ILLINOIS DEPARTMENT ON AGING

FY 2013—FY 2015

STATE PLAN ON AGING

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Table of Contents

Executive Summary

FY 2013-FY 2015 Priorities of the IL Department on Aging Page 4

Purpose of State Plan on Aging Page 7

Developing the State Plan on Aging Page 8

Goals, Objectives, Strategies & Performance Measures Page 11

Rebalance Long-term care Page 11

Enhance and Promote Elder Rights Page 16

Improve Access to Public Benefits, Health Care Benefits and Services Page 20

Maximize Federal, State, and Local & Private Resources to Increase Healthy Aging Options & Supportive Services Page 22

Promote Responsive Management, Accountability & Advanced Technologies Page 26

The Aging Network in Illinois

Illinois Department on Aging Page 31

Illinois Council on Aging Page 32

Area Agencies on Aging Page 33

Service Providers Page 34

Designated Planning & Service Areas & Area Agencies on Aging

Planning & Service Areas in Illinois Page 40

Area Agencies on Aging Page 41

Appendices

Appendix A: Age 60+ Population Page 44

Appendix B: Older Adult Services Act & Older Americans Act Page 59

Appendix C: Elder Rights Plan Page 64

Appendix D: Emergency Preparedness Plan Page 74

Appendix E: Intrastate Funding Formula Page 78

Appendix F: % Share of Demographic Characteristics & Weighted Formula by PSA Page 84

Appendix G: Minimum % of Title III-B Funds Toward Priority Services Page 86

Appendix H: FY 2013 Federal, State & NSIP Planning Allocations Page 89

Appendix I: State Program Allocations for FY 2013 Page 92

Appendix J: Area Agency on Aging Proposed FY 2013 Expenditures for Coordination & Program Development Page 94

Appendix K: Fiscal Year 2013 Service Objectives Page 96

Appendix L: Service Preferences Page 98

Appendix M: 2010 Census & 2011 Aging Special Tabulation Information by Planning & Service Area Page 103

EXECUTIVE SUMMARY

FY 2013-FY 2015 PRIORITIES OF THE ILLINOIS DEPARTMENT ON AGING

Rebalance the Long-term care System & Promote Consumer Directed Alternatives to Nursing Home Care

People in need of long-term care will need a range of different services, depending on the type and severity of their disabilities. The demand for alternatives to nursing home care has increased in recent years. Long-term care system change efforts also underscore the need to empower seniors to control and direct their own care. Additionally, baby boomers will demand consumer direction in the services they will receive in the next 20 to 30 years. They will demand that the control of long-term care services be transferred from provider agencies to consumers. Choice and control are both key aspects of any consumer-directed service delivery system. Illinois policy-makers must consider how to satisfy the increasing need for long-term care services not only in terms of providing enough care, but also in terms of providing the type of services that older adults and family caregivers are likely to need and want.

The Department will respond to the settlement of the Colbert litigation which will require a continued and increased emphasis on transitioning nursing home residents into the community, including outreach, prescreening, and added community services.

The Department will continue to expand its activities regarding the Money Follows the Person Program. Supported in part by Medicaid and administered in partnership with the Departments of Healthcare and Family Services, Human Services and Aging, the Money Follows the Person Program is designed to support states creating systems and services to transition Medicaid-eligible persons residing in institutional settings to appropriate home and community based settings, as well as to further the State's overall Long Term rebalancing initiative. Eligible participants must have been in a nursing facility for at least 90 days, and must be enrolled in Medicaid for at least one day before transition. Participants receive Community Care Program services including assistance with one-time expenditures to access available community services (e.g., rental assistance, furniture, and other household goods) and other public benefits.

Attempting to decide where to live as one grows older creates challenges for many older adults. Existing homes need to be modified to make day-to-day living easier for older adults, particularly those with disabilities. The housing industry has attempted to address part of these challenges with the growth of assisted living. However, the shortage of low income housing in rural and urban communities continues to be an issue for many older adults. The Department will address some of this unmet need by expanding the Comprehensive Care in Residential Settings Program to new areas of the State. The Department is also pleased to be working with the Illinois Housing Development Authority and other sister agencies to address housing as a critical issue.

Improve Access to Public Benefits, Affordable Health Care Benefits & Community Based Services

During FY 2012-FY 2015, the Illinois Department on Aging and Area Agencies on Aging will work in collaboration with other state agencies, and aging and disability service providers to plan for the development of statewide coverage of Aging and Disability Resource Centers

(ADRCs) in Illinois. The overall goal is to have statewide coverage of ADRCs by September 30, 2016.

ADRCs serve as a highly visible and a trusted place to go or call for unbiased information and assistance regarding public benefit programs, community-based services and long-term care support services for seniors, caregivers and individuals with disabilities regardless of income source.

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

Modernize Services Offered in the Aging Network

The State of Illinois will evaluate its assessment process that determines eligibility for Medicaid Waiver services. In FY 2013, the Determination of Need (DON) threshold may be increased to 37 points for eligibility for Community Care Program (CCP) services. In FY 2014, the assessment process will be evaluated and may be revised to reflect national best practices.

The service packages offered by CCP may be expanded to include Assistance Technology, Medication Management and other cost effective supportive services. The Department on Aging will work with the Illinois Department of Healthcare and Family Services on expanding the Integrated Care Pilot to long-term care services.

The Department on Aging is also evaluating the potential redesign of older adult access services in Illinois. Under the current case management system, all case management services are provided by CCUs throughout Illinois. This includes eligibility determination for CCP, comprehensive assessments, care planning and monitoring. The Department is evaluating whether to divide the responsibilities of the current care coordination system to have other organizations such as the Area Agencies on Aging perform eligibility determination and associated responsibilities. The case management functions and responsibilities would remain with the CCUs.

Senior centers and congregate meal services will face challenges in preparing to meet the interests and needs of baby boomers. New sources of funding will be required to effectively respond to these challenges. Additionally, there is a need to renovate and update the physical structures and equipment at many senior centers and congregate meal sites.

Promote Healthy Aging Options

Improved prevention efforts in medical care have promoted major increases in life expectancy in the U.S. Increases in life expectancy have caused a change in the leading causes of death among older individuals. The top three causes of death for older adults age 65 or older are heart disease, cancer, and stroke according to the Centers for Disease Control and Prevention. These diseases are often preventable. In order to address the health care needs of older adults, the Aging Network will need to develop and implement evidence-based programs on health promotion, disease prevention, and chronic disease self-management, and continue to provide educational and outreach services about Medicare preventive health services.

According to several surveys, 70% of older workers plan to work into their retirement years. The Department on Aging and Aging Network will continue to advocate for the interests of older workers on statewide and local Workforce Investment Boards and Committees. Additionally,

the Department on Aging and the Area Agencies on Aging will need to work with the private and public sector to develop additional employment opportunities for older workers.

With the aging of the baby boomer generation, it is anticipated that many older adults will seek meaningful civic engagement (volunteer) opportunities. Older adults are in an excellent position to volunteer. In many cases they may have the time as well as the experience and expertise to help in a variety of activities. The Aging Network and communities throughout Illinois will need to attempt to utilize these untapped resources.

Enhance and Promote Elder Rights

The number of elder abuse, neglect and financial exploitation reports continue to increase each year. Additional public awareness will continue to be needed to encourage additional reports. The Department on Aging, Area Agencies on Aging and elder abuse provider agencies will also need to work with other agencies and associations to improve response to older victims of mistreatment.

The role of the Long-Term care Ombudsman Program (LTCOP) to protect and promote the rights and quality of life for long-term care residents will continue to be critical. The program design of regular presence, investigation and resolution services ensures that residents have information about their rights, timely access to the LTCOP and timely responses to complaints and requests for assistance.

Maximize Federal, State, Local & Private Resources to Address the Resource Needs of the Aging Network

The population age 85 and older is currently the fastest growing segment of the older population. The size of this age group is important for the future of the system because these individuals tend to be in poorer health and require more services than the young elderly. With the demographic boom, the need for in-home assistance (e.g., homemaker, adult day service, and home delivered meals) will dramatically increase.

Future levels of federal and state funding for Aging Network services will struggle to keep pace with the need for services. This places greater numbers of older adults at-risk of isolation, inadequate services, increased hospitalization, and institutionalization.

Promote Responsive Management, Accountability & Advanced Technologies

The Department on Aging will improve its information technology by enhancing its website to include an information and assistance database by geographic area which will link older adults, caregivers to available services and benefits. The Department will work with the Governor's Office and other state agencies to implement the information Technology Framework for social service agencies. The Department will also provide innovative training to the Aging Network through regional workshops, online courses, conferences and other staff development opportunities.

The Department will work with the Governor's Office of Management and Budget and other state agencies to maintain quality performance measures and Budgeting for Results indicators for long-term care and other community based services. The Department will also develop standards of quality for CCP services consistent with federal CMS guidelines and ensure related Quality Assurance monitoring activities.

PURPOSE OF THE STATE PLAN ON AGING

The three-year Illinois State Plan on Aging is the planning document that the Illinois Department on Aging produces to guide Older Americans Act-related programmatic activities and services for older adults, family caregivers and grandparents raising grandchildren and direct the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. The Plan establishes priorities and identifies Department on Aging initiatives in fulfilling its overall mission to serve and advocate for older Illinoisans and their caregivers.

In order to be eligible to receive funds under Title III of the Older Americans Act, Section 307 of the Act requires the State to submit to the Administration on Aging (AoA) a State Plan on Aging which meets the criteria established by AoA through federal regulations. Each State agency has been afforded the opportunity by AoA to develop its own format for the State Plan and to determine the effective duration of the Plan (i.e., two, three, or four years). In a recent Program Instruction (AoA-PI-11-06), AoA has requested State Units on Aging to include measurable objectives, which address three focus areas in the State Plans on Aging. The three focus areas include the following:

- **Older Americans Act (OAA) Core Programs**—OAA core programs are encompassed in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs), and serve as the foundation of the national aging services network.

  The State Plan must address plans to strengthen or expand Titles III and VII services, as well as how these services will be integrated with AoA discretionary programs.

- **AoA Discretionary Grants**—For AoA discretionary grants such as Aging and Disability Resource Centers (ADRCs), Evidence-Based Disease and Disability Prevention Programs, the State Plan must address measurable objectives that include integration of these programs with OAA core programs.

- **Consumer Control and Choice**—The State Plan must also address planned activities to support consumer control and choice across the spectrum of long-term care services, including home, community and institutional settings.

In responding to the three focus areas, State Units on Aging are expected to discuss their leadership role in developing comprehensive service systems for older individuals, caregivers and persons with disabilities served through Aging and Disability Resource Centers. The Administration for Community Living (ACL) also wants State Units on Aging to address how the State will take advantage of opportunities offered through the Affordable Care Act. Questions that should be considered are:

- What are Illinois' goals, initiatives and priorities for home and community based services?
- What is Illinois' current capacity (e.g., workforce, fiscal outlook, etc.) to meet those goals?
- What challenges will Illinois face and how are these being addressed through measurable objectives?

DEVELOPING THE STATE PLAN ON AGING

The Illinois Department on Aging has elected to develop a three-year plan, which follows by one year the planning cycle established for Illinois' Area Agencies on Aging in the development and administration of their Area Plans. The statewide initiative, T*he Enhancement of Illinois' Existing Aging and Disability Access Network Through Improved Collaboration and By Adoption of Coordinated Point of Entry (CPoE) and Aging and Disability Resource Center Standards*, and other Area Plan initiatives as outlined in the current Area Plans have been incorporated into this FY 2013-FY 2015 State Plan on Aging.

In recent years, significant Illinois Aging Network planning activities have occurred with the mandates of the state Older Adult Services Act. The State Plan on Aging represents planning commitments by the State regarding the Older Adult Services Advisory Act and the planning activities of the Older Adult Services Advisory Committee. The Older Adult Services Act was amended in 2009 by the authorization of PA 96-0248. This legislation mandated that the Department on Aging and the Departments of Public Health and Healthcare Family Services develop a plan and implementation schedule to restructure the State's service delivery system for older adults. After a two-day retreat, the Older Adult Services Advisory Committee developed a plan which contained the following nine goals, as well as objectives for each goal, and timelines for each objective.

1. Improve funding for home and community-based services programs.
2. Improve transition and integration between medical, hospital and long-term care systems and settings.
3. Improve access to long-term care services through comprehensive pre-admission assessment screening, and options counseling.
4. Ensure service allocation equity and improve the service package.
5. Increase caregiver support.
6. Facilitate access to supportive housing options and affordable housing.
7. Improve home and community based quality management systems.
8. Convert excess nursing home facility capacity.
9. Maximize the use of technology to support policy development and delivery of long-term care services.

Public Act 93-0975 requires the production of a State Health Improvement Plan (SHIP) every four years that is prevention-focused and includes priorities and strategies for health status and public health system improvements in Illinois. It also must address reducing health disparities. Legislation was introduced and passed the General Assembly that created an Implementation Coordination Council that provides further definition of priorities and action steps to engage stakeholders in collaborative activities to achieve SHIP objectives and promote the plan as a common agenda for health improvement across Illinois.

Department on Aging representatives served on the SHIP Planning Team and a Department on Aging representative serves on the SHIP Implementation Council. The Department on Aging incorporated some of the priorities and strategies of the Illinois State Health Improvement Plan 2010 into the FY 2013-FY 2015 State Plan on Aging.

Additionally, the Department on Aging has established priorities as outlined in its FY 2012-FY 2015 Strategic Plan. These strategic priorities and initiatives have been also included in the FY 2013-FY 2015 State Plan on Aging.

The development of the FY 2013-FY 2015 State Plan on Aging has included major planning activities to gather input in the development of goals and priorities of the Illinois Department on Aging, as outlined below:

- Using planning activities and priorities of the Illinois Department on Aging in the development of the FY 2012-FY 2015 Strategic Plan.

- Using planning activities of the Older Adult Services Advisory Committee and its Plan to Restructure the State of Illinois Service Delivery System for Older Adults.

- Using planning meetings of the Illinois Department on Aging and other state agencies to respond to federal initiatives and the state initiative to rebalance the long-term care system in Illinois.

- Conducting meetings with advisory groups such as Illinois Council on Aging, Elder Abuse, LTC Ombudsman Program, Nutrition, Family Caregiver and Lifespan Respite Task Force.

- Conducting a two-day retreat on statewide implementation of Aging and Disability Resource Centers with the 13 Area Agencies on Aging.

- Using planning activities of the 13 Area Agencies on Aging as documented by the Area Plans submitted to the Illinois Department on Aging.

- Sharing the Public Information Document (PID) with a wide group of organizations, associations and advisory groups in order to seek public input.

- Placing a copy of the PID on the Department's web site.

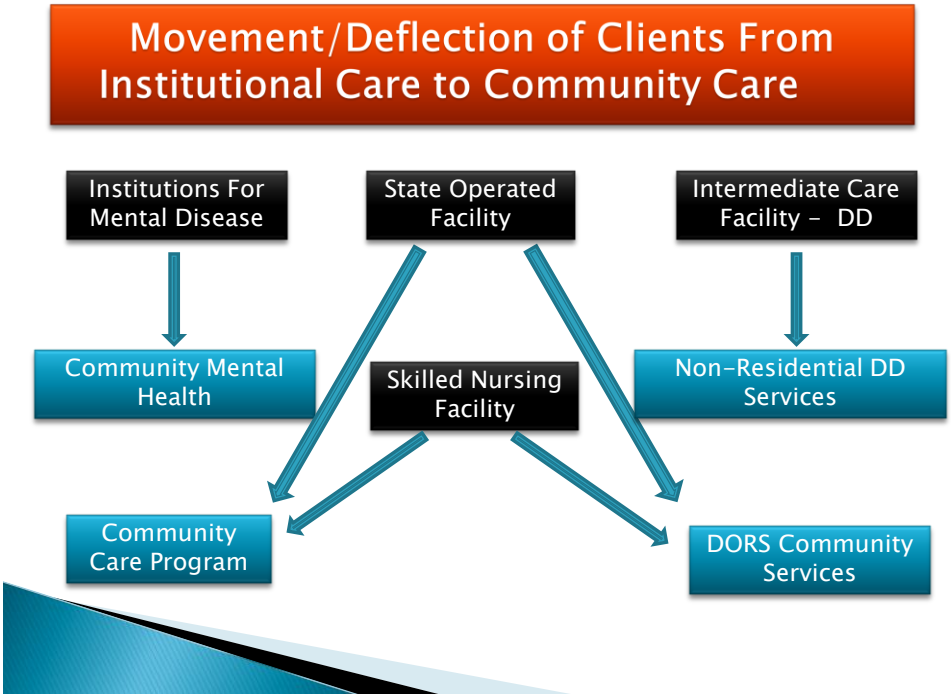
- Conducting three public hearings to receive final input on the draft State Plan on Aging.

- Finalizing the State Plan on Aging based on comments received during the hearings and follow-up written comments.

The Governor's Office has started a major initiative to move/deflect older adults and individuals with disabilities from institutional to community care. The Department on Aging's array of supportive community services keeps older adults independent and reduces cost to the State by avoiding or delaying costly institutional placements. As Illinois continues to struggle with a serious budget deficit, home and community-based services are a cost effective and efficient use of limited State dollars. The information on the next two pages was developed by the Governor's Office of Management and Budget which outlines the goals of Governor Quinn. These goals are also reflected throughout the FY 2013-FY 2015 State Plan on Aging.

ILLINOIS' FOCUS ON COMMUNITY-BASED CARE

- A statewide system that encourages providers to help older adults and individuals with disabilities become more functional and capable.
- A coordinated point of entry.
- A common participant assessment tool across disabilities, that includes nursing homes, so that participants with similar needs can be compared across the spectrum of care.
- A uniform set of services, with independently verified assurance that older adults and individuals with disabilities receive only the services they need, when they need them.
- A payment structure that encourages older adults and their families to do as much as possible for themselves.
- A quality assurance system that reviews eligibility, assessments, and service delivery routinely.



GOALS, OBJECTIVES, STRATEGIES & PERFORMANCE MEASURES

Goal 1	**Rebalance Illinois' long-term care system to enhance in-home and community-based services for older adults and their caregivers.**

Objective 1.1: ***Improve access to sustainable in-home and other community-based services and participant-centered service options for older adults to prevent and delay institutionalization.***

Strategies:

- Continue collaboration and plans to improve the State's long-term care system with other state agencies, Area Agencies on Aging, the Older Adult Services Advisory Council, the Illinois Council on Aging, and other special committees and task forces.
- Conduct informational and planning meetings with Area Agencies on Aging, CCUs and other stakeholders on the impact of managed care on long term care services.
- Expand Community Care Program (CCP) service options to include Assistive Technology, Medication Management, and other cost effective supportive services.
- Evaluate the potential implementation of Service Task Parameters for CCP in-home services to ensure appropriate service delivery and utilization of service hours.
- Expand enrollment in the Pathways to Community Services (formerly known as the Money Follows the Person Program) initiative by improving access and care options that enables successful re-entry to in-home and community-based services.
- Direct resources to collaborate with other state agencies and stakeholders to implement provisions of the Affordable Care Act to strengthen in-home and community-based service options for older adults and individuals with disabilities.
- Continue to support development and implementation of a comprehensive state plan that assures older adults live in the most integrated settings possible consistent with the Olmstead Decision.
- Seek timely amendments and approval of the 1915(c) Medicaid Waiver to incorporate program enhancements and reform measures to leverage available Federal Financial Participation.
- Develop effective public education and advocacy initiatives that promote long-term care services and benefits.
- Develop conflict-free case management systems, and assess and improve CCP eligibility determination processes, and care coordination infrastructure to improve service delivery for older adults and their caregivers.
- Administer and explore the viability of demonstration projects to enhance CCP services with best practices and cost effective service delivery models.
- Support reauthorization of the federal Older Americans Act and expanded federal and state resources to address unmet needs.
- Expand participant-directed in-home and community-based services to maximize participant choice.

<u>Objective 1.2</u>: Establish Aging and Disability Resource Centers on a statewide basis to assist older adults and persons with disabilities access public benefits and community-based services.

Strategies:

- Enhance relationships with the Centers for Independent Living throughout Illinois.
- Establish guidelines and continue to work with Area Agencies on Aging and their Aging and Disability Resource Center (ADRC) Advisory Councils.
- Continue to share information and conduct cross-training events with organization within the disability network.
- Establish guidelines and continue to work with Area Agencies on Aging on the development of working agreements with key partners.
- Establish guidelines and work with other human service state agencies and Area Agencies on Aging to have formal working partnerships with Department of Human Services local offices.
- Develop a common intake tool to be used by the ADRC service system with the input of Area Agencies on Aging, CCUs and Centers for Independent Living.
- Continue to develop and implement training sessions on the ADRC service system and public benefit programs with the input of Area Agencies on Aging, CCUs and Centers for Independent Living.
- Identify a brand for the ADRC service system with input from partners and stakeholders.
- Continue to develop and implement a statewide outreach and marketing plan (including private pay) with Area Agencies on Aging, state agencies, disability network partners, and the Coalition for Limited English Speaking Elderly.
- Develop guidelines with Area Agencies on Aging, and update and maintain the web-based Enhanced Service Program (ESP) resource database and/or other databases.
- Continue to promote AIRS training, certification and accreditation among ADRCs.
- Develop ADRC standards with input from other human service state agencies, Area Agencies on Aging, and Centers for Independent Living.

<u>Objective 1.3</u>: Promote Aging and Disability Resource Centers as the key access point for older adults, persons with disabilities and family caregivers and grandparents raising children to gain access to community-based services.

Strategies:

- Incorporate additional information about the needs of family caregivers, grandparents raising children, older caregiver issues and available services in ADRC training and case management training.
- Work with chronic disease, disability network and Alzheimer's disease associations and organizations to coordinate family caregiver outreach and educational activities offered through the Aging Network.
- Work with the Area Agencies on Aging and the Caregiver Advisory Committee to evaluate the effectiveness of the National Family Caregiver Support Program in meeting the needs of caregivers and professionals assisting families in their caregiving roles.
- Work with the Aging Network to provide ongoing technical assistance to organizations and other state agencies in accessing services for grandparents raising children, older individuals and family caregivers.
- Work with human service state agencies to provide a coordinated referral system for kinship families at the state and local levels.

- Continue to work with the Department of Children and Family Services (DCFS) to build interagency collaboration and conduct cross-training with DCFS personnel.
- Promote the development of dementia capable community based services through education and training.
- Continue to document the gaps in respite services and advocate for additional funding for respite services (including emergency respite services) to enable family and other informal caregivers to meet their caregiver responsibilities.
- Continue to facilitate training, information exchange and technical assistance through the Lifespan Respite Program.
- Develop a statewide caregiver assessment tool to be used by ADRCs and caregiver specialists in collaboration with Area Agencies on Aging and service providers.
- Clarify federal regulatory requirements for completing the Minimum Data Set (MDS) in nursing facilities for respite participants.
- Establish guidelines to improve the consistency in respite services.
- Continue to explore the roles of nursing facilities, adult day centers and hospitals as respite providers.
- Study options to expand the availability of home health services.
- Explore and implement evidence-based and consumer-directed caregiver programs and best practices.

***Objective 1.4*: Encourage policies to improve access and expand availability of housing with supportive services for older adults.**

Strategies:

- Collaborate with the Illinois Housing Development Authority and the Illinois Department of Healthcare and Family Services for the acquisition and maintenance of the housing locator system and statewide housing coordinators.
- Develop partnerships with Area Agencies on Aging, consumer housing advocates, service providers and advocates to develop an advocacy and education agenda on the need for affordable housing for older adults (including housing options for older adults with Alzheimer's disease and related dementias), family caregivers and grandparents raising grandchildren.
- Support expansion of affordable assisted living options.

***Objective 1.5*: Conduct periodic rate and other cost efficiency studies of in-home and community-based services.**

Strategies:

- Conduct periodic CCP rate and other cost studies and work with external entities to complete related studies.
- Advocate and secure adequate funding to maintain sustainable in-home and community-based services.

***Objective 1.6*: Expand and improve transportation options for older adults and individuals with disabilities.**

Strategies:

- Work with the Interagency Coordinating Committee on Transportation (ICCT), Rural Transit Assistance Center (RTAC), Human Services Transportation Plan (HSTP)

Coordinators, Illinois Department of Transportation (IDoT) and the Area Agencies to coordinate transportation at the State and local levels across Illinois.

- Collaborate with the RTAC, IDoT, HSTP Coordinators and the Area Agencies to develop and implement mobility management and travel training programs for older adults and other demographic groups needing transportation services.
- Maintain the inter-agency agreement with the Illinois Department of Human Services to assist them with ongoing functioning of their Social Services Block Grant (Donated Funds Initiative) for senior transportation.
- Participate in IDoT's Advisory Group for their Federal Transit Administration demonstration project called "One Click Center," a Veteran's Transportation and Community Living Initiative.
- Participate in the ICCT State Oversight Committee to make funding recommendations to IDoT on the Job Access and Reverse Commute Program (Section 5316) and new Freedom Program.
- Publicize and assist Area Agencies, service providers and other community organizations providing transportation services to access RTAC/IDoT driver safety training courses.
- Advocate for adequate resources that address transportation gaps.

***Objective 1.7*: Support the development and implementation of best practices for care transition interventions between institutional and community settings.**

Strategies:

- Complete the activities of the AoA Care Transition Grant with AgeOptions, Care Coordination Units (CCUs), Progress Center for Independent Living, Adventist La Grange Memorial Hospital, Rush University Medical Center and MacNeal Hospital in PSA 13.
- Work with other Community Based Care Transition initiatives funded by the Centers for Medicare and Medicaid Services (CMS).
- Evaluate service needs and the process to expand effective care transitions throughout Illinois.

***Objective 1.8*: Continue to implement provisions of the Colbert Consent Decree in collaboration with other human service agencies.**

Strategies:

- Work with other state agencies and the Governor's Office to develop implementation plan in consultation with court monitor.
- Complete class member evaluation for transition targets as specified in the Decree.
- Meet class member transition annual benchmarks and community transition schedule.
- Complete information dissemination and outreach to class members about their rights to in-home and community-based settings and service options.
- Identify and establish required operating protocols, training resources, staff personnel and related activities to secure successful transitions with housing and supportive service arrangements.

***Objective 1.9*: Sponsor and administer Alzheimer's disease training and outreach initiatives for the Aging Network and family caregivers.**

Strategies:

- Co-sponsor and administer training events on older adults with Alzheimer's Disease for caregivers on available care options in central Illinois and Cook County.
- Expand working relationships with Illinois Alzheimer's Disease Association and other stakeholders.
- Promote the development of dementia capable community based services through education and training.

***Objective 1.10*: Promote trauma-informed care for effective behavioral health services to assist older adults with mental health needs.**

Strategies:

- Collaborate with the Illinois Department of Human Services to identify intervention services for older adults with depression.
- Identify training opportunities for caregivers to assist older adults with mental health and other behavioral concerns.
- Work with the Illinois Department of Human Services to identify and implement evidence-based methods to assist older adults and family caregivers.

Objective	Performance Measure	Target Date
1.1, 1.5	% of Medicaid LTC dollars spent on institutional and in-home and community-based care for persons age 60 and older.	Annually
1.1, 1.3, 1.4, 1.7	# of persons receiving Community Care Program services as an alternative to nursing home placement.	Annually
1.1	% of Community Care Clients enrolled in Medicaid.	Annually
1.1	Amount received in Federal Financial Participation through administering the 1915(c) waiver for the Community Care Program as a percent of total cost.	Annually
1.1	Trends in services, including nursing home beds, per 1000 persons 65 and older years of age by county/or Area Agency on Aging Planning and Service Area (PSA).	Annually
1.1	# of Choice for Care screens to delay or prevent unnecessary institutionalization.	Annually
1.1	# of nursing home residents transitioned from nursing home care to home and community-based services each year.	Annually
1.2	ADRCs are established on a statewide basis.	Sept. 2016
1.2	# of ADRC personnel AIRS certified.	Ongoing
1.2	Development of a statewide intake tool.	Sept. 2013

1.3	% of older adults in Illinois receiving Older Americans Act services.	Annually
1.3	% of family caregivers receiving supportive services.	Annually
1.3	# of meetings between the Caregiver Advisory Committee, Lifespan Respite Task Force and Alzheimer's Disease associations to identify and promote outreach and educational activities.	Ongoing
1.3	Development of an uniform assessment tool with input from the Caregiver Advisory Council.	Sept. 2014
1.3	Continue to support the efforts of the statewide Task Force on Grandparents and Other Relatives Raising Children.	Ongoing
1.3	# of Older Caregiver training conducted for Department of Children and Family Services personnel.	Ongoing
1.1, 1.4	% of home and community-based services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.	Annually
1.4	Number of state supported affordable housing units for older adults with supportive services.	Annually
1.6	ICCT report on accomplishments to coordinate transportation services in two rural counties left (out of 35 rural counties) without public transportation.	Annually
1.6	Review Job Access and Reverse Commute Program (Section 5316) and New Freedom Program (Section 5317) statewide applications and make recommendations through the ICCT State Oversight Committee	Annually
1.8	# of comprehensive assessments/MFP screens completed to achieve benchmarks for the Colbert Consent Decree.	Annually
1.8	# of older adults transitioned from nursing homes to approved community settings pursuant to the Colbert Consent Decree.	Annually
1.9	# of training events between Department on Aging, Area Agency Caregiver Advisors and Alzheimer's Disease Associations.	Ongoing
1.10	Trauma-informed care training is conducted for Aging Network personnel.	Sept. 2014

Goal 2	**Advocate for the protection of the rights of older adults, both those residing in the community and those residing in licensed nursing facilities, and ensure that safeguards are in place to reduce their risk of abuse, neglect and exploitation.**

<u>Objective 2.1</u>: Protect older adults by strengthening inter-agency collaboration to prevent elder abuse, neglect and exploitation, and increase public awareness.

Strategies:

- Provide training for healthcare professionals on identifying the indicators of elder abuse and their role in reporting abuse.

