

EAST CENTRAL ILLINOIS AREA AGENCY ON AGING



Summary of
Amendments to the
Area Plan on Aging
For Fiscal Year 2014

ECIAAA is Your Area Agency on Aging

- Our Mission – We are dedicated to enhancing the quality of life for Older Americans and their families by providing information about, and access to a variety of services in their communities.

Who We Are

- ❑ ECIAAA is a non-profit organization
- ❑ Founded in 1972
- ❑ Serves 158,160 older adults and their families in 16 counties (Area 05)
- ❑ One of 655 AAAs in the U.S.; 13 in Illinois
- ❑ Governed by a Corporate Board of 20 volunteer community leaders
- ❑ Advised by an Advisory Council of 32 volunteer community leaders

Sources of Authority and Funding

- Area Agencies on Aging in Illinois are authorized under the federal Older Americans Act and the Illinois Act on Aging.
- ECIAAA is designated by the Illinois Department on Aging to serve PSA 05.
- Major funding for ECIAAA is made possible with grants of Federal Older Americans Act funds and State Funds from the Illinois Department on Aging

What We Do



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

Coordinated System of Services



- Access Services
- In-Home Services
- Community Services
- Evidence-Based Healthy Aging Programs
- Care Transitions
- Caregiver Support Programs
- Elder Rights Programs
- Senior Employment Programs

The Aging Network in Area 05

- 23 Community Programs on Aging
- Served 20,600 older adults, 1,066 elder caregivers and 261 grandparents raising grandchildren in FY2012
- There are 138,371 Medicare beneficiaries in Area 05
- 67,980 enrolled in Medicare Part D Plans (49.13% of eligible Medicare beneficiaries) as of March 2013
- 19,372 enrolled in Medicare Advantage Plans (14%) as of March 2013
- SHAP sites in Area 05 completed 2,372 Low Income Subsidy applications and 2,339 applications for Medicare Savings Programs, such as QMB.

Advocacy: On the National Scene

- ECIAAA is a member of the National Association of Area Agencies on Aging (**n4a**)
- **n4a's** top “asks” to Congress:
 - Stop sequestration of vital OAA programs;
 - Hold harmless the capacity of OAA programs by increasing funding by at least 5.26% in FY2014;
 - Reauthorize the Older Americans Act in a thoughtful bi-partisan fashion;
 - Preserve the fundamental protections of Medicare;
 - Prevent the chained CPI for calculating Social Security cost-of-living adjustments.

Advocacy at the State Level

- ECIAAA is a member of:
 - *I4A* - Illinois Association of Area Agencies on Aging
 - Illinois Alliance for Home and Community Care
 - Illinois Partners for Human Services
 - Together we support rebalancing the Long Term Care System to provide community-based long term services and supports for older adults and persons with disabilities and prevent unnecessary placement in state operated facilities and long term care facilities.

Advocacy at the State Level

- Governor's Proposed Budget for FY2014:
- Increases Community Care Program by \$388.6 million
- Projects monthly CCP caseload of 96,100 older adults;
- Requests \$61.4 million for Case Management;
- Budgets \$67.6 million for 27,500 CCP clients enrolled in Managed Care Plans starting in State FY2014;
- Requests \$20 million for Elder Abuse & Neglect Program for persons 60+ and Adult Protective Services for persons with disabilities 18 – 59.

Advocacy at the State Level

- Governor's budget proposes:
- \$20 million GRF for Elder Abuse & Neglect Program for persons 60+ and Adult Protective Services for persons with disabilities ages 18 – 59 (+\$10 million)
- \$4.3 million in state funds for the Long-Term Care Ombudsman Program including \$1,348,400 GRF and \$3 million in other state funds (pursuant to the Illinois Nursing Home Reform Bill (P.A. 96-1372). This represents a \$1 million increase in other state funds.

