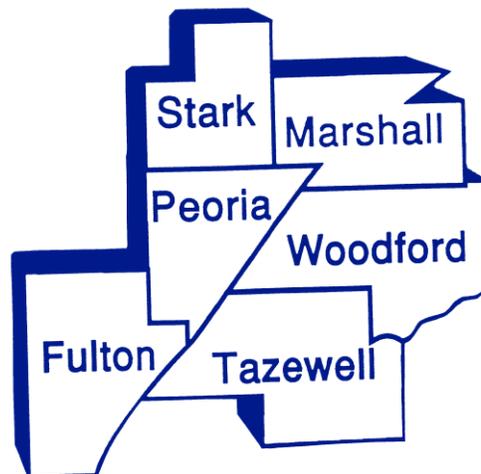


**CENTRAL ILLINOIS AGENCY ON AGING, INC.
700 HAMILTON BOULEVARD
PEORIA, IL 61603**

**PUBLIC INFORMATION
DOCUMENT**

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

PUBLISHED APRIL 24, 2017



**“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 2018 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 8, 2017, Area Advisory Council June 12, 2017 and to the Board of Directors June 26, 2017 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 30, 2017 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

Public Hearings

CIAA will hold three Public Hearings to inform older persons, caregivers, and other interested persons about the proposed FY 2018 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 16, 2017, 10:00 am

Toulon United Methodist Church
229 W. Main Street
Toulon, IL 61483

May 18, 2017, 10:00 am

Spoon River Towers
401 N. Illinois
Lewistown, IL 61542

May 19, 2017, 10:00 am

Central Illinois Agency on Aging, Inc.
700 Hamilton Blvd.
Peoria, IL 61603

Central Illinois Agency on Aging, Inc.

CIAA is an independent not-for-profit organization with a 43 – 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 96,629 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. To best serve our constituents, CIAA funds several services and directly provides others.

Funded services provide the following:

- **ACCESS:** assisted transportation, transportation, and care coordination
- **CAREGIVER:** counseling, respite, support groups, and education
- **COMMUNITY:** congregate meals, disease prevention – health promotion, and legal assistance
- **ELDER RIGHTS:** adult protective services and long term care ombudsman.
- **IN-HOME:** chore, gap-filling, home delivered meals, housekeeping, and outreach.

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, Medicare Part D, weatherization assistance, utility assistance, housing opportunities, employment services, and disaster and 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 services and opportunities that are available within the community
- Assesses needs and problems of persons who seek assistance
- Links persons seeking assistance to available resources in the community
- Follows-up to ensure that the needed services were received, or that the 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.

STATE HEALTH ASSISTANCE PROGRAM (SHAP) AND STATE HEALTH INSURANCE PROGRAM (SHIP)

- 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 many 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 CASE COORDINATION UNIT

- Community Care Program: Provides person centered counseling for Peoria County, 60 or older, physically in need/moderately impaired, must meet asset requirements, and must apply for Medicaid. Services available are Homemaker, Adult Day Services, Emergency Home Response (EHR) and assessment for the Home – Delivered Meal Program.

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 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 evidenced based 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 evidenced based programs addressing a variety of chronic conditions and diabetes 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 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.

A MATTER OF BALANCE FALL PREVENTION PROGRAM

- A Matter of Balance is an evidenced based program based upon research conducted at by the Royal Center for Enhancement of Late – Life Function at Boston University. It is designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.

**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 FY2018 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, through CIAA's "Celebrating Generations" held annually at the Embassy Suites, and CIAA's annual "Caregiver Appreciation Night and Conference" in partnership with the Central Illinois Chapter of the Alzheimer's Association. A CIAA representative is present to speak with any interested consumer about our services and to provide brochures, flyers, and booklets.

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) and furthers the development and implementation of No Wrong Door (NWD).

- 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 focus a person centered approach. 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 indicating that their competencies and related performance criteria meet established national

standards for the field of information and referral. Furthermore, several specialists are specifically certified with an Aging/Disabilities designation, which reflects their working directly with consumers and caregivers within the aging and/or disabilities area and having a special depth of knowledge related to this core consumer group.

- Information and assistance staff which is dually trained 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 can provide gap-filling assistance to meet the immediate need.
- Being Person-Centered each consumer is treated as a unique individual, with dignity, having their own set of needs and capacities. When the nature of the problem requires further, more in-depth evaluation, information and assistance specialists are trained to provide options-counseling. Options counseling involves a longer, more detailed, discussion with the consumer, assisting them to set goals and objectives and identify various alternatives to reach those goals. The consumer is empowered to make their own choices and decisions, and our information and assistance specialists respect whatever decision is made.
- 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.
- 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.
- This FY2017, CIAA continued coordination with the Illinois Department on Aging in the implementation of No Wrong Door (NWD) and the planned FY2018 rollout of the Level 1 Screening of the NWD program. Under NWD persons of all ages will call CIAA and be assessed for a variety of services. CIAA's Information and Assistance Specialists/Person Centered Options Counselors will handle all requests for screening during business hours. CIAA will also participate in training for NWD and an outreach program to build awareness of the services being performed. As the lead

agency for the ADRN and NWD, CIAA has the only Alliance for Information and Referral Services (AIRS) trained and certified Information and Assistance Aging/Disability Specialists in the six-county planning and service area. CIAA will also be in the position to coordinate with and assist NWD Core Partners as Level 1 Screening entities. CIAA estimates that 6,240 level one screenings will be performed during FY2018.

