PUBLIC INFORMATION DOCUMENT

East Central Illinois Area AGENCY on AGING
"Services for Seniors"

SUMMARY OF THE PROPOSED AMENDMENTS TO THE AREA PLAN For FISCAL YEAR 2014

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 5, 2013***

NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed Amendments to the Area Plan for Fiscal Year 2014. 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 8, 2013 and to the ECIAAA Corporate Board on May 15, 2013 for their consideration.

Comments on proposed Amendments to the Area Plan for Fiscal Year 2014 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., May 3, 2013 to the following address:

Attention: Michael O'Donnell, Executive Director
East Central Illinois Area Agency on Aging
1003 Maple Hill Road – Bloomington, IL 61705-9327
Fax: (309) 829-6021; E-Mail: modonnell@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 Amendments to the Area Plan for FY 2014.

April 29, 2013, 1:00 p.m., Decatur Macon County Senior Center, 1430 N. 22nd Street, Decatur, IL.

April 30, 2013, 1:00 p.m., LifeSpan Center, 11021 E. County Road 800 N., Charleston, IL

May 1, 2013, 10:00 a.m., CRIS Healthy-Aging Center, 309 N. Franklin, Danville, IL

May 1, 2013, 2:00 p.m., Iroquois Co. Administrative Center, 1001 E. Grant St., NE Meeting Rm., Watseka, IL

May 2, 2013, 10:00 a.m., Champaign Public Library, 200 W. Green St., Champaign, IL

May 3, 2013, 10:00 a.m., East Central Illinois Area Agency on Aging, 1003 Maple Hill Rd., Bloomington, IL

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

- Developing an Aging and Disability Resource Center Network in Area 05;
- Embedding evidence-based healthy-aging interventions in programs and services for seniors;
- Developing and sustaining innovative transportation services for older adults in rural areas;
- Implementing Coordinated Care demonstration projects for persons enrolled in Medicare and Medicaid;
- Reauthorizing the Older Americans Act.

The Public Hearings will provide information about the Area Agency's proposed plans, budget, funding formula, and priorities for community-based services for older adults and family caregivers, including:
Coordinated Points of Entry/Senior Information Services, Transportation, Congregate Meals, Home Delivered Meals, Individual Needs Assessments, Legal Assistance, Evidence-Based Health Promotion Programs, Counseling, Medication Management, Caregiver Advisory Services, Respite Care, the Elder Abuse & Neglect Program, the Long Term Care Ombudsman Program, and the Senior Employment Specialist Program.

For more information contact Mike O'Donnell at (309) 829-6018, ext. 211 or e-mail: modonnell@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 and caregivers. Our mission is to enable older adults to live in their homes with dignity and safety, support a system of community-based services, prevent unnecessary institutionalization, and uphold the rights of older adults. ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 158,160 persons 60 years of age and older, and their families in communities throughout the 16 counties of east central Illinois.

There are 629 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 05.

ECIAAA is governed by a Corporate Board comprising 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 and their caregivers and provides advice on the Area Plan and senior services.

ECIAAA – What We Do

ECIAAA plans, coordinates, and advocates for the development of a wide range of opportunities and services to promote the health, independence, dignity, and autonomy of older persons, and to support families caring for older persons, and grandparents and other relatives raising children. These opportunities and services include:

ACCESS SERVICES including: a network of 12 Coordinated Points of Entry to provide Information & Assistance; and coordinating with 6 Care Coordination Units and 7 rural public transit agencies.

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

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

HEALTHY AGING PROGRAMS such as: *Chronic Disease Self Management Program, Diabetes Self Management Program,* Gerontological Counseling with *PEARLS,* and *Strong for Life.*

CAREGIVER SUPPORT PROGRAMS including: Caregiver Advisory Services, Respite Services, Legal Assistance, and Gap Filling Services for caregivers and grandparents raising grandchildren.

ELDER RIGHTS PROGRAMS including the Elder Abuse & Neglect Program (ANE), the Long Term Care Ombudsman Program (LTCOP), and the Senior Medicare Patrol (SMP).

ECIAAA Serves Older Americans and Their Caregivers through…

Advocacy in Action - ECIAAA informs seniors and caregivers about proposed 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 and caregivers, identifies issues for long range planning, sets priorities for funding, coordinates services, develops new or expanded services, and forms partnerships with other organizations, for example, our collaboration with Centers for Independent Living to develop an Aging and Disability Resource Center Network in Area 05.

Supporting Community Programs on Aging – ECIAAA awards federal and state grant assistance to local agencies for the provision of services to seniors and caregivers. Services are available to persons 60 and older, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and under. Older persons and their families 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.

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 are also collaborating 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 Long Term Care 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 advocate for public policies and culture change practices to improve the quality of life of the residents.

Responding to Elder Abuse and Neglect – ECIAAA is the Regional Administering Agency for the Elder Abuse and Neglect Program in Area 05 under a grant with the Illinois Department on Aging. ECIAAA manages contracts with six Elder Abuse Provider Agencies who investigate reports of alleged abuse, neglect, exploitation, and self neglect of older persons, and provide assistance to vulnerable adults.

Senior Employment Program – ECIAAA responds to requests from persons 55 and older who are seeking employment and training opportunities through the Senior Employment Specialist Program, funded through a grant with the Illinois Department on Aging. The ECIAAA Operations Specialist links older persons seeking employment and training to agencies sponsoring the Senior Community Service Employment Program (Title V of the Older Americans Act), and Illinois WorkNet Centers serving the 16 counties in Area 05.

Answers on Aging – ECIAAA supports a network of 12 Coordinated Points of Entry providing information and assistance for older persons and their families in our 16-county area. You can find the listing for the Coordinated Point of Entry nearest you by calling toll-free at **1-800-888-4456;** you can visit our website at **www.eciaaa.org**; or you can send an inquiry by e-mail to **aginginfo@eciaaa.org**.

ON THE NATIONAL SCENE

Sequester Hits, FY 2013 CR Approved, and FY 2014 Budget Battles Begin

As we go to press, the long-feared sequester took effect on March 1, forcing across-the-board cuts to all federal discretionary programs and a handful of mandatory programs. On Wednesday, March 20 and Thursday, March 21, the Senate and House of Representatives approved a Continuing Resolution to keep the federal government running from March 28 through September 30, 2013. The stop-gap spending resolution locks in the $85 billion across-the-board spending cuts known as the sequester through September 30, 2013. Meanwhile, March also brought both House and Senate budget resolutions to the forefront which began the next chapter in deficit reduction battles. The President is expected to present his FY2014 budget in April.

The National Association of Area Agencies on Aging (n4a) has provided the following perspectives:

A congressional budget resolution sets the total level of spending authority and revenues, with specific allocations to each major budget category. This non-binding plan, if adopted, then guides the appropriations committees, as well as tax and finance panels, for the rest of the year. A budget resolution does not have the force of law, but requires subsequent appropriations and authorizing legislation to implement the plan.

Since the House and Senate have not agreed upon a joint budget resolution in recent memory, this process has been used more for floating big ideas rather than advancing actual change. For example, House Budget Committee Chairman Paul Ryan's (R-WI) budget proposals of the past two years have brought conservatives' interest in premium support in Medicare to light, among other provisions.

The budget resolutions will become the new starting point for each party's priorities in this Congress. Theoretically, Congress could use the budget resolution process to come up with a final deficit reduction deal. But without the teeth of a firm deadline or economic crisis, that seems unlikely to occur this spring. Instead, the action moves to this summer, when the debt ceiling will need to be raised again. Republicans want to use that deadline to cut entitlement spending and Democrats hope to put more revenues on the table, and there is some bipartisan interest in calling off sequesters in the out years (2014-2023), so this may be the galvanizing event that forces another compromise from both sides.

Congress and the White House never agreed upon a target deficit reduction number. A "grand bargain" of $4 to $5 trillion in deficit reduction over 10 years was frequently cited by leaders in both parties. So far, the President and the 112th Congress have reduced the deficit by $2.5 trillion over 10 years. As a result, non-defense discretionary spending will fall to its lowest level on record as a percent of Gross Domestic Product (GDP). In other words, NDD is not the cause of the deficit problem and Congress should not continue to balance the budget on the backs of vulnerable older adults and other populations dependent on NDD programs.

Some economists have called for an additional $1 to $1.5 trillion in deficit reduction, but the House budget resolution calls for more than that. It's a tricky prospect: not enough deficit reduction won't deal with the problem, but too much right now could negatively affect the economy. If the sequester stays in effect for its 10-year duration, it would save another $1.2 trillion, but in a woefully unbalanced and irrational way.

n4a believes that since $1.5 trillion of the $2.5 trillion already achieved has come from discretionary spending—which represents just one-third of the federal budget—there should be no additional cuts to NDD and the sequester should be turned off as soon as possible. Just as it is important to strike a balance between spending categories in the budget, it's critical that a balanced approach include additional revenues, which could be raised by tax code reforms including closing loopholes. These are undoubtedly difficult choices to make, but n4a believes that deficit reduction choices should be balanced, protect vulnerable Americans and middle class families, and ask more from those best able to contribute.

Sequestration – What it means for Federal Discretionary Programs

The Budget Control Act (BCA) of 2011 required that if a congressional Joint Select Committee on Deficit Reduction (super-committee) failed to propose legislation to reduce deficits by $1.2 trillion over ten years, automatic cuts would be made in all federal discretionary programs through a process called "sequestration."

The following explanation of sequestration is taken from an article by Richard Kogan, entitled, "Sequestration by the Numbers," published by the Center on Budget and Policy Priorities on March 22, 2013.

On January 3, 2013, Congress passed the American Tax Payer Relief Act (ATRA), which amended the BCA, extended former tax cuts, increased taxes on wealthier individuals and couples, and postponed sequestration until March 1, 2013, reducing total funding for both defense and non-defense programs by $85 billion.

The super-committee sequestration required that the $85.3 billion in spending reductions be split 50-50 between defense and non-defense programs; in 2013 this results in cuts of $42.7 billion from defense and $42 billion from non-defense programs. Non-defense discretionary programs, such as the Older Americans Act, would be cut by 5.1% to achieve $26.1 billion in savings.

The sequestration required by the super committee's failure entails an annual cut of $109.3 billion in each year from 2014 through 2021. ATRA lowers the 2013 target to $85.3 billion. For discretionary programs, such as the Older Americans Act, the super-committee sequestration works very differently after 2013. Instead of enacting appropriations bills at levels that do not breach the existing discretionary caps and the President then ordering an across-the-board sequestration of the funding provided by those bills, the law requires that the sequestration of discretionary programs be implemented up front through reductions in the defense and non-defense discretionary caps themselves. Policymakers then determine how to live within those reduced caps.

Essentially, after 2013, there are no automatic, proportional cuts of affected discretionary programs. Appropriations Committees – and then, more broadly the President and Congress – decide how to fund discretionary defense and non-defense programs within newly reduced funding caps. Specifically, in each year from 2014 through 2021:

- The $109.3 billion sequestration amount is divided evenly between defense and non-defense: $54.7 billion for each category.

- For non-defense sequestration, the first step is to calculate the 2 percent cut in Medicare payments to provider and health insurance plans. Because Medicare costs are projected to rise from 2013 to 2012, the dollar amount saves by this 2% cut will increase each year, from $11.3 billion in 2013 to $11.6 billion in 2014, and ultimately to $18.2 billion in 2021. See the table below.

- In each year from 2014 through 2021, the remaining amount of the $54.7 billion in annual non-defense cuts will be applied proportionally to: (a) the statutory cap on overall non-defense funding, and (b) other non-exempt mandatory programs. Because Medicare will account for a growing share of the $54.7 billion annual non-defense cut – 21% in 2014, rising to 33% in 2021 – other non-defense programs will absorb a falling share of the cut.

Required Reduction of Non-Defense Discretionary Caps in 2014 through 2021
(in billions of dollars)

Reduction	2014	2015	2016	2017	2018	2019	2020	2021
Dollars	37.0	36.7	36.5	36.0	35.4	34.5	33.0	32.2
%	7.3%	7.1%	6.9%	6.7%	6.4%	6.1%	5.7%	5.5%

The Impact of Sequestration on Older Americans Act Programs in Illinois

How will sequestration impact Community-Based Services for Illinois Seniors and their Families? During FY2013 the Illinois Department on Aging estimates that the thirteen Area Agencies on Aging in partnership with 229 local agencies and 75 nutrition projects will provide supportive and nutrition services for over 493,300 older adults, family caregivers, and grandparents raising grandchildren annually. The following information was provided by the Administration for Community Living and the Illinois Department on Aging:

The federal Office of Management and Budget (OMP) calculates that sequestration requires an annual reduction of 5.0 percent for non-exempt non-defense discretionary programs including Older Americans Act Programs.

For state formula grant programs, the 5.0 percent cut is applied at the program level by taking the FY2013 Continuing Resolution (CR) level (FY 2012 enacted plus 0.612 percent) and then reducing it for the sequester.

State by state impacts are calculated by reducing total resource available for a program and then applying the state allocation formula as required by the Older Americans Act.

The statutory factors used to determine allocations, such as: (1) funding level, (2) population, (3) minimum allotments, (4) hold harmless, and (5) guaranteed growth – vary across programs and result in variations among the states in the magnitude of the reductions.

The following information from the federal Administration for Community Living (ACL), provides additional details on the key factors impacting state allocations for each program:

Older Americans Act, Title III – State and Community Programs – this includes each part of the Title III programs listed below, calculated separately:

Title III-B	Supportive Services and Senior Centers Program
Title III-C1	Congregate Nutrition Services
Title III-C2	Home Delivered Nutrition Services
Title III-D	Disease Prevention and Health Promotion Services
Title III-E	National Family Caregiver Support Program

Key Elements:

1. Proportionate share of the national total of individuals 60 and older (for OAA Title III-E, the number of individuals 70 and older).

2. Minimum allotment levels according to Older Americans Act, Section 304(a)(3)(D).
    a. 50 States, District of Columbia, and Puerto Rico – ½% (0.005)
    b. Guam and the Virgin Islands – ¼% (0.0025)
    c. American Samoa and the Northern Mariana Islands – 1/16% (0.000625)

3. Hold harmless level and guaranteed growth hold harmless according to Section 304(a)(3)(D)(i) and Sections 304(a)(3)(D)(ii).
    a. Hold harmless is equal to the FY2006 allotment levels for each state.
    b. Guaranteed growth hold harmless for each state (including territories) – this was satisfied in FY2006, so for FY2013, it is the same as the state's Fy2006 allotment level.

Older Americans Act, Title VII – Vulnerable Elder Rights Protection Activities
This includes each Chapter of the Title VII programs listed below, calculated separately:
Title VII Chapter 2 Ombudsman Program
Title VII Chapter 3 Prevention of Elder Abuse

Key Elements:

1. Proportionate share of the national total of individuals 60 and older.

2. General minimum allotment levels according to Section 703 (A)(2)(B).

    a. 50 States, District of Columbia, and Puerto Rico – ½% (0.005)
    b. Guam and the Virgin Islands – ¼% (0.0025)
    c. American Samoa and the Northern Mariana Islands – 1/16% (0.000625)

3. Hold harmless level according to Section 703(a)(2)(C)(i) and Section 703(a)(2)(C)(ii).
    a. Ombudsman hold harmless level for each state is equal to the FY2000 allotment levels for each state.
    b. Elder Abuse hold harmless level for each state, which is equal to the FY2000 allotment levels for each state.

Older Americans Act, Section 311 – Nutrition Services Incentive Program (NSIP)

Key Elements

1. Proportionate share of the national total of meals served in the prior fiscal year.

Estimated Total Title III & Title VII Federal Reductions in Illinois – the Illinois Department on Aging provided the following estimates to the Area Agencies on Aging on March 8, 2013:

- $43,520 Title III and Title VII funds for Illinois Department on Aging Administration
- $81,839 Title III-B funds for Area Agencies on Aging and providers of social services
- 0 Title III-C1 allotment for Illinois did not change
- $377,934 Title III-C2 funds for Area Agencies on Aging and home delivered meal providers
- $42,779 Title III-D funds for providers of evidence-based healthy-aging programs
- $295,137 Title III-E funds for providers of caregiver support services
- 0 Title VII Elder Abuse allotment for Illinois did not change
- $29,198 Title VII Long Term Care Ombudsman Program
- $304,626 NSIP reduction due in part to decline in meals served in Illinois compared to other states

Estimated Total AAAs and Service Providers Federal Reductions

- $826,887 Title IIII and Title VII
- $304,626 NSIP
- $1,131,513 Total

Estimated Grand Total of Federal OAA Reductions in Illinois

- $870,407 Title III and Title VII for IDoA, AAAs and Service Providers
- $304,626 NSIP
- $1,175,033 Grand Total

Please Note: When the Administration for Community Living (ACL) releases **actual** program award amounts to the Illinois Department on Aging, the Department will release actual planning allocations to the Area Agencies on Aging. This process is expected to take three to four weeks following the approval of the final Continuing Resolution for FY2013.