Advocacy: At the State Level

- The Governor's proposed FY2014 Budget requests:
- \$7.8 million for Planning and Service Grants to AAAs – a \$2 million increase to expand access to federal benefit programs and provide access to ADRC options counseling.
- \$12.3 million for Home Delivered Meals to maintain current meal levels, keep pace with rising food and delivery costs, and respond to increased demand for meals. (1,117 Illinois seniors on waiting lists for HDMs in FY2013)

Advocacy at the State Level

- The FY2014 Budget proposes funding for:
- Senior Health Insurance Program (SHIP) - \$3 million
- Senior Health Assistance Program (SHAP) - \$1.6 million (Tobacco Settlement Recovery Funds)
- Grandparents Raising Grandchildren - \$300,000
- Long Term Care Systems Development - \$246,300
- Senior Employment Specialist Program - \$190,300
- Retired & Senior Volunteer Program - \$557,400
- Foster Grandparent Program - \$243,800

ACA – What it means for you

- Most Americans must have insurance by 2014 or pay a penalty.
- Phased-in tax penalty for those without coverage:
- Starts at \$95 or up to 1% of income in 2014;
- Families have a penalty limit of \$2,085;
- Rises to \$995 or 2.5% of income by 2016;
- Exemptions based on financial hardship or religious beliefs.

ACA – What it means for you

- You may be eligible for Medicaid depending on your income.
- SB26 would extend Medicaid to persons 19-64 who have income at or below 133% of FPL (\$15,302 for individuals), plus 5% for the applicable family size (up to \$31,155 for family of four).
- SB26 passed the Senate and is in the House
- If you don't qualify for Medicaid you may be eligible for government subsidies to help you pay for private insurance sold in the Health Insurance Marketplace , to begin operations in 2014.

ACA – What it means for you

- Insurers will be barred from rejecting applicants based on health status in 2014.
- In the meantime, the ACA created a temporary high-risk insurance pool. (Illinois Pre-existing Condition Insurance Plan (IPXP) at: <http://insurance.illinois.gov/ipxp/>)
- Insurers cannot exclude coverage for children with pre-existing conditions and cannot set lifetime coverage limits for adults and children.
- In 2014 annual limits on coverage will be banned. New policies sold in the Marketplace must cover a range of benefits, including hospitalizations, doctor visits, prescriptions, maternity care and preventive tests.

ACA – what it means for seniors

- People with Medicare qualify for annual wellness visit, mammograms, and other screenings for certain cancers and diabetes – at no added charge.
- Medicare Part B covers 8 counseling sessions to help patients quit smoking, as well as obesity screening and intensive counseling for those who screen positive.
- Medicare Part B enrollees pay less coinsurance for outpatient mental health treatment (35%).
- Medicare Part D covers benzodiazepines and barbituates for persons treated for chronic mental disorders, epilepsy, or cancer.

ACA- What it means for seniors

- Medicare Part D will be improved substantially.
- In 2014 people with Medicare Part D will get a 52.5% discount on brand-name prescription drugs and a 28% discount on generic prescription drugs while in the doughnut hole.
- Starting in 2014, Medicare Advantage Plans must limit how much they spend each year on administrative costs (limit of 15% of total premium costs)
- MA plans that give better quality care will receive bonus payments to offer added health benefits.

Older Americans Act of 1965



OAA Objectives

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

OAA Objectives

- Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner.
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Reauthorization of OAA

- **n4a's Recommendations:**
- Preserve the OAA's local flexibility
- Strengthen the role of the Aging Network to integrate medical and long-term services and supports
- Raise authorization levels for all OAA titles
- Build the capacity of the Aging Network to meet the challenges ahead, including core competencies, tracking program outcomes, performing evaluations, and staff development, training, and retention.

Long-Term Services and Support

- Strengthen the role of the Aging Network to integrate medical and human services – based long-term services and supports (LTSS), especially to promote the Aging Network's role in health and wellness
- Amend the definition of ARDC to clarify the relationship between the AAA and the ADRC and the importance of partnerships with organizations serving persons with disabilities
- Strengthen OAA Title III-D Preventive Health programs to include evidence-based practices and increase authorized funding levels for these programs.