- Support the development of elder abuse fatality review teams on a regional basis to promote communication and cooperation among State's Attorney's office, law enforcement, coroner's offices and elder abuse provider agencies to identify and prevent elder abuse fatalities.
- Promote public awareness of elder abuse, neglect and exploitation, and conduct outreach and marketing initiatives on a statewide basis.
- Facilitate the mandated training of financial institution staff to recognize the indicators of financial exploitation and their understanding of the mechanism for reporting suspected financial exploitation of older adults to the Elder Abuse and Neglect Program.
- Work with financial institutions and utility companies to provide information to the public on financial exploitation, scams and fraud.
- Facilitate the development of a protection network with banking, business and governmental entities to strengthen the prevention of financial exploitation, scams and frauds against older adults in Illinois.
- Adopt rules, protocols, and policies and procedures for the implementation of a program to respond to and assess reports of self neglect.
- Provide collaborative training through coordination with the Office of the Attorney General, the State Triad, the Department of Human Services and the Illinois Family Violence Coordinating Councils.
- Promote the statewide adoption of a uniform protocol for prosecutors in responding to victims of elder abuse, neglect and exploitation.
- Assist in the development of the Cook County Elder Court and Elder Justice Center.

***Objective 2.2*: Strengthen the capacity of the elder abuse provider agencies to respond to reports of elder abuse, neglect and exploitation, and to promote the prevention of abuse neglect and exploitation of older adults.**

Strategies:

- Increase the capacity of the provider network to respond to reports of suspected abuse, neglect and exploitation through improved and consistent methods of intake, assessment, case plan development and follow-up.
- Increase the capacity of the provider network to respond to reports of self neglect, contingent upon sufficient funding through on-going enhancement of the program's training curriculum.
- Continue to provide support and increase training of the aging network, state departments and other mandated reporters on issues surrounding the prevention, detection, reporting, reduction of risk, and elimination of abuse.
- Support the continued use of multi-disciplinary teams to support the provider agencies on difficult cases.
- Support the use of early intervention services in order to expedite the safety and welfare of the older adult.
- Continue to collaborate with the Office of Attorney General on training initiatives for law enforcement, Aging services and financial institutions to promote consumer protection for older adults.

***Objective 2.3*: Strengthen authority and capacity of the Illinois Long Term Care Ombudsman Program (LTCOP) and maximize the program services to meet the needs of older adults residing in long-term care facilities.**

Strategies:

- Strengthen the LTCOP by complying with the requirements of the Illinois Administrative Procedure Act to promulgate new rules for the Illinois LTCOP.
- Strengthen the LTCOP Standards, Procedures and Practice Manual to support the obligations of the Office of Long Term Care Ombudsman.
- Strengthen collaboration and relationships between the LTCOP and Illinois State Police and other law enforcement agencies on reporting suspicious deaths, alleged abuse and neglect in long-term care facilities.
- Maintain participation with the Office of Attorney General's Operation Guardian which conducts unannounced visits to nursing homes to ensure the health and safety of nursing home residents, and increase participation with the Senior Medicare Patrol.
- Secure adequate state and federal funds to support implementation of recent nursing home reform legislation.
- Improve the ratio of ombudsmen to licensed beds to meet the recommended federal ratio of one FTE paid ombudsman to 2,000 licensed beds.
- Provide outreach and education to nursing home staff, residents and families on the Pathways to Community Living Program (formerly MFP) and provide referrals of eligible long-term care residents to local coordinating agencies.
- Explore the role of the LTCOP and nursing facilities when promoting ADRCs.
- Strengthen data management of the Ombudsman Program within the Framework Project Initiative.

Objective 2.4: Create a legislative and outreach plan to advance resident rights.

Strategies:

- Support legislation to increase the personal needs allowance for persons in long-term care settings.
- Amend the Illinois Act on the Aging and other applicable laws as well as promulgate administrative rules to incorporate authority of the LTCOP to serve residents in licensed facilities.
- Evaluate and report on the cost/benefit of having volunteers to maintain the LTCOP.

Objective 2.5: Improve the credibility, value and accountability of services provided by the Long Term Care Ombudsman Program.

Strategies:

- Strengthen the required certification training curriculum for LTCO.
- Examine the LTCOP role in the Medicaid managed care program. Continue to support the collaboration between the Long Term Care Ombudsman Program and the Pathways to Community Living Program (formerly Money Follows the Person Program).
- Strengthen quality data management of the Residents Right to Know Act and the Consumer Choice Information Reports of Illinois.
- Improve LTCOP transparency by posting the ombudsman registry on the Department on Aging's web site.

Objective	Performance Measure	Target Date
2.1	Establish an Elder Abuse Fatality Review Team (EAFRT) Advisory Committee to provide guidance on the expansion of EAFRT's regionally and to make recommendations on strategies designed to improve the coordination of services.	September 2013
2.1	Facilitate financial institutions' compliance with the training requirement for their employees by making the B*SAFE training available and easily accessible.	Ongoing
2.1	Establish a task force of key stakeholders to address the issue of financial exploitation of older adults in Illinois, including scams and frauds.	December 2012
2.1	Host an elder financial abuse summit in conjunction with the 2013 Elder Rights Conference.	July 2013
2.1	Increase the number of referrals to and from law enforcement by 10% over three years.	September 2015
2.1	Partner with the Office of Attorney General to train Elderly Services Officers at least two times annually through plan period.	Annually
2.1	Work collaboratively with the Illinois Family Violence Councils on establishing protocols for prosecutors who handle elder abuse cases, provide training throughout the state related to the protocols, and promote statewide adoption of protocols.	September 2015
2.2	Work collaboratively with research team through the National Institute of Justice Grant to develop, test and implement a Decision Support System for the intake, assessment, case plan development and follow-up for elder abuse reports and investigations.	Ongoing
2.2	Continue to support the collection of statewide data regarding the incidence of self-neglect through the use of Vulnerable Older Adults reports.	Ongoing
2.2	Continue to promote and support the 24-hour elder abuse hotline.	Ongoing
2.2	Continue to support the use of multi-disciplinary teams for each elder abuse provider agency.	Ongoing
2.2	Continue to provide initial caseworker, Phase II, supervisor's and re-certification training throughout each year of plan period.	On-going
2.2	Continue to provide annual statewide Elder Rights Conference and partner with State Triad in providing annual Triad Conference.	Annually
2.2	Continue to support the use of early intervention funds as necessitated to preserve safety and welfare of victims of abuse and neglect.	Annually
2.2	Continue to support an annual public awareness campaign at state and local level, targeting different key audiences.	Annually
2.3 & 2.5	Rewrite Level One and Level Two LTCOP certification trainings and implement on-line certification trainings for LTCO.	May 2013
2.4	Develop community education on residents' rights and long-term care issues targeted toward law enforcement personnel and mental health specialists.	Ongoing
2.3	Revise the LTCOP Standards, Procedures and Practice Manual and put into practice on a statewide basis.	February 2013
2.4	Increase the number of certified paid long term care ombudsmen to reach the bed ratio of 1 FTE paid LTCO to 3,500 licensed beds.	June 2013

2.3	Continue to work cooperatively with the Office of the Attorney General on the Residents' Right to Know Act and the Operation Guardian noncompliance checks of nursing homes.	Ongoing
2.3	Increase systemic advocacy efforts by engaging more family members, older adults living in licensed facilities, friends of residents, and the Illinois Long Term Care Council membership in the mission of the Long Term Care Ombudsman Program.	Ongoing
2.3	Promulgate new Administrative Rules for the LTCOP.	September 2013
2.5	Make available on the IDoA website, the official LTCOP registry to enable the public to independently verify than an individual is a designated representative of the Office of the LTCOP.	January 2013

Goal 3	**Improve access to available public benefits, affordable health care benefits, and community based services for older adults.**

***Objective 3.1*: Work with the Senior Health Insurance Program (SHIP) and Area Agencies on Aging to improve public benefit outreach to older adults and individuals with disabilities through the Aging Network.**

Strategies:

- Collaborate with the Senior Health Insurance Program (SHIP) and the Illinois Department of Healthcare and Family Services on annual training for Aging Network organizations on Medicare Part D, Social Security's Low Income Subsidiary Program, and Medicare Savings Programs.
- Work with SHIP, Area Agencies on Aging and SHAP sites to expand Medicare Part D counseling to older adults and persons with disabilities that have lost benefits due to the elimination of Illinois Care Rx Program.
- Work with Area Agencies on Aging to maintain service targets for participating SHAP sites.
- Continue to provide leadership and direction to the Senior Pharmaceutical Review Committee, the Governor's Office and General Assembly to improve pharmaceutical assistance for older adults and individuals with disabilities.

***Objective 3.2*: Continue to expand SHAP outreach to include Medicare Savings Programs, Extra Help and other public benefit programs.**

Strategies:

- Work with the Area Agencies on Aging and SHAP sites to expand outreach activities and enrollment events to assist older adults gain access to public benefits.
- Work with SHIP, Make Medicare Work Coalition, Latino Outreach Network, Centers for Independent Living, faith-based organizations, Coalition of Limited English Speaking Elderly (CLESE), Family Caregiver Resource Centers, medical clinics and other organizations on scheduling enrollment events to provide one-on-one counseling.

- Work with the RSVP program and faith-based organizations to recruit volunteers to assist at enrollment events.
- Expand Aging Disability Resource Center and Senior Health Assistance Program (SHAP) outreach to include preventive health benefits available under Medicare.

***Objective 3.3*: Implement Options Counseling on a statewide basis at all Aging and Disability Resource Centers.**

Strategies:

- Complete activities of the AoA Options Counseling Grant with Area Agencies on Aging, CCUs and Centers for Independent Living and other organizations involved in the grant.
- Adopt minimum statewide standards for Options Counseling with the input of Area Agencies on Aging, CCUs and Centers for Independent Living.
- Develop statewide standard tools for intake, training and follow-up protocols with Area Agencies on Aging, CCUs, and Centers for Independent Living.
- Provide Options Counseling training to all ADRC staff.
- Develop and implement a public educational plan with Area Agencies on Aging and Centers for Independent Living and other ADRC partners on the importance of planning for future health and long-term care needs, and available Federal and state benefits and long-term care options.

***Objective 3.4*: Ensure adequate program efficiency measures and streamlined access to sustainable public benefits.**

Strategies:

- Review, streamline and strengthen the financial and functional eligibility processes for long-term care services in collaboration with other state agencies by including new measures such as a new minimum DON score requirement for services, a new assessment tool for long-term care services, and establishment of an income standard for CCP.
- Evaluate and re-design the case management system to focus on conflict free case management.
- Assess and implement an income standard for CCP and review ongoing cost sharing opportunities.
- Implement coordinated and standardized intake and screening processes for all long-term care services.
- Partner with other agencies to make improvements to the pre-screening and de-institutionalization processes to prevent and minimize unnecessary institutionalization, and to ensure that persons admitted to nursing homes for short term stays can return to the community.
- Participate in Illinois' Framework Project designed to expedite and simplify access services and improve program management.
- Develop tools with other human service state agencies to enable ADRC staff to assist older adults with completing applications to public benefit programs.
- Develop uniform criteria for ADRCs to assess risk of institutionalization placement.
- Equip ADRCs to track individual eligibility status throughout the eligibility determination and redetermination processes.

Objective 3.5: ***Collaborate on the State's implementation of the Long-Term Care Partnership Program.***

Strategies:

- Work with the Illinois Department of Healthcare and Family Services and the Department of Insurance to launch marketing and outreach events on the benefits of long-term care insurance.
- Work with the Illinois Department of Healthcare and Family Services and the Department of Insurance to provide training to Area Agencies on Aging and Aging Network service providers on the benefits of long-term care insurance.

Objective	Performance Measure	Target Date
3.1	# of older adults assisted with Medicare Part D enrollments.	Quarterly
3.1	# of Medicare Part D related training events conducted for SHAP sites.	Annually
3.2	# of older adults assisted with Medicare Savings Program applications.	Quarterly
3.2	# of older adults assisted with Extra Help applications.	Quarterly
3.2	# of older adults receiving influenza and pneumonia vaccinations.	Annually
3.2	# of older adults educated about Medicare prevention benefits.	Quarterly
3.3	Statewide standards are adopted on options counseling.	Sept. 2013
3.3	# of ADRC staff trained on options counseling.	Ongoing
3.3	Options Counseling is implemented on a statewide basis.	Sept. 2016
3.4	Statewide assessment tool is developed.	Sept. 2014
3.5	# of training events for Aging Network personnel on the Long Term Care Partnership Program.	Annually
3.5	# of outreach events on the Long Term Care Partnership Program.	Annually

Goal 4	**Maximize federal, state, local and private resources to increase healthy aging options and supportive services for older adults.**

Objective 4.1: ***Maximize use of Medicaid waivers to leverage improved Federal Financial Participation (FFP) for in-home and community based services.***

Strategies:

- Increase the number of CCP participants enrolling in Medicaid to generate additional Federal Financial Participation (FFP) to direct toward senior services.
- Continue interagency collaboration with IDHS to establish co-location projects to streamline access to long-term care services.
- Conduct joint training programs with local DHS offices and local CCP providers on CCP eligibility requirements and available service options.

Objective 4.2: Partner with human services agencies on Innovation initiatives and implement managed care options for in-home and community-based services.

Strategies:

- Collaborate with the Department of Healthcare and Family Services and the Department of Human Services to implement long-term care rebalancing initiatives to move eligible recipients for comprehensive medical benefits across long-term care programs to risk-based integrated care options.
- Identify and map eligibility determination, DON determination, prescreens, re-determinations, and care coordination responsibilities among managed care organizations and current Aging Network.
- Assess budgeting and funding mechanisms to support transfer in and out of managed care options and traditional fee-for-service plans.
- Identify data collection identifiers for participating participants, and for reporting and auditing purposes under the Medicaid waiver.
- Identify required waiver amendments, administrative rules, IT system edits, training needs, and other policy administrative support functions for effective implementation and communication with participants and providers.

Objective 4.3: Maintain active involvement in the Veteran-Directed Home and Community Based Services Program, and work with the Aging Network and the Veteran's Administration to expand the initiative.

Strategies:

- Collaborate with the federal Veteran's Administration and the Aging Network to acquire funding and other resources to maintain the Veteran-Directed Home and Community based Services Program.
- Develop and work on outreach activities with partner agencies to educate eligible persons and caregivers about the program.

Objective 4.4: Acquire grants to improve long-term care options for older adults and to identify new opportunities for the Aging Network.

Strategies:

- Improve efficiency of the Department's grants management functions and processes.
- Identify available grants and advise Aging Network of partnership opportunities to enhance programs and services for older adults and family caregivers.
- Apply for grant opportunities and develop relationships with social services, academic and other organizations to identify research and demonstration projects and collaborative partnerships to plan, administer, evaluate and/or improve long-term care services.

<u>Objective 4.5</u>: Promote healthy and active lifestyles among older adults.

Strategies:

- Promote and expand civic engagement and volunteer opportunities for older adults.
- Coordinate with SHIP and Medicare programs to encourage older adults to participate in preventative service options.
- Work with the Area Agencies and Nutrition Advisory Council to evaluate methods to expand consumer choice options and modernize the congregate meal program to provide more menu choices, lighter menus and flexible serving times for younger and diverse older adults.
- Expand nutrition education services in the congregate meal and home delivered meal programs.
- Measure the outcomes of nutrition services through collaborative activities with Area Agencies on Aging and nutrition providers which will include participant surveys.
- Work with the Department of Human Services, Area Agencies on Aging, and service providers on the Senior Farmers' Market Nutrition Program.
- Conduct training for Area Agencies on Aging on the evidence-based service delivery models that are available for implementation in the planning and service areas.
- Organize and conduct a healthy aging conference with Area Agencies on Aging and other organizations to develop a plan that supports the healthy aging initiative.
- Work with the Illinois Department of Public Health on evidence–based services such as the Chronic Disease Self Management Program and other health promotion programs.
- Work with the Area Agencies on Aging to conduct a full evaluation of the provision of Title III-D services.
- Work with Area Agencies on Aging on compliance issues with AoA's requirement that Title III-D funds must be used for evidence-based health promotion services.
- Work with Area Agencies on Aging and local service providers on developing service interventions that meet locally identified needs and are documented to be effective in reducing the risk of disability and/or disease for older individuals. Potential service interventions can include proper nutrition, physical exercise, medication management, disease self-management, smoking cessation, falls prevention and screening for arthritis, cancer and depression.
- Recruit volunteers with RSVP, senior centers, and faith-based organizations to assist in implementing the service delivery models.
- Advocate for increased federal and state funding to support disease prevention and health promotion programs.
- Strengthen inter-agency collaboration to promote the expansion of healthy aging service delivery models and health care system coordination in all areas of Illinois.
- Serve on the Illinois Interagency Nutrition Council, which promotes health and wellness through nutrition education, coordination of services and access to nutrition programs so that Illinois' older adults can achieve food security.
- Coordinate services with the Department of Human Services to provide opportunities for professional, consumer and government agencies to work together toward improving the availability, accessibility and quality of mental health preventive and treatment services available to older adults and their families.
- Identify and work with private and public sector organizations, businesses, foundations, and other funding sources to advocate for increased targeting of resources for mental health and aging services and programs.

- Work with the Illinois Department of Public Health to implement State Health Improvement Plan goals and objectives that relate to older adults.

***Objective 4.6*: Expand employment and training opportunities for older adults in the private and public sectors.**

Strategies:

- Continue to meet existing Senior Employment Service Employment Program (SCSEP) performance measures in addition to new measures established by the U.S. Department of Labor.
- Continue to evaluate whether SCSEP sub-grantees are meeting placement goals on a quarterly basis.
- Coordinate with the national contractors to achieve optimal equitable distribution of authorized SCSEP slots allocated annually by the U.S. Department of Labor.
- Collaborate with Local Workforce Investment Boards, the Illinois Department of Employment Security offices, Illinois WorkNet Centers and Veteran's offices to promote employment opportunities for older adults.
- Develop and implement a new State Employment Plan per U.S. Department of Labor requirements.

Objective	Performance Measure	Target Date
4.1	% of Medicaid LTC dollars spent on institutional and home and community-based care for persons 60 and older.	Annually
4.1	% of Community Care Clients enrolled in Medicaid.	Annually
4.2	% of long term care clients enrolled in managed care options.	Annually
4.3	# of veterans enrolled in the Veteran-Directed Home and Community Based Services Program.	Annually
4.4	Grant receipts in federal funds to administer demonstration projects and new initiatives to improve access and availability of in-home and community-based services for older adults.	Annually
4.5	# of persons placed in RSVP.	Quarterly
4.5	# of persons receiving nutrition education services.	Annually
4.5	# of older adults participating in the Senior Farmer Market program.	Annually
4.5	# of older adults receiving evidence-based health promotion services.	Annually
4.6	# of older adults enrolled in SCSEP.	Quarterly
4.6	% of SCSEP participants entering unsubsidized employment.	Quarterly

Goal 5	Promote responsive management, accountability, and advanced technologies.

<u>Objective 5.1</u>: Improve the Department on Aging's information technology infrastructure, security standards, and data collection and reporting capabilities.

Strategies:

- Maintain a modern IT infrastructure and implement adequate policies to ensure reliable operations and data processing capacity, maintenance, security standards and recovery plans.
- Enhance billing components of eCCPIS for service providers and CCUs by the incorporation of CMIS within the Department's applications environment.
- Complete Medicaid waiver reporting requirements and increase the availability of electronic CCC/CCP forms.
- Continue training for the Aging Network on Comprehensive Care Coordination (CCC) and All Willing and Qualified (AWAQ) requirements; provide technical assistance, and produce innovative and technology enhanced training modules.
- Improve the availability and query options of CCP online reports to Department staff, Area Agencies on Aging, CCUs and providers to achieve better access to required data and management reports.
- Improve data collection and reporting systems for Area Agency on Aging services.
- Develop a web-based system for the Senior HelpLine and the After Hours Intake Agency for transmitting abuse, neglect and exploitation intakes to elder abuse provider agencies.

<u>Objective 5.2</u>: Enhance the Department on Aging's website to provide online documents and information and assistance by geographic area to link older adults, caregivers and individuals with disabilities to services and benefits.

Strategies:

- Lead the development of an improved user-friendly and accessible website for older adults, persons with disabilities and caregivers with service inventory and public query options.
- Maintain ESP to improve the ability to counsel older adults and caregivers on available service options by geographic planning and service areas, and encourage wider usage of such technology across the Aging Network.
- Retain adequate and proficient IT staff to develop, maintain and update information network databases and user-friendly web applications for agency staff, Aging Network and the general public.

<u>Objective 5.3</u>: Collaborate and implement the Framework Project to address the information technology needs of state human service agencies.

Strategies:

- Identify and report system needs to support the Department's programs.
- Help create broad base project design specifications.

- Work with consultants to develop and implement an information system to have accurate, seamless, and real-time participant intake processes for social service agencies.
- Collaborate on developing an integrated data warehouse to enable agencies to establish the foundation for decision support, program reports, and program evaluation and management.

***Objective 5.4*: Ensure effective operations and good customer service.**

Strategies:

- Ensure adequate staffing levels to carry out the Department's mandates and increased need for services by older adults.
- Align staff with the Department's programmatic priorities and service mandates.
- Maintain and utilize the management dashboard throughout the Department to plan and oversee policy initiatives as well as monitor and guide service outcomes.
- Foster and promote superior professional development and cross-training opportunities for staff within Divisions and at senior levels of management.
- Institute a training program to improve management capacity for senior staff and designated personnel in key programmatic, budgetary and management positions and operations to improve effectiveness.
- Foster good employee morale through longevity recognition, training, improved work environment and upward mobility.
- Maintain the appropriate utilization of positions in accordance with the Annual Affirmative Action/Employment Opportunity provisions and related statutory and administrative provisions in order to ensure adequate diversity at all levels and well-qualified bilingual staff in frontline service areas of the Department.
- Maintain current audit plans and ensure adequate internal and external fiscal controls and current administrative rules, policies and procedures for agency Division and major programs.
- Secure agency location for the Circuit Breaker/IL Cares Rx Division in order to streamline business operations, contain costs and maximize current resources.

***Objective 5.5*: Maintain current statewide contingency plans and training events to respond to disaster declarations and to improve access to services after a disaster.**

Strategies:

- Partner with IEMA to develop and provide ongoing disaster training to the Area Agencies on Aging.
- Provide Introduction to the Incident Command System training to Department on Aging staff and the Area Agencies on Aging with IEMA.
- Provide Continuity of Operations Training to the Area Agencies on Aging and other stakeholders.
- Coordinate development of MOUs with IEMA and Area Agencies on Aging to provide Mutual Aid to Area Agencies on Aging that need assistance with disaster situations.
- Collaborate with Area Agencies on Aging and service providers in developing their plans to comply with FEMA's Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.
- Evaluate the Area Agency on Aging disaster plans to assure that they will assist the American Red Cross in assessing the functional needs of evacuees.

***Objective 5.6*: Ensure timely determination of provider reviews and participant appeals, and management of participant services.**

Strategies:

- Review and implement quality improvement tools for CCUs and providers to examine participant/family satisfaction, staff and community agency surveys, and agency program and service reviews.
- Ensure scheduled and timely reviews of Area Agencies, CCUs and providers and consider the feasibility of using contracted entities to perform some of the reviews.
- Review procedures and improve tracking process for service incident reports.
- Ensure compliance with federal CMS All Willing and Qualified provider guidelines and administer related training for CCP providers.
- Consolidate and enhance the Department's provider contract databases and provider directories.

***Objective 5.7*: Develop and maintain performance objectives and targets for providers and grantees that are aligned to the Illinois Department on Aging's strategic priorities.**

Strategies:

- Work with the Governor's Office of Management and Budget and other state agencies to maintain quality performance measures and Budgeting for Outcomes indicators for Department services.
- Establish standards of quality for CCP consistent with federal Centers for Medicare and Medicaid Service (CMS) guidelines and ensure Quality Assurance monitoring activities.
- Work with the Area Agencies on Aging, Illinois Older Adult Services Advisory Committee, Illinois CCU Council, Community Care Program Advisory Council (CCPAC) and other stakeholders to periodically report and monitor policy proposals and service outcomes.
- Maintain quality reporting of service efforts and accomplishments and a strong commitment to transparency through mechanisms which include the Public Accountability Report, Area Agency on Aging Area Plans and Annual Reports.

Objective 5.8*: Administer the** procurement system for the Community Care Program.***

Strategies:

- Promulgate the Comprehensive Care Coordination administrative rules for CCP.
- Seek legislative authority to collect training and other necessary fees to administer an effective training program for CCP.
- Expand and implement additional monitoring resources to maintain active presence and field operations.

***Objective 5.9*: Provide innovative training to the Aging Network through regional workshops, online course, conferences, and other staff development opportunities.**

Strategies:

- Implement the new CCP training programs and online training modules.
- Continue training conferences for all network providers and Area Agencies on Aging that demonstrate innovate service delivery models for aging programs and services.

- Develop a certification program for homecare supervisors and evaluate similar training and certification opportunities for direct care staff that provide CCP services.
- Provide staff development opportunities through partnerships with other State agencies.
- Explore the development of online training of LTCOP Level One and Level Two certification training.
- Develop a web-based system to integrate and maintain the consumer choice information reports under the Resident's Right to Know Act.

Objective	Performance Measure	Target Date
5.1	Develop/review a plan to upgrade IT infrastructure with the latest technology.	Annually
5.1	Review IT policies to ensure maximum efficiency.	Annually
5.1	Develop a plan to build intake and case management software in eCCPIS to eliminate the local Case Management Information System (CMIS).	TBD
5.1	Review Medicaid waiver reporting requirements.	Annually
5.1	Add functionally in eCCPIS to collect elder abuse, neglect and exploitation intakes for elder abuse provider agencies.	December 2012
5.1	Complete the upgrades to the data warehouse servers and software to increase capacity and improve report options.	TBD
5.2	Develop a plan to modify the Department's public Internet site to include inquiry features for services.	TBD
5.2	Review current ESP software capabilities to determine if the software can be expanded for additional usage by the Aging Network.	TBD
5.2	Provide software training to current IT staff.	June 2013
5.3	Participate in the Framework information gathering workshops for Human Service Agencies.	Ongoing
5.3	Proceed with the data warehouse initiative of the Department's Long Range Information Technology Plan.	TBD
5.3	Participate in the Human Services Frames project to develop a participant intake system for social service agencies.	Ongoing
5.4	Maintain staff levels at the Department.	Ongoing
5.4	# of training events for Aging personnel.	Annually
5.5	Conduct Incident Command System and Continuity of Operations training sessions for the AAAs and their service providers to be provided by IEMA locally.	Annually
5.5	Facilitate and work with the American Red Cross to organize and provide PSA-wide training with the AAAs and their service providers to assess the functional needs of evacuees in ARC shelters.	Annually
5.6	# of CCP provider and CCU reviews conducted.	Ongoing
5.7	Development of performance measures for key Department programs.	December 2012
5.8	Review procurement rules as related to Comprehensive Care Coordination services to ensure all contractual obligations are met.	Ongoing

5.8	Continue provider management trainings charging service providers to cover cost of trainings prior to execution of agreements.	Ongoing
5.8	Review site reviews prior to execution of agreements.	Ongoing
5.9	Implement online protocol to administer certification for Community Care Program Case Coordinators.	Fall 2012
5.9	# of Care Coordinators and Homemaker Supervisors trained.	Annually
5.9	Conduct CCP Supervisor's Conference, Elder Rights Conference, Care Coordinator's Conference, Governor's Conference on Aging.	Annually
5.9	Collaborate with the experienced Homecare Association members to develop homecare certification for supervisors and direct care staff via IDoA Education Grants in FY13 and FY14.	September 2014
5.9	Serve on IATC (intra-agency training council) which maintains the training clearinghouse website open to all state employees. Maintains reported data on IDoA staff trainings.	Ongoing

THE AGING NETWORK IN ILLINOIS

THE ILLINOIS DEPARTMENT ON AGING

The Illinois Department on Aging was created by the State Legislature in 1973 for the purpose of improving the quality of life for Illinois' senior citizens by coordinating programs and services enabling older persons to preserve their independence as long as possible. It is the single State agency in Illinois authorized to receive and dispense Federal Older Americans Act funds, as well as specific State funds, through Area Agencies on Aging and community-based service providers.

The legislative mandate of the Illinois Department on Aging is to provide a comprehensive and coordinated service system for the State's approximately two million older persons, giving high priority to those in greatest need; to conduct studies and research into the needs and problems of the elderly; and to ensure participation by older persons in the planning and operation of all phases of the system. In fulfilling its mission, the Department on Aging responds to the dynamic needs of society's aging population through a variety of activities including:

- Planning, implementing and monitoring integrated service systems;
- Coordinating and assisting the efforts of local community agencies;
- Advocating for the needs of the State's elderly population; and
- Cooperating with Federal, State, local and other agencies of government in developing programs and initiatives.

The Illinois Department on Aging's administrative structure reflects the major areas of activity required to fulfill the agency's legislative mandate and overall mission. In addition to the Executive Office, the other organizational units in the Department are the Division of Community Relations and Outreach, the Division of Finance and Administration, the Division of Planning, Research & Development, the Division of Home and Community Services and the Division of Circuit Breaker/Illinois Cares Rx.

The **Executive Office** provides leadership in administering Department programs and is responsible for implementing the Department's strategic plan. The Executive Office consists of four administrative support units: the Offices of General Counsel, Legislative Affairs, Chief Internal Auditor and Human Resources. Along with developing strategic objectives and policies on quality long-term care and other health care needs, the Executive Office serves as an advocate on behalf of seniors and their caregivers to the state and federal governments, as well as providers and advocates comprising the Aging Network.

The **Division of Planning, Research and Development** is responsible for monitoring and analyzing the Community Care Program utilization and spending, and leading the Department's efforts to reform long-term-care. Specific areas of responsibility include: forecasting and cost analysis; strategic planning and performance metric reporting; program design and evaluation; and managing the Home and Community Based Service Medicaid waiver for the Community Care Program. The Division is also charged with the development and monitoring of demonstration projects that test alternative home and community based service delivery models, maintaining public and private partnerships, identifying private and government funding

opportunities for new programs and services, and working collaboratively with Department staff and external stakeholders to respond to funding opportunities.