Impact of Sequestration in East Central Illinois – Planning and Service Area 05

The East Central Illinois Area Agency on Aging anticipates the following impact of sequestration after applying the contingency plan in published in the FY 2013 Public Information Document, March 2012.

1. ECIAAA will sustain Title III/B and GRF grants assistance for Coordinated Points of Entry/Information & Assistance and Senior Legal Assistance at obligation levels made on October 1, 2012 for FY2013.

2. ECIAAA suspended FY2013 grant awards for transportation services as of March 1, 2013. ECIAAA will close out expenditures with providers for the period October 1, 2012 through February 28, 2013.

3. ECIAAA will reduce grant assistance for Title III-C1 congregate nutrition services by approximately $19,202 for FY2013, through a change in the inter-fund transfer from C-1 congregate to C-2 home delivered meals, to sustain III-C2 home delivered meals at obligation levels made on October 1, 2012.

4. ECIAAA will reduce Title III-D grant assistance for evidence based healthy aging programs by approximately $2,465 for FY2013, within one or both services of health promotion and gerontological counseling.

5. Effective February 20, 2013 ECIAAA imposed a moratorium on Title III-E Caregiver grant assistance for Respite Services and Caregiver Gap-Filling Services in order to sustain Caregiver Advisory Services.

As we go to press Congress has approved a Continuing Resolution funding federal programs through September 30, 2013. ECIAAA expects the Administration for Community Living to issue revised allotments to the states for FY2013 in April, 2013. When the state of Illinois receives its revised allotment, the Illinois Department on Aging will issue revised planning allocations to the Area Agencies on Aging for FY2013. ECIAAA will revise the FY2013 Area Plan budget incorporating revised planning allocations, FY2012 carryover funds, and changes in fund transfers. ECIAAA will notify service providers of necessary changes in FY2013 grant awards.

Congressional Budget Resolutions for FY2014

House Budget Resolution Released - On March 12, 2013, House Budget Committee Chair Paul Ryan (R-WI) introduced his budget resolution for FY 2014. The far-reaching proposal builds on Chairman Ryan's past two proposals and calls for even deeper cuts in non-defense discretionary (NDD) spending than these programs are currently facing under the sequester, dramatically reforms Medicare and Medicaid, and aims to balance the budget within 10 years.

Over the next decade, Chairman Ryan's budget resolution seeks to balance the federal budget through $4.6 trillion in federal spending cuts. It would make major cuts in several programs critical to the health and wellness of older adults including Medicare, Medicaid, senior housing and senior nutrition, transportation and supportive services programs. Similar to Ryan's FY 2013 proposal, the plan includes shifting future Medicare beneficiaries to a Medicare "premium support" system (government provides a set amount of money for purchase of private insurance); block granting Medicaid and SNAP (the federal nutrition program formerly known as Food Stamps); and repealing the Affordable Care Act.

NDD Funding: Sequester Gets Worse and Caps Go Longer

The Ryan budget resolution would further squeeze spending on discretionary programs below current caps and the sequester by extending the caps imposed by the Budget Control Act of 2011 (BCA) for two additional years. The BCA's caps apply to a ten-year period that began in 2011 and ends in 2021; the Ryan plan continues those cuts until 2023. By adding two years to the length of the caps, Ryan raises an additional $249 billion. His plan does not, however, detail how the additional cap "savings" would be split between defense and NDD funding. Under the current BCA caps, the burden is shared, but in 2022 and 2023 under the Ryan plan, the NDD caps could inherit some of the defense programs share of the cuts.

In the immediate term, there is additional pain to NDD as the Ryan budget plan proposes to mitigate most of the sequester's cuts to defense programs by shifting the costs over to the domestic side of the ledger; the full impact of those cuts are not detailed.

n4a believes this is unnecessarily harsh and unbalanced deficit reduction, as discretionary spending accounts for less than one-third of federal expenditures and has already absorbed the majority of budget cuts over the last year and a half. NDD spending, including the Older Americans Act programs and services, is projected to reach historic lows under current law.

Health Care: Repeal ACA, Block Grant Medicaid and Cut Medicare

As expected, the Republican-backed plan once again intends to **repeal the Affordable Care Act** (ACA), which would eliminate current, ongoing initiatives such as the Medicaid expansion, duals demonstrations, the closing of the Medicare prescription drug doughnut hole and much more.

The plan would **convert the Medicaid program into a block grant**, tying future spending to only inflation and population growth. Masked as an opportunity to provide states additional flexibility, this approach would ensure that the program would not keep pace with health care costs or demand for assistance as the general population ages and employer-based insurance options continue to erode.

The block grant would essentially shift the potential costs not covered by the grant to states, which in turn will face tough decisions regarding access to quality care for their state's most vulnerable population both medically and socio-economically.

As in his previous plans, the current Ryan budget plan **converts Medicare into a defined contribution, or "premium support," system** for individuals entering the program in 2024 (i.e., those currently under the age of 55). Instead of Medicare's current fee-for-service system, beneficiaries would receive a voucher to purchase coverage on their own, although it would not necessarily cover all that Medicare does today. The proposal also expands the use of means testing in Medicare, by requiring higher-income beneficiaries to pay more in premiums. An analysis of Ryan's 2011 Medicare premium support proposal predicted that an average senior's out-of-pocket costs would increase by nearly $6,400 in the first year alone.

Changes to Other Programs Seniors Rely Upon

As with Medicaid, the Ryan budget plan intends to eventually **convert the Supplemental Nutritional Assistance Program (SNAP) into a block grant** as well, tying future funding to inflation and population growth, and calling for time limits and work requirements. Of the 8.7 million seniors who are eligible for SNAP benefits, only 3 million actually utilize services. Adding time limits, work requirements and asset tests would have a particularly adverse effect on the eligibility, and thus the ability, of seniors to receive this much-needed service.

Ironically, despite additional work requirements in the SNAP program, the plan would **repeal the Senior Community Service Employment Program (SCSEP; Title V of the Older Americans Act)** in an effort to consolidate federal job training programs. SCSEP is the only federal job training program dedicated to meeting the unique needs of older workers.

Although the Ryan plan acknowledges the long-term insolvency issues of the **Social Security Trust Fund**, it does not propose any specific solutions. Instead, it requires that the President and Congress issue proposals to shore up the Trust Fund.

Senate Budget Resolution Released - On March 13, Senate Budget Committee Chair Patty Murray (D-WA) released an FY 2014 budget resolution that looks very different from her House counterpart's plan. The Senate has gone four years without passing a budget resolution, and Democrats faced constant pressure from House Republicans to do so this year. When she earned the gavel of the Senate Budget Committee in January, Chairwoman Murray made clear her intention of producing a budget resolution for the full Senate to vote on; this is the first step toward that goal. The Senate Budget Committee marked up the plan on March 14, then approved it by a vote of 12 to 10, which broke neatly along party lines.

Over the next decade, Chairwoman Murray's plan seeks to reduce the deficit by $1.85 trillion, raising roughly half of the necessary funds from spending cuts and half from increased revenues. She acknowledges the $2.4 trillion in deficit reduction already achieved by the last Congress and the President, which is especially important as the vast majority of those spending cuts came from the non-defense discretionary (NDD) category.

If enacted, the Senate budget plan, plus the existing $2.4 trillion, would exceed the $4 trillion benchmark previously identified as a goal by members of both parties. Unlike the House budget plan, Murray's proposal does not attempt to balance the budget in 10 years, but sets as a goal stabilizing the debt held by the public to roughly 70 percent of gross domestic product by 2023.

The Senate budget plan assumes the closing of $975 billion in tax loopholes that currently benefit the wealthy and major corporations, but does not specify which ones except for limiting the tax expenditures claimed by the "top 2 percent of income" earners. The Senate plan also provides new money via a $100 billion economic recovery plan to re-invest in infrastructure, jobs and education.

NDD Funding: Sequester Ended for Good

The Senate budget proposes to end the Budget Control Act of 2011 (BCA) sequester entirely by replacing the $960 billion it would generate in deficit reduction over the next 10 years with an equal amount of strategic spending reductions and targeted revenue raisers. Thus, the Senate plan still reduces the deficit by the same amount and over the same period of time, but the full burden would not have to be borne by discretionary programs in an arbitrary and across-the-board way.

Murray's sequester replacement plan entails $460 billion in new revenues, $240 billion in defense discretionary spending cuts and $240 billion in NDD cuts. The cuts would be determined by appropriators and would not apply to all programs. In order to make this plan a reality, additional legislation to amend the BCA would be required. Note that the BCA caps, which will hold down overall discretionary spending through 2023, are not addressed in this plan, and therefore are assumed to still be in effect.

Health Care: Smaller Cuts to Medicare

The Murray plan includes $275 billion in savings from the mandatory health programs, with $265 billion in savings to be found in Medicare and $10 billion from Medicaid. Specific decisions about how those cuts would be made are left up to the Senate Finance Committee, which has jurisdiction over the mandatory health programs. Chairwoman Murray's position is that beneficiaries should not be harmed and that any Medicaid changes must not affect state matching funds or jeopardize the expansion of the Affordable Care Act (ACA).

The budget notes that projected Medicare spending through 2020 has decreased by more than $500 billion from what was estimated in 2010, according to calculations based on data from the Congressional Budget Office. Presumably, this is intended to justify the $275 billion target, which is lower than the White House's previous offer to cut health mandatory programs by $400 billion and the House's new budget that slices them by $2.7 trillion (that last figure includes $129 billion from Medicare, $810 billion from Medicaid and $1.7 trillion from repealing ACA).

AT THE STATE LEVEL

Governor's Proposed FY2014 State Budget for Aging Programs - On the next page you will find a summary of the proposed state budget for the Illinois Department on Aging for FY2014. This summary is limited to General Revenue Funds and Other State Funds, such as Tobacco Settlement Recovery Funds, Civil Monetary Penalty Funds, etc. For a complete summary of the Department on Aging's Budget for FY2014, visit their website at www.state.il.us/aging/. The following is a brief summary of budget increases and flat funding levels affecting older adults, Area Agencies on Aging, and service providers in the Aging Network:

Increases in IDOA Budget:

- The proposed FY2014 budget totals approximately $1.3 billion – $388.6 million over FY2013 enacted level, including approximately $1.2 billion in General Revenue Funds.

- The Community Care Program budget totals $1.13 billion, including:
    - $856.7 million for services in FY2014
    - $142 million to pay bills from FY2013
    - $67.6 million for CCP clients enrolled in Managed Care plans
    - $61.4 million for Case Management
    - 96,100 older adults – average monthly CCP caseload for FY2014
    - 27,500 CCP clients projected to participate in managed care through the Integrated Care Program and the Medicare/Medicaid Alignment Initiative (29% of total CCP clients)

- Funding for Elder Abuse & Neglect and Adult Protective Services Program is increased to approximately $20 million to respond to 12,694 projected reports of abuse, neglect and exploitation affecting persons 60+ and 4,225 projected reports affecting persons ages 18 to 59.

- The Long Term Care Ombudsman Program (LTCOP) is funded at $5.5 million, an increase of $1 million over the FY2013 level, pursuant to the Illinois Nursing Home Reform Bill (P.A. 96-1372).

- Planning and Service Grants to AAAs are funded at $7.8 million, an increase of $2 million, to expand access to federal public benefit programs and provide access to Aging and Disability Resource Center (ADRC) options counseling.

- Home Delivered Meals are funded at $12.3 million, an increase of $1.6 million, to maintain current meal levels, keep pace with rising food and delivery costs, and respond to increased demand for meals and cuts in federal funding due to sequestration.

- The Department on Aging's budget includes $3 million to administer the Senior Health Insurance Program which was transferred to the Department on Aging per Executive Order 13-01 on 4-1-13.

Budget Line Items Remaining at the FY2013 Appropriations Level:

- Senior Health Assistance Program (SHAP) at $1.6 million in Tobacco Settlement Recovery Funds
- Grandparents Raising Grandchildren Program at $300,000 GRF
- Long Term Care Systems Development Grants to AAAs at $246,300 GRF
- Senior Employment Specialist Program at $190,300 GRF
- Retired & Senior Volunteer Program at $557,400 GRF
- Foster Grandparents Program at $243,800 GRF

***I4A* Summary of FY2014 State Budget for the Illinois Department on Aging**

Line Item	FY2012 Enacted Approp.	FY 2013Enacted Approp.	FY2014 Governor's Budget
CCP (GRF)	625,126,500	687,124,400	856,650,000
Medicaid - CCP (TSRF)	0	9,000,000	0
CCP Capitated Coordinated Care	0	0	67,644,300
Case Management	53,318,200	57,406,400	61,371,600
CCP Prior Year Liabilities			142,000,000
APS/Elder Abuse and Neglect	9,937,800	10,000,000	19,968,000
C.B./P.A. (GRF)	24,196,000	0	0
C.B./P.A. (TSRF)	4,500,000	0	0
Senior HelpLine	1,194,000	1,500,000	0
Benefits Eligibility Assistance & Monitoring	0	0	3,351,200
SHIP Admin (Fed)	3,545,500	3,545,500	3,000,000
AAA Grants for CBS (IFF)	2,425,300	0	0
AAA Grants for CBS (Equal)	758,700	758,800	758,800
AAA Planning & Service Grants	1,775,500	5,800,000	7,800,000
Subtotal AAAs	4,959,500	6,558,800	8,558,800
SHAP (TSRF)	1,600,000	1,600,000	1,600,000
LTC Systems Development	246,300	246,300	246,300
HDMs and Equipment (IFF)	7,425,000	0	0
HDMs (formula and non-formula)	1,600,000	10,748,200	12,323,200
Subtotal HDMs	9,025,000	10,748,200	12,323,200
Senior Employment	190,300	190,300	190,300
GRG Program	242,300	300,000	300,000
RSVP	557,400	557,400	557,400
Foster Grandparents	243,800	243,800	243,800
Special Training	94,200	25,000	50,000
LTCOP (GRF)	348,400	1,348,400	1,348,400
LTCOP (LTCPF)	750,000	2,000,000	3,000,000
Subtotal LTCOP	1,098,400	3,348,400	4,348,400

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

What We Stand For

ECIAAA is the regional focal point for advocacy on behalf of older Americans and caregivers in Area 05. ECIAAA is a member of the National Association of Area Agencies on Aging, 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 older adults and family caregivers:

On the National Scene:

- Strengthen the Social Security Program by supporting the position of the Leadership Council of Aging Organizations (LCAO) and the National Association of Area Agencies on Aging (n4a)
- Strengthen the Medicare Program by supporting the position of LCAO and n4a
- Reauthorize the Older Americans Act – support the position of n4a
- Increase appropriations for Older Americans Act Programs – support the position of n4a

At the State Level:

- Support proposals to reform public pension financing in Illinois, which comply with the Illinois Constitution, distribute the financial burden equitably, and limit the growth of local property taxes.
- Support the implementation of the Affordable Care Act, including:
  - Expanding Medicaid coverage for adults with income below 138% of the federal poverty level
  - Engaging Area Agencies on Aging and the Aging Network in the implementation of Coordinated Care Demonstration Projects including the Integrated Care Program and the Medicare-Medicaid Alignment Initiative
  - Engaging Area Agencies on Aging and the Aging Network in the implementation of the Health Insurance Marketplace to help consumers make informed choices.
- Support the enactment of legislation and the appropriation of adequate funding to expand the Elder Abuse and Neglect Program to include adult protective services for persons with disabilities between the ages of 18 and 59, and uphold their right to self-determination.
- Restore the state pharmaceutical assistance program for older adults and persons with disabilities whose incomes are below 200% of FPL and whose assets meet federal criteria for the Low Income Subsidy; provide relief to older adults and persons with disabilities experiencing high out-of-pocket expenses for prescription drugs; and achieve long-term savings for the state's Medicaid program.
- Support the Governor's proposed FY2014 budget for the Illinois Department on Aging including funding increases for Planning and Service Grants to Area Agencies on Aging, the Community Care Program, Home Delivered Meals, the Elder Abuse and Neglect/ Adult Protective Services Program, the Long Term Care Ombudsman Program, and the timely payment of prior-year obligations.

