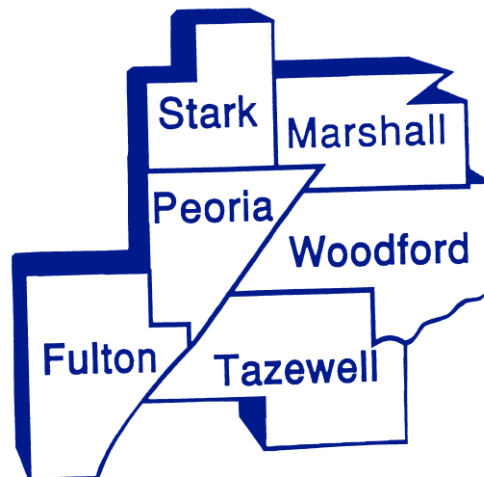


**CENTRAL ILLINOIS AGENCY ON AGING, INC.
700 HAMILTON BOULEVARD
PEORIA, IL 61603**

**PUBLIC INFORMATION
DOCUMENT**

**FY2017 AMENDMENT TO THE
FY2016, FY2017, FY2018
AREA PLAN ON AGING**

PUBLISHED APRIL 25, 2016



**“PROMOTING INDEPENDENCE, CHOICE AND ACCESS TO SERVICES FOR
ALL AGES, INCOMES, ABILITIES”**

Purpose of the Public Information Document, Community Forums and Public Hearings

The presentation of this Public Information Document represents a summary of the Central Illinois Agency on Aging, Inc.'s (CIAA) proposed FY 2017 Amendment to the FY2016, FY2017, and FY2018 Area Plan on Aging. The public Information Document will present at three Public Hearings, as listed below.

- CIAA will present a summary of comments received to the Planning Committee by June 9, 2016, Area Advisory Council June 13 and to the Board of Directors June 27, 2016 after which a copy of comments and official response will be available upon request.
- Any comments on the proposed amendment to the Area Plan on Aging must be received by May 31, 2016 and may be submitted in writing or by e-mail as follows:

ATTN: Keith Rider, President/CEO
Central Illinois Agency on Aging, Inc.
700 Hamilton Boulevard
Peoria, IL 61603
FAX: (309) 674-3639
E-mail: ciaa@ciaoa.net

The Community Forums provide other opportunities to present programs and services that facilitate the transition of residents back to the community from healthcare providers, to support their stay in the community with independence and dignity and to learn about needs yet to be met.

Community Forums

May 17, 2016

**Advocates for Access
4450 N. Prospect Rd.
Peoria Heights, IL 61616**

9:30 A.M. – 10:45 A.M.

“Case/Complex Care Managers and Mobile Integrated Health”

Connie M Kissner, RN BSN CMSRN; OSF Clinical Education Specialist

“Person Centered Planning in Home and Community Based Services”

Marsha Johnson, Director of Case Coordination Unit Services, Community Care Systems

“The Spiritual and Faith Connection to Health and Wellbeing”

Chaplain Brent Foster, M.Div., BCPC; Pastoral Care, UnityPoint Health-Methodist

May 18, 2016

**Advocate Eureka Hospital
101 S. Major St.
Eureka, IL 61530**

1:00 P.M. – 2:15 P.M.

“The Importance of Discharge Planning to Prevent Unnecessary Readmissions”

Joanie Montoya, MSW, LSW, Social Work Case Manager, Advocate Eureka Hospital

“Person Centered Planning in Home and Community Based Services”

Mitch Forrest MSW, LSW, CIRS; Family Caregiver Information and Assistance Specialist

“The Spiritual and Faith Connection to Health and Wellbeing”

James H. Turner, Jr., M. Div., Chaplain, Advocate Eureka Hospital

May 20, 2016

**Lacon Area Community Center
405 N. Washington St.
Lacon, IL 61540**

9:00 A.M. – 10:15 A.M.

Health Department Services that Help Care Recipients and Family Caregivers

Emily Kelly, RN, MSN; Public Health Nurse, Marshall County Health Department

“Person Centered Planning in Home and Community Based Services”

Mitch Forrest MSW, LSW, CIRS; Family Caregiver Information and Assistance Specialist

“The Spiritual and Faith Connection to Health and Wellbeing”

Eugene Hooker, Interim Pastor, New Life Christian Fellowship

Public Hearings

Immediately following the Community Forums, CIAA will hold three Public Hearings to inform older persons, caregivers, and other interested persons about the proposed FY 2017 Amendment to the FY2016, FY2017, and FY2018 Area Plan on Aging. The hearings will focus on CIAA's plan for providing access to needed services and giving attention to the CIAA Area Plan Initiatives. The schedule of Public Hearings is as listed below:

May 17, 2016, 10:45 am

**Advocates for Access
4450 N. Prospect Rd.
Peoria Heights, IL 61616**

May 18 2016, 2:15 pm

**Advocate Eureka Hospital
101 S. Major St.
Eureka, IL 61530**

May 20, 2016, 10:15 am

**Lacon Area Community Center
405 N. Washington St.
Lacon, IL 61540**

Central Illinois Agency on Aging, Inc.

CIAA is an independent not-for-profit organization with a 42 -year history of providing service to older persons and caregivers. CIAA's guiding principles are:

- **BELIEVE** in the independence and dignity of older person;
- **EMPOWER** older persons to exert control over his or her own life;
- **INCREASE ACCESS** to needed services of quality;
- **TARGET** services to older persons with greatest economic and social need;
- **DEVELOP SERVICES** based on the needs and priorities of older persons.

With 94,771 persons age 60 years and older living in CIAA's six-county service area of **Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford Counties**, CIAA strives to serve older persons and their caregivers in a holistic way through planning, coordination, program development, direct service provision, and advocacy.

Area Agencies on Aging are authorized by the Older Americans Act to provide services to older persons and their caregivers. CIAA is one of thirteen in Illinois and of 622 throughout the country. Area Agencies on Aging in Illinois are authorized by the Older Americans Act of 1965 as amended, and Illinois Act on Aging and the Illinois Department on Aging and have service areas that cover that entire state.

CIAA's Board of Directors is comprised of three representative members from each county and ex-officio members as determined. The Board of Directors makes decisions on policy, programs, and funding. The Area Advisory Council membership is based on the total population by county as outlined in the By-Laws. The Council advises the agency on the issues and needs of older persons and caregivers in our service area and on national issues that may affect older persons and caregivers.

What we do as an Agency

CIAA does planning, development, coordination, and advocating for services and resources to provide services to older persons and caregivers in our service area. In order to best serve our constituents, CIAA funds several services and directly provides others.

Funded services provide the following:

- **ACCESS:** assisted transportation, case management, and transportation
- **CAREGIVER:** counseling, respite, support groups, and education
- **COMMUNITY:** congregate meals, health promotion, home injury control, legal assistance, and medication management
- **ELDER RIGHTS:** elder abuse services and long term care ombudsman
- **IN-HOME:** chore, gap-filling, home delivered meals, home injury control, housekeeping, and residential repair and renovation

COORDINATION

Coordination services performed by CIAA include working with other funding agencies and service providers to develop a network of services and benefits to meet the needs of older persons, family caregivers, and grandparents raising grandchildren, as fully as possible and to encourage providers to work together to meet the needs of older persons. Examples of coordination services include:

- Entering into agreements to work with other agencies and providers;
- Assisting groups interested in offering help to older persons, family caregivers and grandparents raising grandchildren;
- Acting as liaison between health care providers and facilities and agencies offering social services;
- Educating providers on available programs that are new or unfamiliar;
- Coordinating a forum(s) for the exchange of information and for developing working alliances among providers;
- Working with others to provide application assistance with Extra help Benefit Access, and Medicare Part D, weatherization assistance, utility assistance, housing opportunities, employment services, and disaster and to other emergency relief; and

- Working with multiple providers of home-delivered meals, transportation services, mental health services, and senior centers to prevent duplication and encourage efficiency.

These services will be provided as a cost of supportive services commensurate with the requirements for administratively related direct services.

PROGRAM DEVELOPMENT

Program development services include the creation of new services, or the expansion or improvement of existing services. Examples of CIAA's program development services are:

- Assessing needs of older persons, family caregivers, and grandparents raising grandchildren and making plans to meet their needs;
- Working with legislators, governing bodies, community groups, and others to start new services for older persons, family caregivers, and grandparents raising grandchildren;
- Helping service providers to expand their services to un-served communities or to underserved population groups, such as working to open congregate nutrition sites or figuring out how to make minority seniors and other culturally diverse groups aware that services are available;
- Meeting with community foundations and businesses to solicit their support of services for older persons, family caregivers, and grandparents raising grandchildren, so that new or expanded services can be offered;
- Providing assistance to grassroots organizations and other groups of volunteers and seniors to provide services; and, finding new sources of funds for services for older persons, family caregivers, and grandparents raising grandchildren.

These services will be provided as a cost of supportive services commensurate with the requirements for administratively related direct services.

ADVOCACY

Through its Advocacy services, CIAA represents and supports older persons in their efforts to get services and benefits. Advocacy services include:

- Informing elected officials and private or public agencies of the needs of older persons;

- Helping older persons express their concerns to housing authorities, city administrations, township officials, other governmental bodies, and private organizations;
- Urging changes in methods used by providers that make it difficult for older persons to get the assistance they need;
- Holding public hearings or forums on the needs of older persons and distributing information about their needs;
- Informing older persons of legislative or other developments that affect them;
- Participating in community activities to meet the needs of older persons; and
- Working with emergency/disaster agencies, participating in development of emergency plans that address special needs populations, and helping older person in disaster situations.

These services will be provided as a cost of supportive services commensurate with the requirements for administratively related direct services.

OTHER ADMINISTRATIVE AND RELATED DIRECT SERVICES

CIAA also performs services that plan, develop, manage, monitor, and evaluate services available to older persons. Among these are:

- Providing assistance to service providers in offering types of food that older persons prefer in nutrition programs;
- Helping transportation providers understand the special needs of some older persons;
- Setting priorities for legal assistance to meet the needs of older persons;
- Assisting providers of emergency services and services for older persons to develop quicker and better responses to emergency situations;
- Meeting with representative of African-American and Spanish-Speaking older persons, and with representatives of older persons with disabilities, to build bridges to existing services;
- Checking that services meet the needs of older persons;

- Developing the Area Plan and other documents through which Federal and State funds are made available for services in Central Illinois;
- Awarding funds through grants and contracts with local organizations for services that are needed by older persons;
- Managing information about the services provided and funds spent, and reporting this information to the State;
- Monitoring and evaluating services to assure that standards are met and older persons are helped in the most complete and best ways possible; working with the Area Advisory Council and Board of Directors, through which local citizens make key decisions and set policies about local services; and, working in partnership with other area agencies on aging and the Illinois Department on Aging to integrate local services into the best possible statewide network of services for older persons.

These services will be provided as a cost of supportive services commensurate with the requirements for administratively related direct services.

Direct services provide the following:

INFORMATION & ASSISTANCE

- Provides current information on opportunities and services available within the community utilizing computer technology,
- Assesses problems and capacities of older persons and caregivers,
- Links to opportunities and services available, and
- Offers follow-up to ensure that the needed services were received or opportunities were accessed.

CAREGIVER INFORMATION, CAREGIVER ACCESS ASSISTANCE, & CAREGIVER TRAINING & EDUCATION

- Provides current information on resources and services with a focus on the unique situation of family caregivers and grandparents raising grandchildren.
- Provides assistance to identify needs of caregivers, linking the caregiver to resources and services available within their communities, and offering follow-up to ensure the needed services were received or resources were accessed.

- Develop and deliver caregiver education and training services as identified by accessing the needs of caregivers and input from Caring Connection, the Caregiver Coordinating Council.

EMPLOYMENT SERVICES

- Provides direct employment services for individuals aged 55 and older through the Senior Community Service Employment Program (SCSEP) as described under the Title V of the Older Americans Act. SCSEP increases public awareness about employing the older worker, and promotes useful part-time training opportunities through cooperative working relations with community service agencies, businesses, and workforce agencies. Enrollees are oriented, assessed, and referred to skill enhancement training. The main goal of the program is for the participant to secure unsubsidized employment.
- The Senior Employment Specialist Program, funded by Illinois General Revenue, matches interested older workers with jobs at local businesses by coordinating with local agencies, private and public employers, universities, and colleges.

ASSISTANCE WITH PRESCRIPTION MEDICATIONS

- Prescription assistance staff counsels and provides information to persons 65 and over and persons with a disability regarding their decision to enroll in Benefit Access, Medicare Part D prescription drug plan, and provide direct assistance with the enrollment process. Benefit Access program bus passes and discounted license plate sticker. Benefit Access information is available on CIAA's website, www.ciaoa.net which gives a connecting link to the Illinois Department on Aging's website. Volunteers are available at area libraries to offer help in completing Benefit Access and the Medicare Part D applications.

