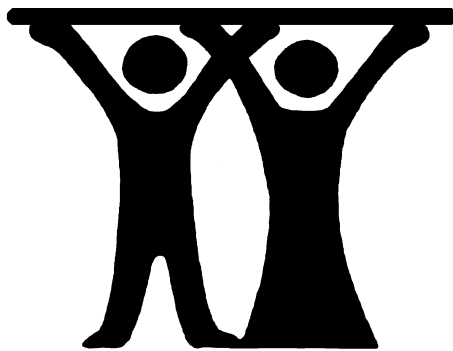


AREA AGENCY ON AGING FOR LINCOLNLAND



PUBLIC INFORMATION DOCUMENT

FY 2012 - 2014 Area Plan

Published
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INTRODUCTION

The Area Agency on Aging for Lincolnland is finalizing its Area Plan for programs, services, and other activities funded under the Older Americans Act and through the Illinois Department on Aging. The Plan covers Fiscal Years 2012-2014 and will be amended for both Fiscal Years 2013 and 2014. This Public Information Document contains a summary of important elements of the Area Agency on Aging for Lincolnland's FY 2012 – 2014 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.

PUBLIC HEARINGS

The Area Agency on Aging for Lincolnland has scheduled three (3) Public Hearings in order to obtain testimony from area residents regarding the FY 2012-2014 Area Plan. The purpose of the public hearings is to accept testimony from interested individuals pertinent to the Area Plan Amendment. 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 9, 2011
9:30 – 10:30 a.m.
Christian County Senior Citizens Center
701 West Adams Street
Taylorville, Illinois

June 9, 2011
1:30 – 2:30 p.m.
Area Agency on Aging for Lincolnland
3100 Montvale Drive
Springfield, Illinois

June 10, 2011
10:30– 11:30 a.m.
Locust Street Resource Center
320 South Locust Street
Carlinville, Illinois

Written testimony will be accepted at the Area Agency on Aging for Lincolnland office, 3100 Montvale Drive, Springfield, Illinois, 62704, through 5:00 p.m. on June 15, 2011. A summary of oral and written testimony regarding the 2012-2014 Area Plan will be presented to the Area Agency's Advisory Council and Board of Directors and also will be forwarded to the Illinois Department on Aging (IDoA) on or before July 1, 2011. The Area Plan will be further modified and/or revised in response to any requests made by IDoA or changes in funding allocations.

AREA AGENCY ON AGING FOR LINCOLNLAND

The Area Agency on Aging for Lincolnland, Inc., (AAAL) is one of more than 620 Area Agencies on Aging nationwide and one of thirteen in Illinois. The Area Agency on Aging for Lincolnland is 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.

After 30 years of operation as Project LIFE Area Agency on Aging, the agency's name was changed in December, 2004, to Area Agency on Aging for Lincolnland. The new name is descriptive of the purpose of the agency and the area it serves. It is hoped the name change has made it easier for persons to locate their local Area Agency on Aging.

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 Routine Health Screenings, Transportation, Congregate and Home Delivered Meals, Information and Assistance, In-Home Respite, Caregiver Counseling, Legal Assistance, Long Term Care Ombudsman, Medication Management, Caregiver Training and Education, 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, Pharmaceutical Program Assistance, and a Senior Employment Program that each serves all twelve counties, and Caregiver Access Assistance in three counties. 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 Illinois pharmaceutical assistance programs and Medicare Part D.

The Area Agency fulfills administrative responsibilities for the Illinois Department on

Aging's Elder Abuse and Neglect Program and Community Care Program, and participates in various short-term programs such as assisting individuals with the conversion to Digital Television, the Count Me In 2010 Census activity, and the Senior Farmer's Market Nutrition Program. Annually, the Area Agency takes a lead role in the planning and implementation of the Central Illinois Senior Celebration and the Illinois Senior Olympics, as well as hosting the Area Agency on Aging for Lincolnland Conference for Caregivers.

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.

In FY 2010, over 13,100 identified, unduplicated persons participated in one or more of the services funded through the Area Agency on Aging. Many of these individuals received more than one type of service and a large number of unidentified persons (estimated at 3,000) also received service, either as part of a group or as an anonymous caller for Information and Assistance.

AREA AGENCY ON AGING FOR LINCOLNLAND PURPOSE

To assist seniors to live and age well.

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.

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 95,969 individuals aged 60 and over, according to the 2010 Census data.

The PSA is predominantly rural, although the Federal Office of Management and Budget (OMB) includes four area counties, Jersey, Macoupin, Menard, and Sangamon, in Metropolitan Statistical Areas. The most recent PSA 07 county to be designated as “urban” is Macoupin County, which was added to the St. Louis Metropolitan Statistical Area following the 2000 census. This reduced the senior “rural” population of this Planning and Service Area by 10,723, from 49,159 to 38,326 (22%). This resulted in reduced funding to the PSA.

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, not all of whom are 55 or older.

There are 7,029 beds in 101 area licensed Long Term Care facilities.

As shown in the table below, the percentage of individuals 60+ in PSA 07 has consistently exceeded the statewide percentage. Eleven of the PSA’s twelve counties also exceed the statewide percentage, with percentages ranging from 25% in Mason County, to 19.5% in Sangamon County.

Population	2000 Census	2006 Census Estimates	2010 Census
Illinois Total	12,419,293	12,831,970	12,830,632
Illinois 60+	1,962,911	2,075,672	2,225,781*
% of State Total	15.8%	16.2%	17.3%
PSA 07 Total	455,978	457,880	459,225
PSA 07 60+	88,517	89,898	95,969*
% of PSA Total	19.4%	19.6%	20.9%

*2009 estimate

From the 2000 Census to the 2009 population estimates Census, the area’s 60+ population decreased only in Greene County and increased in the other eleven counties. The 85+ population also has increased in all but one county, Macoupin. The following table depicts key demographics of the area’s older population by county, with the available 2009 estimates in italics beneath the 2000 Census figures.

