State of Illinois
Pat Quinn, Governor
Illinois Department on Aging
Charles D. Johnson, Director

State Plan on Aging for FY 2010 - FY 2012

Illinois Department on Aging

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EXECUTIVE SUMMARY

Purpose Of The State Plan On Aging

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

In order to be eligible to receive funds under Title III of the Older Americans Act, Section 307 of the Act requires the State to submit to the Administration on Aging (AoA) a State Plan on Aging which meets the criteria established by AoA through federal regulations. Each State agency has been afforded the opportunity by AoA to develop its own format for the State Plan and to determine the effective duration of the Plan (i.e., two, three, or four years). In a recent Program Instruction (AoA-PI-09-01), AoA has requested State Units on Aging to include objectives, which address four national goals in the State Plans on Aging. These national goals are included in the AoA's Strategic Action Plan 2007-2012. The four national goals include the following:

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

- Enable seniors to remain in their own homes with high quality of life as long as possible through the provision of home and community-based services, including supports for family caregivers.

- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Developing the State Plan on Aging

The Illinois Department on Aging has elected to develop a three-year plan, which follows by two years the planning cycle established for Illinois' Area Agencies on Aging in the development and administration of their Area Plans. The statewide initiative, *The Maturing of Illinois: Getting Communities on Track for an Aging Population*, and other Area Plan initiatives as outlined in the current Area Plans have been incorporated into this FY 2010-FY 2012 State Plan on Aging.
In recent years, significant Illinois Aging Network planning activities have occurred with the mandates of the state Older Adult Services Act. The State Plan on Aging represents planning commitments by the State regarding the Older Adult Services Advisory Act and the planning activities of the Older Adult Services Advisory Committee and its five workgroups (Coordinated Point of Entry, Finance, Nursing Home Conversion, Services Expansion, and Workforce and Family Caregiver).

The National Association of State Units on Aging's (NASUA) Technical Assistance Support Center (TASC) Planning Zone web site outlines that the State Plan's goals and objectives should respond to the following two critical questions:

- What opportunities in the Plan will support older people and the Aging Network in moving toward a community-based long-term system?

- What challenges need to be addressed to achieve the goal of re-balancing long-term care in the state?

The Department on Aging has integrated the four national goals as outlined in AoA's Strategic Action Plan 2007-2012 into the FY 2010-FY 2012 State Plan on Aging. Additionally, the Department on Aging has established priorities as outlined in its FY 2008-FY 2011 Strategic Plan. These strategic priorities and initiatives have been also included in the FY 2010-FY 2012 State Plan on Aging.

The development of the FY 2010-FY 2012 State Plan on Aging has included major planning activities to gather input in the development of goals and priorities of the Illinois Department on Aging, as outlined below:

- Using planning activities of the Older Adult Services Advisory Committee and its five workgroups (Coordinated Point of Entry, Finance, Nursing Home Conversion, Services Expansion, and Workforce and Family Caregiver).

- Using planning activities of the Illinois Department on Aging in the development of the FY 2008-FY 2011 Strategic Plan.

- Conducting meetings with advisory groups such as Elder Abuse, Nutrition, and Family Caregiver.

- Using the Illinois Long-Term Care Ombudsman Program (LTCOP) Strategic Plan as a framework for the LTCOP section of the Elder Rights Plan.

- Conducting a two-day retreat with the 13 Area Agencies on Aging.

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

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

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

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

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

Goals and Objectives for FY 2010-FY 2012

The FY 2010-FY 2012 State Plan on Aging outlines four the following goals and objectives to improve the lives of older adults and family caregivers residing in Illinois. These four goals provide direction to the Illinois Department on Aging in carrying out its overall mission.

Goal 1	**Rebalance Illinois' long-term care system to expand in-home and community-based services to enable seniors to remain in their own homes with high quality of life as long as possible.**

- ***Develop priority service areas as mandated by the Older Adult Services Act.***
- ***Implement the Money Follows the Person demonstration project in collaboration with the Department of Healthcare and Family Services and the Department of Human Services.***
- ***Expand consumer-directed home and community-based services to maximize consumer choice.***
- ***Expand older adult services that promote independence and permit older adults to remain in their own homes and communities.***

Goal 2	**Improve access to available services, public benefits and affordable health care benefits so older adults and their families can make informed decisions about, and easily access, existing health and community-based service options.**

- ***Establish Coordinated Points of Entry to assist seniors to access all community-based services.***
- ***Promote the Coordinated Point of Entry as the key access point for family caregivers and grandparents raising grandchildren to gain access to information and services, and increase the use of community-based services available for family caregivers and grandparents raising grandchildren.***
- ***Expand enrollments in the Circuit Breaker Program, Illinois Cares Rx, the Low-Income Subsidiary Program available under Medicare Part D, and Medicare Savings Programs.***
- ***Expand transportation options for older adult.***

Goal 3	**Empower older adults to stay active and healthy in their communities throughout Illinois.**

- ***Strengthen the capacity of Area Agencies on Aging and Aging Network service providers to develop and implement services that promote health and wellness initiatives.***
- ***Strengthen inter-agency collaboration to promote the expansion of healthy aging service delivery models and health care system coordination in all areas of Illinois.***
- ***Foster the development of senior-friendly communities throughout Illinois with Area Agencies on Aging.***
- ***Promote healthy and active life styles among older adults.***

Goal 4	**Advocate for the protection of the rights of Illinois' older adults, both those residing in the community and those residing in licensed nursing facilities, and ensure that safeguards are in place to reduce their risk of abuse, neglect and exploitation.**

- ***Strengthen inter-agency collaboration to prevent elder abuse, neglect and exploitation, and increase public awareness.***
- ***Strengthen the capacity of the elder abuse provider agencies to respond to reports of elder abuse, neglect and exploitation, and to promote the prevention of abuse neglect and exploitation of older adults.***
- ***Strengthen the Illinois Long-Term Care Ombudsman Program and maximize the program services to meet the needs of older adults residing in nursing facilities.***
- ***Improve the credibility, value and accountability of services provided by the Long-Term Care Ombudsman Program.***

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 and 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** authorizes grants to offset local property tax costs for income-eligible older adults and disabled persons. This Division also determines eligibility for Illinois Cares Rx, which provides state prescription assistance to people with and without Medicare.

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 (city of Chicago) serve as Area Agencies on Aging. Each Area Agency on Aging is responsible for planning, coordinating, and advocating for the development of a comprehensive and coordinated system of services for the elderly and caregivers within the boundaries of the individual Planning and Service Area.

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

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

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

Service Providers

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

Care Coordination Units (CCUs), created in 1983, function as gatekeepers to the State long-term care system by coordinating and integrating community-based long-term care services available throughout the entire aging network for and on behalf of frail and vulnerable older persons. Approximately 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 care plans with the consent of the older person and/or their family, coordinate service delivery and generally manage service needs on a regular basis. The CCUs are supported through a combination of State general revenue funds and Title III federal funds.

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

Established in 1979 by Public Act 81-202, the Illinois Department on Aging's Community Care Program helps senior citizens to remain in their own homes by providing in-home and community-based services. During FY 2010, it is estimated that more than 58,200 older adults will receive services through the Community Care Program. Services offered through the Community Care Program include case management, adult day service, emergency home response, flexible senior services, and homemaker services.

During FY 2010, it is estimated that more than 250 service providers under Title III of the Older Americans Act will serve more than 550,000 older adults, family caregivers and grandparents raising grandchildren. These services include information and assistance, outreach, congregate meals, home delivered meals, transportation, legal assistance, respite care, home health, residential repair, senior center activities and health promotion and disease prevention.

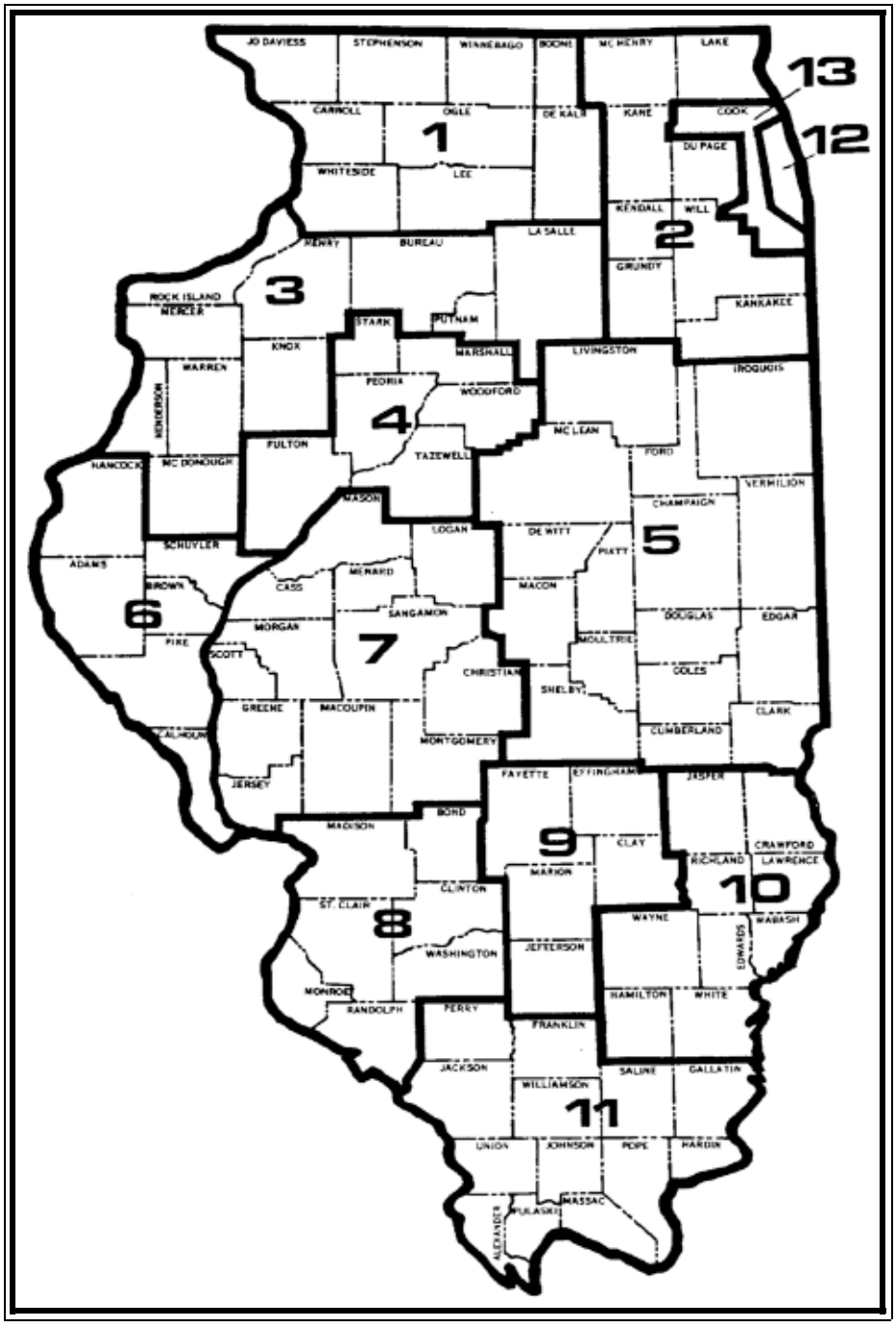
In FY 2010, more than 2.7 million congregate meals will be served to approximately 70,000 older persons at more than 500 meal sites located throughout the State. Approximately 43,000 homebound elderly will receive an estimated 7.3 million home delivered meals.

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 2010, it is estimated that more than 45,600 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 43 provider agencies that conduct investigations and work with older adults in resolving abusive situations. In FY 2010, it is estimated that the Elder Abuse and Neglect Program will receive approximately 11,300 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 16 regional LTC Ombudsman Programs. Illinois has 137,256 licensed beds in 1,527 long-term care facilities. In FY 2010, it is estimated that the LTC Ombudsman Program will receive approximately 10,000 complaints and respond to 22,000 inquiries from nursing home residents, family members, and LTC facility staff.

