



State Plan on Aging FY2006 - FY2008

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PART I

INTRODUCTION

INTRODUCTION

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. 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-05-02), AoA has required State Units on Aging to include four program goals in the State Plans on Aging. These program goals are included in the AoA's Strategic Action Plan. The four program goals include the following:

- Increase the number of older people who have access to an integrated array of health and social supports.
- Increase the number of older people who stay active and healthy.
- Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.
- Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

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 Department on Aging has incorporated the four program goals as outlined in AoA's Strategic Action Plan into the FY 2006-FY 2008 State Plan on Aging. Additionally, the Department on Aging has established priorities as outlined in its FY 2004-FY 2007 Strategic Plan. These strategic priorities have been also incorporated into the FY 2006-FY 2008 State Plan on Aging.

OLDER AMERICANS ACT TITLE CLASSIFICATIONS

The 2000 amendments to the Older Americans Act included a five-year reauthorization, and maintained the original 10 objectives aimed at preserving the rights and dignity of our nation's older citizens. The amendments streamlined, consolidated and granted more flexibility to State Units on Aging and Area Agencies on Aging in developing comprehensive and coordinated service systems.

The amendments retained the targeting provisions for older adults in greatest economic and social need with special attention to minorities, and added a new focus on older individuals residing in rural areas. The amendments also retained priority services, thereby maintaining emphasis on access, in-home, and legal services. The addition of the National Family Caregiver Support Program provided a means of addressing the growing needs of caregivers and grandparents raising grandchildren.

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** - Case Management, 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 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.

Title III-E National Family Caregiver Support Program

The Family Caregiver program provides five basic services 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.

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 and their spouses. 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. 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.

2005 — The Older Americans Act is due to be reauthorized.

PART II

THE AGING NETWORK IN ILLINOIS

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/Pharmaceutical Assistance.

The **Executive Office** provides leadership in administering Department programs and is responsible for implementing the Department's strategic plan. The Executive Office consists of three administrative support units: the Offices of General Counsel, Legislative Affairs 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 program utilization 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, applying for private and government funding for new programs and services and developing and maintaining public and private partnerships.

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** provides support for the entire Department through the Bureaus of Information Technology, Business Services and Budget Operations and Procurement Services. These three units provide a variety of supportive services to the Department, including technology advancement, systems maintenance, accounting, and financial and programmatic reporting. The core mission of this Division is to develop precise and technologically enhanced financial and information systems processes that encourage maximum efficiency and reliable customer service.

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** provides grants to income-eligible senior citizens and disabled persons. This Division also administers the Pharmaceutical Assistance Program that offers financial help with the purchase of prescription medicines for the 11 disease categories most common among seniors and disabled adults. The Division also assists eligible people to enroll in SeniorCare, a Medicaid-waiver program that significantly helps pay for prescriptions for low-income seniors.

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.

At this time, eight additional Legislative members representing the Illinois Senate and House are also serving on the Council. These members have been 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 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 council, 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 also 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.

Case 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 forty (40) 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 case 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 funded through the Department on Aging with Community Care Program funds. Many agencies receive both Title III and Community Care Program funding. Services provided by Community Care Program vendors are homemaker, adult day service, and senior companion. Title III providers offer a wide range of home and community-based services.

During FY 2006, it is estimated that more than 575,000 older adults, family caregivers and grandparents raising grandchildren will be served by more than 50 nutrition and 200 social service agencies under Title III of the Older Americans Act. These services include information and assistance, outreach, case management, congregate meals, home delivered meals, transportation, legal assistance, respite care, home health, residential repair, senior center activities and health promotion and disease prevention.

In FY 2006, more than 3.3 million congregate meals will be served to approximately 84,000 older persons at more than 550 meal sites located throughout the State. Approximately 45,000 homebound elderly will receive an estimated 7.0 million home delivered meals.

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 2006, it is estimated that more than 76,500 family caregivers and grandparents raising grandchildren will be served.

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 44 provider agencies that conduct investigations and work with older adults in resolving abusive situations. In FY 2006, it is estimated that the Elder Abuse and Neglect Program will receive approximately 9,605 reports of abuse, neglect and exploitation.

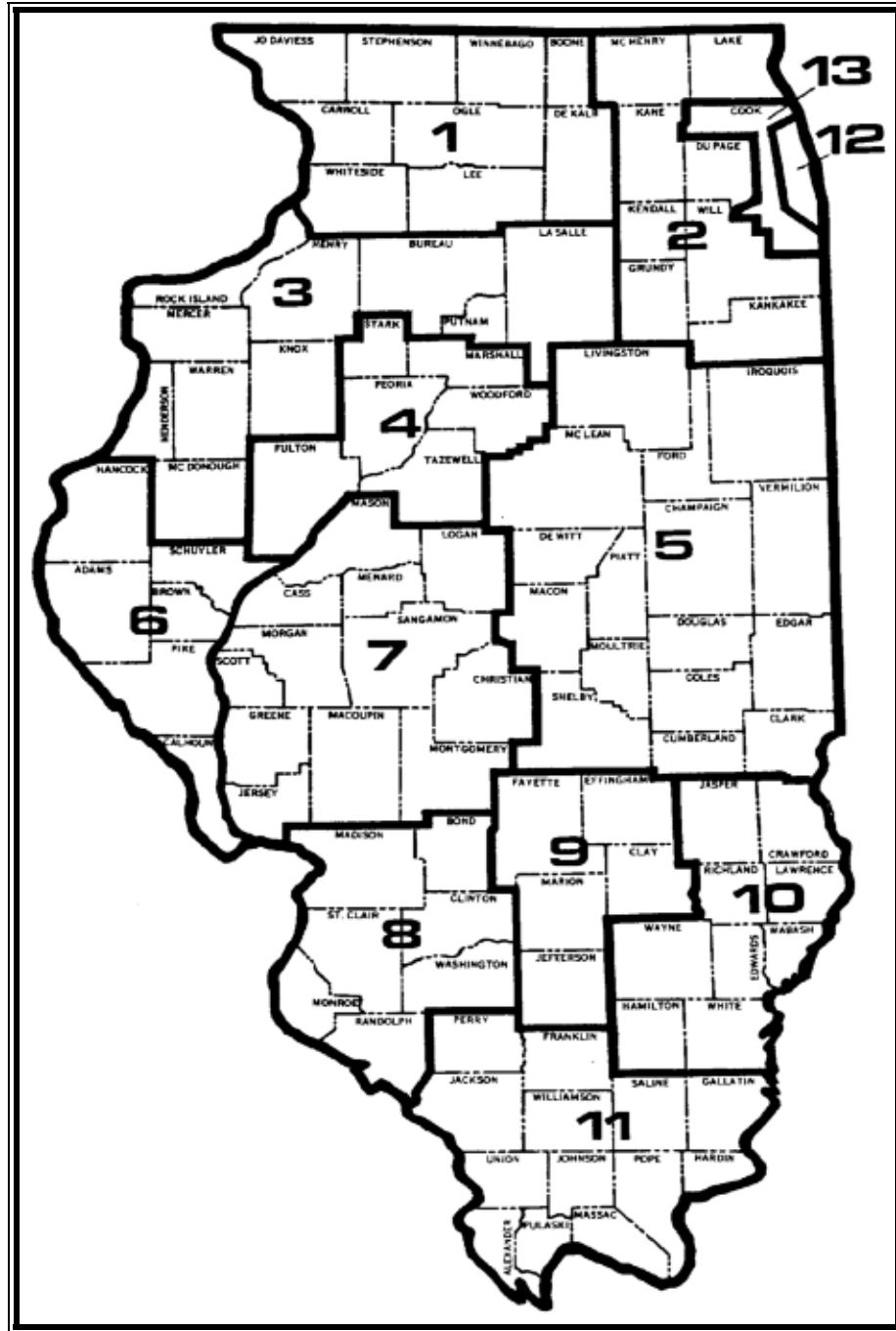
As mandated by the federal Older Americans Act and the Illinois Act on the Aging, the Long Term Care Ombudsman Program advocates for residents of licensed long term

care facilities. Quality resident care and residents' rights are top priorities for the Department on Aging, Area Agencies on Aging and 17 regional LTC Ombudsman Programs. Illinois has 134,952 licensed beds in 1,410 long term care facilities. In FY 2006, it is estimated that the LTC Ombudsman Program will receive approximately 6,000 complaints and respond to 34,000 inquiries from nursing home residents, family members, and LTC facility staff.

PART III

DESIGNATED PLANNING & SERVICE AREAS AND AREA AGENCIES ON AGING

PLANNING AND SERVICE AREAS IN ILLINOIS



PLANNING AND SERVICE AREA 01

Northwestern Illinois Area Agency on Aging

2576 Charles Street
Rockford, IL 61108-1605
(815) 226-4901
(800) 542-8402 (9 county area only)
FAX: (815) 226-8984

Web Address: www.nwilaaa.org

Executive Director: Janet B. Ellis

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
77,407	91,348	104,419	111,373

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
6,043	28,781	47,907	7,090	41,816	11,016

Counties Served: Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside & Winnebago.

PLANNING AND SERVICE AREA 02

Northeastern Illinois Area Agency on Aging

Main Office: Kankakee Community College
 River Road, West Campus-Bldg 5,
 Kankakee, IL 60901-0809
 (815) 939-0727
 (800) 528-2000
 FAX: (815) 939-0022

Field Office: 245 West Roosevelt Road,
 Bldg 6, Suites 41-43,
 West Chicago, IL 60185
 (630) 293-5990
 Fax: (815) 293-7488
 Web: www.ageguide.org

Executive Director: Lucia West Jones

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
172,913	228,111	291,785	356,592

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
35,538	78,739	0	15,820	123,256	31,789

Counties Served: DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry & Will.

PLANNING AND SERVICE AREA 03

Western Illinois Area Agency on Aging

729 - 34th Avenue
 Rock Island, IL 61201-5950
 (309) 793-6800
 (800) 322-1051
 FAX: (309) 793-6807

Web Address: www.wiaaa.org

Executive Director: Jan Stille

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
86,070	95,901	101,814	99,574

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
4,012	28,549	56,327	6,465	39,836	11,040

Counties Served: Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island & Warren.

PLANNING AND SERVICE AREA 04

Central Illinois Agency on Aging, Inc.

700 Hamilton Blvd
Peoria, IL 61603-3617
(309) 674-2071
(877) 777-2422
FAX: (309) 674-3639

Executive Director: Joanne Thomas

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
60,765	68,512	76,607	77,981

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
3,566	20,591	8,793	4,845	30,410	8,480

Counties Served: Fulton, Marshall, Peoria, Stark, Tazewell & Woodford.

PLANNING AND SERVICE AREA 05

East Central Illinois Area Agency on Aging, Inc.

1003 Maple Hill Road
 Bloomington, IL 61704-9327
 (309) 829-2065
 (800) 888-4456 (16 county area only)
 FAX: (309) 829-6021

Web Address: www.eciaaa.org

Executive Director: Michael J. O'Donnell

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
113,513	126,438	137,776	138,592

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
6,700	38,963	50,269	9,625	53,486	14,597

Counties Served: Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby & Vermilion.

PLANNING AND SERVICE AREA 06

West Central Illinois Area Agency on Aging

Street Address &
Mailing Address:
639 York Street, Room 205
P.O. Box 428
Quincy, IL 62301
(217) 223-7904
(800) 252-9027
FAX: (217) 222-1220

Executive Director: Lynn Niewohner

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
27,469	28,768	29,087	27,852

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
459	7,640	26,603	2,435	11,799	3,496

Counties Served: Adams, Brown, Calhoun, Hancock, Pike & Schuyler.

PLANNING AND SERVICE AREA 07

Area Agency on Aging for Lincolnland, Inc.

3100 Montvale Drive
Springfield, IL 62704-4278
(217) 787-9234
(800) 252-2918 (217, 309 & 618 area codes only)
FAX: (217) 787-6290

Web Address: www.aginglinc.org

Executive Director: Julie Hubbard

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
79,029	86,391	89,523	88,517

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
2,893	25,500	38,326	6,855	34,956	10,075

Counties Served: Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon & Scott.

PLANNING AND SERVICE AREA 08

Area Agency on Aging of Southwestern Illinois

2365 Country Road
Belleville, IL 62221-2571
(618) 222-2561
(800) 326-3221
FAX: (618) 222-2567

Web Address: www.answeronaging.com

Chief Executive Officer: Joy Paeth

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
91,561	104,409	115,549	115,268

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
12,582	31,212	9,891	9,070	43,013	11,410

Counties Served: Bond, Clinton, Madison, Monroe, Randolph, St. Clair & Washington.

PLANNING AND SERVICE AREA 09

Midland Area Agency on Aging

P. O. Box 1420
434 South Poplar
Centralia, IL 62801-1420
(618) 532-1853
(877) 532-1853
FAX: (618) 532-5259

Web Address: www.midlandaaa.org

Executive Director: Deborah M. Kuiken

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
26,631	30,357	30,846	30,783

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
841	8,803	30,783	2,955	12,486	3,626

Counties Served: Clay, Effingham, Fayette, Jefferson & Marion.

PLANNING AND SERVICE AREA 10

Southeastern Illinois Area Agency on Aging, Inc.

516 Market Street
 Mt. Carmel, IL 62863-1558
 (618) 262-2306
 (800) 635-8544 (618 area code only)
 FAX: (618) 262-4967

Executive Director: Yvonne Hutchings

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
27,699	30,680	30,417	28,695

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
308	8,263	28,695	2,380	11,627	3,468

Counties Served: Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne & White.