Additional Recommendations:

- Closely monitor private corporations which reduce health care coverage for employees and retirees and transfer retirees to Medicare Advantage Plans which lack networks of willing and qualified health care providers in rural areas.
- Closely monitor the implementation of provisions of the Affordable Care Act which may result in employers electing to accept financial penalties for not offering health insurance thereby forcing employees to seek health insurance coverage through the Health Insurance Marketplace.
- Closely monitor the implementation of provisions of the Affordable Care Act and reforms to the Medicare and Medicaid programs which may result in shifting additional costs to the consumer.
- Closely monitor the growth in the number of Social Security Disability claims and the processing of these claims.
- Advocate for public policies that achieve intergenerational equity.

The Affordable Care Act – What it means for older Americans and their families

On March 26, 2010, Congress passed and the President signed the Patient Protection and Affordable Care Act and a subsequent health reconciliation bill into law. The bill, which costs $938 billion, would reduce the federal deficit by $143 billion over a decade, according to the Congressional Budget Office. The health-insurance overhaul package is the most far-reaching health legislation since the creation of the Medicare and Medicaid programs. The health reform law will extend insurance coverage to 32 million additional Americans by 2019 and have an impact on almost every citizen.

Kaiser Health News published the following summary of the national health reform law in question and answer format to help you understand how you and your family might be affected:

Q: **I don't have health insurance. Will I have to get it, and what happens if I do?**

A: Under the legislation, most Americans must have insurance by 2014 or pay a penalty. There is a phased-in tax penalty for those without coverage. The penalty starts at $95, or up to 1% of income, whichever is greater, and rises to $695, or 2.5% of income, by 2016. This is an individual limit; families have a limit of $2,085. Some people can be exempted from the insurance requirement or "individual mandate" because of financial hardship or religious beliefs or if they are American Indians, for example.

Q: **I want health insurance, but I can't afford it. What can I do?**

A: Depending on your income, you might be eligible for Medicaid, the state-federal program for the poor and disabled, if approved by the State of Illinois in 2014. Low-income adults, including those without children, may be eligible, as long as their incomes did not exceed 133% of the federal poverty level, or $15,302 for individuals and $31,155 for a family of four, according to current poverty guidelines.

Q: **What if I make too much for Medicaid but still can't afford coverage?**

A: You might be eligible for government subsidies to help you pay for private insurance that would be sold in the new state-based insurance marketplaces, called exchanges, to begin operations in 2014.

On February 13, Governor Pat Quinn and U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius announced that Illinois has been conditionally approved to operate a State Partnership Marketplace, which will be ready for open enrollment in October 2013. This federal approval of the partnership will allow Illinois to select health insurance carriers and tailor the marketplace to local needs and market conditions. For more information, visit www.healthcare.gov/exchanges.

Premium subsidies will be available for individuals and families with incomes between 133% and 400% of the poverty level. The subsidies will be on a sliding scale. For example, a family of four earning 150% of the poverty level, or $35,325 a year, will have to pay 4% of its income, or $1,413, on premiums. A family with income up to 400% of the poverty level ($94,200) will have to pay 9.5% or $8,949. In addition, if your income is below 400% of the poverty level, your out-of-pocket health expenses will be limited.

Q: **How will the law affect the kind of insurance I can buy? Will it make it easier for me to get coverage, even if I have health problems?**

A: If you have a medical condition, the law will make it easier for you to get coverage; insurers will be barred from rejecting applicants based on health status once the exchanges are operating in 2014.

In the meantime, the law will create a temporary high-risk insurance pool for people with medical problems who have been rejected by insurers and have been uninsured at least six months.

Insurers can no longer exclude coverage for specific medical problems for children with pre-existing conditions, nor can they any longer set lifetime coverage limits for adults and kids.

In 2014, annual limits on coverage will be banned. New policies sold on the exchanges will be required to cover a range of benefits, including hospitalizations, doctor visits, prescription drugs, maternity care and certain preventive tests.

Q: **I'm over 65. How will the legislation affect older adults?**

A: People with Medicare now qualify for an annual wellness visit, mammograms, and other screenings for certain cancers and diabetes – at no additional charge. New in 2013, Medicare Part B covers eight face-to-face counseling sessions for people who want help to stop smoking. Part B also offers obesity screening and intensive counseling for those who screen positive.

In 2013, people enrolled in Medicare Part B will pay less coinsurance for outpatient mental health care treatment, such as psychotherapy. The amount is 35%; Medicare pays the remaining 65%. For initial diagnosis, you'll continue to pay only 20% of the cost, with Medicare covering the rest. In addition, starting in 2013, Part D plans are allowed to cover benzodiazepines and barbiturates such as those used in the treatment of a chronic mental disorder, epilepsy, or cancer.

The Medicare prescription drug benefit will be improved substantially. In 2014 people with Medicare will get a 52.5% discount on brand-name prescription drugs and a 28% discount on generic prescription drugs while in the doughnut hole. As under current law, once people with Medicare spend a certain amount on medications, they will qualify for "catastrophic" coverage and pay only 5% of the cost of their medications.

Starting in 2014, Medicare Advantage plans must limit how much they spend each year on administrative costs. For each dollar a beneficiary pays in premiums, Medicare Advantage plans may not spend more than 15 cents on administrative costs. Medicare Advantage plans that give better quality care will receive bonus payments. Plans are required to use some of this bonus money to offer added health benefits to their enrollees.

Q: **How much is all this going to cost? Will it increase my taxes?**

A: The package is estimated to cost $938 billion over a decade. But because of higher taxes and fees and billions of dollars in Medicare payment cuts to providers, the package will narrow the federal budget deficit by $143 billion over 10 years, according to the Congressional Budget Office.

If you have a high income, you face higher taxes. Starting in 2013, individuals will pay a higher Medicare payroll tax of 2.35% on earnings of more than $200,000 a year and couples earning more than $250,000, up from the current 1.45%. In addition, you will face an additional 3.8% tax on unearned income such as dividends and interest over the threshold. Starting in 2018, the law will also impose a 40% excise tax on the portion of most employer-sponsored health coverage (excluding dental and vision) that exceeds $10,200 a year for individuals and $27,500 for families ("Cadillac" plans).

The law would also raise the threshold for deducting unreimbursed medical expenses from 7.5% of adjusted gross income to 10%., and limit the amount of money you can put in a flexible spending account to pay medical expenses to $2,500 starting in 2013.

For more information about the provisions of the Patient Protection and Affordable Care Act and the implementation timeline, visit the website of the Kaiser Family Foundation at: http://healthreform.kff.org/, or the federal government's website on Health Reform at: http://www.healthreform.gov/index.html.

Reauthorization of the Older Americans Act

The reauthorization of the Older Americans Act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers. Since its inception in 1965, the Older Americans Act (OAA) has evolved to meet the changing needs and expectations of an aging America. Consequently, the scope of the OAA has expanded to better address and support the needs of older adults and their caregivers.

The National Association of Area Agencies on Aging has developed the following recommendations to strengthen the OAA:

1. Preserve the Act's flexibility, person-centered commitment and the major local impact and contribution of aging services in the community.
2. Strengthen the role of the Aging Network to integrate medical and human services – based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral) and care management.
3. Raise or create authorization levels for all the titles of the OAA to ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the increasing ranks of individuals age 85 and older who are most frail, vulnerable, and in the greatest need for aging supportive services.
4. Strengthen the ability of the Aging Network to improve OAA performance by creating capacity-building initiatives, including investing in program evaluations, innovative technologies, and professional training and development.
5. Explore ways to strengthen the Aging Network's role in the coordinated planning activities through greater collaborative efforts between transit, planning, and aging agencies.
6. Build the capacity of and funding for Title VI programs to strengthen their ability to serve the complex and urgent needs of older Native Americans.
7. Broaden, strengthen and support the unique role of Area Agencies on Aging and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible.
8. Expand the Aging Network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing.
9. Improve the Senior Community Services Employment Program (Title V) while enhancing coordination with the Workforce Investment Act system.
10. Strengthen the OAA to protect older adults' legal rights, prevent elder abuse, neglect, and exploitation, and improve our nation's coordinated response to elder abuse when it occurs.
11. Transfer the current State Health Assistance Program (SHIP) from CMS to AoA to provide Medicare assistance and counseling to Medicare beneficiaries.
12. Ensure that older adults' needs are addressed in federal, state, and local emergency preparedness efforts.

State Initiative: Aging and Disability Resource Centers

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

FY2013 ADRC Activities

- ECIAAA developed Memoranda of Understanding with ADRC Network partners in Area 05 including Centers for Independent Living, Coordinated Points of Entry and Care Coordination Units.

- ECIAAA convened quarterly conference calls and webinars with members of the ADRC Network Advisory Council.

- The ADRC Network Advisory Council established a Leadership Team with representation from Centers for Independent Living, Coordinated Points of Entry, Care Coordination Units, and consumers.

- ECIAAA submitted a grant proposal to the Illinois Department on Aging for the following purposes:
  1. Participate in Illinois Department on Aging ADRC Options Counseling training to be conducted in April, 2013. ECIAAA applied for funding to enable AAA staff, Centers for Independent Living (CILS), Coordinated Points of Entry/Senior Information Service (CPoE/SIS) providers, and Care Coordination Units (CCUs) to participate in one of the training sessions.
  2. Pilot test ADRC Options Counseling in Area 05 on a trial basis during the period April 1 through September 30, 2013 in collaboration with CILs, CPoE/SIS providers, and CCUs.

Plans for FY2014 –
ECIAAA will conduct the following activities in pursuit of the statewide initiative during FY2014:

1. ECIAAA will continue to promote AIRS training, certification, and accreditation among access providers in the PSA.
   a. ECIAAA will require that Coordination Points of Entry/Senior Information Service providers have at least one staff member who is AIRS certified.
   b. ECIAAA will provide technical assistance to CPoE/SIS providers in complying with this standard.
   c. ECIAAA will serve as a site for the AIRS certification test.
   d. PATH maintains AIRS accreditation and serves as the 2-1-1 Call Center in Area 05.

2. ECIAAA will conduct meetings and conference calls with the ADRC Network Advisory Council for Area 05CPoE/SIS providers, CCUs, and Centers for Independence Living to:
   a. Promote the independent living philosophy.
   b. Facilitate a planning process to develop an ADRC network in Area 05.
   c. Clarify expectations and promote collaboration among partners.
   d. Identify and build upon the strengths, talents, and experience of all partners.
   e. Identify challenges, overcome barriers, and solve problems.
   f. Recruit new members who will serve as spokespersons for underserved populations.
   g. Contribute toward the development of a statewide intake instrument and procedures.

3. ECIAAA will conduct information sharing and cross-training of disability partners.
   a. ECIAAA will solicit recommendations from the ADRC Network Advisory Council for training topics, speakers, and educational resources.
   b. ECIAAA will plan and host webinars to promote information sharing and cross-training for members of the ADRC Advisory Council.

4. ECIAAA will collaborate with ADRC Network partners to develop relationships with "critical pathway" health care providers.
    a. ECIAAA Planning and Program Department will include CCUs in the planning and implementation of care transition models adapted by community-based organizations and hospitals in the following targeted counties in Area 05:
        1. Champaign and Vermilion Counties in collaboration with CRIS-Healthy-Aging Center CCU and Cumberland Associates CCU
        2. Iroquois County in collaboration with Ford-Iroquois Public Health Department CCU
        3. Macon County in collaboration with Starting Point ADRC/CCU

5. ECIAAA will update and maintain the ESP resource database:
    a. ECIAAA Operations Specialist will update current records in the ESP database using a weekly tickler system.
    b. ECIAAA Operations Specialist will constantly scan the internet for new programs, services and resources for entry into the ESP data base.
    c. ECIAAA Operations Specialist will enter new programs, services and resources into the ESP data base from reports and recommendations submitted by ECIAAA staff and service provider
    d. ECIAAA Operations Specialist will conduct on-site visits with CPoEs in Area 05 to observe how CPoE personnel are using the ESP database and apply findings to editing current records, creating new records, providing training and technical assistance, and improving the utility and quality of the system.
    e. ECIAAA Operations Department and Planning & Program Department will jointly host and conduct an ESP webinar for all CPoEs annually.

6. ECIAAA will integrate the Caregiver Support Program into the ADRC Network.
    a. ECIAAA will extend federal OAA Title III-E grant assistance to the following CPoEs to provide Caregiver Advisory Services in FY2014:
        1. Family Service Senior Resource Center for Champaign and Piatt Counties
        2. Coles County Council on Aging for Coles County
        3. PATH for DeWitt, Livingston, and McLean Counties
        4. Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
        5. Chester P. Sutton Community Center for Edgar County
        6. Ford-Iroquois Public Health Department for Ford and Iroquois Counties
        7. Starting Point – ADRC for Macon County
        8. CRIS Healthy-Aging Center for Vermilion County

    b. ECIAAA will extend federal OAA Title III-E grant assistance to the following provider for Caregiver Advisory Services which is not a CPoE:
        1. Community Care Systems serving Clark and Cumberland Counties

7. ECIAAA will incorporate the Veterans Independence Program into the ADRC Network
    a. ECIAAA will renew a Cooperative Agreement with Illiana Healthcare System to coordinate the Veterans Independence Program through contracts with six (6) CCUs in Area 05.

The table below shows Coordinated Points of Entry in Area 05 and their programmatic functions.

Coordinated Point of Entry	**Service Area by County**	**CCU**	**Caregiver Resource Center**	**VIP Partner**
Family Service Senior Resource Center	Champaign		X	
Life Center	Clark, Cumberland			
Coles County Council on Aging	Coles		X	
PATH	DeWitt Livingston McLean		X	
Mid-Illinois Senior Services	Douglas Moultrie		X	
Chester P. Sutton Community Center	Edgar		X	
Ford-Iroquois Public Health Department	Ford		X	
Volunteer Services	Iroquois			
Starting Point –ADRC	Macon	X	X	X
Piatt County Services for Seniors	Piatt			
Community Care Systems, Inc.	Shelby	X		X
CRIS Health-Aging Center	Vermilion	X	X	X

Additional ECIAAA activities related to ADRC development in Area 05 in FY2013 and 2014:

1. ECIAAA will engage in statewide meetings with Illinois Department on Aging, Illinois Association of Area Agencies on Aging (I4A), the Illinois Council of Case Coordination Units (ICCCU), and the Illinois Network of Centers for Independent Living (INCIL) and other statewide partners to develop ADRCs statewide.

2. ECIAAA will seek to define the roles of Aging and Disability Resource Center Networks with Managed Care Organizations selected for the Integrated Care Program and the Medicare-Medicaid Alignment Initiative.

3. ECIAAA will seek to coordinate the development of ADRCs with federal and state long term care balancing initiatives which require single points of entry, uniform statewide assessment instruments and processes, "conflict-free" case management, and the measurement and evaluation of outcomes.

4. ECIAAA will participate in an ADRC Options Counseling Retreat sponsored by the Illinois Department in the spring of 2013 and pilot test Options Counseling through four Coordinated Points of Entry.

Local Initiatives

Local Initiative #1: Transportation – To promote the development of public and private efforts to provide affordable and accessible transportation to older persons in Area 05, especially in rural areas.

Statement of Need

The Administration on Aging reports 48% of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound. AoA attributes their needs to the following:

Nearly 50 percent of riders on OAA-funded transportation are mobility impaired, meaning they do not own a car or if they do own a car they do not drive, and are not near public transportation. Many of these individuals cannot safely drive a car, as nearly 75 percent of transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely:
68% of riders had a doctor tell them they had vision problems (including glaucoma, macular degeneration, etc.)
9 % have Alzheimer's or dementia;
2 % percent have Multiple Sclerosis;
19% have had a stroke;
3% have epilepsy; and
3% have Parkinson's disease.
95% take daily medications, with 17% taking 10 to 20 medications daily
Source: Administration on Aging, Justification of Estimates for Appropriations Committees, February 2012

Description of Problem and/or Situation Concerning Transportation Affecting Older Adults in Area 05

Access to medical transportation is a high priority need in Area 05, both to and from medical appointments and between hospital and home for hospital admissions and following hospital discharge. Some older patients discharged from hospitals without the help of family and friends, encounter problems returning home because they cannot access affordable, non-emergency medical transportation. In some cases their only option is to incur the cost of a transport by ambulance. Providers offering non-emergency medical transportation to Medicaid-eligible individuals are faced with inadequate reimbursement rates and delays in receiving payment from the state. There is also a lack of rural public transportation in the evenings and on weekends.