For FY2018, 32,166 persons and 36,246 units are projected to be served, including No Wrong Door screenings. These projections are included in the totals listed on page 54.

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 can 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, can 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 FY2018 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 2,700 units. These projections are included in the total listed on page 54.

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 713 is another means through which caregivers and potential caregivers receive general and specific caregiver information.

For FY2018 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 54.

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 FY2018 service levels for Caregiver Training and Education services provided directly by the CIAA Family Caregiver Information and Assistance Specialist staff are projected as follows: 110 persons and 110 units. These projections are included in the total listed on page 54 of which also include totals provided by contracted providers including Bradley University Counseling Research and Training Clinic and Alzheimer's Association.

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. 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 using a voucher program with City Link. Rural Peoria County will continue to be served through a voucher program with County Link.

CIAA requested a continued direct service waiver 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 FY2018 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 54.

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 provide these nutrition services no longer. 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 45 meals daily.

CIAA anticipates during FY2018 to provide 70 participants 11,250 meals in the City of Peoria. These projections are included in the total listed on page 54.

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 provide these services no longer. The Fulton County program serves at 7 congregate locations serving approximately 60 meals a day and delivering approximately another 100 meals a day. These are approximate daily counts for this program.

CIAA anticipates during FY2018 to provide 280 participants 35,000 meals in Fulton County. These projections are included in the total listed on page 54.

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 Washburn

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 are no waiting lists in any of our six counties. 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 monthly 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 FY2018 to ensure that if a waiting list does occur every effort will be made to secure other resources to assist programs and participants.

It is projected that 253,067 meals will be provided to 1,896 different older persons in FY2018.

FY 2018 Priorities and Future Plans

Although funding at present is insufficient, CIAA has developed strategies to expand home-delivered meals and supportive services 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 regularly to assess the status of services and unmet needs;
- 5) Continue CDSMP, DSMP, ALED, A Matter of Balance, 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, and participate in ADRN Advisory Council meetings to increase nutrition participants and service provider knowledge of NWD;
- 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.
- 11) Continue to inform participants in the HDM program about NWD, available health and social services, and on-going community education events in their community;
- 12) Continue to network with IDOA, CCU's, ADRN, and services providers to continue NWD implementation and to develop the future Community Reinvestment Program (CRP) for PSA 04;
- 13) Increase awareness of services throughout PSA 04 service area.

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
Alzheimer's Association Chapters in Illinois
Bradley University, Counseling, Research & Training Clinic
George Washington Carver Center
Methodist College
MSW Projects of Henry IL
Neighborhood House Association
Prairie State Legal Services
The Center for Prevention of Abuse
The Center for Youth & Family Solutions
We Care, Inc.

OTHER FUNDED PROVIDERS
Advocates for Access
Community Care Systems
Heartland Community Care Clinic
Illinois Valley Center for Independent Living

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 FY2018 planning data provided by the Illinois Department on Aging shows Illinois' total aging population increased by 1.5% from 2,552,902 to 2,590,593 persons, or a total increase of 37,691 persons 60 years or older. In contrast, CIAA's total population of persons 60 years and older increased by 1,858 older persons or 2.0% with the most significant numerical increases in Peoria (735), Tazewell (707) and Woodford (216) Counties. It is also significant to note that total Illinois population decreased by 20,585 people in the same period, thus underscoring the increased need for senior programs.

The 2015 Population Estimates and American Community Survey 2008-2012 data indicate that Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties combined comprised 96,629 persons age 60 years or older with 9,390 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 1.5% from 2,552,902 to 2,590,593 with gains throughout most parts of the state. Only Suburban Cook County showed a decrease in population.

In terms of chronological aging, the 75 years population of Illinois was estimated at a modest increase of 4,780 (0.6%). By comparison CIAA's service area of 75 plus senior remain relatively flat with an increase of 139 people over our 6 counties. While the numbers relative to CIAA's service area and Illinois are relatively small, the percentage of the population is relatively significant. The aging of our service area 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.