The **Division of Home and Community Services** is responsible for all field and administrative support functions for the Department's Community Care Program, Older Americans Act services and other state funded services. These programs include: homemaker, adult day service and case management services, as well as information and assistance, transportation, home-delivered meals, congregate meals, support to senior centers and other services mandated under Title III and Title VII of the federal Older Americans Act. The Division works to protect the rights of older adults through the Office of Elder Rights and the Office of the State Ombudsman. This Division also includes the Office of Training and Development, which provides programmatic and technical training to case coordination units, Department staff and members of the Aging Network throughout the state.

The **Division of Finance and Administration** reaches all areas of the Department providing needed internal support for carrying out the day-to-day internal functions of the Department such as preparing and monitoring the annual budget, providing an information technology infrastructure and systems that are reliable, long-term, financially viable and secure. The Division processes procurement and grant agreements in accordance with the Illinois Procurement Code, maintains the Department's equipment inventory and vehicles, and performs a variety of fiscal and accounting duties including preparing payroll, works with auditors and completes a variety of reports to the federal government and other state agencies.

The **Division of Community Relations and Outreach** develops and carries out the Department's statewide information, education and advocacy initiatives; plans and oversees statewide events that educate the public and the aging network about programs and policies that affect older people and their families; promotes understanding of the Department and its mission; directs and oversees all assistance and advocacy performed by the Senior Helpline through its toll-free telephone assistance operation and conducts speaking engagements throughout the state. The Division designs marketing strategies for special projects; develops and implements outreach efforts at the Illinois State Fair, health fairs and other special events. The mission of the Division is to understand the needs of the diverse cohorts of elders in the state and serves each in the most appropriate and sensitive manner possible.

The **Division of Circuit Breaker and Pharmaceutical Assistance** administers the Circuit Breaker and Pharmaceutical Program which provides enhanced economic well-being for Illinois Citizens, ages 65 and above or disabled individuals between the ages of 16 and 65. Eligible applicants and their spouses can receive benefits of an annual property tax grant, Illinois Cares Pharmaceutical Assistance, license plate discount and a disabled or seniors ride free transit card. The Circuit Breaker and Pharmaceutical Assistance Program processed over 420,000 applications in FY 2011 that resulted in 377,698 approvals for a property tax relief grant, 255,127 for Illinois Cares Rx, 103,794 for Disabled Ride Free, and 253,874 for Seniors Ride Free; while all beneficiaries also qualified for a license plate discount.

ILLINOIS COUNCIL ON AGING

The Illinois Act on the Aging mandates that the Department on Aging establish and maintain a state level advisory body to concern itself with supporting the well-being of senior citizens in Illinois. The Illinois Council on Aging was created to promote advocacy on behalf of senior citizens in response to the Illinois Act on the Aging. The Council works with the Director of the Illinois Department on Aging, as well as Area Agencies on Aging, service providers, and

advocate groups to help improve the lives of senior citizens. The Council also provides guidance to the Governor and the General Assembly by advising them on the concerns, problems, and services provided to the elderly in our State.

Duties of the Illinois Council on Aging, as specified in State law, include review and comment on the State Plan on Aging prepared by the Department; review and comment on disbursement by the Department of public funds to provider agencies; preparation and submittal to the Governor, the General Assembly, and to the Director an annual report on programs and services for the elderly; recommending candidates to the Governor for the appointment of the Director for the Department on Aging; consulting with the Director regarding operations of the Department; and conducting public hearings and generally representing the interests of older persons in Illinois.

Twenty-three citizen members on the Council are chosen by the Governor. They represent all parts of the State and reflect the economic, ethnic, sexual, racial, rural and urban characteristics of the people age 60 years and older in Illinois. Of these men and women, the majority are over the age of 60.

Eight additional Legislative members representing the Illinois Senate and House serve on the Council. These members are appointed by the President of the Senate and Speaker of the House, respectively.

AREA AGENCIES ON AGING

The State of Illinois is divided into 13 Planning and Service Areas (PSAs). There is one Area Agency on Aging designated by the Department on Aging located within each Planning and Service Area. In Illinois, twelve (12) not-for-profit agencies and one unit of local government (city of Chicago) serve as Area Agencies on Aging. Each Area Agency on Aging is responsible for planning, coordinating, and advocating for the development of a comprehensive and coordinated system of services for the elderly and caregivers within the boundaries of the individual Planning and Service Area.

The Illinois Department on Aging, in accordance with the Older Americans Act, has decentralized the planning process by delegating planning responsibilities to the Area Agencies on Aging. This assures that programs developed by, and services funded by, the Area Agencies on Aging are integrated into the three-year planning cycle followed by the Department on Aging. This cycle begins with an assessment of the needs of local older adults, family caregivers and grandparents raising grandchildren for services. Through a process of public hearings, surveys, research and the assistance of the Area Agencies' advisory councils, these needs are ranked in order of importance and matched with available resources.

The proposed funding distribution, budget, and other planning information are then incorporated into an Area Plan on Aging following a format prepared by the Department on Aging. Also, included in the plan is an outline of proposed Area Agency on Aging activities for the coming years. Following public hearings on the proposed Area Plan, the Plan is submitted to the Department on Aging for review and approval. Area Agencies on Aging are permitted to amend their Area Plans annually in response to changing needs, priorities and funds available. Federal Older Americans Act and State General Revenue funds are allocated to the Area Agencies on Aging upon approval of the Area Plan or Area Plan annual amendments by the Department on Aging.

The Area Agencies on Aging in Illinois are not, as a rule, direct service providers. They contract with local providers for services that have been identified as needs through the planning process. The Area Agencies on Aging are responsible for monitoring, evaluating, planning for services, and providing technical assistance as needed. In addition, the Area Agencies on Aging function as advocates for older persons and are the primary disseminators of information relating to aging issues within their respective Planning and Service Areas.

SERVICE PROVIDERS

Community-based service providers represent a key segment of the Aging Network in Illinois because they provide the programs and direct services to older persons. The success that the Aging Network has had in linking older persons with needed services is one tangible result of cooperation and coordination between the Department, the Area Agencies on Aging and local service providers.

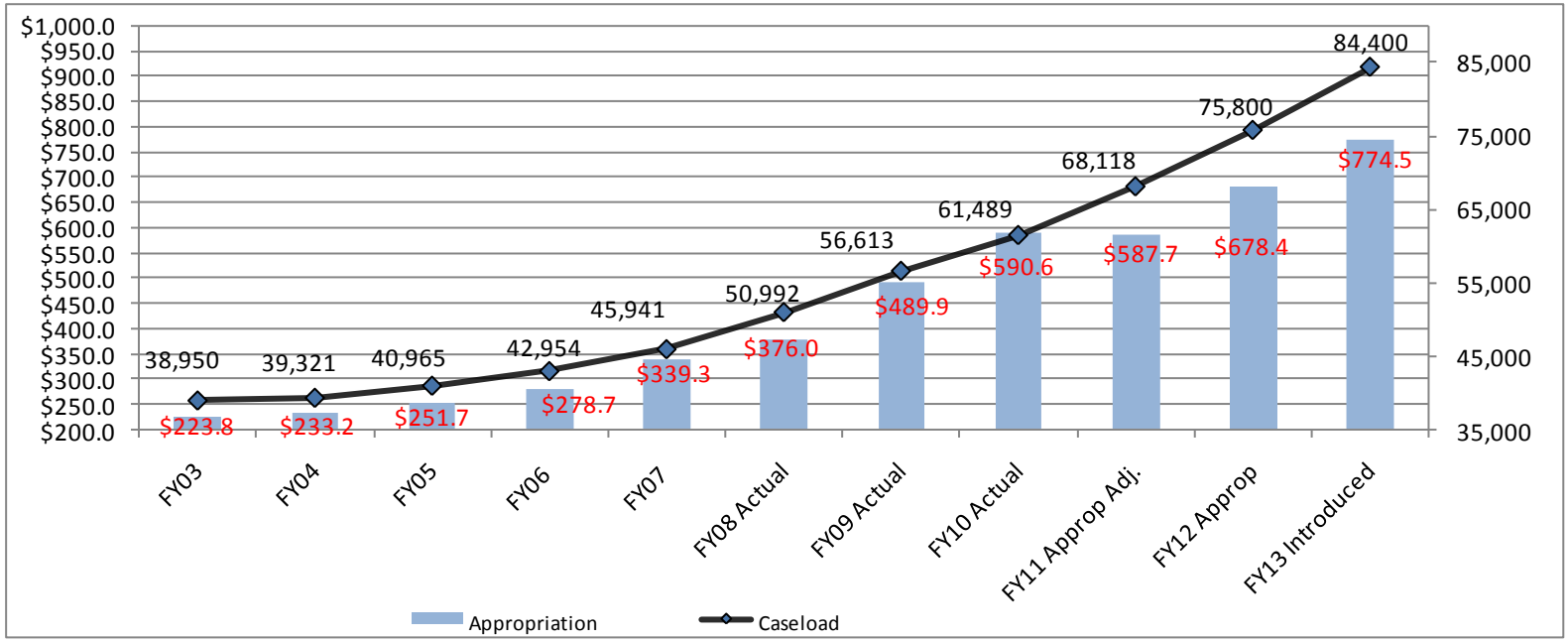
Care Coordination Units (CCUs), created in 1983, function as gatekeepers to the State long-term care system by coordinating and integrating community-based long-term care services available throughout the entire aging network for and on behalf of frail and vulnerable older persons. Approximately thirty-nine (39) agencies, including senior centers, health departments, visiting nurse associations, and social service agencies, have been designated as CCUs. Case managers, employed by CCUs, assess older persons' needs, determine eligibility for specified services, develop care plans with the consent of the older person and/or their family, coordinate service delivery and generally manage service needs on a regular basis. The CCUs are supported through a combination of State general revenue funds and Title III federal funds.

The direct service delivery system consists of agencies funded with Title III and State funds through the Area Agencies on Aging and through the Department on Aging with Community Care Program appropriations. Many agencies receive both Title III and Community Care Program funding.

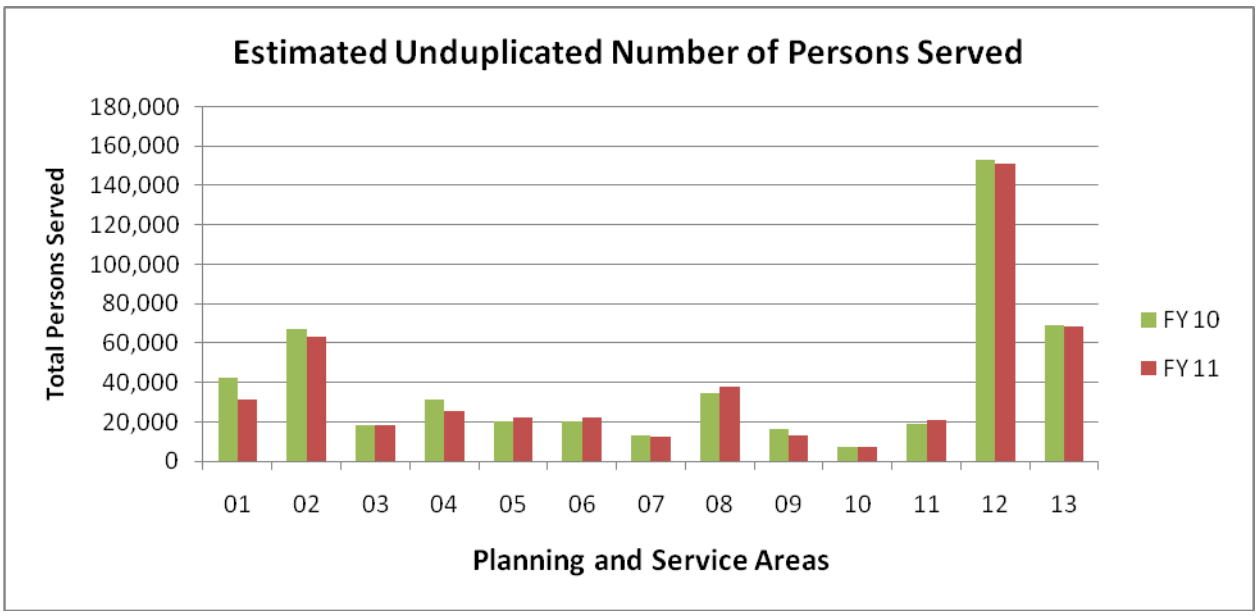
Established in 1979 by Public Act 81-202, the Illinois Department on Aging's Community Care Program helps senior citizens to remain in their own homes by providing in-home and community-based services. During FY 2013, it is estimated that more than 84,400 older adults will receive services through the Community Care Program. Services offered through the Community Care Program include case management, adult day service, emergency home response, flexible senior services, and homemaker services.

The Community Care Program (CCP) serves as a viable and cost effective alternative to nursing homes as all participants are eligible for nursing home placement. As outlined on the following page, the caseload for CCP has grown from 38,950 in FY 2003 to more than 75,000 in FY 2012. The CCP appropriation has increased from $223.8 million in FY 2003 to $678.4 million in FY 2012.

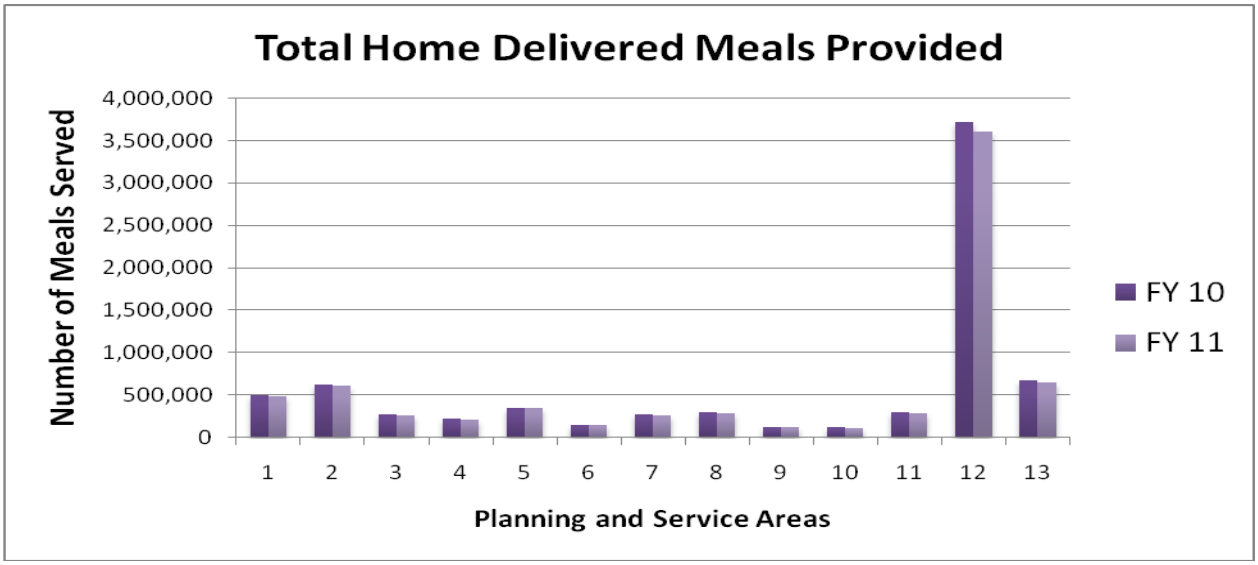
CCP Appropriations & Caseload History

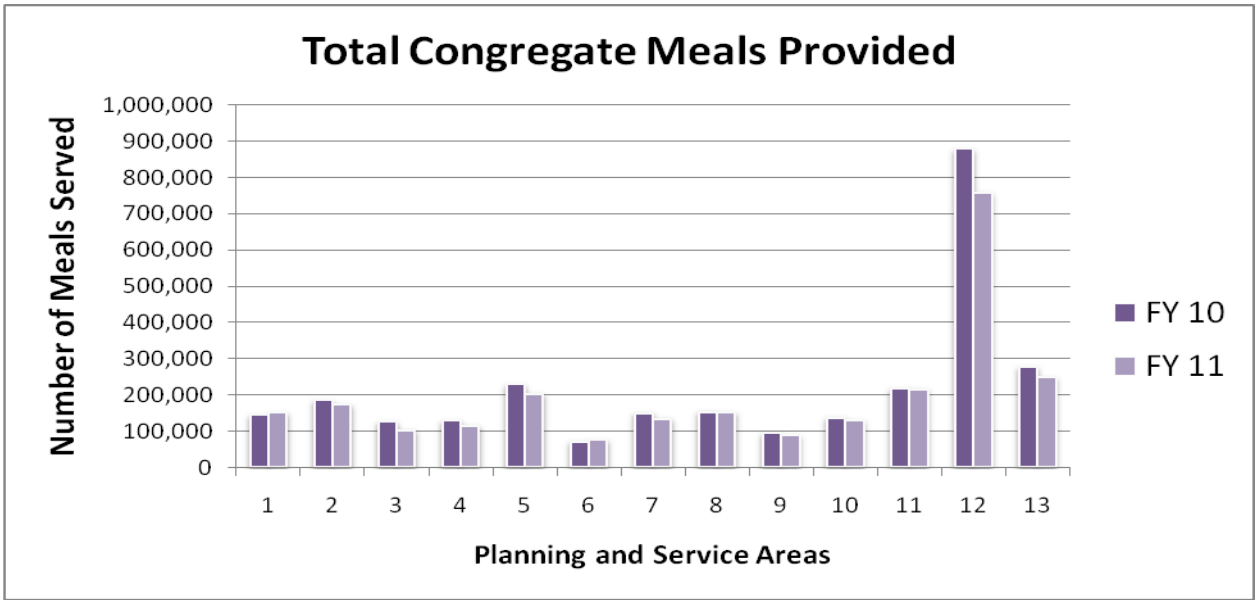


During FY 2013, it is estimated that more than 225 service providers under Title III of the Older Americans Act will serve more than 490,000 older adults, family caregivers and grandparents raising grandchildren. These services include information and assistance, outreach, congregate meals, home delivered meals, transportation, legal assistance, respite care, home health, residential repair, senior center activities and health promotion and disease prevention. The following chart represents the number of persons served by Planning and Service area for FY 2010 and FY 2011.

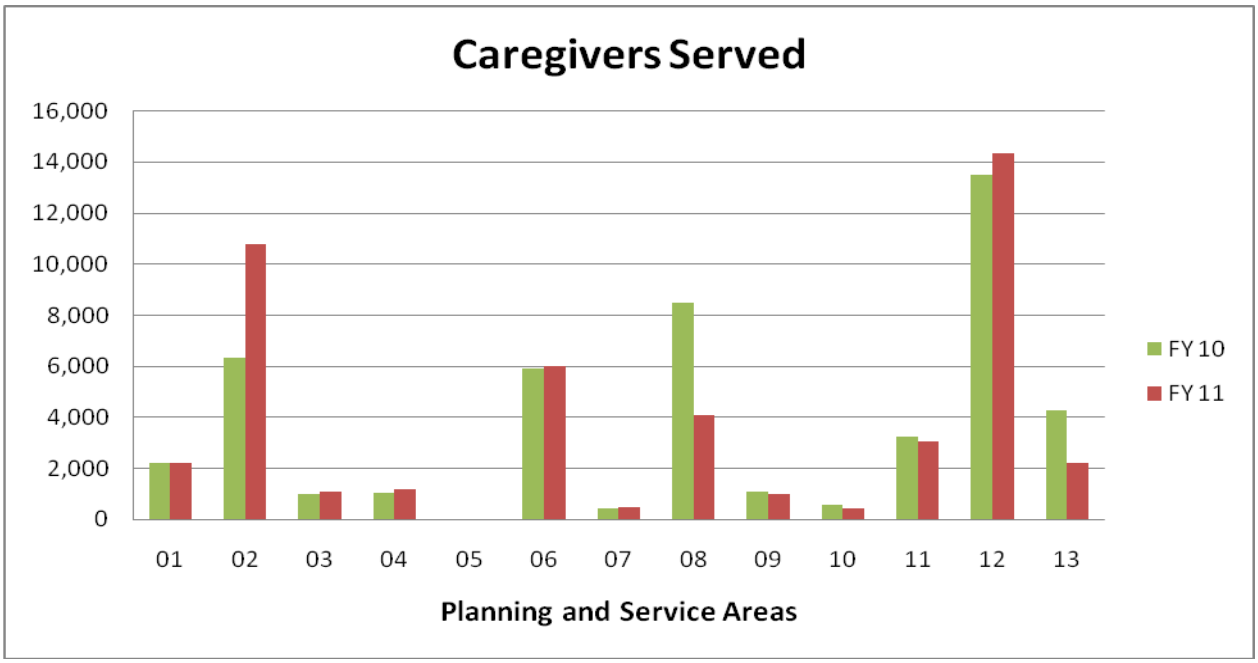


In FY 2013, more than 2.5 million congregate meals will be served to approximately 73,300 older persons at 488 meal sites located throughout the State. Approximately 40,000 homebound elderly will receive an estimated 6.7 million home delivered meals. The following charts outline the number of congregate meals and home delivered meals provided by Planning and Service Area in Illinois during FY 2010 and FY 2011.

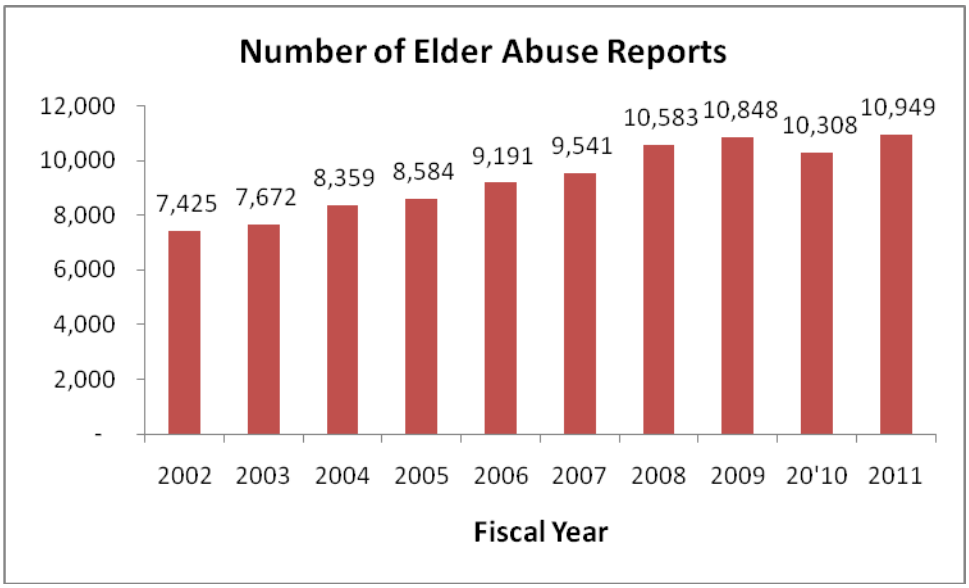


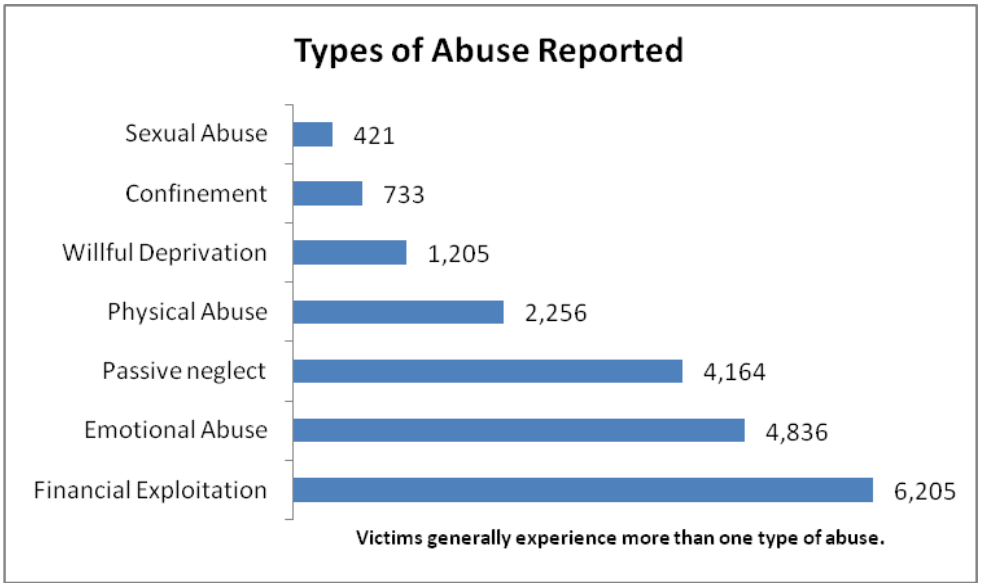


The National Family Caregiver Support Program provides a core of support services to caregivers of elderly adults and grandparents raising grandchildren. These services include information, counseling and respite services. The Area Agencies on Aging are mandated to develop and implement Family Caregiver Resource Centers that can serve as a local point of entry to a broad range of services to caregiving families. The Family Caregiver Resource Centers have the capacity to provide access to information, training, support groups, counseling, resource libraries, respite care and supplemental services to family caregivers and grandparents raising grandchildren. In FY 2013, it is estimated that more than 46,800 family caregivers and grandparents raising grandchildren will be served. The following chart outlines the number of caregivers served by Planning and Service Area in FY 2010 and FY 2011.

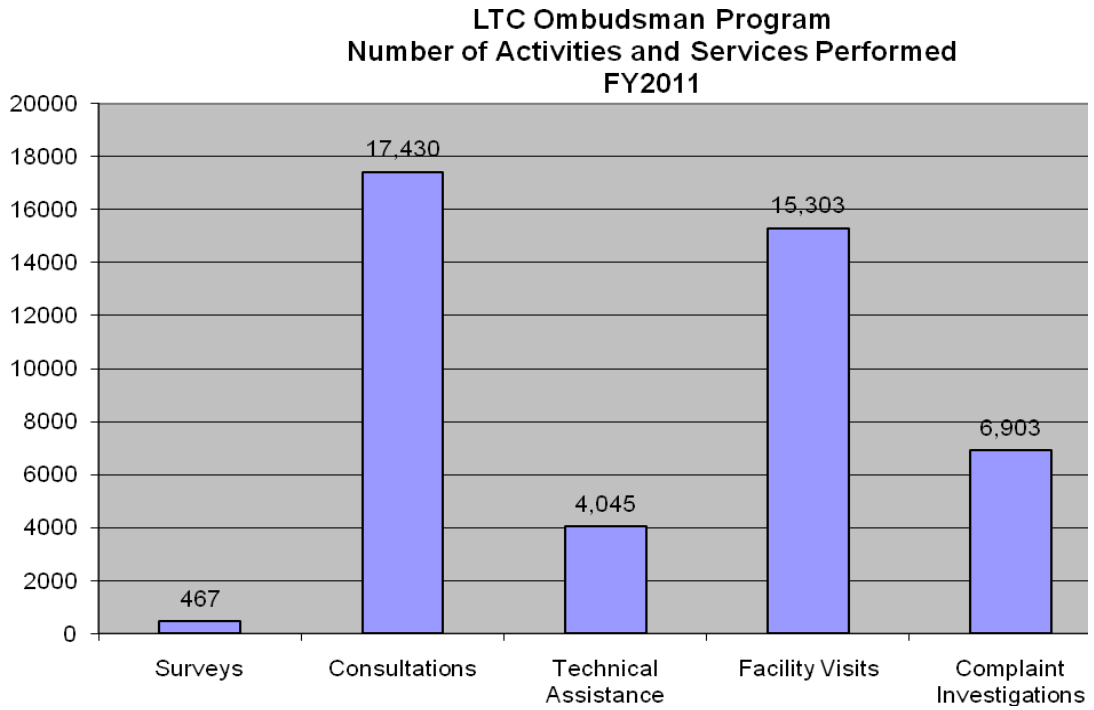


Elder Abuse and Neglect Program services have been available throughout Illinois since April 1, 1991. The state legislative mandate directs the Department on Aging to administer an intervention program in response to reports of alleged elder abuse, neglect and exploitation of older adults who live at home. The Elder Abuse and Neglect Program is locally coordinated through 41 provider agencies that conduct investigations and work with older adults in resolving abusive situations. In FY 2013, it is estimated that the Elder Abuse and Neglect Program will receive approximately 12,230 reports of abuse, neglect and exploitation. This represents an increase of 12% since FY 2011.

