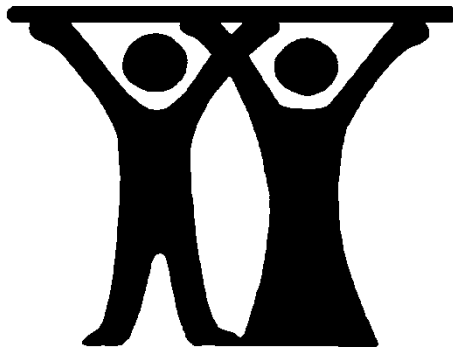


AREA AGENCY ON AGING FOR LINCOLNLAND



PUBLIC INFORMATION DOCUMENT

FY 2018 Amendment to the

FY 2016 - 2018 Area Plan

The Area Agency on Aging for Lincolnland does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. 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 & TTY) or contact Donna Bileto, AAAL Executive Director at 217-787-9234 or 217-720-0692. If you prefer, you can also contact Donna Bileto by sending an email at dbileto@aginglinc.org Funds for this publication were provided through a Title III Older Americans Act award from the Illinois Department on Aging.

Introduction

The Area Agency on Aging for Lincolnland is finalizing its FY 2018 Area Plan Amendment for programs, services, and other activities funded under the Older Americans Act and through the Illinois Department on Aging. The Plan covers Fiscal Years 2016-2018.

Purpose of the Public Information Document: This Public Information Document contains a summary of important elements of the Area Agency on Aging for Lincolnland's FY 2018 Amendment to the FY 2016 – 2018 Area Plan. The document is designed to facilitate public understanding of how the Area Agency on Aging plans to address the service needs and issues facing older persons and family caregivers in the Area Agency's planning and service area. Copies of the Public Information Document will be made available beginning May 12, 2017 at the AAAL office and the AAAL website <http://www.aginglinc.org> Copies will also be available at the public hearing sites on the day of the hearing or upon request by emailing dbileto@aginglinc.org

Public Hearings

Purpose of the Public Hearings is to accept testimony from interested individuals pertinent to the Area Plan Amendment. The Area Agency on Aging for Lincolnland has scheduled three (3) Public Hearings in order to obtain testimony from area residents regarding the FY 2018 Amendment to the FY 2016-2018 Area Plan. Area residents will have approximately three (3) weeks to review the Public Information Document and contact the Area Agency on Aging with any questions. At the public hearings, one hour will be allotted to accept testimony without discussion. Public Hearings are scheduled as follows.

June 13, 2017

1:30 p.m. – 2:30 p.m.

Litchfield Community & Senior Citizen Center

1100 South State St

Litchfield, Illinois

June 13, 2017

10:30 p.m. – 11:30 a.m.

Carlinville Senior Citizen Center

213 North East St

Carlinville, Illinois

June 15, 2017

1:30 – 2:30 p.m.

Area Agency on Aging for Lincolnland

3100 Montvale Drive

Springfield, Illinois

Testimony or comments may be presented verbally or in writing. Those testifying at the public hearing are encouraged to submit a written copy of comments. If you are not able to attend the public hearing, you are encouraged to submit a written testimony, which is due no later than 5:00 p.m. on June 19, 2017. A Summary of oral and written testimony regarding the 2016-2018 Area Plan will be presented to the Agency's Advisory Council and the Board of Directors and will also be forwarded to the Illinois Department on Aging (IDOA) on or before July 1, 2017.

Area Agency on Aging for Lincolnland

The Area Agency on Aging for Lincolnland, Inc., (AAAL) is one of more than 600 Area Agencies on Aging nationwide and one of thirteen in Illinois. Since 1974, the Area Agency on Aging for Lincolnland has been designated by the Illinois Department on Aging to serve older adults and family caregivers residing in Planning and Service Area 07, which comprises the counties of Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott.

Area Agencies on Aging are responsible for planning services that will help meet the needs of older adults and caregivers, coordinating resources in order to facilitate a comprehensive service delivery system, and acting as an advocate for older adults residing in the Planning and Service Area. As an area-wide focal point for aging issues, the Area Agency on Aging works to create an awareness of aging and caregiving issues and encourages the development and coordination of services to address those issues.

The Area Agency is a not-for-profit organization governed by a Board of Directors whose members represent each county in the Planning and Service Area (PSA). AAAL also has an Advisory Council whose members, also representatives of the counties in the PSA, provide input on the needs and concerns of older adults in their respective counties.

With State and Federal funding received through the Illinois Department on Aging, the Area Agency on Aging for Lincolnland awards grants and contracts to local service providers throughout the area for a variety of services. Funded services include Information and Assistance, Transportation, Legal Assistance, Congregate and Home Delivered Meals, Evidence-based Health Promotion, In-Home Respite, Caregiver Counseling, Caregiver Access and Assistance, Legal Assistance, Long Term Care Ombudsman, Options Counseling, Adult Protective Services, and Pharmaceutical Program Assistance. Most of these services are available in each of the twelve counties served by the Area Agency.

The Area Agency directly provides Information and Assistance, Caregiver Training and Education, Options Counseling, Pharmaceutical Benefit Programs, and a Senior Employment Program. The Area Agency and its network of service providers have been active in efforts to assist older persons and persons with disabilities to enroll in Medicare Part D plans. The Area Agency fulfills administrative responsibilities for the Illinois Department on Aging's Adult Protective Services Program and Community Care Program, and has participated in the Nursing Home Deflection pilot, the Senior Farmer's Market Nutrition Program, and various other projects.

There is no charge for the services funded by the Area Agency on Aging for Lincolnland, but voluntary contributions to the service provider agency are accepted. Such donations are used by the programs to provide additional service.