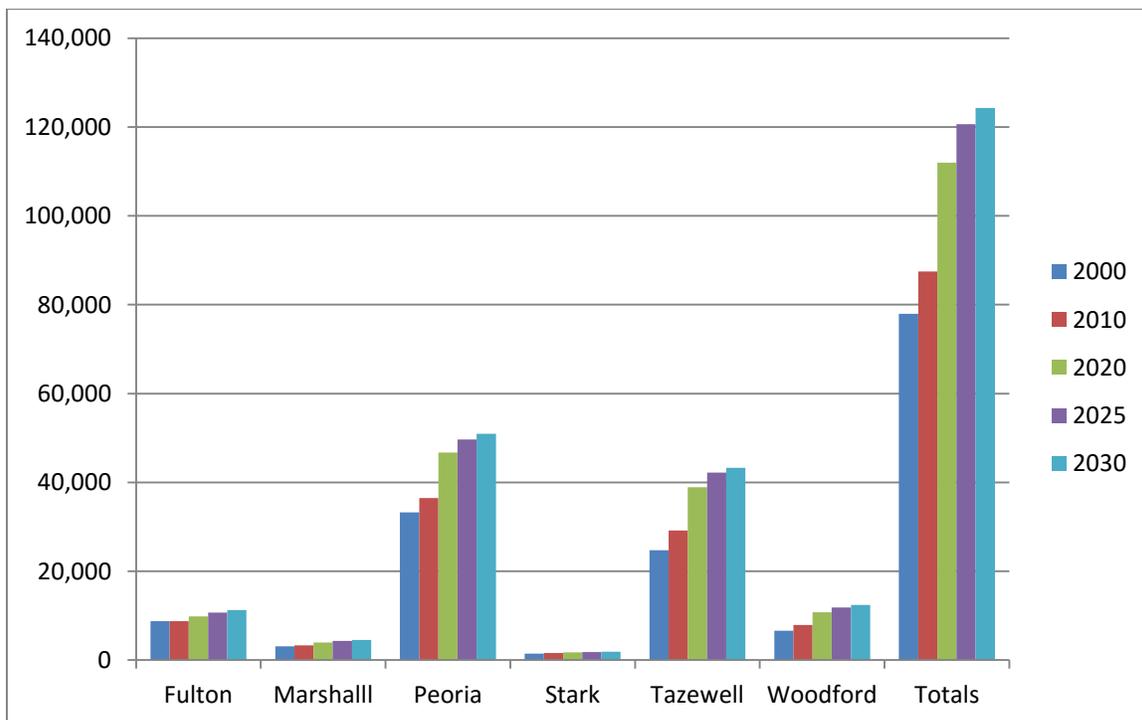
Given the documentation of multiple chronic diseases among the 75 plus and 85 plus populations, this increased aging could trigger the potential for increased needs and

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 because 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 2016

Program/Service

	Total Persons Served	Amount and Type of Service	Comments:
A Matter of Balance	71	209	
Benefits Access and Medicare Part D Pharmaceutical Program	13,240		
Caregiver Counseling	52	216 sessions	
Caregiver I & A Assistance	1,375	2,690 contacts	
Caregiver I & A Information	3,756	724 activities	
Caregiver Support Groups	24	398 sessions	
Caregiver Training & Education	366	455 sessions	
Congregate Meals	934	57,934 meals	
Employment	136		
Gap-Filling: General Services	49	60 units	
Health Promotion-Depressing Screening	52	519 sessions	
Home-Delivered Meals	1,116	176,661 meals	
Information & Assistance	29,373	33,108 contacts	
Legal Assistance	304	1,351 hours	
Long-Term Care Ombudsman	5,465	6,072 units	
Medication Management Screening & Education	19	19 sessions	
Options Counseling	144	494	
Outreach	333	424 units	
Respite for Caregivers	51	918 hours	
Transportation	329	13,656 trips	
Assisted Transportation	47	3,711 trips	

ACCOMPLISHMENTS FOR FISCAL YEAR 2016 (continued)
Program/Service

CONNECTING WITH CONGREGATIONS

	Total Persons Served	
Ecumenical Luncheon	46	This annual event is held to recognize volunteers
New Year's Day Holiday Meals	811	This annual program provides a meal to a homebound senior.

SPECIAL EVENTS

	Total Persons Served	
Celebrating Generations	700	This annual event provides education and entertainment to seniors and their caregivers.
Christmas for Seniors and Persons with a Disability	76	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)	33	These programs are evidence- based programs which are proved to help individuals with chronic diseases and diabetes
Caregiver Conference and Night-Out	99	This event provided education and resource availability for caregivers. The Night-out provided caregivers a social night and included a meal and entertainment.

ACCOMPLISHMENTS FOR FISCAL YEAR 2016 (continued)
Program/Service

SPECIAL EVENTS

Socks for Seniors	250 (estimated)	This program provided socks for seniors in need to Salvation Army Veteran’s Center, Peoria Rescue Mission, and Adult Protective Services’ Long Term Care Ombudsman Program.
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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, measurable 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 and continue to provide support for FY2017 and FY2018. Supporting documentation for new initiatives or programs and services underway are identified as CIAA FY2018 Amendment. The details of all sources are not repeated here but are available upon request.

CIAA FY2018 Amendment: Illinois Association of Area Agencies on Aging (I4A) and Illinois Department on Aging (IDOA) Bimonthly Meetings

President/CEO attends I4A Directors meetings, IDOA bimonthly and other meetings, participates in I4A and IDOA conference calls. The planned meetings and called conference provide an important foundation for implementing policies, planning, program development and coordination requirements for the Long Term Care (LTC), Aging and Disability Resource Network (ADRN), Adult Day Services (ADS), Care Coordination Units (CCU) and No Wrong Door among other programs, services, and initiatives. Major foci for the current three-year planning cycle have been to assist with the ADRN Statewide Initiative, continued development, and implementation of the ADRN in the six-county Planning and Service Area (PSA), and planning toward implementation of the Community Reinvestment Program (CRP). Attendance at meetings, teleconferencing, and webinars are too numerous to summarize. The handouts, minutes of meetings and insights gained have been used to synthesize the information needed to prepare the Area Plan on Aging and its supporting documents.