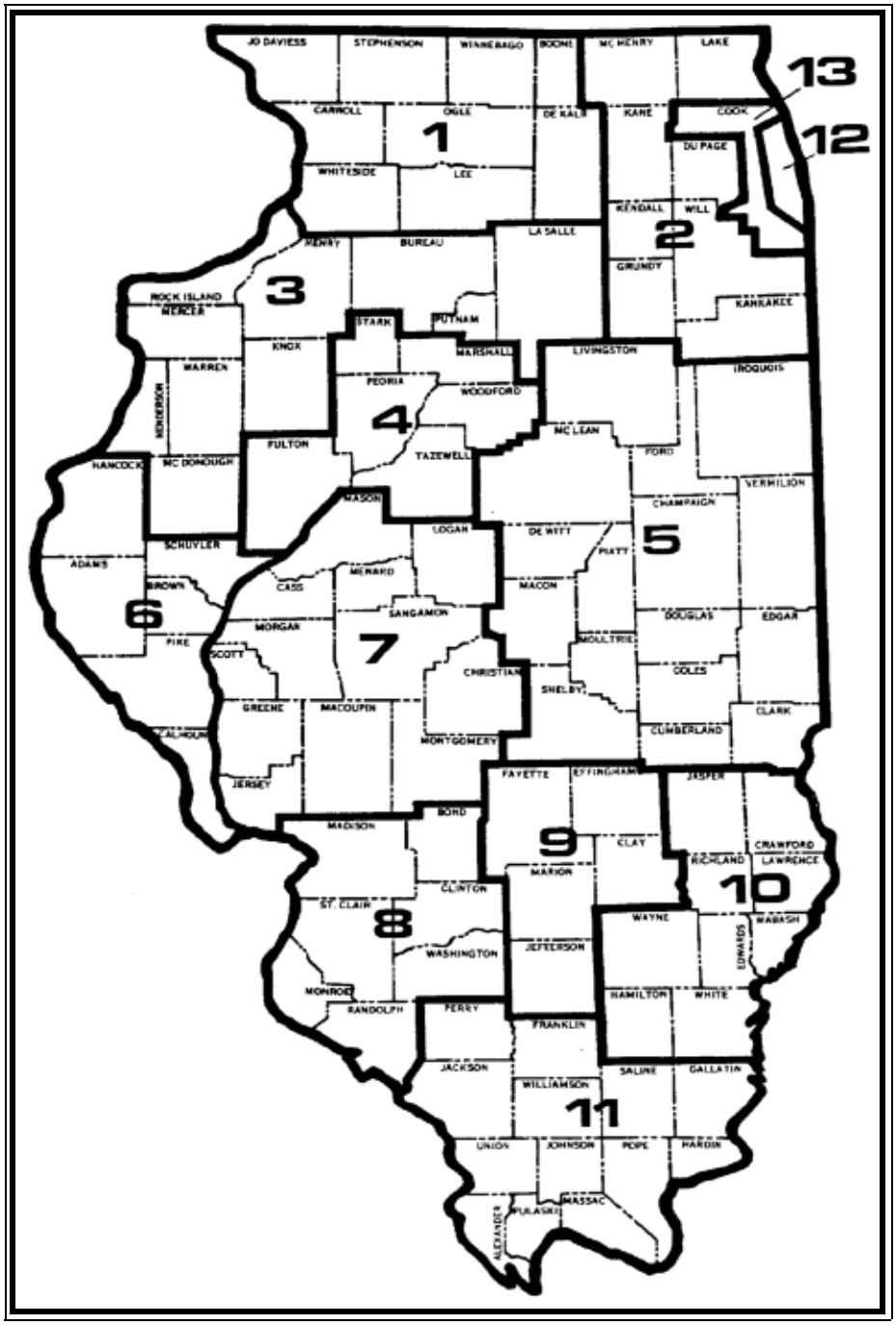




As mandated by the federal Older Americans Act and the Illinois Act on the Aging, the Long Term Care Ombudsman Program advocates for residents of licensed long-term care facilities. The provision of person centered resident care and that residents are informed of choice and their rights are top priorities for the LTC Ombudsman Program. Illinois has 140,114 licensed beds in 1,575 long-term care facilities. The LTC Ombudsman Program handled 6,903 cases in FY 2011. Seventy-six (76) percent of the verified complaints were fully or partially resolved to the satisfaction of the resident involved in the case. Additionally, there were 17,430 consultations handled by the LTC Ombudsman Program.



PLANNING AND SERVICE AREAS IN ILLINOIS



AREA AGENCIES ON AGING

PSA 01 **Northwestern Illinois Area Agency on Aging** Grant Nyhammer, Executive Director 1111 South Alpine Road, Suite 600 Rockford, IL 61108 Phone: 815/226-4901 Fax: 815/226-8984 1-800-542-8402 (9 county area only) Web: www.nwilaaa.org E-Mail: niaa@nwilaaa.org	**PSA 04** **Central Illinois Agency on Aging** Joanne Thomas, President & CEO 700 Hamilton Boulevard Peoria, IL 61603-3617 Phone: 309/674-2071 Fax: 309/674-3639 1-877-777-2422 309/674-1831 (TTY) Web: www.ciaoa.com E-Mail: ciaa@ciaoa.com or jthomas@ciaoa.com
PSA 02 **Northeastern Illinois Area Agency on Aging** Lucia West Jones, Executive Director Mailing Address: P.O. Box 809, Kankakee, IL 60901-0809 Non-U.S. Post Office Deliveries: Kankakee Community College River Road, West Campus - Building 5 Kankakee, IL 60901 Phone: 815/939-0727 Fax: 815/939-0022 Field Office: 245 West Roosevelt Road, Building No. 6, Suites 41-43 West Chicago, IL 60185 Phone: 630/293-5990 Fax: 630/293-7488 1-800-528-2000 (calls will be directed to proper source) Web: www.ageguide.org E-Mail: info@ageguide.org	**PSA 05** **East Central Illinois Area Agency on Aging** Michael J. O'Donnell, Executive Director 1003 Maple Hill Road Bloomington, IL 61704-9327 Phone: 309/829-2065 Fax: 309/829-6021 1-800-888-4456 (I&A for sixteen county area only) Web: www.eciaaa.org E-Mail: aginginfo@eciaaa.org
PSA 03 **Western Illinois Area Agency on Aging** Barbara Eskildsen, Executive Director 729 - 34th Avenue Rock Island, IL 61201-5950 Phone: 309/793-6800 Fax: 309/793-6807 1-800-322-1051 (I&A) Web: www.wiaaa.org E-Mail: beskildsen@wiaaa.org or FirstStopForSeniors@wiaaa.org	**PSA 06** **West Central Illinois Area Agency on Aging** Lynn Niewohner, Director Mailing Address: P.O. Box 428, Quincy, IL 62306-0428 Non-U.S. Post Office Deliveries: 639 York Street, Room 204, Quincy, IL 62301 Phone: 217/223-7904 Fax: 217/222-1220 1-800-252-9027 (I&A) (Voice & TTY) Web: www.wciagingnetwork.org E-Mail: lynn@wciagingnetwork.org

PSA 07 **Area Agency on Aging for Lincolnland** Julie Hubbard, Executive Director 3100 Montvale Drive Springfield, IL 62704-6495 Phone: 217/787-9234 (Voice & TTY) Fax: 217/787-6290 1-800-252-2918 (I&A for 217, 309 & 618 area codes only) Web: www.aginglinc.org E-Mail: jhubbard@aginglinc.org	**PSA 11** **Egyptian Area Agency on Aging** John M. Smith, Executive Director 200 East Plaza Drive Carterville, IL 62918-1982 Phone: 618/985-8311 Fax: 618/985-8315 1-888-895-3306 Web: www.egyptianaaa.org E-Mail: egyptianaaa@mediacombb.net
PSA 08 **Area Agency on Aging of Southwestern Illinois** Joy Paeth, Chief Executive Officer 2365 Country Road Belleville, IL 62221-2571 Phone: 618/222-2561 Fax: 618/222-2567 1-800-326-3221 Web: www.answersonaging.com E-Mail: jpaeth@answersonaging.com	**PSA 12** **Senior Services Area Agency on Aging Chicago Department of Family & Support Services** Joyce Gallagher, Executive Director 1615 West Chicago Avenue, 3rd Floor Chicago, IL 60622 Phone: 312/744-4016 Fax: 312/744-0680 312/744-6777 (TTY) Web: www.cityofchicago.org/aging E-Mail: aging@cityofchicago.org
PSA 09 **Midland Area Agency on Aging** Tracy Barczewski, Executive Director Mailing Address: P.O. Box 1420, Centralia, IL 62801-1420 Non-U.S. Post Office Deliveries 434 South Poplar, Centralia, IL 62801-1420 Phone: 618/532-1853 Fax: 618/532-5259 1-877-532-1853 Web: www.midlandaaa.org E-Mail: office@midlandaaa.org or tracy@midlandaaa.org	**PSA 13** **AgeOptions, Inc.** Jonathan Lavin, President & CEO 1048 Lake Street, Suite 300 Oak Park, IL 60301 Phone: 708/383-0258 Fax: 708/524-0870 708/524-1653 (TTY) 1-800-699-9043 (Suburban Cook County area only) Web: www.ageoptions.org E-Mail: information@ageoptions.org
PSA 10 **Southeastern Illinois Agency on Aging** Yvonne DeKnikker, Executive Director 516 Market Street Mt. Carmel, IL 62863-1558 Phone: 618/262-2306 Fax: 618/262-4967 1-800-635-8544 (618 area code only) Web: www.seiaoa.com E-Mail: seiaoa@frontier.com	

APPENDICES

Appendix A:	Age 60+ Population	Page 44
Appendix B:	Older Adult Services Act & Older Americans Act	Page 59
Appendix C:	Elder Rights Plan	Page 64
Appendix D:	Emergency Preparedness Plan	Page 74
Appendix E:	Intrastate Funding Formula	Page 78
Appendix F:	% Share of Demographic Characteristics and Weighted Formula by PSA	Page 84
Appendix G:	Minimum % of Title III-B Funds Toward Priority Services	Page 86
Appendix H:	FY 2013 Federal, State and N.S.I.P. Planning Allocations	Page 89
Appendix I:	State Program Allocations for FY 2013	Page 92
Appendix J:	Area Agency on Aging Proposed FY 2013 Expenditures for Coordination and Program Development	Page 94
Appendix K:	Fiscal Year 2013 Service Objectives	Page 96
Appendix L:	Service Preferences	Page 98
Appendix M:	2010 Census & and 2011 Aging Special Tabulation Information by Planning and Service Area	Page 103

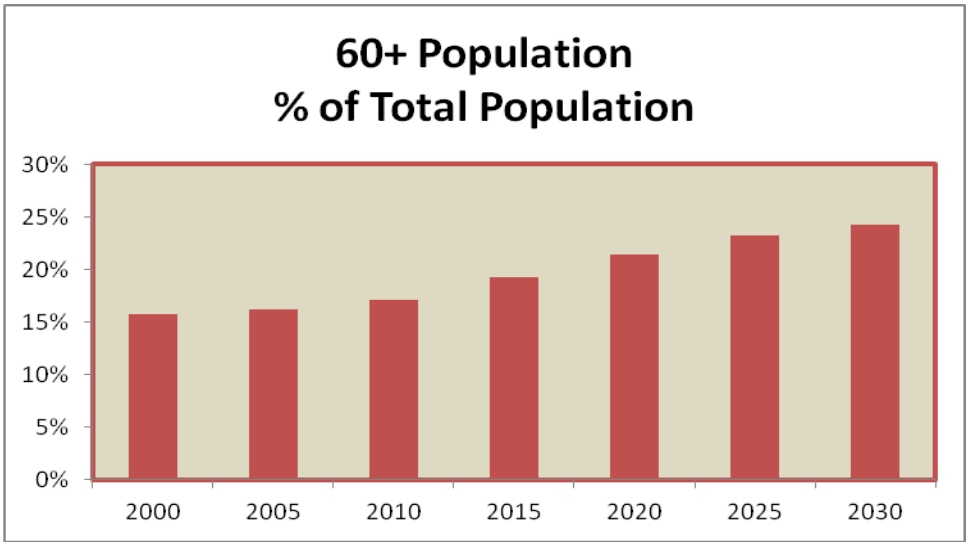
APPENDIX A

THE AGE 60+ POPULATION IN ILLINOIS

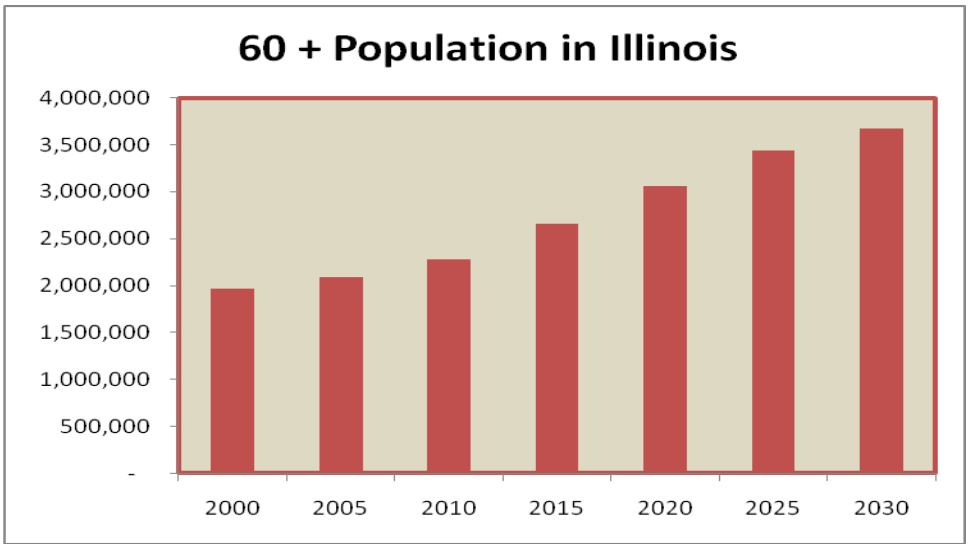
THE AGE 60+ POPULATION IN ILLINOIS

GROWTH OF THE AGE 60+ POPULATION

In the past decade, Illinois' older population has grown from 1.9 million to 2.2 million. It now represents 17.7% of the population in Illinois. By 2030, it is estimated that the age 60+ population will increase to 3.6 million and will represent 24% of Illinois' population.

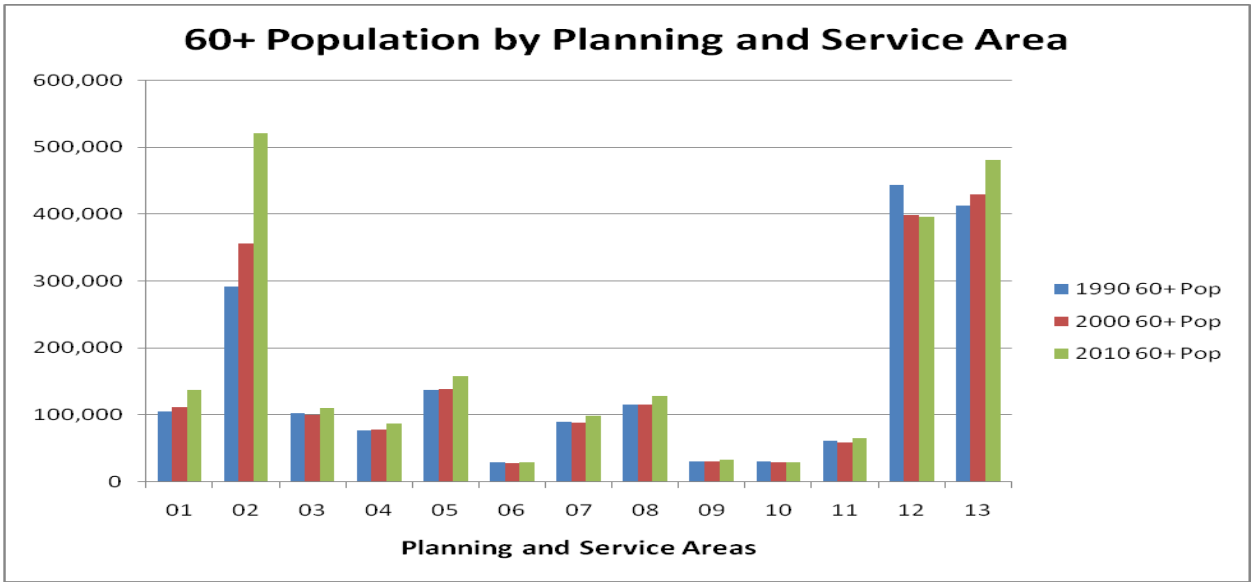


Source: U.S. Census Bureau and Illinois Department of Commerce & Economic Opportunity (2012).



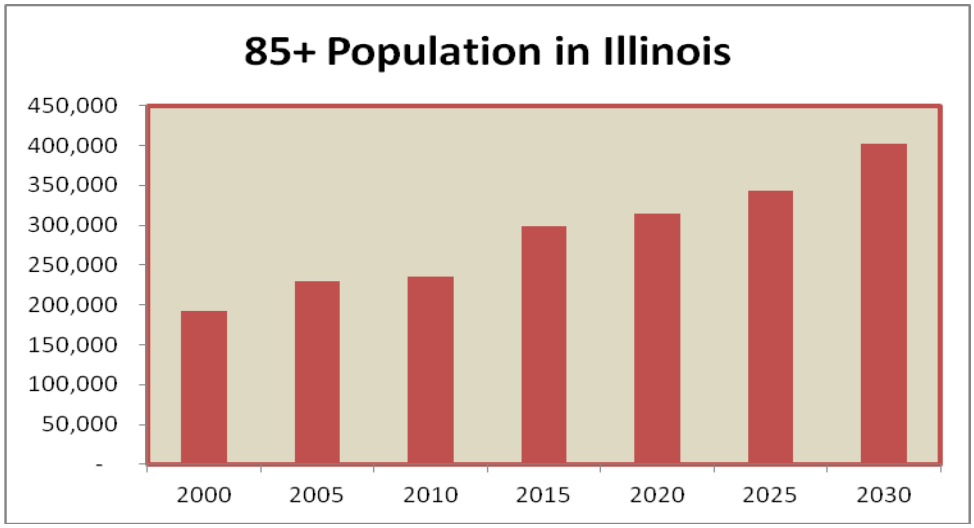
Source: U.S. Census Bureau and Illinois Department of Commerce & Economic Opportunity (2012).

The following chart outlines the age 60+ population by Planning and Service Area based on the 1990, 2000 and 2010 Census. PSA 01 (Rockford area), PSA 02 (collar counties), and PSA 13 (suburban Cook County) experienced the most significant growth in the age 60+ population.



GROWTH OF THE AGE 85+ POPULATION

The population age 85 and older is currently the fastest growing segment of the older population. The size of this age group is important for the future of the long-term care system because these individuals tend to be in poorer health and require more services than the young elderly. In 2000, 192,346 of the 60+ population in Illinois was age 85+. In 2010, it increased to 234,912. In 2030, it is projected to be 402,311, which is an increase of 109% from 1990. With the demographic boom, the need for in-home assistance (e.g., homemaker, adult day service, and home delivered meals) will dramatically increase.

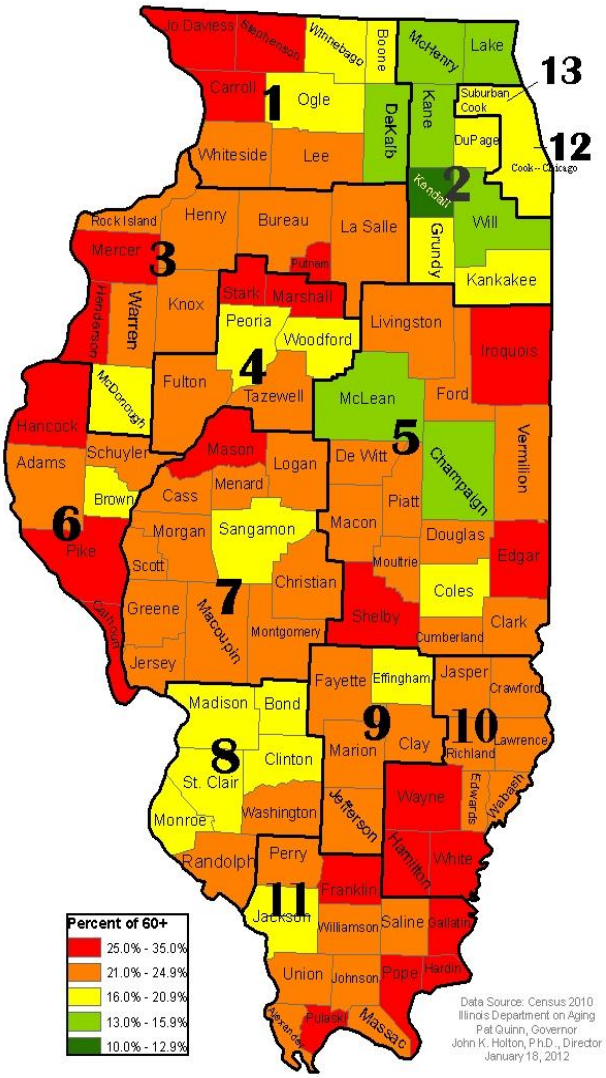


Source: U.S. Census Bureau and Illinois Department of Commerce & Economic Opportunity (2012).

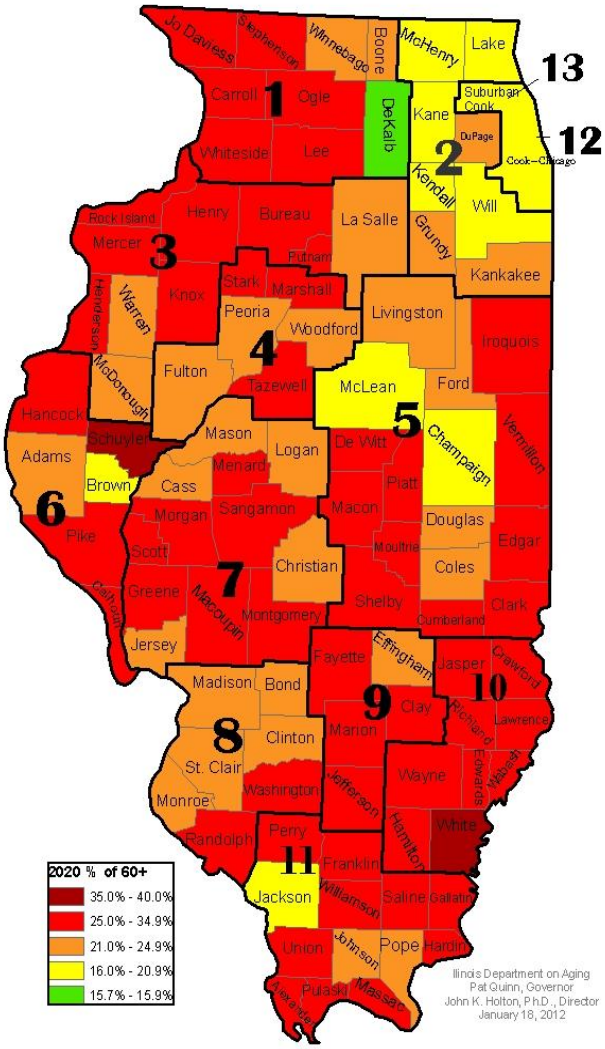
GROWTH OF THE AGE 60+ POPULATION BY COUNTY

The following maps outline the age 60+ population as a percentage of the overall population by county based on the 2010 Census. The Illinois map on the right outlines that a significant number of counties in Illinois will have a higher percentage of older adults by 2020.

2010

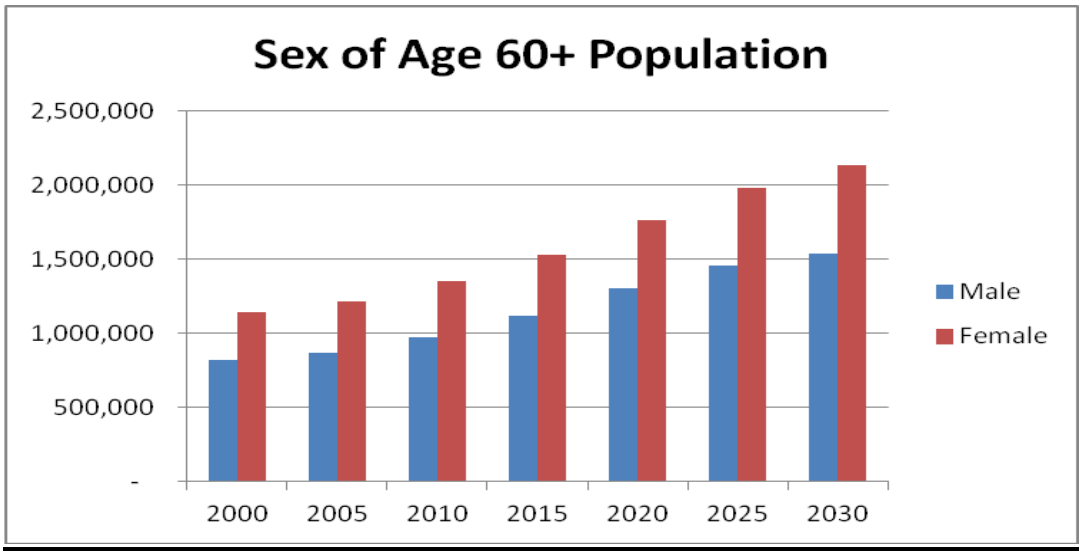


2020 Projection



OLDER POPULATION BY GENDER

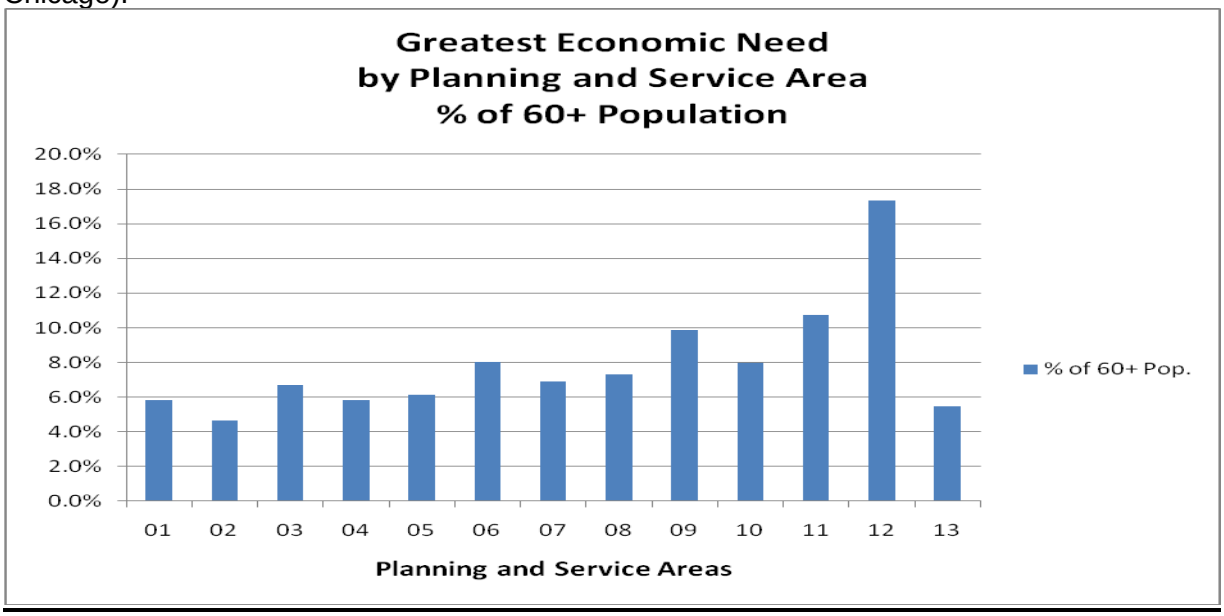
In Illinois older women represent 56% of the older population. As the older population grows, women will continue to represent a larger percentage of the general older population.



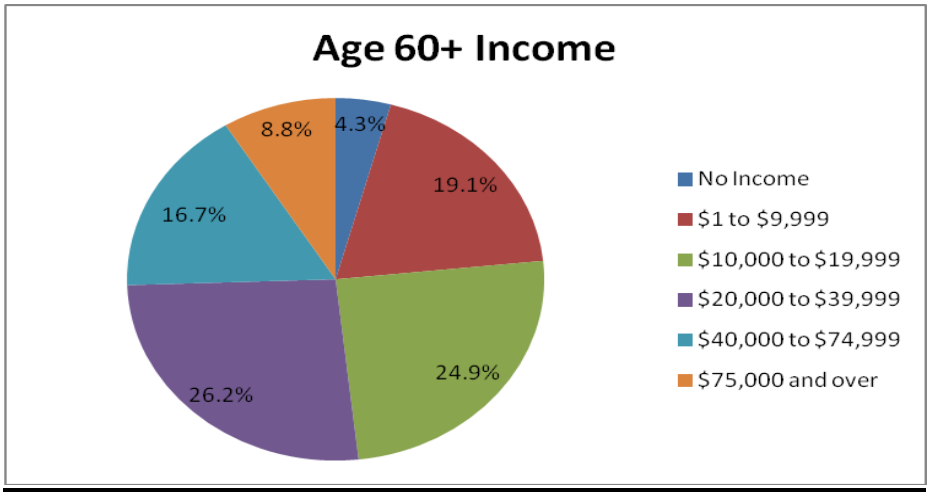
Source: Illinois Department of Commerce & Economic Opportunity (2012).

POVERTY RATES AND INCOME OF THE OLDER POPULATION

Based on the 2005-2009 American Community Survey, approximately 8% of older adults in Illinois live in poverty. Poor older adults have limited opportunities to escape poverty. Without Social Security, an additional 36% of older Illinoisans would fall into poverty (AARP Public Policy Institute, 2012). The following graph outlines the percentage of older adults in greatest economic need by Planning and Service Area. Poverty rates among older adults are significantly higher in PSA 09 (Centralia area), PSA 11 (southern Illinois) and PSA 12 (City of Chicago).



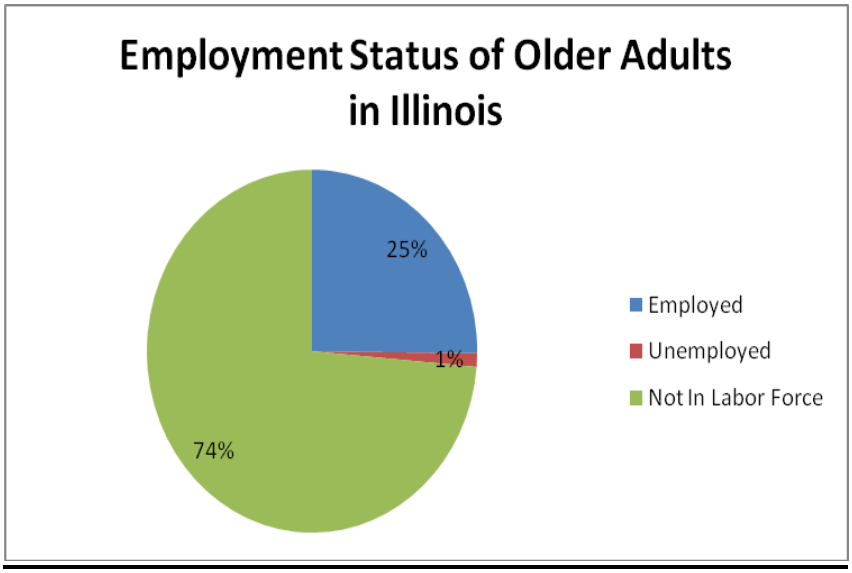
Based on the 2005-2009 American Community Service, 4.3% of older adults in Illinois have no income and 19.1% have income between $1 to $9,999. Another 24.9% have income between $10,000 to $19,999. Thus, 48.3% of older adults have income less than $20,000 per year.