FY17 Board of Directors & Advisory Council

<u>Board of Directors</u>	<u>County</u>	<u>Advisory Council</u>
Susan Dierker-Becker	Mason	Susan McFarlin
Janet Gant	Scott	Max Edlen Neal Cooper
Morrie Giaudrone	Macoupin	Kenneth Cordum Cathy Petrack
Donald Hoover	Logan	Debra Hoover Marilyn Lowery
Joan Lawrence	Christian	VACANT
Louis Lewey	Montgomery	VACANT
Teresa Muntz	Jersey	Edgar Gipson
Susan Rutter	Morgan	Becky McGinnis
Edith Sternberg	Menard	Sandra Klein Anne Smith
Natalie Umphress	Greene	Kathy Burkholder Billye Griswold
Sam Winger	Sangamon	Juanit McCaffrey
VACANT	Cass	VACANT

Area Agency on Aging Mission

Section 1321.53 (a) of the Rules and Regulations promulgated August 31, 1988, by the Administration on Aging defined the mission of Area Agencies on Aging under the Older Americans Act as follows:

THE OLDER AMERICANS ACT INTENDS THAT THE AREA AGENCY ON AGING SHALL BE THE LEADER RELATIVE TO ALL AGING ISSUES ON BEHALF OF ALL OLDER PERSONS IN THE PLANNING AND SERVICE AREA. THIS MEANS THAT THE AREA AGENCY SHALL PROACTIVELY CARRY OUT, UNDER THE LEADERSHIP AND DIRECTION OF THE STATE AGENCY (IDOA), A WIDE RANGE OF FUNCTIONS RELATED TO ADVOCACY, PLANNING, COORDINATION, INTER-AGENCY LINKAGES, INFORMATION SHARING, BROKERING, MONITORING AND EVALUATION, DESIGNED TO LEAD TO THE DEVELOPMENT OR ENHANCEMENT OF COMPREHENSIVE AND COORDINATED COMMUNITY-BASED SYSTEMS IN, OR SERVING, EACH COMMUNITY IN THE PLANNING AND SERVICE AREA. THESE SYSTEMS SHALL BE DESIGNED TO ASSIST OLDER PERSONS IN LEADING INDEPENDENT, MEANINGFUL AND DIGNIFIED LIVES IN THEIR OWN HOMES AND COMMUNITIES AS LONG AS POSSIBLE.

State Proposed FY 2018 Budget

The FY18 Aging Budget highlights Home Delivered Meals (HDM) with an additional \$4,200,000 million over the estimated current year spending. The program serves over 5,800,000 meals annually to Illinois seniors. Further, the Community Care Program (CCP) is expected to grow 25% over the next 15 years due to Illinois 60-plus aging population. The Department in Aging indicates \$929,719,755 of additional funds will be needed so there is a proposed new initiative targeted to older adults designed to provide preventive services as they progress to eligibility for CCP services. The Community Reinvestment Program (CRP) is intended to serve Non-Medicaid eligible clients, who will have their DON score applied to a risk category table to derive a new individual spending allocation. Illinois committed \$260,000,000 for CRP.

The State of Illinois is entering its third year without an approved budget leaving older adults and those who advocate for older adult programs and services without a clear understanding of how programs and services established under the Older Americans Act (OAA) will be funded, and at what level, for FY18. Please see the Executive Office of the Governor at <https://www.illinois.gov/gov/budget/Pages/default.aspx> or the Illinois Department on Aging <https://www.illinois.gov/aging/AboutUs/Pages/admin.aspx> for updates.

Profile of the Older Population of the Planning and Service area

Planning and Service Area 07 consists of twelve counties: Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, and Scott. The area covers 6,742 square miles and is home to 109,252 individuals aged 60 and over, according to 2015 Census Population Estimates.

The PSA is predominantly rural, although the Federal Office of Management and Budget (OMB) includes the following four area counties in Metropolitan Statistical Areas: Jersey, Macoupin, Menard, and Sangamon. The 60 and older population of these four counties accounts for 60% of the older adults in PSA 07. It is estimated that more than 35,000 persons residing in the Planning and Service Area are informal or family caregivers to older persons. Informal caregivers are persons of any age who are the primary caregivers to persons' age 60 or over.

For purposes of Federal Older Americans Act programming, Grandparents Raising Grandchildren are defined as persons 55 or over who are raising grandchildren, or other relatives to age 18. The number of grandparents raising grandchildren in PSA 07 is estimated at over 5,000, many of whom are under age 55.

The Illinois Department of Public Health reported that there are 7,082 licensed Long Term Care Facility beds in PSA 07. Included in this count are facilities and beds licensed under the Nursing Home Care Act with skilled, intermediate care for the developmentally disabled; sheltered care; facilities licensed under the Assisted Living and Shared Housing Act; and Supportive Living Facilities certified under Public Aid Code 305ILCS 5/5-5.01a. Figures are provided by the Department of Public Health.

PSA 07 Demographic Characteristics of Older Persons

<u>County</u>	<u>Total 60+</u>	<u>60+ Poverty</u>	<u>60+ Minority</u>	<u>60+ Live Alone</u>	<u>75+</u>
Cass	2,975	1490	149	700	1027
Christian	8,644	749	142	2350	3036
Greene	3390	384	56	925	1141
Jersey	5519	272	108	1110	1837
Logan	6953	404	170	1705	2444
Macoupin	12180	683	216	2865	4010
Mason	3785	245	62	990	1279
Menard	3173	244	49	875	1007
Montgomery	7437	610	151	1990	2715
Morgan	8755	737	286	2065	2984
Sangamon	45133	2803	4089	11480	13633
Scott	1308	129	25	300	480
PSA Total	109252	7409	5503	27355	35593
State Total	2590593	213900	666103	604154	791118

(2015 Population Estimates & ACS 2011-2015 for Poverty)

Needs Assessment Process and Funding Priorities for the FY 2016-2018 Area Plan

The following activities were conducted as part of the planning process for FY 2016-2018.