PLANNING AND SERVICE AREA 11

Egyptian Area Agency on Aging, Inc.

200 East Plaza Drive
 Carterville, IL 62918-1982
 (618) 985-8311
 (888) 895-3306
 FAX: (618) 985-8315

Web Address: www.egyptianaaa.org

Executive Director: John M. Smith

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
53,234	61,254	60,962	59,199

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
2,718	18,077	59,199	6,650	23,456	6,514

Counties Served: Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union & Williamson.

PLANNING AND SERVICE AREA 12

Chicago Department on Aging

30 North LaSalle, Suite 2320
Chicago, IL 60602-2586
(312) 744-4016
TTY: (312) 744-6777
FAX: (312) 744-0680

Web Address: www.cityofchicago.org/aging

Commissioner: Joyce Gallagher

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
516,353	481,863	443,679	398,560

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
212,471	112,768	0	60,835	138,888	35,168

Counties Served: City of Chicago

PLANNING AND SERVICE AREA 13

Suburban Area Agency on Aging

1048 Lake St., Suite 300
Oak Park, IL 60301
(708) 383-0258
(800) 699-9043 (Suburban Cook County only)
FAX: (708) 524-0870
TTY: (708) 524-1653

Web Address: www.suburban-age.org

Executive Director: Jonathan Lavin

Changes in Age 60+ Population			
1970 Census	1980 Census	1990 Census	2000 Census
238,853	338,085	413,185	429,925

2000 Census Information for the Planning & Service Area					
Age 60+ Minority	Age 60+ Living Alone	Age 60+ Rural	Age 60+ Poverty	Age 75+	Age 85+
61,065	106,271	0	22,225	162,749	41,352

Counties Served: Suburban Cook County (exclusive of the City of Chicago).

PART IV

PROGRAM PLAN

VISION

The Illinois Department on Aging, united with local communities and the public and private sector, will be both a leader and a partner in helping all older Illinoisans and their caregivers achieve an optimum quality of life, assuring independence, dignity, self-sufficiency, health and safety.

MISSION

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality, culturally appropriate and efficient programs that promote partnerships and encourage independence, dignity and quality of life.

STRATEGIC TRENDS

- The Department on Aging can expect the older population to continue to increase each year. In 2006, the “baby boom” generation will begin to turn age 60. Older Illinoisans represented 12.1% of the population in 2000 but are expected to grow to be 16.6% of the population by 2025.
- 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.
- 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. Illinois policy-makers must consider how to respond to an increasing demand for long term care services not only in terms of providing enough care, but also in terms of providing the type of services that consumers are likely to need and want.

With the demographic boom, the need for in-home assistance will dramatically increase. The U.S. Bureau of the Census documented that between the years of 1990 and 2000 the number of persons 85 years of age and older increased 43%. Proportionately, the Community Care Program (CCP) caseload increased 42% and the number of persons served by the home delivered meal program increased by 64% during that same time period. By 2025, the age 85+ population will grow another 40% in Illinois. If the same trend continues, it is expected that the CCP caseload and the demand for other services such as home delivered meals and transportation services will increase proportionately.

- The population of older adults is becoming culturally and linguistically more diverse. Based on the results of the 2000 Census, the number of minorities age 60 and older who reside in Illinois increased by 32% during the past decade. The Census Bureau projects that these trends will continue in the future. The Aging Network services will need to develop services that will meet the diverse needs of the older population.
- 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. Approximately 80% of all home care is provided by family members and friends. Families will continue to play an important role in ensuring that older adults who need care receive it, but in the future, more assistance will be required by the Aging Network to support their caregiver roles.

- 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 decade and the greatest growth has occurred among grandchildren living with grandparents with no parent present. 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 need to develop intervention skills that focus on the needs of families as well as the needs of older adults.
- The number of elder abuse, neglect and financial exploitation reports continue to increase each year. However, it is still estimated that many elder abuse cases are not reported to elder abuse provider agencies throughout the nation including Illinois. Additional public awareness is needed to encourage additional reports.
- 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 or urban communities continues to be an issue for many older adults.
- Beginning January 1, 2006, new Medicare prescription drug plans will be available to Medicare beneficiaries. Insurance companies and other private companies will work with Medicare to offer these drug plans. The Department on Aging, Area Agencies on Aging and local service providers are key partners in Medicare's Education and Outreach effort to insure that everyone with Medicare knows they are eligible for prescription drug coverage, that they will have a choice of at least two plans, and that there will be extra assistance for those in need.
- Social and demographic trends are making the need for information services increasingly more important to older adults, informal caregivers and the general public. Older adults and informal caregivers face a complicated array of choices and decisions about services and programs available to assist them. Many need support and assistance to gain access to the complex environment of federal, state, and local benefits and services. The Department can anticipate continued and rapid technological advances in health care and information technology and an increase in sophistication in the use of the technologies by both older adults and their families. As Illinois citizens and agencies become more accustomed to communicating and conducting business on the Internet, it becomes critical for the Department on Aging to keep pace.
- The number of older adults who need transportation provided by others will increase as the older population ages. Driving may not be a real option for the

- frail elderly, and older adults unable to drive will need alternatives to private automobile transportation. The need for affordable, reliable transportation options, including services to accommodate people with disabilities, will increase.
- Approximately 19% of older adults in Illinois live in poverty or near poverty. Poor older adults have limited opportunities to escape poverty. Thus, it is critical that the Department on Aging and Aging Network 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.
- Senior centers 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/update the physical structures and equipment at many senior centers.
- Future levels of federal and state funding for Aging Network services will not keep pace with the need for services. This places greater numbers of older adults at-risk of isolation, inadequate services, increased hospitalization, and institutionalization.

FISCAL YEAR 2006 SERVICE OBJECTIVES

This exhibit represents the service delivery objectives for the State in Fiscal Year 2006 for services funded through Title III of the Older Americans Act.

Service	Persons	Units	PSA
<u>Access Services</u>			
<i>Case Management</i>	77,690	295,105	<i>Statewide</i>
<i>Assisted Transportation</i>	1,214	19,574	<i>4,5,8</i>
<i>Ind. Needs Assessment III-B & III-C</i>	5,736	9,568	<i>5,8</i>
<i>Info. & Assistance</i>	14,293	14,283	<i>2,3,9,11</i>
<i>Outreach III-B</i>	1,260	1,260	<i>6,9</i>
<i>Outreach III-C</i>	23,258	811,358	<i>Statewide</i>
<i>Transportation</i>	1,729	8,695	<i>12,13</i>
<i>Other</i>			
<u>In-Home Services</u>			
<i>Adult Day Care</i>	25	280	<i>6</i>
<i>Chore/Housekeeping</i>	2,177	72,840	<i>4,10,12,13</i>
<i>Friendly Visiting</i>	0	0	
<i>Home Delivered Meals</i>	44,306	6,771,786	<i>Statewide</i>
<i>Home Health</i>	140	5,426	<i>5,7</i>
<i>Homemaker</i>	70	2,225	<i>1</i>
<i>Respite</i>	1,125	20,761	<i>3,5,9,12,13</i>
<i>Residential Repair</i>	1,104	1,292	<i>2,4,8,9,11,12,13</i>
<i>Telephone Reassurance</i>	584	43,680	<i>10</i>
<i>Other</i>	140	689	<i>4,5</i>
<u>Community Services</u>			
<i>Congregate Meals</i>	81,076	3,302,985	<i>Statewide</i>
<i>Counseling</i>	911	8,143	<i>2,5</i>
<i>Education</i>	1,215	1,724	<i>10</i>
<i>Health Screening</i>	2,963	1,212	<i>10</i>
<i>Housing Assistance</i>	1,372	11,728	<i>12,13</i>
<i>Legal Assistance</i>	7,016	35,642	<i>Statewide</i>
<i>Multi. Senior Center</i>	12,468	3,035	<i>3,5,6,10,13</i>
<i>Nutrition Education</i>	7,482	1,934	<i>6,9,10</i>
<i>Recreation</i>	20,200	4,450	<i>3,12</i>
<i>Health Promotion</i>	53,457	52,012	<i>Statewide</i>
<i>Other</i>	2,950	15,572	<i>1,2,3,5,6,13</i>
<u>Family Caregiver Services</u>			
<i>Information</i>	72,259	121,429	<i>2,3,4,6,7,8,9,10,11,12,13</i>
<i>Assistance</i>	11,352	23,048	<i>1,2,3,4,6,8,11,12,13</i>
<i>Counseling, Sup. Gr., Training</i>	13,836	41,776	<i>Statewide</i>
<i>Respite</i>	2,714	120,948	<i>Statewide</i>
<i>Supplemental Services</i>	1,460	28,399	<i>1,2,3,5,7,8, 9,10,11,12,13</i>

In addition to these Older Americans Act services, over **41,600** older persons will receive homemaker and adult day services through the state funded Community Care Program and over **9,600** reports of elder abuse and neglect will be responded to through the state funded Elder Abuse and Neglect Program.

LONG TERM CARE INITIATIVE

ILLINOIS DEPARTMENT ON AGING STRATEGIC GOAL: REBALANCE ILLINOIS' LONG TERM CARE SYSTEM TO EXPAND IN-HOME & COMMUNITY-BASED SERVICES FOR SENIORS & THEIR CAREGIVERS.

ADMINISTRATION ON AGING STRATEGIC GOAL: INCREASE THE NUMBER OF OLDER PEOPLE WHO HAVE ACCESS TO AN INTEGRATED ARRAY OF HEALTH AND SOCIAL SUPPORTS.

BACKGROUND AND ANALYSIS

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.

Current estimates suggest that the demand for long term care among the elderly will more than double in the next thirty years. This growth will increase the number of discussions about the need to rebalance institutional and noninstitutional care, assure quality of care, integrate acute and long term care, and sustain financing mechanisms that support long term care services. The increasing demand for long term care services will further strain federal and state budgets. Financing the increasing demand for long term care services will be a major challenge for the nation in upcoming decades.

Long term care is not just the provision of health care. It also involves a variety of supportive services an older adult or family caregiver requires such as transportation, nutrition, housing and respite services. The General Accounting Office has outlined the following considerations for molding future long term care policy decisions:

- Determining societal responsibilities;
- Considering the potential role of social insurance in financing;
- Encouraging personal preparedness;
- Recognizing the benefit, burdens, and costs of informal caregiving; assessing the balance of state and federal responsibilities to ensure adequate and equitable satisfaction of needs; adopting effective and efficient implementation and administration of reforms; and developing financially sustainable public commitments.

The most significant service-related issue identified by members of the Aging Network is the major change occurring in consumer preferences in long term care. Older adults and many family members no longer see nursing homes as the first or only long term care option. Consumers are demanding more control over how and where services are provided. They want a better fit between their needs and preferences and services.

Information about long term care services is continually cited as a primary need by older adults and family caregivers. Many need support and assistance to gain access to the complex environment of federal and state benefits, and local services. They need better information about long term care, more information on how they can use their personal financial resources, and information on the availability of other resources that help them meet their own needs.

ILLINOIS DEPARTMENT ON AGING STRATEGIES

Older Adults Services Act

The Department will work with the Older Adult Services Advisory Committee to implement the provisions of the Older Adults Services Act. The ultimate goal of this Act is to promote a transformation of Illinois' comprehensive system of older adult services from funding primarily a facility-based service delivery system to a home-based and community-based service system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. Four subcommittees (Finance, Services, Workforce & Caregiver, and Point of Entry) have been established to work with the Department and the Older Adults Service Advisory Committee on implementing the provisions of the Older Adult Services Act. Many of the provisions of the Older Adult Services Act are subject to the availability of funding. The key provisions of the Older Adult Services Act are the following:

- The Department on Aging will develop and maintain an inventory and assessment of the current and projected need for older adult services throughout Illinois; analyze the results of the inventory; and identify priority service areas, which will serve as the basis for a priority service plan.
- The Department on Aging will expand older adult services that promote independence and permit older adults to remain in their own homes and communities. Priority will be given to both the expansion of services and the development of new services in priority service areas.
- The Department on Aging will establish an Older Adult Services Demonstration Grant process to assist in the restructuring of the service delivery system for older adult services and provide funding for innovative service delivery models. Projects may include, but are not limited to: adult family foster care, family adult day care, assisted living in a supervised apartment, personal services in a subsidized housing project, evening and weekend home care coverage, etc.

- The Department on Aging will implement a statewide system of holistic comprehensive case management. The system will include the identification and implementation of a universal, comprehensive assessment tool to be used statewide to determine the level of functional, cognitive, social, and financial needs of older adults.
- The Department on Aging will implement and publicize a statewide coordinated point of entry using a uniform name, identity, logo, and toll-free number. The Department and the Area Agencies will review the Aging Network structure and funding to determine how the Aging Network can effectively reach various market segments that use Aging Network services.
- The Department on Aging will develop an internet web site that provides links to available services, resources, and reference materials concerning caregiving, diseases, and best practices for use by professionals, older adults, and family caregivers.
- The Department on Aging will expand the range of service options available to permit older adults to exercise maximum choice and control over their care.
- The Department on Aging will implement a program of transition from one residential setting to another with follow-up services, regardless of residential setting.
- The Department will develop strategies for public and private financing of services that supplement and support family caregivers.
- The Department will establish a core set of uniform quality standards for all providers that focus on outcomes and take into consideration consumer choice and satisfaction. The Department on Aging will require each provider to implement a continuous quality improvement process to address consumer issues.
- The Department of Public Health, in collaboration with the Department on Aging, will establish a nursing home conversion program.