Authorization Levels

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

Build Capacity of Aging Network

- Create a technology development program to improve service delivery and help the Aging Network integrate its information systems with health information technology systems for medical and LTC services.
- Create new training and professional development program to build jobs, skills, and leadership
- Enhance capacity of AoA to perform program evaluations of OAA programs especially:
 - Evidence-based prevention and wellness programs
 - Aging and Disability Resource Centers
 - Options Counseling
 - Care Coordination and Care Transitions

Senior Mobility Options

- Formalize the role of the Aging Network in coordinated public transit – human services transportation planning
- Maximize limited resources through collaboration with DOT and FTA and OAA and local providers
- Expand description of transportation in OAA to include mobility management
- Authorize funding to implement technical assistance for local transit providers, AAAs, and other groups

Livable Communities for All Ages

- Authorize role of AAAs to assist county, city and tribal organizations to proactively prepare for the aging of their communities
- Authorize funding for a full-time planner/community organizer position to take a lead role in developing comprehensive livability plans and strategies
- Establish a National Resource Center on Livable Communities
- This would enable the 13 AAAs in Illinois to build upon the Maturing of Illinois initiative which assessed the livability of 46 communities from 2008 thru 2010.

Affordable Housing

- Expand the Aging Network's role in access to housing that meets the needs of older adults and coordination of long-term services and supports to maximize their quality of life and promote livable communities for all ages.
- Promote the coordination of supportive services for residents of congregate housing including the Money Follows the Person Initiative and the Partnership for Sustainable Communities thru HUD, DOT, and EPA.

Employment for Older Workers

- Improve the SCSEP and enhance coordination with Workforce Investment Act system.
- Increase the SCSEP eligibility guidelines to 175% FPL to serve older workers who are not adequately served by the WIA one-stop system.
- Raise current cap on SCSEP participation from 27 months to 36 months
- Require SCSEP contractors to establish MOUs with AAAs to improve coordination
- Require WIA one-stop centers to set aside 5-10% of Title I funds to serve older workers

Elder Rights Protections

- Strengthen OAA to better protect older adults' legal rights, prevent elder abuse, neglect and exploitation and improve our nation's coordinated response to elder abuse when it occurs.
- Ensure sufficient and stable resources for the Long Term Care Ombudsman Program.
- Revise OAA Title VII to ensure coordination with the Elder Justice Act provisions in the Affordable Care Act.

Medicare Assistance & Counseling

- The State Health Insurance Program (SHIP) was transferred to the Illinois Department on Aging on April 1, 2013 by Executive Order.
- SHIP coordinates with Medicare Assistance & Counseling with Information & Assistance , Care Coordination, Senior Medicare Patrol, Aging and Disability Resource Centers, and the Illinois Senior Health Assistance Program (SHAP).
- ECIAAA will advocate for stabilized funding for Medicare assistance and counseling services.

Emergency Preparedness

- Provide federal grants to AoA to enable AAAs to implement emergency preparedness registry systems for older adults and special needs populations using GPS technology.
- Require FEMA and local emergency preparedness agencies to formalize coordination plans with the Aging Network.
- Authorize dedicated funding to AAAs to support disaster preparedness and assistance programs.

Aging & Disability Resource Centers

- The Illinois Department on Aging has defined this statewide Area Plan initiative as follows:
- Enhance Illinois' existing aging and disability access network through improved collaboration and adoption of Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center standards.
- Time frame for Planning Process: FY2012-2013-2014
- Goal: All 13 Area Agencies on Aging will have fully functional ADRCs in place by September 30, 2016

Coordinated Points of Entry

- ▶ Purpose: to make it easier for seniors and families to access information and services.
- ▶ Definition: “an integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral and assistance in completing applications, authorizations of services where permitted and follow-up to ensure that referrals and services are accessed.”

CPoE Implementation in Area 05

- ECIAAAA incorporated statewide CPoE standards into Senior Information Services effective October 1, 2010
- ECIAAAA designated 12 CPoE/SIS providers in FY2011
- ECIAAAA allocated a \$30,000 base level of funding per county for CPoE/SIS
- ECIAAAA adopted a funding formula to allocate additional funds over the CPoE/SIS base level to achieve a more equitable distribution of funds
- ECIAAAA is monitoring the performance of CPoE/SIS providers; providing technical assistance and training

ADRC = A Process

- The ADRC service model is more a process than an entity
- The ADRC is not necessarily located in a single place
- Program components are not necessarily carried out by a single agency
- “No wrong door” approach

Defining Characteristics of ADRCs

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

ADRC Workplan for FY2014

- Promote AIRS training and certification
- Convene the ADRC Network Advisory Council
- Provide Information and Cross-Training for ADRC partners
- Develop critical pathways with health care providers and Managed Care Organizations
- Maintain and update the ESP resource data base
- Integrate the Caregiver Support Program into the ADRC Network.
- Integrate the VIP Program into the ADRC Network