TRANSPORTATION

- CIAA provides transportation for seniors and caregivers in the Peoria County and Northern Tazewell County. These services are available to persons 60 years of age or older that have no other means of transportation. We require a minimum of 24 hours in advanced notice to schedule an appointment. We provide transportation service for the following: Dialysis, cancer treatment, doctor's appointment, grocery stores, etc.

Additional services CIAA provides:

CONNECTING WITH CONGREGATIONS

- A CIAA study revealed a number of older persons turn to their faith community for information about services. On-going meetings and collaborative efforts of congregations and service agencies developed or expanded programs to increase access to services for older persons and caregivers.

MATURE SOLUTIONS II

- Geriatric Care Manager (GCM) is a health and human services professional that specialize in knowledge and experience related to aging and senior care issues. GCMs are individuals who evaluate your situation, identify solutions, and work with you to design a plan for maximizing your elder's independence and well-being.

VETERANS INDEPENDENCE PROGRAM (VIP)

- The Veterans Directed Home and Community Based Services program sometimes referred to as Cash and Counseling for Veterans or as VD-HCBS, is designed to allow veterans who are potential candidates for nursing home placement to receive that level of care in their homes. The program provides veterans with a budget and allows them to choose their own care providers in place of receiving care services from the VA health care system. In some cases, family members of the veteran can be paid for the care they provide. We can only accept referrals from the VA.

RELATIVES AS PARENTS PROGRAM (RAPP)

- The Central Illinois Task Force supports the Illinois Task Force on Grandparents and Other Relatives Raising Children in its advocacy on behalf of kinship families, identifies issues and needs of caregivers in order to impact services and programs at the state, local, and federal levels. CIAA provides public education, fundraising, and coordination with other local agencies.

ACTIVE LIVING EVERY DAY (ALED)

- ALED is a behavior change program that is designed to help participants make simple lifestyle changes necessary to incorporate physical activity into their everyday life. Not an exercise program, the classes give participants the tools to overcome barriers to physical activity, set realistic goals, and stay motivated. The researched based curriculum is proven to work and is offered to the community on a suggested donation basis to cover the cost of materials.

CHRONIC DISEASE SELF MANAGEMENT PROGRAM AND DIABETES SELF MANAGEMENT

- These programs addressing a variety of chronic conditions and diabetes in particular are being offered across the country. They help participants take steps towards positive change and healthier living as they build their confidence and their ability to manage their day-to-day life. Each program's researched based curriculum is proven to work and is offered to the community on a suggested donation basis to cover the cost of materials. Participants are asked to make a personal commitment to attend all of the sessions if at possible. CIAA has two Master Trainers and several Workshop Leaders who have been trained to assist participants with taking charge of their chronic disease.

PATHWAYS TO COMMUNITY LIVING MONEY FOLLOWS THE PERSON (MFP)

- This program is to help interested people living in a long-term care facility move to an apartment or house in the community, and to make sure they receive quality care after they move. Illinois Pathways to Community Living is part of national project, called Money Follows the Person, and is administered by the Centers for Medicare and Medicaid Services. CIAA has trained individuals, called Transition Coordinators to help meet this need.

Justification for Direct Services provided by CIAA

Central Illinois Agency on Aging, Inc.'s (CIAA) justification for the following direct services has been well defined and documented in the initial FY2016 Public Information Document. The full justifications for each service are available upon request. In the interest of providing optimal attention to the FY2017 Planning Process, a summary is presented for each service as follows:

Information and Assistance:

CIAA provides information and assistance for older persons and their caregivers who request these services. The downtown location of CIAA offices, which is in proximity to a variety of health and social services and on the route of public transportation, make access to CIAA's direct service readily accessible to seniors and caregivers needing in-person assistance. Information collected describing how individuals learn about CIAA indicate that telephone advertisement, personal and professional referral, community meetings, public hearing, or other presentations are primary means. By far, the greater impact has been achieved through CIAA's publication "The Yellow Pages for Seniors," which lists a substantial number of services important to seniors. CIAA's certified information and assistance staff are equipped to assist them from our one-stop central location. The information and assistance and other direct services provided by CIAA have made the agency a highly visible and trusted source for assistance to older persons, caregivers, and persons with disabilities which enhances the activities of the Heart of Illinois Aging and Disability Resource Network (ADRN).

- The majority of CIAA's information and assistance is provided through phone calls and walk-ins. CIAA also receives and provides information and assistance to persons referred by the 211 staff for five of CIAA's six counties. CIAA has continued an (877) toll free phone number to benefit persons with the greatest economic need, especially in rural areas.
- CIAA's information and assistance services are person centered. Several Information and Assistance Specialists are Alliance of Information and Referral Specialist (AIRS) certified to provide general services (assisting with all services/all ages) and others are certified with aging specialization.
- CIAA's approach to general and aging information and assistance services is to provide (a) current information on opportunities and services available within the communities, (b) assessment of both the problems and capacities of individuals who call or walk in, (c) link the individuals to opportunities and available services, and (d) establish adequate follow up procedures based upon the person's needs. When more

specialized information and assistance is needed, the individual is directed to the appropriate staff person with the expertise to assist.

- Information and assistance staff which is dually trained may provide Person Centered Counseling/Options Counseling when the nature of the problem requires further evaluation and setting of goals/objectives, or schedule an appointment with a trained Person Centered/Options Counselor to provide this more intense personalized assistance. In some cases, CIAA is able to provide gap-filling assistance to meet the immediate need.
- CIAA's website has increased the agency's visibility to persons of all ages, incomes, and abilities; as well as to other social and health services, academic institutions and government services. In addition, individuals seeking assistance for themselves or for their care recipients frequently use email as an initial point of contact.
- The website along with e-mail contact allows users of technology to conveniently seek out and request information and provides flexibility for individuals who work and seek assistance after hours.

For FY2017, 25,370 persons and 28,902 units are projected to be served. These projections are included in the totals listed on page 53.

Caregiver Access Assistance Services:

Experience with the National Family Caregiver Support Program continues to document that CIAA is the central point of contact for older caregivers and increasingly is a resource for younger adult caregivers who contact the Agency on behalf of aging parents, which includes long distance caregivers who call on their behalf. Because CIAA is centrally located as a point of contact, caregivers and older persons have the ability to telephone or walk-in from any of our six counties served. Caregiver Access Assistance services provide vital resource information about services and benefits, and through CIAA enable a one-stop connection to medical and prescription drug assistance, housing, counseling, education and training, referrals to other supportive services, and a variety of gap-filling services.

- CIAA's Caregiver Access Assistance Services are the only such specialized services within the planning and service area. The Caregiver Information and Assistance Specialist, who is certified by the Alliance for Information and Referral Services, is able to work within the "serviceable moment" to establish rapport for long term service rather than simply make a referral.
- When more intense assistance is needed to identify options, set goals and objectives through motivational interviewing, the Family Caregiver Specialist is a trained Person Centered/Options Counselor able to assist the caregiver with this process and with any in-house coordination of other IDOA/CIAA funded services.

- The Family Caregiver Specialist received TCare training and certification to use software especially developed to assess the various types and intensity of burden experienced by caregivers. This research based software enables a specific person centered assessment and appropriate referrals for each caregiver.

For FY2017 service levels for Caregiver Access Assistance services are projected as follows: 1,296 persons (not predicting increase due to more time intensive T-Care Assessments) and 2,500 units. These projections are included in the total listed on page 53.

Caregiver Information Services:

CIAA's long history of serving seniors, their caregivers, and grandparents raising grandchildren, coordination of the "Caring Connection" and central location within its six-counties has positioned the agency to provide public education through events such as health fairs, speaking engagements, mailings and forums.

CIAA's newsletter, the "Senior Gazette," with a circulation of over 644 is another means through which caregivers and potential caregivers receive general and specific caregiver information.

For FY2017 service levels for Caregiver Information services are projected as follows: 3,694 persons and 700 units reflecting a slight increase due to regular mailings and 50 Plus News and View articles. These projections are included in the total listed on page 53.

Caregiver Training and Education Services:

CIAA grants out 94% of the Caregiver Training and Education funds to providers through a procurement process; however, additional training needs for caregivers are identified through CIAA's Caregiver Information Services, Access Assistance Services, The Caring Connection, and annual conferences. These needs are addressed through direct services as they are not specific to services provided by funded Title III-E Training and Education providers.

For FY2017 service levels for Caregiver Training and Education services are projected as follows: 100 persons and 100 units. These projections are included in the total listed on page 53.

Transportation Services in Peoria County and Northern Tazewell:

CIAA consistently experiences no responses to the Request for Proposals (RFP) for the transportation service areas that include the City of Peoria, Rural Peoria County outside the City of Peoria, and Northern Tazewell County. The RFP to provide Transportation and

Assisted Transportation services for FY 2016, 2017, and 2018 did not result in competition to provide these services. Therefore, a non-competitive grant award process was implemented which also received no responses to the RFPs. In order to maintain services, CIAA again entered into agreement with the current provider of emergency assisted transportation services for City of Peoria and Northern Tazewell County. Rural Peoria County will continue to be served through a voucher program with County Link.

CIAA requested a continued direct service waiver in order to provide transportation services to seniors in the City of Peoria and Northern Tazewell County. CIAA's providing this direct service aspect has enabled coordination with other services and resources, which would not be performed by a transportation service. It also benefits the older person in that they are connected directly to the Aging Network and to a source that provides information and assistance. The telephone assessment of other available transportation provides an opportunity to connect the senior with other resources.

CIAA anticipates during FY2017 to make 56 client contacts to arrange 3,426 trips for transportation service in the City of Peoria, Rural Peoria County outside the City of Peoria, and Northern Tazewell County. These projections are included in the total listed on page 53.

Congregate Meals in the City of Peoria:

Effective January 2, 2013, the Peoria Citizens Committee for Economic Opportunity, Inc., the provider of congregate meals for the City of Peoria, decided to no longer provide these nutrition services. CIAA continued the meals on an emergency basis as a direct service. The Request for Proposals (RFP) to provide congregate meals in the City of Peoria was sent out April 2013. Due to having no responses to the RFP for the services in the City of Peoria, CIAA is continuing this service on an emergency basis. Operating as "CIAA Food and Fellowship Café" serving at four (4) locations, CIAA provides approximately 50 meals daily.

CIAA anticipates during FY2017 to provide 60 participants 11,250 meals in the City of Peoria. These projections are included in the total listed on page 53.

Congregate and Home Delivered Meals in Fulton County:

Effective October 1, 2014 CIAA began serving the Fulton County Congregate meal sites and Home Delivered meal participants on an emergency basis due to Canton YWCA, the provider of these services decided to no longer provide these services. The Fulton County program serves at 7 congregate locations serving approximately 80 meals a day and delivering approximately another 90 meals a day. These are approximate daily counts for this program.

CIAA anticipates during FY2017 to provide 250 participants 30,000 meals in Fulton County. These projections are included in the total listed on page 53.

Funding for Home-Delivered Meals

Older persons continue to need home-delivered meals. Many have come to depend on these services, for some this is the only balanced meal they may receive. As the older population grows and becomes more impaired due to chronic health conditions, the demand for home-delivered meals has increased. These meals enable older persons to remain in their homes and in their communities. These older persons are homebound or isolated due to physical or cognitive impairments and/or lack of available transportation. The home-delivered meal may be the only opportunity to talk to someone, and enable the individual to stay in his or her homes, avoiding unnecessary institutionalization.

Currently, the following areas and/or townships are unserved for the home-delivered meals:

- in Fulton County: Banner, Bernadette, Cass, Deerfield, Ellisville, Farmers, Isabel, Harris, Kerton, Lee, Liverpool, Pleasant, and Waterford
- in Marshall County: Bennington (except Toluca), Belle Plain, Evans (Except Wenona), Henry Township (except Henry), Hopewell, Lacon Township (except Lacon), LaPrairie, Richland, Roberts (except Varna), Saratoga (except Camp Grove), Stuben (except Sparland), and Whitefield;
- in Stark County: Essex (except Wyoming), Elmira, Goshen (except Toulon), Osceola (except Bradford), Penn, Toulon Township (except Toulon), Valley, and West Jersey;
- in Tazewell County: Malone, Hittle, Delavan, Boynton, Sand Prairie, Dillon, Little Mackinaw, Mackinaw, and Deer Creek.
- all of Woodford County except the town of Metamora.

