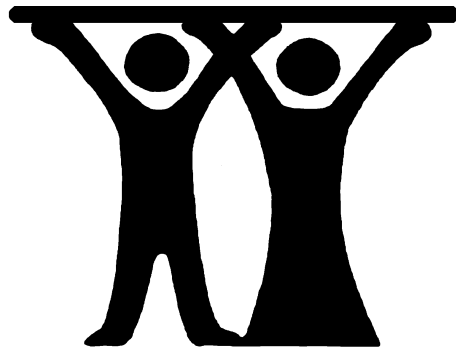


AREA AGENCY ON AGING FOR LINCOLNLAND



PUBLIC INFORMATION DOCUMENT

**FY 2011 Amendment to the
2008-2010 Area Plan, extended through 2011**

Published
May 4, 2010

INTRODUCTION

At the request of the Illinois Association of Area Agencies on Aging, the Illinois Department on Aging has extended the FY 2008-2010 Area Plan by one year, through 2011. Therefore, the Area Agency on Aging for Lincolnland is finalizing its third amendment to the 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 2008-2011 and has been amended for both Fiscal Years 2009 and 2010. This Public Information Document contains a summary of important elements of the Area Agency on Aging for Lincolnland's FY 2011 Amendment. 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 2011 Amendment to the FY 2008-2011 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 Hearing Schedule

May 26, 2010
1:00 – 2:00 p.m.
Oasis Senior Center
501 Pulaski Street
Lincoln, Illinois

June 1, 2010
11:00 - 12:00
Susnig Center
804 East Franklin
Jerseyville, Illinois

June 2, 2010
10:30 – 11:30
Knollwood Retirement Village
20 Jacksonville Place
Jacksonville, 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, 2010. A summary of oral and written testimony regarding the FY 2011 Amendment to the 2008-2011 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, 2010. 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.

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, and Medication Management. 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, 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, the Illinois Senior Olympics, and 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 2009, over 13,000 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 93,368 individuals aged 60 and over, according to the 2008 Census Update.

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. It must be noted that Macoupin County was only recently added to the St. Louis Metropolitan Statistical Area, reducing 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 35,825 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 7,163 beds in area licensed Long Term Care facilities.

As shown in the table below, the percentage of individuals 60+ in PSA 07 has consistently been higher than the statewide percentage. Each of the PSA’s twelve counties also exceeds the statewide percentage, ranging from 24.43% in Mason County, to 19.15% in Sangamon County.

Population	2000 Census	2006 Census Estimates	2008 Census Estimates
Illinois Total	12,419,293	12,831,970	12,910,563
Illinois 60+	1,962,911	2,075,672	2,176,100
% of State Total	<i>15.8%</i>	<i>16.2%</i>	<i>16.9%</i>
PSA 07 Total	455,978	457,880	454,938
PSA 07 60+	88,517	89,898	93,368
% of PSA Total	<i>19.4%</i>	<i>19.6%</i>	<i>20.5%</i>

From the 2000 Census to the 2008 Census Estimates, the area’s 60+ population decreased in five counties and increased in seven. However, the 85+ population has increased in all twelve counties. The following table depicts key demographics of the area’s older population by county, with the available 2006 and 2008 estimates in italics beneath the 2000 numbers.

County	Total 60+	60+ In Poverty	Total Minority	Female	Male	Rural	75+	85+
Cass	2769	200	35	1611	1158	2769	1097	308
	2707						1079	350
	2746						1065	357
Christian	7718	700	90	4559	3159	7718	3161	973
	7504						3085	1069
	7683						3110	1093
Greene	3262	335	29	1869	1393	3262	1312	362
	3155						1333	460
	3074						1266	450
Jersey	4069	205	41	2325	1744	0	1485	421
	4381						1613	488
	4584						1671	524
Logan	5947	380	99	3520	2427	5947	2468	710
	5803						2342	723
	5783						2291	737
Macoupin	10733	830	142	6178	4555	0	4450	1361
	10398						4393	1469
	10582						4266	1466
Mason	3589	315	31	2007	1582	3589	1422	392
	3581						1424	431
	3683						1406	464
Menard	2233	120	12	1265	968	0	819	256
	2394						801	265
	2505						819	278
Montgomery	6513	695	65	3787	2726	6513	2754	826
	6393						2894	974
	6551						2902	1027
Morgan	7331	570	212	4305	3026	7331	2919	850
	7388						3000	958
	7629						2932	993
Sangamon	33156	2425	2129	19629	13527	0	12607	3475
	35006						13352	4042
	37328						13532	4340
Scott	1197	80	8	682	515	1197	462	141
	1188						493	162
	1220						476	156
PSA 07	88517	6855	2893	51737	36780	38326	34956	10075
	89898						35809	11391
	93368						35736	11885