Social Security accounts for 58.6% of the typical older adult's income in Illinois. The average annual benefit was only $14,200 in 2010. (AARP Public Policy Institute, 2012).

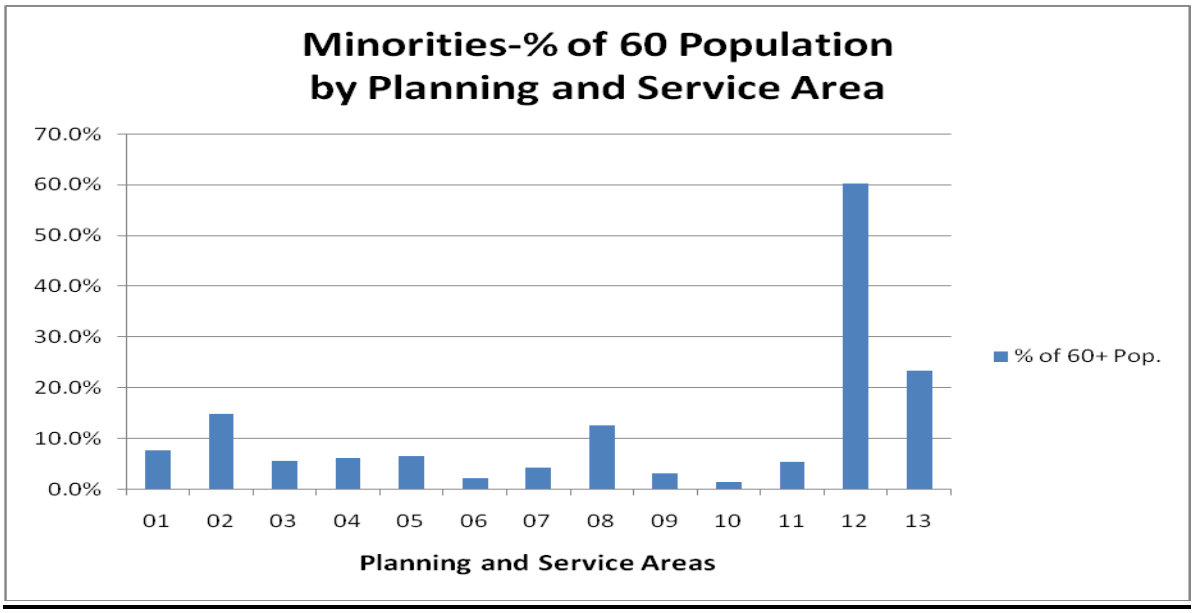
EMPLOYMENT OPPORTUNITIES

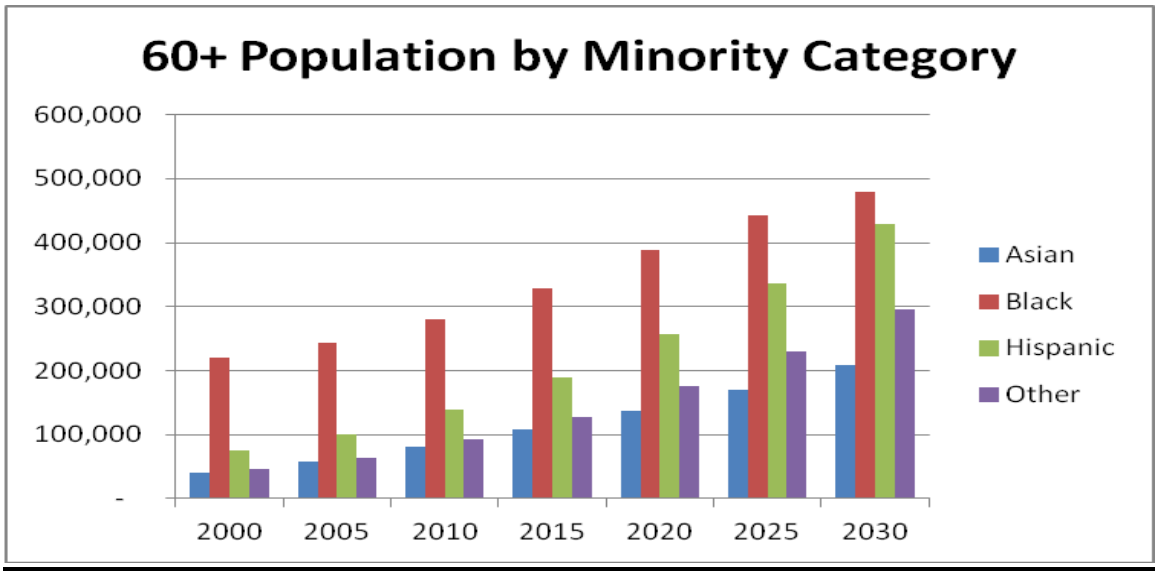
According to a recent AARP survey, 70% of older workers plan to work into their retirement years (AARP, 2009). Based on the 2005-2009 American Community Survey, 536,605 older adults are employed and 25,440 are unemployed.



DIVERSITY OF THE OLDER POPULATION

The population of older adults is becoming culturally and linguistically more diverse. Based on the 2010 Census, over 21% of the age 60+ population were minority in 2010. Based on the results of the 2010 Census, the number of minorities age 60 and older who reside in Illinois increased by 39% between 2000 and 2010. These trends will continue in the future. The Aging Network will need to develop services that will meet the diverse needs of the older population. The following graphs outline the percentage of the age 60+ population that are minorities in each Planning and Service Area and the future growth of the minority population in Illinois.

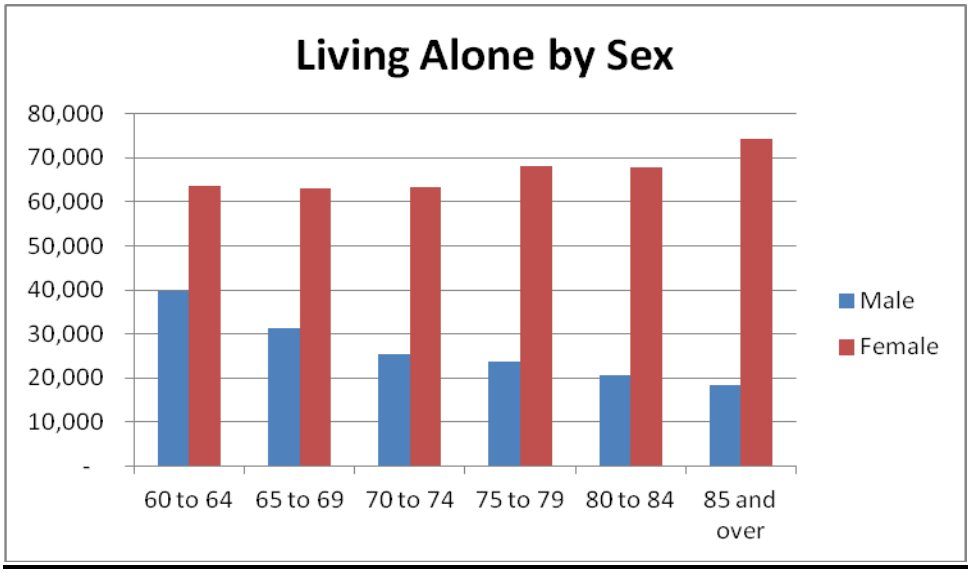


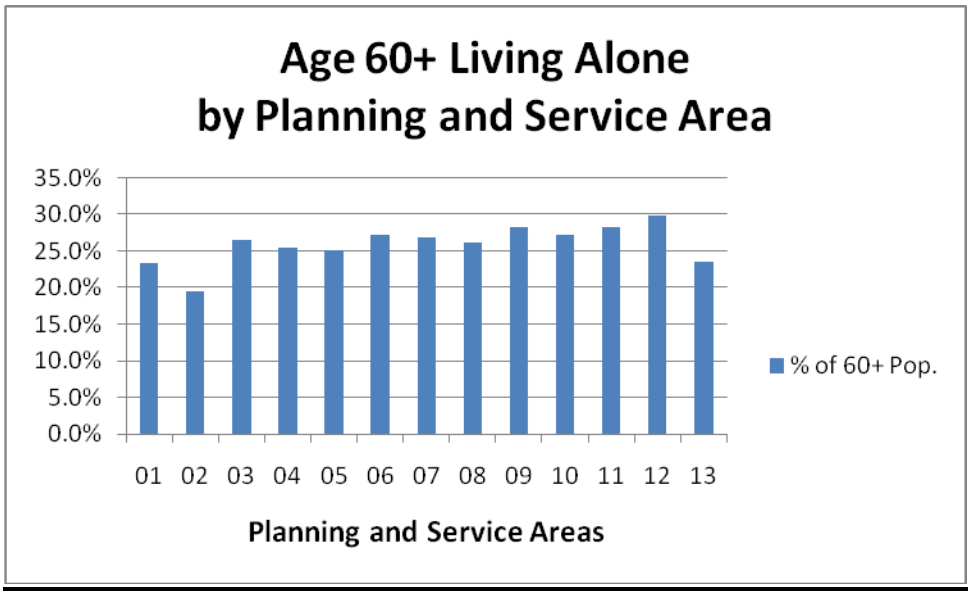


Source: Illinois Department of Commerce & Economic Opportunity (2012).

LIVING ARRANGEMENTS OF THE OLDER POPULATION

Based on the 2005-2009 American Community Survey, approximately 25% of all non-institutionalized older adults in Illinois live alone. For older females, the number of older adults residing by themselves increases as they become older. The following graph compares the number of males and females living alone in Illinois. The second graph outlines the percentage of the age 60+ population living alone by Planning and Service Area.



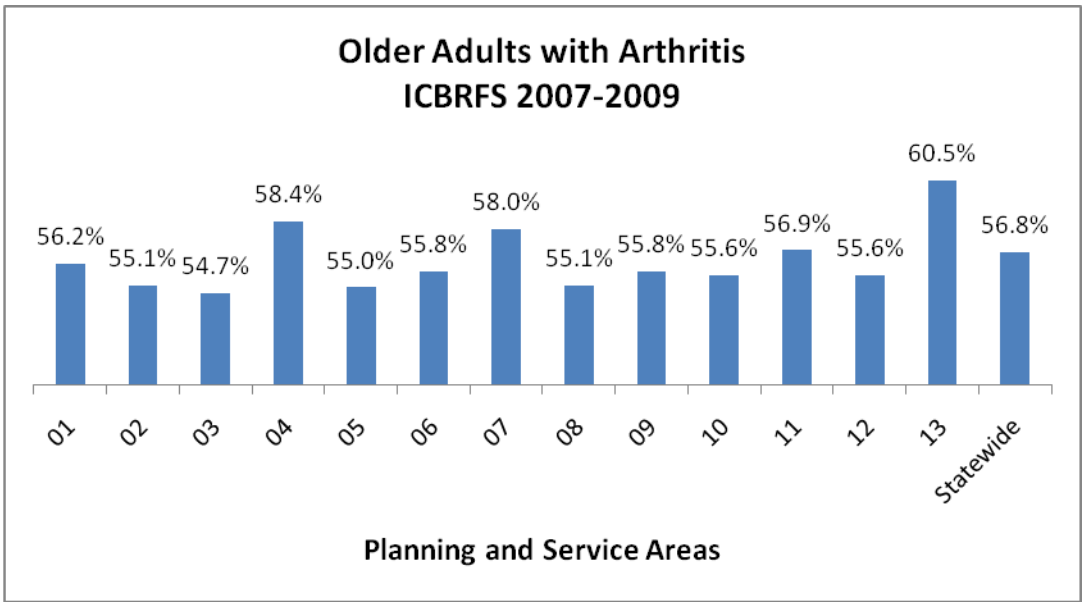


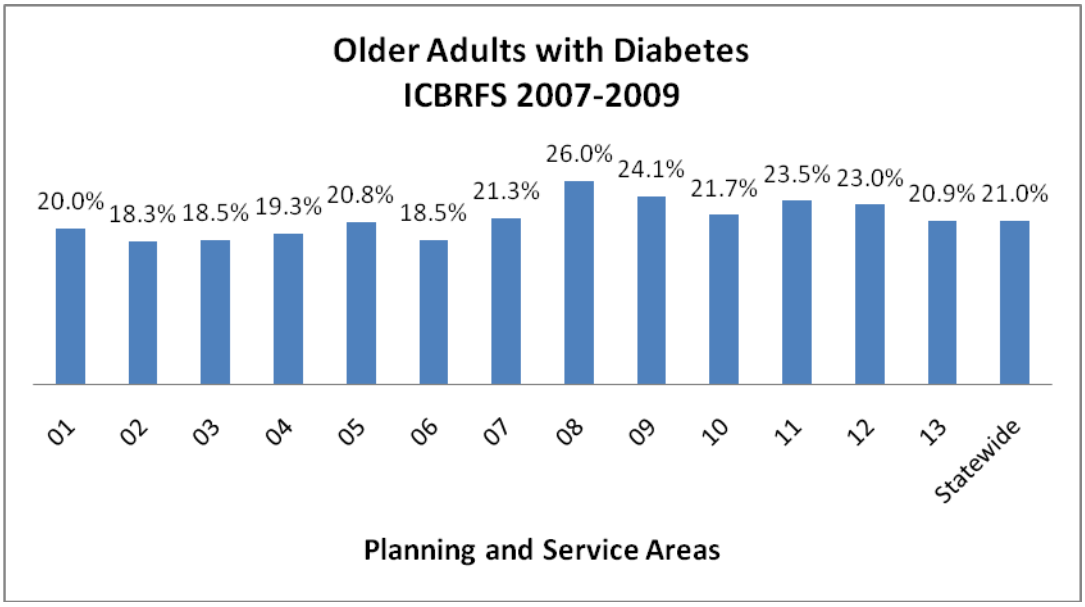
DISABILITIES & HEALTH ISSUES AMONG THE OLDER POPULATION

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC). Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

The following graphs are from "The State of Aging and Health in Illinois Report" released by the Illinois Department of Public Health. The data are from the Illinois County Behavioral Risk Factor Surveys (ICBRFS) conducted between 2007 and 2009.




Older Adults with Diabetes
ICBRFS 2007-2009
20.0%
18.3%
18.5%
19.3%
20.8%
18.5%
21.3%
26.0%
24.1%
21.7%
23.5%
23.0%
20.9%
21.0%
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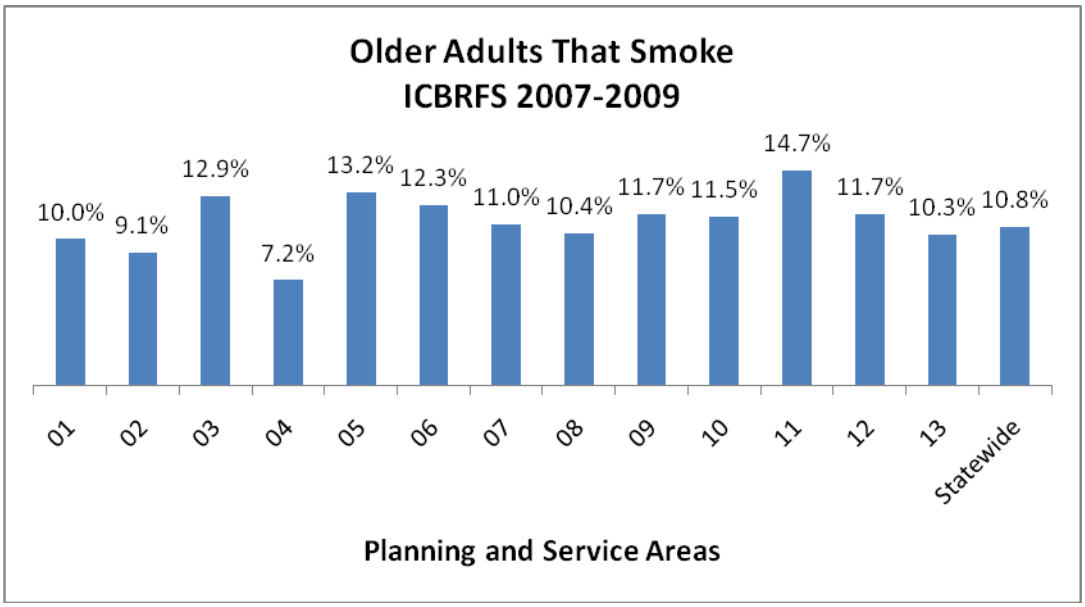
Statewide
Planning and Service Areas


Older Adults That Smoke
ICBRFS 2007-2009
10.0%
9.1%
12.9%
7.2%
13.2%
12.3%
11.0%
10.4%
11.7%
11.5%
14.7%
11.7%
10.3%
10.8%
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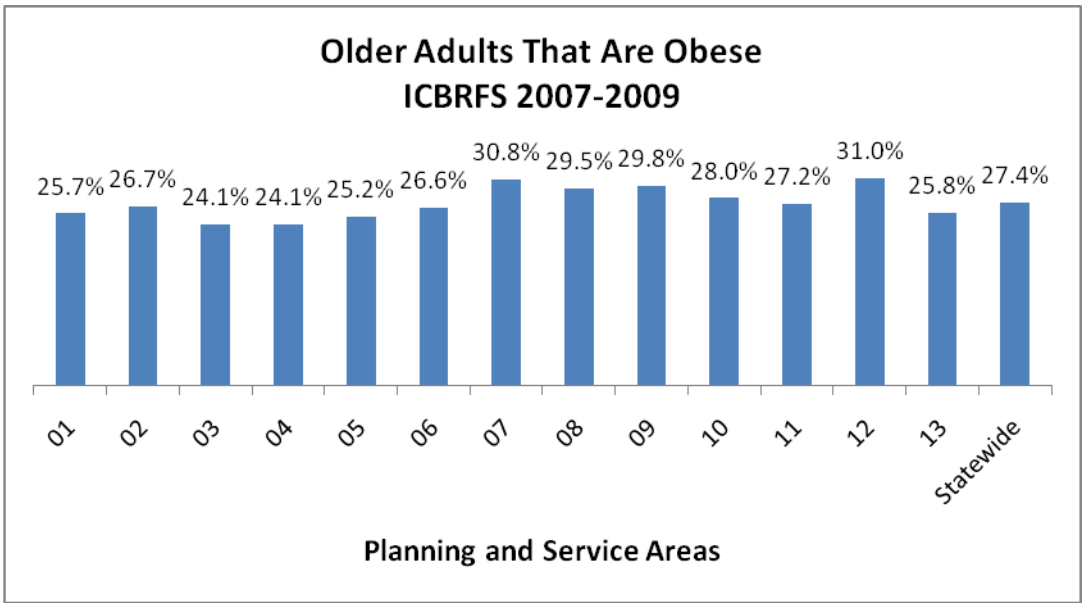
Statewide
Planning and Service Areas


Older Adults That Are Obese
ICBRFS 2007-2009
25.7%
26.7%
24.1%
24.1%
25.2%
26.6%
30.8%
29.5%
29.8%
28.0%
27.2%
31.0%
25.8%
27.4%
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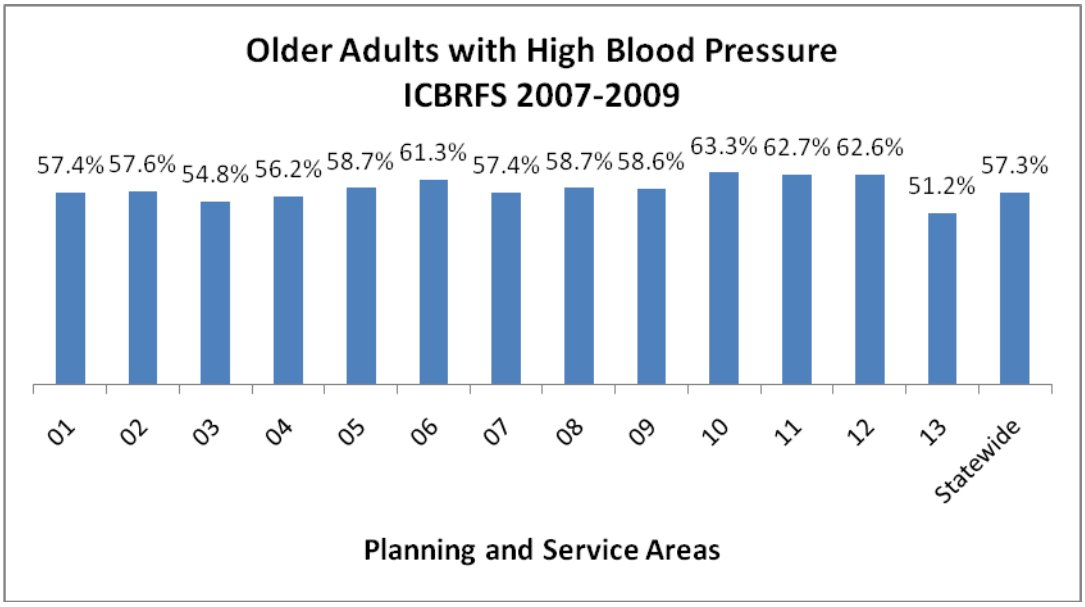
Statewide
Planning and Service Areas


Older Adults with High Blood Pressure
ICBRFS 2007-2009
57.4%
57.6%
54.8%
56.2%
58.7%
61.3%
57.4%
58.7%
58.6%
63.3%
62.7%
62.6%
51.2%
57.3%
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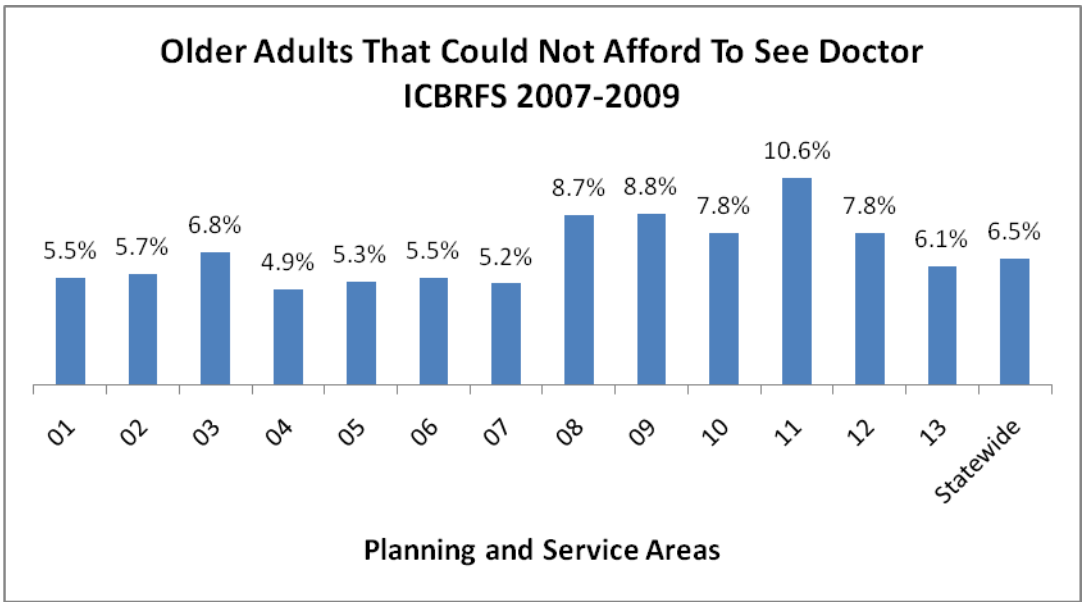
Statewide
Planning and Service Areas


Older Adults That Could Not Afford To See Doctor
ICBRFS 2007-2009
5.5%
5.7%
6.8%
4.9%
5.3%
5.5%
5.2%
8.7%
8.8%
7.8%
10.6%
7.8%
6.1%
6.5%
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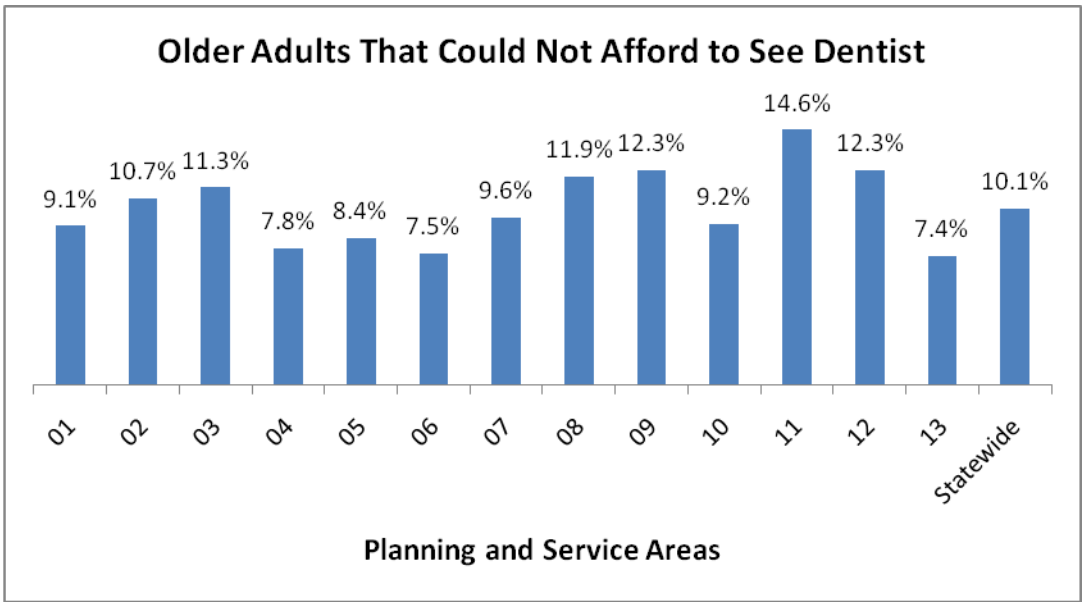
Statewide
Planning and Service Areas


Older Adults That Could Not Afford to See Dentist
9.1%
10.7%
11.3%
7.8%
8.4%
7.5%
9.6%
11.9%
12.3%
9.2%
14.6%
12.3%
7.4%
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Statewide
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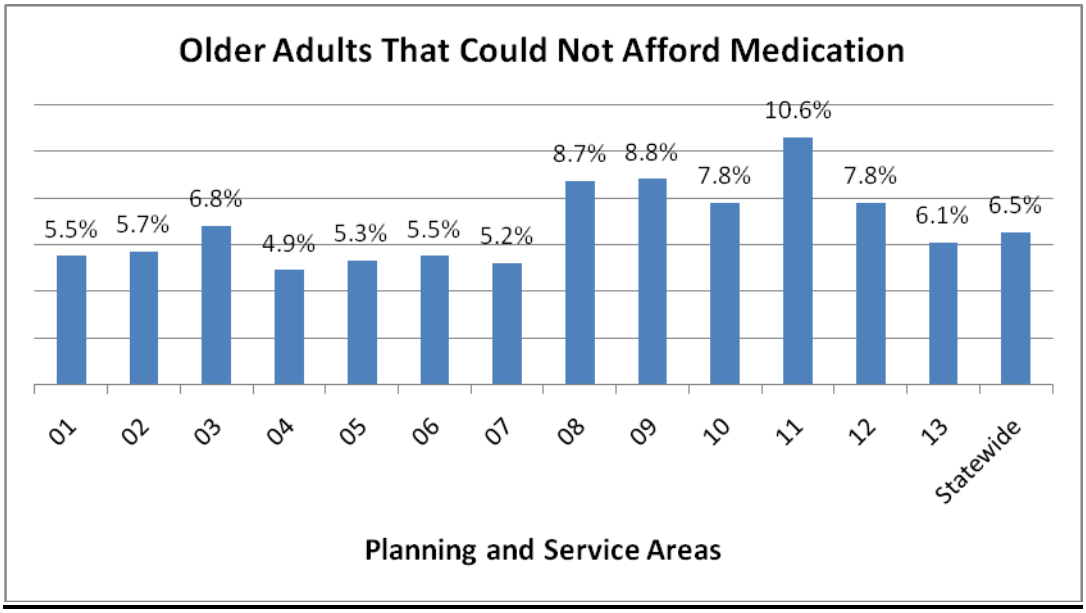
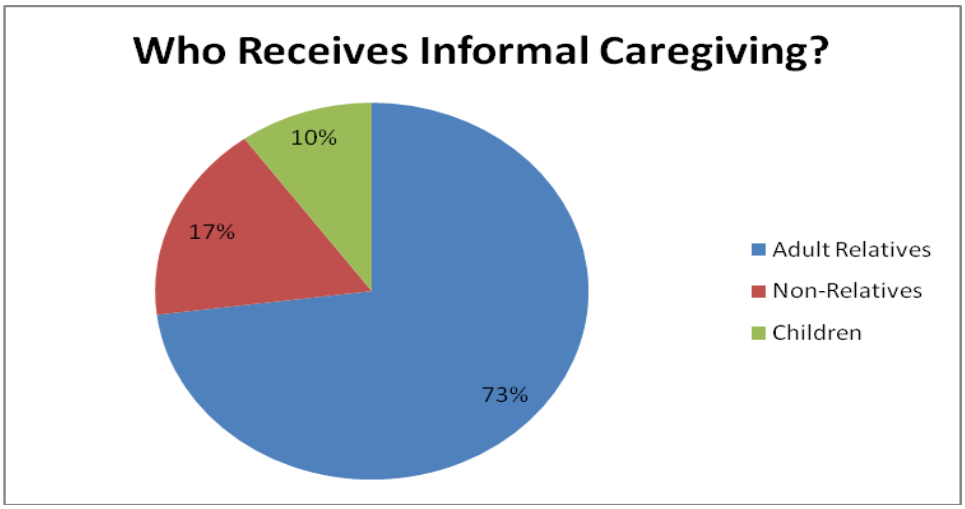


FAMILY CAREGIVING

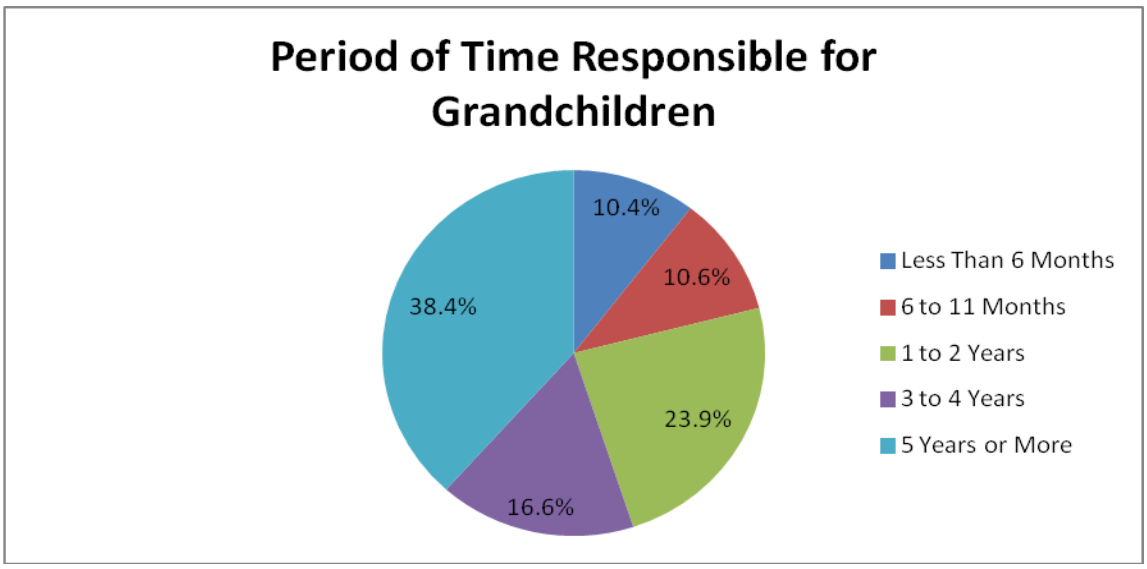
The informal caregiver is the foundation of support for the frail older person living in the community. Nearly one out of every four U.S. households is involved in providing assistance to older family members and other older adults. Family members and friends provide approximately 80% of all home care. Nearly half of caregivers provide fewer than eight hours of care per week, while nearly one in five provide more than 40 hours of care per week (National Alliance for Caregiving & AARP, 2004). In Illinois, there are an estimated 2.4 million family caregivers providing an estimated 1.3 million hours of care to family members (AARP Public Policy Institute, 2011 Update) during any given year.