Requests for home-delivered meals exceed the available funding necessary for food costs, meal preparation and delivery costs, therein creating a need for additional funds to continue services at current service levels in all counties and for all service providers.

Additional funding available to CIAA was allocated consistent with the Board and IDOA approved policy for increased/decreased funds as outlined in the Area Plan and Public Information Document. Providers continue to look for other sources of funds including applying for grants and holding fundraising events.

Currently, there is a waiting list in Rural Peoria County of 11 persons, Peoria County 88 persons, Fulton County 12 persons, Marshall County 15, Stark County 5 persons,

Woodford County 2 and Tazewell County 5 persons. When funds are insufficient to eliminate waiting lists, providers refer individuals to other nutrition programs, food pantries, and resources such as the SNAP program through DHS. CIAA staff continues to provide service providers with other resources to assist their programs and participants.

CIAA staff monitors service providers on a monthly basis through the Nutrition Services Providers meetings. Providers are asked if they have any participants on their current waiting lists, information obtained from service providers is documented and discussed among the group of ideas on how to provide additional resources to those participants. This practice will continue during FY2017 to assess the impact on waiting lists and unserved areas as a result of the additional funds made available to all home-delivered meal providers for the coming fiscal year.

It is projected that 213,180 meals will be provided to 1,144 different older persons in FY2017.

FY 2017 Priorities and Future Plans

Although funding at present is insufficient, CIAA has developed strategies to expand home-delivered meals in the un-served areas mentioned above should funds become available. These include:

- 1) Allocate funds to all home-delivered meal providers in accordance with the approved and published policy for increases or decreases in funding;
- 2) Continue monitoring expenditures by county to facilitate inter-PSA transfers;
- 3) Continue to research reducing costs in remote rural locations by delivering frozen meals once a week provided the older adult has a microwave;
- 4) Continue to meet with Service Providers monthly to assess the status of services and unmet needs;
- 5) Continue CDSMP, DSMP, ALED and APS programs and include others as available for older adults and persons with disabilities to keep them healthy, safe and living in their own homes;
- 6) Continue to provide nutrition education;
- 7) Continue to improve the Home-Delivered Meal (HDM) program by utilizing more volunteers, collaborating with the community resources, and other initiatives that are cost effective;
- 8) Continue to make one-time grants available to purchase additional equipment and delivery vans for nutrition programs to maintain and improve services, delivery models and food service equipment;
- 9) Continue to work with DORS, Human Service, MCOs, and private pay consumers to maintain services, become more social entrepreneurial, develop community partnerships and identify both public and private funding systems;
- 10) Continue to provide HDM survey information on un-served and un-deliverable areas to legislators as well as information on congregate sites to educate elected officials about needs in un-served areas.

Service Providers Funded by CIAA

CIAA work with local agencies and organizations to ensure older persons and family caregivers receive needed services. This is accomplished by making funds available to the providers of vital services.

SERVICE PROVIDERS Funded Through the Older Americans Act
Adult Protective Services – Center for Prevention of Abuse
Alzheimer’s Associations, Central Illinois Chapter
Alzheimer’s Associations, Greater Illinois Chapter
Bradley University, Counseling, Research & Training Clinic
Center for Youth & Family Solutions
George Washington Carver Center
Methodist College of Nursing
MSW Projects of Henry IL
Neighborhood House Association
Prairie State Legal Services
Tazwood Mental Health Center
We Care, Inc.

OTHER FUNDED PROVIDERS
Advocates for Access
Community Care Systems
Heartland Community Health Clinic
Illinois Valley Center for Independent Living
The Center Illinois Center for the Blind and Visually Impaired

Who We Serve

Although base funding continues to be determined largely by the number of persons 60 years and older, Central Illinois Agency on Aging, Inc. (CIAA) now serves individuals of all ages. The 2010 Census showed the total population and 60 plus population increased on local, state, and federal levels. The FY2017 planning data provided by the Illinois Department on Aging shows Illinois' total aging population increased by 3.4% from 2,469,688 to 2,552,902 persons, or a total increase of 83,214 persons 60 years or older. In contrast, CIAA's total population of persons 60 years and older increased by only 1,804 older persons or 1.9% with the most significant numerical increases in Peoria (735), Tazewell (699) and Woodford (237) Counties. Fulton, the only rural county in our planning and service area, lost an estimated 20 persons. These projections are based upon a comparison of the 2014 and 2013 Census Bureau Population Estimates.

The 2014 Population Estimates and American Community Survey 2008-2012 data indicate that Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties combined comprised 94,771 persons age 60 years or older with 9,256 being rural. As previously noted, the rural population reflects only Fulton County in that the remaining counties all are considered urban following a FY2005 change in designations.

Prior to FY2005, Fulton, Marshall and Stark counties were considered rural. In FY2005, Marshall and Stark Counties were no longer classified as rural due to their inclusion in a Metropolitan Statistical Area, based on the 2000 Census; therefore, Fulton County is the only rural county in CIAA's service area. Based upon the available data, all CIAA's service areas had modest increases in the number of persons aged 60 or older with significant increases in Peoria, Tazewell and Woodford Counties.

As previously noted, overall the Illinois population 60 years and older increased modestly at only 3.4% from 2,469,688 to 2,552,902 with gains mostly in the northern part of the state. Only Chicago, Suburban Cook and the collar counties exceed the state's percentage increase.

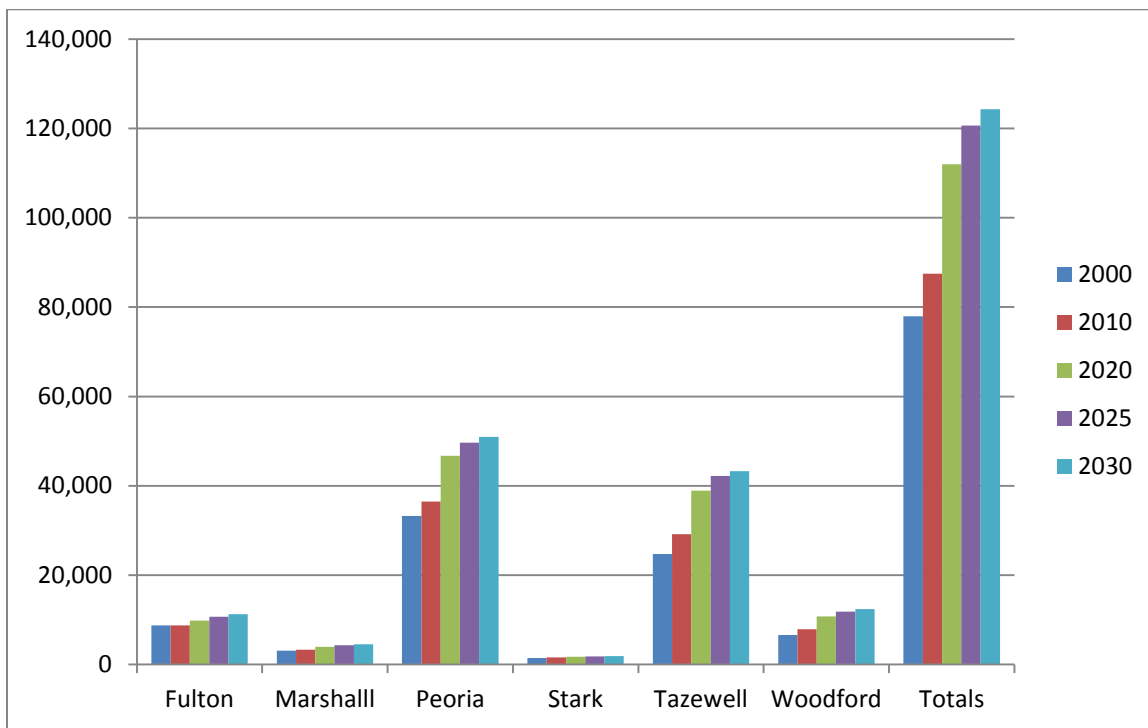
In terms of chronological aging, the 75 years and older and the 85 years and older population of Illinois both were estimated at only modest increases of 7,156 (0.9%) and 2836 (1.1%) respectively. By comparison, Stark County in CIAA's service area weighed in at an estimated 32 (5.0%) additional persons 75 years and older 10 (4.9%) additional persons 85 years and older. While the numbers relative to CIAA's service area and Illinois as a whole are relatively small, the percentage of the population is relatively significant. The aging of Stark County is good news on the one hand in that we are living longer and hopefully with increased quality, if not, the aging can be challenging on the other hand when social and health services are sparse or distant.

Given the documentation of multiple chronic diseases among the 75 plus and 85 plus populations, this increased aging could trigger the potential for increased needs and assistance through home-based services. The age wave is rolling in during turbulent economic times for our nation, our state, and our local communities.

The following chart has provided the population trends for CIAA’s service area and a foundation for comparison between actual 2010 Census results and the annual American Community Survey (ACS).

Central Illinois Agency on Aging, Inc. Six-County Service Area

Actual 60+ population for 2000 and 2010 & projected population (2020-2030)



Source 2000 & 2010 Illinois Census Data; Illinois Department of Commerce & Economic Opportunities

Although a slight decrease was predicted in 2005 for three of the counties, the older population based upon the 2014 Census 60 years and older estimate when compared to the 2013 estimate decreased only in Fulton County. The remaining counties show modest estimated increases.

Another significant population segment served by Central Illinois Agency on Aging, Inc. is caregivers. Caregiving in the U.S. 2015, an AARP study estimated 43.5 million adults in the U.S. have provided unpaid care to an adult or a child in the prior 12 months. Of these, 1 in 10 caregivers provides care for a spouse and are themselves 75 years of age or older. Although less likely to be employed than younger caregivers, they are at a time of life when

income may be fixed and they are performing the difficult task of managing household finances for both themselves and their spouse. More likely younger, Pew Research Center “Five Facts about Caregivers 2015” study shows that 61% of caregivers are also employed full time and 6 out of 10 family caregivers have experienced at least one impact or change to their work situation as a result of caregiving. Examples include 15 % had to take a leave of absence, 14% had to reduce work hours, 6% had to give up work entirely. AARP Dec. 2015 stated that “40 million family caregivers in the U.S. have performed medical or nursing tasks for their loved ones including managing multiple medications, wound care and managing special diets.”

2010-2014 AMERICAN COMMUNITY SURVEY 5YR ESTIMATES – NUMBER OF GRANDCHILDREN RESIDING WITH GRANDPARENTS WHO ARE HOUSEHOLDERS	
COUNTY	# GRANDCHILDREN
Fulton	557
Marshall	179
Peoria	2,956
Stark	55
Tazewell	1,777
Woodford	487
TOTAL:	6,011

2010-2014 AMERICAN COMMUNITY SURVEY 5YR ESTIMATES – NUMBER OF GRANDPARENTS RESPONSIBLE FOR THE CARE OF THEIR GRANDCHILDREN	
COUNTY	# GRANDPARENTS
Fulton	335
Marshall	101
Peoria	1,396
Stark	34
Tazewell	768
Woodford	310
TOTAL:	2,944

What CIAA and Service Providers Have Done

ACCOMPLISHMENTS FOR FISCAL YEAR 2015 Program/Service

	Total Persons Served	Amount and Type of Service	Comments:
Benefits Access and Medicare Part D Pharmaceutical Program	15,756		
Caregiver I & A Assistance	1231	2,390 contacts	
Caregiver I & A Information	3,833	651 activities	
Caregiver Counseling	50	283 sessions	
Caregiver Support Groups	28	138 sessions	
Caregiver Training & Education	367	379 sessions	
Chore/Housekeeping	0	0 hour	Insufficient Funds
Congregate Meals	1,075	64,042 meals	
Adult Protective Services	686	19,817 hours	
Employment	92		
Gap-Filling: General Services	25	25 units	
Health Promotion-Depressing Screening	53	591 sessions	
Health Promotion-ALED	11	122 sessions	
Home-Delivered Meals	1,254	192,836 meals	
A Matter of Balance	0	0 units	This program was in start up.
Information & Assistance	25,851	28,148 contacts	
Legal Assistance	287	1,323 hours	
Long-Term Care Ombudsman	5,465	6,072 units	
Outreach	279	346 units	
Medication Management Screening & Education	19	19 sessions	
Respite for Caregivers	58	554 hours	
Transportation	385	14,387 trips	
Assisted Transportation	52	3,534 trips	

ACCOMPLISHMENTS FOR FISCAL YEAR 2015 (continued)
Program/Service

CONNECTING WITH CONGREGATIONS

	Total Persons Served	
Ecumenical Luncheon	49	This annual event is held to recognize volunteers
New Year's Day Holiday Meals	800	

SPECIAL EVENTS

	Total Persons Served	
Celebrating Generations	725	This annual event provides education and entertainment to seniors and their caregivers.
Christmas for Seniors and Persons with a Disability	78	A senior living facility is selected and then donated gifts are provided and delivered to each resident.
Chronic Disease Self-Management Program (CDSMP) & Diabetes Self-Management Program (DSMP)	53	These programs are evidence- based programs which are proved to help individuals with chronic diseases and diabetes
Caregiver Conference and Night-Out	90	This event provided education and resource availability for caregivers. The Night-out provided caregivers a social night and included a meal and entertainment.