NEEDS ASSESSMENT PROCESS AND FUNDING PRIORITIES FOR THE FY 2008-2011 AREA PLAN

The following activities were conducted in planning for FY 2008-2011. During FY 2011, planning activities will take place for the FY 2012-2014 Area Plan.

- A survey was made of all Area Agency Advisory Council Members
- A survey was sent to all FY 2007 Title III subgrantees.
- A survey was sent to area legislative offices.
- A review was made of selected reports/studies.
- Relevant local needs assessments were reviewed.
- Client Satisfaction Surveys (all services) were reviewed.
- 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.
- Three public forums were held to obtain input about needs of older adults and family caregivers from interested parties
- Regional planning offices were contacted.

ELECTED OFFICIALS

Elected officials were asked to share the areas of concern most frequently expressed by their older constituents or family caregivers. Answers included the following: rural healthcare, not enough financial assistance; problems with Medicare, Medicaid, Illinois Cares Rx; weatherization issues; home renovation; not enough affordable assisted living facilities; spouses concerned for spouses in nursing homes; elder abuse; and utility costs too high for many seniors on a fixed income and not enough financial assistance.

SURVEY RESULTS

Services are listed below according to the composite results of the needs assessment surveys.

1	Transportation	Home Delivered Meals	Congregate Meals	Information (Access) & Assistance
2	Information & Assistance	Homemaker	Elder Abuse	Legal Assistance
3	Case Management	Respite	Medication Management	Respite*
4	Assisted Transportation	Home Health	Nutrition Counseling & Education	Support Groups*
5	Outreach	Residential Repair & Renovation	Routine Health Screening	Gap Filling

*tie

PUBLIC FORUM RESULTS

Three Public Forums were held, in the northern, central and southern sections of Planning and Service Area 07, for the purpose of seeking input on needs of seniors and caregivers. All hearings were publicized with news releases to local newspapers and radio stations, flyers for posting, and direct mailings.

The format of the forums was informal and included presentation of the purpose of the forum and facilitation of an open discussion regarding needs of older adults and family caregivers.

The need for reliable, affordable, and sometimes assisted Transportation was expressed and discussed at length at all three forums.

Also discussed at all forums was the need for volunteers and how to recruit and retain them. It was stated that there is a crisis regarding people wanting to volunteer. There are costs to volunteering and the membership of civic organizations is aging and decreasing. Older individuals who might have volunteered in another era are still working, raising grandchildren, or active in other arenas.

Adequate nutrition was described as critical for healthy aging, the prevention or delay of chronic disease and disease-related disabilities. Congregate meals provide a socially interactive network which promotes mentally healthy activity and decreases creeping isolation and depression. The need for funding for Home Delivered Meals was discussed. It was noted that the need for these meals will continue to grow as the number of older persons increases, particularly the group aged 85 and over, the fastest growing segment of the older population.

FEDERAL AND STATE CLIMATE

This section summarizes some of the recent developments in the Aging Network at the federal and state levels.

FEDERAL

The Older Americans Act of 1965, the authorizing legislation for federal programs for older adults and caregivers, was amended and reauthorized by Congress in the fall of 2006. The Act has been reauthorized for five years, 2007-2012.

