

PUBLIC INFORMATION DOCUMENT



SUMMARY OF THE PROPOSED AREA PLAN AMENDMENTS for FISCAL YEAR 2020

**OLDER
AMERICANS
MONTH**



CONNECT, CREATE, CONTRIBUTE MAY 2019

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

PUBLISHED: April 09, 2019

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.

NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed ***Area Plan Amendments*** for Fiscal Year 2020. 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 1, 2019 and to the ECIAAA Corporate Board on May 15, 2019 for their consideration.

Comments on the proposed ***Area Plan Amendments*** for Fiscal Year 2020 may be sent by mail, fax or e-mail to ECIAAA no later than 4:00 p.m., April 30, 2019 to the following address:

Attention: Susan C. Real, Executive Director
East Central Illinois Area Agency on Aging
1003 Maple Hill Road – Bloomington, IL 61705-9327
Fax: (309) 829-6021; E-Mail: sreal@eciaaa.org

Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed amendments to the Area Plan with the Illinois Department on Aging (FY 2020).

Date	Time	Location
April 23	10:00 -11:30 a.m.	Life Center of Cumberland County, 507 E. Main St., Toledo, IL 62468
April 24	10:00–11:30 a.m.	Decatur-Macon County Senior Center, 1430 N. 22 nd St. Decatur, IL 62526
April 24	1:30-3:00 p.m.	ECIAAA Large Conference Room, 1003 Maple Hill Road, Bloomington, IL 61705
April 25	10:00-11:30 a.m.	Health Alliance Carle at the Fields (lower level), 3310 Fields South Drive, Champaign, IL 61822

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

- Proposed Older Americans Act funding for FY 2020 for services in Planning and Service Area 05, as allocated by Illinois Department on Aging (IDOA)
- Proposed Illinois General Revenue & Illinois General Fund allocations for FY 2020 for services in Planning & Service Area 05, as allocated by IDOA

Under the Older Americans Act and the Illinois Department on Aging's direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services as contained in its AAA Planning Allocation Directive (AAAL #890) for FY 2020. The Public Hearings provide information about ECIAAA's proposed plans, budget, funding

formula, and priorities for funding community-based services for older adults and family caregivers, including: Coordinated Points of Entry/Senior Information Services, Legal Assistance, Congregate Meals, Home Delivered Meals, Evidence-Based Health Promotion Programs, Gerontological Counseling, Caregiver Advisory Services, Respite Care, the Adult Protective Services Program, and the Long-Term Care Ombudsman Program.

ECIAAA MISSION STATEMENT:

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 community in the 16 counties of East Central Illinois.

Who We Are:

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

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

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 184,000 persons 60 years of age and older, persons with disabilities, caregivers, grandparents and other relatives raising children in communities throughout the 16 counties of east central Illinois.

There are 618 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of thirteen Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves Planning and Service Area 05.

ECIAAA is governed by a Corporate Board comprising up to 20 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 the majority of its members aged 60 years and older. The Advisory Council informs the Area Agency on Aging about the needs and preferences of older persons, persons with disabilities, caregivers, and grandparents, and provides advice on the Area Plan and senior services.

What We Do:

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

ACCESS SERVICES which includes a network of 10 Coordinated Points of Entry to provide Information & Assistance, and coordination with 7 Care Coordination Units and public and private transportation providers.

IN-HOME SERVICES which includes Home Delivered Meals, Individual Needs Assessments for Home Delivered Meals, Respite Care, and other consumer-directed Long-Term Services and Supports (LTSS).

COMMUNITY SERVICES which includes Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

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

CAREGIVER SUPPORT PROGRAMS which includes Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren, and educational programs such as *Savvy Caregiver*.

ELDER RIGHTS PROGRAMS which includes Adult Protective Services and the Long-Term Care Ombudsman Program.

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP) which includes the Benefit Access program, the Medicare Part D Benefit, Low-Income Subsidy, and the Medicare Savings Programs.

SENIOR HEALTH INSURANCE PROGRAM (SHIP) is a counseling service provided to individuals who are seeking help regarding information and enrollment assistance for Medicare, Medicare Supplemental plans, Medicare Advantage plans, and prescription drug coverage through Medicare Part D and other sources, etc.

MEDICARE IMPROVEMENT for PATIENTS and PROVIDERS (MIPPA) are used to expand services through SIS/CPoE. These funds are used to increase outreach activities about Medicare Savings Programs, Low-Income Subsidy, and prescription coverage available under Medicare Part D drug plans. It also promotes the Medicare Part B Prevention and Wellness benefits included in the Affordable Care Act.

VETERANS INDEPENDENCE PROGRAM ECIAAA administers the Veteran-Directed Home and Community Based Services Program in PSA 05.

LONG-TERM CARE SYSTEMS DEVELOPMENT ECIAAA assists with Community Care Program (CCP) operational activities and management issues. ECIAAA also assists with Illinois Department on Aging planning and development activities, as requested, including the implementation of the No Wrong Door service system in PSA 05.

SENIOR MEDICARE PATROL (SMP) provides education and information to older adults on how to protect their personal information to avoid healthcare fraud and abuse. Older adults learn how to protect, detect, and report Medicare fraud and abuse.

SENIOR FARMER MARKET NUTRITION PROGRAM (SFMNP) provides eligible seniors who are nutritionally at risk with fresh fruit and vegetables. The program is available during the summer months.

ECIAAA Serves Older Americans, Family Caregivers and Grandparents/Relatives Raising Grandchildren/Children through...

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

Planning, Program Development and Coordination – ECIAAA assesses the needs of seniors, persons with disabilities, caregivers, and grandparents, identifies planning issues, sets priorities for funding, coordinates community services, develops new or expanded services, and forms partnerships with other organizations, for example, collaboration with Centers for Independent Living to develop an Aging and Disability Resource Network in Planning and Service Area 05.

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

Providing Easy Access to Information, Assistance, Services and Supports – ECIAAA supports a network of 10 Coordinated Points of Entry who work with 7 Care Coordination Units, 10 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, and other community organizations. This collaboration is

known as the Aging & Disability Resource Network. Our partners take a “no wrong door” approach to inform adults, persons with disabilities, and their families about their options, make informed choices, and help them apply for benefits and services.

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

Advocacy for Residents in Long-Term Care Facilities – ECIAAA sponsors a regional Ombudsman Program through a grant with the Illinois Department on Aging and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long-term care facilities, assisted living facilities, and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, and will advocate on behalf of all residents of licensed long-term care facilities.

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

PROPOSED BUDGETS FOR FY 2020

FEDERAL & STATE LEVEL

Fiscal Year 2020 Public Information Document

Proposed Area Plan Amendments for FY 2020



PROPOSED BUDGETS FOR FY 2020

FEDERAL LEVEL (Source – n4a’s March 11, 2019 Federal Policy Update)

On March 11, 2019, President Trump sent preliminary details of the Administration’s FY 2020 budget to Congress. The budget overview contains preliminary details about the President’s priorities for federal investments. The proposals included in the FY 2020 budget request echo many of the Administration’s past funding and policy priorities. The following summary describes the Administration’s proposal for FY 2020 funding —including Older Americans Act and other aging programs within the Administration for Community Living (ACL) and Administration on Aging (AoA).

Department of Health & Human Services (HHS)

Proposed funding for the Department of Health and Human Services (HHS), which houses the Administration for Community Living and the Administration on Aging, is budgeted at \$87.1 billion. This reflects a 12% cut from current funding. A significant portion of the overall decrease comes from a \$5 billion cut to the National Institutes of Health, and the elimination of critical block grant programs.

Limited Details

The budget overview does not contain the granular detail traditionally shared upon a President’s budget release. For now, the budget in its current form provides broad assumptions.

FY 2020 Title III B Supportive Services

The President’s budget proposes flat-funding (at FY 2019 appropriation levels) for Title III-B services, such as Coordinated Points of Entry/Senior Information Services and Legal Services in PSA 05.

FY 2020 Title III C Nutrition Services.

The President’s budget proposes flat-funding (at FY 2019 appropriation levels) for Title III-C nutrition services such as congregate meals and home delivered meals.

FY 2020 Title III E Family Caregiver Support Services

The President’s budget proposes a reduction of \$30 million (-17%) to \$151 million. This level would eliminate FY 2019 funding increases for critical caregiver support programs.

State Health Insurance Assistance Program (SHIP)

The President’s budget does not repeat previous proposals to eliminate SHIP. However, it does include a \$13 million (-25%) cut to the only federally funded, unbiased resource for Medicare counseling.

Elder Justice Initiative

The Administration has proposed eliminating all funding for the Elder Justice Initiative.

Title V Senior Community Services Employment Program (SCSEP)

The President’s budget includes a proposal that would eliminate many of the Department of Labor’s workforce development programs, including the OAA **Title V Senior Community Services Employment Program (SCSEP)**.

Other Key Programs Slated for Cuts:

- **Low Income Home Energy Assistance Program (LIHEAP)**, which provides financial assistance for utility bills; and,
- **Social Services Block Grant (SSBG) and the Community Services Block Grant (CSBG)**, both provide wrap-around services for older adults in many communities.

Please note, the President's budget is a messaging document from the Administration. Presidents of either party rarely see many of their budget proposals enacted into law. Congressional appropriators will ultimately make funding decisions for most federal discretionary programs. ECIAAA will continue its advocacy efforts to maintain the hard-earned increases continue in FY 2019 OAA appropriations for FY 2020. Please refer to the [Advocacy in Action!](#) Section of this document.

STATE LEVEL (Source: IDoA's FY 2020 Budget Briefing Summary Document)

On February 20, 2019, Governor Pritzker presented his state budget for FY 2020. The Illinois budget overview for Aging is as follows:

- Introduced budget of \$1.2 billion includes Illinois General Revenue & Commitment to Human Services Funds, Older Americans Act and SHIP federal funds, and other state funds to support the Long-Term Care Ombudsman and the Senior Health Assistance Program (Tobacco Settlement Funds).
- Introduced budget shifts from the Illinois General Revenue Fund (GRF) to the Commitment to Human Services Fund to help stabilize the Aging Network by improving voucher-to-warrant time.

The following describes what is being proposed for Community Supportive Services – Illinois General Revenue/Illinois General Funds (GRF) supporting Older Americans Act Services in FY 2020:

- \$2 million for Home Delivered Meals
 - Maintain current meal levels
 - Maintain persons served in the program
 - Address current waiting lists
- \$1 million for the Senior Health Assistance Program (SHAP)
 - This funding will be used to create a performance-based reimbursement system to assist SHAP sites throughout Illinois with the costs of assisting older persons and persons with disabilities with the completion of their Benefit Access Applications
- \$2 million for Planning and Service Grants – NEW FUNDING
 - \$1 million for Alzheimer's Disease & Related Dementia services. The Governor's proposed FY 2020 budget includes \$1 million in Illinois GRF to enhance the National Family Caregiver Support Program by addressing special needs of

- persons with Alzheimer's Disease and Related Dementias and their family caregivers. Allowable Service Activities include one or both of the following:
1. Evidence-based education programs for caregivers such as Savvy Caregiver and Stress-Busting for Caregivers; and,
 2. Supportive Gap-Filling services for persons with Alzheimer's Disease and Related Dementias.
- \$1 million to assist Illinois Area Agencies on Aging implement programs to reduce social isolation among older adults. The Governor's proposed FY 2020 budget includes \$1 million in Illinois GRF to support Area Agency on Aging activities to address social isolation. Allowable services include newly-developed programs and/or the expansion of existing services.

Illinois Aging Rights Program Proposed Budget for FY 2020:

- Adult Protective Services (APS) –the proposed budget maintains current funding to respond to a projected 22,400 reports with appropriate interventions
- Long-Term Care Ombudsman Programs – the proposed budget maintains both the Home Care and Long-Term Care Ombudsman Programs at current levels.