Aging & Disability Resource Centers

The Department on Aging received a grant from the Centers for Medicare & Medicaid Services and the Administration on Aging to establish Aging and Disability Resource Centers in Illinois. The Department is working with Northwestern Illinois Area Agency on Aging and the East Central Illinois Area Agency on Aging on this project. The goal of the project is to develop Resource Centers that can serve as highly visible and trusted places where people can turn for information and counseling on the full range of long term support options available to them. The Resource Centers are being designed to serve the elderly, younger individuals with disabilities, family caregivers, as well as

persons planning for future long term support needs. The anticipated outcomes of the Resource Center project in Illinois include the following:

- The Department will develop a single point of access to long term services for the elderly, persons with physical disabilities, and developmental disabilities by the development of two Aging and Disability Resource Centers in the communities of Rockford and Decatur.
- The Aging and Disability Resource Centers will integrate a comprehensive array of information, intake, referral and counseling services and will expand service provision to private pay and non-elderly clients.
- The Aging and Disability Resource Centers will maximize the abilities of the elderly, persons with physical disabilities and developmental disabilities to meet their long term care needs.
- The Aging and Disability Resource Centers will provide direct assistance to family caregivers in planning for the future needs of family members who have physical and/or developmental disabilities.
- The Aging and Disability Resource Centers will improve coordination between state and community agencies that provide long term care support services in the communities of Rockford and Decatur, and establish the foundation to improve coordination throughout Illinois.
- The Department on Aging will develop a Management Information System (MIS) that can track client intake, needs assessments, care plans, service utilization, and service costs.
- The Department on Aging will establish measurable performance objectives related to: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.
- The Department on Aging and the Department of Disability & Human Development at the University of Illinois at Chicago will evaluate the outcomes of the project, improve the long term care system's ability to monitor program quality, and determine if Aging & Disability Resource Centers should be expanded to other areas of Illinois.

Cash & Counseling Project

Long term care systems change efforts underscore the need to empower seniors to control and direct their own care. Research has demonstrated that even very frail seniors can efficiently and effectively allocate limited budgets to achieve their goal to spend their final years at home among loved ones.

Last year, the Department received a small grant from the National Association of State Units on Aging (NASUA), with which it established a Consumer Direction Stakeholders Committee and contracted with Health and Medicine Policy Research Group to conduct focus groups of seniors. Early focus groups and stakeholders agreed that clients should be offered more opportunities to direct their own care. While some seniors appreciate and benefit from the traditional agency model, other seniors want to select and benefit from the opportunity to select their own homemaker, and budget their funds to improve their quality of life at home.

The Department on Aging is committed to reforming long term care services and rebalancing state spending priorities so consumers have additional opportunities to control and direct the care they need to support themselves and their families who care for them. In FY 2005 and FY 2006, the Department on Aging will work with the Illinois Public Health Association (IPHA) to expand consumer direction opportunities for Illinois' frail elderly population.

- The Department on Aging and IPHA will develop and implement a consumer directed service delivery model in selected areas of Illinois.
- The Department on Aging and IPHA will monitor and evaluate the consumer directed service delivery model.
- Based on successful implementation, the Department on Aging will use the results of the evaluation to incorporate consumer direction options for seniors throughout Illinois.

Real Choice Systems Change

Illinois' long term care reform efforts include placing more emphasis on the availability of services to enable older adults to remain in, or return to, their homes and communities. In September 2004, the Illinois Department on Aging received a grant from the Centers for Medicare and Medicaid to increase the planning capacity associated with rebalancing Illinois' long term care system. The goals of the grant are to determine the capacity of the current service system to identify deficiencies and barriers to filling service gaps; identify consumer needs and preferences; and develop a strategy and tools to evaluate Illinois' community reintegration demonstration site program. Over the next three years, the grant funds will be used to complete an inventory of home and community-based services available to Illinois' seniors; develop a strategy to fill any gaps in services; identify and prioritize consumer needs and preferences; and establish a quality assurance strategy and tools to ensure quality of services. With this grant, the Department on Aging will:

- Inventory and analyze services available to seniors by county and by community areas in the City of Chicago;

- Inventory and analyze available, affordable and appropriate housing throughout the state;
- Convene focus groups of seniors to identify and prioritize additional service needs; convene consumer focus groups and stakeholder forums to identify and prioritize services and develop a funding strategy to fill service gaps; and,
- Establish uniform quality assurance standards that are performance benchmarks, person-centered, data driven and focused on consumer direction; and, conduct a comparative analysis of the actual costs associated with nursing facility residents returning to their homes and communities.

Enhanced Transition Project

During the Spring of 2004 legislative session, the Illinois General Assembly passed and Governor Blagojevich signed into law Public Act 93-0902 which amended the Illinois Act on the Aging to add “community reintegration services” to the program of services that may be established by the Department to enable nursing home residents who want, and are able, to return to their homes and communities. The legislation requires the Department on Aging, in consultation with nursing homes, case managers, Area Agencies on Aging, and others interested in the well-being of frail elderly Illinois residents, to develop community reintegration programs in selected areas of the state. In FY 2005, \$2 million was transferred from the Illinois Department of Public Aid’s budget to the Department on Aging to provide initial funding for the Enhanced Transition Project.

In January of 2005, the Department on Aging released a Enhanced Transition Project Request for Information to the thirteen Area Agencies on Aging. Twelve of the thirteen Area Agencies on Aging submitted proposals to the Department on Aging. The Department awarded funds to six of the thirteen Area Agencies on Aging (Areas 01, 03, 06, 11, 12 and 13) to develop and implement the Enhanced Transition Project in selected areas of their planning and service areas. The Department on Aging and the six Area Agencies on Aging will conduct the following activities as part of the Enhanced Transition Project:

- The Department on Aging, Area Agencies on Aging and involved service providers will adopt a comprehensive case management model that will result in multi-service care plans. On-going case management monitoring of the transitioned resident will occur for a period of six months with a minimum of face-to-face contact at least one time per month.
- One-time transitional services will be offered to the transitioned resident. These services will include, but are not limited to: housing security deposit; utility connection; utility arrearages that would prohibit reconnection; home modifications; assistive technology; purchase of essential appliances; purchase

of essential kitchen utensils; purchase of essential furniture needs; purchase of bed, bath, and kitchen linens; purchase of essential cleaning supplies; and, food.

- Ongoing direct services will also be provided. These services will include: home delivered meals; transportation; respite; home health services; personal assistance; and medication management. These services will supplement the existing Community Care Program core services of homemaker, adult day service and adult day service transportation.
- In the selected areas, Cash and Counseling services will be offered as a service option to all seniors who are eligible for Illinois' Community Care Program.
- The Department on Aging will establish an internal mechanism to monitor initial demonstration project sites to recommend changes, evaluate effectiveness prior to implementing the Enhanced Project on a statewide basis.
- The Department on Aging will evaluate whether to request a 1915 (c) Independence Plus Waiver from the Centers for Medicare and Medicaid.

MEDICARE PART D & STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP) INITIATIVE

ILLINOIS DEPARTMENT ON AGING STRATEGIC GOAL: IMPROVE ACCESS TO BETTER HEALTH-CARE BENEFITS & PROTECT ELDER RIGHTS.

Background and Analysis

The Medicare Modernization Act provides Medicare beneficiaries the opportunity to obtain prescription drug coverage beginning in January 2006. The new Medicare drug coverage will be voluntary but if individuals sign up late, there may be a financial penalty. Therefore, assisting older adults with Medicare coverage in understanding this new benefit and helping them to sign up will be critical activities for the Aging Network.

Medicare beneficiaries will be offered two or more different prescription drug plans. Medicare will provide extra assistance to Medicare beneficiaries with lower incomes and limited assets through a low income subsidy. This subsidy will reduce beneficiary costs related to the new program.

The largest group of low income assistance beneficiaries (full-benefit dual eligible individuals) will receive their drug coverage through Medicare. State Medicaid programs will no longer provide coverage for prescription drugs for full-benefit dual eligible individuals except that states may choose to cover certain drugs that will not be covered by Medicare.

Individuals currently enrolled in SeniorCare and Circuit Breaker/Illinois Pharmaceutical Assistance Program must be encouraged to enroll in a Medicare prescription drug plan if eligible. The Governor's budget includes a new initiative called "Leave No Senior or Persons with Disability Behind." If enacted, this initiative will offer assistance with additional costs that are not covered by the Medicare drug coverage.

ILLINOIS DEPARTMENT ON AGING STRATEGIES

- The Department on Aging will work with the Department of Financial & Professional Regulation's Senior Health Insurance Program (SHIP) to develop a training curriculum and to train Aging Network and disability network personnel on available benefits under Medicare Part D and state pharmaceutical assistance programs.
- The Department on Aging and Aging Network personnel will conduct educational and outreach activities to educate Medicare beneficiaries and family caregivers about prescription assistance coverage under Medicare Part D and state pharmaceutical assistance programs.

- The Department on Aging and Aging Network personnel will conduct educational and outreach activities to educate professional groups such as nursing home, medical and housing personnel about prescription assistance coverage under Medicare Part D and state pharmaceutical assistance programs.
- The Department on Aging and Aging Network personnel will provide information, assistance and counseling to help Medicare beneficiaries select and enroll in appropriate drug plans.
- The Department on Aging and Aging Network personnel will provide information, assistance and counseling to help Medicare beneficiaries to sign up for the low income subsidy available under Medicare Part D.
- The Department on Aging and Aging Network will use web-based tools (Medicare Interactive, Real Benefits and Benefits Checkup) to screen individuals for eligibility for federal and state programs that offer assistance with prescription and other costs, and promote effective coordination of enrollment, coverage and payment between state pharmaceutical assistance programs and Medicare Part D plans.
- The Department on Aging will work with other state help lines to develop a protocol on referring Medicare beneficiaries to SHIP and SHAP sites.
- The Department on Aging will work with the Make Medicare Work Coalition and the Health Care Choices work group to coordinate outreach and assistance activities in the metropolitan Chicago area.

HEALTHY AGING INITIATIVE

ADMINISTRATION ON AGING STRATEGIC GOAL: INCREASE THE NUMBER OF OLDER PEOPLE WHO STAY ACTIVE & HEALTHY.

Background and Analysis

Medical and public health advancements and new treatment options have enabled older Americans to live longer lives. However, living longer does not necessarily mean older Americans are healthier than in the past. According to the Centers for Disease Control, the average 75-year old has three chronic conditions and uses five prescription drugs. Older Americans can prevent many of the common health problems they experience and increase their number of healthy years by adopting a healthy lifestyle.

Adequate nutrition is critical for healthy aging and the prevention or delay of chronic disease and disease-related disabilities. However, many older adults cannot consistently obtain a nutritious diet. Older adults age 85+, minority older adults, older adults in greatest economic need, older adults who live alone, and older adults with chronic health conditions are at the highest risk of being malnourished. Based on a 2003 Food Security Supplement to the Current Population Survey conducted by the U.S. Bureau of the Census, about 1.5 million households with older adults reported that they did not have enough to eat. Lack of money was the primary reason these households were unable to receive a sufficient quantity of food or had to reduce the quality of their food. Older adults living in poverty were more likely to report a poor diet (21%) than were older adults living above the poverty level (11%). In many cases, older adults are forced to choose between buying food or paying for medicine, utilities, or other essential personal items.

Mental health issues also have a major impact on whether older adults remain active and healthy. Some studies indicate that older adults are at greater risk of mental health disorders and their complications than are younger individuals. It is estimated that 15 to 25 percent of older adults in the United States suffer from symptoms of mental illness. Various studies have concluded that the primary cause of mental deterioration of older adults is depression. Grief, isolation, lack of family support systems, poor nutrition, financial problems and debilitating physical conditions are the contributing factors.

Many of the nation's elderly do not seek psychiatric treatment which could cure or alleviate their mental illness symptoms. Many older adults, their family members and often their own doctors do not understand mental illness or feel that mental illness symptoms are a normal part of aging. While the older population consumes more than 30 percent of all health care in the United States, they consume considerably fewer mental health services. Only four percent of patients in community health centers are older adults. Only two percent of the patients seen in private health care providers' offices or hospitals are older adults. And less than 1.5 percent of the direct costs for treating mental illness are spent on behalf of older adults in the community.

ILLINOIS DEPARTMENT ON AGING STRATEGIES

- The Department on Aging will partner with the Administration on Aging and the U.S. Department of Health and Human Services in the “You Can: Steps to Healthier Aging” initiative.
- The Department on Aging will promote the use of evidence-based disease prevention approaches in community programs for the elderly. The Department on Aging will evaluate whether the Area Agencies on Aging have funded evidence-based disease prevention approaches with Older Americans Act funds.
- The Department on Aging will work with the Illinois Department of Public Health to promote the vaccination of older adults, particularly for influenza and pneumonia.
- The Department on Aging will continue to work with the Case Coordination Unit Outcome Measures Committee to develop more effective pre-service training of new case managers. Assessment and care plan tools will be refined for case managers to use to more effectively evaluate the physical and mental health of older adults and to link them to needed services.
- The Department on Aging will 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 to older adults and their families. The Department on Aging will 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.
- The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate the possibility of expanding menu choices to serve older persons with diverse ethnic backgrounds.
- The Department on Aging will continue to serve on the Department of Human Services’ Nutrition Services Advisory Committee as an advisory body on nutrition issues related to public participation and policy development. The Department is part of an interagency coordination effort to obtain consistent resource information for statewide nutrition planning, implementation and evaluation of nutrition services.
- The Department on Aging will continue to serve on the Illinois Interagency Nutrition Council (INC) 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.