Challenges which limit service and interagency coordination include: fuel costs, service area boundaries, and insurance underwriting practices which limit the sharing of vehicles and drivers. The total cost of a trip incurred by providers of fixed route rural public transportation in Area 05 averages $7.00. The cost of demand- response paratransit for persons unable to use fixed bus routes averages $25 per one-way trip. Older adults with low to moderate incomes cannot afford to pay the total cost of a round-trip on fixed bus routes and demand response paratransit service. Providers face the growing challenge of raising operating revenue from federal, state and local sources to keep pace with rising costs and to make their fares affordable for their passengers.

Providers of rural public transit and specialized transportation programs for older and disabled persons in Area 05 also report continuing problems with vehicle maintenance and delays in acquiring reliable and fuel-efficient replacement vehicles through the Illinois Department of Transportation's statewide procurement process.

Progress Made during FY2012 and FY2013 in the Development of Public Transportation in Area 05

- CRIS Rural Mass Transit District CRIS Rural Mass Transit District provides senior transportation services to older adults age 60 and over within the rural areas of Champaign County. CRIS has a limited number of Senior rides it can provide each month. Seniors are asked to limit their request to one round trip per week as a CRIS Rural Rider. Rides are booked on a first-call basis. The suggested donation for a senior ride is $2.00. For more information contact CRIS Rural Mass Transit District's Urbana office at (217) 344-4BUS (4837).

- The East Central Illinois Mass Transit District (ECIMTD), administered by Rides Mass Transit, Inc., provides public transportation for Edgar & Clark County residents. ECIMTD operates 7 vans Monday through Friday, with 1 van

designated to transport senior citizens to medical appointments outside the 2 counties within a 60 mile radius. Reservations are required 24 hours in advance. Hours of operation are from 7am – 5:30 pm. Monday through Friday. A van is also used for the JARC (JobAccess Reverse Commute). Anyone may ride this van for anything that is job related, whether it be a job itself or training or schooling for a job. This van runs from 6am-6pm Monday through Friday.

- ECIMTD began transportation service for dialysis patients on April 4th, 2011 from 5:30 am to 6:00 pm Monday through Saturday. The program also provides an escort on the vehicle to assist dialysis patients.

- ECIMTD tickets may be purchased at Clark County Courthouse, Casey Library, Casey Senior Center, Marshall Library and the Martinsville Library. Call (866) 384-0503 for Clark County service, and (217) 466-6921 for information about Edgar County service, including current fares and discounts.

- Rides Mass Transit District provides public transit in 16 counties in southeastern Illinois, including Cumberland County. Operating hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Seniors in Cumberland County may obtain Rides MTD passes at the Life Center. Discounts tickets and passes are available for persons 60+. For information about routes and passes call: 866-389-7536.

- Dial-A-Ride provides public transportation in Coles County. Dial-A-Ride, which operates eleven wheelchair accessible busses, recently expanded their hours and areas of service. Three counties (Champaign, Vermilion, and Effingham) beyond Coles are now accessible through Dial-A-Ride for medical appointments and access to intercity bus connections. Services are now available Monday thru Friday from 6:00 a.m. to 6:00 p.m.; 8:00 a.m. to 4:30 p.m. Saturdays, and noon to 8:30 p.m. Sundays.

- Under a New Freedom grant, Dial-A-Ride administers a Transit Reservation Information Program (TRIP) to provide a single point of access to regional transportation, community transportation information, and enhance mobility for riders in 12 counties: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermilion. The program provides passengers with a single point of access to receive information, planning and scheduling. The TRIP Travel Coordinator will make all the necessary arrangements for routing, transfers, scheduling and fares. Total cost is based on origin and destination of each trip and is subject to the fare structure of the transportation provider used. TRIP coordinates with First Transit to obtain authorization of trips for medical appointments for passengers eligible for Medicaid. Trips are for any reason, anyone, with any ability level, but medical, education, and employment will be priorities. Dial-A-Ride has developed agreements between TRIP and public transportation providers. TRIP may be accessed by calling a toll-free 1-855-477-8747.

- CEFS operates Central Illinois Public Transit serving Douglas, Moultrie and Shelby Counties in Area 05. Central Illinois Public Transit provides a door-to-door demand/response service requiring advance reservation. The fleet consists of lift-equipped and ramped vehicles making the system accessible to everyone. Schedules are available from each county office. Service is available Monday through Friday from 8:30 a.m. to 4:30 p.m. Riders may travel anywhere within their county for any purpose. Vehicles are available for grocery shopping, medical and dental appointments, visiting, attending nutrition sites, or just going for a ride. Fares will depend on whether the rider is riding as a private individual or as a client of a social service agency. For route and fare information contact the local county office of CIPT. In Douglas County call: 1-800-500-RIDE (7433), in Moultrie County, call 1-877-728-7721; and in Shelby County call: 1-800-285-5288.

- SHOW BUS provides rural public transportation in DeWitt, Ford, Iroquois, Livingston, Macon and McLean Counties Monday through Friday to persons of all ages. Passengers may ride scheduled routes by reservation for any trip purpose or may request special services for medical appointments. SHOW BUS vehicles are wheel-chair accessible. Fares range from $2.00 to $3.00 in town, to $5.00 in county, to $7.00 out-of-county for persons under 60. Rides are donation-only for persons 60+. For reservations call by 9:00 a.m. at least one weekday in advance for scheduled routes and as far in advance as possible for special service. For reservations and route information call SHOW BUS at: 1-800-525-2454.

- SHOW BUS has received a grant to operate a voucher program to provide escort assistance to rural riders who have been screened by participating non-for-profit organizations. Participating agencies will identify qualified escorts and develop service plans for clients in need of assistance. SHOW BUS will issue vouchers to the agencies who will disburse funds to the escorts in accordance with the approved service plans.

- PiattTran is a deviated fixed-route/demand response public transportation system headquartered in Monticello. PiattTran offers daily routes into Piatt County villages and Champaign, and scheduled trips to Decatur, Springfield and other destinations. For information about routes, reservations and fares call PiattTran at 217-762-7821.

- CRIS Vermilion Transit provides transportation to anyone outside the urbanized area of Danville, Westville, and Georgetown to the Danville urbanized area. Rides are provided Monday through Friday, 6:00 a.m. to 6:00p.m. Reservations are required 2 working days in advance. Fares for persons under 60: $4.00 one way; and $3.00 for seniors and persons with disabilities. CRIS has a limited number of Senior Rides it can provide each month. Persons 60 years of age and older are asked to limit their request to one round trip per week as a CRIS Senior Rider. If situations require more than one trip per week, call CRIS Vermilion Transit for other transportation options. The suggested donation for CRIS Senior Rider is $1.00 per trip. For information call CRIS Vermilion Transit at 217-443-2999.

- CRIS Vermilion Transit provides the complimentary Para-Transit A.D.A. Service for Danville Mass Transit. This means that CRIS provides a curb to curb service for Danville Mass Transit clients who are unable to catch regular transit route buses at the regular bus stops. DMT-ADA riders must be certified by Danville Mass Transit as a CRIS Para-Transit rider. To receive certification for this service, you must call Danville Mass Transit and request a Para-Transit rider application. After DMT approves the application, DMT-ADA riders must get an ID card from DMT and they must also purchase 5-ride punch tickets from DMT. The 5-ride ticket cost $8.00. Rides may be scheduled one day in advance. Rides may be scheduled the following times: Monday Through Friday - 5:45am to 7:40 pm; Saturday - 8:15am to 4:30pm. For more information, contact CRIS Vermilion Transit at 217-443-2999

- CRIS Vermilion Transit operates “Corn Cruiser” bus service three times a day between the Cities of Hoopeston and Danville. For information about scheduling, reservations, and fares, contact CRIS Vermilion Transit at 217-443-2999.

- The Human Service Transportation Plan is a framework for setting priorities among proposals submitted by local agencies providing human service transportation to receive Federal Transit Administration (FTA) funding under three programs: (1) Job Access and Reverse Commute (JARC) under Section 5316, (2) New Freedom Initiative under Section 5317, and (3) the acquisition of Section 5310 vehicles to serve older and disabled persons.

- HSTP Regional Committees are charged with identifying the special transportation needs of target populations including older adults, persons with disabilities, and commuters; analyzing transportation resources, regional origins and destinations, existing transportation services, needs, gaps, and current efforts to coordinate services; create a vision of mobility in the future, and examine anticipated demand.

- Each HSTP Region is advised by two committees: (1) a Policy Committee comprised of County Board representatives, and (2) a Technical Advisory Committee comprised of human service providers and consumer representatives.

- HSTP Region 6 represents Ford, Grundy, Iroquois, Kankakee, Livingston and McLean County and coordinated by Jennifer Sicks, Regional Coordinator with the McLean County Regional Planning Commission.

- HSTP Region 8 represents Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby, and Vermilion Counties and is coordinated by Eileen Sierra, Regional HSTP Coordinator with the Champaign County Regional Planning Commission.

- ECIAAA has assigned Planning and Program Specialists to represent the transportation needs of older adults on the technical advisory committees serving HSTP Regions 6 and 8. ECIAAA will continue to serve on these committees in Fiscal Year 2013.

- The General Assembly passed and the Governor enacted Senate Bill 1920 which allows qualifying persons with disabilities who are age 16 or older and meet Circuit Breaker income eligibility requirements free rides on all fixed route public transportation throughout the state of Illinois.

- The General Assembly passed SB 3778 and the Governor enacted Public Act 96-1527, which requires that seniors must be aged 65 or older, as well as eligible for benefits under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act, to receive free service on all fixed route public transportation. The Department of Aging is responsible for furnish all information necessary to establish eligibility for free service.

- Fixed-Route Public Transit Systems are available in the following urbanized areas in east central Illinois:

  Connect Transit serves Bloomington Normal, (309) 828-9833, www.connect-transit.com
  Champaign-Urbana Mass Transit District, (217) 384-8188, www.cumtd.com
  Danville Mass Transit, (217) 431-0653, www.ridedmt.org
  Decatur Public Transit System, (217) 424-2814, www.ci.decatur.il.us/transit/information.html

- Effective July 1, 2012, Illinois Cares Rx was terminated and the Circuit Breaker Property Tax Relief Grant was eliminated due to lack of funding. The benefits now available include:

  - Seniors Free Transit Ride
  - The Persons with Disabilities Free Transit Ride
  - Secretary of Sate License Plate Discount

  To be determined eligible for these benefits, you must submit a **Benefit Assess Application** on the Internet. Paper applications are not available. You can apply on-line by going to the Illinois Department on Aging's website at: www.cbrx.il.gov.

  Once your application is approved you may print a note of eligibility to take to your local transit authority or Secretary of State Office. If you have a transit card good through December 31, 2013, you may continue to use it until it expires. Check the website to determine your application status.

  If you have questions or would like to locate a Coordinated Point of Entry (CPoE) nearest you for assistance, contact the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY), or call the East Central Illinois Area Agency on Aging at 1-800-888-4456.

What is the difference in this local initiative and regular transportation?

ECIAAA will address critical issues including: affordability, transportation of older adults across county lines to access regional healthcare services, coordinating transportation scheduling and out-patient healthcare services, special assistance for older adults with mobility limitations who cannot use fixed route bus service, and the need for the timely acquisition of reliable and fuel-efficient vehicles.

What is ECIAAA doing as an Area Agency on Aging that is different to make this a local initiative?

ECIAAA committed to going beyond ensuring the availability of rural public transportation to achieve additional goals on behalf of older adults including:

1. Assessing the affordability of rural public transit for older adults.
2. Building the capacity of providers of rural public transit and specialized transit for older adults and persons with disabilities to acquire reliable, accessible, and fuel-efficient vehicles and the necessary operating assistance to provide extended services to enable older adults to access out-patient healthcare services at regional medical centers.
3. Promoting the coordination of mobility management services that will serve as a travel agent for older adults and persons with disabilities to facilitate the scheduling trips across county lines to access out-patient healthcare services at regional medical centers.
4. Promoting public-private partnerships to provide personalized, through-the-door, cost-effective, non-emergency medical transportation to older adults with chronic health conditions and disabilities who have mobility impairments which prevent their use of fixed bus services.

ECIAAA Strategy to Address the Transportation Problems in Area 05:

1. ECIAAA suspended grants with public transit providers effective March 1, 2013. ECIAAA does not intend to renew these grants in FY2014 in order to redirect OAA Title III-B grant assistance to develop the core competencies of CPoEs/ADRCs and disseminate evidence-based healthy aging programs. ECIAAA will assess the impact of the loss of Older Americans Act Title III-B grants for transportation in Area 05, including the impact on senior ridership, fares, and trip priorities for medical appointments, congregate nutrition, essential shopping, and other personal business.

2. ECIAAA will collaborate with the Transit Information Reservation Program (TRIP) to coordinate and promote mobility management for older adults in Area 05to improve access to health care services and provide affordable transportation for older adults discharged from the hospital to their homes.

3. ECIAAA will collaborate with Faith in Action Programs and other volunteer transportation programs in Area 05 to expand assisted transportation options for older adults who need personalized service.

4. ECIAAA will serve on the Technical Advisory Sub- Committees of the Human Service Transportation Committees serving Regions 6 and 8 to advocate on behalf of older adults in need of rural public transportation and specialized transportation for older and disabled persons, such as Adult Day Service transportation and transportation to outpatient kidney dialysis clinics.

5. ECIAAA will advocate for improvements to the Illinois Department of Transportation's procurement process to expedite the acquisition of reliable and fuel efficient replacement vehicles for providers of rural public transit and specialized transportation for older adults and persons with disabilities.

6. ECIAAA will advocate for increased appropriations for the Federal Transit Administration to address the need for federal funds to operate transportation programs and purchase replacement vehicles.

7. ECIAAA will serve as an active member of the Illinois Public Transportation Association and advocate for continued state appropriations and Downstate Operating Assistance Program (DOAP) funds in support of rural public transportation in Area 05.

8. ECIAAA will consult with other Area Agencies on Aging in Illinois, the Illinois Falls Prevention Coalition, AARP, community programs on aging, Centers for Independent Living and other organizations in FY2014 to explore the feasibility of developing a comprehensive senior mobility campaign in Area 05, including evidence-based practices that promote senior strength and fitness, prevent falls, promote older driver safety, and empower older adults to use public transportation.

Local Initiative #3 – Healthy Aging - helping older adults manage chronic health conditions.

Statement of Need

AoA 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 almost 78 years today. On average an American turning age 65 today can expect to live an additional 18.6 years. The population of older Americans is also growing, particularly the population age 85 and over, which is growing very rapidly and is projected to total 5.8 million by 2010 and 8.7 million by the year 2030. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, or 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 and older 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 activities of daily living) 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 burgeoning population of aging 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." The OASA Report calls for expanding home delivered meals and to address waiting lists and unmet needs, to include two meals per day 365 days a year, offering shelf-stable meals, and addressing meal preparation and production issues.

Home Delivered Meals - The FY2013 Home Delivered Meals Report, published by the Illinois Department on Aging found that 1,847 Illinois seniors were denied meals in FY 2012 due to insufficient funds – an increase of 34% over FY2011; and 1,117 seniors were on waiting lists – an increase of 68% over FY2011.

The report found that 1,987 older adults in Illinois needed meals but lived in un-served areas of the state.
The report found that 436 seniors in Area 05 were denied meals due to lack of funding; but there were no older adults reported on waiting lists in Area 05.

