

EAST CENTRAL ILLINOIS AREA AGENCY ON AGING



Summary of the
Area Plan on Aging
For Fiscal Year 2015

ECIAAA is Your Area Agency on Aging



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

Who We Are

- ❑ ECIAAA is a non-profit organization
- ❑ Founded in 1972
- ❑ Serves over 150,000 older adults and their families in 16 counties (Area 05)
- ❑ One of 618 AAAs in the U.S.; 13 in Illinois
- ❑ Governed by a Corporate Board of 20 volunteer community leaders
- ❑ Advised by an Advisory Council of 32 volunteer community leaders

Sources of Authority and Funding

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

What We Do



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

Coordinated System of Services

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

The Aging Network in Area 05

- 20 OAA Community Programs on Aging
- Served 20,751 older adults, 1,108 elder caregivers and 209 grandparents raising grandchildren in FY2013
- Medicare beneficiaries in Area 05 (3/31/14):
 - 141,979 Medicare beneficiaries
 - 70,505 enrolled in Medicare Part D Plans (49.66 %)
 - 1,435 Part D apps completed by SHAP sites in 2013
 - 33,690 enrolled in Medicare Advantage Plans (23.73%)

Advocacy: On the National Scene

- ECIAAA is a member of the National Association of Area Agencies on Aging (**n4a**) advocating to:
 - Strengthen the Social Security Program
 - Strengthen the Medicare Program
 - Reauthorize the Older Americans Act
 - Increase appropriations for Older Americans Act Programs
 - Amend Medicare's definition of "post-hospital extended care services" so Medicare beneficiaries in observation are deemed hospital inpatients.

Advocacy at the State Level

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

Advocacy at the State Level

- Governor's Proposed Budget for FY2015 includes:
- Increases Community Care Program by \$214.3million
- Projects monthly CCP caseload of 82,600 older adults;
- Requests \$63.7 million for Case Management;
- Budgets \$101.2 million for clients enrolled in Managed Care Plans;
- Requests \$23.1 million for Adult Protective Services or persons 60+ and adults with disabilities 18 – 59.

Advocacy at the State Level

- \$23.1 million GRF for Elder Abuse & Neglect Program for persons 60+ and Adult Protective Services for persons with disabilities ages 18 – 59
- \$6.1 million in state funds for the Long-Term Care Ombudsman Program including \$3.1 million GRF and \$3 million in other state funds (pursuant to the Illinois Nursing Home Reform Bill (P.A. 96-1372). This represents a \$1.7 million increase in GRF.

Advocacy: At the State Level

- \$7.7 million for Planning and Service Grants to AAAs – to help seniors access federal benefits and ADRC options counseling.
- \$12.5 million for 6.8 million Home Delivered Meals; keep pace with rising food and delivery costs, and respond to increased demand for meals.
 - Note: 1,093 Illinois seniors on waiting lists for HDMs in FY2014

Advocacy at the State Level

- Senior Health Insurance Program (SHIP) - \$3 million
- Senior Health Assistance Program (SHAP) - \$1.6 million (Tobacco Settlement Recovery Funds)
- Grandparents Raising Grandchildren - \$300,000
- Long Term Care Systems Development - \$243,800
- Senior Employment Specialist Program - \$190,300
- Retired & Senior Volunteer Program - \$551,800
- Foster Grandparent Program - \$241,400

“Not Recommended Budget”

- Governor proposes to make permanent the temporary income tax increase
- If the Governor and General Assembly fail to reach agreement on revenues for FY2015 the Governor has presented a “Not-Recommended” budget scenario which would reduce spending for education, human services and other state services including programs and services for older adults including:

Not Recommended Budget Impact

- 21.03% cut for the Community Care Program
- 19.12% cut for Case Management
- 22.9% cut for the Balancing Incentive Program
- 10.81% cut for Adult Protective Services
- 16.65% cut for Home Delivered Meals
- 13.22% for Benefit Eligibility, Assessment and Monitoring
- 23% cut in grants to Area Agencies on Aging, SHAP, GRG Program, RSVP, and Foster Grandparents