Summary of the Results of the Needs Assessment and Planning Process

PLANNING PROCESS USED TO DETERMINE SERVICE PRIORITIES AND INITIATIVES

Central Illinois Agency on Aging, Inc. uses a five-step planning process to determine the service priorities and initiative to be addressed during the Area Plan cycle. In the second and third years of the three-year planning cycle, CIAA reviews the funding allocations, service priorities, changes in the service delivery system, statewide initiative and local initiative in accordance with the fifth step (modification and refinement) of the planning process. Changes in any of the factors associated with the initial three-year Area Plan submission could result in a change to the amendment.

The Planning Committee of the Area Advisory Council and staff work together to develop CIAA's Area Plan for services for older persons. Throughout this collaboration information and insight are drawn from a variety of national, state and local sources and updated as frequently as additional information is available. Planning therefore is a continuous activity given inevitable changes occurring in society based upon identifiable needs, measureable resources, and sustainable outcomes. In addition to statistical reports and analysis, information gathered from seniors and caregivers themselves is invaluable and a vital part of the process used in the development of the Area Plan. A summary of the various information and methods used to determine CIAA's service priorities and initiatives were provided in the FY2016, 2017 and 2018 initial submission for FY2016. The details of all sources are not repeated here but are available upon request.

Census Data/Studies/Regulations

A significant means of obtaining relevant data is the U.S. Census. Although dated and in many instances being replaced by the American Community Survey, Census data from 2000 was used and compared with 1990 data to establish trends in the population in CIAA's service area, Illinois, and nationally. For the first time in 2003, Census data was available for persons age 60+ and in poverty. All Census data has been updated upon the 2010 Census with the use of estimates to update the Census.

Data from the 2005 Estimates Census contained limited information on a county basis and has been the case for 2010 and all subsequent estimates. The 2014 Population Estimates and American Community Survey 2014-2015 data indicate that Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties combined comprised 94,771 persons age 60 years or older with 9,256 being rural. Prior to FY2005, Fulton, Marshall and Stark counties were considered rural. At present, only Fulton County is considered rural.

CIAA FY2017 Amendment: Heart of Illinois ADRN Forum on the Collaborating with Hospitals to Transition Residents and Avoid Unnecessary Duplication, and on the Impact of MCOs Dropping Out and Home Care Agencies Closing

CIAA and the ADRN hosted a forum consisting of two panels comprised of local organizations whose experience would include working with area hospitals as critical pathways. The first panel sought input on issues and accomplishments associated with collaborations with hospitals from the perspectives of home health, nursing home and assisted living. The second panel focused on the status of services given losses in managed care organizations and home care agencies. This panel was represented by CCUs, adult day services, home health, home care and center for independent living. From the transcribed presentations, 55 statements were submitted to the members of the ADRN, Planning Committee of the Area Advisory Council, to the full Council and to the Board to individually identify the items considered a priority for advocacy, education, program development and/or coordination. Items identified by a minimum of 4 individuals from each group were selected. Overwhelmingly, 46 (83.6%) of the 55 obtained the minimum from ADRN, Planning, the Advisory Council and/or the Board. When considering staff and volunteer capacity, similarities among some responses and whether the scope of items required major funding and policy changes, from the 46 (83.6% of 55) 17 (36.9% or 30.9% of the 55) were identified as items that reasonably could be addressed (based upon scope, resources, educational and advocacy requirements).

Notably, the base representation of the ADRN is organizations (healthcare, social, educational, advocacy or others). The representation of the Planning Committee, Area Advisory Council and Board includes organizational representation, however, membership is determined geographically to ensure differing factors of rural (or essentially rural) and urban areas are considered.

The outcomes of this part of the FY2017 Amendment Planning Process follow:

Collaboration To Avoid Unnecessary Hospital Readmission

Activity	Type	Priority Determination
Medicare should develop good relationships with discharge planners at hospitals to build a satisfactory transition from hospital to home.	Advocacy	Area Advisory Council, Board
See discharged patient within 24 hours of release, offer medication planners, med boxes, evaluate conditions of client etc.	Advocacy	Planning Committee
Behaviors social services need to be aware of in people who need help: decreased in judgement, difficulty in their balance, weight loss, poor nutrition, depression, wandering, alcohol or medication abuse, driving difficulty, walking problems, falls, stroke, pain, weakness, neglecting household duties, lowering of hygiene, inappropriate behavior or speech, managing many health issue and many others.	Education	Area Advisory Council, Board
Communication about needs and wants are of utmost importance. Intake process is different in that many people are involved to make sure that all work together and overcome the problems for the potential resident, talk with the potential resident and with the resident's family with the resident's permission	Education	Area Advisory Council, Board
Go to the hospital portal to find as much information as possible to help in the planning, and obtain notes from all parts of the hospital which helps with needed follow-up visits	Education	Area Advisory Council

IF facilities are unprepared when a patient comes to them, they are more likely to have readmission to hospital. This is where the hospital portals can help.	Education	ADRN , Area Advisory Council
Need State to pay facilities for caring for resident, need to increase Medicaid reimbursement rate paid to facilities, and increase availability of Medicaid beds. Standard of care criteria should be the same everywhere but this is not always the case. Facilities need to be in compliance, and the standard of care needs to be an educational component for facilities and consumers.	Advocacy	ADRN, Area Advisory Council, Board
Consumers do not understand the whole process, the system (Medicaid and Medicare) and how it works.	Education / Coordination	ADRN, Area Advisory Council
CCU's are hearing that there are no Medicaid beds available.	Education/ Coordination	Area Advisory Council
Education is needed for all on "Planning to Pay for Long Term Care"	Education/ Program Development	ADRN, Area Advisory Council, Board
More education is needed about resources for veterans, i.e. if client is a Veteran, there are options for them.	Education/ Coordination	ADRN, Area Advisory Council
Need to 'look ahead' and provide options counseling for seniors –the best time for this to happen may be when seniors are signing up for Part D during open enrollment time.	Education/ Program Development	Area Advisory Council, Board

Impact Of MCOs Dropping Out And Home Care Agencies Closing

Activity	Type	Priority Determination
Lack of communication between the state, CCU, service providers, and case coordination within the new state managed care system	Advocacy	ADRN, Area Advisory Council, Board
On the disability side, personal assistants now cannot work more than 40 hours a week (including travel time), so many people are forced to have a second PA- this takes away consumer choice and adds to the fear factor.	Advocacy	ADRN, Area Advisory Council, Board
There are 15,000 Medicaid beds for long term care in the state currently, but more than 50,000 needing them. The average in-home care cost is about \$858, compared to nursing home average of \$5250.	Advocacy	Area Advisory Council, Board
There is a problem getting aides into the extended areas of the counties.	Advocacy/Program development	ADRN, Area Advisory Council, Board
Healthcare and Family Services (HFS) needs to roll out the long term supportive services on July 1st	Education/Program development	ADRN, Area Advisory Council

CIAA FY2016 Amendment: Heart of Illinois ADRN Forum on the Impact of the Loss of Landlines

The ADRN assisted CIAA and AARP with a forum to identify concerns for older persons and persons with disabilities that result from the loss of landlines. Issues included the following.

- **High cost of service.** Without a traditional line, have to depend on a cell phone plan, which can be \$40 a month for basic cell service or \$80 for high-tech smart phone plans

- **Limited minutes.** Most major providers still limit minutes, at least during peak hours. When there's no home phone to fall back on, more likely to spend more on overtime minutes or an expensive unlimited plan.
- **Device decisions.** Often limited selection, finding the right phone can be difficult
- **In-home convenience.** For people with limited mobility, home telephone service allows you to keep a phone in every room, avoiding the trouble of trying to go around the house looking for a tiny cell phone.
- **Emergencies.** Cell phones have emergency calling features and can reach 911 services, but they're not quite dependable enough for a family to trust them in an emergency. If the battery dies or service is weak, you can lose precious moments. Traditional phones, on the other hand, are only subject to the perils of damage to the line; they're more dependable for emergencies.
- **Loss and theft.** Flexible connectivity relies on a single valuable device, and if lost or stolen, an older persons is cut off until the cell phone is found or replaced
- **Call quality.** Mobile phone call quality leaves much to be desired. Many people find they can't even make calls from certain parts of their homes, rendering the mobile phone virtually useless and reversing the effectiveness of the mobile only plan.
- **Other factors that affect cell phone use.** Extreme weather can "short out" a system.
- **Other factors affected by loss of landlines.** 9-1-1 calls, ability to connect to life-essential medical monitoring devices, home security systems, and medical emergencies

CIAA FY2016 Amendment: Planning Committee Dialogue on Health Literacy with ADRN Members

Despite the surprising number of prescriptions filled half of the 3.2 billion annual prescriptions dispensed in the U.S. are not taken as prescribed (so patients have less benefit). In the U.S., lack of adherence causes approximately 125,000 deaths and at least 10% of hospitalizations and patients with chronic conditions and complex treatment regimens are most likely to be non-adherent.

- Anyone who needs health information and services also needs health literacy skills.
- Anyone who provides health information needs health literacy skills.
- No or little understanding within nursing home population but some could live in community if they understood how and why they are taking medication.
- Some individuals' understanding or wishes may be different than doctor's instructions.
- Some understand and/know consequences but due to right to self-determination choose not to follow.

- Some persons do not understand disease process, e.g. COPD, diabetes-so more education on chronic diseases and how to manage.
- Confusion, dementia affects how they take; may understand and forget.
- Complex medication regimens plus, complicated readers, and medications by mail sometimes complicate adherence.

CIAA obtained input from various agencies and specialists including CCSI, IPMR-Senior World, Mature Solutions, Peterson Healthcare, Information and Assistant Specialists, Advocates for Access, and Nursing Specialists to propose solutions.

CIAA FY2016 Amendment: ADRN, TRIADs and Planning Committee Forum on Safety of Older Persons

The forum included representatives of police and fire departments and area TRIADS. Speakers focused on the role of first responders, what can be done to assist them, and additional outreach needed to keep the “File of Life” in use by older persons and persons with disabilities. Fire and law enforcement representatives emphasized the importance of having information about medications readily available in emergency situations. CIAA will assist with education and advocacy, soliciting volunteers and re-establishing TRIAD in Marshall and Stark counties.

CIAA FY2016 Amendment: Forum on Needs, Gaps in Services and Significant Program Developments

In preparation for the three-year Area Plan, CIAA sponsored forums to assess needs of older persons, persons with disabilities and caregivers as well as the programs that provide services using a focus group methodology. Significant program developments, changes in operations, and other critical factors were noted. Coordination, resources, insufficiency or lack of specific services were significant areas of consideration.

Needs included:

- Food Pantries and Prepared Meals
- Home Delivered Meals – Waiting List for our six counties area
- Snow Removal
- Payment for medication vs. buying food
- High cost medication
- Transitional housing for seniors in emergencies
- Small repairs and insect infestation
- Utility shut offs
- Respite for caregivers with combative dementia patients
- Access to emergency information – (File of Life)
- Glasses, hearing aids, things not covered by Medicare

- Medication checks
- Need to get trash to curb

Gaps in services included:

- Interpreters
- Homecare coordination
- Healthcare navigation
- Proper equipment for caregiver/ training upon discharge: (Hoyer lifts, gait belts, etc.)
- Insufficient fund for home delivered meals
- Need for medication at time of discharge from hospital
- Adequate support for staying in community
- Medication delivery limited in urban areas and there are no deliveries in rural areas
- Cost for transportation (can't do other than dialysis)
- Mental health services/prevention, in-home, outpatient
- Open forum on Medicare
- Open forum on use of internet/email
- Open forum on spend-down
- Education on prevention of spousal impoverishment
- Medicaid sign-up requirement for CCP
- Education on reverse mortgages

CIAA FY2012-2014: Community Forums, Service Provider and Community Surveys

- Vermont and Lewistown forums held Board/Council members, seniors, seniors housing, senior service providers and other interested parties substantiated concerns about transportation and nutrition services.
- Surveys conducted among all service providers funded by Central Illinois Agency on Aging were important to understanding the adequacy of federal funding and program income and the use of technology by providers. In summary, CIAA gained substantial feedback on financial issues confronting providers of all services and provided specific identification of additional technology that would increase or improve service capacity.
- The Quality Committee of the Board of Directors together with program staff undertook an initiative to assess and improve the quality of nutrition and transportation services across the service area. A total of 3004 nutrition satisfaction surveys were mailed with 509 or 17% returned. Participants evaluated the nutrition services on such measures as performance of the staff who served or delivered the meals, quantity and quality of meals served, the period of time the participants used the services, the reasons for which the senior received the meal and variety of other

question designed to gauge the overall quality of the program. The results of the survey were overwhelmingly positive.