Care Coordination Program Budget for FY 2020 includes funding to address the following:

- Redesign of intensive casework and intensive monitoring with a renewed focus on the prevention of premature institutionalization of CCP participants.
- Compliance with federal Person-Centered Planning requirements.
- Meet federal requirements for annual redeterminations
- Initiation of annual face-to-face visit requirements
- Public Act 100-587 funding is included for the Case Coordination Units (new legislation to reimburse Care Coordination Units to complete Medicaid applications for CCP clients).
- Implementation of Care Coordination Unit Rate Study

Community Care Program Proposed Budget for FY 2020 includes funding to address the following:

- Provision of over 41 million units of In-Home Services (aka Homemaker Services)
- Coverage for additional participants and hours as number of re-determinations and initials increase
- Includes funding for the identified 11,000 MCO clients that will remain in CCP
- Funding increase to improve compliance with waiver performance metrics, including the federal requirements for participants annual re-evaluation of eligibility and assessment of needs.

NOTE: For the Illinois Department on Aging's Complete Budget, please click here:

https://www.eciaaa.org/images/IDOA_FY_2020_Proposed_Budget.pdf

ADVOCACY IN ACTION!

Fiscal Year 2020 Public Information Document

Proposed Area Plan Amendments for FY 2020



ECIAAA ADVOCACY AGENDA For 2020

Federal Level - Reauthorization of the Older Americans Act

The Foundation for the Future of Aging Services.

The Older Americans Act is the foundation of the Aging Network! The Older Americans Act authorization will expire the end of FY 2019. ECIAAA will work with policymakers and stakeholders to reauthorize this vital Act.

Historical Perspective. The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's Great Society initiative aimed at eliminating poverty and injustice among the country's most vulnerable populations. The OAA was enacted to better serve older adults by implementing a nationwide network of community-based services to ensure that sustained health, independence and dignity could follow a lifetime of hard work.

Support OAA Reauthorization. Today, the mission of the Older Americans Act is even more important than it was five decades ago as our nation faces an unprecedented demographic shift. In the next five years, more than 18 million people will turn age 65. By 2030, 73 million – or one in five – people in America will be 65 or older. ECIAAA will work with the National Association of Area Agencies on Aging (n4a) to request Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative strategies that enable the existing services network to adequately meet the needs of this nation's rapidly growing aging population and their caregivers.

We will work with lawmakers in pursuing a bipartisan, thoughtful, determined approach to reauthorization that promotes four core principles of the OAA.

Four Core Principles of the Older Americans Act Reauthorization for FY 2020:

1. *Meet the consumers where they are by protecting local focus and flexibility.* OAA services enable older adults to age in place. Area Agencies on Aging develop and implement programs from the “bottom up” – truly reflecting the needs of older adults in local communities. Therefore, the reauthorization must preserve the local focus and flexibility maintained by Area Agencies on Aging.
2. *Meet growing needs by increasing investments.* OAA funding constitutes less than 1/3 of 1% of federal discretionary funding. To meet the demand, an increase of 23% (\$2.5 billion) is needed to restore the service capacity of the Aging Network. Additional funding would reduce waiting lists and expand reach.
3. *Foster innovations in service delivery.* Though the Act’s foundational infrastructure has remained strong for decades, emerging best practices and research have guided changes to its programs and services to meet the needs of a diverse and growing aging population. New resources are needed to engage rural, isolated seniors. OAA provides person-centered opportunities to prevent social isolation.
4. *Ease administrative barriers to increase access to services.* Area Agencies on Aging are charged with achieving and maintaining fiscal stewardship and efficiencies. Additional flexibilities are needed to allow Area Agencies on Aging reduce administrative burdens

so they can better address the needs in their local service areas.

To review the Older Americans Act (OAA) reauthorization recommendations in more detail, the National Association of Area Agencies on Aging (n4a) March 2019 Policy Brief can be found on ECIAAA's [website](#).

Federal Level – n4a’s Message to Congress on FY 2020 Appropriations

Key Message to House Appropriations Labor/HHS/Education Subcommittee Leaders:

- ❖ Secure a bipartisan budget agreement for FY 2020 and FY 2021 to stop the erosion vital services that support the health and wellness of older adults.
- ❖ Protect the important funding increases for the OAA and other aging programs that were implemented in FY 2018 and FY 2019.
- ❖ Champion additional funding increases for OAA programs. As the population of older adults and caregivers continues to grow rapidly, support increases for the following OAA programs:

\$462.1 million for OAA Title III B Home and Community-Based Supportive Services (HCBS):

The Home and Community-Based Supportive Services program authorized in Title III, Part B, of the Older Americans Act (OAA) provides critical resources to states and local Area Agencies on Aging. Community-based agencies rely on these resources to offer an array of supportive services that are essential to keeping older adults in their homes and communities, including in-home assistance and wrap-around services, adult day care, transportation services including to meal sites and medical appointments, access to legal assistance and elder justice assistance, case management and care coordination services, and many others. Title III B services are essential to providing access to other OAA programs, such as congregate and home-delivered meals, for many older adults and caregivers.

Overall, Title III, Part B, funding is used to deliver more than 20 distinctive services to help older adults and caregivers. When older adults are able to live independently, our country's communities are strengthened, and taxpayers and families avoid paying for more expensive acute health care and long-term care services.

\$522.5 million for OAA Title III C Congregate Nutrition Services and \$305.7 million for Home-Delivered Nutrition Services:

In 2017, nearly 2.4 million economically and socially vulnerable seniors received 76 million nutritious meals at senior centers or other local community organizations and 144 million meals delivered to their homes by public-private partnerships like Meals on Wheels. For the majority of these seniors, the meals provided more than one-half their food for the entire day. These

programs, however, are more than just food. Home-delivered nutrition services often provide participants their only opportunity for face-to-face contact or conversation, and two-thirds of congregate meal participants report that their health has improved because they attend lunch programs. These vital programs authorized under the Older Americans Act help fulfill our nation's commitment to maintaining dignity and independent living regardless of income or location.

\$199.3 million for OAA Title III E National Family Caregiver Support Program (NFCSP):

The National Family Caregiver Support Program (NFCSP) offers a range of supports to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training. Every year, caregivers provide more than \$480 billion worth of unpaid care to older adults and people with disabilities. The NFCSP provides essential supports, delivered through the Aging Network via state and local agencies, to informal caregivers who are an essential component to long-term care delivery in the country.

STATE LEVEL

ECIAAA took the lead, assisted by Kate Brunk, ECIAAA Stevenson Fellow, in developing promotional materials to support advocacy efforts conducted by the Illinois Association of Area Agencies on Aging (I4A). I4A has been successful in formalizing its approach to educating new and current members of the General Assembly on what Area Agencies do and the services we provide. Meetings have been scheduled with members of the General Assembly throughout Illinois. The I4A advocacy documents include:

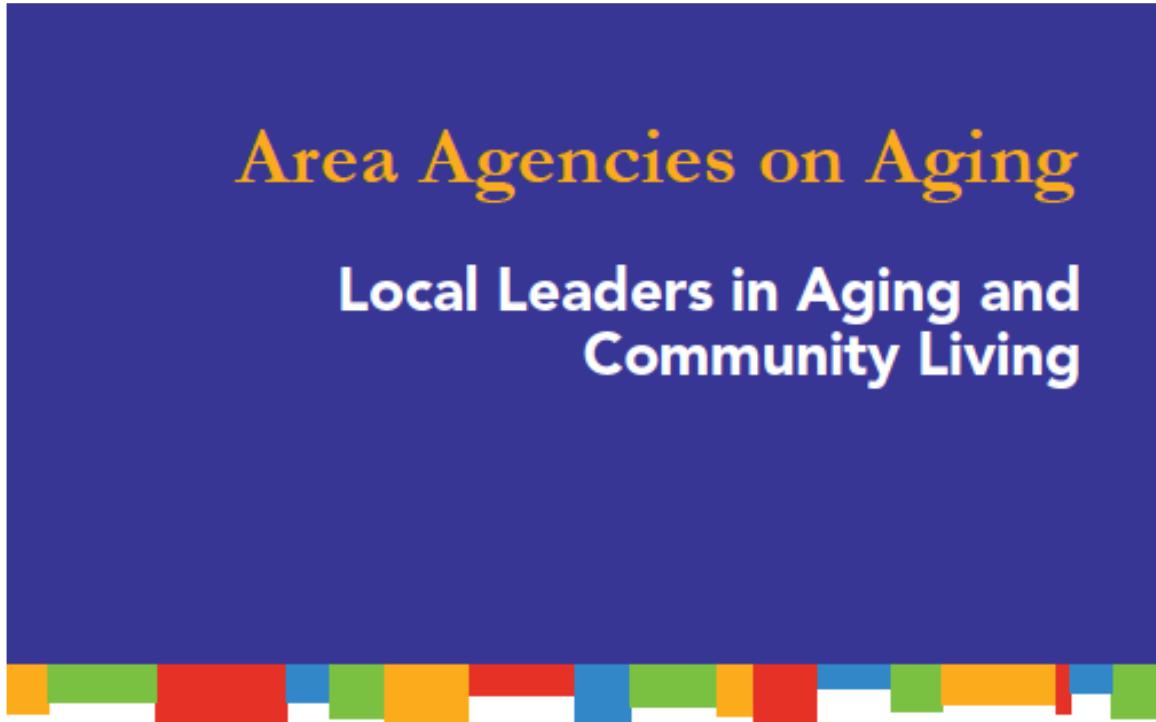
1. Illinois Area Agencies on Aging - Local Leaders Brochure;
2. I4A Fact Sheet; and,
3. Illinois Aging Network Alerts – sent to members of the General Assembly and advocates semi-monthly.

Legislative & Advocacy Committees

ECIAAA is also actively involved in facilitating I4A Legislative Committee meetings on a bi-weekly basis. During FY 2019, ECIAAA will convene the newly developed Advocacy Committee which includes members of the ECIAAA Corporate Board, ECIAAA Advisory Council, and members of the Illinois General Assembly and U.S. Congress.

Illinois Area Agencies on Aging - Local Leaders Brochure

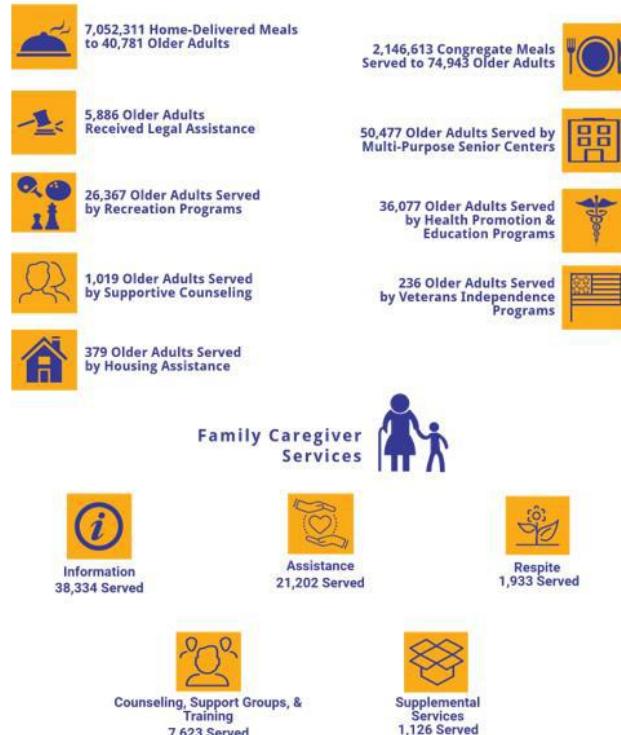
https://www.eciaaa.org/images/I4A/FINAL_IL_Local_Leaders_Brochure_1.28.19-min.pdf



Illinois Association of Area Agencies on Aging

I4A Fact Sheet

https://www.eciaaa.org/images/I4A/FINAL_I4A_Factsheet_2018_Infographic.pdf



Illinois Aging Network Alert

<https://www.eciaaa.org/index.php/advocacy-alert/329-february-2019-illinois-aging-network-alert>



Illinois Aging Network Alert



A report of the impact Area Agencies on Aging have on Illinois Seniors,
from I4A - Illinois Association of Area Agencies on Aging.
Contact: Susan C. Real 309-829-2065 ext. 218 or Joy Paeth 618-222-2561 (I4A President)

I4A Welcomes New Members to the 101st Illinois General Assembly!