- The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate methods to modernize the congregate meal service. For example, younger older adults want more menu choices, lighter menus and flexible serving times. Additionally, the provision of multiple/weekend meal options and modified diet options will be explored to address the nutritional needs of older adults.
- The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate different methods to document the need (e.g., waiting lists and areas not served) for home delivered meals in order to more effectively advocate for additional federal and state funds to meet the growing need for such services.
- The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate ways to more effectively target nutrition services to frail older adults and others at the greatest risk of losing their independence, and lack resources and support.
- The Department on Aging will continue to work with the Department of Public Health and the University of Illinois Extension Office to develop effective health and nutritional educational programs that can be readily used at congregate meal sites.
- The Department on Aging and Area Agencies on Aging will continue to participate in the Senior Farmers' Market Nutrition Pilot Program with the Department of Human Services. The major purpose of the Senior Farmers' Market Nutrition Pilot Program is to provide fresh locally grown fruits, vegetables, and herbs from farmers' markets and roadside stands to low-income seniors.

FAMILY CAREGIVER INITIATIVE

ILLINOIS DEPARTMENT ON AGING STRATEGIC GOAL: REBALANCE ILLINOIS' LONG TERM CARE SYSTEM TO EXPAND IN-HOME & COMMUNITY-BASED SERVICES FOR SENIORS & THEIR CAREGIVERS.

ADMINISTRATION ON AGING STRATEGIC GOAL: INCREASE THE NUMBER OF FAMILIES WHO ARE SUPPORTED IN THEIR EFFORTS TO CARE FOR THEIR LOVED ONES AT HOME AND IN THE COMMUNITY.

BACKGROUND AND ANALYSIS

Recognizing and supporting family caregivers is an important component of a comprehensive long-term care system. Nearly one out of every four U.S. households is involved in providing assistance to older family members and other older adults. Approximately 80 percent of all home care is provided by family members and friends. About one-half of family caregivers are employed full-time and almost two-thirds are employed either full- or part-time. The majority of caregivers provide unpaid assistance for one to four years and 20 percent provide care for five years or longer.

In Illinois, it is estimated that there are 1.1 million caregivers providing assistance to older adults resulting in an economic value of \$11.2 million each year. The informal caregiver is the foundation of support for the frail older adult living in the community and long term care facilities. The Department on Aging will continue to support informal caregivers in their efforts to help older adults maintain their independence and quality of life.

Researchers and public policy-makers began to comment on an increase in the number of grandchildren living in grandparent-maintained households in the early 1990s. This trend has increased in the past decade and the greatest growth has occurred among grandchildren living with grandparents with no parent present. The 2000 Census documented that Illinois has 258,038 grandparents living in households with one or more grandchildren under the age of 18. Approximately 40 percent of these grandparents are responsible for providing for the basic needs of these grandchildren.

The increase of grandchildren in these living arrangements has been attributed to the growth in drug use among parents, teen pregnancy, divorce rates, the rapid rise of single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and the incarceration of parents.

Grandparent-headed households often face a number of problems and challenges such as health and health care access, social isolation, financial, legal and inadequate public assistance, and housing. Many of these grandparents do not have access to any support services. Alternative support services need to be expanded and available in communities throughout Illinois.

The FY 2000 amendments to the Older Americans Act established the National Family Caregiver Support Program that provides support services to informal caregivers and to grandparents raising grandchildren. The continued development of the National Family Caregiver Support Program involves all of the Department's programs, from Older Americans Act services, to the Community Care Program, and the Grandparents Raising Grandchildren Program.

ILLINOIS DEPARTMENT ON AGING STRATEGIES

- The Department on Aging will continue to work with the Caregiver Advisory Committee to develop a statewide network of agencies and organizations that will link current programs, provide guidance and information to local communities, and stimulate the expansion of caregivers services. The Caregiver Advisory Committee will evaluate, modify and recommend state policies and standards on the Illinois Caregiver Support Program. The advisory committee, comprised of representatives from the Department, Area Agencies on Aging, and Caregiver Resource Centers, will continue to exchange information on "best practices" in serving family caregivers and grandparents raising grandchildren.
- The Department on Aging will work with the Caregiver Advisory Committee and Area Agencies on Aging to evaluate the effectiveness of the Illinois Caregiver Support Program in meeting the needs of caregivers and professionals assisting families in their caregiving roles.
- The Department on Aging will work with the Workforce/Caregiver subcommittee of the Older Adult Services Advisory Committee to review existing caregiver services and make recommendations on the expansion of caregiver services in Illinois.
- The Department on Aging, Area Agencies on Aging and Caregiver Resource Centers will continue to develop strategies to reach different types of caregivers (e.g., spouses, adult children and caregivers with family members in nursing homes, etc.) and provide services to caregivers at different stages of their caregiving journey (e.g., running errands, provision of personal care, etc.). Additionally, the Department on Aging will review and modify culturally and linguistically appropriate informational materials for family caregivers and grandparents raising grandchildren.
- The Department on Aging will continue to provide training opportunities for the personnel of Caregiver Resource Centers and other Aging Network organizations on an ongoing basis to more effectively serve family caregivers. For example, the Department on Aging has provided training on issues and public benefits relating to grandparents raising grandchildren in each Planning and Service Area. The focus of the training is to develop the skills of professionals in assisting grandparents raising grandchildren in gaining access to needed public benefits and other services. Training participants included staff from Area Agencies on Aging and designated Caregiver Resource Centers.
- The Department on Aging will improve caregiver and grandparents raising grandchildren access to services through the development of alternative methods of information dissemination, training and educational materials including

expanding information on the Department's web page and developing informational "Tip" sheets.

- The Department on Aging will facilitate coordination between Caregiver Resource Centers and the regional LTC Ombudsman Programs in order to more effectively provide services to caregivers who have family members residing in long term care facilities.
- The Department on Aging, Area Agencies on Aging and Caregiver Resource Centers will coordinate with the Mental Health Network and Alzheimer's Associations to expand services (e.g., support groups and educational programs) to family caregivers and older adults.
- The Department on Aging will expand the membership of the Illinois Task Force on Grandparents Raising Grandchildren to include state agencies and other organizations not presently represented. These new members will include the Department of Corrections, the Illinois State Library, and the Office of Mental Health and Developmental Disabilities of the Department of Human Services.
- The Department on Aging will develop a resource guide to address the needs of relative caregivers caring for children of incarcerated parents.
- The Department on Aging will continue to work with the Aging Network to establish support groups for grandparent caregivers and provide ongoing technical assistance to organizations and agencies in the development and maintenance of support groups.
- The Department on Aging will continue to identify grandparents raising grandchildren through outreach efforts in schools; speaking engagements and workshops; public service announcements and interviews.
- The Department on Aging will work with ten major state agencies to provide a coordinated delivery of services for kinship families at the state, regional and local levels. "Navigators" at the state agencies will advocate on behalf of relatives raising children and be responsible for improving accessibility to services, advocating with other agencies and organizations on their behalf, identifying gaps in service and working closely with other "navigators" to fill those gaps. The Department on Aging will convene the "navigators" on a quarterly basis to review programs, share information and discuss service issues identified by state agencies and the Illinois Task Force on Grandparents Raising Grandchildren.
- The Department on Aging will work with other members of the Aging Network to make recommendations for needed changes in the National Family Caregiver as the Older Americans Act is reauthorized. Examples of potential changes include reducing the age criteria for grandparents raising grandchildren and adding older caregivers of adult children with developmental disabilities as an eligible client.

DEPARTMENT ON AGING COORDINATION EFFORTS

The Department on Aging is a strong proponent of interagency coordination with other statewide groups and organizations who provide services or resources to older adults, particularly other state human service agencies. Current coordination activities with State Agencies and other statewide organizations include the following:

- **Department of Human Services** - Involves interagency coordination regarding the Mental Health and Aging Conference, the Illinois Assistive Technology Project, Medicaid-waiver issues, disability determination, outreach efforts regarding eligibility of grandparents raising grandchildren for the Child Only Grant and DVAC (Domestic Violence Advisory Council) to include older victims of family violence in domestic violence services and policies, Aging and Disability Resource Centers, Senior Farmers' Market, Donated Funds Initiative, and Office of Mental Health and Department on Aging Integration Task Force to improve access to mental health services by older adults and to improve coordination between the two state agencies.
- **Department of Public Health** - Involves interagency coordination regarding the Long Term Care Ombudsman Program, Long Term Care Facility Advisory Board, women's health promotion activities, breast cancer awareness and osteoporosis, asthma, arthritis and AIDS awareness and prevention, immunizations, Nutrition Services Advisory Committee, Alzheimer's Disease Advisory Committee, Illinois Health Cares (training health care providers on elder abuse), outreach to underserved groups (rural elderly and limited English speaking) of older adults with Alzheimer's Disease, and KidCare for grandparents raising grandchildren.
- **Department of Health Care and Family Services (formerly the Department of Public Aid)** - Involves interagency coordination on the Medicaid Waiver for the Community Care Program, Medicaid Advisory Committee, Rebalancing Long Term Care Initiative grants, HIPAA implementation, PACE (Program of All-Inclusive Care for the Elderly-a national pilot site-also known as the On Lok model), Circuit Breaker/Pharmaceutical Assistance and SeniorCare Programs, Medicare Part D, grandparents raising grandchildren involving paternity establishment and supportive living facilities.
- **Department of Revenue** - Involves interagency coordination on Circuit Breaker/Pharmaceutical Assistance.
- **Guardianship & Advocacy Commission** - Involves interagency coordination surrounding guardianship issues for the elderly.
- **Illinois State Board of Education** - Involves interagency coordination on Intergenerational programming, grandparents raising grandchildren regarding school enrollment issues and Adult Day Service component of the Child and Adult Care Food Program (CACFP).

- **Department of Financial & Professional Regulation** - Involves interagency coordination with SHIP (Senior Health Insurance Program), Long Term Care Partnership Insurance Program, Medicare Part D, Medicare educational/outreach activities and Circuit Breaker/Pharmaceutical Assistance and SeniorCare Programs.
- **Central Management Services** - Involves interagency coordination on press release distribution.
- **Department of Agriculture** - Involves interagency coordination on the Illinois State Fair.
- **Illinois Housing Development Authority** - Involves interagency coordination on the Affordable Housing Trust Fund, and participation on the Comprehensive Housing Initiative Task Force.
- **Illinois Shared Housing Network** - Includes a committee of organizations which provide Shared Housing programs. Serves as a forum to exchange information on shared housing best practices, referrals, barriers and organizational issues.
- **Administrative Office of Illinois Courts** - Involves membership on the Supreme Court appointed statewide multi-agency Family Violence Coordinating Council, and the Council's Steering Committee.
- **Illinois Attorney General's Office, Illinois Law Enforcement Officers Training and Standards Board, Illinois Criminal Justice Information Authority, Illinois State Police** - Involves membership on the Illinois State TRIAD with these agencies (the TRIAD also includes AARP, the Illinois Medical Society, the Illinois Health Care Association, the Illinois Association of Chiefs of Police, and Illinois Sheriffs' Association), and cooperation on specialized law enforcement training and protocols and investigations of crimes against the elderly.
- **Violence Prevention Authority** - Involves membership by statute, with numerous other agencies, of the Authority, which distributes funds for violence prevention activities throughout the State of Illinois.
- **Illinois Emergency Management Agency (IEMA)** - Involves interagency coordination under the Illinois Emergency Management Act and the Illinois Emergency Operations Plan (IEOP) in responding to disasters, without regard specifically to the degree of impact on the elderly. Under the IEOP, the Department on Aging will support the Operational Annexes of Mass Care and Resource Support. Additionally, the Department on Aging will assist in Recovery Operations by assisting and locating senior citizens to ensure they obtain all available aid.
- **Gatekeeper Program** - Involves interagency coordination with utility companies, newspapers and libraries to assist vulnerable older adults who need assistance but are not aware of available services or not able to make the contact themselves.