ADRC Workplan for FY2014

- Participate in ADRC Planning Retreat with IDoA
- Participate in Options Counseling training
- Pilot-test Options Counseling through CPoEs
- Define role of ADRC Network in Coordinated Care Demonstrations, including ICP and MMAI
- Participate in statewide planning for the Balancing Incentive Program (BIP) including:
 - No wrong door/single point of entry system,
 - Uniform statewide assessment instrument/process,
 - Conflict-free case management

Local Initiative: Transportation

- Goal: affordable and accessible transportation for older persons in rural areas
- Advocate for federal and state funding
- Consult with IDOA, IDOT, RTAC, IPTA, and MPOs
- Participate on Human Services Transportation Planning Committees for HSTP Areas 6 and 8
- Assess the impact of the loss of OAA funding on rural public transportation for older adults in areas not served by urban mass transit providers, including affordability, trip priorities, and leveraging matching funds.

Local Initiative: Healthy Aging

- ▶ Empower older adults to manage multiple chronic health conditions.
- ▶ Support Senior Wellness Coalitions in Champaign, Macon, McLean, and Vermilion Counties.
- ▶ Promote senior nutrition programs as an integral part of healthy aging.
- ▶ Advocate for public and private resources to enable senior nutrition programs to respond to unmet need.
- ▶ Integrate evidence-based interventions in community programs on aging.

Evidence-Based Programs

- ***Chronic Disease Self Management Program***
 - Senior Resource Center – Family Service
 - Ford-Iroquois Public Health Department
 - Starting Point – ADRC for Macon County
 - PATH – Providing Access to Help
 - CRIS Healthy-Aging Center
 - LifeSpan Center serving Coles County
- ***Diabetes Self Management Program***
 - Champaign County Diabetes Coalition
 - Livingston County Health Department
 - Macon County Health Department

Evidence-Based Programs

- ***Strong For Life*** – strength-building exercise program in partnership with Catholic Charities, Multipurpose Senior Centers, and Nutrition Programs.
- ***PEARLS*** – helping older adults to reduce depressive symptoms through gerontological counseling provided by Family Service and PATH in collaboration with a clinical consultant and a medical advisor.
- **New for FY2014: “*A Matter of Balance*”** – helping older adults to improve balance, prevent and manage falls; targeted to Macon and McLean Counties.

Elder Abuse & Neglect Program

- ECIAAAA - Regional Administering Agency for the Elder Abuse & Neglect Program in Area 05
- Administer grant assistance to 6 Elder Abuse Provider Agencies serving 16 counties
- Responded to over 1,100 ANE reports in FY2012
- Participate in multi-disciplinary “M” teams
- Convene annual retreat, coordinate training
- Promote public awareness; increase reporting
- Promote development of legal assistance and money management services
- Implement an Adult Protective Services program for persons with disabilities 18-59 in accordance with statutes, rules and standards promulgated by Department on Aging

LTC Ombudsman Program

- ▶ ECIAAAA sponsors the Long Term Care Ombudsman Program in Area 05
- ▶ Serving over 10,000 residents in 129 licensed health facilities, 18 ALFs, and 17 SFLs
- ▶ Regional LTCO and 6 FTE Ombudsmen
- ▶ Meet or exceed mandated benchmarks including: regular presence visits, individual consultations, resident council meetings, community education, facility in-service trainings, educate residents about Money Follows the Person, and facilitating MFP referrals and transitions.