Who We Are - Illinois Area Agencies on Aging are your local leaders in aging and community living! Authorized under the Federal Older Americans Act (OAA) and the Illinois Act on Aging, Area Agencies on Aging were formally established in 1972 as "boots-on-the-ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. The 13 Illinois Area Agencies on Aging play a key role in planning, funding, and coordinating a network of senior programs in designated planning and service areas.

Who We Serve - Illinois Area Agencies on Aging serve 559,000 older adults, family caregivers, and grandparents/relatives raising grandchildren/children by supporting a network of over 230 community programs on aging. We serve 21% of total Illinois senior population.

Efficient Use of Federal & State Funding. Area Agencies on Aging are experts in administering \$51.1 million in federal OAA funds and \$30.8 million in Illinois General Revenue Fund (GRF) monies to best serve Illinois seniors. The OAA/GRF funding is also supported by local match and participant donations. *(Source: I4A AAA Survey – FY 2018 Program & Fiscal Data)*

A Snapshot of Critical Services Provided in Illinois

(Source: I4A AAA Survey - FY 2018 Program & Fiscal Data)

- 389,000 older persons received information and direct assistance navigating Medicare Part D applications and other senior health assistance programs.
- 40,781 older adults received over 7 million home delivered meals.
- 74,943 older adults were served over 2.1 million meals at congregate meal settings (such as senior centers).
- 36,000 older adults participated in healthy aging programs to prevent falls and manage chronic diseases.
- 70,210 family caregivers of older adults and grandparents/relatives raising grandchildren/children receive support to continue their caregiving responsibilities.

Representatives from your Area Agency on Aging will be in touch to share the wonderful work going on in your district for older adults, caregivers, grandparents raising grandchildren, and individuals with disabilities!

Planning & Assessment Process for FY 2019 – FY 2021

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

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Proposed Area Plan Amendments for FY 2020



ECIAAA's Planning & Assessment Process for FY 2019 – FY 2021

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

ECIAAA *UPDATED* FY 2018 Performance Outcome Report to Constituents on Legal, Nutrition, Caregiver Advisory/Grandparents Serving Grandchildren, and Coordinated Points of Entry/Senior Information Services

Updated April 3, 2019

Results: A Summary of Outcomes:

During FY 2018, Service Providers utilized \$5,006,201 to assist 20,346 older persons. The cost benefit derived by enabling these individuals to continue living in the community versus a nursing facility is immense. The State of Illinois' median cost of care for a semi-private room in a nursing home is \$187/day. Estimating a minimum 25% of the 20,346 individuals living in the community we served are at risk of institutional living, our services have saved older persons and taxpayers nearly \$317 million.

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

The Coordinated Point of Entry/Senior Information Services Program provided by the ECIAAA is resulting in older adults and disabled persons experiencing financial security, peace of mind, independence, and improving their overall health, well-being, and quality of life.

Outcome #2: Caregivers are supported to enable them to continue caring for their loved ones.

The caregiver services provided by the ECIAAA are resulting in caregivers and grandparents raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, by receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. Caregiving services enable older adults to continue living in their homes.

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

Nutrition services provided by the ECIAAA are improving food security, increasing opportunities for socialization, reducing feelings of isolation, helping participants to eat healthier, make better food choices, and improve their health, promoting independence, and enabling older adults to live at home.

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

Legal services provided by the ECIAAA are promoting the independence and financial

stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights and responsibilities.

We have two performance goals that permeate all services and programs:

1. Older Americans will have successful transitions between all services and levels of care.
Results: CRIS Healthy-Aging Center, in conjunction with Carle Foundation Hospital and OSF Hospital Systems, is conducting a program aimed at providing community-based services to prevent hospital readmissions of Medicare patients within 30-days. ECIAAA is awaiting evaluation information and remains committed to supporting care-transition services that bridge Medicare and human services.
2. Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results: ECIAAA budgeted \$67,639 for six organizations to disseminate evidence-based, healthy aging programs. In total, 397 older adults participated in the programs, attending a total of 4,116 individual class sessions. The programs included Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Strong for Life, and Program to Encourage Active Rewarding Lives for Seniors.

Cost Benefit:

Based on healthcare costs savings as determined by the Centers for Medicare and Medicaid Services, participants in A Matter of Balance workshops saved \$70,444 in healthcare costs and, based on the cost-savings reported by BMC Public Health, participants in the Chronic Disease Self-Management Program experienced a savings of \$1,322.

In accord with mandates of the Older Americans Act, we also target services to those in greatest need. The chart below depicts the demographic and socioeconomic factors that define “greatest need” and reflects targeting outcomes of Service Providers in FY2018.

Participants Tell Us How Services Affect Them

We measure performance through participant feedback and data collected by Service Providers. They utilize the Performance Outcome Measurement Project (POMP) Survey, developed by the Administration for Community Living, to annually solicit feedback from randomly selected participants. The POMP Survey questions are answered by individuals receiving nutrition, caregiver, and senior information services. Legal services solicit client feedback but do not use the POMP survey instrument. Several Service Providers also administer additional surveys to collect information that enables us to determine the impact these services are having on older adults in east central Illinois. This portion of the report will be updated.

2018 PERFORMANCE REPORT: COORDINATED POINT of ENTRY/ SENIOR INFORMATION SERVICES

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

The Coordinated Point of Entry/ Senior Information Services Program provided by the East Central Illinois Area Agency on Aging (ECIAAA) is resulting in older adults and disabled persons experiencing financial security, peace of mind, independence, and improving their overall health, well-being, and quality of life.

The implementation of Coordinated Points of Entry/Senior Information Services (CPoE/SIS) was the top service funding priority in FY2018. The East Central Illinois Area Agency on Aging (ECIAAA) budgeted \$996,838 for CPoE/SIS through a combination of federal Older Americans Act (OAA), Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds.

During FY 2018, ECIAAA funded 11 organizations (Service Providers) to provide Coordinated Points of Entry/Senior Information Services throughout its 16-county geographic service area:

- Family Service Senior Resource Center - Champaign County
- Life Center Senior Services - Clark and Cumberland Counties
- Coles County Council on Aging - Coles County
- Community Care Systems, Inc. - DeWitt, Livingston, McLean, and Shelby Counties
- Mid-Illinois Senior Services - Douglas and Moultrie Counties
- Chester P. Sutton Community Center - Edgar County
- Ford County Health Department - Ford County
- Volunteer Services of Iroquois County - Iroquois County
- Macon County Health Department - Macon County
- Piatt County Services for Seniors - Piatt County
- CRIS Healthy-Aging Center - Vermilion County

Coordinated Points of Entry/Senior Information Services serve as a “central clearinghouse” for adults and persons with disabilities and their families, provide ongoing coordination and connection to services, utilize a standardized intake process, complete referrals and “warm transfers”, provide follow-up monitoring, utilize Options Counseling for participants, engage participants in available programming such as Plan Finder and Benefits Access, utilize the Enhanced Services Program (ESP) – a statewide resource database, and provide access to evidence-based Healthy Aging services. The ECIAAA requires Coordinated Points of Entry/Senior Information Services to have at least one staff member who is certified by the Alliance of Information and Referral Systems (AIRS).

Performance Results: Level of Service and Persons Served

The CPoE provided 31,236 units/hours of service to 13,932 persons throughout the 16-county geographic service area.

Performance Results: Targeting Those in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

CPoE/SIS Services Participants: Minority	Unduplicated Persons
White – Hispanic	95
American Indian/Alaska Native	35
Asian	39
Black – Non/Hispanic	935
Black -Hispanic	12
Black - Ethnicity Missing	3
Native Hawaiian - Other Pacific Islander	6
Other Races	129
TOTAL MINORITY SERVED	1,254
CPoE/SIS Services Participants: Overview	Unduplicated Persons
Rural	4,487
Living Alone	6,019
Low Income	6,376
Low Income – Minority	720
Limited English	153
+75 Years Old	5,841

Performance Results: Impact of CPoE/SIS Services

Older adults and disabled persons experience an improved level of financial security.

- Service Providers assisted older adults in applying for benefit programs, enabling them to save money on rent and utilities.
- Service Providers counseled and/or assisted older adults with Benefits Access applications, providing seniors and persons with disabilities free transit rides and a Secretary of State license plate discount, resulting in an individual savings of \$76 per year.

Older adults are experiencing an increased sense of well-being related to savings incurred through a customized prescription plan.

- Service Providers counseled and/or assisted older adults in enrolling in Medicaid and Medicare Part D.
- Service Providers counseled and/or assisted older adults in making applications for insurance and prescription drug savings such as the Senior Health Assistance Program (SHAP), Social Security Administration's Low-Income Subsidy (to receive a reduction on Medicare Part D premiums, Medicare Savings Program (a savings of at least \$105/month), Medicare Part B Prevention and Wellness benefit, and other prescription drug assistance program options.

Older adults are improving their overall health and well-being.

- By engaging in CPoE/SIS, older adults have access to medical care to maintain or improve their health.
- Service Providers provide older adults with access to evidence-based Healthy Aging programs such as the Chronic Disease Self-Management Program, Diabetes Self-Management Program, and "Strong for Life" exercise classes.
- Service Providers refer older adults to congregate meal, home-delivered meal, and home care assistance programs in their communities.

Older adults are experiencing independence and improved quality of life.

- Follow-up activities by Service Providers ensured that participants had a successful care transition between services and levels of care.
- The provision of Options Counseling enabled older adults to make decisions about living arrangements based upon their needs and the services that are available to them to help them continue living at home.
- By accessing benefit and savings programs, older adults have more money to purchase food, prescription drugs, and other necessities.

2018 PERFORMANCE REPORT: CAREGIVER ADVISORY SERVICE (CAS)/GRANDPARENTS RAISING GRANDCHILDREN (GRG)

Performance Outcome #2: Caregivers are supported to enable them to continue caring for their loved one(s). The caregiver services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are resulting in caregivers and grandparents raising grandchildren (GRG) accessing programs and services to support them in caregiving roles, by receiving counseling and/or participating in support groups that equip them to better cope with the responsibilities of caring for their loved ones. Caregiving services are enabling older adults to remain in their homes.

During FY2018, the ECIAAA budgeted \$374,331 for the federal Older Americans Act (OAA) Title III-E funds for Caregiver Advisory Services (CAS) and Grandparents Raising Grandchildren Services (GRG).

Caregiver Advisory Services provide help to an adult family member or another individual, who is an informal provider of in-home care to an older individual. The program is a source of information for caregivers, assists them in accessing services, and offers individual counseling/consultation and support services to help caregivers and grandparents raising grandchildren cope with their caregiving roles and/or develop and strengthen capacities for more adequate social and personal adjustments. Respite services provide temporary, substitute care or supervision of a functionally impaired person. It allows the primary caregiver time away to complete other tasks without disruption of the care of the individual.