Not Recommended Budget Impact

- 23% cut in grants to Area Agencies on Aging for Community-based Services would reduce Information & Assistance and Option Counseling for over 77,000 Illinois Seniors;
- 16.65% cut for Home Delivered Meals would eliminate an estimated 1.1 million meals for over 39,000 older adults;
- 10.8% cut for APS would limit provider capacity to respond to over 1,800 reports of abuse, neglect, and financial exploitation of vulnerable adults.

ACA – what it means for seniors

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

ACA- What it means for seniors

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

Older Americans Act of 1965



OAA Objectives

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

OAA Objectives

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

Reauthorization of OAA

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

Long-Term Services and Support

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

Authorization Levels

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

County Conversations

- ECIAAA convened 16 County Conversations on Aging and Independent Living
- 496 people participated
- Facilitated and recorded by Survey Research Service, Champaign, IL
- Summaries of 16 County Conversations and the Executive Summary were prepared by Survey Research Service and are available on our website: www.eciaaa.org

County Conversations about: Senior Information Services

- Common Topics:
- Insurance, Medicare, Medicaid eligibility
- Transportation for seniors
- Managing and paying utility bills
- Help with taxes, and tax filing
- Help obtaining eye glasses, hearing aids
- Renewing auto license plates, drivers' licenses

Senior Information Needed

- Senior Information Services needed but sometimes not available:
- A “central clearinghouse” – a master list of senior services;
- Information about “point-to-point” transportation services, especially in small towns and rural areas i.e., “transportation needs not easily met using scheduled routes on mass transit systems;” and
- Information about reputable “handyman” services.

County Conversations about: Caregiver Support

- Caregiver support services most often received:
- Homemaker services, e.g., help with bathing, dressing, cooking, cleaning, etc.
- Meals
- Loaned medical equipment
- Assistance with hearing, vision, disabilities
- Transportation
- Help with medications
- Help renewing license plates, driver's license

Caregiver Support Needed

- “Point to Point” transportation not easily met using scheduled public transit routes;
- Better services needed for “young” seniors and persons under 60 with disabilities;
- Services for caregivers caring for persons with Alzheimer’s disease and other dementias; and
- Services for grandparents and other adults raising children.

County Conversations about: Nutrition Services

- Participants at DMCOC congregate dining sites in Macon County like the food and fellowship.
- Participants in CRIS Healthy-Aging nutrition programs like the variety of menu choices offered by participating restaurants in Vermilion County and value CRIS Meals-on-Wheels.
- Participants in the Peace Meal Senior Nutrition Program want to continue the delivery of hot meals to congregate locations and seniors' homes and do not want hot meals to be replaced by frozen meals.

PM Participant Preferences

- While Peace Meal participants have gotten used to the weekly schedule of four hot meals plus one cold or frozen meal for a fifth day, most indicated they would welcome a return to hot meals on 5 days.
- Peace Meal participants want to continue to have congregate and home delivered meals at mid-day.
- Peace Meal participants like collaborations with senior centers, restaurants (e.g., Watseka), soup & salad bars, Dine-with-a-Doc, and special events.

The value of home delivered meals

- Without the meals, many seniors could no longer stay in their own homes.
- We're not about a meal, we're about daily contact.
- Daily contact means a daily well-being check.
- Volunteers delivering meals have saved lives.
- Home delivered meals provide support to persons with disabilities and their caregivers.
- Hot home delivered meals do not need to be reheated; they are safe and easy to use.