CIAA FY2018 Amendment: Systems Development Program and Community Care Program Advisory Committee

CIAA maintained staff monitoring and participation in the Community Care Program Advisory Committee (CCPAC) which meets some requirements of the Long Term Care Systems Development Grant (LTCSDG). The CCPAC meets bimonthly and provides information and insight to proposed legislation, pilot programs, changes in home and community services program operations and policies; planning, research, training, and development among other updates from the Illinois Department on Aging. These communications are important to CIAA's planning, program development, coordination, and advocacy activities. In addition, participation in the CCPAC meeting prepare CIAA staff to be available to the CCU's in our PSA 04, providing them with technical assistance, and working together to implement new programs, including the Community Reinvestment Program (CRP) through quarterly meetings with CCUs and No Wrong Door (NWD) through the Aging and Disability Resource Network (ADRN).

CIAA FY2017-2018 Amendment: The Community Reinvestment Program

A major planning, program development and coordination initiative for CIAA during FY2017 and going forward to FY2018 is the Community Reinvestment Program (CRP). The State of Illinois has proposed changes to the Community Care Program (CCP). The CCP program currently provides services to seniors who are eligible for services under either the Medicare or Medicaid programs. Services under this program included Adult Day Services, Emergency Response Services, and In-home Services. To be eligible you must be aged 60 years or older, have assets less than \$17,500 and have an assessed need for long term care as measured by the Determination of Need Assessment (DON).

The State of Illinois's proposed changes is to make the CCP program for Medicaid clients only and they will not see any changes in their level of services. As for the non-Medicaid clients or those on Medicare, they will not receive further benefits under the CCP program but will be eligible under a new program called the Community Reinvestment Program (CRP). Under the CRP program, clients will still receive the basic services provided under the CCP, which include Adult Day Services, Emergency Response Services, and In-home Services. These services will likely be at a reduced level. However, the CRP program can provide for additional benefits which the CCP program did not cover. These can include medication management, money management, pest control, transportation, home modification and emergency services.

The State has proposed the Area Agencies on Aging in Illinois to administer the program. CIAA will be responsible for the program in our six-county service area. The program services and administration are substantial, almost comprehensive, and complex. CIAA will be responsible for securing providers to provide the service under the CRP program, monitor the performance of selected providers, approve care plans, monitor spending, and pay providers for services rendered. All activity on the program will be processed through a new IT program established by the State. The projected startup of the program will be in FY2018 therefore significant planning and program development has taken place this FY2017 and will continue into FY2018.

CIAA FY2018 Amendment: Aging and Disability Resource Network (ADRN) Core Partner and Advisory Committee Meetings

ADRN Core Partners continued to hold meetings/conference calls to facilitate the discussion regarding the implementation of the Community Reinvestment Program (CRP). The discussion involved area needs/unmet needs. ACM, Community Care Systems CCU in Fulton County and Mature Solutions (all three CCU's in this area) developed lists as to the most common needs/unmet need for their CCU and those lists were discussed at the ADRN Core Partner Meetings. CIAA has developed a spreadsheet for each CCU to list the organizations that they work with for their core services. The CCUs also discussed procurement for other needed services, developing a volunteer database, onetime expenses,

transportation, medication issues and flexible spending. These documented exchanges will be used to plan the CRP services and delivery system in this planning and service area.

CIAA FY2018 Amendment: The Dementia Friendly America Initiative

CIAA staff attended a forum sponsored by the Dementia Friendly American Initiative, Illinois Department on Aging and n4a (National Association of Area Agencies on Aging). The initiative is a movement in America to move effectively support and serve those America who are living with dementia and their caregivers. This will represent all sectors of communities and will strive to work with local affiliates, community members, business, and local governments to convene and participate in and support dementia friendly community efforts at local levels. The Central Illinois Agency on Aging will support and utilize resources to participate in this initiative. In the future, this may be a statewide initiative of the Illinois Department on Aging.

CIAA FY2018 Amendment: The 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 most 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.

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, must 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 person 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 from 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 considering ways to help serve 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 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.

- **A Matter of Balance:**

A Matter of Balance is a program designed to reduce fear of falling and increase activity levels among older adults. After completion of the program participants have shown improvements in their level of fall management, fall control, levels of exercise, and social limitations regarding concern about falling.

Local and Statewide Initiatives

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

During FY 2018, the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services will work with other state agencies and service providers to implement the Uniform Assessment Tool and Level 1 Screening Tool. Late last year, the Lewin Group worked with state agencies to finalize a three-year No Wrong Door (NWD) Plan. This NWD Plan will be implemented in FY 2018.

FY 2017 Area Plan-Related Activities for the Statewide Initiative

1. Describe specific program development and coordination activities that the Area Agency on Aging conducted in the continued development of the NWD system in the PSA in FY 2017.

Despite funding challenges over the past two years, Central Illinois Agency on Aging (CIAA) has continued to provide 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, most of which are inherent to the role of Area Agencies on Aging. A partial of program development and coordination activities that have been continued follows.

- CIAA expanded its Executive Level outreach to include ADRN and NWD presentations to coalitions and planning councils in an effort to reach other Executive Level decision makers of agencies and organizations.
- CIAA maintained bimonthly meetings of Aging and Disability Resource Network (ADRN) Core Partners, which include the following major behavioral and mental health service providers within CIAA's six counties and beyond: Human Service Center; Center for Youth and Family Solutions, which also provides outreach services in Fulton and Tazewell Counties.
- The following Critical Pathways/Healthcare Organizations continued to collaborate 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.
- Through Information and Assistance, the Care Coordination Units and ongoing participation in program development and coordination activities, CIAA, as part of the NWD network, maintained a major role in connecting consumers from health care facilities in our area to services provided in the community.