During FY 2018, The ECIAAA funded nine organizations (Service Providers) to deliver these services in its 16-county geographical service area:

- Family Service Senior Resource Center for Champaign and Piatt Counties
- Community Care Systems, Inc. for Clark, Cumberland, DeWitt, Livingston, and McLean Counties
- Coles County Council on Aging for Coles County
- Mid-Illinois Senior Services for Douglas, Moultrie, and Shelby Counties
- Chester P. Sutton Community Center for Edgar County
- Ford County Health Department for Ford County
- Volunteer Services of Iroquois County for Iroquois County
- Macon County Health Department for Macon County
- CRIS Healthy-Aging Center for Vermilion County

To support caregivers and enable them to provide care to their loved ones, Caregiver Support Program Service Providers conduct intake, screening, and follow-up services, organize and facilitate or refer persons to appropriate support groups, including support groups for families caring for persons with Alzheimer's Disease and other dementias, conduct training and education on topics such as Grandparents Raising Grandchildren, and utilize evidence-based training programs such as *Powerful Tools for the Caregiver* and *Savvy Caregiver*, and provide Options Counseling, whereby care plans are developed and caregivers are supported in their deliberations to determine appropriate long-term care choices for their loved ones.

Cost Benefit: Although local data is not yet available to calculate costs, the AARP Public Policy Institute indicates the value of unpaid caregiving in the United States totals \$470 billion per year. Nationwide, there are 43.5 million caregivers providing care to adults 18 years of age and older with a disability or illness. Sixteen million adult family caregivers care for someone who has Alzheimer's disease or other dementia. The value of unpaid caregiving exceeds the value of paid home care and total Medicaid spending in the same year.

Performance Results: Level of Service and Persons Served

Service Providers provided a total of 6,777 units/hours of CAS service to 909 caregivers, and 2,702 units/hours of GRG services to 193 grandparents:

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors in the chart below indicate the services are reaching those in greatest need.

GREATEST NEED: Minority	Caregiver Advisory	Grandparents Raising Grandchildren
White – Hispanic	7	1
American Indian/Alaska Native	1	-
Asian	3	-
Black – Non/Hispanic	55	43
Black -Hispanic	-	-
Black - Ethnicity Missing	-	-
Native Hawaiian - Other Pacific Islander	-	-
Other Races	7	-
TOTALS – MINORITY	73	45
GREATEST NEED: Overview	Caregiver Advisory	Grandparents Raising Grandchildren
Rural	343	77
Living Alone	140	23
Low Income	286	162
Low Income – Minority	21	30
Limited English	16	5
+75 Years Old	308	29

Performance Results: Impact of the Caregiver Support/Grandparents Raising Grandchildren Program

Service Providers are responsible for surveying caregivers and grandparents to collect information about them and seek their feedback about the services they are receiving in this program.

Caregivers are better informed about services, connected to services and programs enabling them to continue providing care to their loved ones, and more comfortable in the role of caregiver.

Caregivers are enabling their loved ones to continue living at home.

2018 PERFORMANCE REPORT: NUTRITION SERVICES

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

Nutrition services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are improving food security, increasing opportunities for socialization, reducing feelings of isolation, helping participants to eat healthier, make better food choices and improve their health, promoting independence, and enabling older adults to live at home.

During FY2018, ECIAAA budgeted \$647,615 in federal Older Americans Act Title III-C and Nutrition Services Incentive Program funds for congregate nutrition and \$1,236,204 in III-C Federal and State GRF support for home-delivered meals. Congregate meals are served at familiar locations, such as senior centers, to promote health and reduce isolation. Home-delivered meals are provided to older adults who are homebound because of illness, physical or mental impairment or otherwise isolated.

During FY 2018, ECIAAA funded four organizations (Service Providers) to deliver congregate and home-delivered meals throughout its 16-county geographic service area:

- Peace Meal Senior Nutrition Program, sponsored by Sarah Bush Lincoln Health System, provides congregate and/or home-delivered meals sites in 14 counties, including Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby.
- CRIS Healthy-Aging Center provides congregate meals in Vermilion County and provides home-delivered meals countywide.
- Decatur Macon County Opportunities Corporation Elderly Services Program provides congregate and home-delivered meals in Macon County.
- Catholic Charities provides Meals on Wheels in Decatur and Macon County.

Nutrition programs are required to implement creative program design and menu planning that optimize consumer choice, provide consistent meal provision meeting dietary standards, provide a five-day per week meal program, conduct activities to increase socialization and reduce feelings of isolation, provide access to Healthy-Aging services/programs such as A Matter of Balance and Chronic Disease Self-Management, provide nutrition education, conduct individual needs assessments with home-delivered meal recipients to identify operational and safety issues, and conduct wellness checks on home-delivered meal recipients.

Cost Benefit: Studies are underway to determine the financial benefit of nutrition services, but early studies are linking them to improved health and health care utilization. Brown University's Center of Gerontology and Health Care Research in 2016 showed that the health care costs of Meals on Wheels recipients declined after they enrolled in a home-delivered meals

program. Hospitalization costs fell by an average of \$362, \$1155, and \$1356 at the 30-, 90-, and 180-day time periods following enrollment. Nursing facility costs fell by \$244, \$652, and \$363 over the same time periods respectively.

Performance Results: Number of Meals and Older Adults. The organizations provided a total of 666,464 meals to 8,950 older adults, 204,879 congregate meals to 5,281 older adults, and 461,585 home-delivered meals to 3,669 older adults:

Performance Results: Targeting Older Adults in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Congregate Meals	Home Delivered Meals
White – Hispanic	21	20
American Indian/Alaska Native	13	5
Asian	14	2
Black – Non/Hispanic	249	382
Black -Hispanic	2	1
Black - Ethnicity Missing	-	-
Native Hawaiian - Other Pacific Islander	-	4
Other Races	28	24
TOTAL MINORITY SERVED	327	438
GREATEST NEED: Overview	Congregate Meals	Home Delivered Meals
Rural	2,694	1,183
Living Alone	1,829	1,847
Low Income	1,443	1,740
Low Income – Minority	215	315
Limited English	43	43
+75 Years Old	2,786	2,001

Performance Results: Impact of Nutrition Services

Service Providers are responsible for surveying meal recipients to collect information about those participating in the programs and seek feedback regarding their satisfaction with the food and services.

Participants in the congregate and home-delivered meal programs experience improved food security.

The nutrition program provides participants with opportunities for socialization and reduces the isolation of older adults.

Meal participants are eating healthier, making better food choices, and improving their health. The Nutrition Services program is promoting independence and enabling older adults to live at home.

2018 PERFORMANCE REPORT: LEGAL SERVICES

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

Legal services provided by the East Central Illinois Area Agency on Aging (ECIAAA) are promoting the independence and financial stability of older adults by providing legal advice, representation, and education to increase their understanding of consumer, legal, medical, and financial rights and responsibilities.

During FY2018, the ECIAAA budgeted \$97,626 in federal Older Americans Act Title III-B funds for legal assistance for older adults. The agency funded two organizations (Service Providers) to deliver legal assistance throughout its 16-county geographic service area: Land of Lincoln Legal Assistance Foundation, serving 13 counties, and Prairie State Legal Services, serving three counties.

The provision of legal services includes advocating for and assisting with basic civil needs of an older adult. Assistance can be provided to help in cases of elder abuse and neglect, financial exploitation, consumer fraud, landlord/tenant relationships, and public benefit programs. Criminal, real estate and damage award cases cannot be handled by legal assistance.

Legal service programs are required to provide legal advice and representation, inform older adults about the availability and location of their services and case acceptance priorities, provide community education opportunities on legal issues, prioritize legal assistance for Adult Protective Service cases, attend court hearings and prepare legal documents, provide referral and follow-up for additional services to benefit the client, provide assistance in obtaining public benefits such as Social Security, Medicare, Medicaid, etc., and collaborate and consult with other service providers serving the same populations.

Cost Benefit: On average, private attorney fees are 2.4 times the cost of Service Provider fees. Funds provided by the ECIAAA enabled Service Providers to provide 1,245.8 hours of legal services to older adults. This resulted in a cost savings of \$126,614 when program cost is

compared to private attorney fees.

Performance Results: Level of Service and Older Adults Served

The Land of Lincoln Legal Assistance Foundation and Prairie State Legal Services assisted 533 older adults during FY2018, providing 2,806 units/hours of legal assistance.

Performance Results: Targeting Older Persons in Greatest Need

The demographic and socioeconomic factors indicate that services are reaching those in greatest need.

GREATEST NEED: Minority	Legal Services
White – Hispanic	5
American Indian/Alaska Native	1
Asian	1
Black – Non/Hispanic	-
Black -Hispanic	-
Black - Ethnicity Missing	107
Native Hawaiian - Other Pacific Islander	-
Other Races	5
TOTAL MINORITY SERVED	119
GREATEST NEED: Overview	Legal Services
Rural	81
Living Alone	403
Low Income	152
Low Income – Minority	49
Limited English	-
+75 Years Old	164

Performance Results: Impact of Legal Services

Older adults who work with attorneys understand the legal importance of advance directives, and benefit from peace of mind when choosing their future financial and medical decision-makers.

Older adults who work with attorneys understand their rights to public benefits including medical and financial benefits and achieve stability from obtaining or preserving these benefits. Older adults who work with legal service attorneys understand their legal and consumer rights are protected from fraud, elder abuse, neglect and financial exploitation, landlord/tenant relationships and unlawful debt collection.

ECIAAA County Conversations – Continued Planning for FY 2020

Background. ECIAAA Conducted 12 County Conversations from January 12, 2018 through February 5, 2018, with a total attendance of 205. During the 2018 County Conversations, ECIAAA was able to achieve the following objectives.

Objective I

Presented the FY 2017 Performance Outcomes Report to Constituents on Older Americans Act Services - Legal, Nutrition, Caregiver Advisory and CPoE/Senior Information Services.

Objective II

Obtained input from participants how ECIAAA can improve the OAA services provided, and how ECIAAA can improve OAA service delivery.

Objective III

Served as an advocacy platform to inform lawmakers how vital these programs are to their constituents and must be preserved and increased!

Based on the input received during the planning process, ECIAAA will continue to implement the following recommendations for FY 2020:

Senior Information Services/Coordinated Points of Entry (SIS/CPoE)

1. ECIAAA increased federal and state funding to respond to the increased demand for services.
2. Since the current SIS/CPoE Service Program Design was supported during the planning process, ECIAAA maintained the current program in FY 2019 and will be extended to FY 2020.
3. ECIAAA will continue supporting SHIP Counselors as they provide many important services that are not available online or through IDoA's Senior Helpline.
4. ECIAAA instituted Options Counseling in all counties to address the needs of individuals with disabilities.
5. Ethnic diversity is increasing in all communities – ECIAAA will continue to target services to diverse groups.
6. ECIAAA continues to support technology upgrades through its investment in ACORN - a client reporting and tracking system replacing ClientTracker.

Caregiver Advisory Services

1. ECIAAA continues to support the implementation of online support groups and online Evidence-Based Healthy Aging classes (CDSMP & DSMP).
2. Continue to support the provision of Respite Services, specifically Respite Services for Grandparents Raising Grandchildren.
3. ECIAAA reinstated “Gap-Filling” services for Caregivers and Grandparents Raising Grandchildren to provide one-time support services to those in need.
4. Since the current Caregiver Advisory Program Service Design was supported during the planning process, ECIAAA maintained the current program design in FY 2019 and will extend to FY 2020.

5. ECIAAA continues to work with Caregiver Advisory Programs to encourage participants access available support groups – the key is to have caregivers access services before the caregiver is completely worn down and desperate for help.
6. ECIAAA continues to work with Caregivers & Grandparents Raising Grandchildren in organizing ‘Nights Out of the House’ to provide meaningful support.
7. ECIAAA works with Caregiver Advisory Programs in navigating the changes to the DHS system (Regional HUBS) in processing Public Aid and Medicaid cases for Caregivers and GRG’s.