- Review of information obtained from telephone surveys, ongoing reports of unmet needs and evaluation of the current service delivery system. These results entitled “A Preliminary Report of CIAA Service Provider Needs, Self-Evaluation, and Recommendations” were evaluated using an analysis of funds available to meet the needs identified and continue to serve as a barometer of issues and concerns.
- Grandparents raising grandchildren were surveyed to identify their needs and the needs of the children. Ages of the grandparents ranged from 41-82 years old. The ages of the children ranged from 2-18 years old. Needs included assistance with school expenses (books, supplies, uniforms, tutors), household and other expenses, such as, outdoor chores, clothing, transportation, adult day services, gas for car, and rent. Some respondents were multiple caregivers most often of grandchildren and spouse, tended to be older (example: caregiver age 62, spouse age 82), have multiple medical conditions (stroke, amputee) and need for assistive devices (hearing aid).

CIAA: Service Providers Ongoing Dialogue and Reports of Unmet Needs

Additional information on services especially unmet needs and gaps in services are collected from CIAA service providers at monthly meetings and through quarterly/monthly reports.

- Information collected states that funding levels are not keeping up with the costs such that providers meet demands that are the highest priority (such as indispensable medical trips), form waiting lists that result in denial of home-delivered meals, limit assistance for GRG’s that are under 60 years old identification of GRGs 60+ in outlying counties, provide no payment for family caregivers, continue need for durable medical equipment, limit support groups, restrict access to home services and respite in rural areas.
- Unmet needs noted form general Information & Assistance are hearing aids, dentures, and mattresses due to medical needs. Insufficient gap-filling, chore, respite, and homecare funds result in the inability to meet all the requested needs.

CIAA FY2012-2014: Area Advisory Council Conducted Key Informant and Expert Interviews

Results from all counties documented similarity of issues and service priorities, with differences not significant to overall priorities for use of state and federal funds available. All interviews substantiated the inadequacy of funds, the importance of current services to their respective communities and the void that would be created should such services not be maintained. Quality of life issues for older adults, persons with disabilities, caregivers and the overall community were stated concerns together with need for meals and transportation.

CIAA FY2012-2014: Area Advisory Council and Board of Directors Provide Ongoing Input

CIAA's Area Advisory Council and Board of Directors have continued input into the needs of older persons and caregivers during Committee, Council, and Board meetings. The information from the Council and Board is vital to the planning process because of the commitment of these individuals to residents of the counties they represent and to the planning and service area as a whole.

- The Council and Board also were participants in the Local Expert Questionnaire where interviews were conducted with Executive Management staff and Planning Process Survey, and discussions of programs and services during committee and meetings of the full bodies.
- Both the Board and Council have representative membership from all six-counties, and most members are themselves seniors and/or caregivers.

Other Relevant Studies

CIAA particularly monitors studies that reflect issues and developments related to the service priorities identified for the use of federal and state funds. Often these are consistent with direct services and include such studies as the Illinois Department on Aging – Home-Delivered Meal Survey, Caregiving in the United States prepared by the National Alliance for Caregiving in collaboration with AARP; November 2009; MetLife Study of Working Caregivers and Employer Health Costs prepared by the National Alliance for Caregiving and MetLife Mature Market Institute in February 2010. Many studies have been published, surveys taken, and articles written on various aspects of aging. The anticipated increase in the older population has prompted much of this research which will continue to impact local planning and program development.

- **Illinois Department on Aging – Home-Delivered Meal Survey**

Communities in CIAA’s service still are unserved or underserved due to funding limitations. The population being served by this program is frail, with 77% of new home-delivered meal participants statewide being at high nutritional risk. In the majority of counties (5 of 6) in CIAA planning and service area, the 75+ years and 85+ populations have seen increases. Invariably the number of frail individuals needing home-delivered nutrition services also will increase. In addition, realistically, many current participants could benefit from weekend meals and more than one meal per day.

- **N4a Community/City Survey – The Maturing of America and Maturing of American II**

These studies conducted by the National Association of Area Agencies on Aging provide data on local governments assess their aging readiness in addressing the needs of older person and their caregivers, livability for persons of all ages, and sensitivity to and utilization of the experience of older community members allowing them to contribute to the community at large; and the extent to which communities are on track for Baby Boomers.

NOTE, FY2017: Addressing the needs of older person and their caregivers, livability for persons of all ages, and sensitivity to and utilization of the experience of older community members continue to remain a relevant priority despite progress made in creating awareness.

- **N4a (with support from MetLife) Survey – “The Maturing of America: Communities Moving Forward for an Aging Population”**

As a follow-up to the 2005 survey, “The Maturing of America: Getting Communities on Track for an Aging Population,” another survey, “The Maturing of America: Communities Moving Forward for an Aging Population” was conducted in 2011.

Three top challenges were identified in each survey. The challenges identified in 2005 were financial/funding shortages, transportation, and housing (in that order) while 2011’s in order of concern were housing, financial issues, and health.

NOTE, FY2017: Housing, financial issues, and health continue to be relevant priorities substantiated by more recent studies conducted by AARP.

- **I4a and Illinois Department on Aging Statewide Assessment – The Maturing of Illinois: Getting Communities on Track for an Aging Population**

The Area Agencies on Aging serving the 13 Planning and Service Areas in Illinois, assembled and trained teams of citizen planners to interview civic leaders, professionals, and fellow citizens about the livability of their communities in 10 areas of interest including: Health & Human Services, Housing, Transportation, Workforce/Economic Development, Land Use, Public Safety, Emergency Preparedness, Recreation, Lifelong Education, and Civic Engagement. The findings and recommendations of the overall report prepared by I4A in conjunction with the Illinois Department of Aging were presented to the Illinois General Assembly.

- **I4a The Aging Network: An Essential Partner for Managed Care**

The conclusion that the Illinois Department on Aging and Area Agencies on Aging should play a critical role in facilitating the statewide implementation of Long Term Services and Supports for individuals enrolled in managed care through the Integrated Care Program and the Medicare-Medicaid Alignment Initiative retains its relevancy.

Moreover, the Aging and Disability Resource Network (ADRN) is a national model that has been included in the Affordable Care Act as a single or coordinated point of entry for Long Term Services and Supports for older adults and persons with disabilities.

- **University of Illinois at Springfield report - The State of Mental Health in Illinois**

Advocates and providers say cuts to mental health funding in the state have left the system decimated the advocacy to restore mental health services as a priority continues. With CIAA being an ADRN, we are looking into ways to help served those mentally ill patient or help them transition into the community.

- **AgeOptions (on behalf of the Make Medicare Work Coalition) – Health Care Options for Individuals Age 55-64 Without Insurance**

Peoples between the ages of 55 and 64 do not have health insurance. Medicare coverage (for those who qualify) does not begin until age 65; as a result, this group is more likely to forego medical care and wait until their Medicare coverage begins to seek medical care for health conditions thereby assuring an increasing cost of health care.

- **Alzheimer’s Association – Illinois Alzheimer’s Statistics**

In the United States, an estimated 5.4 million people are living with Alzheimer’s disease, including at least 800,000 who live alone. An estimated 16 million Americans will have Alzheimer’s by 2050. The cost of caring for people with Alzheimer’s and other dementias is projected to increase to \$1.1 trillion per year (in today’s dollars) by mid-century.

- **Chronic Disease and Diabetes Self-Management**

The number of Americans who will suffer functional disability due to arthritis, stroke, diabetes, coronary artery disease, cancer, or cognitive impairment is expected to increase. The Chronic Disease Self-Management Program (CDSMP), known as “Take Charge of Your Health: Live Well, Be Well”, a workshop, for those with chronic illnesses and their caregivers, is evidence based through research at Stanford University Patient Education Research Center. It addresses the symptom cycle associated with chronic disease and gives specific tools for breaking that cycle.

The benefits of CDSMP include fewer emergency room visits, inpatient stays, and outpatient visits; health care cost savings of approximately \$590 per participant; improvement in exercise and ability to participate in one’s own care over two-year period; improved health status in 7 of 9 variables: fatigue, shortness of breath, pain, social activity limitation, illness intrusiveness, depression, and health distress; improved health behaviors and self-efficacy in variables related to exercise, cognitive; symptom management, communication with physicians and self-efficacy.

- **Active Living Every Day**

Active Living Every Day (ALED) is a behavior change program that helps participants overcome their barriers to physical activity and make positive changes that improve their health and well –being. Through the addition of ALED, CDSMP and DSMP participants will learn to set goals, overcome barriers and find activities they enjoy; thereby enhancing the success of all of these health promotion programs. Adults interested in integrating physical activity into their daily lives will gain support in a group setting that moves their lessons learned from CDSMP and DSMP forward.

Local and Statewide Initiatives

THE STATEWIDE INITIATIVE – NO WRONG DOOR (NWD) SYSTEM IMPLEMENTATION

During FY 2017, the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services will continue to work with the Lewin Group, other state agencies, Area Agencies on Aging and service providers in the aging and disability networks to develop and implement a three-year plan and Balancing Incentive Program (BIP) activities to identify the key actions Illinois will take to move forward with the development and implementation of a NWD System that has the functional and operational capacity as defined by the Administration for Community Living (ACL). Thus, the Statewide Initiative activities that the Area Agencies on Aging will have to address in FY 2017-FY 2018 will be further defined at a later date with the input of the Area Agencies on Aging.

Planned FY 2017 Area Plan-Related Activities for the Statewide Initiative

1. Description of specific program development and coordination activities that the Area Agency on Aging will conduct in the continued development of the NWD system in the PSA.

Central Illinois Agency on Aging (CIAA) provides the staff leadership and base funding for most of the activities aimed at developing and enhancing the ADRN and NWD system in Fulton, Marshall, Peoria, Stark, Tazewell and Woodford Counties, the majority of which are inherent to the role of Area Agencies on Aging. A partial of program development and coordination activities that will be continued follows.

- CIAA is a current Aging and Disability Resource Network (ADRN) Core Partner with the following major behavioral and mental health service providers within CIAA's six counties and beyond: Human Service Center; Tazewood Center for Health and Wellness, which also provides outreach services in Tazewell County
- The following Critical Pathways/Healthcare Organizations also partner with CIAA directly and with the ADRN: OSF IPMR/Sr. World, a health services provider specializing in physical therapy, adult day services for persons with Alzheimer's and related dementia, and other critical pathway providers are part of CIAA ADRN.
- As a result of Information and Assistance, the Care Coordination Units and ongoing participation in program development and coordination activities, CIAA, as part of the NWD network, would have a major role in connecting consumers from health care facilities in our area to services provided in the community.
- Heartland Community Healthcare Clinic is a Federally Qualified Healthcare Center (FQHC)-"safety net" provider whose primary purpose is to enhance the provision of

primary care services in underserved urban and rural communities. CIAA currently has a partnership with HCHC under the Senior Health Insurance Program (SHIP) Integration Grant which includes two (2) trained and certified SHIP Counselors to help administer SHIP activities/services to their clients.

- Graham Hospital in Fulton County partners with CIAA to provide nutritional meals for seven (7) Fulton County Food and Fellowship Congregate sites as well as home delivered meals (HDM) program.
- CIAA will continue to partner with Methodist College's nursing and gerontology programs to provide the Matter of Balance evidenced based health promotion program to participants of meal sites.
- CIAA will work with OSF Hospital College of Nursing to develop community based service learning projects.
- CIAA will continue collaboration with Illinois Central College's Occupational Therapy (OT) students on a Service Learning Project involving the 4 Peoria congregate nutrition program sites.
- CIAA will continue coordination and program development with the Illinois Partners for Human Service-Healthcare and Family Services, Managed Care Organizations (MCOs) and the Human Service Sector Best Practices Meetings designed for building excellent working relationships and problem solving among human services. The local Peoria area chapter of Illinois Partners reaches 78 agencies and organizations and regularly hosts meetings with area legislators. The "Best Practices" is aimed at costs savings and quality of services which includes improved communications in billing, administration, services and case coordination.
- Advance Medical Transport presented its 211 system and software at CIAA's request to the Heart of Illinois ADRN. The 211 has been described as having the capacity to track, document, and report calls by geographic area. This database has tremendous potential for NWD development and coordination. CIAA will continue and enhance the relationship with 211 to benefit of a regionalized approach.