Unmet Need for Home Delivered Meals in Area 05 - There are an estimated 466 older adults in need of home delivered meals who live in the following un-served areas. The table below provides an estimate of the number of older adults in underserved townships by county in east central Illinois:

County	Unserved Townships	Older Adults In Underserved Areas
Champaign	Ayers, Condit, Crittenden, East Bend, Harwood, Kerr, Ogden, Raymond, Stanton, St. Joseph, Ludlow.	75
Clark	Anderson, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Parker, Wabash, York.	25
Coles	Humboldt, Hutton, Morgan, North Okaw, Seven Hickory.	52
Cumberland	Crooked Creek, Union	10
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Wapella, Waynesville, Wilson.	34
Douglas	Bourbon, Bowdre, Garrett, Sargent.	15
Edgar	Brouilletts Creek, Edgar, Elbridge, Grandview, Hunter, Redmon, Stratton, Symmes.	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall.	22
Iroquois	Aresia, Ashkum, Chebanse, Concord, Cresecent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland.	22
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Forrest, Germansville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo.	19
McLean	Anchor, Bellflower, Blue Mound, Cropsey, Funks Grove, Gridley, Hudson, Lawndale, Martin, Money Creek, West, Yates.	69
Macon	Warrensburg, Oreana, Elwin, Niantic, Far NW Decatur	30
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe.	31
Piatt	Cerro Gordo, Deland, Sangamon, Unity.	5
Shelby	Flat Branch, Holland, Penn, Rural, Tower Hill.	27
Vermilion	N/A	0
Total		**466**

Older Adults with Limitations in Activities of Daily Living in Need of Home Delivered Meals

In 2012, the Illinois Department on Aging surveyed the 13 Area Agencies on Aging on the average number of persons served each day with home delivered meals. An average of 20,782 persons is served per day.

The Medicare Current Beneficiary Survey finds that five percent (5%) of the Medicare population has 3 to 4 limitations in activities of daily living (ADLs) and two percent (2%) has 5 to 6 limitations in ADLs.

The Department on Aging used this information to determine an estimated number of older adults with 3 to 4 and 5 to 6 limitations in activities of daily living in each county. The Department then subtracted the number of persons currently served by Older Americans Act Title III-C2 programs from these estimates to determine the potential unmet need for home delivered meals in each county.

The Department estimates that, at minimum, an additional 11,404 additional persons are in need of home delivered meals each day. It would take an estimated $15.8 million to serve these additional individuals.

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

County	Age 65+ Population	Estimated Persons with 3 to4 ADLs	Estimated Persons with 5 to 6 ADLs	Average OAA Title C-2 Persons Served per day	Average Private MOW Persons Served per day	Estimated Unmet Need For HDMs 3 to 4 ADLs	Estimated Unmet Need For HDMs 5 to 6 ADLs
Champaign	20,066	1,003	401	148	63	792	190
Clark	2,946	147	59	20	35	92	4
Coles	7,431	372	149	145	24	203	-20
Cumberland	1,838	92	37	37		55	0
DeWitt	2,768	138	55	39		99	16
Douglas	3,154	158	63	44		114	19
Edgar	3,469	173	69	24		149	45
Ford	2,633	132	53	11		121	42
Iroquois	5,627	281	113	6	37	238	70
Livingston	6,142	307	123	54	42	211	27
McLean	17,340	867	347	250		617	97
Macon	18,142	907	363	293		614	70
Moultrie	2,618	131	52	23		108	29
Piatt	2,713	136	54	35		101	19
Shelby	4,232	212	85	69		143	16
Vermilion	13,302	665	267	364		301	-97
PSA 05 Total	114,421	5,721	2,290	1,562	201	3,958	527

ECIAAA Plans for FY2014

- 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 the demand for meals, especially in un-served areas.

- ECIAAA will work with senior nutrition programs to increase efficiency of their operations, maintain food safety, improve meal quality, and increase consumer satisfaction.

Medication Management – For many older adults, the ability to remain independent in one's home depends on the ability to manage medications. Failure to adhere to prescribed medication therapy is a major cause of nursing home placement of frail older adults. In the U.S., approximately 3 million older adults are admitted to nursing homes due to drug-related problems at an estimated annual cost of over $14 billion.
Older adults are the largest users of prescription drugs, yet with advancing age they are more vulnerable to adverse reactions to the medications they are taking. About 30% of hospital admissions of older adults are drug related, with more than 11% attributed to medication non-adherence and 10-17% related to adverse drug reactions. Older adults discharged from the hospital on more than five drugs are more likely to visit the emergency department (ED) and be re-hospitalized during the first six months after discharge.

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

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

Healthy Aging in East Central Illinois: Progress in FY2013
ECIAAA promotes healthy aging with local and statewide partners including:

- ECIAAA has established local Senior Wellness Coalitions to build public awareness about healthy aging and improve access to evidence-based programs, health care and mental health services for older adults.

- ECIAAA collaborates with the Senior Resource Center at Family Service to coordinate the Champaign County Senior Wellness Coalition.

- ECIAAA collaborates with PATH to coordinate the McLean County Senior Wellness Coalition.

- ECIAAA collaborates with Starting Point – the ADRC for Macon County to coordinate the Macon County Coalition for Behavioral Health in Maturity.

- The Vermilion County Senior Wellness Coalition is coordinated by CRIS Senior Services and meets bi-monthly at the CRIS Senior Center.

- ECIAAA is an active member of the Illinois Coalition on Mental Health and Aging. The Coalition advocates for the integration of behavioral health care and primary health care and continuing education for professionals in the fields of mental health and aging.
- ECIAAA is an active member of the Champaign County Diabetes Coalition.

- ECIAAA collaborates with the Livingston County Health Department in facilitating Diabetes Self Management classes.

Evidence-Based Healthy Aging Programs in Area 05 – ECIAAA currently disseminates the following evidence-based healthy aging programs in partnership with community programs on aging in Area 05:

Take Charge of Your Health: Live Well, Be Well **-** The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together.

Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. Each participant in the workshop receives of a workbook and relaxation CD. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The program is supported with grants of federal AoA funds through the Illinois Department of Public Health.

From August 1, 2006 to July 2010, CDSMP Master Trainers trained 65 Class Leaders, facilitated 24 CDSMP classes, and enrolled 276 participants - 185 of whom completed 4 or more of 6 sessions. Participants report that the program has changed their lives and given them the confidence to manage chronic illness and disability.

ECIAAA contracted with four Family Caregivers Resource Centers in FY2011 and FY2012 to disseminate CDSMP. We reached 296 completers by March 30, 2012, exceeding our goal by 113%.

CDSMP Partners in Area 05	Classes Completed	Persons Enrolled	Persons completing 4 or more sessions	Completion Rate
Family Service	17	169	122	72.2%
CRIS Healthy-Aging Center	8	68	59	86.7%
Starting Point	5	68	52	76.4%
PATH	6	84	63	75.0%
Total Area 05	36	389	296	76.1%

CDSMP community partners and host sites in Area 05 have included:

- Family Service Senior Resource Center with Master Trainers for CDSMP in Area 05
- Starting Point – ADRC for Macon County with Master Trainers for CDSMP in Area 05
- Provena Center for Healthy Aging, Champaign-Urbana
- Windsor of Savoy, Champaign
- Victorian Woods, Decatur
- St. Mary's Hospital, Decatur
- SCSEP (Title V) program enrollees in Macon and Vermilion Counties
- Ford-Iroquois Public Health Department serving Ford and Iroquois Counties
- Decatur-Macon County Senior Center serving Decatur and Macon County
- Moultrie County Counseling Center serving Moultrie County
- PATH serving DeWitt, Livingston and McLean Counties
- DeWitt County Friendship Center, Clinton
- CRIS Healthy-Aging Center serving Vermilion County
- Public Libraries in Danville and rural communities in Vermilion County

CDSMP Refresher Training – Through a grant from Health Alliance Medicare, ECIAAA contracted with Family Service to conduct Refresher Training for 24 CDSMP Class Leaders in Area 05 on March 12, 2013.

Strong for Life is a strengthening exercise program designed by physical therapists for home use by older adults to improve strength, balance, and overall health. Therabands (elastic resistive bands) are used to provide force for strengthening muscles. This program targets specific muscles that are important in every day movements such as getting out of a chair and walking. Each exercise on the video is scalable in difficulty and the instructions on how to modify the exercises to suit different strength and functional levels are provided verbally by the instructor as well as shown visually by the elders in the video.

From August 1, 2006 to July 2010, Decatur Catholic Charities Faith in Action Coordinator trained 75 Strong For Life Coaches who led 406 older adults in this evidence-based strength-building exercise program. ECIAAA sponsored two Strong For Life Training Sessions in 2011 in Clinton and Danville.

Strong For Life community partners in Area 05 include:

- Faith in Action, Decatur Catholic Charities, Coordinator of the Strong for Life Program in Area 05
- Piatt County Faith in Action
- DeWitt County Friendship Center, Clinton
- DeWitt Human Resources Center, Clinton
- Chester P. Sutton Community Center for Edgar County
- Peace Meal Senior Nutrition Program Sites in Atwood, Clinton, Oakland, and Toledo
- CRIS Healthy-Aging Center, Danville

Diabetes Self Management Program **–** The Diabetes Self-Management workshop is given 2½ hours once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals.

People with type 2 diabetes attend the program in groups of 12-16. Workshops are facilitated from a highly detailed manual by two trained Leaders, one or both of whom are peer leaders with diabetes themselves.

Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians and other health professionals both at Stanford and in the community have reviewed all materials in the course.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The program does not conflict with existing programs or treatment. Treatment is not altered. For medical questions, participants are referred to their physicians. If the content of the course conflicts with instructions they receive elsewhere, they are advised to follow their physicians' orders and discuss discrepancies with the physician

Effective February 16, 2012, AoA required that OAA Title III-D funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. The Illinois Department on Aging notified ECIAAA that in FY2013 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

In FY2013, ECIAAA awarded a grant of $10,000 in OAA Title III-D funds to the Macon County Health Department to conduct two DSMP classes. The Health Department completed its first class in the fall of 2012. Eighteen persons registered and 14 persons completed the class (78% completion rate). The next DSMP class is scheduled for April 29 through June 10, 2013, on Monday afternoons from 1:30 to 4:00 p.m. To register, please contact Sally Williams at the Macon County Health Department, (217) 423-6550.

Integrating *PEARLS* into Gerontological Counseling Funded Under OAA Title III-D

The Senior Resource Center at Family Service has provided counseling for older adults in Champaign County for 36 years and PATH (Providing Access to Help) has provided counseling for older adults in McLean County for 28 years. Counseling services are made possible with the support of local funding sources and federal OAA Title III grant assistance from ECIAAA. In FY2012, Family Service projected 1,724 hours of counseling for 48 older adults, and PATH projected 431 hours of counseling for 57 older adults.

Effective February 16, 2012, AoA required that OAA Title III-D funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.
The Illinois Department on Aging notified ECIAAA that in FY2013 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

In FY2013, ECIAAA awarded OAA Title III-D grants of $21,367 to Family Service serving Champaign County, and $14,483 to PATH serving Livingston and McLean County to integrate the evidence-based intervention known as ***PEARLS*** into their gerontological counseling programs.

PEARLS is a community-based treatment program using methods of problem solving treatment, social and physical activation, and increased pleasant events to reduce depression in physically impaired and socially isolated people. *PEARLS* is an empowering, skill-building approach. *PEARLS* was developed and researched by the Health Promotion Research Center at the University of Washington,

PEARLS is based on three fundamental principles:

- What a participant is experiencing are symptoms and the symptoms are due to depression.
- There is a close link between depression and unsolved problems.
- Increasing participation in social, physical, and other pleasant activities will lead to a decrease in depressive symptoms.

By working with *PEARLS* participants to help them define and solve their problems, become more socially and physically active, and experience more pleasant activities, their symptoms of depression can be decreased. *PEARLS* provides a concrete, easy-to-learn and empowering approach to solving problems and reducing depression. Research and case studies, described later in this section, have demonstrated the impact that this program has had on the lives of the clients who have participated.

PEARLS partners in Area 05 include ECIAAA, Family Service, PATH, Clinical Consultant Cindy Kerber, Ph.D., Advance Practice Nurse in Psychiatry with Mennonite College of Nursing at Illinois State University, Medical Advisor Uday Deoskar, MD, and his staff at Deoskar Integrative Health.

ECIAAA hosted a two-day *PEARLS* training on August 27-28, 2012. The training was conducted by *PEARLS* Instructors Sheila Greuel, Counselor at Moultrie County Counseling Center, and Charlotte Kauffman, Service Systems Coordinator at the Illinois Department of Human Services, Division of Mental Health.

During the period of October 1, 2012 through March 31, 2013, Family Service reported serving 38 Counseling clients. Four Family Service clients were screened eligible and consented to participate in *PEARLS*. PATH reported serving 25 Counseling clients. Four PATH clients were screened eligible and consented to participate in *PEARLS*. To date, most *PEARLS* participants have reduced their depressive symptoms by setting goals and increasing their participation in physical, social, and pleasant activities. ECIAAA hosts bi-weekly conference calls to enable *PEARLS* Counselors to review cases with the Clinical Consultant, who advises them on issues, such as symptoms associated with multiple chronic health conditions and drug interactions.

Introducing *A Matter of Balance* in Area 05

Background - Falls and fall-related injuries impose an enormous burden on individuals, society, and to the nation's health care system. As the U.S. population ages, the negative impact of falls continues to increase. According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control fact sheet:

- More than one third of adults age 65 and older fall each year;
- Among older adults, falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma;
- Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.
- Of those who fall, 20 to 30 percent suffer moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death.
- By 2020, the estimated annual cost of fall related injuries for people age 65 and older is expected to reach $43.8 billion.

A national coalition has been established to address this growing problem. The Coalition is led by the National Council on Aging with the support of the Archstone Foundation and the Home Safety Council. The Coalition is spearheading an initiative entitled, ***Falls Free: Promoting A National Falls Prevention Action Plan.***

Why is ECIAAA addressing this problem?
ECIAAA is concerned about the physical, psychological, and social well-being of older adults who have experienced falls, lost self confidence, and virtually become self-imposed prisoners in their own homes. ECIAAA is committed to empowering older adults to maintain and improve their strength to continue to live at home for as long as possible in safety and dignity, and prevent avoidable hospitalizations and nursing home admissions. ECIAAA plans to disseminate the evidence-based program known as A Matter of Balance to build senior strength beginning in FY2014.

What is a Matter of Balance?
Many older adults experience a fear of falling. People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater. *A Matter of Balance: Managing Concerns About Falls* is a program designed to reduce the fear of falling and increase activity levels among older adults.

A Matter of Balance includes eight two-hour sessions for a small group led by a trained facilitator. This nationally recognized program was developed at the Roybal Center at Boston University.

During the class, participants learn to:

- View falls as controllable
- Set goals for increasing activity
- Make changes to reduce fall risk at home
- Exercise to increase strength and balance
- Who should attend A Matter of Balance?

The program was designed to benefit community-dwelling older adults who:

- Are concerned about falls
- Have sustained falls in the past
- Restrict activities because of concerns about falling
- Are interested in improving flexibility, balance and strength
- Are age 60 or older, ambulatory and able to problem solve

Plans for Funding Evidence-Based Healthy Aging Programs in FY2014

Chronic Disease Self Management Program (CDSMP) and ***Diabetes Self Management Program (DSMP)***

1. ECIAAA proposes to budget $20,000 in Older Americans Act Title III-B funds for grants to the following community-based organizations to conduct CDSMP or DSMP classes in FY2014:

    - Family Service serving Champaign County
    - PATH serving DeWitt, Livingston, and McLean Counties
    - Ford-Iroquois Public Health Department serving Ford and Iroquois Counties
    - Macon County Health Department serving Macon County
    - CRIS Healthy-Aging Center serving Vermilion County

    Goal: Conduct 10 CDSMP/DSMP classes; enrollment target: 200 persons; completion target: 140 (70%)

2. ECIAAA proposes to budget $5,000 in Older Americans Act Title III-B funds for a grant to an organization willing and able to conduct a four-day Diabetes Self Management Program (DSMP) Class Leader Training in Area 05, with special emphasis on reaching Limited English Speaking older adults.
   Goal: 20 Class Leaders trained.

3. ECIAAA proposes to budget $5,000 in Older Americans Act Title III-B funds for a grant to Family Service to monitor 20 new CDSMP/ DSMP class leaders to assure fidelity with program standards and provide technical assistance.

4. ECIAAA proposes to budget $9,458 in Older Americans Act Title III-D funds for a grant to the Macon County Health Department for Diabetes Self Management Program classes in Macon County.
   Goal: 2 DSMP classes; enrollment target: 40; completion rate 28 (70%).