Nutrition Services

1. ECIAAA supports investment in infrastructure by Nutrition Providers with increased funding.
2. ECIAAA continues to support the development and implementation of restaurant programs. The OAA-funded restaurant programs have resulted in a significant increase in congregate participation.
3. Since the current Nutrition Service Program Design was supported during the planning process, ECIAAA maintained the current program design in FY 2019 and will extend to FY 2020.
4. Nutrition Providers reported that the implementation of the Dietary Reference Intake (DRI’s) nutritional requirements have not affected participants’ satisfaction with OAA meals.
5. OAA Nutrition Programs are required to match their operational budgets with local donations – Nutrition Providers reported the need for better communication of how important these donations are to ensure nutrition services continue.
6. Nationally, Nutrition Providers reported a shift away from preserving the congregate programs (shifting resources to home-delivered meals). However, ECIAAA and PSA 05 Nutrition Providers are committed to growing the Congregate Nutrition Program in FY 2020.
7. ECIAAA Nutrition Providers have successfully invested in congregate nutrition program expansion which has resulted in an overall increase in congregate participation in PSA 05.
8. Nutrition Providers reported a need for congregate meals on weekends and holidays.
9. Nutrition Providers reported a need to expand service delivery to rural areas.
10. Nutrition Providers requested more funding to provide more highly specialized diets to those in need.

Legal Services

1. Legal Service Providers continue diversifying caseloads.
2. ECIAAA will continue to work with PSA 05 Legal Assistance providers to address the for GRG Guardianship assistance.
3. More outreach is needed to younger individuals to plan for legal issues that come with Aging.
4. ECIAAA will continue to work with PSA 05 Legal Assistance providers to address the increased demand in guardianship cases.
5. Denial of public benefits cases are in demand.

FY 2019 Home Delivered Meals Survey

Identification of Needs & Gaps in Nutrition Services in PSA 05 Numbers of Older Persons Denied HDMs & Current

Numbers of Older Persons on Waiting Lists

Name of County	FY 2018 # of Older Persons Denied HDMS due to Lack of Funding	Current # of Older Persons on Waiting Lists
Champaign	40	-
Clark	30	-
Coles	15	-
Cumberland	5	-
DeWitt	20	-
Douglas	15	-
Edgar	30	-
Ford	15	-
Iroquois	20	-
Livingston	20	-
McLean	-	-
Moultrie	20	-
Piatt	5	-
Shelby	15	-
Vermilion	79	-
Macon	-	-
Grand Total:	329	0

Numbers of Older Persons Needing HDMs in Unserved Areas

County	Unserved Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
Champaign	Ayers, Compromise, Crittenden, East Bend, Kerr, Ogden, Raymond, Stanton, St. Joseph	40
Clark	Anderson, Auburn, Darwin, Dolson, Douglas, Johnson, Melrose, Orange, Wabash, York	30
Coles	Morgan, Seven Hickory	15
Cumberland	Union	5
DeWitt	Barnett, Creek, DeWitt, Harp, Rutledge, Texas, Turnbridge, Wapella, Waynesville, Wilson	20
Douglas	Bourbon, Bowdre, Garrett, Sargent	15
Edgar	Brouilletts Creek, Elbridge, Grandview, Hunter, Prairie, Redmon, Stratton, Symmes	30
Ford	Brenton, Button, Dix, Mona, Pella, Rogers, Sibley, Wall	15
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland	20
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Forrest, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo	20
McLean		-
Moultrie	Dora, East Nelson, Jonathan Creek, Lowe	20
Piatt	Cerro Gordo, Sangamon, Unity, Willow Branch	5
Shelby	Flat Branch, Holland, Penn, Rural,	15
PEACE MEAL TOTAL		250
Vermilion – CRIS	None	-
Macon – MOWs	None	-
GRAND TOTAL		250

STATEWIDE INITIATIVE

Enhance Illinois' Existing Community-Based Service Delivery System to
Address Social Isolation among Older Adults

&

LOCAL INITIATIVE

Healthy Aging

Evidence-Based Healthy Promotion Programs

Fiscal Year 2020 Public Information Document

Proposed Area Plan Amendments for FY 2020



Statewide Initiative

Enhance Illinois' Existing Community-Based Service

Delivery System to Address Social Isolation among Older Adults

Background Information

ECIAAA will continue to work in collaboration with other community-based providers to address social isolation among older adults. The goal is to reduce social isolation among older adults within PSA 05.

Loneliness and social isolation are major issues for older adults and are linked with negative physical and mental health consequences. A recent review identified a wide range of health outcomes associated with loneliness and social isolation including depression, cardiovascular disease, quality of life, general health, cognitive function and mortality.

Social isolation refers to the objective absence of contacts and interactions between a person and a social network. Thus, socially isolated older adults have poor or limited contact with others, and they view this level of contact as inadequate, and/or that the limited contact has had adverse personal consequences for them.

The AARP Foundation has defined social isolation as the following:

Isolation is the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health, ability and motivation to access adequate support for themselves, and the quality of the environment and community in which they live.

A recent study conducted by AARP documented that an estimated 14 percent of study participants were socially isolated. The AARP study also outlined that, "Socially isolated respondents were more likely to be male, to be white, to live in an urban area, and to have lower household income and wealth" (Flowers, Shaw, Arid, 2017). Other surveys have indicated that gender, education and race/ethnicity were not related to loneliness. Additionally, socially isolated older adults are more likely to experience depression, have five or more chronic illnesses, and have difficulty performing activities of daily living.

The primary risk factors associated with isolation include:

- Living alone
- Mobility or sensory impairment
- Major life transitions
- Socioeconomic status (low income, limited resources)

- Being a caregiver for someone with severe impairment
- Psychological or cognitive vulnerabilities
- Location: rural or inaccessible neighborhood/community
- Small social network and/or inadequate social support
- Language (limited English-speaking)
- Membership in a vulnerable group (AARP Foundation)

Progress in FY 2019

ECIAAA, with the assistance of Kate Brunk, ECIAAA Stevenson Fellow, convened *Reducing Social Isolation Committees* in the communities of Bloomington/Normal and Champaign/Urbana during FY 2019. ECIAAA plans to start Reducing Isolation Committees in Decatur and Danville during FY 2020.

During FY 2019, ECIAAA conducted service coordination and program development activities which included following:

- Expansion of social facilitation interventions such as friendly visitor, telephone reassurance programs
- Development of leisure/skill development interventions
- Using remote communications to reduce isolation
- Supporting informal caregivers
- Increasing the service delivery capacity of small community agencies to address social isolation
- Supporting the development of volunteer-based outreach programs
- Implementation of Intergenerational activities

Community Partners

Bloomington/Normal

ECIAAA Regional Ombudsman Program
 Peace Meal Senior Nutrition Program
 Community Care Systems, Inc. Caregiver Advisory Program
 Bloomington Public Library
 Normal Public Library
 Advocate Adult Day Service
 The ARC – Activity and Recreation Center, Normal
 Faith in Action of Bloomington/Normal
 YWCA
 Illinois State University

Champaign/Urbana

ECIAAA Regional Ombudsman Program
 Peace Meal Senior Nutrition
 CRIS Healthy-Aging Center SIS/CPoE

University of Illinois – Human Factors and Aging Laboratory
OSF Faith in Action
Family Service of Champaign County
Circle of Friends Adult Day Service

ECIAAA FY 2019 Annual Retreat –
The Kick-Off Event for Reducing Social Isolation in PSA 05
Wednesday, November 7, 2018
LifeSpan Center, Charleston

Reducing Social Isolation in Older Adults

Reducing Social Isolation in East Central Illinois - provided information on Social Isolation in Older Adults, its impact on individuals and society, and the new statewide initiative ECIAAA is a part of to reduce social isolation among older adults and their caregivers.

Home Devices Can Reduce Social Isolation – presented new and existing devices that may help reduce social isolation among elder adults and the risks associated with them. You'll also learn about the AARP Foundation's free service [Connect2Affect](#).

Research Focused on Reducing Social Isolation –

Presented current research in the areas of technologies to support successful aging with disabilities.

Lyndsie Koon, PhD – Post-Doctoral Research Associate
Brian Pastor, BS – Program Coordinator, CHART Program
University of Illinois Urbana-Champaign

FY 2020 – Funding Opportunity. The Governor's proposed FY 2020 budget includes \$1 million in General Revenue Fund (GRF) monies to support Area Agencies on Aging activities to address social isolation in the 13 Planning and Service Areas. Programs fundable under this initiative can be newly-developed services and/or an expansion of existing services. The amount allocated for PSA 05 is \$68,300.

ECIAAA LOCAL INITIATIVE

Healthy Aging - helping older adults manage chronic health conditions.

Statement of Need

The Administration on Community Living (ACL) reports that due in large part to advances in public health and medical care; Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20th century to over 79 years today (U.S. Census). On average, an American turning age 65 today can expect to live an additional 19.1 years. Not only are Americans living longer, the population of older Americans is experiencing tremendous growth. According to ACL, the population of Americans age 60 and over will increase from 57 million to over 77 million between now and 2020. The 85 and over age group will see similar growth, increasing from 6.3 million to 9.1 million between 2015 to 2030 according to U.S. Census data. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity. Older Americans Act programs and services help seniors in need maintain their health and independence.

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital 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. According to studies by the Stanford Patient Education Resource Center, participants in Chronic Disease and Diabetes Self-Management Programs (evidence based healthy aging programs often supported by OAA funds) gained significant improvements in many health factors and self-management skills resulting in fewer and shorter hospital visits. Survey results from another evidence-based program, A Matter of Balance, indicated over 97 percent of participants felt more comfortable talking about falling, and planned to continue the program's exercises after the conclusion of the workshops.

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, 559,000 Illinois older adults, and over 21,000 older adults in Area 05. However, community programs on aging have lacked the resources and the training to deliver healthy aging programs to seniors today and to a growing population of baby-boomers in the future.

Healthy Aging in East Central Illinois

ECIAAA promotes healthy aging with local and statewide partners including:

- ECIAAA-funded service providers have reported 80 participants in A Matter of Balance workshops.
- ECIAAA is a partner with Illinois Pathways to Health – an ACL grant awarded to and administered by AgeOptions, to enhance the dissemination of Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) in PSA 05.
- Under the direction of Rush Medical Center and Illinois Aging Services, ECIAAA is sponsoring the Geriatric Workforce Enhancement Program Grant to expand PEARLS and HEALTHY IDEAS throughout Illinois.

ECIAAA promotes healthy aging with local and statewide partners including:

Support of the AgeOptions Evidence-Based Falls Prevention efforts by continuing to fund *A Matter of Balance* in PSA 05, facilitating Leaders trainings in PSA 05, sharing a calendar of evidence-based class schedules on our ECIAAA website and participating in technical assistance sessions to improve the reach and sustainability of all evidence-based programming.

ECIAAA Funding for Healthy Aging/Evidence-Based Programming for FY 2020:

In response to multiple statewide initiatives, ECIAAA will direct Title III-D and Title III-B funding to support evidence-based healthy aging programming and services. Programs supported with Title III-D funding include *A Matter of Balance*, *Take Charge of Your Health: Live Well, Be Well*, the Chronic Disease Self-Management and Diabetes Self-Management Program and Aging Mastery. The Program to Encourage Active and Rewarding Lives (PEARLS) will be supported with III-B funding. ECIAAA is committed to continued support of Leaders Trainings, fidelity monitoring, as well as increasing the number of Master Trainers located in PSA 05. ECIAAA will aim to make evidence-based programs available across all 16 counties in East Central Illinois.

ECIAAA will continue to support highest level criteria established by the Administration on Aging for evidence-based programs in FY 2020.

PEARLS- Program to Encourage Active and Rewarding Lives – An evidence-based program integrated into Gerontological Counseling and designed to reduce depression in physically impaired and socially isolated older adults.

Service Area-McLean, DeWitt and Champaign Counties

Providers- CCSI, Family Service

Projected Funding- \$36,700

Funding Title: III-B

CDSMP/DSMP- Chronic Disease Self-Management and Diabetes Self-Management- A 6-week evidence-based program that has shown participant improvement in exercise, cognitive symptom management, communication with physicians and self-reported general health.