2. Describe any Person-Centered training that will be conducted for NWD sites.

Person Centered/Options Counseling and motivational interviewing were presented as a mechanism for assisting clients who needed more than a resource referral. This FY2016 as a component of the planning process, CIAA/ADRN conducted a Person Centered Planning survey among ADRN partner agencies to obtain the following information:

Person Centered Planning Brief Survey

(Circle One)

1. Were you already familiar with person centered planning?
Yes or No
2. Would you say your organization encourages person centered planning?
Yes or No
3. Does your position with your organization enable you to use person centered planning?
Yes or No
4. Would additional training or education on person centered training be helpful to you?
Yes or No or Maybe
5. What is the best way to get you to training or get training to you? (All that apply)
 - Webinar, Website, Chat Room, Conference Call, etc. – Yes or No
 - Group location/in person – Yes or No
 - Added to the agenda of a current meeting – Yes or No
 - I currently attend group meeting at _____
 - Any place or time, training time is made available to me - Yes or No
 - I want to be contacted about training opportunities – Yes or No

Although the results have not been discussed with ADRN Core Partners, preliminary indicators are that most but not all respondents are familiar, are associated with organizations that encourage and are in positions that enable the use of person centered planning, above 90% indicated additional training or education on person centered training would be helpful to them. They also indicated the best ways to get the training to them. The results are immediately useful and will be useful to moving forward into FY2017.

3. Description of continued activities the Area Agency on Aging will conduct in information sharing and cross-training of disability key partners.

CIAA considers person centered planning to be essential to the outcomes of the ADRN. All core partners (CIAA, CCUs, CILs) conducted cross training for the ADRN. Training included the foundation of the aging and disability services, the role of care coordination and management and the interrelationship of aging and disability networks.

The two Centers for Independent Living (CILs) in CIAA's planning and service area are ADRN Core Partners whose CEOs actively participate in meetings as well as in determining the direction of the ADRN. As key contributors, the cross training and information sharing among partners is ongoing. Some most recent examples are the vital information shared by both partners in panel presentations and open forum on (1) collaboration to transition

residents and avoid unnecessary readmission and (2) the impact of MCOs dropping out and home care agencies closing. These topics were not only essential to organizations within the network but to individuals as well, again making person centered planning a priority.

4. Description of any issues that NWD sites will experience in the PSA with the implementation of the Level 1 Screening Tool.

Being a work in progress, implementation of the Level 1 Screening Tool and any associated issues still are being sorted out. Preliminarily, some potential issues include related and sufficient staffing, training, and technology.

5. Describe public outreach and coordination activities with key referral sources as outlined below:

- **Information and Referral Entities: This would include coordination with existing resources such as local Information, Referral and Assistance Programs, statewide 1-800 #'s and 211 systems so staff working for these entities can appropriately and quickly refer individuals to NWD System person centered counselors.**

Information and Assistance within CIAA's planning and service area includes the general I&A and caregiver specific information, assistance and education provided by CIAA; consumer and issue or health specific information and assistance such as Alzheimer's, Centers for Independent Living, Arthritis; Central Illinois' 211.

All staff within the CIAA Information & Assistance Department and the 211 are required to be certified in the Alliance of Information & Referral Systems (AIRS). Certification insures that the staff is performing at a nationally recognized standard of providing information and assistance to consumers and participating in continuous education in order to stay current within the field. Although formal agreements at present may not be in place with all, interagency coordination and referrals are in place. CIAA's local initiative includes increasing the number of AIRS certified specialists among ADRN participants.

CIAA and ADRN Core Partners will continue to coordinate with existing information, referral and assistance programs in the community to quickly and appropriately refer consumers to NWD System person-centered counselors. This includes the local 211 call center and the 1-800# Senior Helpline.

"CIAA will perform outreach activities to increase the number of AIRS certified specialists, not only among ADRN participants, but also among our partners at the Caring Connection, SHIP sites, Peoria Housing Authority, and the local 211, to name a few. This will include conducting examination review sessions at our agency for our partners, as well as

becoming an official test center site for taking the AIRS certification test. The exam review classes would be led by an AIRS certified staff member at CIAA.”

- **Nursing Homes and other Institutions: A NWD System should be seen as a resource to discharge planners across the state to help facilitate the transition of residents back to the community. The State Medicaid Agency should designate the NWD System, or at least some of the organizations within the NWD System, to serve as a Local Contact Agency under the MDS Section Q guidance, as well as to serve as a vehicle for facilitating transitions under other grant programs like the Money Follows the Person Program.**

Staff at health care facilities namely discharge planners currently contact CIAA to request needed services. CIAA Information & Assistance staff receives these requests and work with the health care facility staff and/or the consumers directly in providing resource information and assistance to meet their needs. CIAA collaborates with Human Service Center for the Nursing Home Deflection Program and Advocates for Access. This collaboration brings a multitude of diverse services together to assist clients to remain independent and in the community. Through this collaboration of agencies, persons with co-occurring mental health and primary medical conditions that can live independently stay out of the nursing home or reduce the length of nursing home stays.

In addition to continuing these efforts, CIAA learned as a result of the ADRN forum and this FY2017 Planning Process that there is a significant need for Medicare/Medicaid education for both the human service workforce and individuals as consumers. The following topics preliminarily have been planned as a result:

Medicare/Medicaid Questions for Educational Forums

Financial Forum

1. I have a Medicare Supplemental Policy, but now I don't have enough money to pay for this. Also, my prescription medicine is costing me a lot, especially one of the drugs that are not covered in my Part D Plan. Is there anything I can do to lower my costs for these, and is there any kind of financial assistance available to help me pay for these?
2. I have Medicare coverage so why am I getting a bill from my medical provider, I thought they covered everything?
3. If a parent has Medicare - Medicaid, would there be any copays on her medications?
4. The caseworker came out to Mom's home and said that due to her receiving state Medicaid services the state could put a lien on her home. Is that true would they take away my Mom's home in order to pay for services?
5. What is a spenddown for Medicaid?
6. What is the impact of transferring assets and giving financial "gifts" to family?

Medicare and Medicaid: Eligible Services and Assistance

7. People ask for medical information for items like more medicine, big diapers or oxygen and if Medicare or Medicaid would pay for these items.
8. If a parent has Medicare - Medicaid and has to get Rehab after a hospital stay, shouldn't his expenses at the Rehab home be covered no matter what?
9. Why does Mom or Dad have to apply for Medicaid in order to receive the Community Care Program assistance?
10. Can I expect to get into a Nursing Home if I have Medicaid insurance to pay for it?
11. Sometimes they don't even understand the difference between Medicare and Medicaid.
12. People do not know what they are eligible for from either program as well.
13. We hear from those coming out of nursing homes that they thought they had 90 days with Medicare but didn't receive it. Certain circumstances do not always allow for 90 days.
14. Also they do not know how to get durable medical equipment or lift chairs and we refer them to their doctors to see if can be purchased through Medicare.
15. The bottom line is education for both programs. It is confusing for those who are on it and they do not know what rights they have as well.

Types of Medicare Coverage

16. I have questions about Medicare but where do I turn to?
17. Are there different parts of Medicare and what do they cover? When I sign up for Medicare which parts do I automatically get?
18. What is Medicare Advantage?

Resources for Assistance with General Questions

19. Why am I getting a letter from Molina Healthcare?
20. Why did I get kicked off Medicaid and what can I do about it?

Medicaid and the Community Care Program

21. With our program (CCP), application to Medicaid is a requirement if they qualify. They have issues with following up with Medicaid application (getting copies in that are required in a timely manner or even understanding requests).
22. They ask how Medicaid affects their current insurance, and sometimes they don't even understand the difference between Medicare and Medicaid.
23. They also do not know or understand what the redetermination means when it is sent to them and some do not fill it out and then are dropped from Medicaid.
24. What is prevention of spousal impoverishment ~ PSI. There are a lot of questions about it, what it is, and what to do.

- **Acute Care Systems: This would include working with hospitals to put in place protocols for NWD System person centered counselors to partner with hospital discharge planners with the common goal of supporting an individual through a transition that would help the person to successfully return to the community, even if a post-acute nursing home stay was necessary.**

The foundation for protocols is in place or developing as result of discharge planners currently contacting either Information and Assistance, Case Coordination Units or both to request needed services. Both services are equipped to receive these requests and work with the health care facility staff and/or the consumers directly in providing resource information and assistance to meet their needs. The collaborations developed as a result of the Nursing Home Deflection Program support an individual through a transition that would help the person to successfully return to the community. This collaboration has the ability to achieve transition even when a post-acute nursing home stay has been necessary. CIAA collaborates with Human Service Center for the Nursing Home Deflection Program and Advocates for Access. This collaboration brings a multitude of diverse services together to assist clients to remain independent and in the community. Through this collaboration of agencies, persons with co-occurring mental health and primary medical conditions that can live independently stay out of the nursing home or reduce the length of nursing home stays.

- VA Medical Centers: This would include direct relationships between organizations within the NWD system doing Person-Centered Counseling and local VA Medical Centers on the implementation of the Veteran-Directed HCBS Program, and other programs the VA may choose to implement through the NWD System.

CIAA continues to work with the VA Medical Centers as referrals or direct requests for assistance come to staff. The Veterans Directed Home and Community Based Services program sometimes referred to as Cash and Counseling for Veterans or as VD-HCBS, is designed to allow veterans who are potential candidates for nursing home placement to receive that level of care in their homes. The program provides veterans with a budget and allows them to choose their own care providers in place of receiving care services from the VA health care system. In some cases, family members of the veteran can be paid for the care they provide. We can only accepted referrals from the VA.

The NWD System should be seen as a major resource for health care systems and providers; it will have the capacity to serve as a “front door” to the LTSS System that can quickly link their clientele to a full range of community services and supports. A fully operational NWD System will have formal linkages between and among all the major pathways that people travel while transitioning from one health care setting to another or from one public program payer to another. These pathways represent critical junctures where decisions are made – usually in a time of crisis - that often determines whether a

person is permanently institutionalized or transitioned back to the community. Quick connections to LTSS can also break the cycle of avoidable hospital readmissions.

Working directly with hospitals has proven effective, particularly CIAA's orientation to OSF's Accountable Care Organization board and direct care staff, and meetings with direct care managers/discharge planners of UnityPoint Healthcare. CIAA has working relationships with the following:

- OSF Healthcare Medical Center (Hospital Nursing Units) and Physician Medical Offices
- UnityPoint Health Methodist Hospital
- UnityPoint Health Proctor Hospital
- Heartland Community Clinic
- Hult Center for Healthy Living (Affiliated with UnityPoint Health Proctor)
- IPMR/Senior World (Affiliated with OSF Healthcare)
- Peterson Health Care
- Human Service Center
- Alzheimer's Association Peoria Chapter

FY2016 ACTIVITIES OF FY2016, 2017 AND 2018 LOCAL INITIATIVE ACCESS TO LONG TERM SUPPORT OPTIONS

1. Convene information exchange forums consisting of providers of public benefits (OAA, Medicaid, Medicare benefits, Circuit Breaker, energy assistance, food stamps, etc.), Medicaid waiver services provided by the Department on Aging and the Department of Human Services (CCU/CCP, services for individuals with disabilities under the age of 60), non-waiver services provided by Centers for Independent Living, Veterans Administration, Department of Mental Health and Department of Alcohol and Substance Abuse services.

As a beginning point and foundation for the FY2016 Amendment planning process, CIAA convened an information exchange forum consisting of providers of Medicaid waiver services provided by the Department on Aging and the Department of Human Services. These providers were represented by Care Coordination Units (CCU), Community Care Program (CCP), and Centers for Independent Living (CIL) as providers of Medicaid-waiver services to persons 60 years and older and non-waiver services for individuals with disabilities under the age of 60. The participating agencies/organizations and institutions included Addus, Advocates for Access, CCSI, Center for Prevention of Abuse/Adult Protective Services, Central Illinois Agency on Aging (CIAA), Farmington Country Manor, Mature Solutions, Home Health Plus, Home Health Plus Services, Human Service Center,

OSF College of Nursing, and OSF/Institute of Physical Medicine and Rehabilitation. The stated discussion and information exchange items were (1) collaboration to transition residents and avoid unnecessary readmission and (2) the impact of MCOs dropping out and home care agencies closing. There was a substantial consensus around the need for general consumer and program education about Medicare/Medicaid, the availability of Medicaid beds and the collaboration of health and social service personnel. Future information exchange forums will focus topics derived from this initial forum as it was well received as a productive starting point.