PEARLS

ECIAAA proposes to budget $33,927 in Older Americans Act Title III-D funds for grant assistance to Family Service serving Champaign County, and PATH serving Livingston and McLean Counties, to integrate the PEARLS in the provision of gerontological counseling to empower older adults with depression to reduce their depressive symptoms.
Goal: Enroll 40 older adults in PEARLS in FY2014.

A Matter of Balance

ECIAAA proposes to budget $10,000 in Older Americans Act Title III-B funds for grant assistance to an organization willing and able to coordinate the dissemination of the evidence-based program known as A Matter of Balance to empower older adults to prevent and manage falls.

Goals in FY2014:

1. Train at least one Master Trainer for A Matter of Balance
2. Conduct at least one Coach Training Session in Macon County for 6 to 10 coaches.
3. Conduct at least one Coach Training Session in McLean County for 6 to 10 coaches.
4. Conduct one series of 8 Matter of Balance classes to reach 20 older adults in Macon County.
5. Conduct one series of 8 Matter of Balance classes to reach 20 older adults in McLean County.
6. Completion Target: 80% of older adults enrolled in Matter of Balance will complete 5 of 8 sessions.

Sustainability Plan – ECIAAA will collaborate with all healthy-aging program partners to develop plans to integrate evidence-based interventions in the delivery of aging services and sustain and/or expand the dissemination of evidence-based healthy aging programs to reach more older adults, especially older adults in greatest social and economic need, with special emphasis on older adults with multiple chronic health conditions and disabilities, older adults who are limited English speaking, and older adults in rural areas.

Proposed Elder Rights Plan for FY2014

ECIAAA administers a network of six Elder Abuse Provider Agencies which receive and investigate reports of alleged elder abuse, neglect, self-neglect, and exploitation (ANE), and arrange emergency services to assist victims. In State FY 2012 (July 1, 2011 through June 30, 2012) Elder Abuse Provider agencies in Area 05 responded to 1101 ANE reports. In FY 2013, as of January 31, 2013, Elder Abuse Provider agencies have responded to 626 ANE reports (1,073 projected ANE reports through June 30, 2013).

Effective May 1, 2011, the Illinois Department on Aging implemented "after hours emergency response" statewide as required by Section 3 of the Elder Abuse and Neglect act (320 ILCS 20/3), as amended by Public Act 95-0076. Pursuant to this Act, each designated elder abuse provider agency in PSA 05 will receive and respond to reports of alleged or suspected abuse or neglect in which an eligible adult is placed at risk for injury or death, at any time such a report is received, including after normal business hours and on weekends and holidays.

In FY2014, ECIAAA will serve as the Regional Administering Agency for the Elder Abuse and Neglect and Adult Protective Services Program in Area 05 and conduct the following activities:

- Administer contracts with designated Elder Abuse Provider agencies;
- Convene quarterly meetings and an annual retreat for Elder Abuse 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 Elder Abuse and Neglect Program in PSA 05 once IDOA is approved to begin;
- Review and comment on proposed administrative rules, polices, protocols and procedures;
- Promote public awareness about Elder Abuse, Neglect, Self Neglect, and Exploitation;
- Promote the development of community-based services to assist victims of elder abuse, neglect, self-neglect and exploitation; and,
- Advocate for appropriations of federal and state funds necessary to operate elder justice programs and provide assistance to older adults who are victims of elder abuse, neglect, self-neglect and exploitation
- 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.

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Long Term Care Ombudsman Program

ECIAAA sponsors the Long Term Care Ombudsman Program in Area 05, serving over 10,000 residents in 129 licensed health facilities, 18 assisted living facilities, and 17 supportive living facilities. The Ombudsmen visit residents regularly, inform them of their rights, and empower them to advocate on their own behalf. In FY 2012, three professional Ombudsmen completed 702 visits, responded to 1360 inquiries, and investigated 345 cases involving 563 complaints. In FY2012, an increase in state funds for the Ombudsman Program enabled the ECIAAA Long Term Care Ombudsman program to hire additional staff that enables us to meet the Institute of Medicine's recommended staffing ratio of one Ombudsman per 2,000 residents. In FY2013 and FY2014, the program will:

- Maintain a staff of five professional Ombudsmen.
- Visit residents of licensed and certified facilities regularly, respond to inquiries and investigate complaints on behalf of the residents.
- Track and monitor Identified Offenders in PSA05 located in long term care facilities.
- Educate and empower residents and families to improve the quality of life in long term care facilities.
- Meet or exceed statewide mandated benchmarks in the areas of: Regular Presence, Individual Consultations, Resident Council Meeting Attendance, Community Education sessions, Facility In-Services, and Money Follows the Person activities.

Senior Employment Program

Effective March 31, 2012, ECIAAA ended its sponsorship of the Senior Community Service Employment Program (SCSEP) authorized under Title V of the Older Americans Act and funded with grants from the U.S. Department of Labor. ECIAAA has transferred 28 enrollees from our auspices to Experience Works.

ECIAAA continues to sponsor the Senior Employment Specialist Program with a grant of Illinois GRF from the Illinois Department on Aging. In FY2014 ECIAAA will maintain working relationships with all Illinois workNet centers and Workforce Investment Boards serving the 16 counties in Area 05 in accordance with established memoranda of understanding. The ECIAAA Operations Specialist will maintain information about employment and training opportunities in the Enhanced Services Program (ESP) on-line resource data base. Our Operations Specialist will respond to inquiries received from older adults seeking employment and training opportunities, conduct intake and preliminary screening, and make appropriate referrals to Experience Works and Illinois workNet Centers serving Area 05.

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. Update the disaster plan to address how ECIAAA and service providers will address the functional needs of older adults.
2. Review and revise coordination agreements with Emergency Services Disaster Agencies, voluntary relief organizations, and community-based organizations. Disaster plans must address the continuity of operations.
3. 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.
4. In the activation of the disaster plan in Area 05, explain how advocacy, outreach, and follow-up services will be conducted, and how ECIAAA will monitor service providers' delivery of disaster related services.
5. 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: 2011

- The older population (65+) numbered 40.4 million in 2010, an increase of 5.4 million or 15.3% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 31% during this decade.
- Over one in every eight, or 13.1%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 18.8 years (20.0 years for females and 17.3 years for males).
- Older women outnumber older men at 23.0 million older women to 17.5 million older men.
- In 2010, 20.0% of persons 65+ were minorities--8.4% were African-Americans.** Persons of Hispanic origin (who may be of any race) represented 6.9% of the older population. About 3.5% were Asian or Pacific Islander,** and less than 1% were American Indian or Native Alaskan.** In addition, 0.8% of persons 65+ identified themselves as being of two or more races.
- Older men were much more likely to be married than older women--72% of men vs. 42% of women (Figure 2). 40% older women in 2010 were widows.
- About 29% (11.3 million) of non-institutionalized older persons live alone (8.1 million women, 3.2 million men).
- Almost half of older women (47%) age 75+ live alone.
- About 485,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35 million in 2000 to 40 million in 2010 (a 15% increase) and is projected to increase to 55 million in 2020 (a 36% increase for that decade).
- The 85+ population is projected to increase from 5.5 million in 2010 and then to 6.6 million in 2020 (19%) for that decade.
- Minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.1 million in 2010 (20% of the elderly) and are projected to increase to 13.1 million in 2020 (24% of the elderly).
- The median income of older persons in 2010 was $25,704 for males and $15,072 for females. Median money income (after adjusting for inflation) of all households headed by older people fell 1.5% (not statistically significant) from 2009 to 2010. Households containing families headed by persons 65+ reported a median income in 2010 of $45,763.
- The major sources of income as reported by older persons in 2009 were Social Security (reported by 87% of older persons), income from assets (reported by 53%), private pensions (reported by 28%), government employee pensions (reported by 14%), and earnings (reported by 26%).
- Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2009 (22% of married couples and 43% of non-married beneficiaries).

- Almost 3.5 million elderly persons (9.0%) were below the poverty level in 2010. This poverty rate is not statistically different from the poverty rate in 2009 (8.9%). 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. The SPM shows a poverty level for older persons of 15.9%, an increase of over 75% over the official rate of 9.0% mainly due to medical out-of-pocket expenses.
- About 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999.

Source: Administration on Aging website: www.aoa.gov.

A Profile of Older Adults in Illinois

Source: Illinois Department on Aging Memorandum on the Review of the Intrastate Funding Formula (January 24, 2012)

Current Intrastate Funding Formula Factors	# in Population	% of 60+ Population	Source
60+ Population	2,274,642		2010 Census
60+ Greatest Economic Need	180,560	7.9%	Aging Special Tabulation from the 2005-2009 American Community Survey
60+ Minority	487,022	21.4%	AoA Spreadsheet from the 2010 Census
75+ Population	759,678	33.4%	2010 Census
Living Alone	559,555	24.6%	Aging Special Tabulation from the 2005-2009 American Community Survey
Rural	384,472	16.9%	2010 Census
Factor not included in IFF			
Limited English Speaking	111,985	4.9%	Aging Special Tabulation from the 2005-2009 American Community Survey

A Profile of Older Adults in Planning and Service Area 05

Changes in the Population Aged 60+ By County in Area 05 from the 2000 Census to the 2010 Census

County	2000 Census Population 60+	2010 Census Population 60+	Population Change 2000 to 2010 (persons)	Population Change 2000 to 2010 (percentage)
Champaign	22,861	28, 534	5,673	24.82
Clark	3,823	3,886	63	1.65
Coles	9,037	10,055	1,018	11.27
Cumberland	2,265	2,521	256	11.31
DeWitt	3,462	3,728	266	7.69
Douglas	4,121	4,265	144	3.50
Edgar	4,413	4,691	278	6.30
Ford	3,379	3,429	50	1.48
Iroquois	7,158	7,534	376	5.26
Livingston	7,643	8,294	631	8.26
McLean	19,048	24,977	5,929	31.13
Macon	22,418	24,976	2,558	11.41
Moultrie	3,163	3,500	337	10.66
Piatt	3,325	3,772	447	13.45
Shelby	5,186	5,683	497	9.59
Vermilion	17,292	18,315	1,023	5.92
TOTAL	138,594	158,160	19,566	14.12

Demographic Characteristics of Older Persons by County in Area 05
Source: 2010 Census and Aging Special Tabulation

County	60+ Population	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural
Champaign	28,534	1,845	3,464	9,786	7,155	0
Clark	3,886	290	33	1,404	1,215	3,886
Coles	10,055	475	253	3,724	2,255	10,055
Cumberland	2,521	245	34	887	685	2,521
DeWitt	3,728	245	47	1,256	1,065	3,728
Douglas	4,265	254	100	1,577	1,025	4,265
Edgar	4,691	375	59	1,664	1,455	4,691
Ford	3,429	210	40	1,439	965	0
Iroquois	7,534	424	178	2,761	1,250	7,534
Livingston	8,294	528	203	3,058	2,065	8,294
McLean	24,977	1,105	1,467	8,325	5,985	0
Macon	24,976	1,410	2,675	9,063	6,285	0
Moultrie	3,500	190	25	1,356	655	3,500
Piatt	3,772	90	35	1,235	770	0
Shelby	5,683	440	63	2,045	1,315	5,683
Vermilion	18,315	1,565	1,487	6,350	5,485	0
Area 05 Total	158,160	9,691	10,163	55,930	39,630	54,157

Population 60+ as a percentage of the Total Population
by County in Area 05
Source: U.S. Census Bureau, 2010 Census

County	Total Population	60+ Population	60+ Pop. As % of Total Population
Champaign	201,081	28,534	14.19
Clark	16,335	3,886	23.79
Coles	53,873	10,055	18.67
Cumberland	11,049	2,521	15.23
DeWitt	16,561	3,728	22.51
Douglas	19,980	4,265	21.35
Edgar	18,576	4,691	25.26
Ford	14,081	3,429	24.36
Iroquois	29,718	7,534	25.36
Livingston	38,950	8,294	21.30
McLean	169,572	24,977	14.73
Macon	110,768	24,976	22.55
Moultrie	14,846	3,500	23.58
Piatt	16,729	3,772	22.55
Shelby	22,363	5,683	25.42
Vermilion	81,625	18,315	22.40
Total Area 05	836,106	158,160	18.92

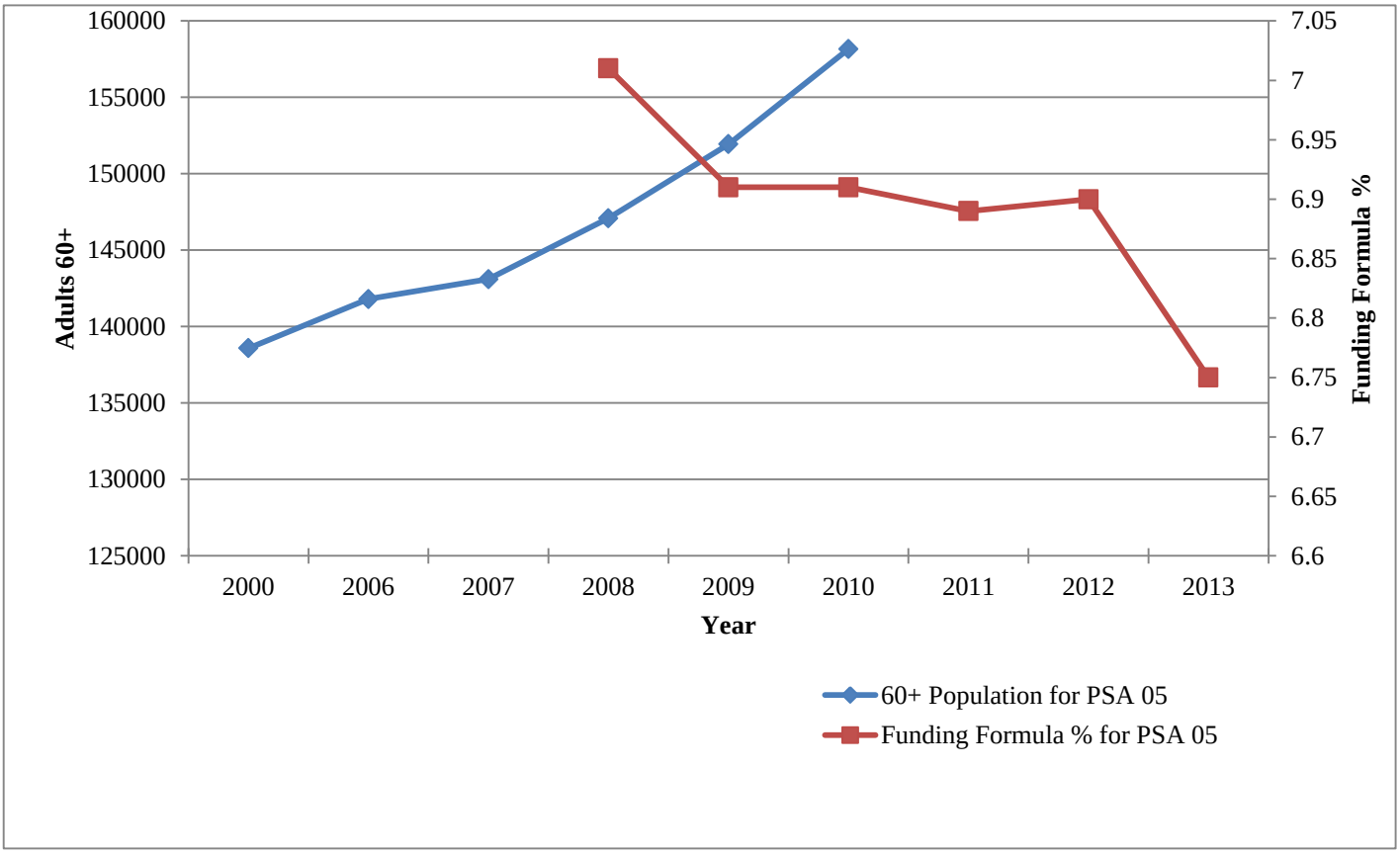
Grandparents (GPs) 30-59 and 60+ Responsible for Grandchildren (GCs) <18
Source: 2006-2010 American Community Survey 5-Year Estimates (File S-1002)

County	Total GPs living with GCs <18	Total GPs Responsible for GCs < 18	GPs 30-59 Responsible for GCs <18	GPs 60+ Responsible for GCs <18
Champaign	2,322	1,198	909	289
Clark	239	163	108	55
Coles	805	370	225	145
Cumberland	69	27	21	6
DeWitt	224	91	48	43
Douglas	272	169	160	9
Edgar	437	283	208	75
Ford	220	102	82	20
Iroquois	465	246	127	119
Livingston	443	289	216	73
McLean	1,722	683	506	127
Macon	2,275	1,345	887	458
Moultrie	214	131	99	32
Piatt	192	93	43	50
Shelby	133	64	53	11
Vermilion	1,735	823	555	268
Total	11,767	6,077	4,247	1,780

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 2013

PSA	60+ Pop.	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight	Change in IFF Weight
01	6.02	4.43	2.12	6.10	5.71	14.54	5.98	-0.01
02	22.89	13.36	15.95	20.42	18.21	0.00	17.22	+1.04
03	4.82	4.06	1.23	5.24	5.19	15.80	5.32	+0.01
04	3.85	2.83	1.09	4.08	3.97	2.33	3.21	-0.05
05	6.95	5.37	2.09	7.36	7.08	14.09	6.75	-0.15
06	1.29	1.31	0.13	1.45	1.42	7.26	1.74	-0.08
07	4.35	3.79	0.84	4.58	4.74	10.58	4.47	-0.13
08	5.66	5.22	3.32	5.98	6.02	2.75	5.11	-0.10
09	1.47	1.83	0.21	1.55	1.68	8.68	2.10	-0.05
10	1.30	1.31	0.09	1.46	1.43	7.68	1.78	-0.06
11	2.84	3.83	0.70	2.84	3.25	16.29	4.11	-0.14
12	17.42	38.02	49.08	16.70	21.14	0.00	24.39	-0.99
13	21.14	14.64	23.15	22.24	20.16	0.00	17.82	+0.71
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	0.00

Table 1 - Despite a 14% increase in the 60+ population from 2000 to 2010, the Funding Formula Percentage for Area 05 declined to 6.75% in FY2013 due to demographic growth factors in northeastern Illinois.