- A survey was distributed to all Area Agency Advisory Council Members.
- A survey was sent to all FY 2016 Title III Subgrantees and other providers of services to older adults and family caregivers.
- A questionnaire was sent to area legislative offices.
- Selected reports were reviewed.
- Relevant local needs assessments were reviewed.
- Client Satisfaction Surveys (all funded services) were reviewed.
- PSA 07 Subgrantees' unmet needs reports, program reports and fiscal reports were considered.
- The Area Agency's history of projected and actual service provision and expenditures by subgrantees were reviewed.
- Focus group discussions were held with representatives of each of the 12 counties in the Planning and Service Area.

Elected Officials

Elected officials were asked to share the areas of concern most frequently expressed by their older constituents or family caregivers. Responses follow, in order of issues most frequently heard.

- Health care costs, such as the cost of prescription drugs and nursing home care.
- In-Home Care.
- Utility costs (gas and electric).
- Issues related to continuing to live independently.
- Other: concealed carry, roads.

Service Provider Survey Results

The results shown below represent the responses of current PSA 07 Subgrantees and other organizations serving PSA 07. Each of the twelve PSA counties is served by at least a third of the respondents, ranging from Sangamon County (57% of the respondents reported serving Sangamon County) to Scott County (34.9%). 71.4% of respondent's state that they have served older adults and/or family caregivers for more than 20 years; only one has served this population for fewer than 5 years. 60% reported not receiving funds from the Area Agency on Aging for Lincolnland, and 58.7% represent not-for-profit organizations.

Access Services Rated Extremely Important, by Percentage of Respondents	Access Services – More Service Needed
Transportation (70%)	Assisted Transportation (81.8%)
Assisted Transportation (60%)	Transportation (74.5%)
Information and Assistance (55.9%)	Outreach (52.7%)
In Home Services Rated Extremely Important, by Percentage of Respondents	In Home Services – More Service Needed
Home Health (68.4%)	Residential Repair & Renovation (73.5%)
Home Delivered Meals (61.4%)	Respite (71.7%)
Respite (47.3%)	Home Delivered Meals (65.5%)
Homemaker (43.8%)	Friendly Visiting (34.1%)
Friendly Visiting (43.8%)	
Community Services Rated Extremely Important, by Percentage of Respondents	Community Services – More Service Needed
Elder Abuse (58.8%)	Medication Management (78.7%)
	Mental Health Screening (71.7%)
Routine Health Screening (43.1%)	Adult Day Service (69.6%)
Mental Health Screening (42%)	Routine Health Screening (66.7%)
	Legal Assistance (62.5%)
	Counseling (60.9%)
Family Caregiver Services Important, by Percentage of Respondents Rated Extremely	Family Caregiver Services – More Service Needed
Respite (51%)	Respite (73.3%)
Case Management (45.8%)	Counseling (66.7%)
Access Assistance (43.8%)	Legal Assistance (66.7%)
Legal Assistance (40.8%)	Support Groups (65.9%)
Counseling (39.6%)	Outreach (57.8%)
	Access Assistance (57.8%)
	Training and Education (51.1%)

Advisory Council Survey Results

The Area Agency on Aging's Advisory Council survey response are summarized below. Respondents represent all PSA 07 counties except Montgomery.

Access Services Rated Extremely Important, by Percentage of Respondents	Access Services – More Service Needed
Transportation (46.7%)	Outreach (42.9%)
Outreach (46.7%)	Transportation (35.7%)
Information and Assistance (46.7%)	Assisted Transportation (30.7%)
In Home Services Rated Extremely Important, by Percentage of Respondents	
Home Health (66.7%)	Home Delivered Meals (66.7%)
Home Delivered Meals (66.7%)	Home Health (66.7%)
Respite (66.7%)	Respite (66.7%)
Community Services Rated Extremely Important, by Percentage of Respondents	
Long Term Care Ombudsman (35.7%)	Adult Day Service (57%)
Medication Management (30.7%)	Medication Management (46.1%)
Services Rated Very Important	Chronic Disease Self Mngmt. (38.5%)
Congregate Meals (28.6%)	Health Risk Assessment (35.7%)
Elder Abuse (28.6%)	Elder Abuse (33.3%)
	Home Injury Control (30.8%)
	Routine Health Screening (30.8%)
Family Caregiver Services Rated Extremely Important, by Percentage of Respondents	
Outreach (48.7%)	Respite (46.2%)
Access Assistance (48.7%)	Support Groups (42.9%)
Counseling (46.7%)	Case Management (35.7%)
Respite (40%)	Counseling (28.6%)
Support Groups (40%)	Gap Filling (27.8%)
Gap Filling (38.7%)	Training & Education (23%)
Legal Assistance (33.3%)	
Case Management (33.3%)	

Client Satisfaction with Service Received

A review of FY 2014 Client Satisfaction Surveys, sent to a limited number of participants in each Title III service, for each Subgrantee, yielded the information shown in the following chart.

Service	Percent rating overall quality of the service received “Excellent”	Percent rating overall quality of the service received “Average”
Transportation	95	5
Information & Assistance	92	8
Legal Assistance	100	0
Home Delivered Meals	36	57
Congregate Meals	37	29
Caregiver Legal Assistance	100	0
Caregiver Access Assistance	11	0
Respite	100	0
Caregiver Counseling	100	0

County Forums

Meetings were held with representatives each of the twelve counties of PSA 07. Twelve questions were prepared. The questions were open-ended, but some issues were mentioned more frequently than others. The four most frequently mentioned were: the distribution of information to the community about available services, the reluctance of people to ask for help, caregiver availability, and public transportation (lack or insufficient amount).