2. Strengthen coordination and collaboration efforts with agencies addressing key functional areas such as healthcare, employment, transportation, affordable housing, nutrition, mental/behavioral health and other critical components that support and sustain community living.

CIAA makes Maximum Use of Information and Assistance to assist persons with social and healthcare needs. Discharge planners contact CIAA's Information and Assistance Specialists to request needed services. Our Specialists work with the health care facility staff and/ or the consumers directly in providing resource information and assistance to meet their needs. Initial and follow-up contact with consumers and healthcare staff is presently made by telephone (including conference calling), in-person appointments and walk-ins, e-mail, regular U.S mail, fax, and Facebook. While communicating on the phone with a consumer, warm transfers may be made to assist the consumer in connecting to other organizations from our office. Warm transfers enable our staff to stay on the line with the consumer while helping them to connect with an outside agency. CIAA has added the capability to communicate via Skype on the computer. This enables visual communication by use of the internet and webcam at low or no cost to both parties. It gives us worldwide capability. Future methods of contact and communication being developed include the ability to chat on our website, post video recordings on our webpage, and use of other social media including Twitter and Instagram.

CIAA Coordinates with Partner ADRN Agencies to promote outreach, education and training across the planning and service area. Healthcare is a critical pathway and access by persons with disabilities is critical. CIAA assisted in promoting the Accessible Healthcare Workshop sponsored by Advocates for Access, one of two Centers for Independent Living (CILs) in our area. The workshop was designed to teach providers' legal obligations, the person's legal rights, and an advocacy strategy to strengthen attendee's patient advocacy skills by asking and responding to the following assessment:

Whether persons with disabilities have experienced problems in hospitals, doctors' offices, dental clinics and eye care clinic, such as:

- Examined while in your wheelchair
- Exam rooms too small to move around
- Exam tables or exam chairs are too high and can't be lowered, or you are told to bring someone to lift you to access medical equipment
- Long waits or refusal of service because of your disability
- Important information not given to you in an accessible format
- No qualified sign language interpreter at appointments
- No service animals allowed
- Written information not provided in Braille, large print or other alternative formats

Human Service Center: CIAA collaborates with Human Service Center for the Nursing Home Deflection Program and Advocates for Access. This collaboration brings a multitude of diverse services together to assist clients to remain independent and in the community. Funded through the Balancing Incentive Program (BIP), the Nursing Home Deflection Program provides integrated assistance in obtaining or maintaining safe residential accommodations. Through this collaboration of agencies, persons with co-occurring mental health and primary medical conditions that can live independently stay out of the nursing home or reduce the length of nursing home stays.

Methodist College of Nursing- Health Promotion-A Matter of Balance: Matter of Balance helps participants learn managing concerns about falls with an emphasis on practical strategies to manage falls. Classes are being held 2x a week for 4 weeks, 2 hours each class starting with the Southside Manor Congregate Meal Site as a pilot test. Currently 2 nursing students have been trained and classes can accommodate up to 14 participants. The Methodist College nursing class is Community Health Nursing, an upper level course that has clinical rotations. CIAA will work with students to provide the context for the nutritional guidelines and the congregate meal program.

George Washington Carver Center: CIAA collaborates with Carver Center to sponsor the Diabetes Self-Management Program (DSMP) and other programs and services for older persons. CIAA trained and certified 4 DSMP leaders who currently are holding DSMP workshops. CIAA also participates on the Carver Center Senior Advisory Council with its Director of Outreach and Community Services representing CIAA as Chair of the Advisory Council. Efforts are in place to partner with Carver Center to open a Congregate Meal Program site.

CIAA Works with the Department of Rehabilitation Services (DORS): Partnering with DORS Home Service Program Service Plan to provide its clients with a home delivered meal 5 days a week. CIAA receives the referral and authorization for services from DORS and bills DORS monthly for prior month's meals.

Illinois Partners for Human Service-HFS/MCO's/Human Service Sector" Best

Practices" Meetings: Facilitated by Easter Seals, the vision and purpose of meetings is to "build excellent working relationships and problem solving leading to best practices" among human services. "Best Practices" Development toward Achieving Cost Savings and Quality Services - Improving Provider and Managed Care Organizations (MCO) Communications in billing and administration and services and case coordination. CIAA's Director of Outreach and Community Services works with other providers as a MCO Toolbox Sub-Group. Their purpose is to develop a checklist and tool kit for those who work directly with MCO's to maintain quality service, case coordination, information and best practices. MCO's have been helpful in providing the Managed Care Manual, Care Coordination Examples/scenarios.

Participants in our Community Care Program often have needs that require collaboration with other agencies. Examples of coordination and collaboration include:

- For durable medical equipment, Advocates for Access has a program where they 'lend' durable medical equipment to those in need for an indefinite amount of time. Mature Solutions, our CCU/CCP unit has been called by those under 60 years of age, made referrals over to Advocates for Access for follow up and needed services.
- Mature Solutions coordinates with Neighborhood House for home delivered meals, Center for Youth and Family Services for counseling, and CountyLift and CityLink for transportation.

The Information Resources and Supportive Services division's Information and Assistance Specialists participate in the Peoria Housing Authority's Program Coordinating Committee meetings. The Program Coordinating Committee provides and updates information on various services for all ages including:

- The Greater Peoria Economic Development Council
- Early Head Start and Head Start
- Job Corps
- Money Smart Week
- New GED tutoring component at Proctor Center

- Finalizing details for the first Peoria Housing Getting Ahead Program
- Forming an Advisory Council to support the program
- Programs and opportunities available to families
- Opportunities for interagency assistance with programming and participant recruitment

METEC Resource Center related is an educational resource for clients who may have experienced discrimination in the workplace or are seeking employment.

- Employment Discrimination Presentation
- Education on their rights
- Future employers

CIAA's Continued Leadership to The Caring Connection, a coalition of professional caregivers that gathers monthly to discuss topics and needs related to local family caregivers. A different caregiver topic pertinent to family caregivers is presented each month by both professional and informal caregivers. The coalition also supports and is instrumental in providing an annual caregiver conference for family caregivers to help educate them on community resources and ways to cope with stressors of caregiving.

- Attendance averages 35 professionals representing, hospitals, homecare agencies, home health and hospice agencies, Supportive Living Facilities, Assisted Living facilities, rehabilitation care facilities, mental health providers, non-profit social services, park district and higher education institutions.
- There is regular representation from CIAA's funded providers, including Alzheimer's Association, Bradley University Counseling and Research, The Center for Youth and Family Solutions, Prairie State Legal Services and Center for Prevention of Abuse.
- Within the last six months, the Veterans Administration outpatient clinic has been in regular attendance.
- This year CIAA is partnering with the Central Illinois Chapter of the Alzheimer's Association to plan and provide a Caregiver Night-Out and conference to draw upon one another's strengths, provide dynamic speakers, delicious food and a relaxing time for local family caregivers including grandparents raising grandchildren.

AgeOptions: Chronic Disease Self- Management /Diabetes Self- Management Education/Diabetes Self-Management Education (CDSME/DSME): Chronic Disease Self-Management Education (CDSME) programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS and depression. In 2012, the federal Administration on Aging (AoA) began its, Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs, financed through the Affordable Care Act Prevention and Public Health Fund (PPHF). In 2015, AoA awarded a new round of two-year CDSME grants to eight grantees financed by 2015 PPHF funds. AgeOptions, Inc. was one of the grantees. CIAA participated in AgeOption’s CDSME/DSME Illinois Statewide Capacity Assessment and reviewed the partner agreement and expectations.

The Take Charge of Your Health Delivery Partner Meeting-Project (Illinois Pathways to Health) has as its goals to increase the number of people who attend CDSME programs, build capacity by adding new providers, offer CDSME throughout statewide in Illinois, and to sustain all efforts beyond the length of the grant. Ultimately, Illinois Pathways to Health/AgeOptions, Inc. seeks to create a sustainable, integrated, statewide network.

3. Implement a comprehensive outreach campaign to ensure that all potential users of public benefit programs, community-based services and long-term support and their families are aware of both public and private long-term support options.

Central Illinois Agency on Aging routinely participates in community outreach through programs, training events and open houses. These include:

- Hosting “Celebrating Generations” which is attended by over 700 persons of all ages from the six-county service area. Over 100 vendors demonstrate their programs and services sponsoring a table and as well as an employee who can discuss their services, hand out information and answer questions face to face.
- CIAA also participates in many area open houses and programs for seniors where information again is readily available and an employee is on hand to answer and assist.

4. Identify financial and in-kind resources to assist older persons, persons with disabilities and caregivers with individualized in-home and personal services.

CIAA has identified programs and agencies available for either financial or physical assistance to those who are in need.

- Mature Solutions (Community Care Program) regularly calls upon the Information and Assistance of CIAA for referrals sources to assist participants.
- Participants have been assisted with alleviating bug infestation.
- Other clients have been assisted with building ramps or minor home repairs.
- Our CCP has also contacted Advocates for Access for durable medical equipment.

5. Implement an AIRS study group for ADRN partners to enable them to prepare for taking the exam and to relieve anxiety about the testing and credentialing requirements.

Priority Services

CIAA has attempted to identify services that are most needed by older persons. Of greatest importance is continued support of existing services, upon which older persons have come to depend. Through the assessment of older persons' needs, provider service reports of unmet needs focus groups and forums, we learn older persons and family caregivers most need continuation of the following services.

- *ADVOCACY*
- *CARE MANAGEMENT*
- *CHORE/HOUSEKEEPING*
- *CONGREGATE MEALS*
- *COORDINATION*
- *CAREGIVER COUNSELING/TRAINING*
SUPPORT GROUPS
- *ELDER ABUSE SERVICES/ADULT*
PROTECTIVE SERVICES
- *EMPLOYMENT SERVICES*
- *GAP-FILLING: GENERAL SERVICES*
- *RESPIRE FOR CAREGIVERS*
- *CAREGIVER INFORMATION*
- *CAREGIVER ACCESS ASSISTANCE*
- *HOME-DELIVERED MEALS*
- *INFORMATION & ASSISTANCE*
- *LEGAL ASSISTANCE*
- *MEDICATION MANAGEMENT*
SCREENING
- *OMBUDSMAN*
- *OUTREACH*
- *OPTIONS COUNSELING*
- *PROGRAM DEVELOPMENT*
- *TRANSPORTATION*
- *ASSISTED TRANSPORTATION*
- *HEALTH PROMOTION*
- *PHARMACEUTICAL ASSISTANCE*
- *HEALTH INSURANCE COUNSELING*

Funds for priority services are subject to availability under the Federal Older Americans Act and the Illinois Act on Aging through the Illinois Department on Aging. Priority services are available contingent on the availability of funds to Central Illinois Agency on Aging, Inc. (CIAA). In addition to funds available from CIAA, other resources are used to support the total costs of the services. Other resources include program income, other income and local contributions or match. The requirement for match is intended to promote and demonstrate local support for the services.

Service Projections for this Year

Each fiscal year, the Agency develops projections regarding the funded services to be provided to older persons. Projections include the numbers of person expected to be served, and the numbers of units of each of the services expected to be provided during the fiscal year. Service projections for FY 2017 are based on the best information available regarding actual levels of services provided in the past, the desired levels of services to be provided, and funds expected to be available. The following are the Agency's projections of the numbers of persons to be served, and the numbers of units to be provided, by each service, in FY2017.

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS
Caregiver Access Assistance	1,296	2,500
Caregiver Counseling	158	416
Caregiver Information	3,694	700
Caregiver Support Groups	100	278
Caregiver Education & Training	552	668
Chore/Housekeeping	4	12
Congregate Meals	850	64,714
Elder Abuse/Adult Protective Services	**A	23,486
Gap-Filling: General Services	50	50
Gap-Filling: Caregiver	22	22
A Matter of Balance	72	576
Mental Health Screening	50	300
Home Delivered Meals	1,144	213,180
Information and Assistance	25,370	28,902
Legal Assistance	332	1,508
Medication Management Screening	22	23
Ombudsman	6,011	6,222
Outreach	303	376
Respite for Caregivers	70	967
Transportation	360	14,220
Assisted Transportation	60	3,634
CIAA Direct Transportation Service	56	3,426

**Definitions of units of service are listed on next page along with the explanation of Note A for elder abuse services.

Definitions of Units of Service

One hour of staff time, including paid and volunteer, expended on behalf of an older person constitutes one unit of service. This definition is used for advocacy, case management, chore/housekeeping, elder abuse, health promotion, legal assistance, ombudsman, and respite services. For all other services the following definitions apply.