Based on the 2009 Illinois Behavioral Risk Factor Surveillance System (BRFSS) sponsored by the Illinois Department of Public Health, more than 800,000 have provided care three or more years. The average amount of caregiver time expended on providing care was 18 hours per week.



GRANDPARENTS RAISING GRANDCHILDREN

Researchers and public policy makers began to comment on an increase in the number of grandchildren living in grandparent-maintained households in the early 1990's. This trend has increased in the past two decades and the greatest growth has occurred among grandchildren living with grandparents with no parent present. In Illinois, there are 257,045 grandparents residing with their grandchildren and 100,821 are responsible for them (U.S. Census Bureau, 2006-2010 American Community Survey). Over 38% of grandparents responsible for their grandchildren have been providing care for five years or more. The increase of grandchildren in these living arrangements has been attributed to the growth in drug use among parents, teen pregnancy and divorce causing the rapid rise of single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and incarceration of parents. The Aging Network will continue to develop intervention skills that focus on the needs of families as well as the needs of older adults.



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APPENDIX B

OLDER ADULT SERVICES ACT &

OLDER AMERICANS ACT

OLDER ADULT SERVICES ACT

The Older Adult Services Act was enacted in 2004 through Senate Bill 2880 (Public Act 093-1031) by the Illinois General Assembly in order

> *to promote a transformation of Illinois' comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing home care and congregate housing with services. Such restructuring shall encompass the provision of housing, health, financial and supportive older adult services. It is envisioned that this restructuring will promote the development, availability, and accessibility of a comprehensive, affordable and sustainable service delivery system that places a high priority on home-based and community-based services. Such restructuring will encompass all aspects of the delivery system regardless of the setting in which the service is provided (PA 093-1031 Section 5).*

The Older Adult Services Act and the creation of the Older Adult Services Advisory Committee (OASAC) resulted from advocacy at many levels to reform the Illinois system of long-term care. The Illinois system of care for older adults has long favored institutional care over viable, adequate community based alternatives. Efforts to transform this system must include a commitment from the Administration, legislative leaders, advocates, and those organizations representing various provider groups to reallocate existing resources, reduce the supply of nursing home beds, and increase flexibility and consumer direction of home and community based services. The Older Adult Services Advisory Committee was established to lead this effort.

The Act also established the Older Adult Services Advisory Committee to advise the Directors of Aging, Public Health, and Healthcare and Family Services on all matters related to the Act. The Illinois Department on Aging (IDoA) formed the Older Adult Services Advisory Committee (OASAC) in January 2005.

In 2009, the Older Adult Services Act was amended by the authorization of PA 96-0248. This public act amended the Older Adult Services Act as follows:

> *The Department on Aging and the Departments of Public Health and Healthcare and Family Services shall develop a plan to restructure the State's service delivery system for older adults pursuant to this Act no later than September 30, 2010. The plan shall include a schedule for the implementation of the initiatives outlined in this Act and all other initiatives identified by the participating agencies to fulfill the purposes of this Act and shall protect the rights of all older Illinoisans to services based on their health circumstances and functioning level, regardless of whether they receive their care in their homes, in a community setting, or in a residential facility. Financing for older adult services shall be based on the principle that "money follows the individual" taking into account individual preference, but shall not jeopardize the health, safety, or level of care of nursing home residents. The plan shall also identify potential impediments to delivery system restructuring and include any known regulatory or statutory barriers.*
> *(PA 96-0248, Section 1)*

In 2011, the Older Adult Services Act was amended again by PA 97-0448 which mandates the Department to investigate the cost of compliance with developing and maintaining an inventory and assessment of (i) the types and quantities of public older adult services and, to the extent possible, privately provided older adult services, including the unduplicated count, location, and characteristics of individuals served by each facility, program, or service and (ii) the resources supporting those services, investigate the cost of compliance with this provision and report these findings to the appropriation committees of both chambers assigned to hear the agency's budget no later than January 1, 2012. If the Department determines that compliance is cost prohibitive, it shall recommend action in the alternative to achieve the intent of this Section and identify priority service areas for the purpose of directing the allocation of new resources and the reallocation of existing resources to areas of greatest need. If cost is prohibitive, then the Department shall recommend an alternative to achieving this intent.

A separate report fulfilling this mandate was submitted to the appropriations committee of both chambers assigned to hear the Department's budget in January 2012.

HISTORICAL INFORMATION ON THE OLDER AMERICANS ACT

The Older Americans Act (OAA) was enacted in 1965. The Act's purpose was to give older Americans increased opportunities for participating in the benefits of American society.

The Older Americans Act specifies that all older persons are eligible for services regardless of income. Generally, older persons are defined as those individuals who are age 60 and over. Preference must be given to those with the greatest economic or social need, with special attention to low-income minorities and older adults residing in rural areas. States and Area Agencies on Aging cannot use income screening to determine eligibility for services.

However, as funds become more limited, options for targeting services to the most vulnerable continue to be explored and implemented. The Area Agencies on Aging continue to assure that wide ranges of services are offered in their planning and service areas.

The following highlights some of the major changes to the Act over the past 40 years:

1965 - The Act was enacted and contained a ten-point set of broad policy objectives aimed at improving the lives of older persons. Those objectives are to assure older persons:

- An adequate income in retirement;
- The best possible physical and mental health;
- Obtaining and maintaining suitable housing;
- Full restorative services for those who require institutional care;
- Opportunity for employment;
- Retirement in health, honor and dignity;
- Participating and contributing to meaningful activity;
- Efficient community services;
- Immediate benefit from proven research knowledge;
- Freedom, independence and the free exercise of individual initiative;
- Full participation in the planning and operation of community-based services;
- Protection against abuse, neglect and exploitation.

1972 - The Nutrition Program for the Elderly Act was signed into law authorizing $100 million for a national nutritional services program for the elderly.

1973 - The Act was amended to require State Units on Aging (SUAs) to divide their states into planning and service areas (PSAs) and to designate Area Agencies on Aging (AAAs) to administer programs for the elderly in those PSAs. AAAs were assigned the chief responsibility for planning, coordinating, developing, and pooling resources to assure the availability and provision of a comprehensive range of services in the PSA.

1975 - The Act was amended to allow the Commissioner to make direct grants to Indian tribes. Priority services were also mandated.

1978 - The Act was amended to consolidate Title III - Social Services, Title V - Multipurpose Senior Center, and Title VII - Nutrition Services into one Title III with separate allocations for Title III-B - Social Services, Title III-C1 - Congregate Meals, and Title III-C2 - Home-Delivered Meals.

1981 - The Act was amended to streamline and improve the efficiency of programs, increase flexibility to meet local needs, and increase the participation of older persons in the operation of the programs intended to serve them.

1984 - The Act was amended to direct funding of National priority services (access, in-home, legal).

1987 - The Act was amended to increase the focus placed on serving low-income minority older persons. Extensive outreach efforts were required to inform older persons in greatest need of their eligibility to receive benefits such as Supplemental Security Income (SSI), Medicaid, and Food Stamps. A new Title III-D was created which provides funds for in-home services. Ombudsman programs at the state level were strengthened and expanded.

1992 - The Act was amended to increase the focus of providing preventive health services through Title III-F, with priority to areas of the state that are medically underserved and where there are a large number of persons in greatest economic need. A New Title VII was created, which provides a separate allotment for carrying out vulnerable elder rights protection activities, including the ombudsman program, the prevention of elder abuse, neglect, and exploitation, and benefits counseling.

2000 - The Older Americans Act was reauthorized by Congress in the fall of 2000 for a five-year period. The amended Act contained new provisions for the National Family Caregiver Support Program and renamed Title III-D from *In Home Services* to *Disease Prevention and Community Services* with corresponding programmatic changes.

2006 - The Older Americans Act was reauthorized by Congress for a five-year period. The amendments retained the targeting provisions for older adults in greatest economic and social need with special attention to minorities and older individuals residing in rural areas, and added a new focus on older individuals with limited English proficiency. The amendments also focused on the principles of consumer information for long-term care planning, evidence-based health promotion and prevention programs, and self-directed community-based services to older individuals at risk of institutionalization.

2011 - The Older Americans Act was due to be reauthorized. In January of 2012, S. 2037 has been introduced in the U.S. Senate to reauthorize the Older Americans Act.

OLDER AMERICANS ACT CLASSIFICATIONS

The State Plan on Aging represents planning commitments by the State regarding Title III (Grants for State and Community Programs on Aging) and Title VII (Vulnerable Elder Rights Protection Activities) of the Older Americans Act. The following services are funded under Title III and Title VII.

Title III-B Supportive Services and Senior Centers

- **Access Services -** Assisted Transportation, Individual Needs Assessment, Information & Assistance, Outreach, and Transportation.
- **In-Home Services -** Adult Day Care, Chore Housekeeping, Friendly Visiting, Home Health, Homemaker, Respite, and Telephone Reassurance.
- **Community Services -** Counseling, Education, Employment Assistance, Legal Assistance, Multipurpose Senior Center, and Recreation.

Title III-C Nutrition Services

Under Title III-C-1, the Department on Aging is allotted funds for congregate nutrition services. Congregate meals are served in group settings such as senior centers, schools, churches, or other community settings. Title III-C-1 funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.

Under Title III-C-2, the Department on Aging is allotted funds for Home Delivered Meal nutrition services. Home Delivered Meals are delivered to homebound older persons. Title III-C-2 funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.

Title III-D Disease Prevention and Health Promotion Services

These funds are currently used for a variety of health related services at the local level often in conjunction with local health departments. Programs include routine health screening, mental health screening, gerontological counseling, medication management, home injury control, physical fitness and health risk assessments. In FY 2013, the Department on Aging will work with the Area Agencies on Aging to incorporate evidence-based health promotion programs in their FY 2012-FY 2014 Area Plans.

Title III-E National Family Caregiver Support Program

The Family Caregiver program provides five basic service categories to family caregivers of older adults and grandparents raising grandchildren, including: information about services; assistance in accessing services; counseling, support groups and training/education; respite care; and, supplemental services.

Title VII Vulnerable Elder Rights Protection Activities

Title VII establishes programs to carry out vulnerable elder rights protection activities. The programs involved are the Long Term Care Ombudsman Program, elder abuse prevention activities and the legal assistance development program.

APPENDIX C

ELDER RIGHTS PLAN

ELDER RIGHTS PLAN

BACKGROUND INFORMATION

Older persons have the right to live free from abuse, neglect or exploitation. They also have the right, unless they have been adjudicated to lack mental capacity, to make their own decisions about where and how they will live, and with whom. Unfortunately, many older persons, both those who live at home and those who reside in long-term care facilities, are at risk of mistreatment by others. The Department on Aging operates two programs, the Long Term Care Ombudsman Program (LTCOP) and the Elder Abuse and Neglect Program, to ensure that vulnerable older adults are not mistreated and are able to exercise their rights. Both of these programs are designed to inform older persons of their civil, legal and human rights, and to assist them in the free exercise of those rights. As such, they reflect the Department's longstanding commitment to the rights of older persons.

The Long Term Care Ombudsman Program and the Elder Abuse and Neglect Program have Advisory Groups consisting of Area Agencies on Aging and provider agencies. The Advisory Groups have served as important vehicles to obtain the views of Area Agencies on Aging, elder abuse provider agencies and Regional Long Term Care Ombudsman Programs.

The Department on Aging has also sought the input of the Illinois Council on Aging and the Illinois Long Term Care Council. The Illinois Council on Aging is the state level advisory body to the Department on Aging, as mandated by the Illinois Act on Aging. The Illinois Council on Aging was created to promote advocacy on behalf of senior citizens in response to the Illinois Act on the Aging. The Illinois Long Term Care Council was formed in 2006 to advise the Department on Aging on matters pertaining to the quality of life and quality of care in the continuum of long-term care. Both Councils provide guidance to the Governor and the General Assembly by advising them on the concerns, problems and services provided to older adults in our State. Representatives of the Illinois Council on Aging also serve on the Elder Abuse Advisory Committee.

As advocacy-based programs, the success of the Elder Abuse and Neglect Program and the Long Term Care Ombudsman Program in serving older adults is often based on the ability to refer and persuade other agencies or entities to be responsive to the problems of the older adults.

The Department on Aging regularly works with other state agencies and associations such as the Department of Healthcare and Family Services, the Department of Public Health, the Department of Human Services, the Law Enforcement Training and Standards Board, the State Police, the Office of Attorney General, the Illinois Association of Chiefs of Police, the Illinois Sheriff's Association, the Illinois Criminal Justice Information Authority, the Illinois Violence Prevention Authority, the Illinois Family Violence Coordinating Councils, the Illinois Coalition Against Domestic Violence and others in order to coordinate better on issues of elder rights.

The Department on Aging has worked with other agencies and associations to improve response to older victims of mistreatment. For example, the Illinois State Triad, of which the Department on Aging is an active member, has implemented "B*SAFE" (Bankers and Seniors

Against Financial Exploitation). “B*SAFE” is a project to train bank customer service personnel to identify, report and prevent financial abuse of older persons.

The State Triad also holds an annual statewide conference on crimes against the elderly for law enforcement officers and aging advocates, and provides specialized training to certify “Elderly Services Officers” two to three times a year.

The Department on Aging encourages elder abuse provider agencies and LTC Ombudsman Programs to make appropriate referrals to law enforcement. The Long Term Care Ombudsman Program makes appropriate referrals to law enforcement and regulatory agencies if the resident gives permission or consent to the LTCOP to act.

Elder Abuse and Neglect Program caseworkers will in some cases have knowledge of criminal behavior, directed at older adults by family, household members or others. The caseworker, under specific circumstances, is required to report the matter to law enforcement agencies and/or the State’s Attorney’s Office. These circumstances include death, brain damage, bone fracture, sexual assault, etc. In less serious cases of behavior which constitutes a misdemeanor or does not immediately threaten serious harm to the older adults, and where the older adult has mental capacity, the older adult has the right to decide whether they wish to report the crime to the authorities.

The Department on Aging has worked with domestic violence advocates to increase referrals and recognition of elder abuse as another form of family violence through additional presentations at local Family Violence Coordination Councils and the statewide Family Violence Coordinating Council Steering Committee. The service needs of older battered women in particular are stressed.

The Department on Aging also sponsors an Elder Rights Conference each year, where experts from throughout the country train aging advocates, medical professionals, elder abuse, ombudsman, and legal service workers on the multiple facets of their work.

The Department on Aging has included an assurance in this document that outlines the State will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities as required by Title VII of the Older Americans Act. The Department on Aging reviews Area Plan budgets to ensure that Area Agencies on Aging do not supplant pre-existing funds to carry out elder rights protection activities.

LONG-TERM CARE OMBUDSMAN PROGRAM

The Long Term Care Ombudsman Program (LTCOP) is mandated by the federal Older Americans Act and supported by a provision in the Illinois Act on the Aging. The Department has established and operated the Office of the State Long Term Care Ombudsman Program (SLTCO). Regional LTCOP services are delivered through 16 provider agencies and individuals designated by the SLTCO and are operated through a grant or contract with the Department and Area Agencies on Aging. Approximately 200 people annually both paid and volunteer community ombudsmen are recognized as certified Representatives of the Office of the State Long Term Care Ombudsman.

Area Agencies on Aging (AAAs) provide administrative and advocacy support to the Long Term Care Ombudsman Program in a number of key program areas. AAAs are involved in the

designation of Regional Long Term Care Ombudsman Programs, provide technical assistance to Regional Long Term Care Ombudsman Programs and conduct legislative outreach to advance resident rights.

The Long Term Care Ombudsman Program works to protect and promote the rights and quality of life for long-term care residents. The program strives to ensure that existing state and federal laws, social service agency policies and long-term care facility policies are adhered to and that resident and family voices are heard during drafting or revision through the advocacy service components of the program.

Since 2010 and through a strategic planning process, service delivery components were prioritized. Complaint investigations were the number one priority service, followed by handling consultations and inquiries, conducting systems advocacy and providing regular presence visits to facilities. Regular presence ensures that residents have information about their rights, and investigative services focus on the health, safety, welfare and rights and preferences of residents. If at any point during the complaint investigation process, the resident expresses that he or she does not want the LTCOP to take further action on a complaint involving the resident, the representative of the LTCOP discontinues work on the complaint and informs the resident that he or she may contact the LTCOP regarding the withdrawn complaints or other complaints in the future. Investigation and resolution may involve the need for facility wide change where individual residents need not be identified.

Since 2009 when the LTCOP Program Standards last changed, more ombudsman time at both the state and regional levels have been devoted toward issue and systemic advocacy; involving representing the interests of residents before governmental agencies and seeking administrative, legal, and other remedies to protect the health, safety, welfare and rights of residents. It also involves reviewing and commenting on any existing and proposed laws, regulations and other government policies and actions that pertain to the rights and well-being of long-term care facility residents.

The Department on Aging's Long Term Care Ombudsman Program has been the nation's forerunner in promoting the national pioneer and culture change movement, which focuses on resident centered management and care practices. The goal of this initiative is to improve both the quality of care and the quality of life for residents, and thus reduce the incidence of abuse and neglect in Illinois facilities. The best practice models and approaches also make nursing homes better places to work, so that the high turnover rate and temporary staff costs are ultimately reduced. Since 2005, the LTC Ombudsman Program has been a key sponsor of the annual Pioneer Summit, which draws over 500 direct care professionals from nursing homes, civic and advocacy organizations, and state agencies to learn hands on approaches and best practices on the culture change movement. From the Illinois Pioneer Summit, regional pioneer coalitions have started in most of the 13 planning and service areas.

Seniors who live in licensed LTC facilities, their families and their designated representatives are the primary audiences for the LTC Ombudsman Program. Lack of awareness of the LTC Ombudsman Program was identified as a significant barrier to residents, families and facility staffs' understanding of resident rights. In 2008, the LTC Ombudsman Program created a statewide focus on residents' rights to improve the public's general understanding about the mission of the LTC Ombudsman Program. A new program logo, "Ombudsman Resident Advocate" was designed and new Residents' Rights brochures for each type of licensed and certified facility that an Ombudsman has access to have also been printed and distributed statewide. Over 75,000 "Residents' Rights for People in Long-Term Facilities" brochures are

distributed annually by the Department. In addition, thousands of brochures of "Residents' Rights for People in ICF-DDs" and "Residents' Rights for Persons Residing in Supportive Living Facilities" are disseminated every year. In 2009, a new Ombudsman Poster was designed and dispersed to the 1,100 Illinois long-term care facilities.

The Long Term Care Ombudsman Program will continue to work with state, local and civic organizations to improve service coordination and increase volunteer recruitment. As the lifestyle choices of baby boomers will influence their need for and use of aging services, more baby boomers will find themselves without family support when entering a nursing facility. With this trend, more nursing home advocates will be needed to fill the caregiver void.

Without any corresponding increase in state funding, the responsibilities of the Long Term Care Ombudsman Program have increased significantly with the addition of serving both residents of licensed assisted living facilities and certified supportive living facilities to the persons eligible for program services. The program continues to recruit, mentor, and support more volunteers and secure more funding to hire paid staff to lessen the local ombudsman's workload. Whereas, the recommended federal bed ratio to paid ombudsman is 1:2,000, Illinois' statewide bed ratio is one paid full-time ombudsman for 3,900 licensed beds.

In the Spring of 2011, the Illinois Ombudsman Program began the data migration to OmbudsManager v2.0. The State Office spent time field testing data followed by many more hours spent by the local ombudsmen field testing data. One major hurdle faced was the fact that local ombudsmen work for a variety of entities; they are not state employees. Because the local ombudsmen work for local organizations, there is a wide range of IT assistance available at the local level by phone, on line tutorials and webinars. Unfortunately, when the site went live, ombudsmen across the state encountered many problems that did not occur within the test site. The biggest problem was that the new program was significantly slower, which was not expected. Weekly conference calls were held between the State office and Harmony. In addition, local ombudsmen worked collaboratively with the State office and Harmony to troubleshoot the problems they were encountering. The state and local ombudsmen continue to work closely to focus on updating all of the additional fields added in v2.0 as well as to work towards the goal of strengthening consistency with data entry.

The Ombudsman Program Annual Service Plans support a more centralized statewide program while recognizing different regional resident issues and priorities. Contents of the plan include activities to meet or exceed the service components of the statewide Ombudsman Program. Regional ombudsman programs provide strategies to help achieve the statewide initiative, "promote safety and good care within licensed nursing facilities" as well as providing local initiatives and strategies to address them.

The 16 regional ombudsman programs are monitored and evaluated by the Office of State Long Term Care Ombudsman. Regional programs are required to submit an Annual Services Plan and quarterly program reports to their respective AAA and to the Office. The Office conducts an on-site evaluation of each regional program every three years. Program evaluation includes interviews with the AAA and volunteer ombudsmen, observing ombudsmen during facility visits, and reviewing case and complaint investigation documentation. The Office for accuracy and consistency reviews data entered into the data tracking system, OmbudsManager.

The Annual Service Plans support a more centralized statewide program while recognizing different regional resident issues and priorities. Contents of the plan include activities to meet or exceed the service components of the LTCOP.

Evaluation of the LTCOP is in keeping with the principles of quality improvement and program effectiveness. The LTCOP activities and complaint data are compared to the respective Annual Services Plan.

In order to be eligible for designation by the SLTCO as a provider agency, an entity must:

- Be a public or nonprofit entity;
- Not be an agency or organization responsible for licensing or certifying long-term care services;
- Not be an association (or an affiliate of an association) of providers of long-term care or residential services for older persons;
- Have no financial interest in a long-term care facility;
- Have demonstrated capability to carry out the responsibilities of the provider agency;
- Not be part of an agency which limits the ability of an ombudsman to be objective and independently investigate and resolve complaints;
- Have a clearly definable unit to function as the Regional LTCOP;
- Have sufficient staff to perform all duties and responsibilities of the Regional LTCOP which shall include a designated individual, known as the Regional Ombudsman, who has the overall responsibility for the activities of the Regional LTCOP and at a minimum have one full time equivalent staff person for every 3,000 licensed long-term care facility beds.

The Department does not impose any restrictions on the eligibility of entities for designation as local Ombudsman programs in addition to the criteria set forth in Section 712(a)(5)(C) of the Older Americans Act.

Conflict of interest exists in the LTCOP when other interests intrude upon, interfere with, or threaten to negate the ability of the LTCOP to independently investigate and resolve complaints without compromise on behalf of long-term care facility residents. Complaint resolution may involve issue advocacy.

Based on the provision of the Older Americans Act and the Illinois Act on the Aging, all records of the Illinois Long Term Care Ombudsman Program are confidential and are disclosed only in limited circumstances specifically provided by applicable law.

The Resident's Right to Know Act became law on January 1, 2009, which amended the Illinois Act on the Aging, the Nursing Home Care Act (NHCA), and the Consumer Fraud and Deceptive Business Practices Act. The law requires each licensed, long-term care nursing facility to complete an annual Consumer Choice Information Report that includes information about the facility's quality of care, services and security issues related to the residents and the staff of the facility. This important information will assist families in choosing a facility or monitoring a facility where a family member might currently reside. The Office of State Long Term Care Ombudsman is responsible for developing a data base of consumer choice information reports completed by facilities and making this information accessible to the public on the internet by

means of a hyperlink labeled “Resident’s Right to Know” on the IDoA home page. The Office has the authority to maintain the database and ensure that information provided by the facility is accurate.

Since March 2010, the Long-term Care Ombudsman Program (LTCOP) has placed greater emphasis and involvement to increase the outreach and education efforts to transition older adults out of long-term care facilities (LTCFs). Due to the ongoing regular presence of ombudsmen in these facilities, and combined with the 24-hour Access Provisions, ombudsmen are best equipped to identify good candidates for consideration for eligibility into the Money Follows the Person Project (MFP). Ombudsmen build relationships, trust and familiarity with the residents, therefore, they can ensure more successful, meaningful conversations centered on MFP, through the MFP re-balancing activities, make more appropriate and timely referrals.

Since its initial involvement, the LTCOP has made a significant number of MFP referrals to the Department on Aging, Department of Mental Health and Department of Rehabilitation Services. By conducting ongoing regular presence visits and public education activities, and attending Resident and Family Council meetings, the ombudsmen have made significant strides in reaching and educating both residents and family members.

As Illinois continues to push to rebalance the long-term care system, it is important for the LTCOP to remain involved in the MFP referral process. Armed with firsthand knowledge about the residents, ombudsmen build relationships, which make their involvement critical, unique and an integral part of the MFP process. Ombudsmen provide viable candidate recommendations, because they know the residents and the residents know them. Since the partnership began, Ombudsmen MFP referrals have not only increased, but afforded married couples and individual residents the opportunity to be considered for community placement. When adequate resources, services and support are provided, many residents living in long-term care facilities have the capability to reside outside of institutional settings.

ELDER ABUSE & NEGLECT PROGRAM

The Elder Abuse and Neglect Program became available statewide on April 1, 1991. It operates in accordance with the Elder Abuse and Neglect Act (320 ILCS 20/1 et seq.), which was signed into law in 1988. The Elder abuse and Neglect Act directs the Department to establish an intervention program to respond to reports of alleged elder abuse, neglect, and exploitation (ANE) of older persons who live at home at the time of the report, and to work with the older persons in resolving the abusive situations. The Act also provides immunity from civil and criminal prosecution, both for persons who report ANE and for caseworkers who respond to those reports, as long as they act in “good faith” in the best interest of the older person involved.

The Elder Abuse and Neglect Program was amended in 1998 to require professionals to report suspected abuse, neglect and exploitation of persons 60 and over whom, because of a dysfunction, are unable to report for themselves. Other amendments to the Act included provision for persons cooperating with investigations; hearsay exceptions for victim testimony; law enforcement referral requirements; and the rights to petition a court to freeze a victim’s assets pending investigation or interventions.

On January 1, 2004 additional amendments to the Elder Abuse and Neglect Act were implemented. Paramedics and emergency medical technicians were added to the list of professionals who are mandated reporters. Other amendments included the requirement that

the Department on Aging establish an aggressive training program about elder abuse, and solicit financial institutions and utility companies for the purpose of making information available regarding financial exploitation and related financial fraud and abuse, as well as information regarding telemarketing and home repair frauds. These amendments also included the introduction of penalties for physicians, dentists, and other mandated reporters who willfully fail to report elder abuse.

Effective January 1, 2007, the Elder Abuse and Neglect Act was amended to include self-neglect, contingent upon sufficient funding. In the absence of sufficient funding for implementation, provider agencies began receiving reports of self-neglect and referred the reports to the most appropriate agency(s) for follow-up. To date, more than 6,300 reports of self-neglect have been received.

In 2007, amendments to the Elder Abuse and Neglect Act added a requirement for 24 hour response to provider agencies' responsibilities, in cases of imminent risk to an alleged victim. In addition, amendments were added that allowed for the establishment of elder abuse fatality review teams.

The definition of self-neglect was enhanced in an amendment to the Elder Abuse and Neglect Act, effective January 1, 2010, which expanded the definition to include "compulsive hoarding," and included services that must be available to older adults who must be removed from their residences. In addition, the Elder Abuse and Neglect Act was amended, effective January 1, 2010, to allow for the identity of an elder abuse victim, who is at imminent risk of death as a result of abuse or neglect, to be shared with the office of a coroner or medical examiner.

An amendment to the Elder Abuse and Neglect Act, which became effective July 19, 2010, mandated training of new and current bank employees who have direct customer contact. The Department on Aging and the Department of Financial and Professional Regulation (DFPR) established, through joint rules, minimum training standards. DFPR oversees enforcement and provides the Department on Aging with bi-annual reports.

As a result of the new training requirement, more than 3,000 current bank employees were trained prior to the deadline of February 1, 2012, utilizing the B*SAFE training module. New employees must be trained within the first six months of employment, and training must be repeated every three years. An increase in reporting on the part of financial institutions has been documented.

The Elder Abuse and Neglect Program strives to build on the existing legal, medical, and social service systems to assure that it is more responsive to the needs of elder abuse victims and their families. In administering the program the Department designates regional administrative agencies (Area Agencies on Aging) to coordinate activities at the regional level. The Area Agencies on Aging, with Department approval, appoint local elder abuse provider agencies to respond to reports within their given geographic area.