These basic issues were addressed frequently enough that one of the Area Agency’s local initiatives for the coming Area Plan will be to focus on the distribution of information about available services and how to access them, and on reaching more individuals with that information.

Services Funded

The Area Agency Board of Directors has determined that the services listed in this section will be funded in FY 2018.

Reference to a Title and subtitle refers to the title of the Older Americans Act which authorizes the funding of the specific service. Funds may be awarded only for services authorized in specific subtitles. For example, Congregate Meals must be funded with Title III C-1 dollars and may not be funded by Title III D dollars. Some services are authorized for older adults under Title III B and for family caregivers under Title III E. Allocations to the Area Agency are made by Title, and the Area Agency has limited authority to transfer funds among titles. General Revenue Funds are used to supplement or match Federal funds. The Area Agency does not differentiate between state and

federal funds in its allocations for services.

TITLE IIIB ACCESS SERVICES

Information and Assistance - A service for older individuals that may (A) provide individuals with current information on opportunities and services available to the individuals within their communities; (B) assess the problems and capacities of the individuals; (C) link the individuals to the opportunities and services that are available; (D) establish adequate follow-up procedures based on the older individual's needs.

Options Counseling – While not a Title III service, Options Counseling is an adjunct to Information and Assistance. Options Counseling is a component of the ADRC (Aging and Disability Resource Collaboration) and has as its goals the facilitating of informed decision-making about Long Term Services and Supports (LTSS) and aiding in streamlining access to LTSS

Transportation - Transporting older persons to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events to reduce isolation and promote successful independent living. Service may be provided through projects specially designed for older persons or through the utilization of public transportation systems or other modes of transportation.

TITLE IIIB COMMUNITY SERVICES

Legal Assistance - Legal Assistance shall include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person (or his/her representative).

TITLE IIIC – NUTRITION SERVICES

Congregate Meals (IIIC-1) – The provision of nutritious meals in a congregate meal setting to promote better health and to reduce isolation.

Home Delivered Meals (IIIC-2) – The provision of nutritious meals to older persons who are homebound because of illness or incapacitating disability or are otherwise isolated.

TITLE IIID – DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

In FY 2012, the Administration on Aging requested that Congress include in appropriations a provision which requires States to use all of their Title IIID funds to support proven evidence-based programs that enhance the wellness and fitness of the older population. Evidence-based programs are those which have been shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. Evidence-based programs can mitigate the negative impact of chronic disease and related injuries, such as falls. Evidence-based programs have demonstrated outcomes.

The Administration on Aging (Administration for Community Living) has provided three levels of criteria for evidence-based programs:

Minimal Criteria -

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

Intermediate Criteria -

- Published in a peer-review journal.
- Proven effective with older adult population, using some form of a control condition (e.g., pre-post study, case control design, etc.).
- Some basis in translation for implementation by a community level organization.

Highest-Level Criteria -

- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

The Illinois Department on Aging requires that, as of FY 2016, all funded evidence-based programs meet the highest-level criteria.

In PSA 07, funding of evidence-based programs began in FY 2015. The Chronic Disease Self-Management Program and the Diabetes Self-Management Program are the two evidence-based programs funded in PSA 07 in FY 2015 and extended through FY 2017. Both meet the Highest-Level Criteria.

TITLE IIIE - NATIONAL FAMILY CAREGIVER SUPPORT SERVICES

Access Assistance - A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

Counseling – The service is provided to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups and caregiver training (of individual caregivers and families).

Legal Assistance - see definition for Title III-B Legal Assistance

Respite Care – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

Training and Education - Provides opportunities for caregivers to acquire knowledge and skills suited to their interests and capabilities

Gap Filling – Assistance to meet individual needs of older persons living in a non-institutional setting and their caregivers for purposes of maintaining independence, providing a safe environment and/or delaying institutionalization. Eligible individuals include: (1) Caregivers who are informal caregivers for persons 60 years of age and older; (2) Persons 60 and older who are raising children age 18 or younger.

TITLE VII SERVICES (ELDER RIGHTS)

Adult Protective Services Multi-Disciplinary Teams - Developing and implementing a voluntary Multi-Disciplinary Team (M-Team) that will act in a technical advisory role to an adult protective services provider agency.

Ombudsman – The Long-Term Care Ombudsman Program is a statewide long-term care resident advocacy program established and operated by the Illinois Department on Aging to protect and improve the quality of care and the quality of life for residents of long-term care facilities in Illinois through individual and systemic advocacy for and on the behalf of the residents. This includes the promotion and the cultivation of best practices within long-term care services, and through the promotion of family and community involvement in the long-term care facility. The Long-Term Care Ombudsman Program is a resident-centered program, and makes every effort to assist, empower, represent, and intervene on behalf of the resident.

Training - Attendance at training related to elder rights.

Local Service Providers

In FY 2017, the Area Agency on Aging for Lincolnland awarded funds to organizations who provide services to persons 60 years of age and over and family caregivers throughout Planning and Service Area 07. Types of agencies funded include:

- County Health Departments
- Private Not-for-Profit Social Service Organizations
- Profit-making Companies (with required approval of IDoA)
- Community Action Agencies
- Economic Development Corporations
- County Councils on Aging
- Mental Health Agencies
- Hospitals
- County Boards
- Not-for-Profit Foundations
- Centers for Independent Living
- Senior Centers

Home Delivered Meals

The 2016 budget introduced by Governor Rauner included an additional \$20,382,000 for Home Delivered Meals, recognition of the need for the service. The Area Agency on Aging and the PSA 07 Nutrition Providers were appreciative of this proposed increase to the area of \$103,436 in General Revenue Funds. However, there was concern that the then-proposed increase in Determination of Need eligibility score, if implemented, would result in higher demand for home delivered meals among those persons who would need service but wouldn't be eligible for the Community Care Program (CCP). And, some Community Case Units (CCUs) who are also Nutrition Providers have depended on income from CCU contracts to fill gaps in funding for the Nutrition Program. There was a fear that they would no longer be able to do so due to the higher DON score requirement and a resulting decrease in CCP contract income. This meant, of course, that at least some of the increased GRF dollars would be needed to maintain the service level rather than to increase it.