County Conversations about: Legal Assistance

- Major legal issues facing seniors:
- Guardianship
- Powers of Attorney
- Abuse and exploitation
- Eligibility for Medicaid, Social Security Disability
- Housing
- Wills and estate o planning
- Help with taxes
- Bankruptcy and managing debt

Legal awareness and preferences

- ❑ Land of Lincoln Legal Assistance provides legal assistance to seniors in 13 counties in Area 05.
- ❑ Prairie State Legal Services serves Iroquois, Livingston and McLean Counties.
- ❑ Seniors do not always know where to go or where to call for legal assistance in their county.
- ❑ Seniors regard legal issues as personal and prefer to discuss such matters in person, not by phone.
- ❑ Older adults want legal assistance that is affordable and preferably free of charge.

Other Issues Raised

- Senior services in Ford and Iroquois Counties
- Teamwork between ECIAAA and Senior Centers
- Housing conditions in Macon County
- Help for persons with vision and/or hearing loss
- Help for people applying for Medicaid
- Help for seniors to manage medications
- Building wheel-chair ramps
- Screening for seniors with mental health problems
- Access to low-cost dental care

Emerging Strategic Issues

- Implementation of Affordable Care Act;
- Expansion of Medicaid in Illinois;
- Integrated Care Program (ICP);
- Medicare-Medicaid Alignment Initiative (MMAI);
- Proposed 1115 Medicaid Waiver;
- Balancing Incentive Program (BIP);
- Consolidation of local DHS Family Community Resource Centers – limits access;

Emerging Strategic Issues

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

Emerging Strategic Issues

- Increase in number of cases of abuse, neglect, and financial exploitation impacting older adults and adults with disabilities ages 18 to 59;
- Transition of the Elder Abuse Program to the Adult Protective Services Program;
- Expansion of the Ombudsman Program to include complaint investigation and advocacy on behalf of persons receiving home care and older adults and persons with disabilities enrolled in managed care.

Age Strong, Live Strong

- The mission of ECIAAA is to empower older adults to **Age Strong and Live Strong** – to help them maintain their independence and quality of life.
- Through the implementation of the Area Plan for FY2015 and beyond, and the Request for Proposal Process used to allocate federal and state grant assistance for community programs on aging in Fiscal Years 2015-2016-2017, ECIAAA will pursue the following outcomes:

Outcome #1 - Easy access to information and services

- **Older Adults served by Coordinated Points of Entry and Senior Information Services are empowered to engage in services to improve their quality of life.**
- To achieve this outcome, CPoE/SIS providers will;
 - Utilize a standardized intake process
 - Utilize the Enhanced Services Program (ESP)
 - Provide on-going coordination & connection to services
 - Complete referrals and “warm transfers”
 - Utilize Options Counseling

Outcome #1 - Easy access to information and services

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

Outcome #2- Caregivers are supported

- To achieve this, Caregiver Support Services will:
 - Provide information and assistance
 - Organize and facilitate appropriate support groups, and/or refer to existing support groups, including support groups for families caring for persons with Alzheimer's Disease and other dementias.
 - Build and maintain local Caregiver Support Teams
 - Offer training and education on topics, such as:
 - Grandparents Raising Grandchildren
 - Powerful Tools for the Caregiver
 - Other topics? What would you recommend?

#2 Outcome – Caregivers are supported

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

Outcome #3 – Improve food security; reduce social isolation

- To achieve this, Senior Nutrition Programs will:
 - Utilize the Nutritional Risk Assessment
 - Utilize the intake and screening form
 - Address operational and safety issues as part of the individual assessment for home delivered meals
 - Implement creative program design and menu planning that optimize consumer choice
 - Provide consistent meal provision in accordance with Dietary Reference Intakes (DRIs)

Outcome #3 Improve food security; reduce social isolation

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

Outcome #4 Older adults have their legal needs met

- To achieve this outcome, Senior Legal Assistance Programs will:
 - Inform seniors about the availability and location of their services and their case acceptance priorities
 - Prioritize legal assistance for Adult Protective Service cases
 - Attend court hearing and prepare legal documents, such as advance directives