Area Agencies on Aging (AAAs) provide administrative support to the State's Elder Abuse and Neglect Program in a number of key program areas. AAAs provide technical assistance to elder abuse provider agencies on program standards and procedures, conduct quarterly meetings with the provider agencies in their respective planning and service areas for the primary purpose of addressing program implementation issues, and also monitor the performance of elder abuse provider agencies to assure appropriate service interventions on behalf of elder

abuse victims. AAAs also participate in public education efforts on the issues of abuse, neglect and exploitation of older adults.

The service delivery components of the program include intake of reports, assessments, case work, follow-up, early intervention services, multi-disciplinary teams and public awareness and education. The elder abuse provider agency has 30 days to conduct a comprehensive investigation both to determine if the older adult has been mistreated and to determine their needs for services and interventions. If the abuse is substantiated, the elder abuse caseworker involves the older person in the development of a case plan to alleviate the situation. Services might include in-home care; adult day services; respite; health services; counseling, etc. Other interventions might include an order of protection, obtaining a representative payee, and assisting the older adult in obtaining other legal remedies.

A major guiding principle of the Elder Abuse and Neglect Program is the victim's right to self-determination. If a victim, who is able to consent, refuses all services offered, the elder abuse provider agency is required to close the case; however, the agency shall inform the victim of methods to contact the elder abuse provider agency in the future. When a victim lacks capacity, and in certain very serious life-threatening cases of abuse or neglect, the elder abuse provider agency is required to report the situation to law enforcement for investigation. In addition, when a victim who lacks capacity requires a substitute decision maker, the elder abuse provider agency is authorized to petition for guardianship, although the program may not act as guardian in order to avoid any real or perceived conflicts of interest.

All records concerning reports of elder abuse, neglect, and financial exploitation and all records generated by such reports are confidential and are not disclosed except under specific circumstances authorized by law or with older adult consent.

A wealth of public education materials on elder abuse continues to be distributed, including information cards targeted at four different professional groups (law enforcement, financial institutions, in-home workers and health care providers), a general information booklet on elder abuse and the elder abuse program, and a poster and corresponding brochure. The materials are designed to inform professionals and the general public about the signs of abuse, neglect and exploitation and encourage them to report cases to the Elder Abuse and Neglect Program.

In response to the mandate to work with financial institutions and utility companies, the Department on Aging, through a grant from the Illinois Criminal Justice Information Authority, developed posters and brochures for bank lobbies, and inserts for utility bills, which will alert customers of financial institutions and utility companies about the potential for financial exploitation, and other forms of fraud and abuse. A 10-minute training video, “Silent Crimes/Silent Crisis,” targeted at victims of financial exploitation was also being developed as part of this grant.

The Department, Area Agencies on Aging, and local elder abuse provider agencies make numerous presentations at conferences, workshops, college classes and elsewhere to raise awareness about elder abuse and the Elder Abuse and Neglect Program.

LEGAL ASSISTANCE DEVELOPMENT

As required by the Older Americans Act, the Illinois Department on Aging has assigned a staff member to serve as the Legal Services Developer for the Aging Network. The Legal Services

Developer provides state leadership in securing and maintaining the legal rights of older persons, coordinates the provision of legal assistance services in Illinois, and provides technical assistance, training and other supportive services to Area Agencies on Aging, legal assistance providers, long-term care ombudsmen, and elder abuse case workers. The Legal Services Developer is also responsible for promoting the development of pro bono legal assist programs and state and local bar committees on aging. During the next three years, the Legal Service Developer will be focusing on the following major activities that support elder rights programs in Illinois:

- Build communications with Title III legal service providers to discuss emerging issues and changes in laws and regulations.

- Identify training needs among Title III legal service providers and arrange for training as needed.

- Assist in organizing and participating in legal trainings for attorneys on elder rights issues.

- Facilitate coordination and communication among elder abuse provider agencies, the State TRIAD, law enforcement and legal service providers.

- Facilitate coordination and communication between Regional Long Term Care Ombudsmen and legal service providers.

- Participate in legislative drafting, analysis and advocacy such as amending the Elder Abuse and Neglect Act, strengthening laws against financial exploitation, and strengthening long-term care residents' rights.

- Serves as Co-Chair of the Illinois Long Term Care Council, which is statutorily mandated to advise the Department on Aging, the General Assembly and the public on improving the quality of care in long-term care facilities.

- Participate in the planning of the Elder Rights Conference, put on by the Department on Aging annually, to provide essential information to attorneys, elder abuse caseworkers and supervisors, and long-term care ombudsmen.

- Advise the elder abuse provider agencies on legal and policy matters, particularly relating to legal interventions, court relations and confidentiality.

- Writes a monthly column on legal issues distributed to the elder abuse provider agencies.

- Work on drafting of rulemakings related to the Elder Abuse and Neglect Program and the State Long Term Care Ombudsman Program.

APPENDIX D

EMERGENCY PREPAREDNESS PLAN

EMERGENCY PREPAREDNESS PLAN

The Illinois Department on Aging (Department) works closely with the Illinois Emergency Management Agency (IEMA) through interagency coordination under the Illinois Emergency Management Act and the Illinois Emergency Operations Plan (IEOP) in responding to all natural and man-made disasters, without specific regard to the degree of impact on older persons. Under the IEOP, the Department helps support the Operational Annexes of Mass Care (ESF 6) and Resource Management (ESF 7). Additionally, the Department assists in Recovery Operations by helping and locating senior citizens and their caregivers to ensure they obtain all available aid.

The Department has a functional Disaster Operations Plan in place. The Illinois Aging Network (which includes 13 AAAs and their local service providers) has developed their own proactive, action-oriented local disaster plan or has modified the Department's.

In conjunction with a federal "Statement of Understanding," between the U.S. Department of Health & Human Services and the American Red Cross (ARC), the Department works with the ARC throughout Illinois, at the state and local levels, to prepare and respond to all disasters. The Illinois Aging Network works directly with and accompanies representatives of the ARC Chapters in the response and recovery phases of disasters. In conjunction with the AAAs' and their service providers' disaster plans, outreach workers, case managers, etc., do damage assessments, outreach, provide meals and assist with family/casework services with the ARC.

Since 1994, the Department has trained and worked with the Illinois Aging Network to help older persons in times of disaster. We have continuously worked with IEMA, ARC, Illinois Department of Public Health (IDPH) and other allied state agencies to provide ongoing training to meet the needs of our network. In 2007, the Department began training on the complex needs of the "Functional Needs Populations". Recently, the Department adjusted the training to include providing services in Mass Care Shelters per FEMA and ADA guidelines. In order to provide a coordinated disaster response/recovery, the Illinois Aging Network is tasked to develop and refine their ongoing relationships with their local ARC Chapters, Emergency Management Agencies, Volunteers Active in Disasters (VOADs), and other disaster relief organizations.

Disaster preparedness information and materials are sent to the Illinois Aging Network, as well as to Department staff and their families. Example materials include information on Earthquake Preparedness, Winter Storm Preparedness, Severe Weather Preparedness, Lightning Safety Awareness, Fire Prevention and "Functional Needs Populations" (Note: Please see the book entitled "Emergency Preparedness Tips for Those with Functional Needs" on the Ready Illinois' website at www.ready.illinois.gov.).

In all of the preparedness materials sent to the Illinois Aging Network, older persons are advised that the network will be there to support and protect them. However, with any significant or catastrophic disaster the older person must help too by having a basic survival kit on hand that includes shelf-life food, water and medications for at least a 72 hour period. Older persons and the local communities in which they live must take a reasonable amount of responsibility for their general welfare.

Through Illinois' emergency management system the Department has developed and refined contingency plans to help Illinois' older residents. This is done by participating in the regular practice of interagency emergency drills both externally and internally at the Department.

In regard to the IEOP, the Department, along with other State agencies and volunteer organizations, is a participant and signatory of this document. The lead State organization for the Mass Care Annex (ESF 6) is the State Liaison of the American Red Cross.

Under the specific, detailed direction of the State ARC Liaison, when any disaster situation occurs, including flu or any other pandemic, the Department's Disaster Coordinators coordinate and mobilize resources and activities of the Illinois Aging Network, as appropriate. In the event a health related pandemic occurs, the lead State agency is the Illinois Department of Public Health (IDPH). The Department's Disaster Coordinators work closely with IDPH. The Department has participated in pandemic exercises sponsored by IDPH. The Department and the Illinois Aging Network will continue to work on improving coordination at the state and local levels to prepare for and respond to pandemics and other disasters.

In the fall of 2007, the IDPH included the Department in addressing emergency preparedness, response, and recovery needs of the elderly. The IDPH and the Department along with the Illinois Department of Human Services, American Red Cross and the Illinois Emergency Management Agency partnered together to provide statewide regional workshops to explore local resources available in Illinois.

Due to the collaboration on these statewide regional workshops, the IDPH included the Department as an active member of the Illinois Terrorism Task Force's Public Health and Medical Services Committee (formerly known as the Bioterrorism Committee), a group which advises the IDPH on public health emergency preparedness and response planning in Illinois. In the fall of 2011, the Department requested to be a voting member of the full Illinois Terrorism Task Force. Membership was immediately approved.

Also, grants issued by IDPH to local health departments (LHD) will require local AAAs to be one of the local partners included in LHD emergency planning. LHDs will also be required to address the public health emergency preparedness needs of senior citizens in their public health emergency response planning activities.

The Department's Disaster Coordinators felt that being a signatory of the IEOP for Mass Care and Resource Annexes was not enough. Because of the complex needs of the frail older adult and the fact that the baby boomers were becoming of age, the Disaster Coordinators felt it was important to have a seat at the State Incident Response Center (SIRC) so they could advocate for seniors immediately after an event. The SIRC Manager agreed and welcomed the Department's Disaster Coordinators to the emergency management fold.

In 2011, the Department's Disaster Coordinators were activated and asked to report to the SIRC for the Southern Illinois flooding. During this event, the Department's Disaster Coordinators worked with the Illinois Aging Network, ARC, and other agencies to coordinator response and recovery efforts for those seniors impacted by the flooding.

When a disaster occurs, the Department's Disaster Coordinators immediately contact the AAA involved to see if they and their staff have been affected and to ask that they reach out to their service providers and ask the same. Once it has been determined that they are functioning, the Disaster Coordinators will ask that they check on the older adults that they serve along with their caregivers.

During the initial response and the early recovery phases of the disaster, the Disaster Coordinators obtain information about the disasters impact on older persons and their caregivers. The AAA will submit a brief report via e-mail about the disaster to the Department's Disaster Coordinators. The Disaster Coordinators regularly communicate the Department's activities with IEMA, the Administration for Community Living (ACL), allied State agencies, the American Red Cross and provides information requested/needed by the Federal Emergency Management Agency (FEMA). Additional, periodic e-mails are sent to the involved parties to keep them apprised of the situation."

APPENDIX E

INTRASTATE FUNDING FORMULA

INTRASTATE FUNDING FORMULA

A. INTRODUCTION

The Illinois Department on Aging allocates Title III and State General Revenue Funds appropriated for distribution to the thirteen (13) Area Agencies on Aging on a formula basis in accordance with the Older Americans Act and its regulations. Section 1321.37 (a) of the Older Americans Act regulations further requires the Department to "review and update its formula as often as a new State plan is submitted for approval." Illinois is in the last year of a three-year plan period. A new State Plan has been developed for FY 2013 through FY 2015. **Based upon our review of the formula, the Department has decided not to change the intrastate funding formula.**

B. FORMULA GOALS AND ASSUMPTIONS

The goals to be achieved through the intrastate funding formula are as follows:

- To develop a formula consistent with the purpose and requirements of the OAA and its regulations.
- To provide resources across the state for home and community based services for older persons over the age of 60.
- To target resources to areas of the State with higher concentrations of older persons in greatest economic and social need, with special emphasis on low-income minority older persons.
- To develop a formula that distributes resources solely on the population characteristics of each planning and service area and that will reflect changes in those characteristics among the PSAs as updated data become available.
- To develop a formula that is easily understood.

In reviewing the intrastate funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the State. Some of the major assumptions implicit in the review of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons over the age of 60.
- Funding formula factors must be derived from data which is quantifiable by Planning and Service Area, be based on data from the Bureau of the Census, and characterize at least five percent of the State's population 60 years of age and older.
- Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.
- The low revenue generating potential of rural areas and the high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The funding formula should compensate for these factors.

- Additional resources to PSAs with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the regional level. It is the **combination** of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

C. FUNDING FORMULA DEFINITIONS

Bureau of the Census means the Bureau of the Census, U.S. Department of Commerce.

Housing unit means a house, an apartment, a group of rooms, or a single room occupied as a separate living quarters.

Living alone means being the sole resident of a housing unit.

Minority group means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the Bureau of the Census.

PSA means a Planning and Service Area, which is designated by the Illinois Department on Aging and Illinois Act on the Aging.

Poverty threshold means the income cutoff, which determines an individual's poverty status as defined by the Bureau of the Census.

Rural area means a geographic location not within a Metropolitan Statistical Area (MSA) as defined by the Bureau of the Census.

D. FUNDING FORMULA FACTORS AND WEIGHTS

In order for a particular factor to be included in the intrastate funding formula, it must:

- Be derived from data which is quantifiable by PSA;
- Be based on data which is derivable from the Bureau of the Census; and
- Characterizes at least 5 percent of the state's population 60 years of age and older.

The formula contains the following factors:

- The number of the state's population 60 years of age and older in the PSAs as an indicator of need in general (60+ population).
- The number of the state's population 60 years of age and older at or below the poverty threshold in the PSAs as an indicator of greatest economic need (GEN - 60+ Poverty).
- As indicators of greatest social need, the number of the state's elderly in the PSAs who are:
    a) 60-years of age and over and a member of a minority group (GSN - 60+ Minority);
    b) 60-years of age and over and living alone (GSN - 60+ Living Alone); and
    c) 75-years of age and over (GSN - 75+ Population).
- The number of the state's population 60 years of age and older residing in rural areas of the PSAs as a means of assuring that the state will spend for each year of the State Plan, not less than the amount expended for such services for Fiscal Year 2000.

The funding formula factors are weighted as follows:

60+ Population	**41.0%**
Greatest Economic Need: (60+ Poverty)	**25.0%**
Greatest Social Need: (60+ Minority - 10.0%) (60+ Living Alone - 7.5%) (75+ Population - 7.5%)	**25.0%**
60+ Rural	**9.0%**

E. APPLICATION OF THE INTRASTATE FUNDING FORMULA

The intrastate funding formula is:

A= (**.41** *POP-60* + **.25** *POV-60* + **.10** *MIN-60* + **.075** *LA-60* + **.075** *POP-75* + **.09** *RUR-60*) X (*T*)

Where:

A) *A* = Funding allocation from a specific source of funds to a particular PSA.

B) *POP-60* = Percentage of the state's population within the particular PSA age 60 and older.

C) *POV-60* = Percentage of the state's population within the particular PSA age 60 and older at or below the poverty threshold.

D) *MIN-60* = Percentage of the state's population within the particular PSA age 60 and older and a member of a minority group.

E) *LA-60* = Percentage of the state's population within the particular PSA age 60 and older and living alone.

F) *POP-75* = Percentage of the state's population within the particular PSA age 75 and older.

G) *RUR-60* = Percentage of the state's population within the particular PSA age 60 and older not residing in a MSA.

H) *T* = The total amount of funds appropriated from a specific source of funds.

The data used in the Intrastate Funding Formula reflects the most current and up-to-date information from the Bureau of the Census, including mid-census estimates when available.

F. OTHER FUNDING FORMULA PROVISIONS

The only exceptions to the use of the Department's IFF are for the distribution of the following funds: Title III-B Ombudsman, Title III-D, Title VII Ombudsman, Title VII Elder Abuse, GRF for Community Based Equal Distribution, and GRF for Ombudsman. Title III-B Ombudsman and Title VII Ombudsman funds are distributed on the basis of the number of LTC Licensed Beds in a PSA per an annual report from the Illinois Department of Public Health. For the GRF for Ombudsman funds, 50% of the funds are distributed using the number of LTC Licensed Beds in a PSA and 50% of the funds are distributed using the number of Licensed LTC Facilities in a PSA. The Title III-D funds are distributed via a formula proposed by the 13 Area Agencies on Aging and accepted by the Department. The Title III-D formula is as follows: 60+ Population (20%), 60+ Poverty (30%), Percent 60+ Population by Weight (20%), and Percent 60+ Poverty by Weight (30%). The Title VII-Elder Abuse funds are distributed by a formula that provides $3,000 for every Multi-Disciplinary Team in a PSA and the remaining funds are distributed via the IFF. For any state GRF funds received that have no prescribed formula stated in the appropriation, the Department has the authority to determine the methodology to be used to distribute those funds.

Whenever the Director determines that any amount allotted to an Area Agency on Aging for a fiscal year under this formula will not be used by such Area Agency on Aging for carrying out the purposes for which the allotment was made, the Director may, in accordance with this subsection, make such allotment available for carrying out such purpose to one or more other Area Agencies on Aging to the extent the Director determines that such other Area Agencies on Aging will be able to use such additional amount for carrying out such purpose. Funds will be reallotted to those Area Agencies on Aging, which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallotment amount made available to an Area Agency on Aging from an appropriation for a fiscal year in accordance with the preceding sentence shall, for the purposes of this title, be regarded as part of such Area Agency's allotment for such year, and shall remain available only until the end of that fiscal year. Funds available for reallotment will be:

- Those in excess of an Area Agency's allowable carryover amount determined by the financial closeout of the Fiscal Year;
- Those carryover funds available to an Area Agency on Aging determined by the financial closeout of the Fiscal Year but not requested by an Area Agency on Aging; and
- Those funds offered to the Department for reallotment by an Area Agency on Aging.

If the Director finds that any Area Agency on Aging has failed to qualify under the Area Plan requirements of the Older Americans Act, or Section 230.140 of the Department's administrative rules, the Director may withhold the allotment of funds to such Area Agency on Aging. The Director shall direct the disbursement of the funds so withheld directly to any qualified public or private nonprofit institution or organization, agency, or political subdivision in order to ensure continuity of services pursuant to Section 230.145 of the Department's administrative rules.

The allotment to an Area Agency on Aging may be reduced by the amount of any disallowance if that Area Agency on Aging has expended funds allocated under this Part:

- For purposes which an audit report determines to be questionable costs which are deemed disallowed by the Department;
- For purposes which an audit report determines to be unallowable; or

For purposes that are otherwise determined to be unallowable according to cost principles contained in applicable OMB Circulars or the approved grant/contract award.

This reduction will occur in the Fiscal Year following the identification of the disallowance.

If an Area Agency on Aging does not expend the required minimum percentage of their Title III-B allocation on access services, in-home services, and legal services as established by the Department, pursuant to the Older Americans Act in a Fiscal Year as determined by the financial closeout report, and no waiver of the requirement has been granted by the Department for that Fiscal Year, the Area Agency on Aging must, for the next fiscal year following the submission of their report, expend the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required expenditure amount, it may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

APPENDIX F

% SHARE OF DEMOGRAPHIC CHARACTERISTICS & WEIGHTED FORMULA BY PLANNING & SERVICE AREA (PSA)

Illinois Department on Aging
Demographic Characteristics of Older Persons
by Planning & Service Area

PSA	60+ Population	GEN Poverty	Greatest Social Need			60+ Rural
			Minority	75+	Living Alone	
01	136,982	7,999	10,342	46,346	31,950	55,891
02	520,931	24,147	77,681	155,134	101,875	0
03	109,590	7,322	5,994	39,814	29,020	60,726
04	87,491	5,101	5,300	30,995	22,223	8,972
05	158,160	9,691	10,163	55,930	39,630	54,157
06	29,303	2,359	607	11,052	7,962	27,931
07	98,834	6,842	4,106	34,786	26,499	40,685
08	128,635	9,420	16,184	45,425	33,700	10,589
09	33,383	3,297	1,033	11,790	9,409	33,383
10	29,525	2,358	438	11,038	8,024	29,525
11	64,519	6,924	3,417	21,560	18,173	62,613
12	396,170	68,670	239,023	126,837	118,310	0
13	481,119	26,430	112,734	168,971	112,780	0
TOTAL	**2,274,642**	**180,560**	**487,022**	**759,678**	**559,555**	**384,472**

% Share of Demographic Characteristics
by Planning & Service Area

PSA	60+ Population	GEN Poverty	Greatest Social Need			60+ Rural	IFF *Weight*
			Minority	75+	Living Alone		
01	6.02	4.43	2.12	6.10	5.71	14.54	5.98
02	22.89	13.36	15.95	20.42	18.21	0.00	17.22
03	4.82	4.06	1.23	5.24	5.19	15.80	5.32
04	3.85	2.83	1.09	4.08	3.97	2.33	3.21
05	6.95	5.37	2.09	7.36	7.08	14.09	6.75
06	1.29	1.31	0.13	1.45	1.42	7.26	1.74
07	4.35	3.79	0.84	4.58	4.74	10.58	4.47
08	5.66	5.22	3.32	5.98	6.02	2.75	5.11
09	1.47	1.83	0.21	1.55	1.68	8.68	2.10
10	1.30	1.31	0.09	1.46	1.43	7.68	1.78
11	2.84	3.83	0.70	2.84	3.25	16.29	4.11
12	17.42	38.02	49.08	16.70	21.14	0.00	24.39
13	21.14	14.64	23.15	22.24	20.16	0.00	17.82
TOTAL	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

APPENDIX G

MINIMUM PERCENTAGE OF TITLE III-B FUNDS TOWARD PRIORITY SERVICES

MINIMUM PERCENTAGE OF TITLE III-B FUNDS TOWARD PRIORITY SERVICES

The 2006 Amendments to the Older Americans Act stipulate that each State Agency set a minimum percentage of funds to be used in the service categories of access, in-home, and legal to be used by each Area Agency on Aging.

Also, according to the 2006 Amendments, if an Area Agency on Aging expends at least the minimum percentage set by the State, the Area Agency on Aging will have fulfilled the requirement to spend an adequate proportion of funds on such services. The minimum percentage is intended to be a floor, not a ceiling. The amendments encourage Area Agencies on Aging to devote additional funds to each of these service areas in order to meet local needs.

The Older Americans Act continues to allow for the State to grant a waiver to an individual Area Agency on Aging to this provision "...if the Area Agency on Aging demonstrates to the State agency that services being furnished for such category in the planning and service area are sufficient to meet the need for such services in such planning and service area."

TITLE III-B ALLOTMENT

For the purpose of determining minimum percentages and monitoring the expenditure of Title III-B funds on priority services, the Title III-B allotment used for each Area Agency on Aging will be determined as follows:

Title III-B = Base Funding + Transfers - Ombudsman Allocation - AAA Carryover

PRIORITY SERVICES

In determining the minimum percentage of Title III-B funds to be directed toward priority services, the following categories and services will be used:

Access:	Case Management
	Assisted Transportation
	Individual Needs Assessment
	Information and Assistance
	Outreach
	Transportation
In-Home:	Adult Day Care
	Chore/Housekeeping
	Friendly Visiting
	Home Health

In-Home:	Homemaker
	Residential Repair and Renovation
	Respite Care
	Telephone Reassurance
Legal:	Legal Assistance

MINIMUM PERCENTAGES FOR FY 2013 - 2015

The Department will maintain the minimum percentages for the three-year plan period. The following minimum percentages will apply during FY 2013-2015.

Access	**33.1%**
In-Home	**0.04%**
Legal	**3.2%**

A special note of caution is needed when reviewing the percentage of Title III-B funds established for in-home services in Illinois. On face value, this percentage would appear to be remarkably low compared to the increasing need for such services by older persons at risk of inappropriate institutionalization. However, in addition to administering federal programs under the Older Americans Act, the Department on Aging also administers a State funded in-home services program called the Community Care Program. Current services available through the Community Care Program include case management services, homemaker, adult day services, emergency home response, and flexible senior services. The estimated total expenditure for those three services in FY 2013 will be approximately $744.5 million dollars, which reflects a significant commitment by this State to address the needs of our frail older population.

APPENDIX H

FY 2013 FEDERAL, STATE & NSIP PLANNING ALLOCATIONS

Illinois Department on Aging - FY 2013 Federal Planning Allocations

PSA	Title III-B Ombudsman	Title III-B Comm.-Based	Title III-C1	Title III-C2	Title III-D	Title III-E	Total Title III	Title VII Elder Abuse	Title VII Ombudsman	Total Title VII
01	43,170	771,573	982,048	464,939	39,800	333,801	**2,635,331**	16,396	37,382	**53,778**
02	141,726	2,221,820	2,827,905	1,338,838	120,673	961,214	**7,612,176**	27,659	122,727	**150,386**
03	38,312	686,416	873,662	413,625	37,730	296,960	**2,346,705**	6,911	33,176	**40,087**
04	29,775	414,172	527,153	249,574	27,064	179,181	**1,426,919**	5,360	25,784	**31,144**
05	55,663	870,922	1,108,499	524,806	45,850	376,782	**2,982,522**	22,962	48,202	**71,164**
06	13,118	224,505	285,747	135,284	11,623	97,126	**767,403**	4,279	11,360	**15,639**
07	34,495	576,744	734,073	347,538	33,512	249,514	**1,975,876**	15,286	29,871	**45,157**
08	48,098	659,321	839,175	397,298	42,506	285,238	**2,271,636**	6,757	41,650	**48,407**
09	14,367	270,954	344,867	163,273	14,328	117,221	**925,010**	4,545	12,442	**16,987**
10	11,383	229,665	292,315	138,393	12,099	99,359	**783,214**	4,309	9,858	**14,167**
11	22,765	530,295	674,953	319,549	29,452	229,419	**1,806,433**	6,021	19,713	**25,734**
12	97,515	3,146,933	4,005,378	1,896,299	245,803	1,361,441	**10,753,369**	29,930	84,442	**114,372**
13	143,670	2,299,235	2,926,439	1,385,488	135,559	994,706	**7,885,097**	37,100	124,410	**161,510**
TOTAL	**694,057**	**12,902,555**	**16,422,214**	**7,774,904**	**795,999**	**5,581,962**	**44,171,691**	**187,515**	**601,017**	**788,532**

Title III-B Includes:		**Title III-C1 Includes:**		**Title III-C2 Includes:**		**Title III-D Includes:**	
FY 12 Funds	14,524,890	**FY 12 Funds**	17,286,541	**FY 12 Funds**	8,184,109	**FY 12 Funds**	837,894
IDoA Admin.	726,245	**IDoA Admin.**	864,327	**IDoA Admin.**	409,205	**IDoA Admin.**	41,895
IDoA Ombud.	202,033						
III-B Distrib.	**13,596,612**	**III-C1 Distrib.**	**16,422,214**	**III-C2 Distrib.**	**7,774,904**	**III-D Distrib.**	**795,999**

Title III-E Includes:		**Title VII EA Includes:**		**Title VII Omb Includes:**	
FY 12 Funds	5,875,749	**FY 12 Funds**	197,384	**FY 12 Funds**	632,649
IDoA Admin.	293,787	**IDoA Admin.**	9,869	**IDoA Admin.**	31,632
		M-Teams			
III-E Distrib.	**5,581,962**	**VII EA Dist.**	**187,515**	**VII Omb Dist.**	**601,017**

Illinois Department on Aging - FY 2013 GRF Planning Allocations

PSA	Title III Adm. Match	Title III Serv. Match	Home Del. Meals	Comm.-Based Services	Comm.-Based Services	Ombudsman Services	Total GRF	Total Federal	Total Funds Fed & State
01	88,304	17,871	641,247	240,665	58,369	80,210	**1,126,666**	**2,689,109**	**3,815,775**
02	254,853	50,888	1,846,535	693,018	58,369	220,562	**3,124,225**	**7,762,562**	**10,886,787**
03	78,541	15,916	570,474	214,103	58,369	70,033	**1,007,436**	**2,386,792**	**3,394,228**
04	47,776	9,218	344,215	129,186	58,370	54,312	**643,077**	**1,458,063**	**2,101,140**
05	99,841	20,005	723,816	271,654	58,369	100,676	**1,274,361**	**3,053,686**	**4,328,047**
06	25,885	5,009	186,584	70,026	58,370	24,240	**370,114**	**783,042**	**1,153,156**
07	66,117	13,248	479,327	179,895	58,369	65,059	**862,015**	**2,021,033**	**2,883,048**
08	76,027	14,701	547,956	205,652	58,369	88,271	**990,976**	**2,320,043**	**3,311,019**
09	30,914	6,372	225,187	84,515	58,370	29,957	**435,315**	**941,997**	**1,377,312**
10	26,328	5,276	190,873	71,636	58,369	24,983	**377,465**	**797,381**	**1,174,846**
11	60,496	12,477	440,724	165,407	58,369	47,794	**785,267**	**1,832,167**	**2,617,434**
12	360,019	73,025	2,615,388	981,576	58,369	134,750	**4,223,127**	**10,867,741**	**15,090,868**
13	264,024	52,370	1,910,874	717,166	58,369	202,553	**3,205,356**	**8,046,607**	**11,251,963**
TOTAL	**1,479,125**	**296,376**	**10,723,200**	**4,024,499**	**758,800**	**1,143,400**	**18,425,400**	**44,960,223**	**63,385,623**

Illinois Department on Aging - FY 2013 NSIP Planning Allocations

PSA	Cong Meals FY 2011	HDM FY 2011	Total Meals FY 2011	Percent of Meals	FY 11 NSIP Allocation
01	151,399	477,445	628,844	6.36	437,264
02	174,125	604,020	778,145	7.87	541,080
03	104,064	262,102	366,166	3.70	254,383
04	116,323	202,490	318,813	3.22	221,382
05	204,416	340,971	545,387	5.51	378,825
06	76,777	140,583	217,360	2.20	151,255
07	135,622	255,063	390,685	3.95	271,571
08	152,452	280,719	433,171	4.38	301,135
09	89,257	119,146	208,403	2.11	145,068
10	130,357	106,139	236,496	2.39	164,319
11	216,929	281,716	498,645	5.04	346,511
12	759,817	3,603,794	4,363,611	44.12	3,033,347
13	248,894	656,331	905,225	9.15	629,083
TOTAL	**2,560,432**	**7,330,519**	**9,890,951**	**100.00**	**6,875,223**

APPENDIX I

STATE PROGRAM ALLOCATIONS

FOR FY 2013

State Program Allocations by PSA for FY 2013

PSAs	Title III Funds	Other OAA Funds	Non-Title III Funds	Total Funds Awarded
01	$2,635,331	$321,068	$2,422,881	***$5,379,280***
02	$7,612,176	$150,386	$5,310,546	***$13,073,108***
03	$2,346,705	$141,473	$1,890,729	***$4,378,907***
04	$1,426,919	$77,229	$1,531,091	***$3,035,239***
05	$2,982,522	$271,164	$2,727,307	***$5,980,993***
06	$767,403	$73,712	$718,286	***$1,559,401***
07	$1,975,876	$183,410	$1,828,661	***$3,987,947***
08	$2,271,636	$48,407	$2,053,090	***$4,373,133***
09	$925,010	$16,987	$904,244	***$1,846,241***
10	$783,214	$14,167	$807,581	***$1,604,962***
11	$1,806,433	$81,035	$1,982,748	***$3,870,216***
12	$10,753,369	$2,142,088	$9,598,125	***$22,493,582***
13	$7,885,097	$548,620	$5,715,889	***$14,149,606***
Subtotal	***$44,171,691***	***$4,069,746***	***$37,491,178***	***$85,732,615***
Other			$745,712,000	***$745,712,000***
TOTAL	***$44,171,691***	***$4,069,746***	***$783,203,178***	***$831,444,615***

"Other OAA" Column = Title V Senior Community Service Employment Program and Title VII Elder Abuse and Ombudsman Allocations.