County	Total 60+	60+ In Poverty	Total Minority	Female	Male	Rural	75+	85+
Cass	2769 2817	200	35 106	1611	1158	2769 2817	1097 1060	308 350
Christian	7718 7761	700	90 130	4559	3159	7718 7761	3161 2953	973 997
Greene	3262 3136	335	29 48	1869	1393	3262 3136	1312 1168	362 366
Jersey	4069 4768	205	41 68	2325	1744	0 0	1485 1606	421 491
Logan	5947 6087	380	99 123	3520	2427	5947 6087	2468 2310	710 716
Macoupin	10733 10881	830	142 198	6178	4555	0 0	4450 4091	1361 1352
Mason	3589 3675	315	31 47	2007	1582	3589 3675	1422 1353	392 431
Menard	2233 2722	120	12 28	1265	968	0 0	819 816	256 275
Montgomery	6513 6702	695	65 111	3787	2726	6513 6702	2754 2723	826 936
Morgan	7331 7637	570	212 290	4305	3026	7331 7637	2919 2753	850 915
Sangamon	33156 38546	2425	2129 3068	19629	13527	0 0	12607 13251	3475 4231
Scott	1197 1237	80	8 13	682	515	1197 1237	462 467	141 148
PSA 07	88517 95969	6855	2893 4230	51737	36780	38326 39052	34956 34551	10075 11208

NEEDS ASSESSMENT PROCESS AND FUNDING PRIORITIES FOR THE FY 2012-2014 AREA PLAN

The following activities were conducted as part of the planning process for FY 2012-2014.

- A survey was made of all Area Agency Advisory Council Members.
- A survey was sent to all FY 2011 Title III subgrantees.
- A survey was sent to all PSA 07 organizations that are included in I4A's ESP database.
- A questionnaire was sent to area legislative offices.
- A review was made of selected reports/studies.
- 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.
- A review was made of the Area Agency's history of projected and actual service provision and expenditures by subgrantees.
- Illinois College students in the Introduction to Social Science Methods course conducted a research project for the Area Agency. The project focused on interviewing emergency medical personnel throughout the PSA to obtain their views on needs of the older adults they serve.

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.

- Availability of service, with specific mention of Illinois Cares Rx and Circuit Breaker. This is not unexpected in light of the Governor's proposal to eliminate these programs.
- Health care costs, such as the cost of prescription drugs and nursing home care.
- Utility costs (gas and electric).
- Issues related to continuing to live independently.
- Housing availability.
- Legal Issues.
- Scams.

SERVICE PROVIDER SURVEY RESULTS

The results shown below represent the responses of current PSA 07 Subgrantees and other organizations serving PSA 07 and listed in AAAL's ESP database. Each of the twelve PSA counties is served by at least a fourth of the respondents, ranging from Logan County (26.2% of the respondents reported serving Logan County) to Scott County (40.5%). 72.5% of responders state that they have served older adults and/or family caregivers for over 20 years; only one has served this population for fewer than 5 years.

Access Services Rated Extremely Important	Access Services – More Service Needed
Transportation	Transportation
Assisted Transportation	Assisted Transportation
Information and Assistance	
In Home Services Rated Extremely Important	In Home Services – More Service Needed
Home Delivered Meals	Residential Repair and Renovation
Home Health	Adult Day Services
Respite	Respite
Homemaker	Friendly Visiting
Community Services Rated Extremely Important	Community Services – More Service Needed
Elder Abuse	Mental Health Screening
Community Service Rated Very Important	Medication Management
Routine Health Screening	Diagnosis, Prevention, Treatment
Medication Management	Counseling
Congregate Meals	Recreation
Mental Health Screening	Physical Fitness/Group
	Benefits & Preventive Health Services Education
Family Caregiver Services Rated Very Important	Family Caregiver Services – More Service Needed
Respite	Gap Filling
Case Management	Training and Education
Counseling	Outreach
Gap Filling	Respite
Outreach	Support Groups
Access Assistance	Counseling
Support Groups	
Training and Education	

ADVISORY COUNCIL SURVEY RESULTS

The Area Agency on Aging's Advisory Council ranking of most important services follows.

Services for Older Adults:

1. Home Delivered Meals
2. Transportation
2. Congregate Meals
3. Elder Abuse Investigation
3. Medication Management
3. Information and Assistance

Services for Family Caregivers:

1. In-Home Respite
2. Information and Assistance
3. Training and Education

CLIENT SATISFACTION WITH SERVICE RECEIVED

A review of FY 2010 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	87	13
Information & Assistance	97	0
Legal Assistance	50	25
Home Delivered Meals	41	56
Congregate Meals	43	53
Caregiver Legal Assistance	50	50
Caregiver Access Assistance	69	31
Respite	87	13
Caregiver Counseling	100	0

INTERVIEWS WITH PARAMEDICS

Illinois College students interviewed emergency medical personnel in ten of the twelve PSA 07 counties to determine what they perceive as unmet needs of the older adults they encounter in their professional capacity. During these interviews, the following needs were identified. They are listed in the order of number of counties in which the needs were expressed.

Financial Assistance (five counties)
Home Maintenance (five counties)
Socialization (five counties)
Transportation (five counties)
Education on Medication (three counties)
Housing (three counties)
Mental Health (one county)
Awareness of Resources (one county)

The paramedics also provided many anecdotes related to needs of older adults. Frequently mentioned home maintenance needs included concerns such as securing rugs, putting in handrails, and modifying homes to accommodate wheelchairs and to reduce the possibility of falls. Regarding socialization, it was reported that paramedics have been summoned to the homes of older adults only to find that the caller wanted someone to come just to talk. One respondent stated, "They need people to talk to; otherwise you just see them deteriorate. You'll go in there and just month by month they seem to deteriorate if they aren't stimulated." In regard to Transportation, paramedics in several counties reported instances "...where people will call the ambulance service to take them to (pharmacies, doctor's offices, grocery stores, etc.), but most of the time they can't afford us."

DEFINITIONS OF SERVICES TO BE FUNDED

The Area Agency Board of Directors has determined that the services listed in this section will be funded in FY 2012.

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 also 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.

Transportation - Transporting older persons to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events in order 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

Routine Health Screening - Services provided to assist individuals to secure and maintain a favorable condition of health by helping them to identify and understand their physical condition and to secure and utilize necessary medical treatment. The primary focus of this service is to identify and evaluate the health needs of older persons and to link them to the health care system.

Medication Management Screening and Education - Services to educate and assist older persons to use medication properly, to manage health problems, and to prevent incorrect medication use and adverse interactions.