Outcome #4 – Older adults have their legal needs met

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

Care Transitions

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

Healthy Aging

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

Area Plan Initiatives

- Statewide Initiative – Development of Aging and Disability Resource Centers/Networks
- Local Initiative in Area 05:
 - Transportation
 - Healthy Aging

Aging & Disability Resource Centers

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

Coordinated Points of Entry

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

CPoE Implementation in Area 05

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

ADRC = A Process

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

Defining Characteristics of ADRCs

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

ADRC Workplan for FY2015

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

Collaborative Partnerships

- Promote interagency communications
- Identify key contacts
- Improve mutual understanding
- Facilitate inter-agency referrals
- Coordinate with Manage Care Organizations
- Implement Balancing Incentive Program provisions:
 - No wrong door
 - Uniform Assessment Tool
 - Conflict-free Case Management

Local Initiative: Transportation

- Goal: affordable and accessible transportation for older persons in rural areas
- **County Conversations identified need for individual “point-to-point” cross-county transportation for older adults and their caregivers to accommodate trips for outpatient medical appointments.**
- Action in FY2014:
- ECIAAA assessed the impact of the loss of OAA funding on rural public transportation for older adults in areas not served by urban mass transit providers, including affordability, trip priorities, and leveraging matching funds.

Rural Transit Provider Survey Results

- No reduction in operating hours
- No reduction in transit routes
- No change in fares/discounts/donation policies for passengers 60+
- Medical appointments remain a high trip priority
- Estimated 8% to 10% reduction in rides for passengers 60 years of age and older
- Loss of OAA Title III-B funds reduces matching funds available for federal transit operating grants

CPoE and CCU Survey Results

- Champaign County
 - Family Service's volunteer transportation programs provides seniors up to 2 rides per week
 - Cumberland Associates CCU and Family Service CPoE make referrals to:
 - Champaign-Urbana Mass Transit District,
 - CRIS Public Transportation in rural Champaign County,
 - Faith in Action,
 - Home Care and Adult Day Service providers,
 - Transit Reservation and Information Program (TRIP)
 - American Cancer Society, Veterans organizations, etc.

CPoE and CCU Survey Results

- In Clark, Cumberland and Edgar Counties...
- Life Center for Clark and Cumberland Counties (CPoE) and Community Care Systems CCU coordinates with Rides Mass Transit, TRIP, and Home Care providers.
- Chester P. Sutton Center of Edgar County and Cumberland Associates CCU coordinates with Rides Mass Transit, TRIP, Home Care providers, and Faith in Action of Edgar County.

CPoE and CCU Survey Results

- Coles County Council on Aging/Telecare (CPoE) and Cumberland Associates CCU make referrals to TRIP and Dial-A-Ride
- PATH (CPoE at the DeWitt County Friendship Center) and Cumberland Associates CCU make referrals to SHOW BUS and Faith in Action
- Mid Illinois Senior Services (CPoE for Douglas County) and Cumberland Associates CCU make referrals to Central Illinois Public Transit

CPoE and CCU Survey Results

- Ford Iroquois Public Health Department (CPoE for Ford County and CCU for Ford and Iroquois Counties make referrals to SHOW BUS, Gibson City Telecare , and Home Care Providers
- Volunteer Services of Iroquois County (CPOE) makes referrals to SHOW BUS
- PATH (CPoE for Livingston County) and Livingston County Health Department CCU make referrals to SHOW BUS, Home Care Providers, and the American Red Cross in Fairbury

CPoE and CCU Survey Results

- PATH (CPoE for McLean County) and CCSI (CCU) make referrals to:
 - Connect Transit Mobility in Bloomington-Normal
 - SHOW BUS serving rural McLean County and participants in Advocate BroMenn Adult Day Services
 - Bloomington-Normal Faith in Action
 - Home Care provider agencies
 - YWCA Medivan

