

Area Plan Summary



For Fiscal Years 2005-2007
Helping older adults remain independent since 1978
(05/10/04)

The Purpose of this Document

This is a summary of our Area Plan for our next three-year planning period. Our plan outlines the use of federal and state funds that are available under the Older Americans Act for our activities and to fund other agencies which provide services to older adults in Southern Illinois.

We are very interested in receiving feedback about our plan, especially from older adults. We will consider future changes to our Area Plan based on the comments or questions we receive. [Use this link](#) to give us feedback and make comments.

Who We Are

We are one of over 650 Area Agencies on Aging in the United States established by a federal law called the Older Americans Act. We are a nonprofit agency, established in 1978. We have representation on our Board of Directors from all thirteen counties we serve in southernmost Illinois (see the map below). We promote the well being of older adults in Southern Illinois and assist them in maintaining their independence in the community.

We receive federal and state funding through the Illinois Department on Aging, prioritize the aging-related services to be funded, decide how to distribute this funding to local agencies which provide aging-related services in Southern Illinois, and monitor the services they provide. See below for [more information on our agency](#).



Counties We Serve

We serve [Alexander](#), [Franklin](#), [Gallatin](#), [Hardin](#), [Jackson](#), [Johnson](#), [Massac](#), [Perry](#), [Pope](#), [Pulaski](#), [Saline](#), [Union](#), and [Williamson](#) counties in Southern Illinois.

How We Developed Our Area Plan

We began in the fall of 2003 by arranging a series of speakouts at senior centers. Participants at the speakouts had an opportunity to tell us directly what services or issues were important to them, and many also filled out a survey of needs and services. During the winter of 2004 we surveyed individuals from other, non-senior center venues, including individuals participating in a SeniorExpo at a local mall and low-income individuals using the services of a rural community action agency. Items on the survey included nutrition, transportation, mental health, education and recreation, family caregiver support services, and other issues related to senior adults and services. We sought input on issues and services from professional agencies, including housing, home health, mental health, and law enforcement agencies. We continually discuss services, service priorities, and the family caregivers support program with our aging service provider agencies. We reviewed reports and other information prior to developing our plan. As a result of these activities, our Area Plan includes a priority list of in-home and community-based services for older adults, identifies service gaps, and outlines special initiatives that our staff will pursue for the next three years.

Summary of the Speakouts and Survey Results

Comments at the speakouts and results of the surveys show high levels of support for congregate and home delivered meal services, especially from those who use the services, but to a lesser extent also among a broad range of other individuals. A large percentage of low-income older individuals who use programs such as energy assistance also identified having enough food in the house, food pantries, and food stamps as important issues. Only about one-half of this older low-income group stated that congregate meal sites were important, which may be an indication that they are not using these sites as a strategy to help them stretch their food budget. One of the reasons they may not be using the meal site could be transportation issues. While transportation ranked as a “somewhat important” issue for many, almost two-thirds of

the older low-income group said it was “very important” to them.

Help in paying for medications was also found to be an important issue among survey respondents, and especially important to the older low-income group. Having someone to talk to about problems and worries was found to be an important issue, as was the availability of exercise classes and walking groups, and day trips and sight-seeing. About one-third of the respondents said that help in caring for a loved one was important to them. About 40% of the individuals responding indicated that help in obtaining an emergency response system was important, and around the same number said that help fixing up the house was important. Help with dental care is also important to about one-third of the respondents.

Some other issues emerged from comments received at the speakouts. Transportation, particularly to locations out of the area, was mentioned at several of the speakouts and was mentioned in several of the professional agency surveys. Caregiving, including grandparents raising grandchildren, was mentioned as well. As in previous speakouts, there was strong verbal support for the services of the senior centers. One issue which emerged strongly at one speakout was the issue of fraud and the scams and schemes perpetrated on seniors. This concern was also echoed on one of the agency surveys in a written comment.

Situations of possible elder abuse were brought up at several different speakouts. In addition, discussions during the speakouts made it clear that very few of the seniors knew about the regional Ombudsman program, which helps individuals in long term care and assisted living facilities. One of the agency surveys mentioned a need for better dissemination of information and a single entry point for information instead of having to make multiple phone calls

[Survey of Needs and Services](#)

Major Issues in Our Area

Use this link to view the [major issues](#) in our area.