While the proposal to raise the DON score was eventually squelched by the Federal Center for Medicaid and Medicare Services, a different fate befell the nutrition providers and participants when the General Assembly and Governor failed to produce a State Budget for FY 2016

When the Area Agencies on Aging received their FY 2016 Notifications of Grant Award, or NGAs, from the Illinois Department on Aging, the NGAs did not include the General Revenue Funds that had been allocated and budgeted for 2016 due to the lack of a State Budget appropriating them.

This lack of State funding meant that funds available for Home Delivered Meals were only 34% of the amount originally allocated. Forced to operate on only Federal funds, Home Delivered Meal programs were reduced by two-thirds. To maximize available dollars and provide as many meals as possible to vulnerable homebound older adults, the Area Agency on Aging for Lincolnland received IDOA approval to exercise its transfer authority and transferred \$109,000 in Federal funds from Title IIIC-1 (Congregate Meals) to Title IIIC-2 (Home Delivered Meals). This transfer reduced Congregate Meal funding to 81% of the allocation and brought funding for Home Delivered Meals to 46%, still less than half of the original allocation.

The five PSA 07 Home Delivered Meal providers have worked diligently to stretch the available funds. Two have implemented furlough days, reducing serving days, closed 16 nutrition sites, one laid off staff and two did not fill staff vacancies, three reduced the hours of nutrition staff. Other negative impacts on nutrition services included the following:

- New HDM waiting list
- Fewer days of HDMs mean fewer days of wellness and safety checks
- Reduced nutritional intake
- Reduction in provision of hot meals
- Increased utilization of frozen meals
- Increased utilization of shelf-stable meals
- Longer HDM delivery route that throws senior off of regular schedules, or could create health issues in relation to medication intake
- With reduction in number of meals served, prioritization of high-risk clients
- Reduced of HDMs assessments due to reduced funding and staff
- Reduction of Congregate meals served results in reduced Program Income

Home Delivered Meals are mandated through the Older Americans Act and have a designated funding source at the federal level. Home Delivered Meals are funded for each of the twelve counties in PSA 07 and are currently provided by five Subgrantees, each serving multiple counties.

In PSA 07, State and Federal funds awarded for Home Delivered Meals generally are matched 100% by the total of local cash, in-kind, and participant contributions.

Costs of food, utilities, and gasoline are increasing. Additional funds are needed to prepare the meals in accordance with the new Dietary Reference Intake (DRIs), to purchase delivery containers and equipment that will keep the food at safe temperatures, and to help meet the rising costs of delivering the meals.

Many Home Delivered Meal programs rely on volunteers to deliver meals and to serve as site managers. Unfortunately, it is becoming increasingly difficult to recruit and maintain volunteers, partially due to the higher cost of gasoline. Some programs pay volunteers for their mileage, although mileage reimbursement does not cover the

expense. When necessary, staff members are used to fill the volunteer gap, but this takes them from other duties. Higher costs of gasoline not only increase the cost of a Home Delivered Meal, but also contribute to the reduction of available volunteer meal deliverers. Having to use paid staff for meal deliveries again raises the cost of Home Delivered Meals service.

The Department on Aging allocated an additional FY17 state Home Delivered Meals (HDM) funds March 2017; to expand the HDM statewide. Home delivered meal providers serving clients in PSA 07 began to eliminate their waiting lists and return to 5-day delivery. The Area Agency on Aging is hopeful that this service level will continue.

Area Agency on Aging for Lincolnland Direct Services

Historically, the Area Agency on Aging has received direct service waivers from the Illinois Department on Aging to provide Title IIIB Information and Assistance and Title IIIE Training and Education services. These waivers are effective for the entire period covered by an Area Plan. For the period covered by FY 2016-2018 Area Plan, the Area Agency again requests approval to provide those services directly.

Title IIIB Information and Assistance

Information and Assistance is a mandated activity of Area Agencies on Aging as stated in the Older Americans Act regulations. While all area service providers carry out community-based information and assistance activities in an informal manner related to their own programs, and all area Care Coordination Units (CCUs) are funded to provide Information and Assistance in the counties they serve, there is no agency in the Planning and Service Area capable of providing the service on an area-wide basis (e.g., respond to referrals from the Gatekeeper Program, the Eldercare Locator, and the IDOA Senior HelpLine). The Area Agency on Aging is the only area-wide agency which is designed to serve the 60+ population and family caregivers, has a toll-free telephone line, maintains an informative website, and keeps a Master Resource File on all known State and Federal benefits and services for the 60+ population in the Planning and Service Area. The Area Agency also maintains the Enhanced Services Program (ESP) Information and Assistance database data for PSA 07.

Title IIIE Training and Education

Area Agency on Aging for Lincolnland will use Title IIIE funds to host a conference for family caregivers and grandparents raising grandchildren. FY 2017 will be the fifteenth consecutive year that AAAL has hosted this successful conference. The conference is targeted to informal caregivers and grandparents raising grandchildren throughout the planning and service area and beyond.