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 IIIB 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 - Providing individuals with opportunities 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)

Elder Abuse Multi-disciplinary Teams - Developing and implementing a voluntary Multi-disciplinary Team (M-Team) that will act in a technical advisory role to an elder abuse 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 in order 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 2011, Area Agency on Aging for Lincolnland has awarded funds to 22 organizations to 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
- Community Action Agencies
- Economic Development Corporations
- County Councils on Aging
- Mental Health Agencies
- Hospitals
- County Boards
- Not-for-Profit Foundations
- Profit making organization (with the required approval of the Illinois Department on Aging)

HOME DELIVERED MEALS

As this document is being drafted, the Illinois General Assembly is considering cutting its funding of Home Delivered Meals for older adults by over 9%, resulting in a loss of over 350,000 meals to nearly 2,500 older adults statewide.

Since FY 1997, the Illinois State Legislature has recognized the need for additional funding to the Aging Network for the purpose of increasing the provision of Home

Delivered Meals. General Revenue Funds have been allocated to supplement federal funding in order to reduce waiting lists for Home Delivered Meals and expand the program.

In 2003, the Illinois General Assembly enacted Public Act 93-0484 which states that “every citizen of the State of Illinois who qualifies for home delivered meals under the federal Older Americans Act shall be provided services, subject to appropriation.” The Department on Aging is required to submit an annual report to the General Assembly and the Illinois Council on Aging on the need for increased funding for the Home Delivered Meal program: these reports reflect information reported to the Department by the Area Agencies on Aging.

In August, 2007, Public Act 95-0068 was enacted, which amended the Illinois Act on the Aging to allow the Department on Aging to establish a program to ensure the availability of congregate or home delivered meals in communities with populations of under 5,000 outside of Cook, DuPage, Kane, Lake, or Will counties, subject to appropriation.

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. At least one dietician-approved meal is provided each day, Monday through Friday, to eligible persons who are homebound because of illness, incapacitating disability or frailty, or are otherwise isolated.

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 donations.

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.

It is very costly to deliver a meal to one or two clients who live in rural areas far removed from other recipients. One potential means of serving isolated individuals is a program that ships meals by UPS directly to the client.

In recent years, PSA 07 Home Delivered Meal programs have increased the

suggested donation per meal in order to help meet rising costs without reducing service. Program participants, also facing higher utility bills and food costs, sometimes find that making higher contributions for meals is beyond their means.

Currently, there are Home Delivered Meals waiting lists in three of the twelve counties in PSA 07. Cass County has 10 people waiting, Morgan County has 15 people waiting, and Sangamon County has 12 people waiting for service. An additional 12 people in Sangamon County would use Home Delivered Meals, but funding has not been sufficient to provide service routes to those areas and therefore a waiting list has not been established for those locations.

When older adults' requests for Home Delivered Meals can not be met, they are given as many options as possible to try to find an alternative solution. Some Subgrantees can provide cold or frozen meals, some provide shelf stable meals, referrals are made to other programs such as Meals on Wheels where available, and/or the person can be put on a waiting list. Family members can sometimes make arrangements to pick up or provide the meals. Throughout the year, any waiting lists are constantly monitored and delivery routes adjusted to keep waiting lists at a minimum. As openings occur, the people on the waiting lists begin to receive service.

The continuing need for these meals is monitored by the Area Agency. Title III nutrition providers coordinate with other home delivered meal programs, where available, to address the need for meals. They seek creative ways to stretch their budgets without sacrificing service to older adults. Subgrantees have worked with local restaurants to provide congregate and home delivered meals in rural areas of the service area. One community's churches have coordinated with the Title III nutrition provider to introduce home delivered meals to residents. Two providers have reduced the number of delivery days, but still provide five meals per week. Several Nutrition providers also offer to deliver one or more frozen meals along with a hot meal in order to reduce the number of trips needed to meet an isolated individual's need.

In FY 2010, 2,034 people received Home Delivered Meals, and 260,814 Home Delivered Meals served. Through April of FY 2011, 1,542 people and 146,958 meals have been served.

ELDER RIGHTS PLAN

Four Elder Abuse Provider Agencies (EAPAs) are responsible for providing Elder Abuse and Neglect Program services in PSA 07. One EAPA covers one county and each of the other three serves a multi-county area. Support for the Elder Abuse and Neglect Program is provided by Multi-Disciplinary Teams, composed of professional representing the following fields: Legal, Medical, Mental Health, Law Enforcement, Finance, and Clergy. M-Teams meet a minimum of eight times per year to provide advice to EAPA staff about specific elder abuse and neglect cases and are funded with Title VII Elder Abuse funds. Many M-Team members are often available for consultation by phone if the EAPA has a situation that warrants assistance between scheduled M-team meetings. EAPAs are members of county coordination associations, groups of social service and related organizations that meet for the purpose of keeping the membership informed about available services and resources, working on community issues, and the coordination that results from such activities. EAPAs are also active members of their local county TRIADs. One of our EAPAs actively participates in the Christian County TRIAD and was instrumental in establishing a TRIAD in Macoupin County. Another EAPA in PSA 07 was responsible for starting a TRIAD in Logan County. Through the efforts of the local TRIADS, the EAPAs have been able to strengthen their relationships with local Law Enforcement agencies, enabling them to receive the law enforcement assistance they often need to better respond to difficult cases.

The EAPAs are key components of the Elder Rights service network in PSA 07. Not only do they fulfill their primary purpose in relation to allegations of elder abuse, they also provide a resource for public education about elder abuse.

The Title III-B Legal Assistance program throughout PSA 07 is operated by one agency which provides a monthly presence in each county in the PSA in addition to handling cases by telephone and letter. This allows uniform provision of legal service throughout the area and enhances Elder Rights services in the area. Arrangements can be made for the attorney to see clients in nursing homes or in the home of a home-bound senior, when necessary. The Legal Assistance subgrantee provides legal advice to clients who have been denied rights and benefits for which they are entitled and advocates on their behalf. The advocacy sometimes results in judicial proceedings. The subgrantee also works to protect clients' interests in guardianship cases and proceedings related to elder rights cases. The same subgrantee has been awarded Title III-E funds to provide legal assistance to Family Caregivers and Grandparents Raising Grandchildren. Through the Title III-B and Title III-E Legal Assistance programs, the subgrantee also provides training and education to the community on various topics such as Debtors' Rights, Guardianships and Powers of Attorney, and Medicaid and Long Term Care. The principal elder law attorney is the coordinator of the statewide Seniors Task Force and is a past president of the Illinois Guardianship Association.

