploitation;
- 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; and,
- 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 2016, professional Ombudsmen completed 779 facility visits, responded to 2,374 inquiries, and investigated 727 complaints. In FY2017, professional Ombudsmen completed 229 facility visits, responded to 532 inquiries, and investigated 258 complaints. In FY2018, the program will:

- 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.

## **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: 2015*

Source: Administration on Aging/Administration for Community Living

- The older population (65+) numbered 46.2 million in 2014, an increase of 10 million or 28% since 2004.
- Between 2004 and 2014 the population age 60 and over increased 32.5% from 48.9 million to 64.8 million.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 17.8% between 2004-2014.
- About one in every seven, or 14.5%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.3 years (20.5 years for females and 18 years for males).
- There were 72,197 persons aged 100 or more in 2014 (.02% of the total 65+ population).
- Older women outnumber older men at 25.9 million older women to 20.4 million older men.
- In 2014, 22% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), 0.5% were Native American or Native Alaskan (not Hispanic), and 0.7% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 8% of the older population.
- Older men were much more likely to be married than older women--70% of men vs. 45% of women. In 2015, 34% older women were widows.
- About 29% (13.3 million) of non-institutionalized older persons live alone (9.2 million women, 4.1 million men).
- Almost half of older women (46%) age 75+ live alone.
- In 2014, about 554,579 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 36.2 million in 2004 to 46.2 million in 2014 (an 28% increase) and is projected to more than double to 98 million in 2060.
- The 85+ population is projected to triple from 6.2 million in 2014 to 14.6 million in 2040.
- Racial and ethnic minority populations have increased from 6.5 million in 2004 (18% of the elderly population) to 10 million in 2014 (22% of the elderly) and are projected to increase to 21.1 million in 2030 (28% of the elderly).
- The median income of all households headed older people declined by 2.7% between 2013 and 2014. Households containing families headed by persons 65+ reported a median income of 2014 of \$54,838.
- The major sources of income as reported by older persons in 2013 were Social Security (reported by 8% of older persons), income from assets (reported by 51%), private pensions (reported by 27%), government employee pensions (reported by 14%), and earnings (reported by 28%).

- Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2013 (21% of married couples and 46% of non-married beneficiaries).
- Almost 4.5 million elderly persons (10%) were below the poverty level in 2014. This poverty rate is not statistically different from the poverty rate in 2013 (10.2%). 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 14.4% (more than 4 percentage points higher than the official rate of 10%). 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

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

<b>County</b>	<b>Total Population</b>	<b>60+ Population</b>	<b>60+ Pop. As % of Total Population</b>
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 2016**

<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+ With Two or More Disabilities	7.5%
Total	100%

### F. Application of the ECIAAA Funding Formula

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

Where:

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

### G. Base Level of Funding

#### Senior Information Services/Coordinated Point of Entry

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

#### Legal Services

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

#### Nutrition Services

FY 2010 county allocations will serve as the Base Levels of Funding per county in FY2015 if sufficient funds are available.

New and/or increased funding for nutrition services, including Nutrition Services Incentive Program (NSIP) will be distributed on the formula share per county.

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

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

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

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

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 2018.

## ECIAAA Budget Assumptions for FY2018

1. **First, and foremost, the Governor and members of the Illinois General Assembly *must* resolve the Illinois Budget Impasse for FY 2017. 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 2017. The stability and financial health of ECIAAA-funded service providers are in jeopardy because of the FY 2017 Illinois Budget Impasse, and any plans to provide services in FY 2018 remain in jeopardy.**
2. The President presented his proposed FY 2018 “skinny” budget on March 16, 2017 which contains very little detail. Older Americans Act Discretionary funding could be targeted for cuts – an across the board cut of 16.2% in federal Older Americans Act funds is possible.
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.
4. The Governor presented his proposed State Budget for FY2017 on February 15, 2017. The Governor’s recommended FY2018 budget for the Illinois Department on Aging totals approximately \$966,325,200.
5. Recommended funding levels for the Community Care Program total \$546,950,500.
6. Recommended funding levels for the new Community Reinvestment Program \$263,874,500.
7. Recommended funding level for Home Delivered Meals is \$21,800,000 - \$4.2 million over the FY2017 level - to maintain a projected service level of 5.8 million meals. And address a waiting list of 1,757 older adults.
8. Recommended funding for Adult Protective Services Program is \$23.5 million - to respond to 17,840 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: \$9.6 million in GRF.
10. 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.
11. ECIAAA must comply with a federal AoA requirement that in FY2018 all Title III-D funds can only be used to fund evidence-based services that comply with AoA’s Highest Level Criteria.
12. OAA allows an AAA to apply for 10% of total Title III-B and Title III-C for the cost of administration.
13. An AAA will apply for Title III-B funds for the cost of administratively-related direct services including: advocacy, program development and coordination.
14. ECIAAA must stay within the 15% transferability of the AAA’s allotment for III-B and III-C. ECIAAA must stay within the 15% transferability of the AAA’s allotment for III-C1 and C2. If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.