- Each meal provided in a group setting constitutes one unit of service. This definition is used for congregate meals.
- Each time a participant is served constitutes one unit of service. This definition is used for gap-filling services.
- Each meal delivered constitutes one unit of service. This definition is used for home-delivered meals.
- Each initiated contact made by an individual older person or caregiver for information, referral, or assistance constitutes one unit of service. All referral, follow-up, or assistance made by the service provider for the older person or caregiver constitutes one unit of service. This definition is use for Information and Assistance.
- Each one on one contact with another person or caregiver which encourages use of existing services and benefits constitutes one unit of service. This definition is used for outreach.
- Each one-way trip to or from community location per participant constitutes one unit of service. This definition is used for transportation.
- One session will constitute one unit of service per participant. This definition is used for caregiver counseling, support groups, caregiver training and health promotion programs
- One activity will constitute one unit of service. This definition is used for Caregiver Access Assistance.

Note A: Federally funded Elder Abuse Services supplement the state funded direct services to older person. Therefore, only the units of services provided to achieve the goals of OAA Title III-B (E) funding are listed. Persons served are identified in the state funded services.

FY2017 Distribution of Funds by Area and Services

All proposed funding for FY2017 is based upon planning allocations received from IDOA. Federal funds are based upon FY16 funding levels and state funds are based upon the Governor’s proposed budget for FY2017. In the event of any changes to the funding, The Board approved policy to address any increase or decrease in funding is detailed under the section entitled “Funding Possibilities: Should Funds Change.”

TENTATIVE			
AREA and SERVICES	FY16 Funding Levels	FY17 Specified Changes	FY17 Specified Changes
1. Marshall and Stark Counties			
Transportation	15,548	2,461	18,009
Assisted Transportation	5,182	731	5,913
2. Fulton County			
Congregate Meals	0		0
Home Delivered Meals	0		0
Transportation	986	156	1,142
Assisted Transportation	986	139	1,125
Outreach	21,760	1,917	23,677
3. Woodford County			
Transportation	10,878	1,721	12,599
Assisted Transportation	4,756	671	5,427
4. Tazewell County			
Congregate Meals	72,976	-1,447	71,529
Home Delivered Meals	168,312	22,664	190,976
Transportation (Southern)	26,713	4,227	30,940
Assisted Transportation (Southern)	6,506	918	7,424
Outreach	21,760	1,917	23,677
5. Peoria County Outside of City of Peoria			
Congregate Meals	37,148	-2,170	34,978
Home Delivered Meals	105,173	14,051	119,224
Transportation	2,839	449	3,288
Assisted Transportation	568	80	648
Outreach	21,670	2,007	23,677
6. City of Peoria			
Congregate Meals	0		0
Home Delivered Meals	268,895	36,205	305,100

FY2017 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	TENTATIVE		
	FY16 Funding Levels	FY17 Specified Changes	FY17 Funding Levels
7. Peoria County & No. Tazewell County			
Transportation	4,929	780	5,709
Assisted Transportation	6,543	923	7,466
8. Marshall, Stark & Woodford Counties			
Congregate Meals	66,383	0	66,383
Home Delivered Meals	93,081	12,533	105,614
Outreach	19,471	4,205	23,676
9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural			
Congregate Equipment	0		0
Chore/Housekeeping	164		164
Home Delivered Meals Equipment	0		0
Elder Abuse Services	4,657	-37	4,620
Gap-Filling: General Services	2,362	10,000	12,362
Gap-Filling: Caregivers	5,232	-2,000	3,232
Gap-Filling: Respite for Caregivers	13,452	-951	12,501
Caregiver Counseling/Training	41,000	0	41,000
Mental Health Screening	6,644	-275	6,369
A Matter of Balance	8,483	-354	8,129
Legal Assistance	60,528	8,539	69,067
Medication Management Screening & Education	11,993	-157	11,836
Ombudsman	109,276	64,901	174,177
Transportation Unallocated	0	0	0
Options Counseling	6,730		6,730
SUBTOTAL	1,253,584	184,804	1,438,388

FY2017 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	TENTATIVE		
	FY16 Funding Levels	FY17 Specified Changes	FY17 Funding Levels
10. Central Illinois Agency on Aging, Inc.			
Direct Services			
Information & Assistance	131,807	2,000	133,807
Caregiver Information Services	31,714		31,714
Caregiver Assistance Services	68,817		68,817
Caregiver Training and Education	1,000		1,000
Transportation DS	61,319	9,703	71,022
Options Counseling	8,694		8,694
Congregate Nutrition Service – City of Peoria	127,623	-3,618	124,005
Congregate Nutrition Service-Fulton County	69,089		69,089
Home Delivered Meals-Fulton County	121,012	16,296	137,308
Administrative & Administrative Related			
Advocacy	23,860		23,860
Coordination	79,062		79,062
Program Development	104,172		104,172
Administration	192,597	-3,045	189,552
SUBTOTAL	1,020,766	21,336	1,042,102
GRAND TOTAL	2,274,350	206,140	2,480,490

FY2017 Distribution of Funds by Area and Services (cont'd)

	Source of Funds		
	Federal	State	Total
Funded Services, Provided by Local Organizations	631,201	807,186	1,438,387
Direct Services: Provided by CIAA			
Advocacy	23,860	0	23,860
Coordination	79,062	0	79,062
Information & Assistance	79,719	54,088	133,807
Caregiver Information Services	31,714	0	31,714
Caregiver Assistance Services	68,817	0	68,817
Caregiver Training & Education	1,000	0	1,000
Program Development	104,172	0	104,172
Transportation	20,044	50,978	71,022
Congregate Nutrition Services – City of Peoria	124,005		124,005
Congregate Nutrition Service-Fulton County	69,089		69,089
Home Delivered Meal Service-Fulton County	48,068	89,241	137,309
Option Counseling	0	8,694	8,694
CIAA Administration	142,901	46,651	189,552
GRAND TOTAL	1,423,652	1,056,838	2,480,490

FY2017 Distribution of Funds by Funding Source

AREA and SERVICE	Federal	State
1. Marshall and Stark Counties		
Transportation	4,744	13,265
Assisted Transportation	1,300	4,613
2. Fulton County		
Congregate Meals	0	0
Home Delivered Meals	0	0
Transportation	301	841
Assisted Transportation	247	878
Outreach	3,853	19,824
3. Woodford County		
Transportation	3,319	9,280
Assisted Transportation	1,193	4,234
4. Tazewell County		
Congregate Meals	71,529	0
Home Delivered Meals	66,856	124,120
Transportation (Southern)	8,151	22,789
Assisted Transportation (Southern)	1,633	5,791
Outreach	3,853	19,824
5. Peoria County Outside of City of Peoria		
Congregate Meals	34,978	0
Home Delivered Meals	41,777	77,447
Transportation	866	2,422
Assisted Transportation	142	506
Outreach	3,854	19,823
6. City of Peoria		
Congregate Meals	0	0
Home Delivered Meals	106,809	198,291

FY2017 Distribution of Funds by Funding Source (cont'd)

AREA and SERVICE	Federal	State
7. Peoria County & No. Tazewell		
Transportation	1,504	4,205
Assisted Transportation	1,642	5,824
8. Marshall, Stark, & Woodford Counties		
Congregate Meals	66,383	0
Home Delivered Meals	36,973	68,641
Outreach	3,853	19,823
9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural		
Congregate Equipment	0	0
Chore/Housekeeping	164	0
Home Delivered Meals Equipment	0	0
Elder Abuse Services	4,620	0
Gap-Filling: General Services	0	12,362
Gap-Filling: Caregivers	3,232	0
Gap-Filling: Respite for Caregivers	12,501	0
Caregiver Counseling/Training	41,000	0
Mental Health Screening	6,369	0
A Matter of Balance	8,129	0
Legal Assistance	23,789	45,278
Medication Management Screening & Education	11,836	0
Ombudsman	53,802	120,375
Transportation Unallocated	0	0
Options Counseling	0	6,730
SUBTOTAL	631,202	807,186

FY2017 Distribution of Funds by Funding Source (cont'd)

AREA and SERVICE	Federal	State
10. Central Illinois Agency on Aging, Inc.		
Direct Services:		
Information & Assistance	79,719	54,088
Caregiver Information Services	31,714	0
Caregiver Assistance Services	68,817	0
Caregiver Training & Education	1,000	0
Transportation DS	20,044	50,978
Congregate Nutrition Services – City of Peoria	124,005	0
Congregate Nutrition Service-Fulton County	69,089	0
Home Delivered Meals-Fulton County	48,067	89,241
Administrative & Administrative Related		
Advocacy	23,860	0
Coordination	79,062	0
Program Development	104,172	0
Options Counseling	0	8,694
Administration	142,901	46,651
SUBTOTAL	792,450	249,652
GRAND TOTAL	1,423,652	1,056,838

Notes and Funding Details

Note 1 & 2: Fulton County is unique to the six-county area, in that it receives DFI (Donated Funds Initiative) funds for transportation. The amount CIAA fund for Transportation and Assisted Transportation is to cover the gap of older persons needing trips to medical appointments in Peoria.

Note 3: The amount reflected in Elder Abuse Services is the Federal portion only which funds an M-Team and 24 hour availability. State funds, not reflected here, primarily fund the elder abuse program.

Note 4: Federal funding is based on FY2016 funding levels which may be subject to change depending on the Federal budget process. State funding is based upon the Governor's proposed budget for FY2017 and also may be subject to change. In the event of any changes to the funding, The Board approved policy to address any increase or decrease in funding is detailed under the section entitled "Funding Possibilities: Should Funds Change."

Funding Possibilities: Should Funding Change

Following is an explanation of what CIAA will do if the amounts of funds available increase or decrease.

Title III-B, III-C1, III-C2, III-E, GRF-Match, GRF-HDM, and GRF-CBS

Increases

If Title III-B, III-C1, III-C2, III-E, GRF-Match, GRF-HDM, and/or GRF-CBS, funds increase, CIAA will consider the following actions:

1. Review needs to continue existing services, as listed above, at current service levels, and commit funds as determined necessary.
2. If this action is insufficient, the Area Advisory Council and Board of Directors will consider option and make decision accordingly, considering priorities.

Decreases

If Title III-B Community Based Services, III-C1, III-C2, III-E, GRF-Match, GRF-HDM, and/or GRF-CBS funds decrease, CIAA will consider the following actions:

1. Review needs to continue existing services, as listed above, at current service levels, and decrease funds as determined appropriate.
2. Decrease funds that are in excess of beginning fiscal year 2012 levels across-the-board.
3. If the above two actions are insufficient, the Area Advisory Council and Board of Directors will consider options and make decisions accordingly, considering priorities.

Title III-B, III-D, and VII

If Title VII Elder Abuse is increased or decreased, funds allocated for Adult Protective service will change accordingly. If Title III-B and VII Ombudsman are increased or decreased, funds allocated for long term care ombudsman services will change accordingly.

Every dollar of increased Title III-D, unless specifically earmarked, funds will be allocated as follows: \$.20 to Medication Management Screening and Education; \$.35 to Mental Health Screening; and \$.45 to Fall Prevention, A Matter of Balance. Every dollar of decreased Title III-D unless specifically earmarked, funds will be reduced from the following services in the following amounts: \$.20 from Medication Management Screening and Education; \$.35 from Mental Health Screening; and \$.45 from Fall Prevention, A Matter of Balance.

Area Agency Administration and Administratively Related Direct Services

If funds for area agency administration are increased or decreased, CIAA will adjust its internal administrative budget accordingly. CIAA received funds for these administratively related direct services:

- Advocacy
- Coordination
- Program Development

If funds for these services are increased or decreased, funds will be adjusted proportionately across these three services.

Services by Funding Source

Title III-B: Community Based Services – Legal Assistance, Residential Repair & Renovation, Chore/Housekeeping, Transportation, Assisted Transportation, Information & Assistance, Case Management, Gap-filling Services, Adult Protective Services, Ombudsman, Advocacy, Coordination, Program Development, and Administration

Title III-C1: Congregate Meals

Title III-C2: Home-delivered Meals

Title III-D: Health Promotion programs and Medication Management

Title III-E: Caregiver specific services – Information, Assistance, Counseling, Support Groups, and Training & Education

Title VII: Elder Abuse and Ombudsman Services

GRF- Match: State match for Older American Act Administration and Services

GRF-HDM: Home-delivered Meals

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The Central Illinois Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State or Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. What about filing a complaint with CIAA?

For information, call the IDOA Senior Helpline 1-800-252-8966 (Voice and TTY).