Each EAPA benefits from the legal assistance provided by the legal professional who serves on its Multi-Disciplinary Team. State's Attorneys in the various counties are often involved in guardianship issues related to elder rights cases.

The Legal Assistance subgrantee participates in bi-annual meetings of the area Elder Rights Network, providing updates on emerging elder rights issues. As appropriate, information is forwarded to other service providers in the planning and service area.

The Regional Long Term Care Ombudsman Program is operated by one subgrantee who serves the entire area. The LTCOP utilizes many volunteers who provide regular presence in the area's long term care communities. Civil Monetary Penalty funds are awarded to the LTCOP to be used for the expansion of LTCOP services to protect the health of residents in long term care communities.

PSA 07's Regional Ombudsman is a member of the Health Care Fraud Task Force with the Office of the United States Attorney. The Regional Ombudsman is an active participant in the Area Agency's Annual Conference for Caregivers, providing informational displays as well as presentations on Residents' Rights in Long Term Care, when requested. The Regional Ombudsman is directly responsible for educating legislators and general public issues and proposed legislation that affects the residents of LTC communities.

The Area Agency on Aging requires all Title III service providers in a given locale to enter into working agreements with one another and any other appropriate aging network providers. Long Term Care Ombudsman program brochures are available at PSA 07 Information and Assistance sites and also are available at the Family Caregiver Resource Centers.

The AAAL recognized the need to improve the culture of long term care in PSA 07 and in response assisted in the development of the Lincoln Prairie Pioneer Coalition, a regional Culture Change coalition serving the long term care communities in PSA 07. The coalition has received multiple grants from the Illinois Pioneer Coalition to provide training opportunities for local long term care communities, with the goal of providing a deeper understanding of the Culture Change movement and the need for person-centered care in our area. Through Civil Monetary Penalty funds, the Area Agency has purchased various training materials for use by the long term care communities who are interested in implementing culture change practices. The Lincoln Prairie Pioneer Coalition continues to grow and increase in membership. The addition of annual membership fees helps to support the coalition and its efforts in our area. The development of the coalition website also assists in membership recruitment and helps to promote an awareness of Culture Change at the local level.

Coordination in PSA 07 is furthered through bi-annual Elder Rights Network meetings, facilitated by the Area Agency. The bi-annual Elder Rights Network meetings promote collaborative working relationships among its members. Resources are shared, joint projects are undertaken, and problem solving occurs. Speakers from community resources are invited to discuss their services and how they might relate to the Elder Rights providers. At each meeting, mutual concerns are discussed and solutions to common problems are shared.

Currently, PSA 07 has three EAPAs that function as the Care Coordination Units which provide comprehensive assessments and the development of care plans that

address the older adults' needs in order to assist them to remain independent in their own homes. Two of the four EAPAs also provide Illinois Volunteer Money Management services to older adults with IDOA funding.

The Area Agency on Aging encourages and supports supplementation of the core CCU services. Two subgrantees have received funding for a Crime Victim/Witness Assistance Program, and one EAPA is located in an agency that offers counseling services, another resource supportive of elder rights. All EAPAs are participating in the B-Safe training initiative in their communities. One EAPA, Prairie Council on Aging, has a grant through the Illinois Crime Justice Information Authority as well, for counseling older battered women and men. Another EAPA, Senior Services of Central Illinois, receives funding from the Department of Human Services and United Way to provide Elder Assistance Services.

In order to better meet the needs of vulnerable older adults in PSA 07, all EAPAs have developed plans for the implementation of the 24 hour response within their service areas. These plans outline their procedures for receiving reports and ensuring a timely response, coordinating efforts with local law enforcement, supervisory coverage, and for publicizing their 24 hour availability. One EAPA, because of its accreditation standards, is required to respond to all intakes within 24 hours, no matter what priority is assigned.

EAPAs continue to take intakes of self-neglect. Since this initiative is currently unfunded, the EAPAs collect all relevant information and make a referral to the most appropriate agency given the circumstances of the report. Agencies that often receive referrals include CCUs, mental health providers, and public health departments.

The Elder Rights provider agencies are afforded frequent training opportunities regarding the requirements of the various services they provide. With Title VII funds, the Area Agency on Aging offers stipends to EAPAs and the Legal Assistance and Ombudsman providers to attend the annual state Elder Rights Conference.

AAAL staff members participate in opportunities to increase their knowledge through attendance at meetings, trainings, and conferences, such as the Illinois Elder Rights Conference, the National Pioneer Network Conference, and the Annual Pioneer Summit.

The elder rights system in PSA 07 is well-established, coordinated, and positioned to assist seniors in need. Current activities will be maintained and strengthened in FY 2012-2014.

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 period of the Area Plan. For the three-year period covered by FY 2012-2014 Area Plan, the Area Agency is again requesting direct service waivers in order to continue to provide those services directly. In addition, the Area Agency is requesting and a continuation of its direct service waiver to provide Title IIIE Access Assistance for two counties.

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. In addition, the Area Agency maintains the Elder Services Program (ESP) Information and Assistance database data for PSA 07, working with most of the other Illinois Area Agencies in this endeavor.

	Information and Assistance
Projected Cost for Fiscal Year 2012	\$31,715
Projected Units	800
Projected Persons	700

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 2012 will be the tenth 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. The Area Agency has not sought out other providers for this service, although professional conference planners are available. AAAL staff has experience in organizing these

and other large events, and has knowledge of local and regional resources. If funding and responsibility for these activities were awarded to any other agency or organization, it would be anticipated that the time and effort expended by the Area Agency staff would not be reduced significantly due to our desire to assure high quality. It is appropriate that the Area Agency continues to provide these services in the future.

In June, 2003, the Area Agency hosted its first conference for grandparents raising grandchildren, "Relatives Raising the Next Generation." The conference addressed topics related to stress, nutrition, public benefits and legal issues. Activities were also available for the children who attended. Over 50 people attended, and evaluations were very positive. The second annual "Relatives Raising the Next Generation" conference was held on June 26, 2004.