Intrastate Funding Formula

The Illinois Department on Aging is required under the Older Americans Act to develop an Intrastate Funding Formula (IFF). The Department reviews the formula every four years in consultation with the Area Agencies on Aging. The current IFF was fully implemented in FY1995. The current IFF is part of the State Plan on Aging in Illinois for FY2011. The current IFF has been court tested and found to be a rational methodology for distributing Older Americans Act funds to the 13 planning and service areas based on Congressional intent to target funds to older adults in greatest social and economic need. The Department has notified Area Agencies on Aging that it will not propose changes to the IFF and will submit the current IFF to the Administration on Aging in July of 2012 as a part of the FY 2013-2015 State Plan on Aging for Illinois. The IFF share for Area 05 declined from 6.91% in FY2010 to 6.89% in FY2011 due to the inclusion of the most recent population estimates from the U.S. Census Bureau. The IFF share for Area 05 declined to 6.75% in FY2013 due to inclusion of demographic data from the 2010 Census and the AoA Special Tabulation of the Population 60+.

ECIAAA Funding Formula for FY2011-2014

Approved by ECIAAA Corporate Board on March 17, 2010

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 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 *POP-60* + .10 *MIN-60* + .075 *LA-60* + .075 *POP75* + .25 *POV-60* + .095 *RUR-60* + .075 *SSI/OASDI*) X (T)
Where:

A) A= Funding allocation from a specific source of funds to a particular county

B) POP-60 = Percentage of state's population within the particular county age 60 and older.

C) MIN-60 = Percentage of the state's population within the particular county age 60 and older and a member of a minority group.

D) LA-60 = Percentage of the state's population within the particular county age 60 and older and living alone.

E) POP-75 = Percentage of state's population within the particular county age 75 and older.

F) POV-60 = Percentage of state's population within the particular county age 60 at or below the poverty threshold.

G) RUR-60 = Percentage of state's population within the particular county age 60 and older not residing in a MSA.

H) SSI+OASDI With Two or More Disabilities = The percentage based on the total number of SSI recipients also receiving OASDI residing in a particular county, plus percentage of individuals with two or more self-reported disabilities.

I) T = The total amount of funds appropriated from a specific source of funds.

G. Base Level of Funding

Whereas, the funding formula allocates funding based on a concentration of the population base, the counties identified as rural will receive a significant decrease based on the formula share.

Senior Information Services/Coordinated Point of Entry
ECIAAA will implement Coordinated Point of Entry standards in PSA 05 along with the new Funding Formula. Therefore, in an effort to minimize the adverse effect of formula share allocations to the smaller counties, the East Central Illinois Area Agency on Aging conducted a time and cost study of FY2010 Senior Information Service Providers.

The study requested information pertaining to actual direct service staff salaries, support staff salaries, supervisor salaries, fringe benefit percentages, and other overhead costs required to operate the program. On average, the amount of $29,956 is required to support 1 FTE direct service SIS staff person per county.

ECIAAA adopted $30,000 to serve as a **BASE Level of Funding**, equally per county. Beginning in FY 2011, the SIS allocation amount above the $480,000 reserved for the Base Level of Funding per county will be distributed on the formula share per county.

Legal Services
FY 2010 county allocations will serve as the Base Levels of Funding per county in FY2012-FY2014, 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 FY2012-2014 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 FY2012-2014, if sufficient funds are available. New and/or increased funding for these services will be distributed on the formula share per county.

Title III-D Services – Medication Management and Gerontological Counseling
Due to OAA funding percentage requirements, Title III-D services are not subject to the funding formula.

Plan for FY2014
The Illinois Department on Aging may incorporate the latest Census data in the Intrastate Funding Formula for FY2014, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2007-2011, if the data are available prior to August 1, 2013.

ECIAAA will retain its current funding formula for Area 05 for FY2014, and intends to update its funding formula with 5-year Census estimates for the next three-year Area Plan for Fiscal Years 2015-2017.

ECIAAA proposes to increase the Base Level of Funding per county for Coordinated Points of Entry/Senior Information Services to $35,000 in FY2014; and the SIS allocation amount above $560,000 reserved for the Base Level of Funding per county will be distributed on the formula share per county. ECIAAA has determined that this increase is necessary to enable Coordinated Points of Entry to build core competencies, such as options counseling, for the development of an Aging & Disabilities Resource Center Network.

ECIAAA Planning Issues and Budget Assumptions for FY2014

1. Federal appropriations for OAA programs are expected to decline due to caps on federal spending for Non-Defense Discretionary Programs from FY2014 through FY2021 imposed by the Budget Control Act.

2. The American Taxpayer Relief Act (ATRA) extends Section 119 of the Medicare Improvements for Patients and Providers Act (MIPPA) through FY2013 and appropriates the following amounts for low-income Medicare beneficiary outreach and assistance programs: SHIPs, $7.5 million; AAAs, $7.5 million; ADRCs, $5 million; and the Contract with the National Center for Benefits and Outreach Enrollment, $5 million. These funds are subject to sequestration in FY2013 and have not been extended for FY2014.

3. The state of Illinois has over $97 billion in unfunded pension obligations. The state must make a pension payment this year of approximately $1 billion. Failure to address this issue will erode state revenues available for human services and other budget priorities.

4. The Governor's Office of Management and Budget (GOMB) and the Commission on Government and Fiscal Accountability (COGFA) have calculated revenue estimates for FY2014. The Illinois House has adopted COGFA's revenue estimates which are approximately $500 million below the Governor's projected spending level.

5. Current spending authority for the Illinois Department on Aging's Community Care Program is $173 million short of funds needed to meet projected expenditures through June 30, 2013. In addition to current obligations, the Governor's proposed budget for the Community Care Program for FY2014 includes $142 million to pay CCP bills from prior years. A supplemental appropriation of $314 million for the Community Care Program in FY2013 is needed to meet projected expenditures for FY2013, pay bills from prior years, and reduce state funds requested for FY2014.

6. The Governor's Budget proposes an additional $2 million GRF for Planning and Service Grants for Area Agencies on Aging to expand access to federal public benefit programs and provide Aging and Disability Resource Center (ADRC) options counseling.

7. The Governor's Budget proposes an additional $1.6 million GRF for Home Delivered Meals to maintain current meal levels, keep pace with rising food and delivery costs, and respond to increased demand for meals and cuts in federal funding due to sequestration.

8. The Governor's Budget proposes $1.6 million in Tobacco Settlement Recovery Funds (TSRF) for the Senior Health Assistance Program. Illinois is one of 19 states authorized to receive Tobacco Settlement Recovery Funds for 25 years. Illinois expects to receive an allocation of TSR funds through 2027.

9. The Senior Health Insurance Program will be administered by the Department on Aging as of April 1, 2013 pursuant to an Executive Order. The Governor's proposed budget projects $3 million in spending authority for SHIP in FY2014, which is $500,000 below the FY2013 level. Federal funding for SHIP is subject to sequestration. The total cost of administering and operating SHIP has not been determined. The Department on Aging plans to amend the grant between federal CMS and Illinois. The Department on Aging does not know the amount of distributive funds available for local SHIP sites in FY2014. Area Agencies on Aging will have a role in administering grants with local SHIP sites.

10. The Governor's Budget requests $9.9 million for the Elder Abuse and Neglect and Adult Protective Services Program, of which $14 million is needed to fully fund the Elder Abuse and Neglect Program, $5.8 million is needed to implement Adult Protective Services, and $600,000 is needed for IT upgrades for the states' reporting system.

11. The Governor's Budget requests an additional $1 million in spending authority from the Long Term Care Ombudsman Fund (bed tax revenues) for the operation of the Long Term Care Ombudsman Program in FY2014. The scope of the LTCOP may be widened to include older adults and persons with disabilities enrolled in managed care demonstration and persons covered by consent decrees.

12. Continued delays in state payments may have an adverse impact on ECIAAA and providers of community-based services and home delivered meals, and Elder Abuse Provider Agencies.

13. The Department of Healthcare and Family Services will submit Illinois' proposal to federal CMS for the Balancing Incentive Program (BIP). To quality for enhanced federal match for the State's Medicaid Program, the BIP requires states to implement three structural changes: (1) No Wrong Door/Single Entry Point System, (2) conflict-free case management, and (3) the development of a core standardized assessment instruments.

    Additionally states are required to make progress toward increasing their Medicaid expenditures on home and community-based long term services and supports (LTSS) no later than September 15, 2015. BIP states must agree to use enhanced Federal Medicaid Assistance Percentage (FMAP) to provide new or expanded home and community-based LTSS. Area Agencies on Aging will participate in the State's 6-month planning process for the Balancing Incentive Program.

14. 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.

15. ECIAAA must comply with a federal AoA requirement that in FY2013 all Title III-D funds can only be used to fund evidence-based services that comply with AoA's Highest Level Criteria.

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

17. An AAA will apply for Title III-B funds for the cost of administratively-related direct services including: advocacy, program development and coordination. ECIAAA's Administratively Related Direct Services budget of $390,357 is approximately $59,260 less than the amount allowed by Illinois Department on Aging policy.

18. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-B and III-C (proposed for FY2014: 8.76%). ECIAAA must stay within the 15% transferability of the AAA's allotment for III-C1 and C2 (proposed for FY2014: 14.39%). If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.

19. ECIAAA must comply with IDOA policies for budgeting a minimum percentage of its total federal OAA Title III-B allocation and carryover funds for the following services:

OAA Title III-B Service Category	Minimum Percentage Set by IDoA	ECIAAA Budget For FY2014	ECIAAA Percentage For FY2014
Access	33.1%	$426,283	40%
In-Home	0.04%	$450	0.04%
Legal	3.2%	$61,139	5.78%

    If an AAA's budget deviates from these minimum percentages, the AAA must submit a waiver request to IDOA to provide a rationale to justify the deviation.

20. The Department on Aging selected ECIAAA to serve as the interim Care Coordination Unit for Vermilion County from July 1, 2010 through June 30, 2014. ECIAAA administers a CCU Coordination grant from the Department on Aging to coordinate CCU services in collaboration with CRIS Healthy-Aging Center. ECIAAA intends to renew the CCU Coordination Grant with IDoA for FY2014.

Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers In FY2014

1. The implementation of Coordinated Points of Entry/Senior Information Services will be ECIAAA's top service funding priority for Fiscal Years 2012, 2013 and 2014. In FY2014, ECIAAA plans to budget $871,665 for CPOE/SIS under the Information & Assistance line item, through a combination of federal OAA funds, Illinois GRF, and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). The budget for CPoE/SIS in FY2014 is $77,766 above the level obligated in FY2013.

2. ECIAAA does not intend to budget OAA Title III-B funds for transportation in FY2014. ECIAAA had awarded $131,721 in OAA Title III-B funds for transportation in FY2013. Due to sequestration, ECIAAA decided to suspend funding for transportation in FY2013, effective March 1, 2013. ECIAAA intends to redirect available OAA Title III-B funds to CPoE/SIS to develop their core competencies and for the dissemination of evidence-based healthy aging programs to empower and strengthen seniors.

3. ECIAAA proposes to budget $40,000 in federal OAA Title III-B funds for Health Promotion Programs including the Chronic Disease Self Management Program, Diabetes Self Management Program, and A Matter of Balance. These are new budget line items for FY2014 to support the Area Agency on Aging's commitment to disseminate evidence-based healthy aging programs.

4. ECIAAA proposes to budget $61,139 in federal OAA Title III-B funds for legal assistance for seniors. The amount budgeted for FY2014 is the same as the amount obligated in FY2013.

5. 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. The amount budgeted for respite services in FY2014 is the same as the amount obligated in FY2013.

6. ECIAAA proposes to budget $ $697,137 in federal OAA Title III-C 1 funds for congregate nutrition. The amount budgeted for FY2014 is $19,202 below the amount obligated in FY2013 due to a transfer of funds from congregate meals to home delivered meals.

7. ECIAAA proposes to budget $1,171,096 for home delivered meals through combination of $445,592 in federal OAA Title III-C-2 funds and $725,504 in Illinois GRF. The amount budgeted for home delivered meals for FY2014 is the same as the amount obligated in FY2013.

8. ECIAAA proposes to budget $158,276 in federal OAA Title III-C-2 funds for individual needs assessments for home delivered meals. This the same as the amount obligated in FY2013.

9. ECIAAA proposes to budget $33,927 in federal OAA Title III-D funds for gerontological counseling in Champaign, Livingston, and McLean Counties. This is $1,923 below the amount obligated in FY2013 due to sequestration.

10. ECIAAA proposes to budget $9,458 in federal OAA Title III-D funds for the Diabetes Self Management Program in Macon County. This is $542 below the amount obligated in FY2013 due to sequestration.

11. ECIAAA proposes to budget $282,873 in federal OAA Title III-E funds for Caregiver Advisory Services in FY2014. This is the same as the total amount budgeted for FY2013.

12. Due to sequestration, ECIAAA will not budget funds for OAA Title III-E funds for legal assistance and Gap Filling Services for caregivers and grandparents raising grandchildren in FY2014.

13. ECIAAA proposes to budget $28,221 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren. This is $3,522 over the FY2013 level.

Contingency Planning

The Department on Aging requires the Area Agency on Aging to address how ECIAAA proposes to administer any increases or decreases in funding by specific resource, including federal Older Americans Act Titles III-B (supportive services and senior centers), Title III-C-1 (congregate nutrition), Title III-C-2 (home delivered meals), Title III-D (health promotion and disease prevention), Title III-E (Caregiver Support Program), Title VII (Elder Abuse Program and Long Term Care Ombudsman Program), and Illinois General Revenue Funds for Home Delivered Meals, Community-Based Services, AAA Administration and/or AAA Direct Services, and other revenue sources.

In case of any contingency involving an increase or a decrease in federal and/or state funds, ECIAAA would comply with the intent of Congress and the Illinois General Assembly, or administrative directives from the Administration for Community Living/Administration on Aging and the Illinois Department on Aging.

ECIAAA expects a decline in its allocation of federal OAA funds appropriated by Congress for FY2014. Funding allocations for FY2014 are contingent on the enactment of final appropriations for FY2014.

The Governor's proposed budget for FY2014 would increase state funds to AAAs for Planning and Services by $2 million, Home Delivered Meals by $1.6 million and the LTC Ombudsman Program by $1 million.

The budget for the State of Illinois continues to have a structural deficit. ECIAAA expects delays in receiving payments of state funds in FY2014 for Community-Based Services, Home Delivered Meals, the Ombudsman Program, the Senior Employment Specialist Program, Long Term Care Systems Development, Senior Health Assistance Program, Planning and Service Grants, and AAA Administration.