- **AARP** - Involves coordination on the Senior Lobby Day, Illinois State Fair, caregiving fairs and other public information materials and resources and advocacy on behalf of relatives raising children.
- **Lt. Governor's Rural Affairs Council** - Brings 16 state agencies together to discuss rural issues.
- **Illinois Coalition on Aging** - Involves membership of this advocacy group comprised of aging representatives, aging associations and interested persons.
- **Illinois Alliance of Information & Referral Systems (ILAIRS)** - Involves membership on ILAIRS which is a professional association of I&R providers. ILAIRS provides an annual Information & Referral conference and addresses I&A concerns and issues.
- **Illinois Council on Developmental Disabilities** - Provides input as to the perspective and concerns of elderly citizens having developmental disabilities, and advocates for full inclusion of all persons with disabilities in receiving available services and accessing other resources.
- **Statewide Independent Living Council** - Involves membership on this Council which was established in response to the Rehabilitation Act of 1973, as amended, with the mission of working toward integration and independence of all persons with disabilities.
- **Illinois Interagency Nutrition Council** - Involves membership on this Council which serves as a forum for networking among its members regarding existing food and nutrition programs, including sharing nutrition education and outreach resources; identifying barriers and gaps in service delivery; identifying possible additional resources to help increase access to available food assistance programs; and providing ongoing discussion and analysis of the scope and depth of hunger in Illinois.
- **Illinois Task Force on Grandparents Raising Grandchildren** - Involves coordination with 70 representatives of professional organizations, state agencies and grandparents and identifies issues and needs of grandparents in order to impact services at local, state, and federal levels.
- **Statewide Advisory Committee of the Illinois Volunteer Money Management Project** - Involves membership on a committee made up of representatives of local projects, advocacy groups, private industry and utilities. Provides general policy guidance and consultation to the State Coordinator of the Illinois Volunteer Money Management Project.
- **Elder Law Section Council of the Illinois State Bar** - Involves membership of a 15-person council which conducts the business of the 2,000 member Elder Law Section. Offers legal education presentations, public information campaigns, legislative analysis and recommendations, and a newsletter to its members.
- **Rural Transit Assistance Center (RTAC)** - Provides training to the Area Agencies on Aging, transportation service providers and other community organizations throughout Illinois.

- **Illinois Department of Transportation** - Involves coordination with the Inter-Agency Coordination Committee, the Downstate Rural Public Transportation Initiative, funding of vans and other vehicles.
- **University of Illinois Extension** - Involves participation in the establishment of support groups for grandparents raising grandchildren as well as providing training for professionals and outreach to clients.
- **The Brookdale Foundation** - Provides training, resources, referrals and funding to support efforts on behalf of relatives raising children.
- **Generations United** - Provides training, resources and advocacy on behalf of intergenerational programs and grandparents raising grandchildren.
- **Eastern Illinois University's M.A. in Gerontology Advisory Board** - Focuses on strengthening and promoting the Master in Arts Gerontology Program at Eastern Illinois University. The Department provides a training component for their annual Gerontology Symposium held at the University.
- **Multi-Disciplinary Certificate Program in Geriatrics for Non-Physicians** - Provides elder abuse training as part of the Certificate Program which is coordinated by University of Illinois at Urbana-Champaign, College of Medicine.
- **Coalition of Limited English Speaking Elderly** – Involves translations of Community Care Program documents that must be signed by clients, elder abuse and ombudsman information materials, and other program materials.

TRANSPORTATION COORDINATION ACTIVITIES

Transportation continues to be a high priority service for the Department on Aging and the Illinois Aging Network. The following outlines a listing of activities that the Department on Aging will conduct to foster transportation service coordination:

- Department on Aging staff participates in the Interagency Coordinating Committee on Transportation (ICCT). The Department on Aging will embrace the United We Ride Initiative and will work closely with the Governor's Office, the ICCT, the Illinois Department of Transportation, the Rural Transit Assistance Center, other State agencies and local communities throughout Illinois to assist in the coordination of transportation services. This work will help improve and enhance the availability and accessibility of transportation services for seniors, caregivers, the disabled, impoverished and the general population as a whole.

The ICCT will explore different ways to effectively coordinate transportation services that is most amenable to local communities to address unique and individual issues they encounter. In so doing, the Department on Aging will use all available federal, state and local resources to promote transportation coordination, including the Federal Transit Administration's coordination tool kit.

- Under the Older Americans Act and the Illinois Act on the Aging, the Illinois Aging Network will continue to conduct needs and resource assessments, as well as getting input from seniors (e.g., public hearings, speak outs, provider monitoring, etc.) throughout the state of Illinois for all senior services, including transportation.
- The Department on Aging will continue to work with the Illinois Department of Transportation on a study to identify detailed information about para-transit service delivery for the North Eastern Region which covers Will, McHenry, Kane, DuPage, Lake and Cook Counties. The Department on Aging will provide detailed information about senior transportation providers and all funding sources.
- The Department on Aging will work with the Lt. Governor's Office on the availability of senior transportation services for all 102 counties, including all sources of funding. The purpose of the study is to identify areas in Illinois where transportation is not available.
- The Department on Aging will work with the ICCT on a statewide survey (web-based) of all transportation services and resources provided to seniors and other disadvantaged persons (e.g., impaired under 60, disabled, working poor).
- The Department on Aging will work with the ICCT on the federal "United We Ride" initiative. The ICCT received a \$35,000 grant to conduct a comprehensive

and coordinated evaluation of transportation services throughout Illinois using the federal evaluation instrument entitled "Framework for Action."

- The Rural Transit Assistance Center (RTAC) and the Illinois Department of Transportation (IDoT) in partnership with the Department on Aging will offer and provide training to the Area Agencies on Aging, their service providers and other community organizations who provide transportation services to older persons.
- The Department will continue the inter-agency agreement with the Illinois Department of Human Services (IDHS) to assist them with the ongoing functioning of their Social Service Block Grant (Donated Funds Initiative) for senior transportation.
- The Department will continue to reinforce that Area Agencies and their service providers establish working agreements locally to coordinate the use of vehicles by organizations who serve other populations.

**PREFERENCE FOR
GREATEST ECONOMIC AND SOCIAL NEED
WITH PARTICULAR ATTENTION TO
LOW-INCOME MINORITY OLDER INDIVIDUALS
&
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 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 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 2005 are currently set at \$9,570 for a one-household and \$12,830 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 2000 Census, Illinois has 349,196 individuals age 60 plus who identified themselves as a minority.

"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 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 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 case management, 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 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 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 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 and older individuals residing in rural areas in at least the same proportion as the population of low-income minority older individuals 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 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 \$59,032,441 in FY 2006 to the 13 Area Agencies on Aging. Nine (9) percent of these funds (\$5,312,920) will be allocated to rural areas of the State based on the Department's funding formula.

The Area Agencies on Aging that serve rural areas also budget an estimated \$291,536 in local match and program income for a total rural service cost of \$5,604,456. It is also estimated that the Area Agencies on Aging that serve rural areas also budget a total of \$1,939,108 of these funds for access services.

- 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 and older individuals residing in rural areas, 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 2005 to satisfy the service needs of low-income minority older individuals 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 case management, 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 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 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 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 and social need (with particular attention to low-income minority older individuals 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 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 and older individuals residing in rural areas.

MINIMUM PERCENTAGE OF TITLE III-B FUNDS TOWARD PRIORITY SERVICES

The 2000 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 2000 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 2006 - 2008

The Department will maintain the minimum percentages for the three-year plan period. The following minimum percentages will apply during FY 2006-2008.

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. Services available through the Community Care Program include case management services, homemaker and adult day services. The estimated total expenditure for those three services in FY 2006 will be approximately \$278.7 million dollars which reflects a significant commitment by this State to address the needs of our frail older population.

PART V

ELDER RIGHTS PLAN

ELDER RIGHTS PROGRAMS

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 and the Elder Abuse and Neglect Program, to ensure that vulnerable older citizens 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.

One of the three public hearings conducted on the draft FY 2006-FY 2008 State Plan on Aging, was held in conjunction with the annual Elder Rights Conference, held July 19-21, 2005. As well as the three public hearings conducted, the Department has used a variety of means to obtain the views of older persons, Area Agencies on Aging, and other interested parties. 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 an important vehicle 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 which is the state level advisory body to the Department on Aging as mandated by the Illinois Act on the 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 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.

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 60 years of age and older in Illinois. Of these men and women, the majority are over the age of 60.

The Department on Aging meets with Area Agencies on Aging five to six times a year. Parts of these meetings are used to prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

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

The Department on Aging regularly works with other state agencies and associations such as the Department of Public Aid, 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 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, 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. As of FY 2004, 1,600 bank personnel were trained. Since many of these persons were themselves trainers who took the information back to their own companies, the total number of bankers reached is far greater. Another 1,770 law enforcement personnel, aging advocates, and seniors were also trained by the B*SAFE Project.

The 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. To date, more than 1,500 such "ESOs" have been trained. The Department on Aging has also printed and is distributing more than 200,000 "palm cards" on elder abuse for law enforcement officers; the Chicago Police Department alone has received more than 35,000. The Department on Aging will continue to distribute the palm cards to law enforcement agencies throughout Illinois.

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 their clients 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 client, and where the client has mental capacity, the client 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 Coordinating 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 in Chicago each year, where experts from throughout the country train elder abuse, ombudsmen and legal service workers on the multiple facets of their work.

The Department 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 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 17 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 500 people annually, both paid and unpaid volunteers, are recognized as Representatives of the Office of State Long Term Care Ombudsman.

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 service components of the program. The service delivery components of the program are investigative services, regular presence in long term care facilities, public information and education, issue advocacy, resident and family council development and support, the development and implementation of a Regional LTCOP Annual Service Plan and evaluation of the Long Term Care Ombudsman Program.

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. 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.

Public information and education services involve community and facility staff educational programs. It includes providing information and public education on the long term care system, the rights and benefits of residents of long term care facilities, all services available to residents including the activities of the LTCOP and the concerns of the consumers of long term care services.

Issue advocacy involves 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.

Resident and family council support includes informing the leadership of each council of the purpose of the LTCOP, the availability of the LTCOP to assist the council, topics which the LTCOP is prepared to present and the fact that the LTCO will strive to be present at meetings when invited. These councils are excellent vehicles for providing resident and family education and for working together on issue advocacy efforts.

A Regional LTCOP Annual Services Plan will be submitted to the State Ombudsman by each of the 17 programs. These plans will support a more centralized statewide program while recognizing different regional resident issues and priorities. Contents of the plan shall 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 shall be done at least annually by each Regional LTCOP and the State Long Term Care Ombudsman. The LTCOP activities and complaint data will be 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 3000 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.

Elder Abuse & Neglect Program

The Elder Abuse and Neglect Program became 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, 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 interests 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 improved provisions for access to alleged victims; extended immunity provisions for persons cooperating with investigations; hearsay exceptions for victim testimony; law enforcement referral requirements; and the right to petition a court to freeze a victim’s assets pending investigation or interventions.

In 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.

The Elder Abuse and Neglect Program strives to build on the existing legal, medical, and social service system 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.

The service delivery components of the program are intake of reports, assessment, 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 client 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 care; respite; health services; counseling, etc. Other interventions might include an order of protection; obtaining a representative payee; and assisting the client in obtaining other legal remedies.

The elder abuse provider agency may keep the case open 15 months from the date of intake in order to monitor the situation and to continually reassess the need for different interventions. If subsequent reports of abuse are received and substantiated, the case may be kept open even longer. As of January 1, 2004, an amendment to the Elder Abuse and Neglect Act allow the Department on Aging to grant a waiver to extend the service plan for up to an additional one year period.

A major guiding principle of the Elder Abuse and Neglect Program is the victim's rights of 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. Where 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, where a victim who lacks capacity requires a substitute decision maker, the elder abuse 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 client consent.

A wealth of public education materials on elder abuse continues to be distributed, including information cards directed at four different professional groups (law enforcement, bankers, 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, is developing posters for bank lobbies, and inserts for both bank statements and 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 targeted at victims of financial exploitation is 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.

ELDER RIGHTS INITIATIVE

ILLINOIS DEPARTMENT ON AGING STRATEGIC GOAL: IMPROVE ACCESS TO BETTER HEALTH-CARE BENEFITS & PROTECT ELDER RIGHTS.

ADMINISTRATION ON AGING STRATEGIC GOAL: INCREASE THE NUMBER OF OLDER PEOPLE WHO BENEFIT FROM PROGRAMS THAT PROTECT THEIR RIGHTS & ELDER ABUSE, NEGLECT & EXPLOITATION.

Background and Analysis

It is estimated that four to five percent of older Americans are mistreated by family members and caregivers. That translates into 75,000 to 95,000 older citizens of Illinois. In addition, the 100,000 plus older persons who reside in Illinois long term care facilities need special attention to insure that their care is adequate and that they are knowledgeable about their rights. Persons over 60 are also especially vulnerable to telemarketing fraud and other scams.

The Department has in place a number of programs to help ensure the rights of older persons, including the Elder Abuse and Neglect Program, the Long Term Care Ombudsman Program and the Legal Services Development Program. These programs, however, need to be strengthened in a number of ways. The Elder Abuse and Neglect Program, for example, is not well known or well understood by other service providers or by the criminal justice system. 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.

ILLINOIS DEPARTMENT ON AGING STRATEGIES

- The Department will continue to work with other agencies and associations to improve the response to older victims of mistreatment. For example, the Illinois State TRIAD, on which the Department is a very active member, will continue to implement *B*SAFE (Bankers and Seniors Against Financial Exploitation)*, a project to train bank customer service personnel to identify, report and prevent financial abuse of older persons. The 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” (ESO) two to three times a year. To date over 1,500 such “ESOs” have been trained. The Department has also printed and is distributing over 200,000 “palm cards” on elder abuse for law enforcement officers; the Chicago Police Department alone has received over 35,000.