In November, 2003, the Area Agency hosted "Caregiving: A Delicate Balance," a conference for caregivers of family and friends. 184 people participated, including exhibitors and presenters, and evaluations were extremely positive, one even suggesting that we hold a conference every month.

In October, 2005, the Area Agency hosted a "Conference for Caregivers" with two tracks, one for family caregivers and one for grandparents raising grandchildren. Participants in each track found sessions targeted to their circumstances, and some breakout sessions were appropriate for both types of caregivers. Combining the two conferences proved more cost efficient in that only one keynote speaker was engaged and advertising costs were reduced. Other benefits included an expanded exhibit area and a greater choice of sessions to attend. A similar design has been followed for subsequent conferences.

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. During FY 2011, the Lunch and Learn program has been expanded to include events in Morgan, Mason, Menard, and Logan counties, as well as in Sangamon County.

	Grandparents Raising Grandchildren	Caregivers
Projected Costs for FY 2012	\$4,000	\$17,500
Projected Number of People	52	362
Projected Number of Units	156	600

Title III E Access Assistance

Since FY 2002, the Area Agency has funded Family Caregiver Resource Centers (FCRCs) throughout the PSA. The Illinois Department on Aging requires Family

Caregiver Resource Centers as components of the Family Caregiver support network. In this PSA, FCRCs have been funded with Title III E funds to provide Access Assistance, a service that assists caregivers learn about and access 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.

The FCRCs have been provided informational resources, including books, videos and training materials. FCRCs are provided technical assistance and support through regular meetings and frequent contact with AAAL staff.

In FY 2007, 10 FCRCs provided service coverage for the entire PSA. However, in the competitive application process for FY 2008 funding, four counties had no agency express an intent to apply for funding for this service. In those counties, FY 2007 providers included two health departments, one senior center, and a hospital; each received \$3500, standard for all area FCRCs.

The Area Agency on Aging requested a Direct Service Waiver in order to provide Access Assistance for the counties of Logan, Menard, Mason, and Scott. We proposed that approximately one-third of a full-time Field Coordinator position will be spent providing Access Assistance to caregivers in those counties. Service provision occurs through calls to the Area Agency's 800 number and through periodic presence in each county as well as through coordination with subgrantees in each county. The Area Agency coordinates with and refers to the Title III E Caregiver Counseling Specialists serving those counties as well as other providers of services for caregivers. The Area Agency stated that it would evaluate this method of service provision and, if appropriate, seek to identify alternative providers for the following Area Plan cycle. The possibility existed, however, that it may be determined that the Area Agency is the most efficient, appropriate provider of Title III E Access Assistance.

Subsequent to the original request for a direct service waiver, a provider of this service for Scott County was identified and awarded a grant.

In FY 2010, the Area Agency identified potential providers of this service for two of the three remaining counties. It was anticipated that negotiations would be complete and a funding award in place by the beginning of FY 2011. However, this plan became reality in only one of the counties. As we prepare for FY 2012, we anticipate that the Area Agency will provide Access Assistance for Mason and Logan counties.

Projected Costs for FY 2012	\$7,000
Projected Number of People	50
Projected Number of Units	80

FUNDING

Annually, the Area Agency on Aging for Lincolnland Board of Directors determines the services to be funded in the following fiscal year as well as the funding allocations for each service in each county. Allocations are made by county by service.

The Area Agency Board of Directors, with input from the Grant and Finance Committee and the Advisory Council, has designated the services to be funded in FY 2012 and the funding allocations, subject to the availability of funds. Services to be funded in FY 2012 will remain essentially the same as in FY 2011.

Federal funds appropriated for the Older Americans Act are distributed to states through an interstate funding formula. Older Americans Act funds are allocated by Title and Subtitle.

Illinois 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.

At this writing, the Area Agencies on Aging have not yet received planning allocations for FY 2012, as the State and Federal budgets remain unsettled. Projected program and financial figures for FY 2012 are based on current, FY 2011 planning information. However, it is extremely likely that state and federal budgets for aging services will be lower than in FY 2011. The U.S. House of Representatives is considering a budget that eliminates \$18 billion from the Department of Health and Human Services. The Older Americans Act accounts for 8% of that total reduction. Details of the plan are not certain at this time.

It appears that the Illinois General Assembly may cut up to \$28,175,000 to senior citizens services and programs. Possible cuts related to Area Plan activities include an approximately 9% reduction in Home Delivered Meals and up to 20.8% in Community Based Services and in Planning and Service Grants to the Area Agencies on Aging.

In anticipation of severe reductions in FY 2012 funding, the AAAL Board of Directors determined that all unawarded funds, including FY 2010 carry-over, be made available to current Subgrantees for One Time Awards with the top priority being purchases directly related to service provision. The second priority is purchases which indirectly support the provision of the service.

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%

Based on reports of 2000 Census data, this Planning and Service Area's share of funding distributed by the Illinois Department on Aging was decreased for FY 2005 from 5.09% to 4.72%. In allocating FY 2009 and FY 2010 funds to Area Agencies, the Department on Aging applied the same funding formula using 2006 Census Estimates. Because of the 2006 estimated demographic changes, this Planning and Service Area's share of the funds was reduced to 4.63%.

For FY 2011, the Department on Aging applied the same funding formula, but used 2008 Census Updated data. The Area Agency on Aging's percentage of the statewide allocation has decreased by .01% to 4.62%.

Below is a comparison of Funding Formula factors for PSA 07 from the 2006 Census update and the 2008 Census update.

Intrastate Funding Formula Factor	2006 Census Update	2008 Census Update
60 years of age and over	89,898	93,368
75 years of age and over	35,809	35,736
60 and over who are rural	37,719	38,369
60 and over in poverty	6,855	6,855
60 and over, minority	2,893	2,893
60 and over living alone	25,500	25,500

Upon the Department on Aging's FY 2007 phasing in of "Comprehensive Care Coordination" throughout the state, the Area Agency on Aging for Lincolnland maintained its FY 2008 allocation to subgrantees of \$62,100 for Title III Case Management in order to support PSA 07 Case Coordination Units as clients were transitioned to the new system and to help the CCUs in terms of cash flow. It was anticipated that the Area Agency's funding of Title III B Case Management would be reduced and possibly eliminated in future years, as CCC became established.