The re-authorization included a lowered eligibility age for grandparents/older relatives raising children; it has been lowered from 60 to 55. While allows more people to benefit from Caregiver services, many grandparents who need assistance are still younger. Older caregivers of adult children with developmental disabilities are also now eligible for services.

Activities are underway for the FY 2111 reauthorization of the Older Americans Act, effective in 2012. This agency represented the Illinois Association of Area Agencies on Aging at the February 17 Listening Forum conducted by the Administration on Aging in Alexandria, Virginia. Our testimony included support for:

The implementation of evidence-based health promotion and disease prevention initiatives.

Project 2020, to improve the lives of older persons and decrease the costs to states and the national government for acute and long term care services.

Additional Title III E funding for respite. Respite provides a necessary break for caregivers, allowing them to refresh and recharge. Their caregiving keeps older adults out of Long Term Care facilities. Our ability to provide practical and concrete services to caregivers enhances all of our other outreach, education, and support activities.

Increased national awareness of senior services. When Congress re-authorizes the Older Americans Act, they set law that governs the performance of all. Attention needs to be paid to promoting the Aging Network and the multitude of supports and resources we provide for all older persons of all means. We are not just for low income clients.

More emphasis and appropriations for mental health and aging.

Move Title V to the Administration on Aging for administering the program. The Department of Labor has lost the essence of community service in the administration of the law.

Make Title V guidelines less restrictive. We need to do something to help former middle class seniors who are out of work. Title V performance measures include a 20% wage increase over the minimum wage when enrollees go to subsidized employment. This often is just not feasible.

Increase the amount of funding and/or the percentage we can use for Grandparents Raising Grandchildren and lower the age limit to 50 for Title III E GRG services.

More funding for Information and Assistance and Benefits Counseling, such as we have provided for Medicare Part D.

Fund Title III C as a title, not as C-1 and C-2. In FY 2009, only 25% of the more than 10,000,000 Title III C meals served in Illinois were congregate, while 68% of the Title III C allocation was for congregate meals. ARRA money was similarly allocated, two-thirds for congregate and one-third for home delivered meals. The number of persons receiving home delivered meals in Illinois has almost doubled in the past 24 years, while the number of congregate meal participants has decreased by close to 50%. We need the flexibility to fund the services accordingly.

We asked that funding for the Act be increased so that every state receives a share of new appropriations. As the aging population grows, so should the funding that is needed to continue to provide services to those who need them most.

STATE

The most critical issue at the State level is, of course, the budget and the impact it is having on the provision of service to older adults.

The Department on Aging allocated a total of \$16,533,500 in FY 2010 State General Revenue Funds to the thirteen Area Agencies on Aging for the purpose of providing services to older adults and their families. Payments have lagged by more than 90 days. Those providers who have Community Care Program contracts directly with the Department on Aging saw even longer delays. As of April, 2010, Elder Abuse and Neglect payments were last made for November services.

The lack of payment has created extreme hardship for the community based agencies funded by the Area Agencies on Aging to deliver services to older persons living in local communities throughout Illinois. Most of these community-based provider agencies are not-for-profit organizations. They have gone to lengths they never anticipated would be necessary to continue to make services available. Measures that they were forced to implement included: borrowing as much money as their banks would allow, laying off employees, requiring furlough days, reducing employee benefits, and reducing services. Many of these community-based agencies feared that they would be forced to close their doors unless funds were received in a timely manner.

Of course, the ultimate victims of this fiscal crisis are older adults and their families who rely on the services that help them to continue to live in their homes as long as possible.

In the fall of 2004, Illinois Public Act 093-1031, the Older Adult Services Act (OASA), was signed into law. Section 5 of the OASA states the purpose of the act: to promote

a transformation of Illinois's comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. Such restructuring shall encompass the provision of housing, health, financial, and supportive older adult services. It is envisioned that this restructuring will promote the development, availability, accessibility of a comprehensive, affordable, and sustainable service delivery system that places a high priority on home-based and community-based services.

OASA also calls for the development of a Nursing Home Conversion Program to be established by the state departments of Public Health and Public Aid. The program would reduce reliance on nursing homes by Medicaid, the federal-state program that pays the health-care costs for the poor. Savings from this effort would be reallocated to a broader array of options for home-based or community based services to older adults.