- The Department will continue to work with domestic violence advocates to increase recognition of elder abuse as another form of family violence through additional presentations at local Family Violence Coordinating Councils and the statewide Family Violence Coordinating Council Steering Committee. The service needs of older battered women in particular will continue to be stressed.
- The Department on Aging participates on the leadership team for Illinois Health Cares, an initiative to promote an improved response by the health care system to domestic violence victims. Illinois Health Cares' Fall 2004 Education Bulletin focused on the health care response to elder abuse. The Department on Aging is also represented on the leadership team for one of the Illinois Health Cares Planning Grants, which will be creating a strategic plan that will prioritize goals and objectives addressing violence prevention strategies for Stroger Hospital in Chicago, and its Ambulatory and Community Health network.
- The Department on Aging is embarking on a major elder abuse awareness campaign beginning in July 2005. "Break the Silence" is the theme of this public awareness initiative. Toolkits will be developed for each of the elder abuse provider agencies and each Area Agency on Aging to assist them in working with their local communities to encourage them to take responsibility for reporting elder abuse. July 2005 is Elder Abuse Awareness month in Illinois, but it will be just the beginning of a renewed effort to enhance public awareness.
- The Elder Abuse and Neglect Program in Illinois currently provides services to individuals who are victims of abuse by others, but does not currently provide services to those individuals whose well-being is substantially threatened, due to their physical or mental impairments. During FY 2006, the Department on Aging will conduct research and collect data on the extent to which this represents a service gap in Illinois. The findings will guide any further planning to address this potentially unmet need.
- On the level of systems change and systems advocacy, 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.
- 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 is identified as a significant barrier to residents, families and facility staffs' understanding of resident rights. The LTC Ombudsman Program will attempt to improve the public's general understanding about the mission of the LTC Ombudsman Program and how it can help them resolve their issues by developing an Annual Program Report, brochures for each type of audience on the LTC Ombudsman Program, and by working with facilities to provide and distribute the LTC Ombudsman Program pamphlet to anyone entering a facility.

- The Long Term Care Ombudsman Program will continue to work with state, local and civic organization 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.
- The Long Term Care Ombudsman Program will continue its efforts to support the development of new family councils and to attend more resident council meetings. Resident and family council support includes informing the leadership of each council on the purpose of the Long Term Care Ombudsman Program, the availability of ombudsmen to assist the council, and to be present at meetings when invited.
- 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 must continue to recruit more volunteers and secure more funding to hire paid staff to lessen the local ombudsman's work load.
- The LTC Ombudsman Program will focus on developing a statewide plan to effectively handle complaints and inquires regarding financial exploitation of residents who live in LTC facilities that are reported to the LTC Ombudsman Program.

PART VI

FINANCIAL PLAN

STATE AGENCY OPERATING BUDGET FOR FY 2006
TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION

	Title III	Match to Title III	Other Agency & Resources	Total Agency Budget
Title III: State Admin	\$ 2,416.5			\$ 2,416.5
Title III: (Part B) Long Term Care Ombudsman*	\$ 202.0			\$ 202.0
Other Older Americans Act Funds			\$ 232.1**	\$ 232.1
Other Federal Funds				\$ 0.0
State Funds		\$ 654.6	\$ 5,315.0***	\$ 5,969.6
Local Public Funds				\$ 0.0
Other (State Trust Fund)				\$ 0.0
TOTAL	\$2,618.5	\$ 654.6	\$ 5,547.1	\$ 8,820.2

*Title III supportive service funds (Part B) are used directly by the State Agency only for purposes of operating the Long-Term Care Ombudsman Program.

Column "Other Agency & Resources": ** "Other Older Americans Act Funds" line includes Title V Admin. and SAE. *** "State Funds" line includes GRF PS&R and other operations, Senior HelpLine, Grandparents Admin, Red Tape Cutters Admin., Monitoring & Support and Senior Meal Admin.

(\$\$\$s Displayed in Thousands)

STATE PROGRAM ALLOCATIONS BY PSA FOR FY 2006

PSAs	Title III Funds	Other OAA Funds	Non-Title III Funds	Total Funds Awarded
01	\$2,479,852	\$294,623	\$2,282,192	\$5,056,667
02	\$5,877,827	\$328,731	\$3,963,221	\$10,169,779
03	\$2,382,573	\$150,435	\$1,987,268	\$4,520,276
04	\$1,464,080	\$98,050	\$1,676,021	\$3,238,151
05	\$3,060,767	\$333,384	\$2,425,461	\$5,819,612
06	\$824,488	\$112,059	\$881,682	\$1,818,229
07	\$2,062,798	\$205,306	\$1,863,774	\$4,131,878
08	\$2,351,661	\$196,217	\$1,871,017	\$4,418,895
09	\$943,763	\$56,359	\$929,123	\$1,929,245
10	\$849,474	\$90,385	\$1,005,242	\$1,945,101
11	\$1,900,497	\$122,887	\$1,891,218	\$3,914,602
12	\$11,820,970	\$1,461,092	\$8,402,970	\$21,685,032
13	\$7,664,977	\$502,514	\$5,037,954	\$13,205,445
Subtotal	\$43,683,727	\$3,952,042	\$34,217,143	\$81,852,912
Other			\$280,092,500	\$280,092,500
TOTAL	\$43,683,727	\$3,952,042	\$314,309,643	\$361,945,412

“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, Red Tape Cutter, GRG and Ombudsman and SPAP/MMA.

“Other” Line = Community Care Program, Foster Grandparent, Retired Senior Volunteer Program and Elder Abuse Money Management funding.

**AREA AGENCY ON AGING PROPOSED FY 2006
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. Below are the Department on Aging definitions for these two services and the amounts projected to be expended by each Area Agency on Aging for FY 2006.

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	\$64,000	\$98,000
02	\$62,823	\$74,602
03	\$29,527	\$242,127
04	\$79,827	\$106,259
05	\$52,462	\$151,567
06	\$0	\$0
07	\$63,422	\$100,313
08	\$53,000	\$92,000
09	\$0	\$0
10	\$15,000	\$15,000
11	\$24,754	\$43,321
12	\$0	\$0
13	\$39,763	\$218,788

COMPETITION IN THE PROVISION OF SERVICES

The Illinois Department on Aging has developed standards for use by recipients of Older Americans Act funds in establishing procedures for the procurement of supplies, equipment, construction, social and professional and other services whose cost is borne in whole or in part as a direct charge to Older Americans Act and related funds. These standards are furnished to ensure that services purchased by Older Americans Act-assisted programs are obtained in an effective manner, and in compliance with the provisions of applicable Federal requirements and the Illinois Purchasing Act.

All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, must be conducted in a manner so as to provide maximum open and free competition. The recipient of award should be alert to organizational conflicts of interest or noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

PART VII

ASSURANCES

LISTING OF STATE PLAN ASSURANCES

OLDER AMERICANS ACT, AS AMENDED IN 2000

The Illinois Department on Aging, hereinafter referred to as IDoA, makes the following assurances:

State Agency Organization

Section 305 (a)(1)(A, B & C)

The IDoA is the sole agency responsible for the development and administration of the State Plan on Aging and will be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the Older Americans Act.

State Agency Responsibilities

Section 305 (a)(1)(D)

The IDoA will serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals.

Section 305 (a)(1)(E)

The IDoA has divided the State into distinct planning and service areas (PSAs) according to statutory and regulatory requirements.

Section 305 (a)(2)(A)

The IDoA has, except as provided in subsection (b)(5), designated for each planning and service area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the Area Agency on Aging for each area.

Section 305 (a)(2)(B)

The IDoA will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

Section 305 (a)(2)(C & D)

The IDoA, will in consultation with area agencies on aging and in accordance with guidelines issued by the Assistant Secretary and requirements of the Older American Act, develop, publish, and submit to the Assistant Secretary for review and comment, a formula for the distribution of Title III funds within the State.

Section 305 (a)(2)(E)

The IDoA will give preference to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

Section 305 (a)(2)(F)

The IDoA will require outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); 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 caretakers of such individuals) and inform these older individuals and caretakers of the availability of such assistance.

Section 305 (a)(2)(G)(i)

The IDoA will set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas.

Section 305 (a)(2)(G)(ii)

The IDoA will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 305 (c)(5)

The IDoA will assure that each designated Area Agency on Aging will have the ability to develop an Area Plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Area Plans

Section 306 (a)(2)

The IDoA will assure that each Area Agency on Aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- ★ services associated with access (transportation, outreach, information and assistance, and case management services);
- ★ in-home services, including supportive services for families of older individuals who are victims of Alzheimer's Disease and related disorders with neurological and organic brain dysfunction; and

- ✪ legal assistance; and assurances that the Area Agency on Aging will report annually to the State Agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Section 306 (a)(4)(A)(i)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the Area Plan.

Section 306 (a)(4)(A)(ii)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will–

- (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (C) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

Section 306 (a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which an Area plan is prepared, the IDoA will require each Area Agency on Aging to–

- (A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (B) describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

Section 306 (a)(4)(B)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on–

- (A) older individuals residing in rural areas;

- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

Section 306 (a)(4)(C)

The IDoA will require each Area Agency on Aging to provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 306 (a)(5)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Section 306 (a)(9)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

Section 306 (a)(11)

The IDoA will require each Area Agency on Aging to provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

- (C) an assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Section 306 (a)(13)(A)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Section 306 (a)(13)(B)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will disclose to the Assistant Secretary and the State agency—

- (A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (B) the nature of such contract or such relationship.

Section 306 (a)(13)(C)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

Section 306 (a)(13)(D)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

Section 306 (a)(13)(E)

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

Section 306 (a)(14)

The IDoA will require each Area Agency on Aging to provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Section 306 (a)(15)

The IDoA will require each Area Agency on Aging to provide assurances that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

State Plans**Section 307 (a)(1)(A)**

The IDoA will provide assurance that each Area Agency on Aging designated under section 305(a)(2)(A) will be required to develop and submit to the State Agency for approval, in accordance with a uniform format developed by the State Agency, an Area Plan meeting the requirements of section 306.

Section 307 (a)(1)(B)

The IDoA will provide assurance that the State Plan on Aging will be based on Area Plans submitted by the Area Agencies on Aging.

Section 307 (a)(2)(A)

The IDoA will provide assurance that the State Agency will evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State.

Section 307 (a)(2)(B)

The IDoA will provide assurance that the State Agency will develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need.

Section 307 (a)(3)(B)(i)

With respect to services for older individuals for older individuals residing in rural areas, the IDoA will provide assurance that the State Agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

Section 307 (a)(3)(B)(ii)

The IDoA will provide assurances that the State Agency will identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

Section 307 (a)(3)(B)(iii)

The IDoA will provide assurance that the State Plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which the State plan applies.

Section 307 (a)(4)

The IDoA will provide assurance that the State Agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and Title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

Section 307 (a)(5)(A-C)

The IDoA will provide assurance that the State Agency will afford an opportunity for a hearing upon request, in accordance with published procedures, to any Area Agency on Aging submitting an Area Plan under this title, to any provider of (or applicant to provide) services; will issue guidelines applicable to grievance procedures required by section 306(a)(10); and will afford an opportunity for a public hearing, upon request, by any Area Agency on Aging, by any provider (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

Section 307 (a)(6)

The IDoA will assure that the State Agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

Section 307 (a)(7)(A)

The IDoA will assure that fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

Section 307 (a)(7)(B)

The IDoA will assure that—

- (A) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;
- (B) no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and
- (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Section 307 (a)(8)

The IDoA will assure that no supportive services, nutrition services, or in-home services are directly provided by the State Agency or an Area Agency on Aging in the State, unless, in the judgement of the State Agency–

- (A) provision of such services by the State Agency or the Area Agency on Aging is necessary to assure an adequate supply of such services;
- (B) such services are directly related to such State Agency’s or Area Agency on Aging’s administrative functions, or
- (C) such services can be provided more economically, and with comparable quality, by such State Agency or Area Agency on Aging.

Section 307 (a)(9)

The IDoA will assure that the State agency will carry out, through the Office of the State LongTerm Care Ombudsman, a State LongTerm Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

Section 307 (a)(10)

The IDoA will assure that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307 (a)(11)(A)

The IDoA will assure that area agencies on aging will–

- (A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (B) include in any such contract provisions to assure that any recipient of funds under (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Section 307 (a)(11)(B)

The IDoA assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of

funds provided under this title on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Section 307 (a)(11)(D)

The IDoA assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

Section 307 (a)(11)(E)

The IDoA assures that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Section 307 (a)(12)

Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the IDoA assures that any Area Agency on Aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Section 307 (a)(13)

The IDoA will assure that the State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

Section 307 (a)(14)

The IDoA will assure that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the Area Agency on Aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

- (B) to designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include—
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Section 307 (a)(16)

The IDoA will assure that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

Section 307 (a)(17)

The IDoA will assure, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

Section 307 (a)(18)

The IDoA will assure that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Section 307 (a)(19)

The IDoA will include in the State Plan the assurances and description required by section 705(a).

Section 307 (a)(20)

The IDoA will assure that special efforts will be made to provide technical assistance to minority providers of services.

Section 307 (a)(21)

The IDoA will assure that the State agency will—

- (A) coordinate programs under this title and programs under Title VI, if applicable; and
- (B) pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

Section 307 (a)(22)

If case management services are offered to provide access to supportive services, IDoA will ensure compliance with the requirements specified in section 306(a)(8).

Section 307 (a)(23)

The IDoA assures that demonstrable efforts will be made—

- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
- (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

Section 307 (a)(24)

The IDoA will assure that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under Title VI, to comprehensive counseling services, and to legal assistance.

Section 307 (a)(25)

The IDoA will assure that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

Section 307 (a)(26)

The IDoA will assure that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Administration of State Plans

Section 308 (b)(3)(E)

The IDoA assures that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Additional State Plan Requirements Relative to Title VII

Section 705 (a)(1)

The IDoA will assure that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

Section 705 (a)(2)

The IDoA will assure that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VII, and other interested persons and entities regarding programs carried out under this subtitle.