PLANNING AND SERVICE AREAS IN ILLINOIS



Area Agencies on Aging

PSA 01
Northwestern Illinois Area Agency on Aging
Grant L. Nyhammer, Executive Director
2576 Charles Street
Rockford, Illinois 61108-1652
Phone: 815-226-4901
Fax: 815-226-8984
1-800-542-8402 (9 county area only)
Web: www.nwilaaa.org
E-Mail: niaaa@nwilaaa.org

PSA 02
Northeastern Illinois Area Agency on Aging
Lucia West Jones, Executive Director
Mailing Address:
P.O. Box 809, Kankakee, Illinois 60901-0809
Non-U.S. Post Office Deliveries:
Kankakee Community College
River Road, West Campus - Building 5
Kankakee, Illinois 60901
Phone: 815-939-0727
Fax: 815-939-0022
E-Mail: neilaaoa@ageguide.org
Field Office:
245 W. Roosevelt Rd., Bldg. No. 6, Suites 41-43
West Chicago, Illinois 60185
Phone: 630-293-5990
Fax: 630-293-7488
1-800-528-2000 (calls will be directed to proper source)
Web: www.ageguide.org
E-Mail: frontdesk@ageguide.org

PSA 03
Western Illinois Area Agency on Aging
Janice M. Stille, Executive Director
729 - 34th Avenue
Rock Island, Illinois 61201-5950
Phone: 309-793-6800
Fax: 309-793-6807
1-800-322-1051 (I and A)
Web: www.wiaaa.org
E-Mail: jstille@wiaaa.org or
FirstStopForSeniors@wiaaa.org

PSA 04
Central Illinois Agency on Aging
Joanne Thomas, Executive Director
700 Hamilton Boulevard
Peoria, Illinois 61603-3617
Phone: 309-674-2071
Fax: 309-674-3639
1-877-777-2422
309-674-1831 (TTY)
Web: www.ciaoa.com
E-Mail: ciaa@ciaoa.com

PSA 05
East Central Illinois Area Agency on Aging
Michael J. O'Donnell, Executive Director
1003 Maple Hill Road
Bloomington, Illinois 61704-9327
Phone: 309-829-2065
Fax: 309-829-6021
1-800-888-4456 (I and A for 16-county area only)
Web: www.eciaaa.org
E-Mail: aginginfo@eciaaa.org

PSA 06
West Central Illinois Area Agency on Aging
Lynn Niewohner, Director
Mailing Address:
P.O. Box 428, Quincy, Illinois 62306-0428
Non-U.S. Post Office Deliveries:
639 York Street, Room 204
Quincy, Illinois 62301
Phone: 217-223-7904
Fax: 217-222-1220
1-800-252-9027 (I and A) (Voice and TTY)
Web: www.wciagingnetwork.org
E-Mail: info@wciagingnetwork.org

PSA 07
Area Agency on Aging for LincoInland
Julie Hubbard, Executive Director
3100 Montvale Drive
Springfield, Illinois 62704-6495
Phone: 217-787-9234 (Voice and TTY)
Fax: 217-787-6290
1-800-252-2918 (I and A for 217, 309 and 618 area codes only)
Web: www.aginglinc.org
E-Mail: info@aginglinc.org

PSA 08
Area Agency on Aging of Southwestern Illinois
Joy Paeth, Chief Executive Officer
2365 Country Road
Belleville, Illinois 62221-2571
Phone: 618-222-2561
Fax: 618-222-2567
1-800-326-3221
Web: www.answersonaging.com
E-Mail: ask@answersonaging.com

PSA 09
Midland Area Agency on Aging
Deborah M. Kuiken, Executive Director
Mailing Address:
P.O. Box 1420, Centralia, Illinois 62801-1420
Non-U.S. Post Office Deliveries
434 South Poplar, Centralia, Illinois 62801-1420
Phone: 618-532-1853
Fax: 618-532-5259
1-877-532-1853
Web: www.midlandaaa.org
E-Mail: office@midlandaaa.org

PSA 10
Southeastern Illinois Area Agency on Aging
Yvonne DeKnikker, Executive Director
516 Market Street
Mt. Carmel, Illinois 62863-1558
Phone: 618-262-2306
Fax: 618-262-4967
1-800-635-8544 (618 area code only)
Web: www.seiaoa.com
E-Mail: seiaoa@verizon.net

PSA 11
Egyptian Area Agency on Aging
John M. Smith, Executive Director
200 East Plaza Drive
Carterville, Illinois 62918-1982
Phone: 618-985-8311
Fax: 618-985-8315
1-888-895-3306
Web: www.egyptianaaa.org
E-Mail: egyptianaaa@midamer.net

PSA 12
Senior Services Area Agency on Aging
Chicago Department of Family and Support Services
Joyce Gallagher, Executive Director
1615 West Chicago Avenue, Floor 3
Chicago, Illinois 60622
Phone: 312-744-4016
Fax: 312-744-0680
312-744-6777 (TTY)
Web: www.cityofchicago.org/aging
E-Mail: aging@cityofchicago.org

PSA 13
AgeOptions, Inc.
Jonathan Lavin, President and CEO
1048 Lake Street, Suite 300
Oak Park, Illinois 60301
Phone: 708-383-0258
Fax: 708-524-0870
708-524-1653 (TTY)
1-800-699-9043 (Suburban Cook County area only)
Web: www.ageoptions.org
E-Mail: info@ageoptions.org

GOALS, OBJECTIVES, STRATEGIES AND PERFORMANCE MEASURES

Goal 1	**Rebalance Illinois' long-term care system to expand in-home and community-based services to enable seniors to remain in their own homes with high quality of life as long as possible.**

Objective 1.1: Develop priority service areas as mandated by the Older Adult Services Act.

Strategies:

- Work with the Older Adult Services Advisory Committee, Area Agencies on Aging and other organizations to review and determine priority service areas.
- Determine by administrative rule the criteria and standards used to designate priority service areas.
- Maintain and update an inventory and assessment of the types and quantities of public older adult services and resources supporting the services.
- Work with the Older Adult Services Advisory Committee and Area Agencies on Aging to map resource data (community and facility-based) by county, together with the population of older adults.
- Evaluate the need to expand needed services in priority service areas, and share the results of the evaluation with the Governor's Office and the Illinois General Assembly.

Objective 1.2: Implement the Money Follows the Person demonstration project in collaboration with the Department of Healthcare and Family Services and the Department of Human Services.

Strategies:

- Implement the service program of Money Follows the Person in six Planning and Service Areas in 2009.
- Expand the Money Follows the Person program to eight Planning and Service Areas in 2010.
- Expand the Money Follows the Person program statewide in 2011.
- Conduct follow-up activities and monitor older adults who have transitioned from nursing homes to community-based settings to assure that extremely vulnerable clients are not put at risk by transition activities.
- Transfer state appropriations so that state funds that would have been spent on institutional care will be allocated for home and community-based services.
- Work with the Area Agencies on Aging to conduct an evaluation of the Money Follows the Person program that includes types of referrals and the number of older adults transitioned from long-term care facilities.

***Objective 1.3:* Expand consumer-directed home and community-based services to maximize consumer choice.**

Strategies:

- Implement provisions of PA 95-0565 that updates the array of available services permissible in the Community Care Program, and allows participants to choose among the preventative services contained in their care plans.
- Publish the results of the Cash and Counseling Project evaluation, and utilize the findings to make recommendations about a personal assistant program for seniors.
- Work with Area Agencies on Aging to incorporate consumer-directed principles in appropriate Older Americans Act services through the Community Living Program grant with the Administration on Aging.
- Work with the Area Agencies on Aging and the Veterans Health Administration on developing the statewide availability of services that assist veterans in purchasing and directing their home and community-based long-term care services.
- Work towards expanding Cashing and Counseling services in other planning and service areas.

***Objective 1.4:* Expand older adult services that promote independence and permit older adults to remain in their own homes and communities.**

Strategies:

- Issue rules to establish Comprehensive Care Coordination and Flexible Senior Services as an ongoing Community Care service.
- Establish a program of demonstration grants to assist in restructuring delivery systems.
- Advocate for funding to establish medication management and medication audit services statewide as a stand-alone service available to all clients identified as high risk.
- Advocate for additional funding for respite services (including emergency respite services) to enable family and other informal caregivers to meet their caregiving responsibilities.
- Advocate for additional funding for home delivered meals to offset increased costs and investigate additional public funding sources, and alternative distribution systems to permit expanding programs to unserved/underserved areas with unmet need.
- Explore the feasibility to replace the Federal Poverty index with the Elder Economic Standard Index, a geographically sensitive measure of the actual cost of living for Illinois seniors.
- Explore the feasibility of establishing a collaborative care program between health and social services, which could establish necessary services and communication mechanisms between the Comprehensive Care Coordination (CCC) system and the health care/allied health care systems for all CCC clients identified as high risk.
- Work with the Illinois Housing Development Authority and the Illinois Department of Healthcare and Family Services on a statewide housing locator database to assist older adults and people with disabilities in finding affordable housing with appropriate services.
- Establish and draft standards and rules for a nursing home conversion program.

Objective	Performance Measure	Target Date
1.3 and 1.4	% of Medicaid LTC dollars spent on institutional and home and community-based care for persons 65 and older.	Annually
1.2, 1.3 and 1.4	% of nursing home residents 65 and older that are high acuity based on Minimum Data Set (MDS) or Resource Utilization Group scores.	Annually
1.2	# of nursing home residents transitioned from nursing home care to home and community-based services each year.	Annually
1.2, 1.3 and 1.4	% of home and community-based services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.	Annually
1.2, 1.3 and 1.4	Trends in services, including nursing home beds, per 1000 persons 65 and older years of age by county/or Area Agency on Aging Planning and Service Area (PSA).	Annually
1.2, 1.3 and 1.4	Quality of Life survey data for individuals in residential facilities and home and community-based services.	Annually

Goal 2	**Improve access to available services, public benefits and affordable health care benefits so older adults and their families can make informed decisions about, and easily access, existing health and community-based service options.**

Objective 2.1: Establish Coordinated Points of Entry to assist seniors to access all community-based services.

Strategies:

- Integrate the existing Aging and Disability Resource Center pilot projects into the system of Coordinated Points of Entry.
- Integrate the existing Senior Health Assistance program (SHAP) sites, Case Coordination Units (CCUs), and Information and Assistance services into the Coordinated Points of Entry service delivery system.
- Develop and implement standards and training to establish Coordinated Points of Entry statewide.
- Evaluate the present access service system's capacity to comply with the new standards, and provide additional training and technical assistance to needed service providers with the assistance of Area Agencies on Aging.
- Develop a web site and publicize a statewide Coordinated Point of Entry system using a uniform name, identify logo, and toll-free number.

- Designate Coordinated Point of Entry sites in each Planning and Service Area with the assistance of the Area Agencies on Aging.
- Train Coordinated Points of Entry to educate older adults, family caregivers and other consumers on receiving services and referrals to available services.
- Develop a public education and outreach initiative to enable older adults, family caregivers, and the general public to readily gain access to the Coordinated Point of Entry service system.
- Evaluate with the Area Agencies on Aging whether the Coordinated Point of Entry system is effectively targeting access services to older individuals with greatest economic need and older individuals with greatest social need including low-income minority individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas.
- Coordinate services with the Illinois Department on Aging's Senior HelpLine, 211 pilot project services, and other toll free information and assistance numbers.
- Evaluate whether the Coordinated Point of Entry access service system is effectively responding to the needs of older adults, family caregivers and other consumers.

***Objective 2.2:* Promote the Coordinated Point of Entry as the key access point for family caregivers and grandparents raising grandchildren to gain access to information and services, and increase the use of community-based services available for family caregivers and grandparents raising grandchildren.**

Strategies:

- Incorporate information about family caregiver and grandparents raising grandchildren issues and available services in Coordinated Point of Entry and case management training.
- Work with Alzheimer's Disease Associations in Illinois to coordinate family caregiver activities.
- Work with the Area Agencies on Aging and the Caregiver Advisory Committee to evaluate the effectiveness of the Illinois Caregiver Support Program in meeting the needs of caregivers and professionals assisting families in their caregiving roles.
- 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.
- Work with major state agencies to provide a coordinated delivery of services for kinship families at the state, regional and local levels.
- Advocate for additional funding for respite services (including emergency respite services) to enable family and other informal caregivers to meet their caregiving responsibilities.

***Objective 2.3:* Expand enrollments in the Circuit Breaker Program, Illinois Cares Rx, the Low-Income Subsidiary Program available under Medicare Part D, and Medicare Savings Programs.**

Strategies:

- Collaborate with the Senior Health Insurance Program (SHIP) and the Illinois Department of Healthcare and Family Services on annual training for Aging Network organizations on Medicare Part D Low Income Subsidiaries, Illinois Cares Rx, and Medicare Savings Programs.

- Develop and/or adapt screening tools so that various partners can readily identify eligible Medicare beneficiaries, assist with applications or make appropriate referrals to SHIP and SHAP sites.
- Work with SHIP to develop educational materials that may be used as direct mail and distributed at various community events.
- Work with the Area Agencies on Aging and SHAP sites to expand outreach activities and enrollment events to assist older adults gain access to public benefits.
- Work with SHIP, Make Medicare Work Coalition, Latino Outreach Network, Centers for Independent Living, faith-based organizations, Coalition of Limited English Speaking Elderly (CLESE), Family Caregiver Resource Centers, medical clinics and other organizations on scheduling enrollment events to provide one-on-one counseling.
- Work with the RSVP program and faith-based organizations to recruit volunteers to assist at enrollment events.
- Explore potential collaboration activities with Illinois workNet to include information on Illinois Cares Rx, Medicare Part D, the Low Income Subsidiary Program, Medicare Savings Programs, and enrollment events on their web-site with links to the Illinois Department on Aging and Area Agencies on Aging web sites.