**EAST CENTRAL ILLINOIS AREA AGENCY ON AGING'S FY 2018**

**Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers in PSA 05**

1. The implementation of Coordinated Points of Entry/Senior Information Services continues to be ECIAAA's top service funding priority for Fiscal Year 2018. In FY2018, ECIAAA plans to budget \$1,022,418 for CPOE/SIS under the Information & Assistance line item, through a combination of federal OAA funds, Illinois General Revenue Funds (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 FY2018.
4. ECIAAA proposes to budget \$23,485 in federal OAA Title III-B and III-D funds for the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and Strong For Life in FY2018.
5. ECIAAA proposes to budget \$16,851 in federal OAA Title III-B funds for A Matter of Balance in FY2018.
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 FY2018.
7. ECIAAA proposes to budget \$532,182 in federal OAA Title III-C 1 and \$71,540 in Nutrition Services Incentive Funds (NSIP) for congregate nutrition in FY2018.
8. ECIAAA proposes to budget a total of \$2,673,769 in FY2018 for home delivered meals including \$815,535 in federal OAA Title III-C-2 funds, \$1,482,400 in Illinois General Revenue Funds (GRF) and \$375,834 in Nutrition Services Incentive Funds (NSIP).
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 and McLean Counties in FY2018.
10. ECIAAA proposes to budget \$323,487 federal OAA Title III-E funds for Caregiver Advisory Services in FY2018.
11. ECIAAA proposes to budget \$17,081 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY2018.

## Contingency Planning

**Contingency Plan** - ECIAAA proposes the following contingency policy and plan for FY 2016-2018:

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 2018

East Central Illinois Area Agency on Aging proposes to administer an estimated \$9,914,732 in federal, state and local funds for Fiscal Year 2018 for the period covering October 1, 2017 through September 30, 2018. The chart below includes projections of resources using the following sources available at the time of publication:

- Area Agency on Aging Letter #870 issued by the Illinois Department on Aging, dated 3.24.17;
- Letter #870 includes the Governor’s Proposed FY 2018 State Budget for Aging Programs with increases for Community-Based Services, Ombudsman Services and Home Delivered Meals; and,
- Historical information from Fiscal Year 2016 (Prior Year) and Fiscal Year 2017 (Current Year).

Services	Federal Funds	State Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
<b>Caregiver</b> <sup>(1)</sup>	\$385,909			\$134,639	\$ 5,000	\$525,548
<b>Community Based</b> <sup>(1), (2), (3)</sup>	1,062,069	\$840,321		575,000	12,500	\$2,489,890
<b>Congregate Meals</b>	638,984		\$71,540	625,000	525,000	\$1,860,524
<b>Home Delivered Meals</b>	871,439	1,482,400	375,834	1,150,000	675,000	\$4,554,673
<b>Vulnerable Elder Rights and Adult Protective Services</b>	25,591	39,432		7,500	1,000	\$73,523
<b>Long Term Care Ombudsman</b> <sup>(4)</sup>	104,195	398,642				\$502,837
<b>Community Care Program - Long Term Care Systems Development</b>		20,254				20,254
	<b>\$3,088,187</b>	<b>\$2,781,049</b>	<b>\$447,374</b>	<b>\$2,492,139</b>	<b>\$1,218,500</b>	<b>\$10,027,249</b>

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

Footnotes:

1. Federal funds include projected carry-over funds in care giver and community-based services of \$25,000, and \$7,500 respectively.
2. Senior Health Assistance Program funds in the amount of \$112,517 are included under State Funds.
3. Title III-D funds in the amount of \$47,559 are included under Federal Funds for Health Promotion Programs, A Matter of Balance and Gerontological Counseling.
4. LTC Ombudsman State Funds includes Provider Funds/Bed Tax, GRF, and Money Follows the Persons.

**FEDERAL CARRY-OVER FUNDS**

Carry-over funds are projected in the amount of \$32,500. Carry-over funds for Fiscal Year 2018 are within Title III-B Community Based and Title III-E Caregiver Services. Projections are based on prior year and impact of the State Budget and spending requirements. Actual carry-over funds will be determined after the close of the fiscal year after financial records are audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2018.