Section 705 (a)(3)

The IDoA will assure that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

Section 705 (a)(4)

The IDoA will assure that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

Section 705 (a)(5)

The IDoA will assure that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

Section 705 (a)(6)

The IDoA will assure that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinate with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

Case Management, Information and Assistance & Outreach

Section 307 (8)(B & C)

Area Agencies on Aging are allowed to directly provide case management, information and assistance, and outreach services if they submit a direct service waiver in their Area Plans and it is approved by the IDoA per Older Americans Act requirements and IDoA policies and procedures.

Coordination Vaccination of Seniors

IDoA will work with the Illinois Department of Public Health to confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia.

Regulatory Assurances

1321.17 (f)(1)

The IDoA will assure that each area agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act and specified in State policies under Section 1321.11.

1321.17 (f) (2)

The IDoA will assure that preference is given to older persons in greatest social or economic need in the provision of services under the State plan.

1321.17 (f)(3)

The IDoA will assure that procedures exist to ensure that all services under this Part are provided without use of any means tests.

1321.17 (f)(4)

The IDoA will assure that all services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services.

1321.17 (f)(5)

The IDoA will assure that older persons are provided opportunities to contribute voluntarily to the cost of services.

1321.17 (f)(6)

The IDoA will assure that area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the last fiscal year.

1321.17 (f)(7)

The IDoA will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to area agencies where area agencies have been designated.

1321.17 (f)(8)

The IDoA will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Native Americans in the planning and service area and inform such older Native Americans of the availability of assistance under the Act.

1321.17 (f)(9)

The IDoA will have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs.

1321.10 (f)(10)

If the IDoA proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with greatest economic or social need, with special attention to low income minorities.

1321.17 (f)(11)

The IDoA will assure that area agencies shall compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate sites, and in other appropriate places.

1321.17 (f)(12)

The IDoA will assure that individuals with disabilities that reside in a non-institutional household and accompanies a person eligible for congregate meals under this Part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307 (a)(13)(I) of the Act.

1321.17(f)(13)

The IDoA will assure that the services provided under this part will be coordinated, where appropriate, with the services provided under Title VI of the Act.

1321.17 (f)(14)(i)

The IDoA will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans.

1321.17 (f)(14)(ii)

The IDoA and the area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise) submit the details of proposals to pay for program development and coordination as a cost of supportive services to the general public for review and comment.

1321.17 (f)(14)(iii)

The IDoA will certify that any expenditure of funds for program development and/or coordination by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

1321.17 (f)(15)

The IDoA will assure that where there is a significant population of older Native Americans in any planning and service area that the area agency will provide for outreach as required by section 306 (a)(6)(N) of the Act.

Director

August 27, 2005
Date

PART VIII

APPENDICES

APPENDIX A

ILLINOIS COUNCIL ON AGING MEMBERSHIP

PUBLIC MEMBERS

<p>CIANCHETTI, Ralph (Chair) 548 Hill Street Highland Park, Illinois 60035</p>	<p>GANZER, Lynda 11314 South Talman Avenue Chicago, Illinois 60655</p>
<p>ALDAG, Jean, Ph.D. (First Vice-Chair) 209 Coventry Lane East Peoria, Illinois 61611</p>	<p>JAEGER, Ronald H. 3204 West Parkridge Drive Peoria, Illinois 61604</p>
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<p>DAY, Donna J. 3003 North Bigelow Peoria, Illinois 61604</p>	<p>MEYER, William D. 600 South Koscuisko Street Jacksonville, Illinois 62650</p>
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<p>GALVAN, Alfred 1401 South Stewart Lombard, Illinois 60148</p>	<p>VERDU, Eugene (Secretary) 1849 Spruce Hill Drive Belleville, Illinois 62221</p>

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SENATE	HOUSE
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SULLIVAN, David 119 State House Springfield, Illinois 62706	MCGUIRE, John C. "Jack" 239-E Stratton Building Springfield, Illinois 62706
VIVERITO, Louis "Lou" 218-A State House Springfield, Illinois 62706	ROSE, Chapin 200-2N Stratton Building Springfield, Illinois 62706
	SAVIANO, Angelo "Skip" 314 State House Springfield, Illinois 62706

APPENDIX B

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 2006 through FY 2008. **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:

- ① To develop a formula consistent with the purpose and requirements of the OAA and its regulations.
- ② To provide resources across the state for home and community based services for older persons over the age of 60.
- ③ 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.
- ④ 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.
- ⑤ 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:

- ① 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.
- ② Funding formula factors must be derived from data which is quantifiable by Planning and Service Area, be based on data from the Bureau of Census, and characterize at least five percent of the State's population 60 years of age and older.
- ③ 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.

- ④ 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.
- ⑤ 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

Base means the allocation for Federal Fiscal Year (FFY) 1992 as of March 1, 1992, for each source of funds (e.g., Title III-B, Title III-C1, Title III-C2, Title III-D, GRF Match, GRF Home Delivered Meals, etc.) distributed by the Department to the 13 Area Agencies on Aging for their respective Planning and Service Areas. In Federal FY 1993, the "base" means two-thirds of the FFY 1992 base for each source of funds. In Federal FY 1994, the "base" means one-third of the FY 1992 base for each source of funds. Each Area Agency on Aging has a "base" level for each source of funds it receives from the Department to be administered through the Area Plan on Aging.

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:

- ① Be derived from data which is quantifiable by PSA;
- ② Be based on data which is derivable from the Bureau of the Census; and
- ③ Characterizes at least 5 percent of the state's population 60 years of age and older.

The formula contains the following factors:

- ❶ 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).
- ❷ 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).
- ❸ 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).
- ❹ 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:	25.0%
(60+ Minority - 10.0%)	
(60+ Living Alone - 7.5%)	
(75+ Population - 7.5%)	
60+ Rural	9.0%

E. APPLICATION OF THE INTRASTATE FUNDING FORMULA

The intrastate funding formula is:

- ❶ $A = (.41 POP-60 + .25 POV-60 + .10 MIN-60 + .075 LA-60 + .075 POP-75 + .09 RUR-60) \times (T)$

② 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 a 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 above provisions will be the distribution of Ombudsman and Title VII funds and in instances of a legislatively directed program requiring funding at a designated level for a defined target population. These funds will be distributed in accordance with the prescribed formula stated in the applicable legislation. If there is not a prescribed formula stated in the applicable legislation, the Department has the authority to determine the methodology to be used to distribute the 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 reallocated to those Area Agencies on Aging which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallocation 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 reallocation will be:

- ❶ Those in excess of an Area Agency's allowable carryover amount determined by the financial closeout of the Fiscal Year;
- ❷ 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
- ❸ Those funds offered to the Department for reallocation 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:

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

% 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	Minority	75+	Living Alone	60+ Rural
01	111,373	7,090	6,043	41,816	28,781	47,907
02	356,592	15,820	35,538	123,256	78,739	0
03	99,574	6,465	4,012	39,836	28,549	56,327
04	77,981	4,845	3,566	30,410	20,591	8,793
05	138,592	9,625	6,700	53,486	38,963	50,269
06	27,852	2,435	459	11,799	7,640	26,603
07	88,517	6,855	2,893	34,956	25,500	38,326
08	115,268	9,070	12,582	43,013	31,212	9,891
09	30,783	2,955	841	12,486	8,803	30,783
10	28,695	2,380	308	11,627	8,263	28,695
11	59,199	6,650	2,718	23,456	18,077	59,199
12	398,560	60,835	212,471	138,888	112,768	0
13	429,925	22,225	61,065	162,749	106,271	0
Total	1,962,911	157,250	349,196	727,778	514,157	356,793

% Share of Demographic Characteristics by Planning & Service Area

PSA	60+ Population	GEN Poverty	Minority	75+	Living Alone	60+ Rural	IFF Weight
01	5.67	4.51	1.73	5.75	5.60	13.43	5.69
02	18.17	10.06	10.17	16.94	15.31	0.00	13.39
03	5.07	4.11	1.15	5.47	5.55	15.79	5.47
04	3.97	3.08	1.02	4.18	4.00	2.46	3.33
05	7.06	6.12	1.92	7.35	7.58	14.09	7.01
06	1.43	1.55	0.13	1.62	1.49	7.46	1.89
07	4.51	4.36	0.83	4.80	4.96	10.74	4.72
08	5.87	5.77	3.60	5.91	6.07	2.77	5.36
09	1.57	1.88	0.24	1.72	1.71	8.63	2.17
10	1.46	1.51	0.09	1.60	1.61	8.04	1.95
11	3.02	4.23	0.78	3.22	3.52	16.59	4.37
12	20.30	38.69	60.85	19.08	21.93	0.00	27.16
13	21.90	14.13	17.49	22.36	20.67	0.00	17.49
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

APPENDIX D

FY 2006 PLANNING ALLOCATIONS

Illinois Department on Aging - FY 2006 Federal Planning Allocations

PSA	III-B Ombud.	III-B CBS	III-C1	III-C2	III-D	III-E	Total Title III	VII EA	VII Ombud.	Total VII
01	40,602	734,812	934,196	393,179	39,629	337,434	2,479,852	16,540	31,316	47,856
02	132,704	1,729,197	2,198,397	925,249	98,214	794,066	5,877,827	28,684	102,354	131,038
03	36,022	706,401	898,076	377,977	39,710	324,387	2,382,573	7,365	27,783	35,148
04	30,400	430,039	546,726	230,103	29,333	197,479	1,464,080	5,657	23,447	29,104
05	52,748	905,278	1,150,916	484,391	51,721	415,713	3,060,767	23,593	40,685	64,278
06	13,535	244,077	310,304	130,599	13,891	112,082	824,488	4,508	10,439	14,947
07	34,911	609,545	774,939	326,152	37,341	279,910	2,062,798	15,766	26,927	42,693
08	45,044	692,196	880,016	370,376	46,165	317,864	2,351,661	7,277	34,743	42,020
09	13,257	280,236	356,275	149,947	15,361	128,687	943,763	4,731	10,225	14,956
10	12,562	251,826	320,155	134,745	14,545	115,641	849,474	4,556	9,689	14,245
11	24,708	564,346	717,475	301,967	32,847	259,154	1,900,497	6,487	19,058	25,545
12	104,941	3,507,468	4,459,183	1,876,755	261,957	1,610,666	11,820,970	27,671	80,941	108,612
13	152,623	2,258,675	2,871,543	1,208,558	136,371	1,037,207	7,664,977	40,955	117,717	158,672
Total	694,057	12,914,096	16,418,201	6,909,998	817,085	5,930,290	43,683,727	193,790	535,324	729,114

TITLE III-B	INCLUDES	TITLE III-C1	INCLUDES	TITLE III-C2	INCLUDES	TITLE III-D	INCLUDES
FY 06 FUNDS	14,537,038	FY 06 FUNDS	17,282,317	FY 06 FUNDS	7,273,682	FY 06 FUNDS	860,090
IDoA ADMIN.	726,852	IDoA ADMIN.	864,116	IDoA ADMIN.	363,684	IDoA ADMIN.	43,005
IDoA OMBUD.	202,033						
III-B DISTRIB.	13,608,153	III-C1 DISTRIB.	16,418,201	III-C2 DISTRIB.	6,909,998	III-D DISTRIB.	817,085

TITLE III-E	INCLUDES	TITLE VII	INCLUDES	TITLE VII OMB.	INCLUDES
FY 06 FUNDS	6,242,411	FY 06 FUNDS	203,990	FY 06 FUNDS	563,499
IDoA ADMIN.	312,121	IDoA ADMIN.	10,200	IDoA ADMIN.	28,175
		M-TEAM			
III-E DISTRIB.	5,930,290	VII EA DISTRIB.	193,790	VII OMB. DISTRIB.	535,324

Illinois Department on Aging - FY 2006 GRF Planning Allocations

PSA	Title III Adm. Match	Title III Service Match	Home Del. Meals	Comm.-Based Services	Comm.- Based Services	Ombudsman Services	Total GRF	Total Federal	Total Funds Federal & State
01	83,090	44,463	396,570	174,245	150,384	26,549	875,301	2,527,708	3,403,009
02	196,901	103,263	933,229	410,041	150,384	69,402	1,863,220	6,008,865	7,872,085
03	79,726	42,895	381,237	167,508	150,385	23,049	844,800	2,417,721	3,262,521
04	49,006	25,643	232,088	101,975	150,385	19,100	578,197	1,493,184	2,071,381
05	102,546	54,597	488,569	214,667	150,384	33,157	1,043,920	3,125,045	4,168,965
06	28,818	13,550	131,726	57,877	150,385	8,524	390,880	839,435	1,230,315
07	67,877	37,931	328,965	144,541	150,385	22,581	752,280	2,105,491	2,857,771
08	78,702	41,453	373,571	164,139	150,385	28,915	837,165	2,393,681	3,230,846
09	31,598	17,047	151,240	66,452	150,385	9,423	426,145	958,719	1,384,864
10	28,380	15,333	135,907	59,715	150,385	9,091	398,811	863,719	1,262,530
11	63,634	34,328	304,572	133,823	150,385	18,045	704,787	1,926,042	2,630,829
12	395,996	212,850	1,892,943	831,721	150,384	48,563	3,532,457	11,929,582	15,462,039
13	256,732	135,341	1,218,983	535,596	150,384	74,601	2,371,637	7,823,649	10,195,286
Total	1,463,006	778,694	6,969,600	3,062,300	1,955,000	391,000	14,619,600	44,412,841	59,032,441