- Heartland Community Healthcare Clinic, 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 maintained its partnership with HCHC under the Senior Health Insurance Program (SHIP) Grant which includes two (2) trained and certified SHIP Counselors to help administer SHIP activities/services to their clients. There are plans to train two (2) more HCHC staff members this year 2017
- Graham Hospital in Fulton County continued to partner with CIAA to provide nutritional meals for seven (7) Fulton County Food and Fellowship Congregate sites as well as home delivered meals (HDM) program thereby enabling a NWD pathway for critical need and homebound older persons.

CIAA continued to collaborate 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 continue collaboration with Illinois Central College’s Occupational Therapy (OT) students on Service Learning Projects on as needed basics.
- CIAA continued coordination with Advance Medical Transport’s 211 system in providing Information and Assistance services, and as an ADRN partner.

2. Describe any Person-Centered training that was conducted for NWD sites in FY 2017.

All training provided through the ADRN is based on the person-centered approach. Agencies/organizations present their services from this orientation. During FY2017 training will be conducted during the third and fourth quarters to include:

Additional formal training planned for the third and fourth quarters of FY2017 based upon consultation with ADRN Core Partners to finalize trainers. Person Centered Care/Approach Training will be extended to following agencies who either have signed MOUs with the ADRN and/or who regularly attend ADRN Advisory Committee meetings:

- CIAA June All Staff Meeting
- Agencies with MOUs: Mature Solutions CCU, ACM Care CCU, Community Care Systems CCU, Advocates for Access. Illinois Valley Center for Independent Living, Neighborhood House, Home Care Personal Services, YWCA of Canton, Center for Prevention of Abuse, Comfort Keepers, Peoria Citizens Committee for Economic Opportunity (PCCEO), Tazwood Mental Health, Human Service Center, Senior World, Peoria Blind Center, Camp Big Sky, Easter Seals of Peoria-Bloomington, Courtyard

Estates, Riverview Senior Community Living, Heartland Healthcare Centers, Alzheimer's Association, Prairie State Legal Services, St. Francis Medical Center, School of Nursing, Home Health Plus, Addus Healthcare, Apostolic Christian Skylines, Care Solutions, and Circle of Life Homecare (These we have MOU's with)

- Other Organizations that come to ADRN: Living by Your Design, Unity Point Methodist, OSF Healthcare, Center for Youth and Family Solutions, Center for Prevention of Abuse Adult Protective Services & Ombudsman, Peoria Veterans Services, Spoon River Home Health Services, and ADA Total Access

Proposed Topics: (1) The Person Centered Service Plan, (2) Building a Person Centered Culture, (3) What is Person Centered Care and Why is it so Important?

Training will be extended and promoted using Caring Connections, ADRN, and Gazette Newsletter email lists, CIAA website and CIAA Facebook.

3. Describe continued activities the Area Agency on Aging conducted in information sharing and cross-training of disability key partners in FY 2017.

This planning and service area has two Centers for Independent Living: Advocates for Access and Illinois Valley Center for Independent Living, both are ADRN Core Partners who meet bimonthly and train both formally and informally through their regular presence and spontaneous input.

Advocates for Access, the Peoria-based CIL is an ongoing training partner for staff as well as the community-at-large. Agencies and organizations continued to meet regularly on a bimonthly basis in an integrated training environment consisting of presenters from health and social services. Since October 2016, trainers have facilitated seminars on (a) ADA Total Access working with caregivers to help loved ones stay independent in their home including installing a ramp; "360 Reach Around," adapting the car to help the caregiver safely transfer and transport; free evaluation of the home to decide with the customer what is needed to improve safety and access and cost estimate. The possibility of offering ramps and stair lifts for monthly rental is being explored.

Other topics and trainers have included representatives from Living by Your Design - "Options for Caregivers of those Under 65 years of Age"; Salem Lutheran Parish Nurse - "Caregivers and Help Managing Aggressive Behaviors"; "Caregiving for Family with Dementia"; and, Central Illinois Chapter of Alzheimer's Association- "Helping Caregivers with Social Security Questions".

The topics recognize that disabilities are both physical and cognitive, and that the issues of persons with disabilities are both specific and general.

4. Describe public outreach and coordination activities that were conducted in FY 2017 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.

The most substantial outreach and coordination occurred through the many health fairs that ADRN partners participate in throughout the year. These health fairs are at various locations and organizations in our six-county service area. It includes our own "Celebrating Generations" held annually at the Embassy Suites and our annual "Caregiver Appreciation Night and Conference" in partnership with the Central Illinois Chapter of the Alzheimer's Association. During these events, representatives are present at their table ready to speak with any interested persons about all services. Brochures, flyers, and booklets describing our services and programs are also available and distributed for follow-up.

- **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.**

The three CCUs in this planning and service area also are ADRN Core Partners who have established and ongoing relationships with nursing homes and other institutions, particularly hospitals and discharge planners as does the Human Service Center, also a mental health ADRN Core Partner. These agencies provide the leadership on MDS Section Q, facilitating various transitions, and specifically programs such as the MFP.