Several committees and subcommittees worked to implement the provisions of OASA, including one which is charged with the development of a Coordinated Point of Entry system throughout the state. The system is to have a uniform brand (name, logo, and web site) and will include access points throughout the state in order to help older adults gain entry to aging services. Standards have been developed, although the branding has not been determined.

The Illinois Department on Aging has begun to restructure services to reflect the intent of OASA. The Department's FY 2007 budget included \$6.8 million for "Alternative Senior Services." These funds pay for Emergency Home Response Service (\$4.8 million) and Flexible Senior Services (\$2 million), both designed to increase the types of service needed to help older adults stay in their own homes as long as possible. An additional \$1 million was provided through the Illinois Housing Development Authority Trust Fund to the Department on Aging for assistive technology, but has not been available since FY 2008.

During the first half of FY 2007, the Department on Aging phased in "Comprehensive Care Coordination" throughout the state, transforming the existing case coordination/case management system to provide uniform, comprehensive assessment for all clients and intensive care management for those who require it.

However, in response to the State's budget crisis, after July 1, 2010, participation in the Community Care Program will be limited to those individuals who are on Medicaid, with the grandfathering of current participants who are not on Medicaid. This restriction will leverage federal funds for almost all services provided, but also has the potential to place a demand for non-CCP care management on Care Coordination Units that have reduced staff due to slow reimbursement from the State.

The increase in the state's minimum wage from \$6.50 to \$7.50 per hour was effective July 1, 2007, and the minimum wage is being raised \$0.25 each year until 2010, when it will reach \$8.25. These increases are being deeply felt by subgrantees

that provide transportation and nutrition services, most of whom have part-time, hourly employees. These same service providers are feeling the impact of increased gasoline costs, directly and indirectly as vendors add fuel surcharges to their costs, as well as rising food and utilities prices.

In a survey conducted in February, 2007, PSA 07 Subgrantees stated that the minimum wage increases would affect them in the following ways:

- Transportation providers would probably have to cut at least one hour from their current schedules and decrease staff.
- Nutrition providers would probably have to raise suggested contributions and possibly close congregate sites.
- Providers would likely have to cut staff and limit client services in an effort to save their programs. It is difficult to provide competitive wages.
- High and fluctuating gas prices and rising costs of vehicle repairs of vans and busses are adversely affecting transportation programs.
- Without additional revenue, services will have to take a dramatic cut.
- Budgets can no longer absorb additional costs without additional revenues.

As we now know, the increased minimum wage was not the only cause of these and other cost-cutting actions that service providers found necessary.

Additionally, Illinois Nutrition Providers have implemented new nutrition menu requirements and standards, with October 1, 2009, the date for full implementation. The changes stem from the 2006 amendment to the Older Americans Act and are also responsible for an increase in cost per meal.

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 2011 and the funding allocations, subject to the availability of funds. Services to be funded in FY 2011 will remain essentially the same as in FY 2010.

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.

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 has been allocated to AAAL for expansion of the Senior Employment Program. The award period for these funds is April 1, 2009, through September 30, 2010. They are not included in the Area Plan.

FY 2010 has been 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 are comparable to those for FY 2010, although changes may be expected based on action by the Illinois General Assembly. No carry-over is anticipated to offset the reduction made to Transportation.

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 2011.

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 2007, Area Agency on Aging for Lincolnland has awarded funds to 23 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
- County Councils on Aging

- Mental Health Agencies
- Economic Development Corporations
- Hospitals
- County Boards
- Not-for-Profit Foundations

HOME DELIVERED MEALS

The aging of the population will result in an expanding need for Home Delivered Meals. Also increasing are the costs of food, utilities, and gasoline. 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. 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. Many nutrition programs employ part time workers, some of whom work at minimum wage; the rising minimum wage takes a further toll on the budgets of the programs.

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 amends 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.

Recent PSA 07 Home Delivered Meal service provision and original allocations are charted below.