FY 2006 Nutrition Services Incentive Program Allocations

PSA	FY 2004 Congregate Meals	FY 2004 Home Delivered Meals	FY 2004 Total Meals	Percent of Meals	FY 06 NSIP Allocation
01	176,129	462,188	638,317	6.13	368,879
02	225,351	711,658	937,009	8.99	540,983
03	207,834	388,021	595,855	5.72	344,207
04	148,519	198,065	346,584	3.33	200,386
05	242,249	376,073	618,322	5.93	356,844
06	113,753	221,850	335,603	3.22	193,767
07	200,280	324,495	524,775	5.04	303,287
08	188,070	333,986	522,056	5.01	301,482
09	113,159	115,688	228,847	2.20	132,388
10	161,292	174,431	335,723	3.22	193,767
11	260,563	416,525	677,088	6.50	391,144
12	940,100	2,771,148	3,711,248	35.62	2,143,469
13	342,387	604,802	947,189	9.09	547,000
Total	3,319,686	7,098,930	10,418,616	100.00	6,017,603

APPENDIX E

2000 CENSUS INFORMATION

BY

PLANNING & SERVICE AREA (PSA)

2000 CENSUS 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	6,041	4,463	2,044	511	3,380	218	1,359	0	340	245	139
	Carroll	4,037	3,211	1,549	418	2,232	81	1,059	4,037	255	176	89
	DeKalb	11,261	8,711	4,426	1,202	6,521	361	2,927	0	510	363	191
	JoDaviess	5,287	3,998	1,858	458	2,866	45	1,370	5,287	355	289	179
	Lee	6,841	5,288	2,589	728	3,841	216	1,826	6,841	520	431	243
	Ogle	9,012	6,855	3,323	886	4,982	160	2,189	9,012	495	339	213
	Stephenson	10,286	8,026	4,091	1,189	5,965	474	2,849	10,286	840	637	285
	Whiteside	12,444	9,740	4,823	1,302	7,158	587	3,141	12,444	660	443	190
	Winnebago	46,164	35,450	17,113	4,322	26,512	3,901	12,061	0	3,115	2,266	1,138
	PSA Total	111,373	85,742	41,816	11,016	63,457	6,043	28,781	47,907	7,090	5,189	2,667
PSA 02	DuPage	119,273	88,794	43,236	11,615	68,830	11,087	26,111	0	4,385	3,523	2,146
	Grundy	6,044	4,607	2,315	617	3,428	110	1,568	0	320	257	139
	Kane	46,132	33,981	16,110	4,372	26,297	5,364	10,502	0	2,175	1,570	839
	Kankakee	17,608	13,584	6,588	1,552	10,015	2,056	4,638	0	1,295	901	458
	Kendall	6,505	4,635	2,161	536	3,632	250	1,358	0	260	199	126
	Lake	75,380	54,989	24,364	6,041	42,065	8,912	16,275	0	3,555	2,480	1,378
	McHenry	28,640	20,913	9,562	2,447	16,108	917	6,378	0	990	711	390
	Will	57,010	41,610	18,920	4,609	32,361	6,842	11,909	0	2,840	2,160	1,286
	PSA Total	356,592	263,113	123,256	31,789	202,736	35,538	78,739	0	15,820	11,801	6,762

2000 CENSUS 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	7,967	6,299	3,381	929	4,626	193	2,254	7,967	495	358	222
	Henderson	1,829	1,373	616	162	1,017	20	481	1,829	145	129	60
	Henry	10,583	8,341	4,256	1,168	6,121	233	2,938	0	680	519	306
	Knox	12,390	9,780	5,060	1,481	7,208	594	3,550	12,390	785	550	285
	LaSalle	23,125	18,292	9,481	2,624	13,274	466	6,578	23,125	1,485	1,070	632
	McDonough	5,849	4,652	2,453	724	3,429	115	1,690	5,849	410	308	222
	Mercer	3,523	2,702	1,370	372	1,963	30	876	0	260	216	152
	Putnam	1,264	967	465	116	690	18	341	1,264	35	30	22
	Rock Island	29,141	22,564	11,192	3,011	16,940	2,248	8,803	0	1,915	1,456	770
	Warren	3,903	3,061	1,562	453	2,255	95	1,038	3,903	255	197	97
	PSA Total	99,574	78,031	39,836	11,040	57,523	4,012	28,549	56,327	6,465	4,833	2,768
PSA 04	Fulton	8,793	7,015	3,684	1,007	5,028	109	2,454	8,793	635	453	242
	Marshall	3,113	2,473	1,292	389	1,772	28	726	0	140	121	92
	Peoria	33,236	25,981	13,080	3,565	19,465	3,080	9,300	0	2,395	1,740	1,030
	Stark	1,498	1,215	661	199	872	14	419	0	100	87	68
	Tazewell	24,727	19,099	8,862	2,420	14,131	279	6,196	0	1,325	936	526
	Woodford	6,614	5,242	2,831	900	3,823	56	1,496	0	250	197	122
		PSA Total	77,981	61,025	30,410	8,480	45,091	3,566	20,591	8,793	4,845	3,534

2000 CENSUS 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 05	Champaign	22,861	17,470	8,356	2,278	13,092	2,280	6,475	0	1,080	824	408
	Clark	3,823	3,061	1,597	468	2,219	34	1,115	3,823	310	212	126
	Coles	9,037	7,067	3,556	967	5,318	148	2,723	9,037	865	609	361
	Cumberland	2,265	1,782	920	253	1,333	18	681	2,265	190	150	80
	DeWitt	3,462	2,666	1,370	359	2,005	37	975	3,462	255	179	108
	Douglas	4,121	3,180	1,562	411	2,409	51	1,070	4,121	270	229	152
	Edgar	4,413	3,494	1,858	564	2,667	52	1,323	4,413	415	317	232
	Ford	3,379	2,764	1,495	468	2,025	30	962	0	175	141	66
	Iroquois	7,158	5,672	2,939	811	4,059	126	1,819	7,158	430	349	198
	Livingston	7,641	6,059	3,138	968	4,481	97	2,050	7,641	595	472	289
	McLean	19,048	14,621	7,100	1,970	11,095	676	5,358	0	915	700	410
	Macon	22,418	17,481	8,423	2,159	13,077	1,852	6,277	0	1,715	1,357	739
	Moultrie	3,163	2,524	1,353	450	1,869	25	727	3,163	200	165	97
	Piatt	3,325	2,529	1,242	325	1,904	26	859	0	180	147	100
	Shelby	5,186	4,077	2,035	540	2,898	38	1,353	5,186	445	374	250
Vermilion	17,292	13,425	6,542	1,606	9,917	1,210	5,196	0	1,585	1,166	584	
PSA Total		138,592	107,872	53,486	14,597	80,368	6,700	38,963	50,269	9,625	7,391	4,200

2000 CENSUS 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	14,938	12,025	6,427	1,916	8,585	348	4,024	14,938	1,170	919	523
	Brown	1,145	882	467	142	657	17	339	1,145	95	82	51
	Calhoun	1,249	975	467	138	670	12	320	0	125	90	53
	Hancock	4,634	3,675	1,886	528	2,680	40	1,276	4,634	350	280	155
	Pike	4,157	3,346	1,843	567	2,390	34	1,226	4,157	480	354	197
	Schuyler	1,729	1,389	709	205	984	8	455	1,729	215	172	110
	PSA Total	27,852	22,292	11,799	3,496	15,966	459	7,640	26,603	2,435	1,897	1,089
PSA 07	Cass	2,769	2,150	1,097	308	1,611	35	778	2,769	200	132	60
	Christian	7,718	6,094	3,161	973	4,559	90	2,313	7,718	700	585	367
	Greene	3,262	2,584	1,312	362	1,869	29	910	3,262	335	222	111
	Jersey	4,069	3,114	1,485	421	2,325	41	1,085	0	205	162	79
	Logan	5,947	4,691	2,468	710	3,520	99	1,733	5,947	380	320	176
	Macoupin	10,733	8,576	4,450	1,361	6,178	142	2,964	0	830	624	359
	Mason	3,589	2,772	1,422	392	2,007	31	940	3,589	315	249	133
	Menard	2,233	1,645	819	256	1,265	12	582	0	120	90	61
	Montgomery	6,513	5,215	2,754	826	3,787	65	1,899	6,513	695	522	308
	Morgan	7,331	5,707	2,919	850	4,305	212	2,134	7,331	570	434	240
	Sangamon	33,156	25,524	12,607	3,475	19,629	2,129	9,799	0	2,425	1,796	983
	Scott	1,197	915	462	141	682	8	363	1,197	80	54	38
PSA Total	88,517	68,987	34,956	10,075	51,737	2,893	25,500	38,326	6,855	5,190	2,915	

2000 CENSUS 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	3,330	2,595	1,280	357	1,868	121	894	0	250	209	96
	Clinton	6,573	5,131	2,400	637	3,756	112	1,741	0	370	292	176
	Madison	47,660	36,923	17,657	4,569	27,831	2,656	13,123	0	3,425	2,564	1,363
	Monroe	4,816	3,701	1,703	491	2,789	38	1,129	0	280	241	202
	Randolph	6,631	5,292	2,772	833	3,875	167	1,845	6,631	500	411	294
	St. Clair	42,998	33,709	15,860	4,169	25,605	9,443	11,607	0	3,995	3,098	1,524
	Washington	3,260	2,537	1,341	354	1,810	45	873	3,260	250	205	166
	PSA Total	115,268	89,888	43,013	11,410	67,534	12,582	31,212	9,891	9,070	7,020	3,821
PSA 09	Clay	3,494	2,792	1,519	475	2,073	37	973	3,494	415	309	162
	Effingham	6,124	4,767	2,409	720	3,554	32	1,734	6,124	430	315	168
	Fayette	4,430	3,464	1,720	483	2,526	50	1,268	4,430	485	384	249
	Jefferson	7,856	6,130	3,179	838	4,534	361	2,294	7,856	935	683	367
	Marion	8,879	6,925	3,659	1,110	5,232	361	2,534	8,879	690	541	288
	PSA Total	30,783	24,078	12,486	3,626	17,919	841	8,803	30,783	2,955	2,232	1,234

2000 CENSUS 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	4,363	3,397	1,657	465	2,517	58	1,240	4,363	335	270	169
	Edwards	1,649	1,290	665	160	954	10	484	1,649	135	109	69
	Hamilton	2,114	1,655	855	240	1,220	23	621	2,114	195	147	91
	Jasper	2,117	1,667	874	240	1,203	15	585	2,117	175	163	111
	Lawrence	3,894	3,113	1,672	571	2,298	60	1,087	3,894	310	227	103
	Richland	3,668	2,842	1,421	441	2,114	40	1,038	3,668	225	191	130
	Wabash	2,765	2,197	1,116	328	1,617	29	802	2,765	250	195	105
	Wayne	4,105	3,218	1,646	470	2,390	28	1,196	4,105	400	330	181
	White	4,020	3,205	1,721	553	2,328	45	1,210	4,020	355	285	157
	PSA Total		28,695	22,584	11,627	3,468	16,641	308	8,263	28,695	2,380	1,917

2000 CENSUS 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	2,073	1,623	797	234	1,206	471	681	2,073	335	227	147
	Franklin	9,263	7,292	3,817	1,006	5,452	95	2,957	9,263	960	666	411
	Gallatin	1,524	1,174	598	178	857	23	490	1,524	210	157	90
	Hardin	1,140	893	419	108	638	11	352	1,140	110	92	49
	Jackson	8,396	6,575	3,271	947	4,908	710	2,575	8,396	890	648	329
	Johnson	2,357	1,746	769	178	1,261	44	591	2,357	235	194	97
	Massac	3,454	2,700	1,399	405	2,045	186	1,020	3,454	420	351	155
	Perry	4,666	3,690	1,890	532	2,718	114	1,406	4,666	500	357	233
	Pope	1,056	782	365	111	567	27	290	1,056	115	61	45
	Pulaski	1,636	1,282	650	182	964	454	520	1,636	330	261	128
	Saline	6,404	5,066	2,641	796	3,896	195	2,042	6,404	660	527	287
	Union	4,144	3,202	1,700	486	2,368	77	1,248	4,144	500	356	236
	Williamson	13,086	10,123	5,140	1,351	7,647	311	3,905	13,086	1,385	1,007	607
		PSA Total	59,199	46,148	23,456	6,514	34,527	2,718	18,077	59,199	6,650	4,904
PSA 12	City of Chicago	398,560	298,803	138,888	35,168	237,176	212,471	112,768	0	60,835	44,683	20,720
PSA 13	Suburban Cook	429,925	331,462	162,749	41,352	251,744	61,065	106,271	0	22,225	17,340	9,655
STATE TOTAL		1,962,911	1,500,025	727,778	192,031	1,142,419	349,196	514,157	356,793	157,250	117,931	61,841

State Plan on Aging

FY2006 – FY2008

State of Illinois
Illinois Department on Aging
421 East Capitol Ave., #100
Springfield, Illinois 62701-1789

Senior HelpLine:
1-800-252-8966
1-888-206-1327 (TTY)

To report elder abuse:
1-866-800-1409
1-888-206-1327 (TTY)

www.state.il.us/aging/

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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