"Non-Title III" "Column = State General Revenue Funds including Planning and Service Grants, Home Delivered Meals, Community Based Services, Systems Development Grants, Senior Employment Specialist, Elder Abuse and Neglect Contracts, NSIP Allocations, Tobacco Settlement/SHAP, Ombudsman and Civil Monetary Penalties funds.

"Other" Line = Community Care Program, Foster Grandparent, Retired Senior Volunteer Program, Elder Abuse Money Management and Grandparents Raising Grandchildren funding.

APPENDIX J

AREA AGENCY ON AGING PROPOSED

FY 2013 EXPENDITURES

FOR COORDINATION & PROGRAM DEVELOPMENT

AREA AGENCY ON AGING PROPOSED FY 2013 EXPENDITURES FOR COORDINATION & PROGRAM DEVELOPMENT

The Older Americans Act regulations require State and Area Agencies on Aging to submit the details of Area Agency's on Aging proposals to pay program development and coordination activities as a cost of supportive services to the general public for review and comment. The Department on Aging definitions for these two services and the amounts projected to be expended by each Area Agency on Aging for FY 2013 are outlined below. Note: Due to the due date that the State Plan must be submitted to the Administration for Community Living (ACL), the numbers listed below are based on the FY 2012 Area Plans.

Coordination Definition:

Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relations with other funding agencies and service providers.

Program Development Definition:

Activities directly related to either the establishment of a new service(s); or the improvement, expansion, or integration of an existing service(s) within a specific fiscal year.

Area Agency	*Coordination*	*Program Development*
01	$60,000	$90,000
02	$79,470	$79,471
03	$29,112	$238,720
04	$76,418	$100,688
05	$141,003	$114,341
06	$0	$0
07	$52,067	$74,940
08	$51,000	$93,000
09	$0	$0
10	$10,000	$7,000
11	$24,754	$54,774
12	$0	$0
13	$90,994	$220,878

APPENDIX K

FISCAL YEAR 2013

SERVICE OBJECTIVES

FISCAL YEAR 2013 SERVICE OBJECTIVES

This exhibit represents the service delivery objectives for the State in Fiscal Year 2013 for services funded through Title III of the Older Americans Act.

Service	Persons	Units	PSA
Access Services			
Assisted Transportation	*740*	*18,751*	*4,8*
Ind. Needs Assessment III-B & III-C	*2,522*	*5,616*	*5*
Info. & Assistance	*362,135*	*747,933*	*Statewide*
Outreach III-B	*9,652*	*11,322*	*2,3,4,9,11*
Outreach III-C	*1,900*	*1,500*	*6*
Transportation	*27,996*	*584,417*	*Statewide*
Other (Case Advocacy & Support)	*90*	*950*	*12*
In-Home Services			
Adult Day Care	*0*	*0*	
Chore/Housekeeping	*1,493*	*47,242*	*4,12,13*
Friendly Visiting	*45*	*1,170*	*13*
Home Delivered Meals	*37,370*	*6,721,434*	*Statewide*
Home Health	*1*	*6*	*7*
Homemaker	*0*	*0*	
Respite	*1,244*	*29,137*	*1,3,5,6,8,9,12,13*
Residential Repair	*1,016*	*1,172*	*2,4,8,9,11,13*
Telephone Reassurance	*534*	*25,338*	*10,13*
Other (Gap-Filling)	*68*	*68*	*4*
Community Services			
Congregate Meals	*73,303*	*2,504,254*	*Statewide*
Counseling	*699*	*5,973*	*2*
Education	*4,149*	*10,544*	*2,3,10*
Health Screening	*2,640*	*4,006*	*2,8,10*
Housing Assistance	*745*	*7,226*	*12,13*
Legal Assistance	*6,661*	*31,941*	*Statewide*
Multi. Senior Center	*278,012*	*31,485*	*2,3,6,9,10,12,13*
Nutrition Education	*1,615*	*1,100*	*6*
Recreation	*31,027*	*9,434*	*2,12*
Health Promotion	*36,490*	*54,565*	*Statewide*
Other (SoS, Gap Filling)	*4,363*	*20,032*	*1,2,6,13*
Family Caregiver Services			
Information	*9,244*	*7,517*	*2,4*
Assistance	*52,918*	*68,499*	*1,2,3,4,6,8,9,10,11,12,13*
Counseling, Sup. Gr., Training	*13,341*	*36,899*	*Statewide*
Respite	*3,083*	*82,031*	*Statewide*
Supplemental Services	*1,157*	*3,256*	*1,2,3,4,5,7,8,9,10,11,12,13*

Note: The information in the above table is based on the FY 2012 Area Plans since the FY 2013-FY 2015 State Plan will be submitted prior to the review and approval of the FY 2013 Area Plans. In addition to these Older Americans Act services, over 84,400 older persons will receive services through the state funded Community Care Program and over 12,230 reports of elder abuse and neglect will be responded to through the state funded Elder Abuse and Neglect Program.

APPENDIX L

SERVICE PREFERENCES

SERVICE PREFERENCES FOR GREATEST ECONOMIC AND SOCIAL NEED WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITY OLDER INDIVIDUALS INCLUDING THOSE WITH LIMITED ENGLISH PROFICIENCY & OLDER INDIVIDUALS RESIDING IN RURAL AREAS

The Older Americans Act requires each State Unit on Aging to describe within their State Plan on Aging the proposed methods of carrying out preference for providing services to older individuals with greatest economic or social need, with particular attention to low-income minority older individuals including low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas. In addition, the plan also shall specify, with respect to the fiscal year preceding the fiscal year for which the plan is prepared, the methods used to satisfy the service needs of low-income minority older individuals, including older individuals with limited English proficiency, and older individuals residing in rural areas.

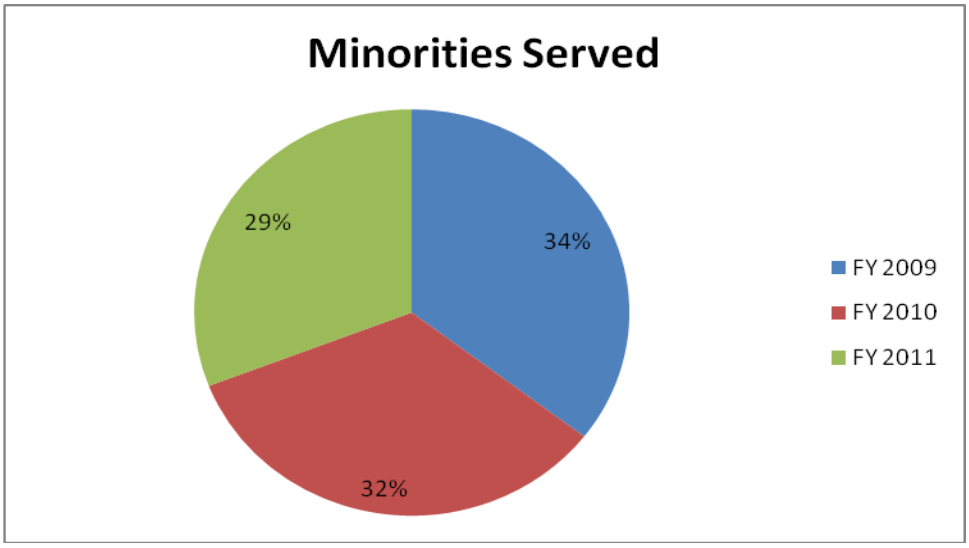
***"*Greatest Economic Need"** means the need resulting from an income level at or below the poverty threshold established by the U.S. Department of Health and Human Services. Poverty thresholds for 2012 are currently set at $11,170 for a one-person household and $15,130 for a two-person household.

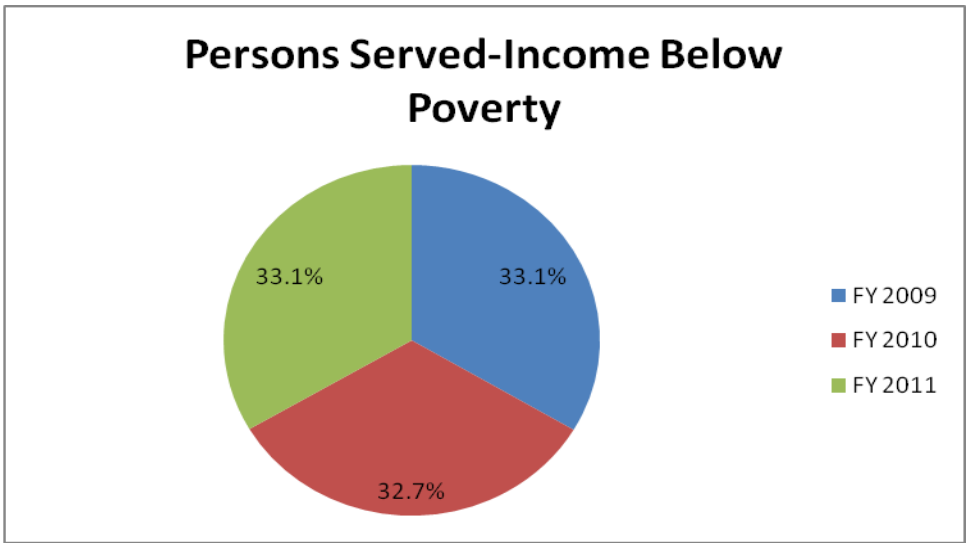
"Greatest Social Need" means the need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social or geographic isolation including that caused by racial and ethnic status (for example - Black, Hispanic, Native American, Asian American) which restricts an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

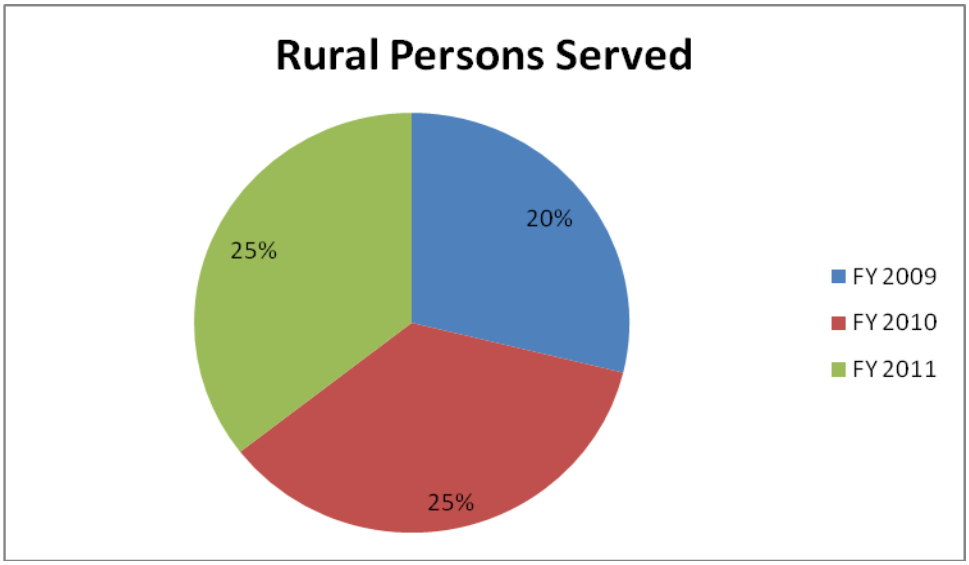
"Minority" means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the Bureau of the Census. This includes persons who identify themselves as African American, Hispanic, American Indian, Alaskan, Asian, Hawaiian and Pacific Islander. Based on the 2010 Census, Illinois has 487,022 individuals age 60 plus who identified themselves as a minority. The 2005-2009 American Community Survey conducted by the Census Bureau identified 111,985 older adults who have limited English speaking proficiency.

"Older Persons Residing in Rural Areas" means persons aged 60 or over residing in areas not defined as urban. Urban areas are defined as (1) a central place and its adjacent settled territories with a combined minimum population of 50,000 and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

The following charts outline the number of persons served in registered Older Americans Act services that were minorities, in greatest economic need and resided in rural areas in FY 2009, FY 2010 and FY 2011.


Minorities Served
29%
34%
32%
FY 2009
FY 2010
FY 2011


Persons Served-Income Below Poverty
33.1%
33.1%
32.7%
FY 2009
FY 2010
FY 2011


Rural Persons Served
20%
25%
25%
FY 2009
FY 2010
FY 2011

The proposed methods of carrying out preference for providing services to older individuals with greatest economic or social need, with particular attention to low-income minority older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas, include:

A. Applications of weighting factors for low-income, minority, living alone, over age 75, and rural older persons in the distribution of federal and related state funds to the planning and service areas.

B. Assuring Area Agencies on Aging target services to frail older persons by earmarking state funds for information and assistance, transportation, and home-delivered meals.

C. Providing training to Area Agency on Aging and service provider staff on the delivery of services to older persons in greatest economic or social need, including minority, older individuals with limited English proficiency, and rural older persons.

D. Requiring Area Agencies on Aging to set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need and set specific objectives for providing services to low-income minority individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the Area Plans.

E. Requiring Area Agencies on Aging to include in each agreement made with a service provider under the Area Plans, a requirement that such provider will (a) specify how they intend to satisfy the service needs of low-income minority older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider; (b) attempt to provide services to low-income minority older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas in at least the same proportion as the population of low-income minority older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas compared to the population of older individuals of the area served by the provider; and (c) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority older individuals, low-income older minority individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service areas.

F. Assuring with respect to services for older individuals residing in rural areas, the Department on Aging will spend for each fiscal year of the State Plan, not less than the amount expended for such services for Fiscal Year 2000.

   The Department will allocate a total of $64,590,623 in FY 2013 to the 13 Area Agencies on Aging. Nine (9) percent of these funds ($5,813,156) will be allocated to rural areas of the State based on the Department's funding formula.

G. Requiring Area Agencies on Aging to conduct outreach efforts to identify older individuals eligible for assistance under the Older Americans Act, with special emphasis on rural elderly, older individuals in greatest economic and social need, with particular attention to low-income minority older individuals, older individuals with severe disabilities, older individuals with limited English-Speaking ability, and older individuals with Alzheimer's Disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals); and inform such individuals of services under the Area Plans.

The methods used in FY 2012 to satisfy the service needs of low-income minority older individuals, low-income minority older individuals with limited English speaking proficiency and older individuals residing in rural areas included:

A. Application of weighting factors for low-income, minority, and rural older persons in the distribution of federal and related state funds to the planning and service areas.

B. Assuring Area Agencies on Aging target services by earmarking state funds for information and assistance, transportation, and home-delivered meals.

C. Providing training to Area Agency on Aging and service provider staff on the delivery of services to older persons in greatest economic or social need, including minority older individuals including those with limited English proficiency, and rural older persons.

D. Requiring the Area Agencies on Aging to include in the Area Plans, with respect to the fiscal year preceding the fiscal year for which such Plans are prepared, to identify the number of low-income minority older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas in the planning and service area and to describe the methods used to satisfy the service needs of such minority older individuals including those with limited English proficiency, and older individuals residing in rural areas.

E. Requiring Area Agencies on Aging to conduct needs assessments that take into consideration the number of older individuals with low incomes, and the number of older individuals who have greatest economic or social need (with particular attention to low-income minority older individuals including those with limited English proficiency, and older individuals residing in rural areas) and the efforts of voluntary organizations in the planning and service areas.

F. Requiring Area Agencies on Aging to establish Advisory Councils consisting of older individuals (including minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Older Americans Act, representatives of older individuals, local elected officials, providers of veteran's health care (if appropriate), and the general public. The Advisory Councils advise the Area Agencies on Aging on all matters relating to the development of the Area Plans, the administration of the Area Plans and operations conducted under the Area Plans.

G. Requiring the Area Agencies on Aging to ensure that each activity undertaken by the agencies, including planning, advocacy, and systems development, includes a focus on the needs of low-income minority older individuals including those with limited English proficiency, and older individuals residing in rural areas.

APPENDIX M

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION

BY

PLANNING & SERVICE AREA (PSA)

Note: All numbers are from the 2010 Census except for 60+ Live Alone and 60+ Poverty, 65+ Poverty, and 75+ Poverty. These numbers are from the 2011 Aging Special Tabulation which is based on the 2005-2009 Community Survey conducted by the U.S. Census Bureau.

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 01	Boone	9,096	6,364	2,576	668	4,887	649	1,660	0	380	240	145
	Carroll	4,432	3,262	1,550	477	2,373	96	1,040	4,432	234	169	110
	DeKalb	14,650	10,337	4,942	1,576	8,085	722	3,405	0	575	380	190
	JoDaviess	6,704	4,832	2,125	632	3,499	106	1,345	6,704	393	338	218
	Lee	7,883	5,644	2,712	823	4,164	374	1,770	7,883	455	320	180
	Ogle	11,164	8,122	3,656	1,085	5,983	349	2,355	11,164	540	380	200
	Stephenson	11,886	8,958	4,484	1,471	6,658	680	2,990	11,886	777	548	344
	Whiteside	13,822	10,247	5,081	1,609	7,669	807	3,685	13,822	815	610	440
	Winnebago	57,345	40,715	19,217	5,974	31,916	6,559	13,700	0	3,830	2,680	1,395
	PSA Total	**136,982**	**98,481**	**46,346**	**14,315**	**75,234**	**10,342**	**31,950**	**55,891**	**7,999**	**5,665**	**3,222**
PSA 02	DuPage	156,635	106,398	48,758	15,873	87,155	23,945	32,660	0	6,090	4,305	2,605
	Grundy	7,995	5,546	2,429	768	4,350	287	1,930	0	284	234	165
	Kane	73,817	49,690	21,582	6,516	40,566	12,857	14,065	0	4,030	2,800	1,120
	Kankakee	21,317	15,237	7,285	2,256	11,794	2,895	4,955	0	1,679	1,184	575
	Kendall	12,843	8,382	3,267	943	7,027	1,430	2,200	0	425	180	65
	Lake	107,804	73,093	32,657	9,895	58,678	17,042	21,030	0	5,249	3,684	1,990
	McHenry	46,840	31,320	12,760	3,580	25,316	2,689	8,945	0	1,785	1,370	760
	Will	93,680	62,814	26,396	7,502	51,316	16,536	16,090	0	4,605	3,085	1,725
	PSA Total	**520,931**	**352,480**	**155,134**	**47,333**	**286,202**	**77,681**	**101,875**	**0**	**24,147**	**16,842**	**9,005**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 03	Bureau	8,508	6,326	3,192	1,074	4,715	282	2,185	8,508	584	429	244
	Henderson	2,065	1,532	680	188	1,089	23	595	2,065	190	120	65
	Henry	11,839	8,624	4,170	1,267	6,476	298	2,845	0	765	670	410
	Knox	13,120	9,762	4,898	1,551	7,249	711	3,745	13,120	905	645	350
	LaSalle	25,169	18,678	9,476	3,152	13,987	858	6,340	25,169	1,560	1,130	735
	McDonough	6,295	4,644	2,429	887	3,555	157	1,525	6,295	589	374	264
	Mercer	4,093	3,001	1,393	472	2,212	38	935	0	179	129	80
	Putnam	1,498	1,069	474	141	787	25	425	1,498	75	65	35
	Rock Island	32,932	23,881	11,678	3,702	18,368	3,471	9,280	0	2,115	1,505	785
	Warren	4,071	3,016	1,424	439	2,268	131	1,145	4,071	360	300	85
	PSA Total	**109,590**	**80,533**	**39,814**	**12,873**	**60,706**	**5,994**	**29,020**	**60,726**	**7,322**	**5,367**	**3,053**
PSA 04	Fulton	8,972	6,692	3,331	1,075	4,957	162	2,240	8,972	544	409	259
	Marshall	3,357	2,468	1,219	385	1,822	45	880	0	169	110	85
	Peoria	36,484	25,963	12,552	3,984	20,504	4,502	10,245	0	2,529	1,839	1,110
	Stark	1,592	1,194	584	200	871	20	373	0	80	55	45
	Tazewell	29,199	21,139	10,422	3,022	16,243	471	6,815	0	1,459	955	590
	Woodford	7,887	5,722	2,887	1,040	4,308	100	1,670	0	320	280	215
	PSA Total	**87,491**	**63,178**	**30,995**	**9,706**	**48,705**	**5,300**	**22,223**	**8,972**	**5,101**	**3,648**	**2,304**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA	Champaign	28,534	20,066	9,786	2,980	15,832	3,464	7,155	0	1,845	1,440	850
	Clark	3,886	2,946	1,404	467	2,227	33	1,215	3,886	290	245	140
05	Coles	10,055	7,431	3,724	1,198	5,682	253	2,255	10,055	475	340	220
	Cumberland	2,521	1,838	887	290	1,360	34	685	2,521	245	185	125
	DeWitt	3,728	2,768	1,256	389	2,064	47	1,065	3,728	245	210	140
	Douglas	4,265	3,154	1,577	465	2,397	100	1,025	4,265	254	134	99
	Edgar	4,691	3,469	1,664	522	2,666	59	1,455	4,691	375	265	160
	Ford	3,429	2,633	1,439	517	2,002	40	965	0	210	165	75
	Iroquois	7,534	5,627	2,761	907	4,192	178	1,250	7,534	424	309	155
	Livingston	8,294	6,142	3,058	984	4,664	203	2,065	8,294	528	259	144
	McLean	24,977	17,340	8,325	2,659	13,830	1,467	5,985	0	1,105	840	500
	Macon	24,976	18,142	9,063	2,841	14,031	2,675	6,285	0	1,410	1,005	690
	Moultrie	3,500	2,618	1,356	510	1,948	25	655	3,500	190	145	60
	Piatt	3,772	2,713	1,235	375	2,063	35	770	0	90	70	45
	Shelby	5,683	4,232	2,045	669	3,038	63	1,315	5,683	440	330	205
	Vermilion	18,315	13,302	6,350	1,882	10,118	1,487	5,485	0	1,565	1,200	635
	PSA Total	**158,160**	**114,421**	**55,930**	**17,655**	**88,144**	**10,163**	**39,630**	**54,157**	**9,691**	**7,142**	**4,243**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 06	Adams	15,668	11,747	6,097	2,023	8,790	438	4,475	15,668	1,000	810	505
	Brown	1,152	859	402	126	621	25	278	1,152	85	65	35
	Calhoun	1,372	1,024	463	135	738	14	365	0	220	150	115
	Hancock	5,114	3,786	1,811	539	2,811	50	1,260	5,114	510	440	245
	Pike	4,146	3,136	1,585	576	2,304	54	1,175	4,146	400	335	250
	Schuyler	1,851	1,398	694	224	962	26	409	1,851	144	140	90
	PSA Total	**29,303**	**21,950**	**11,052**	**3,623**	**16,226**	**607**	**7,962**	**27,931**	**2,359**	**1,940**	**1,240**
PSA 07	Cass	2,871	2,142	1,049	322	1,602	84	605	2,871	235	145	60
	Christian	8,092	6,096	3,047	1,005	4,518	106	2,355	8,092	744	555	335
	Greene	3,165	2,388	1,149	305	1,731	42	930	3,165	314	239	125
	Jersey	4,928	3,605	1,676	495	2,674	69	990	0	278	249	65
	Logan	6,392	4,760	2,411	819	3,606	123	1,755	6,392	264	195	160
	Macoupin	11,119	8,171	4,116	1,299	6,156	150	2,685	0	477	407	219
	Mason	3,813	2,805	1,390	443	2,071	39	1,005	3,813	410	305	140
	Menard	2,898	1,978	857	258	1,567	42	639	0	199	145	50
	Montgomery	6,939	5,199	2,711	925	3,862	110	1,780	6,939	525	420	270
	Morgan	8,133	5,935	2,885	922	4,581	231	2,075	8,133	583	433	258
	Sangamon	39,204	27,362	13,055	4,055	22,464	3,095	11,270	0	2,669	1,984	1,174
	Scott	1,280	966	440	130	708	15	410	1,280	144	110	85
	PSA Total	**98,834**	**71,407**	**34,786**	**10,978**	**55,540**	**4,106**	**26,499**	**40,685**	**6,842**	**5,187**	**2,941**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 08	Bond	3,705	2,671	1,326	421	2,023	150	840	0	330	270	155
	Clinton	7,398	5,458	2,732	776	4,106	166	1,750	0	379	324	184
	Madison	53,176	38,428	18,669	5,441	29,858	3,538	14,100	0	3,554	2,415	1,345
	Monroe	6,364	4,658	2,306	649	3,497	90	1,465	0	155	85	70
	Randolph	7,235	5,340	2,609	828	4,000	236	1,965	7,235	633	524	225
	St. Clair	47,403	33,810	16,558	4,706	27,028	11,968	12,810	0	4,049	3,089	1,625
	Washington	3,354	2,503	1,225	397	1,824	36	770	3,354	320	245	195
	PSA Total	**128,635**	**92,868**	**45,425**	**13,218**	**72,336**	**16,184**	**33,700**	**10,589**	**9,420**	**6,952**	**3,799**
PSA 09	Clay	3,346	2,468	1,244	391	1,897	37	999	3,346	450	365	255
	Effingham	7,090	5,196	2,553	795	4,030	74	2,270	7,090	450	385	265
	Fayette	4,810	3,580	1,731	490	2,624	63	1,215	4,810	428	288	174
	Jefferson	8,715	6,288	2,932	992	4,729	459	2,380	8,715	914	724	414
	Marion	9,422	6,923	3,330	1,167	5,247	400	2,545	9,422	1,055	690	355
	PSA Total	**33,383**	**24,455**	**11,790**	**3,835**	**18,527**	**1,033**	**9,409**	**33,383**	**3,297**	**2,452**	**1,463**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 10	Crawford	4,546	3,336	1,640	491	2,555	66	1,255	4,546	404	334	114
	Edwards	1,642	1,191	595	180	913	18	535	1,642	175	140	70
	Hamilton	2,226	1,671	814	275	1,244	34	715	2,226	165	135	50
	Jasper	2,282	1,689	845	286	1,225	31	465	2,282	160	70	50
	Lawrence	3,570	2,683	1,356	396	1,993	96	1,085	3,570	215	175	80
	Richland	4,025	3,110	1,569	545	2,259	68	1,105	4,025	385	330	270
	Wabash	2,885	2,132	1,102	359	1,615	38	779	2,885	144	134	94
	Wayne	4,312	3,259	1,545	453	2,376	45	1,075	4,312	485	435	280
	White	4,037	3,074	1,572	510	2,259	42	1,010	4,037	225	155	95
	PSA Total	**29,525**	**22,145**	**11,038**	**3,495**	**16,439**	**438**	**8,024**	**29,525**	**2,358**	**1,908**	**1,103**

2010 CENSUS & 2011 AGING SPECIAL TABULATION INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 11	Alexander	1,906	1,397	635	164	1,048	431	705	0	435	350	195
	Franklin	9,852	7,278	3,349	1,086	5,479	141	2,965	9,852	974	695	310
	Gallatin	1,564	1,145	482	122	851	29	450	1,564	215	150	60
	Hardin	1,241	878	352	77	640	20	319	1,241	120	75	35
	Jackson	9,931	7,002	3,442	1,090	5,565	1,007	2,900	9,931	714	514	299
	Johnson	3,014	2,167	872	219	1,563	62	610	3,014	214	159	85
	Massac	3,772	2,838	1,377	464	2,104	220	1,135	3,772	408	369	270
	Perry	4,794	3,515	1,675	520	2,645	146	1,360	4,794	389	255	110
	Pope	1,312	965	401	95	655	32	219	1,312	115	90	45
	Pulaski	1,549	1,124	541	145	864	446	505	1,549	345	245	115
	Saline	6,153	4,585	2,154	623	3,485	264	2,025	6,153	720	505	220
	Union	4,422	3,235	1,416	443	2,359	123	1,160	4,422	763	624	364
	Williamson	15,009	10,837	4,864	1,456	8,323	496	3,820	15,009	1,512	1,072	589
	PSA Total	**64,519**	**46,966**	**21,560**	**6,504**	**35,581**	**3,417**	**18,173**	**62,613**	**6,924**	**5,103**	**2,697**
PSA 12	City of Chicago	**396,170**	**277,932**	**126,837**	**37,033**	**229,820**	**239,023**	**118,310**	**0**	**68,670**	**50,045**	**23,510**
PSA 13	Suburban Cook	**481,119**	**342,397**	**168,971**	**54,344**	**275,363**	**112,734**	**112,780**	**0**	**26,430**	**19,490**	**10,535**
STATE TOTAL		**2,274,642**	**1,609,213**	**759,678**	**234,912**	**1,278,823**	**487,022**	**559,555**	**384,472**	**180,560**	**131,741**	**69,115**