CPoE and CCU Survey Results

- Macon County Health Department CCU, Decatur Macon County Senior Center and CHELP serve as the CPoE for Macon County. Referrals are made to:
 - Decatur Public Transit System including paratransit and subsidized taxi services
 - SHOW BUS serving rural Macon County and participants in St. Mary's Adult Day Services.
 - Decatur Memorial Hospital's *Prime Time Patient Transit*
 - Macon County Faith in Action
 - DMCOC Elderly Services

CPoE and CCU Survey Results

- Mid Illinois Senior Services (CPoE for Moultrie County) and CCSI (CCU) make referrals to Central Illinois Public Transit and Home Care providers.
- Piatt County Services for Seniors (CPoE for Piatt County) and Cumberland Associates (CCU) make referrals to Piattran and Piatt County Faith in Action
- Community Care Systems (CPoE and CCU for Shelby County) makes referrals to Central Illinois Public Transit and Home Care providers.

CPoE and CCU Survey Results

- CRIS Healthy-Aging Center is the CPoE and CCU for Vermilion County, which make referrals to:
 - Danville Mass Transit
 - CRIS Vermilion Transit (Danville urbanized area)
 - CRIS Mass Transit District (non-urban Vermilion Co.)
 - CRIS Senior Transportation
 - Corn Cruiser serving Hoopeston-Danville route
 - Hoopeston Area transit under contract with CRIS
 - Home Care providers

CCUs in Area 05 Report

- No major barriers for seniors seeking transportation
- Cost is not a major barrier
- CCUs inform clients about transportation options
- Home Care Aides may provide transportation if:
 - Clients cannot readily use public transit
 - Clients need arm-in-arm assistance to medical facilities
 - Clients need someone to accompany them during the medical visit
 - Clients express preference for Home Care Aides to transport them

Transportation Options

- Transit Reservation Information Program (TRIP)
- First Transit to authorize Medicaid covered trips
- Managed Care Organizations
- American Red Cross
- American Legion
- American Cancer Society
- Easter Seals
- Faith in Action and other Volunteer Transportation

TRIP Annual Report 2011-2013

- 574 persons served (all ages)
- 323 new clients
- 2,974 referrals and information provided
- 588 coordinated trips from 521 requests
- 177 requests unmet because:
 - 40% outside service routes
 - 33% operator fare costs were a barrier
 - 10% requested times outside operator services hours
 - 10% TRIP unable to coordinate transfers with operators
 - 4% no operator available or schedule full
 - 2% clients do not meet operator eligibility

FY2015 Transportation Plan

- Collaborate with TRIP, First Transit, MCOs to promote mobility management for medical trips
- Collaborate with Faith in Action and Volunteer Transportation Programs to expand options
- Serve on HSTP Committees for Regions 6 and 8
- Improve IDOT's procurement processes
- Advocate for reauthorization of MAP-21
- Advocate for state and federal transit funding
- Reduce prevalence of falls among older adults