Fiscal Year	Allocation	Persons Served	Meals Provided
2006	\$746,382	2,481	308,694
2007	\$740,721	3,094	290,836
2008	\$787,921	2,295	300,729
2009	\$780,214	2,211	278,508
2010 (projected)	\$780,214	2,905	278,710

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.

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, facing higher utility bills and food costs, sometimes find that making higher contributions for meals is beyond their means.

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.

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.

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.

At this writing, 9 of the 12 counties in PSA 07 have townships where no Home Delivered Meals are served. According to the recent FY 2010 Home Delivered Meal survey, approximately 125 older persons were denied service due to lack of funding, and 20 people were on waiting lists. The Area Agency has requested that its Nutrition providers use their ARRA funds to first address waiting lists and unserved areas. There is concern that service expansion made possible with ARRA funds will not be sustainable when ARRA funding ends on September 30, 2010. Nutrition providers will have to analyze their programs at that time and perhaps rearrange routes to continue to serve those who most need Home Delivered Meals.

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 III E Training and Education services. These waivers are effective for the period of the Area Plan. For the three-year period covered by FY 2008-2011 Area Plan, the Area Agency again requested direct service waivers in order to continue to provide those services directly. In addition, the Area Agency is requested and received a direct service waiver to provide Title III E Access Assistance for several 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 Case 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 focuses all its efforts on the 60+ population and family caregivers, has a toll-free telephone line, 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 uses the Elder Services Program (ESP) Information and Assistance database, joining several other Illinois Area Agencies in this endeavor.

	Information and Assistance
Projected Cost for Fiscal Year 2011	\$31,715
Projected Units	800
Projected Persons	700

Title III E Training and Education

Area Agency on Aging for Lincolnland will use Title III E funds to host a conference for family caregivers and grandparents raising grandchildren. FY 2011 will be the ninth 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. The second annual “Caregiving: A Delicate Balance” conference was held on October 16, 2004.

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. The same design was used has been followed to date.

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.

	Grandparents Raising Grandchildren	Caregivers
Projected Costs for FY 2011	\$4,000	\$17,500
Projected Number of People	52	362
Projected Number of Units	5	17

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 state 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.

The Area Agency has identified potential providers of this service for two of the three remaining counties. It is anticipated that negotiations will be complete and an award in place by the beginning of FY 2011. The figures below are based on the Area Agency providing Access Assistance as a direct service in only Mason County.

Projected Costs for FY 2011	\$3,500
Projected Number of People	25
Projected Number of Units	40

SERVICES TO BE FUNDED IN FY 2011 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)	Mason	25	40	3,500	400
In-Home Respite	Entire PSA	91	5,332	90,000	10,888
Access Assistance	Cass, Montgomery, Jersey, Logan, Menard, Macoupin, Greene, Christian, Morgan, Sangamon, Scott	1,112	1,147	38,500	13,754
Training & Ed. (AAAL)	Entire PSA	414	22	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.

ESTIMATED NUMBER OF UNDUPLICATED PERSONS TO PARTICIPATE IN TITLE III/GRF SERVICES IN FY 2011

Number of Persons to be Served in FY 2011 (identified, unduplicated)	13,158
Number of anonymous clients projected for FY 2011	3,000
Identified Clients Distributed by Race/Ethnicity:	
Black, non-Hispanic	607
American Indian/Alaskan Native	20
Asian/Pacific Islander	41
Hispanic	38
White, non-Hispanic	12,452
Number in Greatest Economic Need (at or below the federal poverty level)	3000
Number in Greatest Social Need	8,500
Number Minority in Greatest Economic Need	250
Frail	2,349
Rural	7,400

Estimates are based on final FY 2009 reports.

**AREA AGENCY ON AGING FOR LINCOLNLAND
ADMINISTRATIVE AND ADMINISTRATIVELY RELATED DIRECT
SERVICES**

FY 2011 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 \$279,870.00 for Title III/GRF and Title VII-EA administration during Fiscal Year 2011.