Objective 2.4: ***Expand transportation options for older adult.***

Strategies:

- Work with the Interagency Coordinating Committee on Transportation (ICCT) on a statewide survey of all transportation services and resources provided to older adults and other demographic groups such frail older adults who participate in adult day services and older adults who need transportations in rural areas.
- Work with the ICCT on the federal "United We Ride" initiative on transportation coordination.
- Partner with the Rural Transit Assistance Center (RTAC) and the Illinois Department of Transportation (IDoT) to provide training to the Area Agencies on Aging, their service providers and other community organizations who provide transportation services to older persons.
- Maintain the inter-agency agreement with the Illinois Department of Human Services to assist them with the ongoing functioning of their Social Service Block Grant (Donated Funds Initiative) for senior transportation.
- Evaluate existing transportation services and identify gaps in services for older adults such as services for adult day centers and in rural areas.
- Advocate for funding for transportation services that address transportation service gaps.
- Participate in the ICCT State Oversight Committee to make funding recommendations to IDoT on Job Access and Reverse Commute (Section 5316) and New Freedom (Section 5317) Programs.

Objective	Performance Measure	Target Date
2.1	% of Older Adults receiving Older Americans Act services.	Annually
2.1	# of older adults receiving in-home and community-based services through the Community Care Program.	Annually
2.1 and 2.3	Develop and implement a media campaign.	October 2010
2.2	% of family caregivers receiving supportive services.	Annually
2.1	Conduct consumer satisfaction surveys from older adults and family caregivers that have received services from Coordinated Point of Entry sites and a majority of clients are satisfied with information provided and services received.	Annually
2.3	Number of Circuit Breaker (CB) grants awarded.	Quarterly
2.3	# of Medical Saving Program (MSP) applications completed and submitted on behalf of Medicare Beneficiaries.	Quarterly
2.3	# of LIS applications completed and submitted on behalf of Medicare Beneficiaries.	Quarterly
2.4	ICCT report on accomplishments to coordinate transportation services.	Annually

Goal 3	**Empower older adults to stay active and healthy in their communities throughout Illinois.**

Objective 3.1: Strengthen the capacity of Area Agencies on Aging and Aging Network service providers to develop and implement services that promote health and wellness initiatives.

Strategies:

- Conduct training for Area Agencies on Aging on the evidence-based service delivery models that are available for implementation in the planning and service areas.
- Organize and conduct a healthy aging conference with Area Agencies on Aging and other organizations to develop a plan that supports the healthy aging initiative.
- Work with the Area Agencies on Aging to conduct a full evaluation of the provision of Title III-D services.
- Evaluate with the Area Agencies on Aging the feasibility of allocating Title III-D and other Older Americans Act funds for evidence-based health promotion services in the FY 2011-FY 2013 Area Plans.
- Work with Area Agencies on Aging and local service providers on developing service interventions that meet locally identified needs and are documented to be effective in reducing the risk of disability and/or disease for older individuals. Potential service interventions can include proper nutrition, physical exercise, medication management, disease self-management, smoking cessation, falls prevention and screening for arthritis, cancer and depression.
- Recruit volunteers with RSVP, senior centers, and faith-based organizations to assist in implementing the service delivery models.
- Advocate for increased federal and state funding to support disease prevention and health promotion programs.

- Apply for a grant with the Administration on Aging to replicate an evidence-based service intervention that would address the issue of depression among family caregivers providing care to family members with Alzheimer's disease.

Objective 3.2: ***Strengthen inter-agency collaboration to promote the expansion of healthy aging service delivery models and health care system coordination in all areas of Illinois.***

Strategies:

- Partner with the Illinois Department of Public Health, Federally Qualified Health Centers, and local health departments to promote the vaccination of older adults, particularly for influenza and pneumonia.
- Develop and implement a public educational plan with Area Agencies on Aging, Coordinated Points of Entry, case managers, senior centers, minority organizations, faith based organizations, congregate meal sites, community health centers, discharge planners at hospitals, employers, veteran's programs, housing facilities, other state agencies, and other organizations to educate older adults, family caregivers and baby boomers on the importance of planning for future health and long-term care needs, and available Federal and state benefits and long-term care options.
- Coordinate services with the Department of Human Services to provide opportunities for professional, consumer and government agencies to work together toward improving the availability, accessibility and quality of mental health preventive and treatment services available to older adults and their families.
- Identify and work with private and public sector organizations, businesses, foundations, and other funding sources to advocate for increased targeting of resources for mental health and aging services and programs.
- 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.
- Serve on the Illinois Interagency Nutrition Council, which promotes health and wellness through nutrition education, coordination of services and access to nutrition programs so that Illinois' older adults can achieve food security.
- Explore the feasibility of establishing a collaborative care program between health and social services, which could establish necessary services and communication mechanisms between the Comprehensive Care Coordination (CCC) system and the health care/allied health care systems for all CCC clients identified as high risk.
- Facilitate the collaboration of the activities of the IFLOSS Coalition with the Aging Network on addressing the oral health needs of older adults.

Objective 3.3: ***Foster the development of senior-friendly communities throughout Illinois with Area Agencies on Aging.***

Strategies:

- Work with the Area Agencies on Aging as they complete the assessment of communities outlined in their FY 2008-FY 2010 Area Plans.
- Work with Area Agencies on Aging on "The Maturing of Illinois Initiative: Getting Communities on Track for an Aging Population" by developing a statewide report that will be shared with the specific communities involved in the assessment process, the Illinois General Assembly, the Governor's Office, and communities throughout Illinois.
- Work with the Area Agencies on Aging to share information with local communities about the Beacon Hill Village concept and evaluate whether the service model can be adopted in communities in Illinois.

Work with the Area Agencies on Aging to develop and implement an ongoing process to create and identify resources that will help communities plan for and address the needs of older adults and family caregivers in the key areas of housing, health and supportive services, transportation, public safety, employment and volunteer opportunities.

***Objective 3.4:* Promote healthy and active life styles among older adults.**

Strategies:

- Promote and expand available civic engagement and volunteer opportunities for older adults.
- Coordinate with Medicare programs, which encourage older adults to participate in preventative service options.
- Work with Area Agencies on Aging and the Nutrition Advisory Council to evaluate methods to modernize the congregate meal program since younger older adults want more menu choices, lighter menus and flexible serving times.
- Work with the University of Illinois Extension Office to develop effective health and nutritional programs that can be readily used at congregate meal sites and shared with home delivered meal participants.
- Work with the Department of Human Services, Division of Community Health and Prevention, and Area Agencies on Aging and Aging Network service providers on distributing Senior Farmers' Market coupons.
- Expand meaningful employment and training opportunities for older adults through the Senior Community Service Employment Program with American Recovery and Reinvestment Act (ARRA) funding.
- Collaborate with Local Workforce Investment Boards, Illinois Department of Employment Security Offices, Illinois WorkNet Centers and Veteran's offices to promote employment opportunities for older adults.

Objective	Performance Measure	Target Date
3.4	# of persons enrolled in the Senior Community Service Employment Program.	Quarterly
3.4	# of persons placed in the RSVP Program.	Quarterly
3.1	# of older adults Served in the Title III-D Program.	Annually
3.3	# of communities incorporating Area Agency on Aging recommendations from the Maturing of Illinois Initiative.	Annually
3.2	# of older adults receiving influenza and pneumonia vaccinations.	Annually

Goal 4	**Advocate for the protection of the rights of Illinois' older adults, both those residing in the community and those residing in licensed nursing facilities, and ensure that safeguards are in place to reduce their risk of abuse, neglect and exploitation.**

Objective 4.1: Strengthen inter-agency collaboration to prevent elder abuse, neglect and exploitation, and increase public awareness.

Strategies:

- Promote the statewide adoption of a uniform protocol for law enforcement in responding to victims of elder abuse, neglect and exploitation.
- Strengthen the education and training of financial institution staff and health care providers to recognize the indicators of financial exploitation and understand the mechanism for reporting suspected financial exploitation of older adults to the Elder Abuse and Neglect Program.
- Provide collaborative training through coordination with the Office of the Attorney General, the State Triad, the Criminal Justice Information Authority, the Department of Public Health, the Department of Human Services and the Illinois Family Violence Coordinating Councils.

Objective 4.2: Strengthen the capacity of the elder abuse provider agencies to respond to reports of elder abuse, neglect and exploitation, and to promote the prevention of abuse neglect and exploitation of older adults.

Strategies:

- Increase the capacity of the provider network to respond to reports of suspected abuse, neglect and exploitation.
- Increase the capacity of the provider network to respond to reports of self neglect, contingent upon sufficient funding.
- Continue to provide support and increase training of the aging network on issues surrounding the prevention, detection, reduction of risk, and elimination of abuse.
- Support the continued use of multi-disciplinary teams to support the provider agencies on difficult cases.
- Support the use of early intervention services in order to expedite the safety and welfare of the older adult.

Objective 4.3: Strengthen the Illinois Long-Term Care Ombudsman Program and maximize the program services to meet the needs of older adults residing in nursing facilities.

Strategies:

- Continue to provide, support, and increase certification trainings to Ombudsmen on abuse, neglect, financial exploitation, mental health, and quality care in nursing facilities.
- Increase monitoring and technical support to the 16 Regional Long Tem Care Ombudsman Programs to improve the delivery of direct services and to be in accordance with the Illinois Act on the Aging and the Older Americans Act.
- Enhance collaboration and relationships between the Office of State Long-Term Care Ombudsman, the Illinois Long-Term Care Council and Consumer Advocacy Coalitions on long-term care and residents' rights issues.

- Monitor and evaluate the types and quantity of complaint investigations and consultations handled by Long-Term Care Ombudsmen.
- Strengthen and enhance the Statewide Illinois Pioneer Coalition by promoting and supporting culture change values and principles, and promoting educational opportunities such as Annual IPC Summit and Back-yard training targeted to nursing facility staff.
- Continue to evaluate the need to expand funding for the Long-Term Care Ombudsman Program in order to address potential Civil Monetary Penalty funding reductions and to meet federal Older Americans Act requirements.

Objective 4.4: Improve the credibility, value and accountability of services provided by the Long-Term Care Ombudsman Program.

Strategies:

- Increase systemic advocacy efforts on issues impacting long-term care residents.
- Assure full implementation of the 2008-2010 Strategic Plan initiatives and strategic goals.
- Strengthen quality data management of the Residents Right to Know Act and the Consumer Choice Information Reports of Illinois licensed facilities.

Objective	Performance Measure	Target Date
4.1	Increase the number of B*SAFE presentations statewide by 25% over four years.	September 2013
4.1	Increase the number of presentations to health care providers by 20% over four years.	September 2013
4.1	Increase the number of collaborative trainings that are made available each year throughout the plan period.	Annually
4.1	Increase by 25 per cent over four years the number of reports received by the Elder Abuse and Neglect Program from banks/financial institutions.	September 2013
4.1	Increase the number of referrals to and from law enforcement by 10% over four years.	Annually
4.1	Partner with Triad to train Elderly Services Officers two times annually through plan period.	Annually
4.2	Establish statewide capacity to provide 24 hour response to Priority I reports.	Ongoing
4.2	Continue to promote and support the 24-hour elder abuse hotline.	Ongoing
4.2	Continue to support the collection of statewide data regarding the incidence of self-neglect through the use of Vulnerable Older Adults reports.	Ongoing
4.2	Continue to support the use of multi-disciplinary teams for each elder abuse provider agency.	Ongoing
4.2	Continue to provide initial caseworker, Phase II, supervisor's and re-certification training throughout each year of plan period.	On-going
4.2	Continue to provide annual statewide Elder Rights Conference.	Annually
4.2	Continue to support the use of early intervention funds as necessitated to preserve safety and welfare of victims of abuse and neglect.	Annually
4.2	Continue to support annual public awareness campaign at state and local level.	Ongoing

Objective	Performance Measure	Target Date
4.3 and 4.4	Offer Level I and II LTCO Certification trainings in order for all LTCO will be certified and trained Ombudsmen by July 1, 2010.	July 2010
4.4	Target and conduct more community education on residents' rights and long-term care issues toward law enforcement personnel, mental health specialists, Community Care providers and hospital discharge planners.	January 2011
4.4	Increase the number of certified paid long-term care ombudsmen to reach the national standard of one Ombudsman to 2,000 licensed beds.	July 2012
4.3	Continue to work cooperatively with long-term care facilities and the Office of the Attorney General to make information available to the general public on the Residents' Right to Know Act and Consumer Choice Information Reports.	July 2013
4.3	Increase the number of case investigations by conducting training to long-term care ombudsmen on when to open a case for investigation vs. opening as a consultation for an individual.	January 2010
4.4	Enhance the efforts of the Statewide Illinois Pioneer Coalition by providing in-house trainings at facilities and establishing new regional pioneer coalitions.	October 2010

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APPENDIX A:

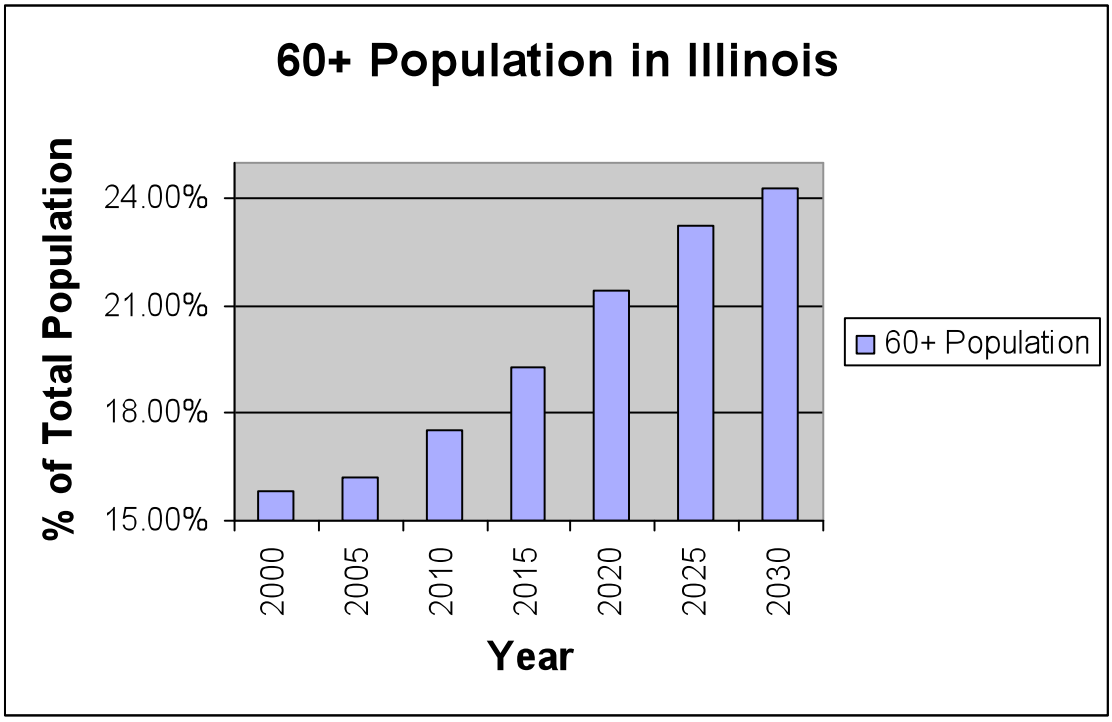
TWENTY STRATEGIC TRENDS

As outlined earlier in this document, the traditional Aging Network has undergone major changes since it was created in the Older Americans Act of 1965. Strategic trends in the external environment are currently promoting a major transformation of the Aging Network. A recent article in the Public Policy and Aging Report outlined the following:

> The Aging Network is undergoing perhaps the most significant transformation in its history. These changes are built upon the unique strengths of the Aging Network, expanding the reach of the network in terms of services and clients, and strengthening the position of the network in long-term care systems through strategic partnerships and collaborations (Kunkel and Lackmeyer, 2008, p. 24).

The following substantive 20 trends have promoted the transformation as the Aging Network attempts to strategically respond to the major trends in the external environment:

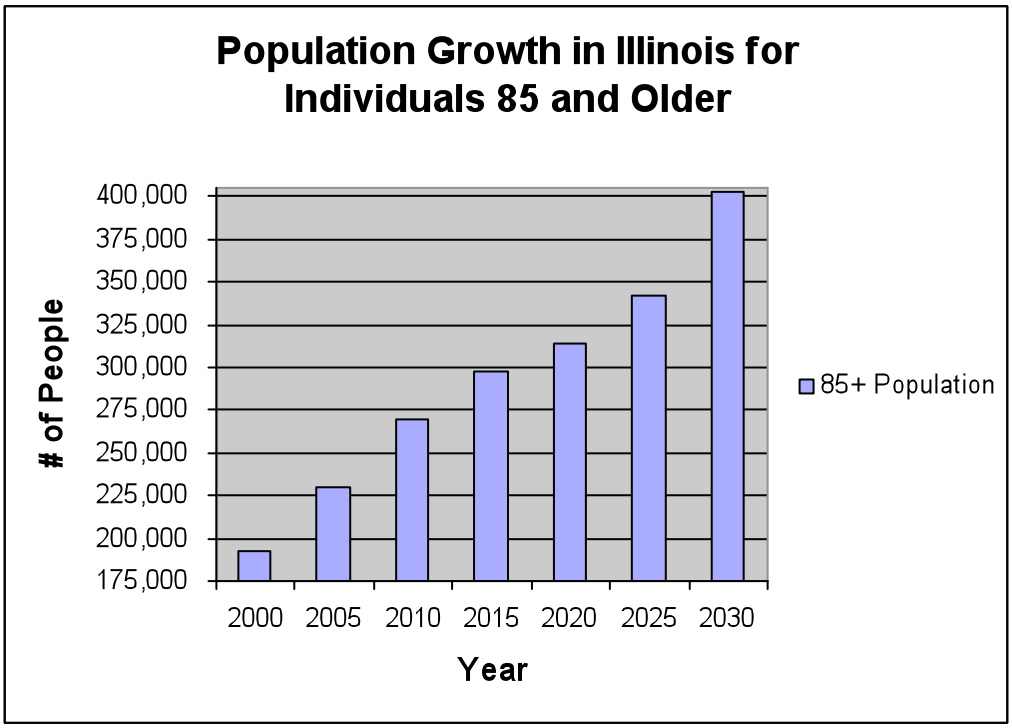
TREND #1: Growth of the Aging Population



Source: Illinois Department of Commerce and Economic Opportunity (2009).

TREND #2: Growth of the Age 85+ Population

The population age 85 and older is currently the fastest growing segment of the older population. The size of this age group is important for the future of the long-term care system because these individuals tend to be in poorer health and require more services than the young elderly. In 2000, 192,346 of the 60+ population in Illinois was age 85+. In 2030, it is projected to be 402,311, which is an increase of 109% (Illinois Department of Commerce and Economic Opportunity, 2009). With the demographic boom, the need for in-home assistance (e.g., homemaker, adult day service, and home delivered meals) will dramatically increase.



Source: Illinois Department of Commerce and Economic Opportunity (2009).

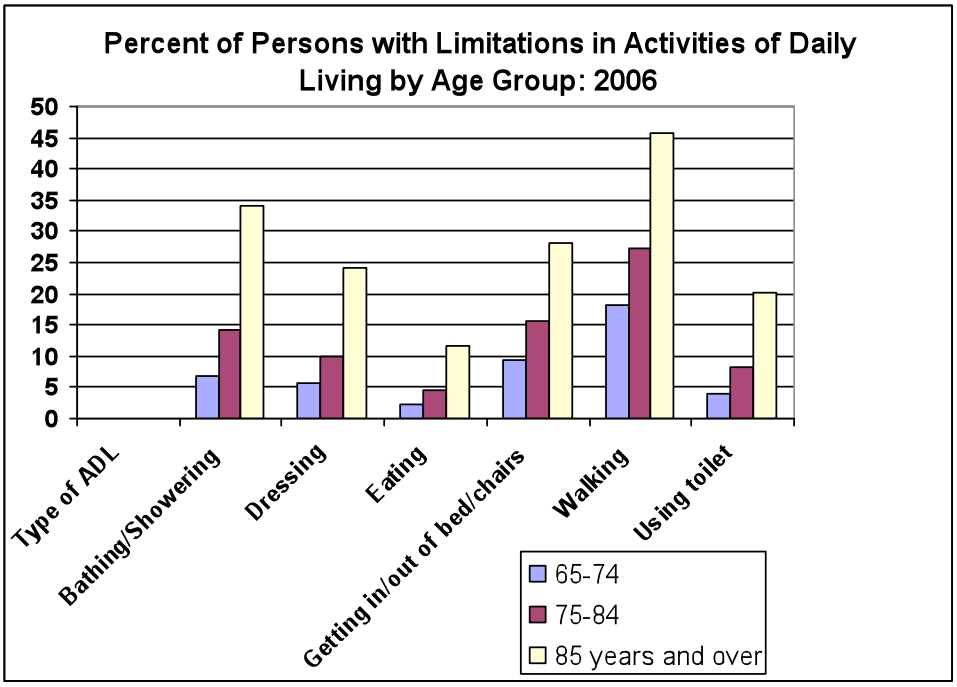
TREND #3: Top Three Causes of Death Among the Older Population

Improved prevention efforts in medical care have promoted major increases in life expectancy in the U.S. Increases in life expectancy have caused a change in the leading causes of death among older individuals. In 2002, the top three causes of death for older adults age 65 or older were heart disease (32% of all deaths), cancer (22%), and stroke (8%) (Centers for Disease Control and Prevention and The Merck Company Foundation, 2007, p. 4). These diseases are often preventable. In order to address the health care needs of older adults, the Aging Network will need to develop and implement evidence-based programs on health promotion, disease prevention, and chronic disease self-management.

TREND #4: Disabilities and Limitations in Activities of Daily Living Among the Older Population

In a 2007 survey, 52% of older adults reported various types of disabilities. In 2005, 37% reported a severe disability and 16% reported they needed some type of assistance (e.g. transportation, feeding, etc.) due to their disabilities (Administration on Aging, 2008, p. 16).

Percent of Persons with Limitations in Activities of Daily Living by Age Group: 2006



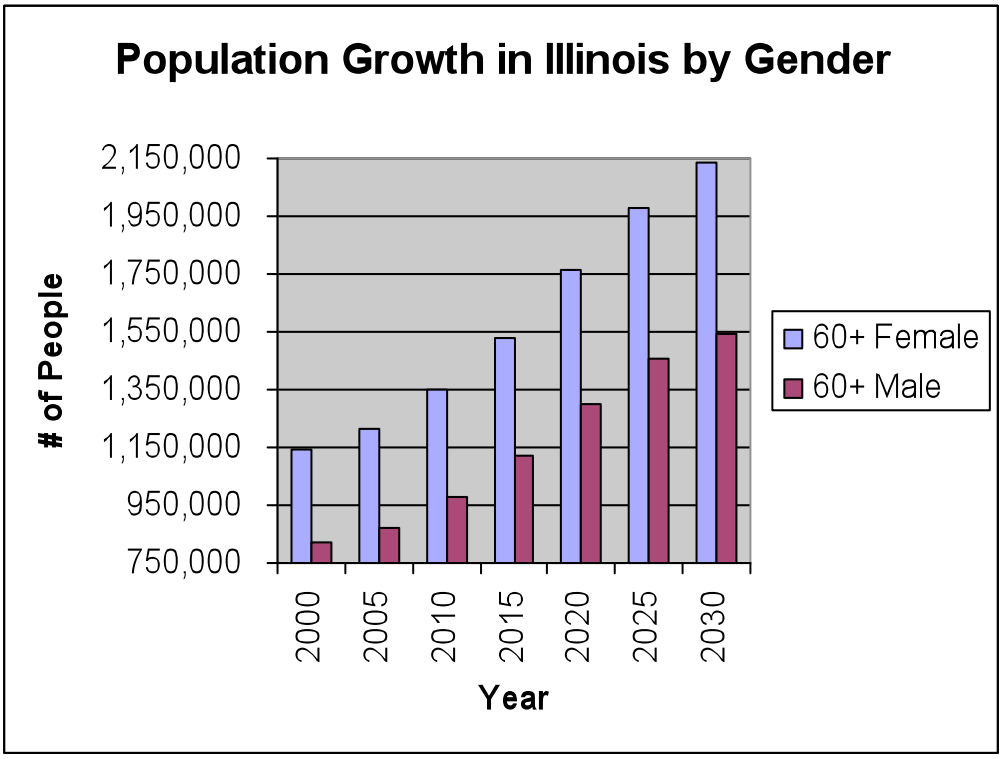
Source: Administration on Aging (2008).

TREND #5: Consumer Directed Alternatives to Nursing Home Care

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

TREND #6: Older Population by Gender

In the U.S., older women represent 58% of the older population (Administration on Aging, 2008, p. 2). This percentage also applies in Illinois. As the older population grows, women will continue to represent a larger percentage of the general older population.

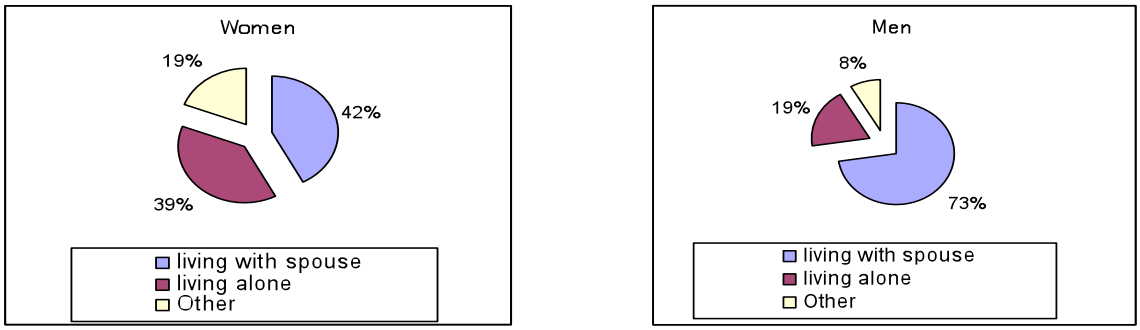


Source: Illinois Department of Commerce and Economic Opportunity (2009).