In addition to the Conference, the Area Agency continues to provide caregiver education on topics of interest in small group settings, often held at the Area Agency. Monthly sessions of the Lunch and Learn series are held during the noon hour for the convenience of working caregivers. FY 2017 projected funding for Training and Education has increased slightly, from \$16,750 to \$17,500.

Funding

Using the planning allocations issued by the Illinois Department on Aging, the Area Agency on Aging for Lincolnland Board of Directors annually determines the services to be funded in the following fiscal year as well as the allocation amounts for each service in each county. Federal funds appropriated for the Older Americans Act programs are distributed to states through an interstate funding formula, and are allocated by Title and Subtitle. The Illinois Department on Aging distributes funds to Area Agencies on Aging in the state through application of an intrastate funding formula. Factors included in this formula and their respective weights are shown in the following table.

Intrastate Funding Formula Factor	Assigned Weight
60 years of age and over	41%
60 and over in poverty	25%
60 and over who are minority	10%
75 years of age and over	7.5%
60 and over living alone	7.5%
60 and over who are rural	9%

The Illinois Department on Aging periodically conducts a review of its Intrastate Funding Formula and accepts comments on it. Because of the most recent process, the Department has elected to leave the formula unchanged. Based on this formula, Planning and Service Area 07 will receive 4.39% of IDOA's allocation of Federal and State funds to area agencies on aging in Illinois.

Funding Increases and Decreases

Funding to the Area Agency fluctuates during each fiscal year based on activity at the state and federal level, as well as by confirmation of any funds carried over from the previous fiscal year. Revisions to allocations are applied to the specific titles where allocations are changed.

The Area Agency considers the relative need among the counties in the Planning and Service Area and their respective ability to absorb or offset reductions in funding. Increases and decreases are made to services within the Title affected. In applying increases and decreases, the Area Agency's intra-area funding formula is first used to determine the amount of increase or decrease for each county. If circumstances exist that prohibit or do not support the revision of allocations as distributed by the formula, distribution of the affected funds is made at the direction of the Area Agency Board of Directors.

Increases

Priority services set by the Board of Directors are those which are basic to maintaining the independence and dignity of the older adults in the Planning and Service Area. At the present time, those services are underfunded: funding has not kept up with inflation;

costs of fuel, food, and supplies continue to rise; and the number of persons eligible for service grows with the aging of the baby boomers. If the time comes when priority services are adequately funded, funding additional services will be considered.

Carryover

Funds carried over from the previous fiscal year are used to support or expand the provision of currently funded services. First, if funding decreases have been received which cause the availability of funds to fall below the amount awarded to subgrantees, the Area Agency uses carryover funds to make up the difference. If carryover funds are not needed to fill gaps, they may be distributed by the funding formula to all providers of specific services.

Decreases

When funding allocations are decreased and no other funds exist to offset the reduction, reduced allocations to subgrantees are necessary. Agency on Aging will review and analyze reduced allocations, then apply the funding formula to the differences between current and revised allocations, by title and service, to calculate the loss or gain to each county for each affected service.

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Services to be Funded in FY 2018 and Projections

				FEDERAL	STATE	*OTHER
SERVICE CATEGORY	AREA SERVED	PERSONS	UNITS	FUNDS	FUNDS	RESOURCES
TITLE III B SERVICES						
Info. & Assistance (AAAL)	Entire PSA	764	865	40,727		
Information & Assistance	Entire PSA	5,891	15,702	50,604	87,233	30,712
Transportation	Entire PSA	3,020	75,010	227,602	299,702	358,889
Legal Assistance	Entire PSA	395	1,037	52,886		59,340
Options Counseling (AAAL)	Entire PSA	22	89		11,175	
Options Counseling	Entire PSA	89	402		53,641	
Ombudsman	Entire PSA	N/A	N/A	31,233	184,814	48,456
<i>SUBTOTALS</i>		<i>10,181</i>	<i>93,105</i>	<i>403,052</i>	<i>636,565</i>	<i>497,397</i>
TITLE III-C SERVICES						
Congregate Meals	Entire PSA	3,226	97,189	593,427		311,864
Home Delivered Meals	Entire PSA	2,512	272,968	309,522	952,660	413,350
<i>SUBTOTALS</i>		<i>5,738</i>	<i>370,157</i>	<i>902,949</i>	<i>952,660</i>	<i>725,214</i>
TITLE III-D SERVICES						
Evidence Based Programs	Jersey, Macoupin	93	802	32,073		3,723
<i>SUBTOTALS</i>		<i>93</i>	<i>802</i>	<i>32,073</i>		<i>3,723</i>
TITLE III-E SERVICES						
In-Home Respite	Entire PSA	123	5,033	84,573		11,000
Access Assistance	Entire PSA	700	1,218	38,259		9,744
Training & Ed. (AAAL)	Entire PSA	402	758	17,500		1,944
Legal Assistance	Entire PSA	98	107	8,055		5,132
Counseling	Entire PSA	426	942	70,478		13,003
<i>SUBTOTALS</i>		<i>1,749</i>	<i>8,058</i>	<i>218,865</i>		<i>40,823</i>
Title VII SERVICES						
Adult Prot Serv (M-Teams)	Entire PSA	N/A	N/A	13,455		N/A
Ombudsman	Entire PSA	N/A	N/A	25,123		N/A
<i>SUBTOTAL</i>				<i>38,578</i>		
GRAND TOTAL		17,761	472,122	1,595,517	1,589,225	1,267,157

*Other Resources include: Nutrition Services Incentive Program (NSIP), Program Income, Local Cash, In-kind

AREA AGENCY ON AGING FOR LINCOLN AND ADMINISTRATIVE AND ADMINISTRATIVELY RELATED DIRECT SERVICES

FY 2018 PROJECTED BUDGET

Under the Older Americans Act of 1965 and subsequent amendments, it is the responsibility of the Area Agency on Aging to provide leadership in the development and enhancement of a comprehensive and coordinated community-based service system for the elderly through the Administration of State and Federal funds, and through advocacy, coordination and program development. Area Agencies must limit administrative costs to 10% of the Title III allocation for the Planning and Service Area. The Agency projects to spend \$260,722 for Title III/GRF and Title VII-EA administration during Fiscal Year 2018.