Healthy Aging



Local Initiative: Healthy Aging

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

Evidence-Based Programs

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

Evidence-Based Programs

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

Elder Abuse & Neglect Program

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

LTC Ombudsman Program

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

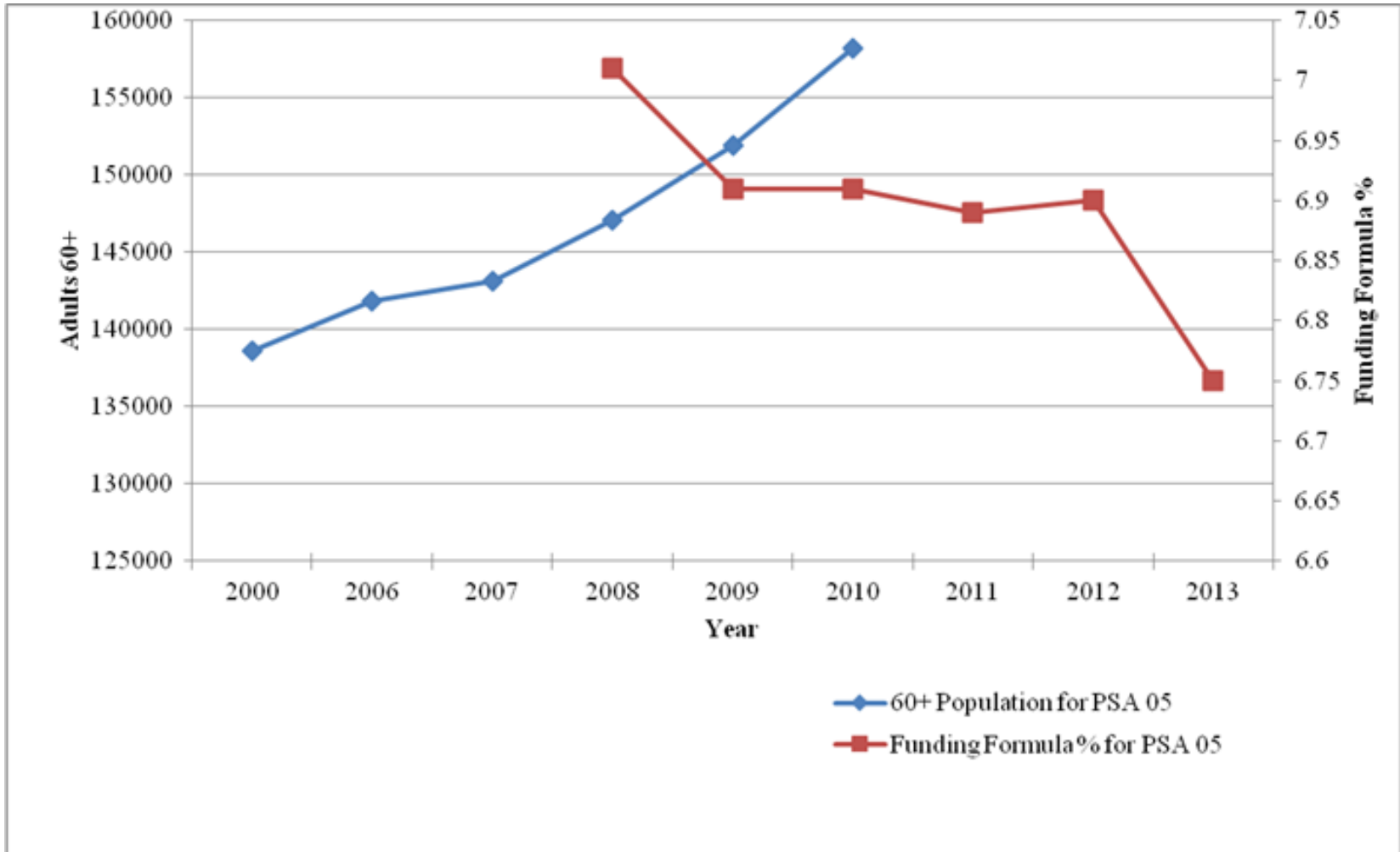
Senior Employment Program

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

Emergency Preparedness Plan

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

Population Trends and Funding



U.S. Fiscal Outlook

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

Core Principles for Deficit Reduction

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

Funding Formula for FY2012-2014

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

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

Funding for CPoE/SIS

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

Transportation Funding Ends

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

Funding for Legal Assistance

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

Funding for Nutrition Services

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

Healthy Aging Program Funds

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

Funding for Caregiver Services

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

Budget Assumptions for FY2014

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

Budget Assumptions for FY2014

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

Budget Assumptions for FY2014

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

Budget Assumptions for FY2014

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

Budget Assumptions for FY2014

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

ECIAAA Administrative Activities

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

Budget Highlights for FY2014

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

Budget Highlights for FY2011

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

Contingency Planning

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

Contingency Planning

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

Contingency Planning

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

Comments

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

Mike O'Donnell, Executive Director

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Thank You

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