TREND #7: LIVING ARRANGEMENTS OF THE OLDER POPULATION

In the U.S. approximately 30.2% of all non-institutionalized older adults live alone (38.6% older women and 19.0% of older men). The percentage of older adults living alone increases as they become older. 49% of women age 75 and over live alone (Administration on Aging, 2008, p. 7).

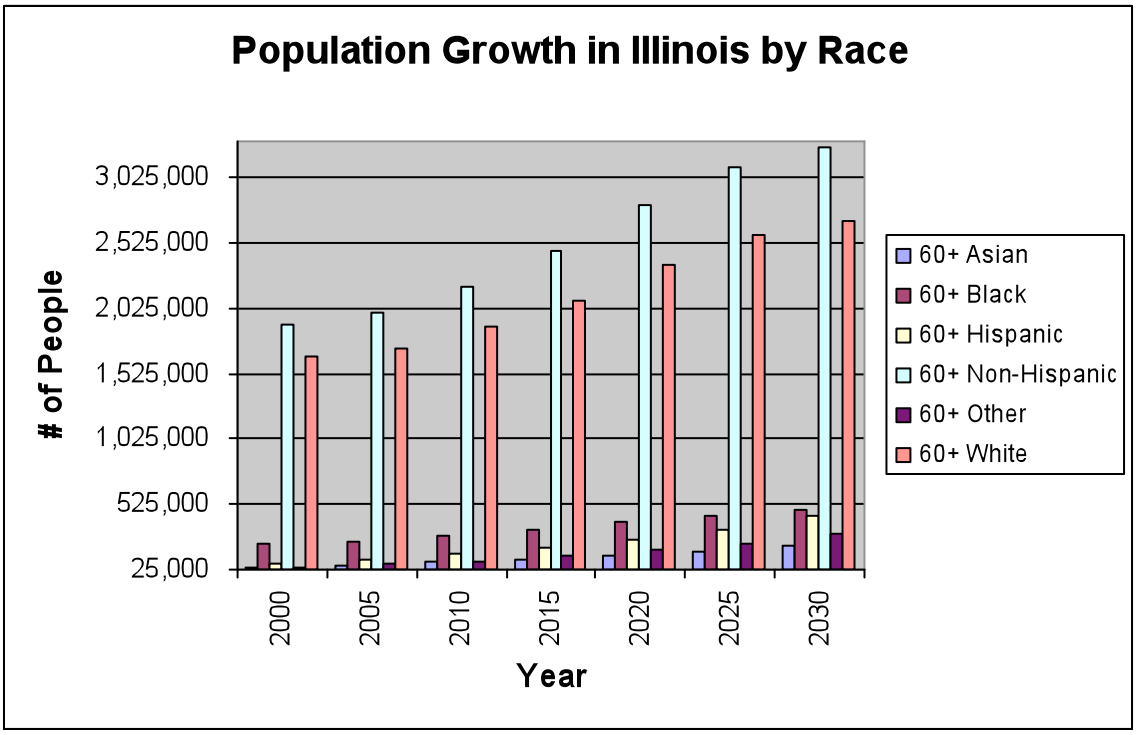
Living Arrangements of Persons 65+, 2007



Source: Administration on Aging (2008).

TREND #8: Diversity of the Older Population

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% between 1990 and 2000. The Illinois Department of Commerce and Economic Opportunity 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.



Source: Illinois Department of Commerce and Economic Opportunity (2009).

TREND #9: Value of Family Caregiving

The informal caregiver is the foundation of support for the frail older person living in the community. Nearly one out of every four U.S. households is involved in providing assistance to older family members and other older adults. Family members and friends provide approximately 80% of all home care. Nearly half of caregivers provide fewer than eight hours of care per week, while nearly one in five provide more than 40 hours of care per week (National Alliance for Caregiving and AARP, 2004). In Illinois, there are an estimated 1.2 million family caregivers providing an estimated 1.3 million hours of care to family members (Family Caregiver Alliance and National Family Caregivers Association, 2006). Families will continue to play an important role in ensuring that older adults who need care receive it. However in the future, more assistance will be required by the Aging Network to support their caregiver roles and responsibilities. There is also a need to assist veterans and their family caregivers in purchasing and directing their home and community-based long-term care services. Illinois policy-makers must consider how to satisfy the increasing need for long-term care services not only in terms of providing enough care, but also in terms of providing alternative services to nursing home care.

TREND #10: Grandparents Raising Grandchildren

Researchers and public policy makers began to comment on an increase in the number of grandchildren living in grandparent-maintained households in the early 1990's. This trend has increased in the past two decades and the greatest growth has occurred among grandchildren living with grandparents with no parent present. In Illinois, there are 101,879 grandparents residing with and responsible for their grandchildren (U.S. Census Bureau, 2007). The increase of grandchildren in these living arrangements has been attributed to the growth in drug use among parents, teen pregnancy and divorce causing the rapid rise of single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and incarceration of parents. The Aging Network will continue to develop intervention skills that focus on the needs of families as well as the needs of older adults.

TREND #11: Reports of Elder Abuse, Neglect and Exploitation

The number of elder abuse, neglect and financial exploitation reports continue to increase each year. Over 57% of the reports involve financial exploitation. With the current state of the economy, it is anticipated that this percentage will increase in the near future. 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 will continue to be needed to encourage additional reports. The Department on Aging, Area Agencies on Aging and elder abuse provider agencies will also need to work with other agencies and associations to improve response to older victims of mistreatment.

TREND #12: Rates of Residence in Nursing Homes

Nationally, the rates of residence in nursing homes have declined due to alternatives to long-term care such as the availability of more housing options (e.g., assisted living) and the expansion of in-home services provided by community-based service providers. In 1985, 220 per 1,000 of the older population aged 85 and over resided in nursing homes (Federal Interagency Forum on Aging-Related Statistics, 2006). In 2004, this rate was reduced to 139 per 1,000 age 85 and over (Federal Interagency Forum on Aging-Related Statistics, 2008).

Illinois has a higher ratio of older adults age 65 and over residing in nursing homes than the national average. An AARP report outlines that Illinois has 5.0 nursing facility residents per 100 age 65+. The national ratio is 3.8 (AARP, 2009, p. 117). The role of the Long-Term Care Ombudsman Program (LTCOP) to protect and promote the rights and quality of life for long-term care residents will continue to be critical. The program design of regular presence, investigation and resolution services ensures that residents have information about their rights, timely access to the LTCOP and timely responses to complaints and requests for assistance.

TREND #13: Need for More Housing Options

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.

TREND #14: Access to Information

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 on Aging 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.

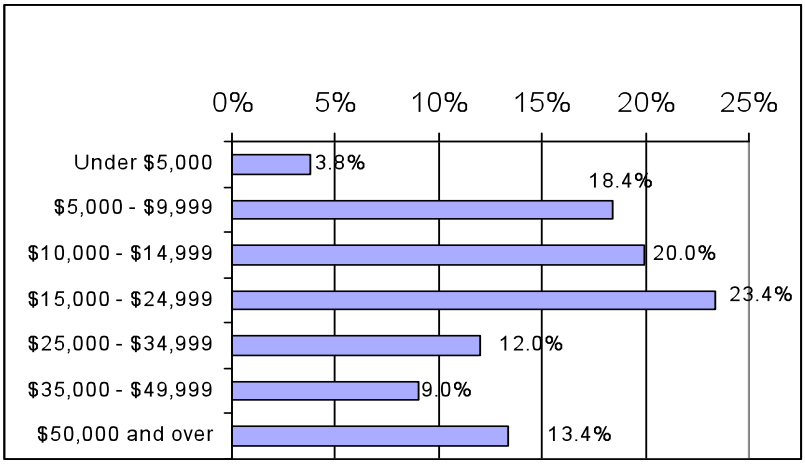
TREND #15: Need for Transportation Service Options

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.

TREND #16: Poverty Rates and Income of the Older Population

Approximately 16% of older adults in Illinois live in poverty or near poverty (Administration on Aging, 2008). Poor older adults have limited opportunities to escape poverty. As outlined in the mandates of the Older Americans Act, the Aging Network will need to effectively target services to low-income older adults.

Percent Distribution by Income: 2007 (Person 65+ Reporting Income)



Source: Administration on Aging (2008).

TREND # 17: Employment Opportunities

According to a recent AARP survey, 70% of older workers plan to work into their retirement years (AARP, 2009). 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.

TREND #18: Civic Engagement Opportunities

With the aging of the baby boomer generation, it is anticipated that many older adults will seek meaningful civic engagement (volunteer) opportunities. Older adults are in an excellent position to volunteer. In many cases they may have the time as well as the experience and expertise to help in a variety of activities. Marc Freedman stated the "match, between the untapped resources of older Americans and the needs of American communities, constitutes the great opportunity presented by America's aging" (Freedman, p. 19). The Aging Network and communities throughout Illinois will need to attempt to utilize these "untapped resources."

TREND #19: Senior Centers and Congregate Meal Programs

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

TREND #20: Resource Needs of the Aging Network

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.

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APPENDIX B:

OLDER ADULT SERVICES ACT
AND
OLDER AMERICANS ACT

Older Adult Services Act

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

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

The 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 foster care, 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.

The Act identifies three key areas of concentration:

1. Identifying priority service areas where specific services are funded or simply do not exist (Section 20);

2. Restructuring Illinois' comprehensive system of older adult services with increased emphasis on services that permit seniors to remain active in their communities taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services; (Section 25 and definition of "restructuring"), and

3. Encouraging nursing home operators to downsize beds and convert beds to assisted living and home and community-based services (Section 30).

All three areas of concentration are intended to provide a wider range of service options to allow older adults the maximum choice and control over their care. Services to be expanded must promote independence and permit older adults to remain in their own homes and communities. Priority is to be given to the expansion of existing services and the development of new services in priority service areas.

Historical Information on the Older Americans Act

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2011 - The Older Americans Act is due to be reauthorized.

2006 Amendments to the Older Americans Act

The 2006 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 retained the targeting provisions for older adults in greatest economic and social need with special attention to minorities and older individuals residing in rural areas, and added a new focus on older individuals with limited English proficiency. The amendments also retained priority services, thereby maintaining emphasis on access, in-home, and legal services. AoA's web site highlighted the following specific provisions of the 2006 amendments to the Older Americans Act:

- Enhanced Federal, State, and local coordination of long-term care services provided in home and community-based settings;
- Support for State and community planning to address the long-term care needs of the baby boomer generation;
- Greater focus on prevention and treatment of mental disorders;
- Outreach and service to a broader universe of family caregivers under the National Caregiver Support Program;
- Increased focus on civic engagement and volunteerism; and
- Enhanced coordination of programs that protect the elderly from abuse, neglect and exploitation.

Older Americans Act Classifications

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

Title III-B Supportive Services and Senior Centers

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

Title III-C Nutrition Services

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

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

Title III-D Disease Prevention and Health Promotion Services

These funds are currently used for a variety of health related services at the local level often in conjunction with local health departments. Programs include routine health screening, mental health screening, gerontological counseling, medication management, home injury control, physical fitness and health risk assessments. In FY 2010, the Department on Aging will work with the Area Agencies on Aging to incorporate evidence-based health promotion programs in their FY 2011-FY 2013 Area Plans.

Title III-E National Family Caregiver Support Program

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

Title VII Vulnerable Elder Rights Protection Activities

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

APPENDIX C:

ELDER RIGHTS PLAN

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

The Long-Term Care Ombudsman Program and the Elder Abuse and Neglect Program have Advisory Groups consisting of Area Agencies on Aging and provider agencies. The Advisory Groups have served as an important vehicle to obtain the views of Area Agencies on Aging, elder abuse provider agencies and Regional Long-Term Care Ombudsman Programs. During 2007, the Department convened the Elder Self Neglect Steering Committee, which provided the Office of Elder Rights with recommendations for implementation of services to older adults who self neglect.

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

As advocacy-based programs, the success of the Elder Abuse and Neglect Program and the Long-Term Care Ombudsman Program in serving 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 Healthcare and Family Services, the Department of Public Health, the Department of Human Services, the Law Enforcement Training and Standards Board, the State Police, the Office of Attorney General, the Illinois Association of Chiefs of Police, the Illinois Sheriff's Association, the Illinois Criminal Justice Information Authority, the Illinois Violence Prevention Authority, the Illinois Family Violence Coordinating Councils and others in order to coordinate better on issues of elder rights.

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

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

The Triad also holds an annual statewide conference on crimes against the elderly for law enforcement officers and aging advocates, and provides specialized training to certify "Elderly Services Officers" two to three times a year. The Department on Aging has also printed and is distributing more than 200,000 "palm cards" on elder abuse for law enforcement officers. 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 Coordination Councils and the statewide Family Violence Coordinating Council Steering Committee. The service needs of older battered women in particular are stressed.

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

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

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP) is mandated by the federal Older Americans Act and supported by a provision in the Illinois Act on the Aging. The Department has established and operated the Office of the State Long-Term Care Ombudsman Program (SLTCO). Regional LTCOP services are delivered through 16 provider agencies and individuals designated by the SLTCO and are operated through a grant or contract with the Department and Area Agencies on Aging. Approximately 250 people annually, both paid and volunteer community ombudsmen are recognized as Representatives of the Office of the 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 advocacy service components of the program.