The Services We Fund

[Use this link](#) to view a chart of services and projected persons to be served.



How many We Served Last Year

[Use this link](#) to view the client data our service provider agencies reported last year.

How many We Expect to Serve Next Year

[Use this link](#) to view the client data we expect our service provider agencies to report next year.

Expected Funding Related to the Older Americans Act

(as of 05/10/04 with current federal, state, NSIP¹, and carryover funding)

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|---|--------------------|
| Federal - Older Americans Act | \$1,917,640 |
| Federal - Older Americans Act NSIP ¹ | 423,640 |
| State - general revenue funds | \$696,996 |
| Local Match - received by our funded agencies | \$944,075 |
| Participant Contributions - received by our funded agencies | \$1,142,470 |
| Federal Carryover - estimated unspent funds by provider agencies and/or the Egyptian AAA ² | \$40,000 |
| Total Funds for all Older Americans Act Activities | \$5,164,821 |

¹ NSIP stands for "Nutrition Services Incentive Program," formerly this source of funds came from the USDA in lieu of commodities.

² Unspent funds from the current year can be carried over to next year, but spent only on direct services.

Our Policies on Awarding Funds

We fund one agency per county, or multi-county sub-area, who must provide Supportive, Nutrition, Health Promotion, and Family Caregiver Program services within each county. In addition, we fund three area-wide agencies who must provide one of the following in the entire area – 1) Case Management, Ombudsman, Counseling, and Abuse Prevention services, or 2) Legal Assistance, or 3) Caregiver training, seminars and/or workshops.

In 1988 a funding formula was adopted using 1980 U.S. Census data which distributed 97.5% of service funds based on the following four factors: 1) the number of older adults in each sub-area at or below the poverty level (50%), 2) the number of minority older adults (16.67%), 3) the number of older adults aged 75 or older (16.67%), and 4) the number of older adults living alone (16.66%).

The remaining 2.5% of the funds were distributed equally among counties that were more rural, as defined by having a population density which was less than the average population density for the entire area.

In addition, the amount allocated to two counties (Jackson and Perry) was raised to hold them harmless from this formula since they would have received less funding than the previous year.

There has been one minor modification to our funding policy when in the early 1990's our Board approved an 0.5% increase in funding for an area-wide service. No other changes have been made.

Because of the complexity of this funding formula and a lack of clear direction on how to apply it as funding changed each year, in 1989 our Board of Directors adopted the policy of funding sub-areas at the same "relative position" to each other based on the percentage of funds awarded in 1988. This concept of "relative position" is considered by funding source, not as a total amount for each service sub-area.

In 1992, we proposed using the 1990 U.S. Census data in our funding formula and offered several alternative formulas. However, we received overwhelming feedback to leave the distribution of funds as stated above. Thus, our Board approved the continued use of the funding policy of "relative position" based on the 1980 Census data which has remained in use ever since. Our Board decided in 2001 to review the 2000 Census data to determine whether to update the funding level, or "relative position," of each service sub-area. We will conduct this review in 2004.

Our Policy on Changes to Funding

Any increase or decrease in funding will be applied equitably by funding source to all service provider agencies awarded such funding. For example, if Nutrition Service funding is increased or decreased, only service provider agencies funded for Nutrition Services would be affected. One exception to the above plan is that if funding for the Family Caregiver Program is increased over last year, we plan to fund respite services with the additional funding.



Services or programs which require a minimum percentage of funds, Legal Assistance for example, or for which the Illinois Department on Aging has issued a specific guideline, such as the Ombudsman program, will be maintained at appropriate levels unless the Illinois Department on Aging waives these requirements.

If new sources of funds are received, such as funds under a new title under the Older Americans Act or a new source of state funds, our Board will determine the services, sub-areas, and funding levels at that time.

We have adopted the following contingency plan if existing programs or services and their funding sources are collapsed into another (host) program:

- If the Illinois Department on Aging specifies the amount of funding for one or more collapsed programs:
 - if an exact amount is specified for every program, we will award funds as specified by the Department to each program; or
 - if an exact amount is specified for some programs, but not every program, we will award funds as specified and award any remaining funds among priority services using the concept outlined above in the first paragraph of “Our Policy on Unexpected Increases/Decreases in Funding”.