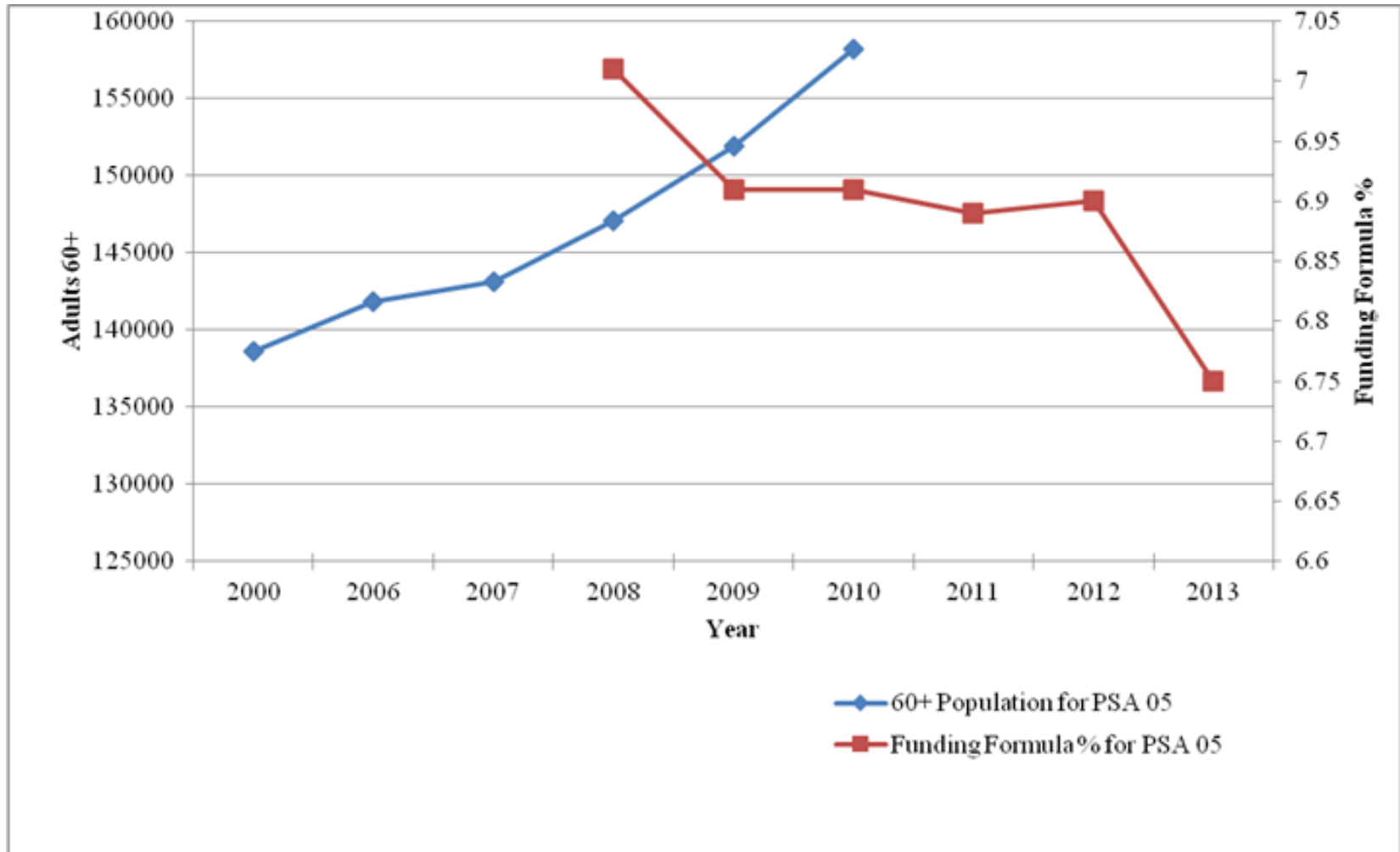
Senior Employment Program

- Coordinate with Illinois workNet Centers and Workforce Investment Boards
- Maintain information about employment and training opportunities in the ESP on-line resource data base
- Respond to inquiries from older adults seeking employment and training opportunities.
- Conduct intake, preliminary screening, and referrals to Experience Works and Illinois workNet Centers.
- Inform older job seekers about public benefits and support services available in their community.
- ECIAAAA does not intend to apply for \$15,963 in GRF for Senior Employment Specialist Program for FY2014.

Emergency Preparedness Plan

- ECIAAAA will update its disaster plan in cooperation with local service provider to address the functional needs of older adults.
- ECIAAAA will review and revise coordination agreements with county emergency management agencies, the American Red Cross and other agencies.
- ECIAAAA will explain when and how its personnel and service providers will be mobilized to assist local emergency management agencies and responders.
- ECIAAAA explain how advocacy, outreach, and follow-up services will be conducted and how ECIAAAA will monitor service providers' delivery of disaster-related services.