- **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 ADRN has representative trainers from the following hospitals: OSF, UnityPoint, Kindred, Graham, and Eureka who speak to and train on discharge procedures and how to connect with portals to obtain the most accurate information on patients transitioning to the community. Again, having frequent representation and presentations opens lines of communications among all participants, allows for healthy exchanges and correction of misinformation where it exists.

- CIAA will work with each hospital throughout the planning and service area to be more involved in understanding the importance of collaboration with the goal of having each sign an MOU and maintain a regular contact person to the ADRN.

- **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.**

Although CIAA's referrals from the Danville VA have been limited, CIAA is currently working on a VA choice provider agreement with Danville VA.

The Peoria VA is one wherein mental health/PTSD is a major focus and of importance to CIAA. Staff holding down multiple positions, challenges and uncertainties of funding are barriers to moving forward although clearly the local VA is an important partner in education and training through participation in Caregiver Conferences.

FY 2018 Level 1 Screening Activities:

The Area Agency on Aging should also describe any issues (e.g., budgetary, staffing, etc.) that NWD sites in the PSA will experience with the implementation of the Level 1 Screening Tool in FY 2018?

Given that the State of Illinois is planning to implement the level one screening activities of the No Wrong Door System in FY2018, there is concern that NWD agencies have experienced critical funding constraints over the past two years. Budget and staff will be definite issues.

Central Illinois Agency on Aging plans to add additional Information and Assistance staff to handle the increased volume of activity, which will be funded through increased GRF funding. These dollars are included in the State of Illinois funding allocations on page 58. The increased staffing will allow the ability to handle and respond to the influx of persons calling for services.

Some staff reductions have resulted in the loss of experienced personnel, and any resulting need to recruit new staff will create a corresponding need for advances in funding, lead time for hiring and for training. The fact that implementation will be in multiple stages with Central Illinois in the second stage beginning in the fall, approximately two months after the first stage, provides some opportunity to learn from the first phase. CIAA will participate in training through the UIC College of Nursing.

CIAA also has conducted a planning session with core partners in the NWD network. These core partners include; Advocates for Access, Community Care Systems, Illinois Valley Center for Independent Living, ACM Case Management, and Human Services Center. As of result of the meeting, these core partners expressed concern with startup expenses and personnel costs, which has not been addressed by the State of Illinois. CIAA has as a NWD startup allocated funds for core partners to cover training, equipment, and other startup costs. These dollars are included in the funding allocations on page 57.

**FY2017 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 including 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 continue to be important collaborators. Using the ADRN as the primary vehicle for information exchange, CIAA as the lead agency continued to review and respond to the priority issues identified.

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. Although 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, the overriding effect of changes in MCOs has made the concern for CCU and ADS participants the priority. Planned FY2017 and FY2018 information exchange forums prioritized how CCU and ADS service providers managed the impact of changes in MCOs and how these changes have affected their participants and service delivery systems.

The ADRN hosted an OSF Discharge Planning presentation on care transitions during the second quarter of FY2017. The ADRN Core Partners will conduct the planned Information Exchanges during the third and fourth quarters to include status of MCOs in Central Illinois and how CCUs are coordinating with state plans.

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 continues to make Maximum Use of Information and Assistance to assist persons with social and healthcare needs. The relationship developed with discharge planners who contact CIAA's Information and Assistance Specialists to request needed services has been maintained. Our Specialists work with the health care facility staff and/or the consumers directly in providing resource information and assistance to meet their needs through telephone (including conference calling), in-person appointments and walk-ins, e-mail, regular U.S mail, fax, and Facebook. CIAA has added the capability to communicate via Skype on the computer which has enabled visual communication at low or no cost and provides worldwide capability. The ability to contact and communicate through chat, post video recordings on our webpage, Twitter and Instagram continue to be explored as resources permit.

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 collaboration with the CILs has been maintained as Core Partners of the ADRN.

Human Service Center: CIAA has maintained collaboration with Human Service Center as Core Partners of the ADRN. Outreach, education, and training will be continued as resources are available during the remainder of FY2017 and going forward to FY2018.

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.

CIAA Works with the Department of Rehabilitation Services (DORS): As an ongoing endeavor, CIAA is collaborating 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 County Lift 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 ADRN and No Wrong Door
- 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.
- CIAA collaborated 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. The plan is to continue this collaboration going forward.

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. These efforts will continue in FY2018.

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. These efforts will continue in FY2018.

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 has maintained participation in community outreach through targeted meetings of planning and program councils, training events, workshops, and seminars. These include:

- Hosting “Celebrating Generations” which in FY2017 will be attended by over 500 persons of all ages with over 100 vendors demonstrating their social and health services and 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 public health issues.
- 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.

AIRS training is offered to ADRN members and to other agencies who provide information and assistance either formally or informally. The training also was emphasized in the Core Partner meeting with a request to identify agencies they see as important to AIRS training and/or ADRN. Police Departments were recommended; as they often are first responders as are Fire Departments and can refer to services in emergency situations. One candidate for the AIRS A/D certification has almost completed training and ready to take the test to be certified. Additional group AIRS training with ADRN partners Authority will be offered the one day per week 12-week session May thru July 2017. The group training will include other agencies that perform information and assistance such as 211, Veterans Administration Social Workers, Alzheimer's Association, and Peoria Housing Authority.

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.