Administrative activities in Fiscal Year 2011 will include:

- Overall Management of the Area Agency
- Budgeting, Accounting and Financial Management
- Planning and Procurement of Services
- Grant and Contract Administration
- Public Relations and Visibility activities
- Representation on task forces, committees and coalitions
- Developing and maintaining website and informational materials
- Updating Policy and Operations Manual for Subgrantees

Administratively Related Direct Services and the projected costs for Fiscal Year 2011 are listed below.

Program Development \$74,940.00

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

Advocacy \$18,933.00

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. 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 to develop and follow service standards and policies necessary for maintaining a comprehensive and integrated service delivery system, facilitating coordination meetings among service providers, working with agencies outside the Title III network, and linking with other social service networks. Area Agency staff members participate on the Illinois Caregiver Planning Committee, the Illinois Nutrition Advisory Council, the Older Adult Services Act Coordinated Point of Entry Committee, 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.

AREA PLAN INITIATIVES

During FY 2008-2010, the Area Agency on Aging for Lincolnland has addressed the following initiatives. The Statewide initiative was addressed by each of the thirteen Illinois Area Agencies on Aging. Although FY 2010 marks the official completion of these initiatives, the Area Agency will continue to participate in the development of coordinated transportation throughout the Planning and Service Area.

Areas of focus for FY 2011 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:

The Maturing of Illinois: Getting Communities on Track for an Aging Population

The Area Agency will assess selected communities within the PSA for their “aging readiness.” This activity will be based on the Maturing of America survey protocol.

Spurred by the aging of the 76 million baby boomers, the first of whom turned 60 in 2006, the National Association of Area Agencies on Aging (n4a) surveyed local governments on their “aging readiness.” N4a’s other partners in this project were the International City/County Management Association, the National Association of Counties, the National League of Cities, and Partners for Livable Communities.

According to Sandy Markwood, n4a CEO, “Beyond traditional aging services such as senior centers, meals-on-wheels programs, and home care, communities clearly need to reassess their policies, programs and services in the areas of transportation, housing, land use planning, public safety, parks and recreation, workforce development and volunteerism/civic engagement.”

Survey results show that only 46% of American communities have begun to plan how to address the needs of the increasing number of older adults and very few communities have undertaken a comprehensive assessment of what they need to do to become “elder friendly.” Many modifications that would improve the quality of life for older persons would also benefit citizens of all ages.

LOCAL INITIATIVE:

Encourage and assist selected counties to obtain available funding, other than Title III and General Revenue Funds, for coordinated transportation services.

The Area Agency will identify and bring together key parties in selected counties with the goal of collaboration in seeking and obtaining available funds for the development of an improved and expanded transportation system. As a result of additional Federal funding for Section 5311, the Illinois Department of Transportation has an opportunity to expand the program to unfunded areas, implement a limited capital rolling stock program, and achieve regional funding equity to meet federal requirements.

The Illinois Department of Transportation (IDoT) is developing a statewide planning process that meets Federal Transit Authority requirements and must develop a rural planning infrastructure. The Human Service Transportation Plan (HSTP) is “a unified, comprehensive strategy for public transportation delivery of services that: identifies the transportation needs of persons with disabilities, older adults, and persons with limited incomes, lays out strategies for meeting these needs, and prioritizes the services.” Goals of the HSTP include increasing service coverage area, minimizing duplication of services, including a public process and incorporating activities offered under other program by federal, state and local agencies.

AAAL plans to participate in this effort and to encourage and assist PSA 07 counties to avail themselves of these resources.

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 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.
- Illinois Department on Aging's Elder Abuse, Long Term Care Ombudsman, and Community Care Programs - the Area Agency fulfills administrative, monitoring and coordination responsibilities related to these programs.
- Illinois Senior Olympics Advisory Committee includes representation from the Area Agency on Aging for Lincolnland.
- 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, OASAC Coordinated Point of Entry Committee, Illinois Association of Area Agencies on Aging's (I4A) Legislative President.
- AAAL participates in county coordinating council meetings throughout the PSA and coordinates the Sangamon County Aging Network group. These 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 will be 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.

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 IIIC-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.

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.