Population Trends and Funding



U.S. Fiscal Outlook

- Ellen Nissenbaum, Sr. VP Gov't Affairs, Center for Budget and Policy Priorities presented at the 19th Annual n4a Aging Policy Briefing on 4-22-13
- Huge deficits hurt the economy
- Debt stabilization should be the target
- \$2.75 trillion in deficit reductions already enacted
- \$1.5 trillion more deficit reduction needed to stabilize the debt over the coming decade

Core Principles for Deficit Reduction

- Any further budget/deficit deals should reflect that about 70% of the deficit reduction to date has come from spending cuts.
- Further deficit reduction – to replace the entire sequester – must include significant new revenues.
- Limit size of health care cuts
- Don't increase poverty or income inequality
- No further cuts in non-defense discretionary funding
- Don't shift costs to states, especially Medicaid.

Funding Formula for FY2012-2014

- ▶ ECIAAA proposes to allocate Federal and State funds for services among the 16 counties in Area 05 in FY2014 using a formula adopted in FY2011.
- ▶ ECIAAA will update the formula when the latest Census data are available (ACS 5-year estimates for 2007-2011)
- ▶ Funding Formula Factors and Weights:

◦ 60+ Population	33%
◦ 60+ Minority	10%
◦ 60+ Living Alone	7.5%
◦ 75+ Population	7.5%
◦ 60+ Poverty	25%
◦ 60+ Rural (Non-MSA)	9.5%
◦ 65+ SSI+OASDI+ 2 or more Disabilities	7.5%

Funding for CPoE/SIS

- In FY2011 selected 12 CPoE/SIS provider agencies to serve Area 05 for Fiscal Years 2012 thru 2014.
- In FY2014, ECIAAA plans to budget \$855,702 for CPoE/SIS.
- Designated CPoE/SIS providers have the opportunity to apply for grant extensions for FY2014
- In FY2014 ECIAAA plans to allocate \$35,000 as a base level of funding for SIS/CPoE equally per county; and
- Funds budgeted for SIS/CPoE in FY2014 above \$560,000 [$\$35,000 \times 16$ counties] will be distributed on a formula share per county.

Transportation Funding Ends

- In FY 2013 ECIAAA awarded grant assistance to 6 Rural Public Transportation providers 10-1-12.
- Due to sequestration of federal funding, ECIAAA suspended funding for transportation on 3-1-13.
- ECIAAA cannot revise grant awards for FY2013 until we receive a revised planning allocation from IDoA.
- For FY2014, ECIAAA plans to re-direct available OAA Title III-B funds to CPoE/SIS providers to develop their core competencies, such as options counseling, and disseminate evidence-based healthy aging programs to empower and strengthen older adults.

Funding for Legal Assistance

- ECIAAA plans to budget \$61,139 in OAA Title III-B funds for senior legal assistance in FY2014.
- Due to sequestration of federal funds, ECIAAA will not allocate OAA Title III-E funds in FY2014 for legal assistance for caregivers and GRGs.
- Available funds for legal assistance will be distributed on the funding formula share per county.
- Legal assistance providers funded for FY2013 will have the opportunity to apply for grant extensions for FY2014.

Funding for Nutrition Services

- The FY 2013 county allocations will serve as Base Levels of Funding for congregate nutrition and home delivered meals in FY2014.
- If approved by the Illinois General Assembly, the Governor's proposed budget for FY2014 would increase funds for home delivered meals by 14.6% and federal funding levels for FY2014 are uncertain at this time.
- Federal and state funds available in FY 2014 for nutrition services, including Nutrition Program Incentive Program (NSIP) will be distributed on the funding formula share per county.

Healthy Aging Program Funds

- In FY2014 proposes to budget:
- \$20,000 III-B funds for 10 *CDSMP* & *DSMP* classes
- \$5,000 III-B funds to train 20 *DSMP* Class Leaders
- \$5,000 III-B funds for fidelity monitoring of new *CDSMP* and *DSMP* class leaders
- \$10,000 III-D funds for *A Matter of Balance* in Macon and McLean Counties
- \$9,458 III-D funds for *DSMP* classes in Macon County
- \$33,927 for Gerontological Counseling/PEARLS in Champaign, Livingston, and McLean Counties.