In February, 2008, all Area Agencies on Aging and Case Coordination Units (CCUs) were notified by IDoA that all current CCUs would have their contracts extended through FY 2009 without a procurement process. Beginning with FY 2010, IDoA has sole responsibility for the procurement of CCUs, with input and advice from the Area Agencies. For FY 2009, Area Agencies determined how the Title III-B funds formerly used for Case Management would be allocated in the future, since these case management services were to be available under Comprehensive Care Coordination (CCC).

In FY 2009, the Area Agency on Aging for Lincolnland reallocated the \$62,100 as follows. First, funds were used to cover reductions in Title III B services that resulted from the decrease in the allocation to the Area Agency. Of the remaining funds, \$10,000 were set aside to create a pool of funds to respond to requests for Gap Filling service, and \$11,849 was directed to Transportation service providers in recognition of increasing expenses.

Prior to FY 2005, AAAL funded Home Health service in most of the Planning and Service Area. However, due to funding reductions resulting from the 2000 Census Reports, the decision was made to phase out Title III Home Health. In FY 2005 and 2006, \$25,000 was set aside to continue to provide the service to current service recipients who were most in need of the service in order to remain at home. Based on actual use of this funding in FY 2005 and 2006, the amount set aside for FY 2007 was reduced to \$14,074. Most of the remaining funds were allocated for Transportation, where increased fuel costs are draining program budgets. Based on usage, the FY 2008 allocation was reduced to \$9,900, and the FY 2009 allocation was further reduced to \$5,460 to allow those few clients who have remained on the program since FY 2004 to continue to receive the service; no new clients were accepted as the service was phased out. As of October 1, 2009, Home Health service is no longer being provided in PSA 07 since all FY 2004 clients have left the program. In FY 2010, the \$5,460 was reallocated to increase funding for Information and Assistance.

In April, 2009, \$165,846 in American Reinvestment and Recovery Act (ARRA) funds has been allocated to PSA 07 to provide additional Congregate and Home Delivered Meals. An additional \$29,913 was allocated to AAAL for expansion of the Senior Employment Program. The award period for these funds was April 1, 2009, through September 30, 2010. They were not included in the Area Plan.

FY 2010 was a particularly challenging year. The Governor instructed the Department on Aging make a \$1,000,000 reduction in its FY 2010 General Revenue Fund Budget. IDoA reduced the category of Community Based Services (CBS), equal to all Area Agencies on Aging, by \$997,000 and Ombudsman Services by \$31,900. Prior to the reduction, each of the 13 area agencies received \$150,385 in CBS; after the reduction the amount is \$73,692, a loss of \$76,693. In PSA 07, the Long Term Care Ombudsman Program General Revenue Funds allocation was reduced from \$22,268 to \$20,040.

The Area Agency on Aging responded to this reduction in the following manner.

- \$2,228 was reduced from the Ombudsman Program allocation.
- \$10,000 was reduced from Title III Gap-Filling, eliminating this service. It was originally projected that 20 units of service would have been provided to 20 individuals in FY 2010.
- \$29,693 was removed from Transportation. This reduction was projected to result in an estimated 318 fewer individuals receiving 12,404 fewer rides. Further, it is anticipated that Program Income would fall by \$9,054.

- \$37,000 in funds that would have been used for the one-time purchase of three vehicles in FY 2009 were used instead to help offset the reduction in FY 2010 funding to Transportation. The purchase of those vehicles was projected to provide Transportation to an additional 500 persons with an additional 2290 rides, increase fuel efficiency, and increase availability of service.

FY 2011 planning allocations to the Area Agency on Aging were comparable to those for FY 2010. No carry-over was anticipated to offset the reduction made to Transportation.

ANTICIPATED TREATMENT OF INCREASES OR DECREASES IN FUNDING

Funding to the Area Agency fluctuates during the course of 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. For instance, a revision to the Title IIC-1 allocation is reflected in county Congregate Meals allocations. The distribution of funding increases and decreases that are tied to specific services or programs is done in compliance with requirements and restrictions that accompany the funds. The Area Agency has authority to make minimal transfers between Titles.

AREA AGENCY FORMULA FOR INCREASES AND DECREASES

When revised funding allocations are received, the Area Agency analyzes them and endeavors to apply them in the way that causes the least disruption to service providers and participants. In FY 1995, the Area Agency Board of Directors adopted an intra-area funding formula to be used when considering increases or decreases in funding. This formula has been in use since FY 1996.

When decreases are applied by an equal percentage to all services, the danger exists that no service will receive sufficient funding and the effectiveness of the entire service delivery system will be diminished. Similarly, when funding reductions are pro-rated across-the-board by service to all counties, it is possible that the reduction may reduce a smaller county's resources to the point that service provision could not be continued.

The Area Agency formula takes into account the relative need among the counties in the Planning and Service Area and their respective ability to absorb or offset reductions in funding. Indicators in the formula include 60+ population, 60+ poverty, 60+ minority population, 75+ population and county fiscal capacity (based on per capita personal income). Application of the formula results in a percentage of the increase or decrease being absorbed by each county. Those counties with the strongest fiscal capacity have a slightly higher percentage for reductions than for increases.

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. All providers of a given service would be impacted by the change in funding. In the event that 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

Increases are made according to the Agency's formula. 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 are rising; the minimum wage has been increased; and funding to the area was reduced due to 2000 Census reports and FY 2006 Census estimates.

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 in order to maintain funding for services.

If carryover funds are not needed to fill gaps, they may be distributed by the funding formula to all providers of specific services. In Title IIIB, where several services are funded, the Board of Directors may act to make the carryover funds available for all Title IIIB services or to only selected services. Such decisions are based on current levels of service provision, unmet need, and various economic factors such as increasing costs of fuel.

A third option for the distribution of carryover funds is the conducting of a competitive one-time award process among current subgrantees. This process generally is not practical unless enough funds are available to award adequate funds for the purchase of supplies and equipment or for the provision of expanded service.

DECREASES

When funding allocations are decreased and no other funds exist to offset the reduction, reduced allocations to subgrantees are necessary. The Area Agency's budget may not exceed 10% of the allocation to the Area; therefore, it may be reduced as well.