The Office of SLTCO created a three year Strategic Plan, for FY 2008 – 2010 in order to examine existing programmatic barriers of the statewide program and recommend steps to strengthen the Program's outreach and advocacy efforts to better serve Illinois' long-term care residents. Six priority areas emerged during the strategic planning process:

Priority I: Strengthen and enhance the standardized training curriculum.
Priority II: Balance priorities and assess the role of the LTCOP.
Priority III: Create a statewide focus on residents' rights.
Priority IV: Maximize and identify assets and resources.
Priority V: Review and evaluate the use of volunteers for the LTCOP.
Priority VI: Analyze serving the under 60 population residing in long-term care facilities.

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

IDoA reviews the LTCOP Program Standards annually. In 2008, the standards were tightened and became more in line with the requirements of the Older Americans Act. The new standards no longer required Ombudsmen to provide community and facility staff in-service education sessions, nor are they required to develop and assist resident and family councils. In 2009, the program standards were revised to include exceptions to face-to-face contact between an ombudsman and a resident (LTCOP Program Standards, Section 502, E).

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

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

In 2008 the Illinois LTCOP afforded the Illinois Pioneer Coalition (IPC) the opportunity to seek the fourth CMP funding grant to further the culture change efforts in Illinois. The culture change initiative, under the authority of IPC will enhance the existing Statewide IPC; update its current technology and the IPC web page; provide scholarships for facilities to apply for "in-house training" by pioneer experts; provide funds to strengthen existing regional pioneer coalitions or establish new ones; hold annual Pioneer Summits; provide logistical assistance for backyard training; augment resources; and, coordinate a statewide training calendar.

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

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

Without any corresponding increase in state funding, the responsibilities of the Long-Term Care Ombudsman Program have increased significantly with the addition of serving both residents of licensed assisted living facilities and certified supportive living facilities to the persons eligible for program services. The program must continue to recruit more volunteers and secure more funding to hire paid staff to lessen the local ombudsman's workload.

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

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

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

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

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

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

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

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

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

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

Elder Abuse and 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 interest of the older person involved.

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

On January 1, 2004 additional amendments to the Elder Abuse and Neglect Act were implemented. Paramedics and emergency medical technicians were added to the list of professionals who are mandated reporters. Other amendments included the requirement that the Department on Aging establish an aggressive training program about elder abuse, and solicit financial institutions and utility companies for the purpose of making information available regarding financial exploitation and related financial fraud and abuse, as well as information regarding telemarketing and home repair frauds. These amendments also included the introduction of penalties for physicians, dentists, and other mandated reporters who willfully fail to report elder abuse.

Effective January 1, 2007, the Elder Abuse and Neglect Act was amended to include self-neglect, contingent upon sufficient funding. In the absence of sufficient funding for implementation, provider agencies began receiving reports of self-neglect and referred the reports to the most appropriate agency(s) for follow-up. To date, more than 2,600 reports of self-neglect have been received.

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

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, assessments, care 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.

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, developed 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, “Silent Crimes/Silent Crisis,” 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.

LEGAL ASSISTANCE DEVELOPMENT

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

- Participates in the Elder Law Section Council of the Illinois State Bar Association, and serves on a committee to revise a public education booklet on guardianship.

- Participates in legislative drafting, analysis and advocacy such as amending the Elder Abuse and Neglect Act, developing statutory changes to strengthen the Elder Abuse Fatality Review Teams, revising the Power of Attorney Act, and strengthening long-term care residents' rights.

- Participates in periodic meetings of the senior lawyers of the Land of Lincoln Legal Assistance Foundation, sharing and discussing information on legislation, court decisions and cases.

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

- Assists in organizing and participated in numerous legal trainings for attorneys on elder rights issues.

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

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

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

- Works on drafting of rulemakings related to elder abuse, self-neglect and elder abuse fatality review teams.

APPENDIX D:

EMERGENCY PREPAREDNESS PLAN

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

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

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

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

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

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

Due to our collaboration on these trainings, the IDPH has included the Department as an active member of the Illinois Terrorism Task Force's Bioterrorism Committee, a group which advises the IDPH on public health emergency preparedness and response planning in Illinois.

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

Since 1994, the Department has trained and worked with the Illinois Aging Network to help older persons in times of disaster (Note: We are continuing to work with IEMA, the ARC, IDPH and other allied state agencies to provide ongoing training this year to address the complex needs of "Special Needs Populations"). In conjunction with this training, the Illinois Aging Network continues to develop and refine their ongoing relationships with the ARC Chapters, Emergency Management Agencies, Volunteers Active in Disasters (VOADs), and other disaster relief organizations to coordinate disaster response/recovery activities.

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

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

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

APPENDIX E:

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 four-year plan period. A new State Plan has been developed for FY 2010 through FY 2012. **Based upon our review of the formula, the Department has decided not to change the intrastate funding formula.**

B. Formula Goals and Assumptions

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

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

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

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons over the age of 60.
- Funding formula factors must be derived from data which is quantifiable by Planning and Service Area, be based on data from the Bureau of Census, and characterize at least five percent of the State's population 60 years of age and older.
- Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.
- The low revenue generating potential of rural areas and the high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The funding formula should compensate for these factors.
- Additional resources to PSAs with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the regional level. It is the **combination** of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

C. Funding Formula Definitions

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

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

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

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

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

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

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

D. Funding Formula Factors and Weights

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

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

The formula contains the following factors:

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

The funding formula factors are weighted as follows:

60+ Population **41.0%**

Greatest Economic Need: (60+ Poverty)..... **25.0%**

Greatest Social Need: **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:

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

Where:

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

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

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

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

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

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

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

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

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

F. Other Funding Formula Provisions

The only exceptions to the use of Department's IFF are for the distribution of the following funds: Title III-B Ombudsman, Title III-D, Title VI Ombudsman, Title VII Elder Abuse, GRF for Community Based Equal Distribution, and GRF for Ombudsman. Title III-B Ombudsman and Title VII Ombudsman funds are distributed on the basis of the number of LTC Licensed Beds in a PSA per an annual report from the Illinois Department of Public Health. For the GRF for Ombudsman funds, 50% of the funds are distributed using the number of LTC Licensed Beds in

a PSA and 50% of the funds are distributed using the number of Licensed LTC Facilities in a PSA. The Title III-D funds are distributed via a formula proposed by the 13 Area Agencies on Aging and accepted by the Department. The Title III-D formula is as follows: 60+ Population (20%), 60+ Poverty (30%), Percent 60+ Population by Weight (20%), and Percent 60+ Poverty by Weight (30%). The Title VII-Elder Abuse funds are distributed by a formula that provides $3,000 for every Multi-Disciplinary Team in a PSA and the remaining funds are distributed via the IFF. For any state GRF funds received that have no prescribed formula stated in the appropriation, the Department has the authority to determine the methodology to be used to distribute those funds.

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

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

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

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

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

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

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

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

submission of their report, expend the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required expenditure amount, it may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

APPENDIX F:

PERCENTAGE SHARE OF DEMOGRAPHIC CHARACTERISTICS AND WEIGHTED FORMULA BY PLANNING AND SERVICE AREA (PSA)

Illinois Department on Aging

Demographic Characteristics of Older Persons by Planning and Service Area*

PSA	60+ Population	GEN Poverty	Minority	75+	Living Alone	60+ Rural
01	**121,070**	7,090	6,043	**46,531**	28,781	**50,061**
02	**441,360**	15,820	35,538	**143,807**	78,739	**0**
03	**99,794**	6,465	4,012	**40,575**	28,549	**55,418**
04	**79,827**	4,845	3,566	**31,463**	20,591	**8,397**
05	**141,799**	9,625	6,700	**56,323**	38,963	**49,889**
06	**27,443**	2,435	459	**11,929**	7,640	**26,156**
07	**89,898**	6,855	2,893	**35,809**	25,500	**37,719**
08	**116,336**	9,070	12,582	**46,019**	31,212	**9,449**
09	**31,096**	2,955	841	**12,751**	8,803	**31,096**
10	**27,666**	2,380	308	**11,552**	8,263	**27,666**
11	**59,335**	6,650	2,718	**23,637**	18,077	**59,335**
12	**385,582**	60,835	212,471	**131,571**	112,768	**0**
13	**454,466**	22,225	61,065	**172,287**	106,271	**0**
Total	**2,075,672**	**157,250**	**349,196**	**764,254**	**514,157**	**355,186**

Percentage Share of Demographic Characteristics by Planning and Service Area

PSA	60+ Population	GEN Poverty	Minority	75+	Living Alone	60+ Rural	IFF Weight
01	5.83	4.51	1.73	6.09	5.60	14.09	5.84
02	21.26	10.06	10.18	18.82	15.31	0.00	14.80
03	4.81	4.11	1.15	5.31	5.55	15.60	5.33
04	3.85	3.08	1.02	4.12	4.00	2.37	3.27
05	6.83	6.12	1.92	7.37	7.58	14.05	6.91
06	1.32	1.56	0.13	1.56	1.49	7.36	1.84
07	4.33	4.36	0.83	4.69	4.96	10.62	4.63
08	5.60	5.76	3.60	6.02	6.07	2.66	5.24
09	1.50	1.88	0.24	1.67	1.71	8.75	2.15
10	1.33	1.51	0.09	1.51	1.61	7.79	1.87
11	2.86	4.23	0.78	3.09	3.52	16.71	4.31
12	18.59	38.69	60.84	17.22	21.93	0.00	26.31
13	21.89	14.13	17.49	22.53	20.67	0.00	17.50
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

*Demographic numbers in the first table in the bold font are from the 2006 Census Updates. The other demographic numbers are from the 2000 Census.

APPENDIX G:

MINIMUM PERCENTAGE OF TITLE III-B FUNDS TOWARD PRIORITY SERVICES

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

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

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

TITLE III-B ALLOTMENT

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

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

Priority Services

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

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

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

Minimum Percentages for FY 2010 - 2012

The Department will maintain the minimum percentages for the three-year plan period. The following minimum percentages will apply during FY 2010-2012.

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 2010 will be approximately $535.7 million dollars, which reflects a significant commitment by this State to address the needs of our frail older population.

APPENDIX H:

FY 2010
FEDERAL, STATE AND N.S.I.P.
PLANNING ALLOCATIONS

Illinois Department on Aging – FY 2010 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	41,990	755,463	970,567	457,860	38,369	331,602	**2,595,851**	15,943	36,112	**52,055**
02	136,937	1,914,528	2,459,656	1,160,330	95,092	840,360	**6,606,903**	27,991	117,767	**145,758**
03	39,075	689,489	885,808	417,875	38,448	302,643	**2,373,338**	6,599	33,605	**40,204**
04	29,359	423,007	543,451	256,370	28,401	185,674	**1,466,262**	5,208	25,248	**30,456**
05	54,692	893,878	1,148,393	541,748	50,077	392,357	**3,081,145**	22,665	47,035	**69,700**
06	13,327	238,022	305,795	144,258	13,449	104,478	**819,329**	4,242	11,460	**15,702**
07	34,564	598,937	769,473	362,995	36,154	262,896	**2,065,019**	15,126	29,725	**44,851**
08	46,085	677,847	870,851	410,819	44,698	297,533	**2,347,833**	6,538	39,634	**46,172**
09	13,742	278,124	357,315	168,561	14,873	122,079	**954,694**	4,452	11,818	**16,270**
10	11,384	241,903	310,781	146,610	14,082	106,181	**830,941**	4,263	9,789	**14,052**
11	22,834	557,542	716,292	337,907	31,803	244,726	**1,911,104**	5,910	19,638	**25,548**
12	98,278	3,403,463	4,372,536	2,062,721	253,630	1,493,910	**11,684,538**	32,763	84,520	**117,283**
13	151,790	2,263,801	2,908,376	1,372,011	132,036	993,669	**7,821,683**	35,815	130,540	**166,355**
Total	**694,057**	**12,936,004**	**16,619,294**	**7,840,065**	**791,112**	**5,678,108**	**44,558,640**	**187,515**	**596,891**	**784,406**

TITLE III-B	INCLUDES	TITLE III-C1	INCLUDES	TITLE III-C2	INCLUDES	TITLE III-D	INCLUDES
FY 10 FUNDS	14,560,099	**FY 10 FUNDS**	17,493,994	**FY 10 FUNDS**	8,252,700	**FY 10 FUNDS**	832,750
IDoA ADMIN.	728,005	**IDoA ADMIN.**	874,700	**IDoA ADMIN.**	412,635	**IDoA ADMIN.**	41,638
IDoA OMBUD.	202,033						
III-B DISTRIB.	**13,630,061**	**III-C1 DISTRIB.**	**16,619,294**	**III-C2 DISTRIB.**	**7,840,065**	**III-D DISTRIB.**	**791,112**

TITLE III-E	INCLUDES	TITLE VII	INCLUDES	TITLE VII OMB.	INCLUDES
FY 10 FUNDS	5,976,956	**FY 10 FUNDS**	197,384	**FY 10 FUNDS**	628,306
IDoA ADMIN.	298,848	**IDoA ADMIN.**	9,869	**IDoA ADMIN.**	31,415
		M-TEAM			
III-E DISTRIB.	**5,678,108**	**VII EA DISTRIB.**	**187,515**	**VII OMB. DISTRIB.**	**596,891**