Administrative activities in Fiscal Year 2018 will include:

- Overall Management of the Area Agency
- Budgeting, Accounting and Fiscal Management
- Planning and Procurement of Services
- Grant and Contract Administration
- Coordination & Training
- Representation on task forces, committees and coalitions
- Developing and maintaining website (www.aginglinc.org) and informational materials
- Updating Policy and Program Operations Manual for Subgrantees
- Maintaining accurate information in the ESP database

Administratively Related Direct Services and the projected costs for Fiscal Year 2018 are listed below.

Program Development \$85,763

Area Agency activities include working with various State and local organizations to establish new services, monitoring and evaluating existing programs, conducting the subgrantee application process, reviewing applications for funding, reviewing required subgrantee reports, providing technical assistance, and completing required reports to the Department on Aging.

Advocacy \$21,666

The Area Agency on Aging conducts annual Public Hearings in conjunction with the Area Plan or amendments to the Area Plan. The Area Agency attends legislative hearings and advocates to members of congress and the legislature on behalf of the needs of the elderly in our area. The Area Agency Advocacy Committee undertakes activities to advocate on behalf of the area's older adult population at the state, national and local levels.

Coordination

\$59,588

The Area Agency assists service providers develop and follow service standards and policies necessary for maintaining a comprehensive and integrated service delivery system, facilitates coordination meetings among service providers, works with agencies outside the Title III network, and links with other social service networks. Area Agency staff members participate on the Illinois Caregiver Task Force, the Illinois Nutrition Advisory Council, and the Illinois Senior Olympics Steering Committee. AAAL also plays a key role in the coordination of the annual Senior Celebration, and participates as leader in the coordination of the areawide response to the need for assistance with Medicare Part D enrollment. The Area Agency on Aging is a member of the Illinois Association of Area Agencies on Aging, the National Association of Area Agencies on Aging, and the Illinois Aging Services Foundation.

Other Area Agency Activities

In addition to the persons served through programs funded with Federal and State funds awarded by AAAL, the Area Agency serves individuals through the following activities:

Senior Employment Program – provides training and short term employment opportunities for persons 55 years of age and older. In FY 2012, AAAL accepted responsibility for two counties, Madison and St. Clair, which are outside its normal service area, when another Area Agency gave up the senior employment program.

Senior Farmers' Market Nutrition Program – AAAL oversees the distribution of coupons to eligible seniors to be used to purchase fresh, locally grown produce in two counties. This program is available in Sangamon, Jersey, Logan, and Morgan counties.

Senior Health Assistance Program (SHAP) – The Area Agency and its network of local service providers have been active in efforts to assist older persons and persons with disabilities to learn about, select, and enroll in Medicare Part D and other pharmaceutical assistance program.

Senior Health Insurance Program (SHIP) – AAAL is a certified SHIP site and as such educates consumers and answers questions about Medicare, Medicare Supplements, long term care insurance, Medicare HMOs, private fee-for-service and other health insurance; assists in filing Medicare and Medicare Supplement claims; and analyzes Medicare Supplement and long term care policies.

Senior Medicare Patrol Program – AAAL participates in this statewide partnership with the other Area Agencies in Illinois, coordinated by AgeOptions. The goal is to help fight waste, fraud and abuse, ensuring that benefits are not exploited and that people get the health care assistance they need.

The Illinois Senior Olympics Advisory Committee is co-chaired by a representative of the Area Agency on Aging for Lincolnland.

The Central Illinois Senior Celebration steering committee is headed by AAAL staff. The Senior Celebration is an annual informational event that attracts close to 3000 older adults who participate in health screenings and learn about a wide array of services and resources.

The Veterans Independence Program (Veterans Directed - Home and Community Based Service Program) has been implemented in Planning and Service Area 07. In this program, Area Agencies on Aging accepts referrals from Veterans Affairs Medical Centers for veterans of all ages who are at risk of nursing home placement.

Aging and Disabilities Resource Collaboration – ADRCs are information and access service systems that involve networks of state and community organizations that work together in a coordinated manner to provide consumers with points of entry to public benefit programs, community-based services and long-term support services.

Committees and Task Forces: Land of Lincoln Workforce Investment Opportunity #20, WIOA #21 Partner, IDOA Caregiver Advisory Committee, IDOA Ombudsman Advisory Group, Illinois Association of Area Agencies on Aging (past president), and Illinois Cognitive Resources Network. AAAL is regularly represented at meetings of the HSTP Rural Transportation Committee, IDOA's Nutrition Advisory Council, I4A's Legislative Committee, and IDC's Low Income Energy Assistance Policy Advisory Committee (representing I4A).

Area Plan Initiatives

Statewide Initiative

Enhance Illinois's Existing Aging and Disability Access Network Through Improved Collaboration and by Adoption of the Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center Standards

During FY 2012-2015, the Illinois Department on Aging and Area Agencies on Aging began working in collaboration with other state agencies and aging and disability service providers to plan for the development of statewide coverage of Aging and Disability Resource Centers (ADRCs) in Illinois. The overall goal is to have statewide coverage by September 30, 2016. The Illinois Department on Aging, with input from the Area Agencies on Aging, has determined that the Statewide initiative for the FY 2016-2018 Area Plan will extend this initiative from the previous Plan.