Title 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
\$25,000	0	0	0	0	\$7,500	0	0	\$32,500

**INTER-FUND TRANSFERS**

For FY 2018, ECIAAA is proposing no changes to inter-fund transfers from the current year FY 2017. The transfer from Title III-C to Title III-B is 9.1%. The transfer from Title III-C1 to Title III-C2 is 27.7%. The transfer amount to Title III-B is within the 15% transfer authority while the transfer amount from C1 to C2 exceeds transfer authority.

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

**NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) – Congregate and Home Delivered Meals**

The Nutrition Services Incentive Program is a part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and promote health and well-being of older individuals and delay adverse health conditions through access to healthy meals, nutrition education and nutrition counseling. ECIAAA projects a total of \$447,374 in NSIP funds or 7.31% of total meals based on funds available to the State of Illinois. The number of meals in east central Illinois for the last several years has shown an increase. Of the \$447,374, the amounts of \$71,540 and \$375,834 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 24hour 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. The budget for these service activities is \$22,673.

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

For Fiscal Year 2018, the operational budget for the organization is budgeted at \$ 1,400,369 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 2018
<b>ADMINISTRATION:</b>	
Title III-B, Title III-C and Title III-E	\$292,962
Title III-B and Title VII – Ombudsman	10,420
Title VII – Vulnerable Elder Rights Protection	2,559
General Revenue Funds – Match	99,904
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	39,432
General Revenue Funds - Long Term Care Systems	20,254
Senior Health Assistance Program	11,252
<b>Sub Total</b>	<b>\$476,783</b>
<b>ADMINISTRATIVELY RELATED DIRECT SERVICES:</b>	
Title III-B – Advocacy, Coordination and Program Development. <sup>(1)</sup>	\$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, Money Follows the Person, and Provider Fund (Bed Tax)	\$492,776
<b>Sub Total</b>	<b>\$492,776</b>
<b>TOTAL</b>	<b>\$1,400,369</b>

**Footnote:**

- 1) ECIAAA’s Administratively Related Direct Services budget is \$271,974 or 61.3% less than allowed by Illinois Department on Aging’s policy.

## **ADMINISTRATION**

A total of \$405,845 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. ECIAAA 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 ECIAAA website, (www.eciaaa.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

A total of \$492,776 in Title III-B, and Title VII of the Older Americans Act, State of Illinois General Revenue Funds, Money Follows the Person and Long Term Care Provider Funds being budgeted to staff the program with 1 regional ombudsman and up to 5 ombudsmen for service activities to over 10,000 residents residing in 160 long term care facilities throughout the 16 counties. The Illinois Department of Public Health recent data shows east central Illinois of having 11,771 licensed beds. In addition, the area of east central Illinois has 8% of the total beds in Illinois and 10.06% of facilities in the State of Illinois. Activities may include:

- 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
- Regular presence & visiting residents
- 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

## SENIOR HEALTH ASSISTANCE PROGRAM

A total of \$11,252 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

Service Grants	Program Projections		Service Budget Projections											
	Persons	Units of Service	Title III-B	Title III-C(1)	NSIP C-1	Title III-C(2)	NSIP C-2	Title III-D	Title III-E	Title VII-EA	GRF Match	GRF Non Match/Equal	SHAP	Total
<b>Access Services:</b>														
Information & Referral/SIS – CPoE	20,924	43,899	\$357,756								\$63,087	\$500,310	\$101,265	\$1,022,418
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					\$4,649						23,485
A Matter of Balance	128	768	10,641					6,210						16,851
Gerontological Counseling - PEARLS	58	648						36,700						36,700
Legal	535	2,800	77,626											77,626
Elder Abuse & Neglect										\$22,673				22,673
<b>In-Home Services:</b>														
Respite	1	29	450											450
<b>Nutrition Services:</b>														
Congregate Meals	4,376	208,760		\$532,182	\$71,540									603,722
Home Delivered Meals	3,209	430,588				\$815,535	\$375,834					\$1,482,400		2,673,769
<b>Caregiver Services:</b>														
Counseling/Support Groups (Care/GRG)	1,370	10,154							\$323,487					323,487
Respite (Care)	44	617							17,081					17,081
<b>TOTAL</b>			<b>\$465,309</b>	<b>532,182</b>	<b>\$71,540</b>	<b>\$815,535</b>	<b>\$375,834</b>	<b>\$47,559</b>	<b>\$340,568</b>	<b>\$22,673</b>	<b>\$63,087</b>	<b>\$2,047,213</b>	<b>\$101,265</b>	<b>\$4,882,765</b>