Service Area- Champaign, McLean, DeWitt, Livingston, Macon Counties

Providers- Family Service, CCSI, Macon County Health Department

Projected Funding- \$14,000

Funding Title: III-D

A Matter of Balance- Consists of an eight-session program producing significant improvements for participants in falls preventions, falls control, level of exercise and social limitations regarding concern about falling. These measures all indicate the program is successful in reducing the fear of falling.

Service Area- Champaign, Cumberland, DeWitt, McLean, Macon, Moultrie, Piatt and Shelby

Providers- Family Service, Life Center, CCSI, Catholic Charities

Projected Funding- \$36,318

Funding Title: III-D

Aging Mastery- Consists of a 10-topic curriculum that features fun and engaging educational sessions designed to produce behavioral incentives for aging well. Topics include exercise, nutrition, finances, advance care planning, community engagement and healthy relationships.

Service Area- Vermilion and Champaign Counties

Providers- CRIS Healthy-Aging Center (plus train Life Center)

Projected Funding \$5,746

Funding Title: III-D

Stress Busting - Consists of a nine-session class proving support for family caregivers of persons with Alzheimer's Disease and Related Dementias or persons with cancer or chronic disease or illness. The Stress-Busting Program has been proven to reduce stress, anxiety and anger and improve caregiver quality of life.

Service Area- PSA 05

Providers- All Nine Caregiver Advisory providers

Projected Funding- ECIAAA plans to allocate a portion of the \$68,300 in Alzheimer's Disease and Related Dementia Special Project.

DEMOGRAPHIC CHARACTERISTICS & TRENDS

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A PROFILE OF OLDER ADULTS IN PLANNING & SERVICE AREA 05

Fiscal Year 2020 Public Information Document
Proposed Area Plan Amendments for FY 2020



Demographic Characteristics and Trends

A Profile of Older Americans: 2017 (most ACL recent tabulation)

Source: Administration on Aging/Administration for Community Living

- The older population (65+) numbered 49.2 million in 2016 (the most recent year for which statistics are available), an increase of 33% since 2006.
- Between 2006 and 2016 the population age 60 and over increased 36% from 50.7 million to 68.7 million.
- The 85+ population is projected to more than double from 6.4 million in 2016 to 14.6 million in 2040.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 12% between 2006-2016.
- Racial and ethnic minority populations have increased from 6.9 million in 2006 (19% of the older adult population) to 11.1 million in 2016 (23% of older adults) and are expected to increase to 21.1 million in 2030 (28% of older adults).
- About one in every seven, or 15.2%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).
- There were 81,896 persons aged 100 or more in 2016 (.02% of the total 65+ population).
- Older women outnumber older men at 27.5 million older women to 21.8 million older men.
- In 2016, 23% of persons 65+ were members of racial or ethnic minority populations-- 9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), 0.5% were Native American or Native Alaskan (not Hispanic), and 0.7% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 8% of the older population.
- Older men were much more likely to be married than older women--70% of men vs. 46% of women. In 2017, 33% older women were widows.
- About 28% (13.8 million) of non-institutionalized older persons live alone (9.3 million women, 4.5 million men).
- Almost half of older women (45%) age 75+ live alone.
- The population 65 and over has increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33% increase) and is projected to more than double to 98 million in 2060.
- The median income of all households headed older people increased by 2.7% between 2015 and 2016. Households containing families headed by persons 65+ reported a median income in 2016 of \$58,559.
- The major sources of income as reported by older persons in 2015 were Social Security (reported by 84% of older persons), income from assets (reported by 63%), private pensions (reported by 37%), government employee pensions (reported by 16%).
- Social Security constituted 90% or more of the income received by 34% of beneficiaries in 2015 (23% of married couples and 43% of non-married beneficiaries).
- Over 4.6 million elderly persons (9.3%) were below the poverty level in 2016. This poverty rate is not statistically different from the poverty rate in 2018 (8.8%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure

(SPM) which considers regional variations in the living costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. In 2016, the SPM shows a poverty level for older persons of 14.5% (almost 5 percentage points higher than the official rate of 9.3%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

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

A Profile of Older Adults in Planning and Service Area 05 (Based on the most recent tabulation available)

60+ Population Percentage of Total Population

County Name	2017 Census Population Estimates Total Population	2017 Census Population Estimates 60+ Population	60+ Population % of Total Population
Champaign	209,399	36,792	17.6%
Clark	15,767	4,095	26.0%
Coles	51,979	11,806	22.7%
Cumberland	10,908	2,891	26.5%
DeWitt	15,942	4,159	26.1%
Douglas	19,748	4,802	24.3%
Edgar	17,328	5,022	29.0%
Ford	13,280	3,472	26.1%
Iroquois	27,876	8,017	28.8%
Livingston	36,518	9,230	25.3%
McLean	172,290	31,288	18.2%
Macon	105,801	28,126	26.6%
Moultrie	14,688	3,673	25.0%
Piatt	16,445	4,347	26.4%
Shelby	21,719	6,391	29.4%
Vermilion	77,909	19,935	25.6%
PSA 05 Total	827,598	184,046	22.2%

60+ Minority Percentage of 60+ Population

County Name	2017 Census Population Estimates 60+ Population	2017 Census Population Estimates 60+ Minority Population	60+ Minority % of 60+ Population
Champaign	36,792	5,609	15.2%
Clark	4,095	69	1.7%
Coles	11,806	383	3.2%
Cumberland	2,891	49	1.7%
DeWitt	4,159	84	2.0%
Douglas	4,802	183	3.8%
Edgar	5,022	88	1.8%
Ford	3,472	76	2.2%
Iroquois	8,017	306	3.8%
Livingston	9,230	303	3.3%
McLean	31,288	2,424	7.7%
Macon	28,126	3,515	12.5%
Moultrie	3,673	52	1.4%
Piatt	4,387	65	1.5%
Shelby	6,391	104	1.6%
Vermilion	19,935	1,998	10.0%
PSA 05 Total	184,046	15,308	8.3%

60+ Poverty Percentage of 60+ Population

County Name	2017 Census Population Estimates 60+ Population	American Community Survey 2013-2017 60+ Poverty	60+ Poverty % of 60+ Population
Champaign	36,792	2,894	7.9%
Clark	4,095	223	5.4%
Coles	11,806	902	7.6%
Cumberland	2,891	214	7.4%
DeWitt	4,159	213	5.1%
Douglas	4,802	375	7.8%
Edgar	5,022	482	9.6%
Ford	3,472	278	8.0%
Iroquois	8,017	825	10.3%
Livingston	9,230	681	7.4%
McLean	31,288	2,350	7.5%
Macon	28,126	2,179	7.7%
Moultrie	3,673	183	5.0%
Piatt	4,347	169	3.9%
Shelby	6,391	586	9.2%
Vermilion	19,935	1,535	7.7%
PSA 05 Total	184,046	14,089	7.7%

85+ Population Percentage of 60+ Population

County Name	2017 Census Population Estimates 60+ Population	2017 Census Population Estimates 85+ Population	85+ Population % of 60+ Population
Champaign	36,792	3,691	10.0%
Clark	4,095	430	10.5%
Coles	11,806	1,256	10.6%
Cumberland	2,891	287	9.9%
DeWitt	4,159	391	9.4%
Douglas	4,802	510	10.6%
Edgar	5,022	531	10.6%
Ford	3,472	457	13.2%
Iroquois	8,017	913	11.4%
Livingston	9,230	1,118	12.1%
McLean	31,288	3,004	9.6%
Macon	28,126	3,147	11.2%
Moultrie	3,673	474	12.9%
Piatt	4,347	379	8.7%
Shelby	6,391	702	11.0%
Vermilion	19,335	1,938	9.7%
PSA 05 Total	184,046	19,288	10.4%

60+ Rural of 60+ Population

County Name	2017 Census Population Estimates 60+ Population	2017 Population Estimates 60+ Rural Population	60+ Rural % of 60+ Population
Champaign	36,792	0	0%
Clark	4,095	4,095	100%
Coles	11,806	11,806	100%
Cumberland	2,891	2,891	100%
DeWitt	4,159	0	0%
Douglas	4,802	4,802	100%
Edgar	5,022	5,022	100%
Ford	3,472	0	0%
Iroquois	8,017	8,017	100%
Livingston	9,230	9,230	100%
McLean	31,288	0	0%
Macon	28,126	0	0%
Moultrie	3,673	3,673	100%
Piatt	4,347	0	0%
Shelby	6,391	6,391	100%
Vermilion	19,735	0	0%
PSA 05 Total	184,046	55,927	30.4%

60+ Living Alone of 60+ Population

County Name	2017 Census Population Estimates 60+ Population	Aging Special Tabulation ACS 2010-2014 60+ Living Alone	60+ Living Alone % of 60+ Population
Champaign	36,792	8,935	24.3%
Clark	4,095	930	22.7%
Coles	11,806	2,920	24.7%
Cumberland	2,891	620	21.4%
DeWitt	4,159	1,020	24.5%
Douglas	4,802	1,150	23.9%
Edgar	5,022	1,190	23.9%
Ford	3,472	940	27.1%
Iroquois	8,017	2,055	25.6%
Livingston	9,230	2,310	25.0%
McLean	31,288	6,625	21.2%
Macon	28,126	7,285	25.9%
Moultrie	3,673	795	21.6%
Piatt	4,347	940	21.6%
Shelby	6,391	1,430	22.4%
Vermilion	19,935	5,480	27.5%
PSA 05 Total	184,046	44,625	24.2%

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

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ECIAAA FUNDING FORMULA

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Proposed Area Plan Amendments for FY 2020



ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

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 2020

PSA	60+ Pop.	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.85	4.65	2.15	6.05	5.91	16.09	6.12
02	24.91	16.47	17.28	22.72	20.11	0.00	19.26
03	4.48	3.85	1.19	4.87	5.03	17.21	5.21
04	3.62	2.26	1.03	3.83	3.73	2.44	3.05
05	6.73	6.08	2.11	7.03	7.06	14.27	6.83
06	1.18	1.06	0.13	1.37	1.20	7.85	1.66
07	4.12	3.31	0.84	4.35	4.61	11.31	4.29
08	5.59	5.17	2.99	5.70	5.78	3.03	5.02
09	1.35	1.24	0.19	1.45	1.44	9.40	1.95
10	1.15	1.21	0.09	1.32	1.39	8.03	1.71
11	2.61	3.05	0.67	2.77	2.88	10.37	3.25
12	17.48	32.24	45.65	16.58	20.41	0.00	22.56
13	20.93	18.98	25.68	21.96	20.45	0.00	19.08
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 will increase from 6.80 in FY2019 to 6.83 for FY2020 – an increase of 0.03%.

ECIAAA Funding Formula for FY2020

A. Introduction

The East Central Illinois Area Agency on Aging will allocate Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA's Funding Formula for FY 2019 has been updated, effective March 21, 2018.

B. Formula Goals and Assumptions

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

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

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

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

C. Funding Formula Definitions

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

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

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

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

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

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

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

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

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

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

D. Funding Formula Factors and Weights

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

- Be derived from data which is quantifiable by county.
- Be based on data which is derivable from the Bureau of the Census.
- 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 ECIAAAA Funding Formula

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

Where:

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

G. Base Level of Funding

Senior Information Services/Coordinated Point of Entry

In FY2020 ECIAAA proposes to maintain the Base Level of Funding at \$35,000. The SIS allocation amount above the \$420,000, reserved for the Base Level of Funding per county, will be distributed on the formula share per county. ECIAAA has determined that this base level of funding is necessary to enable Coordinated Points of Entry to build and maintain core competencies, such as options counseling, for the development of a No Wrong Door Network.

Legal Services

FY 2019 county allocations will serve as the Base Level of Funding per county for FY2020, 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 2019 county allocations will serve as the Base Level of Funding per county in FY2020 if sufficient funds are available. New and/or increased funding for nutrition services, will be distributed on the formula share per county. Note change to the Nutrition Services Incentive Program (NSIP) described in Section H.