Illinois Department on Aging – FY 2010 General Revenue Fund Planning Allocations

PSA	Title III Adm. Match	Title III Service Match	Home Del. Meals	Comm.-Based Services	Comm.- Based Services Equal	Ombudsman Services	Total GRF	Total Federal	Total Funds Federal and State
01	86,985	43,930	579,305	178,838	150,384	27,175	**1,066,617**	**2,647,906**	**3,714,523**
02	221,267	110,505	1,468,101	453,220	150,384	73,253	**2,476,730**	**6,752,661**	**9,229,391**
03	79,525	39,958	528,715	163,221	150,385	24,575	**986,379**	**2,413,542**	**3,399,921**
04	49,088	24,216	324,371	100,137	150,385	18,377	**666,574**	**1,496,718**	**2,163,292**
05	103,099	51,802	685,444	211,605	150,384	34,075	**1,236,409**	**3,150,845**	**4,387,254**
06	27,602	13,645	182,521	56,347	150,385	8,368	**438,868**	**835,031**	**1,273,899**
07	69,081	34,710	459,277	141,784	150,385	22,268	**877,505**	**2,109,870**	**2,987,375**
08	78,630	38,835	519,787	160,465	150,385	29,481	**977,583**	**2,394,005**	**3,371,588**
09	31,929	16,268	213,271	65,839	150,385	9,638	**487,330**	**970,964**	**1,458,294**
10	27,752	14,168	185,497	57,265	150,385	8,445	**443,512**	**844,993**	**1,288,505**
11	64,008	32,609	427,535	131,985	150,385	16,930	**823,452**	**1,936,652**	**2,760,104**
12	391,208	198,583	2,609,846	805,691	150,384	45,845	**4,201,557**	**11,801,821**	**16,003,378**
13	261,850	130,447	1,735,930	535,903	150,384	72,570	**2,887,084**	**7,988,038**	**10,875,122**
Total	**1,492,024**	**749,676**	**9,919,600**	**3,062,300**	**1,955,000**	**391,000**	**17,569,600**	**45,343,046**	**62,912,646**

FY 2010 Nutrition Services Incentive Program Allocations

PSA	FY 2008 Congregate Meals	FY 2008 Home Delivered Meals	FY 2008 Total Meals	Percent of Meals	FY 10 NSIP Allocation
01	135,368	426,398	561,766	5.31	**372,225**
02	166,424	702,790	869,214	8.22	**576,212**
03	137,316	278,959	416,275	3.94	**276,189**
04	136,245	206,584	342,829	3.24	**227,120**
05	231,613	369,423	601,036	5.69	**398,862**
06	84,899	145,531	230,430	2.18	**152,815**
07	160,484	300,729	461,213	4.36	**305,631**
08	166,542	308,686	475,228	4.50	**315,445**
09	98,960	114,717	213,677	2.03	**142,301**
10	153,230	158,060	311,290	2.94	**206,090**
11	228,227	304,629	532,856	5.04	**353,298**
12	733,271	3,928,966	4,662,237	44.11	**3,092,056**
13	260,792	631,349	892,141	8.44	**591,634**
Total	**2,693,371**	**7,876,821**	**10,570,192**	**100.00**	**7,009,878**

APPENDIX I:

STATE PROGRAM ALLOCATIONS FOR FY 2010

State Program Allocations by PSA for FY 2010

PSAs	Title III Funds	Other OAA Funds	Non-Title III Funds	Total Funds Awarded
01	$2,595,851	$360,091	$2,676,934	***$5,632,876***
02	$6,606,903	$418,410	$5,217,301	***$12,242,614***
03	$2,373,338	$196,412	$2,229,280	***$4,799,030***
04	$1,466,262	$105,384	$1,858,996	***$3,430,642***
05	$3,081,145	$386,061	$3,029,211	***$6,496,417***
06	$819,329	$143,631	$938,893	***$1,901,853***
07	$2,065,019	$188,081	$2,320,303	***$4,573,403***
08	$2,347,833	$230,003	$2,208,600	***$4,786,436***
09	$954,694	$16,270	$1,075,300	***$2,046,264***
10	$830,941	$97,305	$1,196,303	***$2,124,549***
11	$1,911,104	$133,777	$2,278,695	***$4,323,576***
12	$11,684,538	$1,646,828	$10,839,952	***$24,171,318***
13	$7,821,683	$614,498	$6,173,850	***$14,610,031***
Subtotal	***$44,558,640***	***$4,536,751***	***$42,043,618***	***$91,139,009***
Other			$537,410,539	***$537,410,539***
TOTAL	***$44,558,640***	***$4,536,751***	***$579,454,157***	***$628,549,548***

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

"Non-Title III" "Column = State General Revenue Funds including Planning and Service Grants, Home Delivered Meals, Community Based Services, Systems Development Grants, Senior Employment Specialist, Elder Abuse and Neglect Contracts, NSIP Allocations, Tobacco Settlement/SHAP, Ombudsman, Civil Monetary Penalties funds, MIPPA (AAA, ADRC and SHIP, American Recovery and Reinvestment Act (ARRA) Nutrition, and ARRA SCSEP.

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

APPENDIX J:

AREA AGENCY ON AGING PROPOSED FY 2010 EXPENDITURES FOR COORDINATION AND 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 2010. Note: Due to the due date that the State Plan must be submitted to the Administration on Aging, the numbers listed below are based on the FY 2009 Area Plan Amendment.

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	$68,029	$71,555
03	$34,389	$281,990
04	$81,907	$108,339
05	$58,980	$144,770
06	$0	$0
07	$58,714	$93,424
08	$51,000	$93,000
09	$0	$0
10	$28,000	$21,500
11	$24,754	$61,376
12	$0	$0
13	$90,994	$298,692

APPENDIX K:

FISCAL YEAR 2010
SERVICE OBJECTIVES

This exhibit represents the service delivery objectives for the State in Fiscal Year 2010 for services funded through Title III of the Older Americans Act.

Service	Persons	Units	PSA
Access Services			
Case Management	*33,810*	*120,082*	*2,10,12,*
Assisted Transportation	*1,137*	*18,795*	*4, 5, 8*
Ind. Needs Assessment III-B and	*3,104*	*6,219*	*5*
III-C	*392,250*	*746,498*	*Statewide*
Info. and Assistance	*16,911*	*20,135*	*2,3,9,11*
Outreach III-B	*1,260*	*1,260*	*6, 9*
Outreach III-C	*31,429*	*710,679*	*Statewide*
Transportation	*14,572*	*49,552*	*8,11,12,13*
Other			
In-Home Services	*25*	*280*	*6*
Adult Day Care	*2,024*	*60,251*	*4,10,12,13*
Chore/Housekeeping	*0*	*0*	
Friendly Visiting	*43,253*	*7,385,985*	*Statewide*
Home Delivered Meals	*132*	*4,377*	*5,7*
Home Health	*125*	*4,000*	*1*
Homemaker	*1,397*	*30,255*	*3,5,8, 9,12,13*
Respite	*969*	*1,170*	*2,4,8,9,11,13*
Residential Repair	*475*	*24,130*	*10*
Telephone Reassurance	*79*	*541*	*4,5*
Other			
Community Services	*70,305*	*2,790,730*	*Statewide*
Congregate Meals	*1,217*	*10,624*	*2,5*
Counseling	*1,670*	*5,000*	*3,10*
Education	*1,738*	*2,700*	*8,10*
Health Screening	*1,310*	*11,171*	*12,13*
Housing Assistance	*7,534*	*37,281*	*Statewide*
Legal Assistance	*28,567*	*5,085*	*3,5,6,9,10,13*
Multi. Senior Center	*7,850*	*8,719*	*6,9,10*
Nutrition Education	*20,100*	*2,355*	*3,12*
Recreation	*31,777*	*46,623*	*Statewide*
Health Promotion	*3,202*	*14,789*	*1,2,3,5,6,7,8,10,13*
Other			
Family Caregiver Services	*8,956*	*2,882*	*2,4,7,13*
Information	*65,859*	*95,384*	*1,2,3,4,6,8,9,10,11,12,13*
Assistance	*8,106*	*19,905*	*1,2,3,4,5,6,7,8,9,10,11,12*
Counseling, Sup. Gr., Training	*2,687*	*142,766*	*Statewide*
Respite	*1,275*	*3,704*	*1,2,3,5,7,8, 9,10,11,12,13*
Supplemental Services			

Note: The information in the above table is based on the FY 2009 Area Plans since the FY 2010-FY 2012 State Plan will be submitted prior to the review and approval of the FY 2010 Area Plans. In addition to these Older Americans Act services, over 58,200 older persons will receive homemaker and adult day services through the state funded Community Care Program and over 11,300 reports of elder abuse and neglect will be responded to through the state funded Elder Abuse and Neglect Program.

APPENDIX L:

SERVICE PREFERENCES

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

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

*"***Greatest Economic Need"** means the need resulting from an income level at or below the poverty threshold established by the U.S. Department of Health and Human Services. Poverty thresholds for 2009 are currently set at $10,830 for a one-household and $14,570 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. The Census 2007 Estimates has projected that this number has increased to 435,527 (22% increase). The 2000 Census also identified 81,100 older adults who have limited English speaking proficiency.

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

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

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

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

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

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

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

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

   The Department will allocate a total of $62,912,616 in FY 2010 to the 13 Area Agencies on Aging. Nine (9) percent of these funds ($5,662,138) will be allocated to rural areas of the State based on the Department's funding formula.

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

The methods used in FY 2009 to satisfy the service needs of low-income minority older individuals, low-income minority older individuals with limited English speaking proficiency and older individuals residing in rural areas included:

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

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

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

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

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

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

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

References:

Administration on Aging. (2007). *Table 3: Number of Persons 60+ by Race and Hispanci-State-2007.* Retrieved April 27, 2009 from http://www.aoa.gov/AoARoot/Aging_Statistics/minority_aging/docs/Table%203_Number_Persons_60+_2007.xls

Administration on Aging. (2000). *Special Tabulation on Aging (Table 17): Age by Ability to Speak English for the Population 60 yeas and Over.* Retrieved April 27, 2009 from http://www.aoa.gov/AoARoot/Aging_Statistics/Tab/IL/P017_IL.XLS

APPENDIX M:

2000 AND 2006 CENSUS INFORMATION BY PLANNING AND SERVICE AREA (PSA)

Note: The numbers in the bold italic font on the following pages are based on the 2006 Census Update. The numbers in the regular black font on the following pages are based on the 2000 Census.

2000 Census and 2006 Census Update Information by Planning and 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	Boone	***7,608***	***5,455***	***2,543***	***692***	3,380	218	1,359	***0***	340	245	139
	Carroll	***4,060***	***3,206***	***1,708***	***487***	2,232	81	1,059	***4,060***	255	176	89
01	DeKalb	***12,590***	***9,391***	***4,807***	***1,427***	6,521	361	2,927	***0***	510	363	191
	JoDaviess	***5,612***	***4,371***	***2,156***	***582***	2,866	45	1,370	***5,612***	355	289	179
	Lee	***6,939***	***5,344***	***2,748***	***894***	3,841	216	1,826	***6,939***	520	431	243
	Ogle	***10,049***	***7,439***	***3,734***	***1,134***	4,982	160	2,189	***10,049***	495	339	213
	Stephenson	***10,489***	***8,194***	***4,353***	***1,371***	5,965	474	2,849	***10,489***	840	637	285
	Whiteside	***12,912***	***9,928***	***5,279***	***1,667***	7,158	587	3,141	***12,912***	660	443	190
	Winnebago	***50,811***	***37,744***	***19,203***	***5,630***	26,512	3,901	12,061	***0***	3,115	2,266	1,138
	PSA Total	***121,070***	***91,072***	***46,531***	***13,884***	**63,457**	**6,043**	**28,781**	***50,061***	**7,090**	**5,189**	**2,667**
PSA	DuPage	***138,954***	***96,569***	***46,340***	***13,642***	68,830	11,087	26,111	***0***	4,385	3,523	2,146
	Grundy	***6,799***	***4,985***	***2,491***	***776***	3,428	110	1,568	***0***	320	257	139
02	Kane	***57,879***	***40,205***	***18,409***	***5,405***	26,297	5,364	10,502	***0***	2,175	1,570	839
	Kankakee	***18,665***	***14,004***	***7,125***	***1,992***	10,015	2,056	4,638	***0***	1,295	901	458
	Kendall	***9,457***	***6,411***	***2,890***	***826***	3,632	250	1,358	***0***	260	199	126
	Lake	***92,607***	***64,539***	***29,230***	***7,389***	42,065	8,912	16,275	***0***	3,555	2,480	1,378
	McHenry	***40,413***	***28,608***	***13,211***	***3,436***	16,108	917	6,378	***0***	990	711	390
	Will	***76,586***	***53,194***	***24,111***	***6,558***	32,361	6,842	11,909	***0***	2,840	2,160	1,286
	PSA Total	***441,360***	***308,515***	***143,807***	***40,024***	**202,736**	**35,538**	**78,739**	***0***	**15,820**	**11,801**	**6,762**