As IDOA states in the Area Plan instructions "During FY 2015, the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services will work with the Lewin Group, other state agencies, Area Agencies on Aging and service providers in the aging and disability networks to develop a three-year plan to identify the key actions Illinois will need to take to move forward with the development and implementation of a No Wrong Door System that has the functional and operational capacity as defined by

the Administration for Community Living (ACL). Thus, the Statewide Initiative activities that the Area Agencies on Aging will have to address in FY 2016-FY 2018 will be further defined at a later date with the input of the Area Agencies on Aging.”

An ADRC (Aging and Disabilities Resource Collaboration) serves as a highly visible and trusted place to go or call for unbiased information and assistance regarding public benefit programs, community-based services and long-term care support services for senior, caregivers and individuals with disabilities regardless of income source.

ADRCs are information and access service systems that involve networks of state and community organizations that work together in a coordinated manner to provide consumers with points of entry to public benefit programs, community-based services and long-term support services.

The Area Agency on Aging for Lincolnland has encouraged PSA 07 Information and Assistance providers to include staff members who have attained AIRS certification through the Alliance of Information and Referral Systems. In FY 2009, the AAAL awarded funds to I & A Subgrantees for AIRS memberships and for the cost of certification testing. Additionally, five Area Agency staff members received AIRS certification in FY 2017

The Lincolnland ADRC has facilitated training of the aging and disabilities networks on characteristics and values of each population, as well as on primary services and resources available to both. A third training presented current information on various aspects of then-current activity related to the Balancing Incentive Program, the Universal Assessment Tool, and No Wrong Door and the Nursing Home Diversion Pilot Project.

80% of the staff of the Area Agency completed study in Boston University’s Center for Aging and Disability Education and Research Illinois ADRC Certificate Program. All ADRC Leadership agencies (Area Information and Assistance (I&A) Providers and Centers for Independent Living) were also given the opportunity to complete this program; representatives from all three I & A providers and one of the three Centers for Independent Living (CIL) did earn the certificate.

The Lincolnland Aging and Disability Resource Collaboration (L-ADRC) consists of a Leadership Group that has met monthly since 2013 and an Advisory Group that will continue to meet monthly and quarterly respectively in FY 2018. The Leadership Group includes representatives from the Area Agency on Aging for Lincolnland, the three Care Coordination Units in PSA 07 (Montgomery County Health Department, Prairie Council on Aging, Senior Services of Central Illinois) and the three Centers for Independent Living (IMPACT, Jacksonville Area, and Springfield).

The L-ADRC will continue to play a major role in the development and coordination of the No Wrong Door (NWD) system in FY 2018. The Nursing Home Diversion Pilot Project was especially helpful in providing resources and tools to the L-ADRC for applying the principles and goals of NWD to real life people and situations. In other words, in many ways NHD put “skin on the bones” of NWD.

Information sharing and cross-training of ADRC partners continues. L-ADRC Advisory Group members continue to make presentations to the Leadership Group as a way of sharing information of provided more in-depth information about available services. For example, adaptive equipment and home modification are important resources for community placement after hospitalization and the L-ADRC visit to the Illinois Assistive Technology Program to observe the array of adaptive equipment and potential home modifications (especially for the kitchen and bathroom) proved to be a very helpful example of sharing information and cross-training.

Options Counseling to a degree and especially Nursing Home Diversion require significant information sharing, especially when fully functioning. As the State moves toward implementation of the Level One screening tool, part of the Uniform Assessment Tool that is being developed, State agencies are developing a computer program that will break down service “silos” and allow authorized service providers to see a “360 view” of clients. The capacity of current L-ADRC computer systems, requirements of the new system, and the number of staff that will be needed are yet to be determined.

In FY 2016, the Area Agency on Aging for Lincolnland participated in the development and implementation of a research project with a Social Research class at Illinois College, Jacksonville, to clarify the decision-making dynamics of hospital patients facing nursing home placement or a return to the community. One important factor identified in the choice of long term care facility or return to community living is the proximity of family. Those without family nearby were more likely to enter a nursing home. Other information learned through this study will be helpful in conducting outreach with critical pathways representatives in FY2018

Local Initiative

Respond to stated need for increased awareness of services and supports and more outreach.

A theme that was repeatedly mentioned in the needs assessments addressed the need for outreach and increased awareness of services.

During the next three years, the Area Agency will prioritize this theme and develop and implement a plan aimed at 1) improving dissemination of information about services and benefits and 2) increasing efforts to get the information to hard to reach individuals.

Activities will include a review of current methods used to increase visibility of services and resources, research into alternative methods, development of procedures and possibly development of a schedule of information distribution.

In May, 2017, the Area Agency developed a new and improved website which regularly will allow for current services and resources to be uploaded. This website will serve as a resource one stop shop for older adults, caregivers, and professionals in the aging network. In addition, newly developed Area Agency on Aging brochures and other resources have been added to the Agency website.

Other Funding Possibilities

The Area Agency on Aging is supporting the Illinois Community Health and Aging Collaborative in expanding evidence-based health programs in FY17 & FY18. Two Agency staff have been trained in administering a falls prevention program (Matter of Balance), and hope to garner financial support through various grant opportunities.

The Area Agency on Aging is also collaborating with SIU Center for Alzheimer's Disease & Related Disorders in support of another evidence-based program titled Savvy Caregiver. Two additional staff are scheduled to receive training in FY 17 to conduct classes for caregiver trainers in FY18. The Agency is hoping to garner financial support from IDOA to expand and implement dementia friendly communities throughout our 12 counties.

Finally, the Area Agency on Aging for Lincolnland will explore local private funding to coordinate and implement a senior oral health program in FY 2018.

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