The inclusion of data from the 5-year American Community Survey/Special Tabulation 60+ in the Intrastate Funding Formula (IFF) is expected to reduce the IFF percentage for Area 05 below 6.75% for FY2014.

ECIAAA does not anticipate MIPPA funds to AAAs and ADRCs in FY2014 for outreach and assistance for Medicare beneficiaries applying for Medicare Part D, LIS, and Medicaid Savings Programs.

Given these contingencies in the availability of federal and state funds in FY 2014, ECIAAA proposes the following contingency plan:

1. 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.
2. Coordinated Points of Entry/Senior Information Services will be given the highest priority for sustained or increased funding under the Area Plan.
3. Adjust inter-fund transfers to sustain Coordinated Points of Entry/Senior Information Services and/or Home Delivered Meals, if necessary and feasible.
4. 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.
5. ECIAAA will use additional state funds for the LTC Ombudsman Program to comply with statutory requirements and program standards.
6. 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 2014

For Fiscal Year 2014, beginning October 1, 2013 and ending September 30, 2014, the East Central Illinois Area Agency on Aging proposes to administer an estimated $8,681,354 in federal, state and local funds.

The following budget assumptions have been made that support projections of resources in the following chart:

→Federal resources are based on Fiscal Year 2013 Estimates of Sequester Impact released by IDoA in March 2013;
→Categories of local funds, in-kind and program income are based on Fiscal Year 2012 reported information, along with projected increases within home delivered meals and community based services where state allocations were increased.

Description of Services	Federal Funds	State Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
Caregiver [1]	$357,861			$175,000	$ 5,000	$537,861
Community Based [1] [2] [3]	1,057,141	$464,111		710,000	35,000	2,266,252
Congregate Meals	798,340		$70,096	300,000	415,000	1,583,436
Home Delivered Meals	658,796	725,504	298,514	725,000	575,000	2,982,814
Prevention of Elder Abuse, Neglect & Exploitation	22,962	951,120		4,000	500	978,582
Long Term Care Ombudsman	111,323	188,115				299,438
Employment Specialist		14,751				14,751
Community Care Long Term Care Systems Development		18,220				18,220
	$3,006,423	**$2,361,821**	**$368,610**	**$1,914,000**	**$1,030,500**	**$8,681,354**

Footnotes: 1) Federal funds include projected carry-over funds in care giver and community-based services of $1,000, and $7,500 respectively;
2) Senior Health Assistance Program funds in the amount of $112,288 are included under State Funds; and
3) Title III-D funds in the amount of $43,385 are included under Federal Funds for gerontological counseling and DSMP.

FEDERAL CARRY-OVER FUNDS

Federal carry-over funds are projected in the amount of $8,500. For budgeting purposes, estimated carry-over funds from Fiscal Year 2013 are budgeted in the Budget Summary for Fiscal Year 2014 within Title III-B Community Based and Title III-E Caregiver Services.

Actual carry-over funds will be determined after the close of the fiscal year when financial records are audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2014 year end.

Title III-B	Title III-B Ombudsman	Title IIIC(1)	Title IIIC(2)	Title III-D	Title III-E	Title VII Ombudsman	Title VII Elder Abuse	Total
$7,500	0	0	0	0	$1,000	0	0	$8,500

INTER-FUND TRANSFERS

In FY 2014, ECIAAA is proposing changes to inter-fund transfers to align with its contingency plan related to proposed decreases in federal and/or state funding. The transfer from Title III-C to Title III-B is 8.76%, a decrease from the current year. The transfer from Title III-C(1) to Title III-C(2) is 14.39%, an increase from the current year. Both transfers are within the 15% transfer authority allowed by the Illinois Department Aging.

Title III-B	Title III-B Ombudsman	Title III-C (1)	Title III-C(2)	Total
$140,858	$9,800	($310,159)	$159,501	0

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

The amount of NSIP funding allocated to each area agency on aging is based on each agency's percentage share of actual meals provided in FY 2012. In Fiscal Year 2014, the East Central Illinois Area Agency on Aging's projected share is 5.61% or $368,610 of the total funds available to Illinois. NSIP funding supports both congregate and home delivered meal costs, estimated at $70,096 and $298,514, respectively.

ELDER ABUSE AND NEGLECT PROGRAM

ECIAAA proposes to extend contracts in Illinois General Revenue Funds through FY 2014. The amount of $915,273 in contracts will be extended to the existing providers for intake assessment, casework, follow-up, early intervention, money management service activities and 24/7 coverage, contingent upon compliance of applicable rules, regulations and requirements.

In addition, contracts under Title VII of the Older Americans Act in the amount of $20,307 will be awarded to the same successful applicants to support service activities of public information and education, training and multi-disciplinary teams.

SERVICES/PROGRAM	Title VII	General Revenue Funds	Local Cash	In-Kind	Program Income	Total
Prevention of Elder Abuse & Neglect Program	$20,307	$915,273	$3,000	$1000	$500	$940,080

INTERNAL OPERATIONS OF THE AREA AGENCY ON AGING

For Fiscal Year 2014, the operational budget for the organization is budgeted at $1,183,313 in Older Americans Act Funds, Illinois General Revenue Funds and other funds to meet statutory responsibilities and program assurances of grants and contracts with the Illinois Department on Aging, including the direct service of Long Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, rent and other. Budgets by category and line item are set by the Area Agency on Aging's Board of Directors. A detail of grant/contract related activities is listed following this page.

Funding Source/Program Description	Fiscal Year 2014
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	$287,344
Title III-B and Title VII – Ombudsman	10,152
Title VII - Elder Abuse	2,296
General Revenue Funds – Match	98,046
General Revenue Funds - Elder Abuse Regional Administrative Agreement	35,847
General Revenue Funds - Long Term Care Systems Development	18,220
Senior Health Assistance Program	11,229
Sub Total	$463,134
ADMINISTRATIVELY RELATED DIRECT SERVICES:	
Title III-B – Advocacy , Coordination and Program Development	$406,320
Sub Total	$406,320
DIRECT SERVICES – LONG TERM CARE OMBUDSMAN PROGRAM:	
Title III-B, VII, General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person	$313,859
Sub Total	$313,859
TOTAL	$1,183,313

ECIAAA's Administratively Related Direct Services budget of $406,320 is approximately $43,297 less than allowed by Illinois Department on Aging's policy.

ADMINISTRATION

A total of $397,838 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Administration funds will support the following activities:

- •policy-making
- •strategic planning
- •representation on task forces, committees and councils
- •budgeting for multiple program funds
- •financial management
- •management of approximately 30 grants and contracts for community based and nutrition services
- •management of 9 contracts for caregiver service components
- •6 respite projects
- •management of 6 contracts for elder abuse activities for multi-disciplinary teams, public information and education, and training
- •technical assistance
- •program and financial reporting
- •audit reviews
- •monthly & quarterly desktop reviews
- •on-site monitoring and quality assurance
- •word processing
- •filing
- •telephone reception
- •resource materials
- •computer technology
- •research
- •data analysis
- •dissemination of information
- •procurement of federally and state funded services
- •board, advisory council and staff meetings and staff training
- •volunteer recognition
- •assisting IDOA with special initiatives
- •membership affiliation with local, state and national organizations
- •data base for program demographics
- •maintaining and modifying a web-based reporting system
- •review of monthly nutrition menus
- •developing forms to meet state and federal requirements developing and implementing policies and procedures
- •maintaining an up-dated Service Provider Policy & Procedure Manual
- •ESP resource database management

PREVENTION OF ELDER ABUSE AND NEGLECT

A total of $35,847 in State of Illinois General Revenue Funds is being budgeted to administer the Prevention of Elder Abuse and Neglect Program through contracts with six elder abuse agencies. Funds will support the following activities:

- •procurement of services
- •attending trainings
- •public education
- •technical assistance
- •planning & implementation of elder self neglect program
- •management of monthly billings and reconciliations
- •quarterly meetings with service providers
- •monitoring
- •annual program operations case reviews
- •annual retreat

COMMUNITY CARE PROGRAM

A total of $18,220 in State of Illinois General Revenue Funds is being budgeted for Community Care Program activities of the Long Term Care Systems Development Grant. Funds will support the following activities to 28 community care program (CCP) vendors and 6 case coordination units (CCUs):

- • reviewing Community Care Program proposals
- •technical assistance on monthly billing and rejects to case coordination units (CCUs) and service vendor
- •ongoing assistance to CCP and CCU's related to performance of CCP activities
- •assessing service availability and service gaps
- •assisting IDOA in service design and implementation
- •on site pre-certification reviews of adult day services sites and in-home provider agencies
- •other functions mutually agreed upon by IDOA and ECIAAA
- •identifying innovative approaches to service delivery or program administration to IDOA

ADVOCACY, COORDINATION & PROGRAM DEVELOPMENT

A total of $406,320 is being budgeted to provide administratively related direct services of advocacy, coordination and program development under Title III-B of the Older Americans Act.

Funds for advocacy, coordination and program development will support the following activities:

ADVOCACY - LOCAL, STATE, NATIONAL

- •representing the interest of older persons to public officials, public/private agencies and organizations
- •client intervention relating to problems and resolving conflicts
- •developing older person's capabilities to advocate on their own behalf
- •reviewing and commenting on public plans, policies, levies and community action
- •conducting public hearings on the needs and issues
- •coordinating planning activities with organizations for new or expanded benefits and opportunities
- •inducing change in attitude and stereotypes,
- •legislation, agency policies and policy implementation
- •hosting student internships
- •advocacy in action at local, state and national levels
- •advocacy in action training
- •participation in senior expos hosted by area legislators
- •consumer education about state and federal prescription drug benefits & problem solving
- •maintaining website for the organization

COORDINATION

- •establishing written working agreements with planning agencies and service providers
- •responding to inquiries (phone, mail, walk-ins) from older persons, caregivers and family members about services
- •sharing information about availability of services to the general public
- •participating with local, state and federal agencies in coordinating emergency disaster assistance
- •assisting service providers with development an adherence to service standards
- •coordinating the Coordinated Points of Entry/Aging & Disabilities Resource Centers – Senior Information Services with community organizations
- •conducting quarterly meetings and trainings for 9 Caregiver Resource Centers
- •coordinating information and assistance support to funded service providers, affiliated organizations and the general public that includes:
- •coordinating database Enhanced Services Program(ESP)
- •coordinating referrals of clients to local providers of Coordinated Point of Entry/ADRC -
- •coordinating new software-based conferencing and collaboration solutions for audio and Web conferencing, face-to-face conferencing via video
- •disseminating up-to-date information to funded service providers via web, electronic communications and trainings
- •disseminating program/best practices updates to the aging network and collaborating partners via regular email messages and USPS mailings
- •tracking and monitoring of website usage
- •brokering private sector options with service providers
- •hosting student internships
- •coordinating and updating the Agency's website
- •developing a working relationship with assisted living facilities
- •distribution of Senior Farmer's Market Coupons through local service providers
- •coordinating performance based measurement activities
- •coordinating Senior Wellness Coalitions
- •coordinating evidence-based healthy aging programs
- •coordinating local coalitions building and professional training to educate and assist Medicare Medicare Part D Prescription Drug Coverage and State Pharmaceutical Assistance.
- •disseminating information to general public on aging issues through ECIAAA website www.eciaaa.org, new releases, consumer education, and ALERT e-newsletter
- •collaborating with 211 Pilot Call Center at PATH, in Bloomington, Illinois
- •continuing in year two to build the capacity of Coordinated Point of Entry (CPoE)/ADRC
- •coordinating adherence to national AIRS Standards with an emphasis on Standards 5,6,7,8, and 9 that relate to resource management for the areas of inclusion/exclusion criteria, standardizing the profile of organizations listed in the database, indexing the database, adhering to a classification system or taxonomy, maintaining the database on a regular basis
- •maintaining AIRS CRS-A certified staff
- •coordinating the ADRC Network Advisory Council for Area 05

PROGRAM DEVELOPMENT

- •conducting need assessments
- •evaluating the effectiveness and efficiency of existing resources in meeting needs
- •identifying and meeting with key community leaders and organizations
- •providing community leaders, organizations, and advocates with information on current and future needs
- •GIS mapping project to promote local planning efforts for livable communities
- •pursuing innovative methods of expanding services and controlling costs
- •continuing the implementation of the marketing plan results
- •continuing Grandparents Raising Grandchildren support groups
- •hosting student internships
- •building alliances between providers of senior services and behavioral health care
- •developing options for respite care
- •expanding Coordinated Points of Entry, to include Aging Disability Resource Centers
- •providing technical assistance to new and existing organizations in the development process of conducting public hearings, establishing formal organizations, establishing policies and procedures, record keeping systems, job descriptions, etc.
- •integrating new services into existing delivery Systems
- •designing services to meet changing needs
- •working with local housing authorities to address assisted living service needs
- •developing a state-wide system to measure outcomes for services
- •implementing a web-based reporting system
- •quarterly meetings of caregiver advisors
- •developing rural transportation systems
- •building collaboration for the dissemination of evidence based practices
- •assisting in the aging & disabilities demonstration program

OMBUDSMAN

A total of $313,859 in Title III-B, and Title VII of the Older Americans Act, State of Illinois General Revenue Funds, Long Term Care Provider Fund and Money Follows the Person is being budgeted to provide over 11,000 hours of Long Term Care Ombudsman service activities to over 10,000 residents residing in 130 licensed facilities throughout the 16 counties. On an average the occupancy rate in facilities is between 80-85% of licensed beds.

Funds will provide the following advocacy activities:

- •casework of investigating, verifying and resolving complaints
- •information, referral and community education
- •publicity and media interviews
- •regular presence in long term care facilities & visiting residents
- •monitoring, developing and implementing federal, state and local laws, regulations and policies
- •promoting Pioneer Practices to improve the quality of life for residents of Long Term Care facilities
- •culture change events and training
- •maintaining client records
- •assisting in providing community outreach and community education about Money Follows the Person (MFP)
- •Explaining to families, residents, nursing home staff and others about MFP eligibility requirements and the referral process
- •advocacy on behalf of licensed assisted living facilities
- •supporting & developing family and resident councils
- •promoting resident centered care philosophies
- •assisting and supporting the Illinois Department of Public Health's Long Term Care Survey Program
- •participating in facility surveys
- •advocacy
- •disseminating materials during regular presence visits and when attending family and resident council meetings, and other public education seminars

SENIOR HEALTH ASSISTANCE PROGRAM

A total of $11,229 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.

Funds will provide the following activities:

- referrals to appropriate agencies in the provision of direct services
- technical assistance to providers and other partners
- program clarification & program updates to providers
- educational alerts and updates
- postings of education and outreach activity information to website
- critical complaint resolution
- updating of SHAP registry
- coordinate with funded service providers the expansion of application assistance services for LIS and MSP benefits
- expansion of outreach activities about Medicare Savings Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- coordinate with funded service providers conducting outreach activities (public events, media, and mailings); promoting the Medicare Part B Prevention and Wellness benefits (annual wellness visits and chronic disease screenings) authorized by the Affordable Care Act.

BUDGET FOR FUNDING COMMUNITY-BASED SERVICES FOR OLDER ADULTS AND CAREGIVERS IN FY 2014

Grants and Contracts	Program Projections		Budget Projections								
	Persons	Units of Service	Title III-B	Title III-C(1)	Title III-C(2)	Title III-D	Title III-E	GRF Match	GRF Non Match	SHAP	Total
Access Services											
Information & Referral/SIS - CPoE	20,424	42,620	$402,820					$21,800	$330,023	$101,059	$855,702
Community Services											
CDSMP/DSMP	168	72	30,000			9,458					39,458
A Matter of Balance	32	16	10,000								10,000
Gerontological Counseling/PEARLS	138	4,502				33,927					33,927
Legal	553	2,452	61,139								61,139
In-Home Services											
Respite	1	29	450								450
Nutrition Services											
Congregate Meals	6,461	204,416		$697,137							697,137
Home Delivered Meals	2,915	340,971			$445,592				725,504		1,171,096
Individual Needs Assessment	1,914	4,032			158,276						158,276
Caregiver Services											
Counseling/Support Groups (Care/GRG)	1,448	9,315					282,873				282,873
Respite (Care)	75	1,337					28,221				28,221
TOTAL			504,409	697,137	603,868	43,385	311,094	21,800	1,055,527	101,059	3,338,279