2000 Census and 2006 Census Update Information by Planning and 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	Bureau	***7,845***	***6,112***	***3,303***	***1,073***	4,626	193	2,254	***7,845***	495	358	222
	Henderson	***1,871***	***1,394***	***661***	***170***	1,017	20	481	***1,871***	145	129	60
03	Henry	***10,831***	***8,240***	***4,272***	***1,371***	6,121	233	2,938	***0***	680	519	306
	Knox	***12,009***	***9,362***	***4,905***	***1,582***	7,208	594	3,550	***12,009***	785	550	285
	LaSalle	***22,839***	***17,791***	***9,687***	***3,020***	13,274	466	6,578	***22,839***	1,485	1,070	632
	McDonough	***5,600***	***4,428***	***2,441***	***813***	3,429	115	1,690	***5,600***	410	308	222
	Mercer	***3,737***	***2,803***	***1,394***	***459***	1,963	30	876	***0***	260	216	152
	Putnam	***1,357***	***1,002***	***506***	***151***	690	18	341	***1,357***	35	30	22
	Rock Island	***29,808***	***22,730***	***11,814***	***3,679***	16,940	2,248	8,803	***0***	1,915	1,456	770
	Warren	***3,897***	***2,997***	***1,592***	***492***	2,255	95	1,038	***3,897***	255	197	97
	PSA Total	***99,794***	***76,859***	***40,575***	***12,810***	**57,523**	**4,012**	**28,549**	***55,418***	**6,465**	**4,833**	**2,768**
PSA	Fulton	***8,397***	***6,584***	***3,553***	***1,216***	5,028	109	2,454	***8,397***	635	453	242
	Marshall	***3,058***	***2,322***	***1,245***	***409***	1,772	28	726	***0***	140	121	92
04	Peoria	***33,632***	***25,255***	***13,294***	***4,181***	19,465	3,080	9,300	***0***	2,395	1,740	1,030
	Stark	***1,541***	***1,205***	***635***	***229***	872	14	419	***0***	100	87	68
	Tazewell	***26,113***	***19,876***	***9,925***	***2,901***	14,131	279	6,196	***0***	1,325	936	526
	Woodford	***7,086***	***5,292***	***2,811***	***1,011***	3,823	56	1,496	***0***	250	197	122
	PSA Total	***79,827***	***60,534***	***31,463***	***9,947***	**45,091**	**3,566**	**20,591**	***8,397***	**4,845**	**3,534**	**2,080**

2000 Census and 2006 Census Update Information by Planning and Service Area

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA	Champaign	***24,308***	***18,525***	***9,362***	***2,737***	13,092	2,280	6,475	***0***	1,080	824	408
	Clark	***3,768***	***2,911***	***1,598***	***505***	2,219	34	1,115	***3,768***	310	212	126
05	Coles	***8,960***	***6,955***	***3,706***	***1,149***	5,318	148	2,723	***8,960***	865	609	361
	Cumberland	***2,326***	***1,739***	***927***	***299***	1,333	18	681	***2,326***	190	150	80
	DeWitt	***3,511***	***2,655***	***1,350***	***422***	2,005	37	975	***3,511***	255	179	108
	Douglas	***3,990***	***3,151***	***1,586***	***503***	2,409	51	1,070	***3,990***	270	229	152
	Edgar	***4,311***	***3,377***	***1,838***	***631***	2,667	52	1,323	***4,311***	415	317	232
	Ford	***3,208***	***2,535***	***1,439***	***488***	2,025	30	962	***0***	175	141	66
	Iroquois	***7,232***	***5,642***	***3,077***	***998***	4,059	126	1,819	***7,232***	430	349	198
	Livingston	***7,458***	***5,746***	***3,119***	***1,104***	4,481	97	2,050	***7,458***	595	472	289
	McLean	***21,075***	***15,663***	***7,921***	***2,405***	11,095	676	5,358	***0***	915	700	410
	Macon	***22,610***	***17,210***	***8,913***	***2,644***	13,077	1,852	6,277	***0***	1,715	1,357	739
	Moultrie	***3,170***	***2,484***	***1,336***	***453***	1,869	25	727	***3,170***	200	165	97
	Piatt	***3,579***	***2,686***	***1,339***	***411***	1,904	26	859	***0***	180	147	100
	Shelby	***5,163***	***3,987***	***2,061***	***641***	2,898	38	1,353	***5,163***	445	374	250
	Vermilion	***17,130***	***13,255***	***6,751***	***1,856***	9,917	1,210	5,196	***0***	1,585	1,166	584
	PSA Total	***141,799***	***108,521***	***56,323***	***17,246***	**80,368**	**6,700**	**38,963**	***49,889***	**9,625**	**7,391**	**4,200**

2000 Census and 2006 Census Update Information by Planning and 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	Adams	***14,737***	***11,649***	***6,578***	***2,154***	8,585	348	4,024	***14,737***	1,170	919	523
	Brown	***1,063***	***808***	***391***	***123***	657	17	339	***1,063***	95	82	51
06	Calhoun	***1,287***	***991***	***476***	***146***	670	12	320	***0***	125	90	53
	Hancock	***4,586***	***3,615***	***1,979***	***641***	2,680	40	1,276	***4,586***	350	280	155
	Pike	***4,039***	***3,222***	***1,767***	***646***	2,390	34	1,226	***4,039***	480	354	197
	Schuyler	***1,731***	***1,350***	***738***	***214***	984	8	455	***1,731***	215	172	110
	PSA Total	***27,443***	***21,635***	***11,929***	***3,924***	**15,966**	**459**	**7,640**	***26,156***	**2,435**	**1,897**	**1,089**
PSA	Cass	***2,707***	***2,101***	***1,079***	***350***	1,611	35	778	***2,707***	200	132	60
	Christian	***7,504***	***5,856***	***3,085***	***1,069***	4,559	90	2,313	***7,504***	700	585	367
07	Greene	***3,155***	***2,434***	***1,333***	***460***	1,869	29	910	***3,155***	335	222	111
	Jersey	***4,381***	***3,325***	***1,613***	***488***	2,325	41	1,085	***0***	205	162	79
	Logan	***5,803***	***4,430***	***2,342***	***723***	3,520	99	1,733	***5,803***	380	320	176
	Macoupin	***10,398***	***8,104***	***4,393***	***1,469***	6,178	142	2,964	***0***	830	624	359
	Mason	***3,581***	***2,755***	***1,424***	***431***	2,007	31	940	***3,581***	315	249	133
	Menard	***2,394***	***1,763***	***801***	***265***	1,265	12	582	***0***	120	90	61
	Montgomery	***6,393***	***5,138***	***2,894***	***974***	3,787	65	1,899	***6,393***	695	522	308
	Morgan	***7,388***	***5,624***	***3,000***	***958***	4,305	212	2,134	***7,388***	570	434	240
	Sangamon	***35,006***	***26,320***	***13,352***	***4,042***	19,629	2,129	9,799	***0***	2,425	1,796	983
	Scott	***1,188***	***928***	***493***	***162***	682	8	363	***1,188***	80	54	38
	PSA Total	*89,898*	*68,778*	*35,809*	*11,391*	**51,737**	**2,893**	**25,500**	***37,719***	**6,855**	**5,190**	**2,915**

2000 Census and 2006 Census Update Information by Planning and 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	Bond	***3,320***	***2,585***	***1,344***	***411***	1,868	121	894	***0***	250	209	96
08	Clinton	***6,953***	***5,442***	***2,928***	***797***	3,756	112	1,741	***0***	370	292	176
	Madison	***48,585***	***36,877***	***18,790***	***5,299***	27,831	2,656	13,123	***0***	3,425	2,564	1,363
	Monroe	***5,367***	***4,115***	***2,072***	***621***	2,789	38	1,129	***0***	280	241	202
	Randolph	***6,376***	***4,925***	***2,622***	***867***	3,875	167	1,845	***6,376***	500	411	294
	St. Clair	***42,663***	***32,724***	***17,020***	***4,891***	25,605	9,443	11,607	***0***	3,995	3,098	1,524
	Washington	***3,072***	***2,365***	***1,243***	***383***	1,810	45	873	***3,072***	250	205	166
	PSA Total	***116,336***	***89,033***	***46,019***	***13,269***	**67,534**	**12,582**	**31,212**	***9,448***	**9,070**	**7,020**	**3,821**
PSA	Clay	***3,346***	***2,670***	***1,529***	***568***	2,073	37	973	***3,346***	415	309	162
09	Effingham	***6,450***	***5,008***	***2,600***	***803***	3,554	32	1,734	***6,450***	430	315	168
	Fayette	***4,351***	***3,330***	***1,675***	***488***	2,526	50	1,268	***4,351***	485	384	249
	Jefferson	***8,068***	***6,170***	***3,230***	***1,024***	4,534	361	2,294	***8,068***	935	683	367
	Marion	***8,881***	***6,921***	***3,717***	***1,267***	5,232	361	2,534	***8,881***	690	541	288
	PSA Total	***31,096***	***24,099***	***12,751***	***4,150***	**17,919**	**841**	**8,803**	***31,096***	**2,955**	**2,232**	**1,234**

2000 Census and 2006 Census Update Information by Planning and 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	Crawford	***4,237***	***3,323***	***1,723***	***514***	2,517	58	1,240	***4,237***	335	270	169
10	Edwards	***1,576***	***1,232***	***634***	***210***	954	10	484	***1,576***	135	109	69
	Hamilton	***2,079***	***1,636***	***882***	***308***	1,220	23	621	***2,079***	195	147	91
	Jasper	***2,111***	***1,649***	***866***	***281***	1,203	15	585	***2,111***	175	163	111
	Lawrence	***3,611***	***2,945***	***1,668***	***592***	2,298	60	1,087	***3,611***	310	227	103
	Richland	***3,672***	***2,907***	***1,415***	***437***	2,114	40	1,038	***3,672***	225	191	130
	Wabash	***2,621***	***2,070***	***1,133***	***397***	1,617	29	802	***2,621***	250	195	105
	Wayne	***3,986***	***3,129***	***1,566***	***491***	2,390	28	1,196	***3,986***	400	330	181
	White	***3,773***	***3,009***	***1,665***	***614***	2,328	45	1,210	***3,773***	355	285	157
	PSA Total	***27,666***	***21,900***	***11,552***	***3,844***	**16,641**	**308**	**8,263**	***27,666***	**2,380**	**1,917**	**1,116**

2000 Census and 2006 Census Update Information by Planning and Service Area

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 11	Alexander	***1,920***	***1,534***	***783***	***266***	1,206	471	681	***1,920***	335	227	147
	Franklin	***9,306***	***7,228***	***3,792***	***1,188***	5,452	95	2,957	***9,306***	960	666	411
	Gallatin	***1,599***	***1,187***	***583***	***192***	857	23	490	***1,599***	210	157	90
	Hardin	***1,128***	***817***	***418***	***108***	638	11	352	***1,128***	110	92	49
	Jackson	***8,615***	***6,668***	***3,519***	***1,099***	4,908	710	2,575	***8,615***	890	648	329
	Johnson	***2,514***	***1,865***	***815***	***219***	1,261	44	591	***2,514***	235	194	97
	Massac	***3,422***	***2,672***	***1,456***	***468***	2,045	186	1,020	***3,422***	420	351	155
	Perry	***4,531***	***3,452***	***1,779***	***569***	2,718	114	1,406	***4,531***	500	357	233
	Pope	***1,105***	***838***	***395***	***124***	567	27	290	***1,105***	115	61	45
	Pulaski	***1,368***	***1,078***	***549***	***162***	964	454	520	***1,368***	330	261	128
	Saline	***6,168***	***4,906***	***2,592***	***876***	3,896	195	2,042	***6,168***	660	527	287
	Union	***4,196***	***3,189***	***1,614***	***548***	2,368	77	1,248	***4,196***	500	356	236
	Williamson	***13,463***	***10,347***	***5,342***	***1,596***	7,647	311	3,905	***13,463***	1,385	1,007	607
	PSA Total	***59,335***	***45,781***	***23,637***	***7,415***	**34,527**	**2,718**	**18,077**	***59,335***	**6,650**	**4,904**	**2,814**
PSA 12	City of Chicago	***385,582***	**298,803**	***131,571***	**35,168**	**237,176**	**212,471**	**112,768**	***0***	**60,835**	**44,683**	**20,720**
PSA 13	Suburban Cook	***454,582***	**331,462**	***172,287***	**41,352**	**251,744**	**61,065**	**106,271**	***0***	**22,225**	**17,340**	**9,655**
STATE TOTAL		***2,075,672***	***1,534,476***	***764,254***	***227,074***	**1,142,419**	**349,196**	**514,157**	***355,185***	**157,250**	**117,931**	**61,841**

State Plan on Aging for FY 2010 - FY 2012

State of Illinois
Department on Aging
421 East Capitol Avenue, #100,
Springfield, Illinois 62701-1789
Senior HelpLine: 1-800-252-8966
1-888-206-1327 (TTY)

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