Funding for Caregiver Services

- Due to sequestration, ECIAAA placed a moratorium on Caregiver Gap-filling Services and Respite Services effective in February 2013.
- Due to sequestration, ECIAAA will not fund Caregiver Gap-filling Services in FY2014.
- ECIAAA will budget \$282,873 in OAA Title III-E funds for Caregiver Advisory Services in FY2014.
- ECIAAA will budget \$28,221 in federal OAA Title III-E funds for respite services in FY2014.
- Available funds for OAA Title III-E services in FY2014 will be distributed on the formula share per county.

Budget Assumptions for FY2014

- Federal appropriations for FY2014-2021 will decline due to federal spending caps.
- ATRA extended MIPPA funding for Medicare beneficiary outreach and assistance programs in FY2013 only - subject to sequestration.
- Illinois has over \$97 billion in unfunded pension obligations which will limit state funding for human services and other budget priorities.
- The Illinois House adopted COGFA's revenue estimates - \$500 million below the Governor's forecast.

Budget Assumptions for FY2014

- ▶ Current spending authority for the IDoA Community Care Program was \$173 million short of funds needed to pay Homecare providers in FY2013.
- ▶ As of 4-25-13, the Illinois House and Senate approved HB 207 – a supplemental appropriation of \$173 million for CCP for FY2013. The bill now goes to the Governor for signature.
- ▶ The FY2014 CCP budget includes \$142 million to pay bills from prior years.

Budget Assumptions for FY2014

- Governor's proposed budget for FY2014 requests:
- + \$2 million GRF for AAA Planning and Service Grants
- + \$1.6 million GRF for Home Delivered Meals
- \$3 million in federal funds for SHIP
- \$1.6 million in Tobacco Settlement Funds for SHAP
- \$9.9 million GRF for Elder Abuse/APS Program
- +\$1 million in state funds for LTCOP

Budget Assumptions for FY2014

- Continued delays in state payments
- HFS plans for Balancing Incentive Program to use enhanced FMAP to provide new or expanded home and community-based LTSS.
- OAA statutory obligations for categorical programs.
- ACL requires OAA Title III-D funds for EBIs only.
- ECIAAAA may apply for up to 10% of its total Title III-B and C allotment for the cost of administration.
- ECIAAAA will budget \$406,320 Title III-B funds for administratively-related direct services, which is \$43,297 below the level allowed by IDoA policy.

Budget Assumptions for FY2014

- ECIAAA proposes to transfer 8.76% of its III-C allotment to III-B (below the 15% limit)
- ECIAAA proposes to transfer 14.39% of III-C1 funds to III-C2 (below the 15% limit)
- ECIAAA complies with IDoA policies for budgeting a minimum percentage of III-B funds for categories of services including: access, in-home, and legal services.
- ECIAAA will renew its CCU Coordination Grant with IDoA in FY2014 as interim CCU for Vermilion County in collaboration with CRIS Healthy-Aging Center.

ECIAAA Administrative Activities

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

Budget Highlights for FY2014

- Federal OAA Funds expected: \$3,006,423
- State Funds expected: \$2,345,858
- NSIP funds expected: \$368,610
- Local Match projected: \$1,914,000
- Project income projected: \$1,030,500
- Total Revenues projected: \$8,665,391

Budget Highlights for FY2011

- AAA Administration - \$463,134
- Admin-Related Direct Services - \$406,320
- Direct Services (LTCOP) - \$313,859
- Total Internal Operating Budget: \$1,183,313
- ECIAAA has a staffing plan of 14 employees

Contingency Planning

- ▶ If the planning allocation for Area 05 is reduced for a specific revenue source then funds would be reduced for programs or services related to that revenue source.
- ▶ CPoE/SIS will be given the highest priority for sustained or increased funding under the Area Plan.
- ▶ Adjust inter-fund transfers to sustain CPoE/SIS and/or Home Delivered Meals, if necessary and feasible.

Contingency Planning

- ECIAAA will use additional state funds for home delivered meals to sustain current meal levels, keep pace with rising costs and respond to increased demand for meals, if feasible.
- ECIAAA will use additional state funds for the Long Term Care Ombudsman Program to comply with statutory requirements and program standards.

Contingency Planning

- ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect, or financial exploitation.

Comments

- Comments on the proposed Area Plan Amendments for 2014 may be submitted in writing no later than Friday, May 3, 2013 to:

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Thank You

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