Title III-E Caregiver Advisor/Respite Services

In FY 2020, ECIAAA will establish the Base Level of Funding at \$5,000 per county. The remaining Title III-E funding will be distributed on the formula share per county. (Updated March 31, 2018)

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.

H. Performance-Based Funding Allocations by Program (Updated January 2019)

Senior Health Assistance Program (SHAP) Performance-Based Funding Formula.

ECIAAA will allocate SHAP funding to SIS/CPoE service providers based on the previous year's SHAP-Related Service Performance. The following activities will be factored into the formula:

- 1.# of applications completed and submitted for Seniors Ride Free, Persons with Disabilities Ride Free and license plate discount;
- 2.# of Medicare Part D drug plan enrollments completed and submitted;
- 3.# of LIS applications assisted with on behalf of eligible individuals;
- 4.# of MSP applications assisted with on behalf of eligible individuals;
- 5.# of enrollment events conducted on Medicare Part D, LIS & MSP;

6.# of client contacts regarding Medicare Part D, LIS, & MSP; and,

7.# of client contacts regarding Medicare Part D, LIS, MSP, Seniors Ride Free, Persons with Disabilities Ride Free, Medicare Part B Prevention and Wellness benefits and other SHAP-related.

Medicare Improvements for Patients & Providers Act (MIPPA) Performance-Based Funding Formula. ECIAAA will allocate MIPPA funding to SIS/CPoE service providers based on the previous year's MIPPA-Related Service Performance. The following activities will be factored into the formula:

- 1.# of client contacts reported the related to Extra Help/Low Income Subsidy (LIS) & Medicare Savings Programs (MSP);
- 2.# of outreach events that included information on LIS, MSP or Medicare Prevention Services;
- 3.# Estimated # of attendees at outreach events; and,
- 4.# of Medicaid applications assisted on behalf of eligible individuals.

Nutrition Services Incentive Program (NSIP) Performance-Based Funding Formula.

ECIAAA will allocate NSIP funding to Congregate and Home Delivered Meal service providers based on the previous year's congregate and home delivered meal performance.

Plan for FY2020

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY2020, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2013-2017.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Year 2020 and proposes to update its funding formula with the five-year estimates from the American Community Survey for FY 2013-FY 2017.

Older Americans Act & Illinois General Revenue/Illinois General Fund BUDGET ASSUMPTIONS & CONTINGENCY FUNDING PLAN for FY 2020

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Proposed Area Plan Amendments for FY 2020



ECIAAA Budget Assumptions for FY2020

1. Governor's budget includes \$1 million in new Illinois GRF to enhance the National Family Caregiver Support Program services by adding EBI caregiver programs such as Savvy Caregiver and Stress-Busting for Caregivers. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.
2. Governor's budget includes \$1 million in new Illinois GRF to support Area Agency on Aging activities to address social isolation. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.
3. Governor's budget includes \$63,331 in new Illinois GRF to address the minimum wage increase in downstate Illinois from \$8.25 to \$9.25 per hour beginning January 1, 2020 and \$10.00 July 1, 2020. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.
4. ECIAAA must comply with federal Older Americans Act statutory obligations to fund categorical or specified services, e.g., III-B Support Services – including Legal Assistance, III-C Nutrition Services – including Congregate and Home Delivered Meals, and Title III-E Caregiver Support Services – which includes Caregiver Advisory and Respite Services.
5. ECIAAA must comply with a federal Administration on Aging (AoA) requirement that requires all Title III-D funds be used to fund evidence-based services that comply with AoA's Highest Level Criteria.
6. OAA allows Area Agencies on Aging to apply for 10% of total Title III-B and Title III-C for the cost of administration.
7. Area Agencies on Aging will apply for Title III-B funds for the cost of administrative-related direct services including advocacy, program development, and coordination.
8. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-B and III-C. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-C1 and C2. If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.

EAST CENTRAL ILLINOIS AREA AGENCY ON AGING'S FY 2020 Proposed Budget for Funding Community-Based Services for Older Adults and Caregivers in PSA 05

1. The implementation of Coordinated Points of Entry/Senior Information Services continues to be a top service priority under Title III-B/GRF for FY 2020. ECIAAA plans to budget \$1,096,165 for CPOE/SIS services under the Information & Assistance line item, through a combination of federal Older Americans Act (OAA) funds, Illinois General Revenue Funds (GRF), and Tobacco Settlement Recovery Funds for the Senior Health Assistance Program (SHAP). The proposed amount represents a combined increase of 5% and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations and the Illinois General Assembly's approval of the Governor's budget for SFY 2020.
2. ECIAAA proposes to budget \$52,530 in GRF for all Coordinated Points of Entry for Options Counseling. The proposed amount represents a maintenance level of funding contingent upon the Illinois General Assembly's approval of the Governor's budget for SFY 2020.
3. ECIAAA proposes to budget \$77,626 in federal OAA Title III-B funds for legal assistance for seniors in FY2020. The proposed amount represents a maintenance level of funding contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.
4. ECIAAA proposes to budget \$56,064 in federal OAA Title III-D funds for the Chronic Disease Self-Management Program, Diabetes Self-Management Program, Matter of Balance, and Aging Mastery in FY2020. The proposed amount represents an increase of 19% and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.
5. ECIAAA proposes to budget \$36,700 in federal OAA Title III-B funds for Gerontological Counseling -PEARLS. The proposed amount represents a maintenance level of funding contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.
6. ECIAAA proposes to budget \$562,364 in federal OAA Title III-C 1 and \$62,224 in Nutrition Services Incentive Funds (NSIP) for congregate nutrition in FY2020. The proposed amount represents an increase of 13% and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.

7. As a top service priority under Title III-C for FY 2019, ECIAAA proposes to budget a total of \$2,874,766 in FY2020 for home delivered meals, including \$865,985 in federal OAA Title III-C-2 funds, \$1,625,540 in Illinois General Revenue Funds (GRF) and \$383,241 in Nutrition Services Incentive Funds (NSIP). The proposed amount represents a combined increase of 6% and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations and the Illinois General Assembly's approval of the Governor's budget for SFY 2020.
8. As a top service priority under Title III-E for FY 2020, ECIAAA proposes to budget \$388,739 federal OAA Title III-E funds for Caregiver Advisory Services in FY2020. The proposed amount represents an increase of 19% and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.
9. ECIAAA proposes to budget \$12,739 in federal OAA Title III-E funds for respite services for caregivers and grandparents raising grandchildren in FY2020. The proposed amount represents a maintenance level and is contingent upon approval by the U.S. Congress of FY 2020 OAA appropriations.
10. ECIAAA proposes to budget \$68,300 in Illinois GRF to support social isolation programming in PSA 05 for FY 2020. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.
11. ECIAAA proposes to budget \$68,300 in Illinois GRF to provide Savvy Caregiver and Stress-Busting for Caregivers programs, as well as a Gap-Filling Services to serve individuals with Alzheimer's Disease and their caregivers. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.
12. ECIAAA proposes to budget \$63,331 in Illinois GRF for FY 2020 to help subsidize the minimum wage increase from \$8.25 to \$9.25/\$10.00 per hour beginning January 1, 2020. This funding is contingent upon the General Assembly's approval of the SFY 2020 budget.

FY 2019 – FY 2021 Funding Contingency Planning

Contingency Plan – ECIAAA proposed the following contingency policy and plan for FY 2019-2021:

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

FISCAL YEAR 2020

ECIAAAA BUDGET SUMMARY

Fiscal Year 2020 Public Information Document

Proposed Area Plan Amendments for FY 2020



FISCAL YEAR 2020 BUDGET SUMMARY

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$11,234,166** in federal, state, and local funds for Fiscal Year 2020 for the period covering **October 1, 2019 through September 30, 2020**. The chart below includes projections of resources using the following sources available at the time of publication:

- Area Agency on Aging Letter #890 issued by the Illinois Department on Aging, dated March 26, 2019; and,
 - Letter #890 - 2020 Federal Funds are all based on Fiscal Year 2019 grant awards from the Administration for Community Living. The Nutrition Services Incentive Program (NSIP) allocations are based on the FY 2018 NSIP award. The FY 2019 NSIP allocation is pending.
 - Letter #890 – The State General Revenue Funds allocations (Planning and Service Grants, Home Delivered Meals, Community Based Services, Equal Distribution, and Ombudsman) are based on the Governor’s proposed FY 2020 budget for the Illinois Department on Aging. These amounts may change as the final FY 2020 state budget is negotiated and enacted.
- Historical information from prior year.

Services	Federal Funds	Illinois Revenue Funds	Nutrition Services Incentive Program	Local Match	Program Income	Total
Caregiver ⁽¹⁾⁽⁵⁾	\$451,087	\$68,300	-	\$100,802	\$264	\$620,453
Community Based ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾	\$1,069,237	\$965,672	-	\$541,681	\$11,024	\$2,587,614
Congregate Meals	\$696,971	-	\$62,224	\$960,258	\$449,119	\$2,168,572
Home Delivered Meals	\$925,002	\$1,625,540	\$383,241	\$1,630,640	\$721,227	\$5,285,650
Vulnerable Elder Rights and Adult Protective Services	\$25,548	\$39,432	-	\$7,500	\$1,000	\$73,480
Long Term Care Ombudsman	\$105,003	\$373,140	-	-	-	\$478,143
Community Care Program	-	\$20,254	-	-	-	\$20,254
Long Term Care Systems Development						
	\$3,272,848	\$3,092,338	\$445,465	\$3,240,881	\$1,182,634	\$11,234,166

General Note: The above budget amounts include both administrative, administrative-related services and direct service funds.

Footnotes:

1. Federal Funds include projected carry-over funds in Caregiver and Community-based services of \$5,000, and \$20,000 respectively.
2. Senior Health Assistance Program funds in the amount of \$113,814 are included under Illinois Revenue Funds.
3. Title III-D funds in the amount of \$56,064 are included under Federal Funds for Health Promotion Programs, A Matter of Balance, Aging Mastery and Gerontological Counseling – PEARLS.
4. Community Based includes Illinois Revenue Funds in the amount of \$68,300 for Social Isolation.
5. Caregiver includes Illinois Revenue Funds in the amount of 68,300 for Alzheimer’s & Related Dementia.

FEDERAL CARRY-OVER FUNDS

Carry-over funds are projected in the amount of \$25,000 within Title III-B Community Based and Title E Caregiver Services. Projections are based on prior year and spending tendencies. Actual carry-over funds will be determined after the close of the fiscal year after financial records are audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2020.

Title III-B Community Based Services	Title III-B Long- Term Care Ombudsman	Title III C1 Congregate Meals	Title III C2 Home Delivered Meals	Title III-D Evidenced Based Programs	Title III-E Caregiver Resources	Title VII Ombudsman	Title VII Elder Abuse	Total
\$20,000	-	-	-	-	\$5,000	-	-	\$25,000

INTER-FUND TRANSFERS

For FY 2020, ECIAAA is proposing no changes to inter-fund transfers from the current year FY 2019. The transfer from Title III-C to Title III-B is 8.5%. The transfer from Title III-C1 to Title III-C2 is 26.3%. The transfer amount to Title III-B is within the 15% transfer authority while the transfer amount from C1 to C2 exceeds transfer authority. The dollar amounts do not change from the current year.

Title III-B	Title III-B Ombudsman	Title III-C1	Title III-C2	Total
\$150,658	-	(\$452,695)	\$302,037	0

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) – C1/C2

The Nutrition Services Incentive Program is a part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and health or well-being of older individuals, and delay adverse health conditions through access to healthy meals, nutrition education, and nutrition counseling. ECIAAA projects a total of \$445,465 in NSIP funds or 7.16% of total meals based on funds available to the State of Illinois. The number of meals in east central Illinois for the last several years has shown trends of both increases and decreases. Of the \$445,465, \$62,224 and \$383,241 are being budgeted for Congregate Meals (C1) and Home Delivered Meals (C2), respectively.

VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

The East Central Illinois Area Agency on Aging will fund activities that include public information & education on elder abuse or ombudsman related issues, elder abuse or ombudsman related trainings, and multi-disciplinary teams in accordance with standards and procedures under Title VII of the Older Americans Act. The budget for these service activities is \$22,634.

INTERNAL OPERATIONS OF THE AREA AGENCY ON AGING

For Fiscal Year 2020 the operational budget for the organization is budgeted at \$1,375,118 in Older Americans Act Funds, Illinois General Revenue Funds, Provider Funds, and other funds to meet statutory responsibilities and program assurances of grants agreements with Illinois Department on Aging including direct service of Long-Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, consultant, occupancy, telecommunications, training and education, and miscellaneous costs, in conformance with GATA. The Area Agency on Aging's Board of Directors establishes the operational budget of the organization with routine monitoring.

Funding Source/Program Description	Fiscal Year 2020
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$313,198
Title III-B and Title VII – Ombudsman	\$10,500
Title VII – Vulnerable Elder Rights Protection	\$2,555
General Revenue Funds – Match	\$106,299
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	\$39,432
General Revenue Funds - Long Term Care Systems Development	\$20,254
Senior Health Assistance Program	\$12,646
Sub Total	\$504,884
ADMINISTRATIVELY RELATED DIRECT SERVICES:	
Title III-B – Advocacy, Coordination, and Program Development. ⁽¹⁾	\$445,810
Sub Total	\$445,810
DIRECT SERVICES – LTC Ombudsman Program:	
Title III-B, VII, General Revenue Funds, and Provider Fund (Bed Tax)	\$424,424
Sub Total	\$424,424
TOTAL	\$1,375,118

Footnote:

- 1) ECIAAA's Administratively Related Direct Services budget is \$336,812 less or 56.96% of budget amount allowed by Illinois Department on Aging's policy.

ADMINISTRATION

A total of \$432,552 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds. Activities may include:

- Policy development
- Strategic planning
- Representation on task forces, committees and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Audit reviews
- Regular desktop reviews
- Management of grants for caregiver service components
- Office systems support
- Facilities management
- Microsoft Office applications
- Computer technology & support
- Data analysis
- Management of contracts for elder abuse activities for multi-disciplinary teams, public information and education, and training
- Procurement of federally and state funded services
- Board, advisory council, staff meetings and staff training
- Recognition
- Membership affiliation with local, state and national organizations.
- Maintaining a web-based software for funded program demographics
- Modifying web-based reporting system
- On-site monitoring and quality assurance
- Maintaining an updated policy & procedure manual for funded service providers
- Maintaining ESP resource database
- Telephone reception and referral
- Filing & record maintenance

ADVOCACY COORDINATION PROGRAM DEVELOPMENT

A total of \$445,810 is being budgeted to provide administratively related direct services of advocacy, coordination, and program development under Title III-B of the Older Americans Act. Activities within the three-administrative related direct services may include:

ADVOCACY – LOCAL, STATE, NATIONAL

- Representing the interest of older persons to public officials, public/private agencies and organizations. Client intervention relating to problems and resolving conflicts
- Conducting public hearings on the needs and issues
- Advocacy in action training
- Inducing change in attitude and stereotypes, legislation, agency policies, and policy implementation

- Participation in senior expos hosted by area legislators
- Participating in Human Service Transportation Plan (HSTP) meetings in Regions 6 and 8
- Hosting student internships
- Regular Aging Network Alerts
- Use of social media
- Developing older person's capabilities to advocate on their own behalf
- Reviewing and commenting on public plans, policies, levies and community action
- Coordinating planning activities with organizations for new and expanded benefits and opportunities
- Maintaining website for the organization
- Client intervention relating to problems and resolving conflicts
- Maintaining regular communications and availability with legislator and other legislative staff in Springfield, Washington and field offices
- Maintaining regular communications and availability to media

COORDINATION

- Sharing information about availability of service to general public
- Assisting service providers with development and adherence to service standards
- Participating with local, state and federal agencies in coordinating emergency disaster assistance.
- Coordinating the Coordinated Points of Entry/Aging & Disabilities Resource Centers- Senior Information Services with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- Coordinating and updating the Agency's website
- Distribution of Senior Farmer's Market Coupons through local service providers
- Coordinating Developing a working relationship with assisted living facilities
- Evidence-based healthy aging programs
- Coordinating performance-based measurement activities
- Responding to inquiries (phone, mail, walk-ins) from older persons, caregivers and family members about services
- Participating in Human Service Transportation Plan (HSTP) meetings in Regions 6 and 8 organizations
- Coordinating new software-based conferencing and collaboration solutions for audio and Web conferencing face-to-face conferencing via video
- Disseminating up-to-date-information to general public on aging issues through ECIAAA website, (www.eciaaa.org) news releases, consumer education, and ALERT e-newsletter
- Continuing to build the capacity of Coordinated Point of Entry (CPoE)/ADRC
- Coordinating information and assistance support to funded service providers, affiliated organizations

and the general public that includes coordinating database Enhanced Services Program (ESP)

- Hosting student internships
- Collaborating with 211 Call Center at PATH in Bloomington, Illinois
- Tracking and monitoring of website usage

PROGRAM DEVELOPMENT

- Conducting need assessments
- Evaluating the effectiveness and efficiency of existing resources in meeting needs
- Providing community leaders, organizations, and advocates with information current and future needs.
- Hosting student internships
- Working with local housing authorities to address assisted.
- Implementing a web-based reporting system
- Building collaboration for the dissemination of evidence-based practices
- Maintaining a regional-wide system to measure performance outcomes for services
- Developing service options for Alzheimer's and related dementia
- Developing service options for social isolation

- Coordinating the ADRC network Advisory Council for Area 5
- Disseminating program/best practices updates to the aging network and collaborating partner
- Coordinating adherence to national AIRS Standards

- Developing options for respite care
- Assisting in the aging & disabilities demonstration program
- Identifying and meeting with key community leaders and organizations
- Integrating new services into existing delivery systems
- Developing and designing services to meet changing needs
- Pursuing innovative methods of expanding living service needs services and controlling costs
- Research and Development as special initiatives are defined
- Quarterly meetings of caregiver advisors
- Building alliances between providers of senior services and behavioral health care
- Expanding Coordinated Points of Entry to include Aging Disability Resource Centers

ADULT PROTECTIVE SERVICES (APS)

A total of \$39,432 in State of Illinois General Revenue Funds is being budgeted to perform or assure the performance of activities of the Adult Protective Services Program with and throughout the sixteen counties of east central Illinois. Direct service activities performed by adult protective service providers will be paid directly from the Illinois Department on Aging while ECIAAA will carry out the following activities:

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

LONG TERM CARE SYSTEMS DEVELOPMENT

A total of \$20,254 in State of Illinois General Revenue Funds is being budgeted for Community Care Program activities of the Long-Term Care Systems Development Grant. Activities may include:

- Assisting with the Community Care Program operational activities and management issues
- Identifying gaps in services
- Technical assistance
- Assisting with departmental planning and development of activities
- Reporting
- Developing the No Wrong Door/ADRN system

OMBUDSMAN

A total of \$424,424 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, and Long-Term Care Provider Funds being budgeted to staff the program and other operational costs for 1 regional ombudsman and 5 ombudsmen to promote community presence in long-term care facilities and respond to inquiries and complaints made by, or on behalf nursing home residents, assisted living, and supportive living communities. The Illinois Department of Public Health recent data shows east central Illinois of having 161 facilities with 11,852 licensed beds. In addition, the area of east central Illinois has 8.21% of the total beds in Illinois and 9.83% of facilities in the State of Illinois. Activities may include monitoring, developing, and implementing federal, state, and local laws, regulations, and policies such as:

- Culture change events and training
- Public education seminars
- Senior Medicare Patrol (SMP) Referrals

- Advocacy
- Program Administration
- Promoting Pioneer Practices
- Social Isolation Initiative
- Investigative Services – opening complaints
- Regular presence
- Resident meetings
- Family council meetings
- Community education
- Consults to individuals
- Consults to facility staff
- Participating in facility surveys
- Closing cases
- Facility staff in-services
- Promoting pioneer practices

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$12,646 in Tobacco Settlement Recovery Funds to coordinate and establish regionwide 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 and other pharmaceutical assistance programs. Activities may include:

- Expansion of outreach activities about Medicare Saving Programs (MSP), Low Income Subsidy (LIS) Program, and prescription coverage available under Medicare Part D drug plans
- Coordinate with funded service providers the conduction of outreach activities (public events, media and mailings), promoting the Medicare Part B Prevention and Wellness benefits (annual wellness visits and chronic disease screenings) including the Affordable Care Act
- Educational Alerts
- Coordinate with funded service providers the expansion of application assistance services for LIS and MSP benefits
- Information to website
- Critical Complaint resolution
- Program clarification & Program updates to providers
- Postings of education and outreach activity
- Program Administration
- Referrals to appropriate agencies in the provision of direct services

Service Grants	Program Projections		2020 Service Budget Projections											
	Persons	Units of Service	Title III-B	Title III-C1	NSIP C1	Title III-C2	NSIP C2	Title III-D	Title III-E	Title VII-EA	GRF Match	GRF & PSG Community Based Services	SHAP	Total
Access Services:														
Information & Referral/SIS – CPoE ⁽¹⁾	14,874	42,911	\$357,622	-	-	-	-	-	-	\$57,411	\$567,318	\$113,814	\$1,096,165	
Options Counseling/SIS – CPoE	336	1,810	-	-	-	-	-	-	-	-	\$52,530	-	\$52,530	
Social Isolation Services/Telephone Reassurance ⁽²⁾	50	12,500	-	-	-	-	-	-	-	-	\$68,300	-	\$68,300	
Community Services:														
Health Promotion Programs - CDSMP/DSMP	48	192	-	-	-	-	-	\$14,000	-	-	-	-	-	\$14,000
A Matter of Balance	160	800	-	-	-	-	-	\$36,318	-	-	-	-	-	\$36,318
Aging Mastery Program	30	210	-	-	-	-	-	\$5,746	-	-	-	-	-	\$5,746
Gerontological Counseling - PEARLS	150	900	\$36,700	-	-	-	-	-	-	-	-	-	-	\$36,700
Legal	440	2,333	\$77,626	-	-	-	-	-	-	-	-	-	-	\$77,626
Elder Abuse & Neglect	-	-	-	-	-	-	-	-	\$22,634	-	-	-	-	\$22,634
In-Homes Services:														
Respite	1	17	\$450	-	-	-	-	-	-	-	-	-	-	\$450
Nutrition Services:														
Congregate Meals	4,529	185,325	-	\$562,364	\$62,224	-	-	-	-	-	-	-	-	\$624,588
Home Delivered Meals	3,519	436,475	-	-	-	\$865,985	\$383,241	-	-	-	\$1,625,540	-	\$2,874,766	
Caregiver Services:														
Counseling/Support Groups (Care/GRG)	1,042	9,379	-	-	-	-	-	\$388,739	-	-	-	-	-	\$ 388,739
Respite (Care)	25	483	-	-	-	-	-	\$12,739	-	-	-	-	-	\$12,739
Alzheimer's Disease and Related Dementia Services/Gap Filling ⁽²⁾	136	136	-	-	-	-	-	-	-	-	\$68,300	-	\$68,300	
TOTAL			\$472,398	\$562,364	\$62,224	\$865,985	\$383,241	\$56,064	\$401,478	\$22,634	\$57,411	\$2,381,988	\$113,814	\$5,379,601

Footnotes:

1) Funds in the amount of \$63,331 have been temporarily budgeted within the SIS to offset increase in minimum wage. Information from service provider will be analyzed prior to Fiscal Year 2020.

2) Additional services may be considered for implementation that the projections include.