Area Agency staff members 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. If

a review of the resulting decrease identifies a situation where the size of the reduction may prove detrimental to the provision of service in one or more counties, staff members suggest alternative methods of absorbing the reduction. Recommendations are presented to the Grant and Finance Committee, Advisory Council and Board of Directors.

Upon review of the results of the application of the formula, the Board of Directors may act to apply increases and decreases based on another method if it appears that application of the formula will result in insufficient funding to enable the provision of meaningful, quality service in any county. Factors to be considered include current service demand and economic influences. For example, the high cost of gasoline may dictate that allocations for Transportation not be decreased.

Sometimes, as with Home Health in FY 2005, it is necessary to drastically reduce or eliminate funding for one service entirely, in order to maintain the effectiveness of the remaining services.

INCREASES AND DECREASES BY TITLE

The table on the following page shows methods of dealing with increases and decreases by Title and source of funds.

Funding Source	Increases	Decreases
Title III B Title III C1 Title III C2 Title III D	As described above.	Area Agency formula or as Board directs.
Title III E	As described above. New services may be added.	As described above. Gap-filling service may be reduced.
Title VII Elder Abuse	Additional support for EAPA, Legal Services Provider, and Ombudsman to attend Elder Rights Conference.	Less support for EAPA, Legal Services Provider, and Ombudsman to attend Conference.
Title VII Ombudsman	Increase by formula.	Reduction by formula.
Civil Monetary Penalty Funds	Increase grant to Ombudsman Subgrantee.	Decrease grant to Ombudsman Subgrantee.
GRF-HDM GRF-CBS	Area Agency formula or as Board directs.	Area Agency formula or as Board directs.
Nutrition Services Incentive Program	Distribute to Nutrition providers based on pro-rated numbers of meals served in previous year.	Distribute to Nutrition providers based on pro-rated numbers of meals served in previous year.
AAA Administration	Examine internal budget for needed increases. Upgraded technology is always a concern as is the rising cost of health insurance.	Make reductions in agency budget where most feasible without harming ability to continue agency responsibilities. Could include reduction in staff.
AAA Administratively Related Direct Services	Examine internal budget for needed increases to support or expand these activities.	Consider cutting back some activities without harming ability to continue to meet agency responsibilities.

SERVICES TO BE FUNDED IN FY 2012 AND PROJECTIONS

SERVICE CATEGORY	AREA TO BE SERVED	PERSONS	UNITS	FED. & STATE RESOURCES	*OTHER RESOURCES
TITLE III B SERVICES					
Info. & Assistance (AAAL)	Entire PSA	700	800	31,715	N/A
Information & Assistance	Entire PSA	8,000	9,000	69,314	20,155
Transportation	Entire PSA	2,287	101,609	567,678	248,637
Legal Assistance	Entire PSA	400	1,050	50,450	46,310
Ombudsman	Entire PSA	N/A	N/A	81,558	9,062
SUBTOTALS		11,387	112,459	800,715	324,164
TITLE III-C SERVICES					
Congregate Meals	Entire PSA	4,534	188,393	598,378	706,037
Home Delivered Meals	Entire PSA	3,202	305,940	780,214	889,799
SUBTOTALS		7,736	494,333	1,378,592	1,595,836
TITLE III-D SERVICES					
Routine Health Screenings	Cass, Greene, Jersey, Macoupin	935	635	22,493	7,881
Medication Management	Cass, Greene, Jersey, Macoupin	363	652	13,661	1,758
SUBTOTALS		1,298	1,287	36,154	9,639
TITLE III-E SERVICES					
Access Assistance(AAAL)	Logan, Mason	50	80	7,000	800
In-Home Respite	Entire PSA	91	5,332	90,000	10,888
Access Assistance	Cass, Montgomery, Jersey, Menard, Macoupin, Greene, Christian, Morgan, Sangamon, Scott	1,087	1,107	35,000	13,354
Training & Ed. (AAAL)	Entire PSA	414	756	21,500	2,389
Gap Filling	Entire PSA	8	8	12,222	1420
Legal Assistance	Entire PSA	80	109	8,160	3,100
Counseling	Entire PSA	139	800	67,773	11,123
SUBTOTALS		1,869	7,458	241,655	43,074
Title VII SERVICES					
Elder Abuse (M-Teams)	Entire PSA	N/A	N/A	13,613	N/A
Ombudsman	Entire PSA	N/A	N/A	26,753	N/A
GRAND TOTAL		22,290	615,537	2,497,482	1,972,713

* OTHER RESOURCES: Nutrition Services Incentive Program (NSIP), Program Income, Local Cash, In-kind.

population at the state, national and local levels. The Agency also informs subgrantees and network partners of advocacy opportunities. As a member of the Illinois Association of Area Agencies on Aging and its Legislative Committee, and the National Association of Area Agencies on Aging, the Area Agency participates in and benefits from the advocacy efforts of these organizations.

Coordination \$52,067.00

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 Planning Committee, the Illinois Nutrition Advisory Council, the Lincoln Prairie Pioneer Coalition leadership team, and the Illinois Senior Olympics Steering Committee. AAAL also plays a key role in the coordination of the annual Central Illinois 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.
- 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, Logan, and Morgan counties.
- Senior Health Assistance Program/Senior Pharmaceutical Assistance Program (SHAP/SPAP) – The Area Agency and its network of local service providers have been active in efforts to assist older person and persons with disabilities to learn about, select, and enroll in Illinois's pharmaceutical assistance program (Illinois Cares Rx, including Circuit Breaker) and Medicare Part D.
- 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 Area Agency is active in the establishment of the Lincoln Prairie Pioneer Coalition. Refer to the Elder Rights Plan for more information.
- The Area Agency fulfills administrative, monitoring and coordination responsibilities related to the Illinois Department on Aging's Elder Abuse, Long Term Care Ombudsman, and Community Care Programs.
- 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 upwards of 2700 older adults who participate in health screenings and learn about a wide array of services and resources.
- AAAL participates on the following committees and task forces: Land of Lincoln Workforce Investment Board (20), WIA 21 Partner, Kids Hope United Foster Grandparent Program Advisory Committee, Illinois Task Force for Relatives Raising Children, IDoA Caregiver Advisory Committee, IDoA National Employ the Older Worker Week Planning Committee, Lifespan Respite Task Force, Illinois Association of Area Agencies on Aging (President).
- AAAL participates in county coordinating council meetings throughout the PSA and coordinates the Sangamon County Aging Network group. These valuable meetings bring together providers of service to learn about other available resources and to share updates on their programs.
- AAAL has been approved for a \$32,000 two-year grant to implement the evidence-based Chronic Disease Self-Management Program within the Planning and Service Area. The program is funded with American Recovery and Reinvestment Act of 2009 funds from the Administration on Aging, channeled through the Illinois Department of Public Health in association with the Illinois Department on Aging. The program consists of workshops conducted once a week over six weeks in community-based settings. People with different chronic health conditions attend together. The program has

been shown to be effective in helping participants maintain and improve their health status through helping change behaviors, improve health status, and reduce use of hospital care.