- *ADULT PROTECTIVE SERVICES*
- *ADVOCACY*
- *CARE MANAGEMENT*
- *CAREGIVER ACCESS ASSISTANCE*
- *CAREGIVER COUNSELING/
TRAINING SUPPORT GROUPS*
- *CAREGIVER INFORMATION*
- *CHORE/HOUSEKEEPING*
- *CONGREGATE MEALS*
- *COORDINATION*
- *DISEASE PREVENTION –
HEALTH PROMOTION*
- *EMPLOYMENT SERVICES*
- *GAP-FILLING: GENERAL SERVICES*
- *HEALTH INSURANCE COUNSELING*
- *HOME-DELIVERED MEALS*
- *INFORMATION & ASSISTANCE*
- *LEGAL ASSISTANCE*
- *LONG – TERM CARE OMBUDSMAN*
- *MEDICATION MANAGEMENT
SCREENING*
- *OPTIONS COUNSELING/ PERSON
CENTERED COUNSELING*
- *OUTREACH*
- *PHARMACEUTICAL ASSISTANCE*
 - ❖ *Benefits Access*
 - ❖ *Medicare Part D*
 - ❖ *Senior Health Insurance Program*
- *PROGRAM DEVELOPMENT*
- *RESPIRE FOR CAREGIVERS*
- *TRANSPORTATION*
- *ASSISTED TRANSPORTATION*

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 2018 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 FY2018.

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS
A Matter of Balance	72	276
Caregiver Access Assistance	1,296	2,700
Caregiver Counseling	159	459
Caregiver Education & Training	537	841
Caregiver Information	3,694	700
Caregiver Support Groups	110	110
Chore/Housekeeping	4	12
Congregate Meals	703	63,151
Gap – Filling: Caregiver	22	22
Gap-Filling: General Services	50	50
Home Delivered Meals	1,896	253,067
Information and Assistance	32,166	36,246
Legal Assistance	340	1,314
Long Term Care Ombudsman	5,340	6,282
Medication Management Screening	76	76
Mental Health Screening	50	300
Outreach	132	232
Respite for Caregivers	70	967
Transportation	366	14,281
Assisted Transportation	70	4,212
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 adult protective 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, adult protective, 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 Adult Protective 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.

FY2018 Distribution of Funds by Area and Services

All proposed funding for FY2018 is based upon planning allocations received from IDOA. Federal funds are based upon FY17 funding levels and state funds are based upon the Governor’s proposed budget for FY2018. 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	FY17 Funding Levels	FY18 Specified Changes	FY18 Funding Levels
1. Marshall and Stark Counties			
Transportation	15,548	702	16,250
Assisted Transportation	5,182	234	5,416
2. Fulton County			
Congregate Meals	0		0
Home Delivered Meals	0		0
Transportation	986	45	1,031
Assisted Transportation	986	45	1,031
Outreach	21,760	0	21,760
3. Woodford County			
Transportation	10,878	491	11,369
Assisted Transportation	4,756	215	4,971
4. Tazewell County			
Congregate Meals	71,529	267	71,796
Home Delivered Meals	190,976	30,205	221,181
Transportation (Southern)	26,713	1,207	27,920
Assisted Transportation (Southern)	6,506	294	6,800
Outreach	21,760	0	21,760
5. Peoria County Outside of City of Peoria			
Congregate Meals	34,978	131	35,109
Home Delivered Meals	119,224	18,857	138,081
Transportation	2,839	128	2,967
Assisted Transportation	568	26	594
Outreach	21,760	0	21,760

FY2018 Distribution of Funds by Area and Services (cont'd)

AREA and SERVICES	TENTATIVE		
	FY17 Funding Levels	FY18 Specified Changes	FY18 Funding Levels
6. City of Peoria			
Congregate Meals	0		0
Home Delivered Meals	305,100	48,255	353,355
7. Peoria County & No. Tazewell County			
Transportation	4,929	223	5,152
Assisted Transportation	6,543	296	6,839
8. Marshall, Stark & Woodford Counties			
Congregate Meals	66,383	248	66,631
Home Delivered Meals	105,614	16,704	122,318
Outreach	19,471	2,289	21,760
9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural			
Congregate Equipment	0	0	0
Chore/Housekeeping	0	0	0
Home Delivered Meals Equipment	0	0	0
Adult Protective Services	4,620	6	4626
Gap-Filling: General Services	2,164	2,500	4,664
Gap-Filling: Caregivers	5,232	500	5,732
Gap-Filling: Respite for Caregivers	14,501	0	14,501
Caregiver Counseling/Training	41,000	0	41,000
Mental Health Screening	7,069	165	7,234
A Matter of Balance	9,029	213	9,242
Legal Assistance	60,528	2,500	63,028
Medication Management Screening & Education	12,236	94	12,330
Ombudsman	145,287	62,489	207,776
No Wrong Door (NWD) Network Startup	0	30,000	30,000
Options Counseling	6,730	0	6,730
SUBTOTAL	1,373,385	219,329	1,592,714

FY2018 Distribution of Funds by Area and Services (cont'd)

TENTATIVE			
AREA and SERVICES	FY17 Funding Levels	FY18 Specified Changes	FY18 Funding Levels
10. Central Illinois Agency on Aging, Inc.			
Direct Services			
Information & Assistance; including NWD	131,807	50,000	181,807
Caregiver Information Services	31,714	0	31,714
Caregiver Assistance Services	68,817	0	68,817
Caregiver Training and Education	1,000	0	1,000
Transportation DS	59,435	1,684	61,119
Options Counseling	8,694	0	8,694
Congregate Nutrition Service – City of Peoria	124,005	464	124,469
Congregate Nutrition Service-Fulton County	69,089	258	69,347
Home Delivered Meals-Fulton County	137,308	21,717	159,025
Administrative & Administrative Related			
Advocacy	23,860	0	23,860
Coordination	79,062	0	79,062
Program Development	104,172	0	104,172
Administration	189,552	914	190,466
SUBTOTAL	1,028,515	75,037	1,103,552
GRAND TOTAL	2,401,900	294,366	2,696,266

FY2018 Distribution of Funds by Area and Services (cont'd)

	FY 2018 - Source of Funds		
	Federal	State	Total
Funded Services, Provided by Local Organizations	630,843	962,129	1,592,972
Direct Services: Provided by CIAA			
Advocacy	23,860	0	23,860
Coordination	79,062	0	79,062
Information & Assistance	61,092	120,715	181,807
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	61,119	0	61,119
Congregate Nutrition Services – City of Peoria	124,469		124,469
Congregate Nutrition Service-Fulton County	69,089		69,089
Home Delivered Meal Service-Fulton County	44,209	114,816	159,025
Option Counseling	0	8,694	8,694
CIAA Administration	143,521	46,945	190,466
GRAND TOTAL	1,442,967	1,253,299	2,696,266

FY2018 Distribution of Funds by Funding Source

AREA and SERVICE	Federal	State
1. Marshall and Stark Counties		
Transportation	3,965	12,285
Assisted Transportation	1,322	4,094
2. Fulton County		
Congregate Meals	0	0
Home Delivered Meals	0	0
Transportation	252	779
Assisted Transportation	252	779
Outreach	5,309	16,451
3. Woodford County		
Transportation	2,774	8,595
Assisted Transportation	1,213	3,758

4. Tazewell County		
Congregate Meals	71,796	0
Home Delivered Meals	61,488	159,693
Transportation (Southern)	6,812	21,108
Assisted Transportation (Southern)	1,659	5,141
Outreach	5,309	16,451
5. Peoria County Outside of City of Peoria		
Congregate Meals	35,109	0
Home Delivered Meals	38,387	99,694
Transportation	724	2,243
Assisted Transportation	145	449
Outreach	5,309	16,451
6. City of Peoria		
Congregate Meals	0	0
Home Delivered Meals	98,233	255,122

FY2018 Distribution of Funds by Funding Source (cont'd)

AREA and SERVICE	Federal	State
7. Peoria County & No. Tazewell		
Transportation	1,257	3,895
Assisted Transportation	1,669	5,170
8. Marshall, Stark, & Woodford Counties		
Congregate Meals	66,631	0
Home Delivered Meals	34,004	88,314
Outreach	5,309	16,451

9. Marshall, Stark, Woodford, Tazewell, Peoria County, and the City of Peoria Fulton County: Rural		
Congregate Equipment	0	0
Chore/Housekeeping	0	0
Home Delivered Meals Equipment	0	0
Abuse Protective Services	4,626	0
Gap-Filling: General Services	1,138	3,526
Gap-Filling: Caregivers	5,732	0
Gap-Filling: Respite for Caregivers	14,501	0
Caregiver Counseling/Training	41,000	0
Mental Health Screening	7,234	0
A Matter of Balance	9,242	0
Legal Assistance	63,028	0
Medication Management Screening & Education	12,236	0
Ombudsman	57,554	150,222
No Wrong Door Network Startup	0	30,000
Options Counseling	0	6,730
SUBTOTAL	665,313	927,401

FY2018 Distribution of Funds by Funding Source (cont'd)

AREA and SERVICE	Federal	State
10. Central Illinois Agency on Aging, Inc.		
Direct Services:		
Information & Assistance	61,092	120,715
Caregiver Information Services	31,714	0
Caregiver Assistance Services	68,817	0
Caregiver Training & Education	1,000	0
Transportation DS	14,912	46,207
Congregate Nutrition Services – City of Peoria	124,469	0
Congregate Nutrition Service-Fulton County	69,347	0
Home Delivered Meals-Fulton County	44,209	114,816
Administrative & Administrative Related		
Advocacy	23,860	0
Coordination	79,062	0
Program Development	104,172	0
Options Counseling	0	8,694
Administration	143,521	46,945
SUBTOTAL	766,175	337,377
GRAND TOTAL	1,431,488	1,264,778

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 Adult Protective Services is the Federal portion only which funds an M-Team and 24-hour availability. State funds, not reflected here, primarily fund the adult protective program.

Note 4: Federal funding is based on FY2017 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 FY2018 and 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 Adult Protective 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, 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: Adult Protective and Ombudsman Services

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

GRF-HDM: Home-delivered Meals

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Central Illinois Agency on Aging, Inc.
700 Hamilton Boulevard
Peoria, IL 61603
Telephone: (309) 674-2071
Fax: (309) 674-3639
Toll-Free 1(800) 777-2422
Web address: <http://www.ciaoa.net>
Facebook: <http://www.facebook.com/ciaoa.illinois>



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).