- The Veterans Independence Program (Veterans Directed - Home and Community Based Service Program) is in the final stages of implementation planning in Illinois. In this program, Area Agencies on Aging will accept referrals from Veterans Affairs Medical Centers for veterans of all ages who are at risk of nursing home placement. In collaboration with the VA Illiana Health Care System, Danville, local options counselors will complete assessment and assist veterans set a care plan. Veterans will receive a budgetary allotment that they can use to hire personal assistants or to purchase services they deem necessary to maintain their independence but not furnished through the Veterans Administration.

AREA PLAN INITIATIVES

Areas of focus for FY 2012 include in-depth planning and assessment of need in preparation for the FY 2012-2014 Area Plan, evaluation of funded Title III services, continued development of the regional pioneer coalition, advocacy for the re-authorization of the Older Americans Act, and advocacy for increased revenues available for the provision of services to older adults and family caregivers.

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 2012-2014, the Illinois Department on Aging and Area Agencies on Aging will work 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.

An ADRC 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.

FY 2012 will be the first year that AAAL has addressed the development of an

ADRC system, although several other Area Agencies on Aging have had demonstration grants to implement ADRCs in their respective areas. Some of these projects have existed for six years. Other AAAs only recently began developing ADRCs.

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.

During the first year of the initiative, AAAL will gather background information, including reviewing the experiences of the Illinois AAAs who have participated in ADRC demonstration projects. AAAL will identify stakeholders to participate in the planning, implementation and evaluation of the ADRC system in PSA 07; create an ADRC Advisory Group, which will help guide the design and operations of the system, monitor progress toward achieving goals, and address other ADRC program and policy development issues; and evaluate the current Information and Assistance system in relation to the Coordinated Point of Entry service delivery standards.

Because this is a statewide initiative, all Area Agencies on Aging will address it, and there will no doubt be collaboration among them. Also, the Illinois Department on Aging has assured that it will work at the State level, with other state agencies and major stakeholders in the disabilities community, to foster cooperation, support, and coordination for this project.

LOCAL INITIATIVE:

Examine the PSA 07 Congregate Meal Program, relative to its steady decline in attendance.

Over the past 20 years, there has been a fairly steady decline in the attendance at PSA 07 congregate meal sites, while the demand for home delivered meals has increased. During FY 2012 – 2014, the Area Agency on Aging plans to closely examine the congregate meal program, selected congregate meal sites, and the history of the decline in attendance. The AAAL will conduct special client satisfaction surveys of participants at selected sites, and may conduct in-person interviews and/or group discussions to try to ascertain 1) the reasons for the decline, 2) the magnitude of the need for congregate meal sites, and 3) ideas for revitalizing the program. Other activities may include an assessment of the general perception of the congregate meal program among non-participants.

Over the years, the Area Agency has heard numerous reasons for the decrease in congregate meal participation, such as “original congregate participants have aged and now receive home delivered meals;” “the ‘young-old’ won’t attend the sites because that’s where their parents eat;” “lack of activities;” and “competition

from restaurants.” At the time that the latest DRIs were introduced, there was speculation that the new menu requirements might cause some participants to attend the meals less frequently.

During FY 2009 and 2010, American Recovery and Reinvestment Act funds were made available to the five PSA 07 nutrition providers. With this funding, several Subgrantees implemented very creative and innovative methods of providing congregate meals and attracted many non-traditional participants. Those methods will be reviewed, and some of the participants who attended those meals, but who do not attend the regular noon meal programs, will be contacted for their opinions. Feasibility of incorporating “lessons learned” from the ARRA programs into the on-going congregate meal program will be considered. If funding permits, AAAL may direct a small amount of funds toward implementing some of the suggestions for improvement at a test site.

Representatives of the PSA 07 Title III C Subgrantees will be asked to participate in the activities of this initiative. If the 2011 Reauthorization of the Older Americans Act combines Title III C 1 and III C 2, or otherwise allows more local flexibility in allocating Title III C funds, the results of this initiative will be considered in planning those allocations.

LOCAL INITIATIVE:

Attempt to reduce the prevalence of loneliness and lack of socialization among the older adults in PSA 07.

A theme that was repeatedly mentioned in the needs assessments was that of loneliness and the need for opportunities to socialize.

During the next three years, the Area Agency will pursue this theme and attempt to develop a program aimed at reducing the number of older adults and family caregivers who are experiencing these feelings. The topic will be researched, seeking past attempts, both successful and unsuccessful, to address the lack of social support for the older population.

This initiative will focus on one, two, or three communities at first, and then will be expanded to include other communities. Local resources will be searched for organizations, clubs, or individuals who might be willing to lead or participate in such a voluntary program.

The Older Americans Act recognizes this need; at one time, many communities benefitted from “Friendly Visiting” programs and/or telephone support of individuals living alone. The Illinois Department on Aging includes a definition of “Friendly Visiting” in its Policies and Procedures Manual which includes “...providing training to ensure competent, ethical and qualified staff and volunteers...” as an allowable activity. Although AAAL does not plan to provide funding for this program, or to call it “Friendly Visiting,” it will be necessary to

assure that volunteers meet the above stated standard and to develop additional standards and procedures for a quality, trustworthy service.

Because socialization was one of the original purposes of the Congregate Meal Program and is still one of the benefits for program participants, it is quite likely that there will be some overlap between the two local initiatives.

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 the Program Manager at the Area Agency on Aging for Lincolnland. Funds for this publication were provided through a Title III Older Americans Act award from the Illinois Department on Aging.