If the Department doesn’t specify the amount of funding for any of the collapsed programs:

- if the total amount of funding is the same or less than the amount awarded in the previous fiscal year for the host program, we will only fund services under the host program. Funds will not be awarded to the collapsed program; or
- if the total amount of funding is more than the amount awarded in the previous fiscal year for the host program, we will fund the host program at the previous fiscal year's level and fund the collapsed programs with the remaining funds up to the level in the previous fiscal year. Any remaining funds will be awarded to either or both programs if they have services designated by our Board as priority services. If both programs have priority services, funds will be awarded to both based upon their percentage of the total funds awarded in the previous fiscal year.

Distribution of Funds for Services

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| Funds Awarded at a Later Date for Services | |
| Federal Carryover - amount to be awarded for direct services later in the year | \$40,000 |
| Multipurpose Senior Center - held by the Egyptian AAA for grants to local agencies | \$0 |
| Equipment & Capitol Expenditures - held by the Egyptian AAA for grants to local agencies | \$0 |
| Funds for Services Provided Area-wide | |
| Case Management, Ombudsman, Prevention of Elder Abuse, & Counseling | \$194,639 |

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| Legal Assistance | \$50,633 |
| Gap-Filling for Caregivers - held by the Egyptian AAA for grants to local agencies | \$9,000 |
| Caregiver Seminars & Workshops - held by the Egyptian AAA for grants to local agencies | \$9,000 |
| Support Groups - held by the Egyptian AAA for grants to local agencies | \$0 |
| Funds for Supportive, Nutrition, Health Promotion, & Family Caregiver by County | |
| Franklin County | \$363,798 |
| Jackson & Union counties | \$422,991 |
| Perry County | \$165,647 |
| Williamson County | \$414,351 |
| Alexander, Massac, Pulaski, & Johnson counties | \$545,244 |
| Pope, Hardin, Gallatin, & Saline counties | \$483,066 |
| Local Match - retained by funded agencies | \$944,075 |
| Participant Contributions - retained by funded agencies | \$1,142,470 |
| Total Funds for Older Americans Act Services | \$4,784,914 |

Waiver Requests

1. Request to Provide Case Management Services for the CBRF-CCP Program.



This waiver is to allow the Egyptian AAA to provide case management services to the tenants of the Community-Based Residential Facility (CBRF) assisted living facilities who also are eligible for and receive Illinois Community Care Program or CCP services. All other tenants of the CBRF assisted living facilities will receive their case management services, if eligible, from the area-wide Case Coordination Unit or CCU. We intend to use funding received from the CCP program for CBRF-CCU case management activities, and will not use funding from the Older Americans Act.

The CBRF program is a demonstration program under the Illinois Department on Aging. Tenants in the CBRF assisted living facilities may be eligible to receive homemaker services under the CCP program. Eligibility for CCP services is normally determined by the area-wide CCU. Under this waiver request, the Egyptian AAA will conduct such assessments and case management services as are needed for the tenants of the CBRF assisted living facilities who are or may reasonably be expected to be eligible for CCP services.

The area-wide CCU provider in our area has a financial tie with the CBRF assisted living facilities. This financial tie could be perceived as a conflict of interest since the CCU determines who is eligible to receive CCP services in the CBRF assisted living facilities. Because of this perceived conflict of interest, the Egyptian AAA is making this request for a waiver to provide direct services under the Older Americans Act. The Egyptian AAA has been serving as the CBRF-CCU for some years and requests to continue this arrangement in FY'05 or until the perceived conflict of interest between the area-wide CCU and CBRF assisted living facilities is resolved.

What Our Agency Does

1. Administration and Monitoring.

We receive federal and state funds related to the Older Americans Act and award these funds to local service provider agencies who provide Supportive, Nutrition, Health Promotion, and Family Caregivers Program, and Abuse Prevention services to older adults, family caregivers, and grandparents raising grandchildren. We provide information, training, technical assistance, and review monthly reports and annual financial audits from our service provider agencies, in addition to conducting on-site monitoring and evaluation. We require that our service provider agencies comply with requirements of federal and state regulations, such as fire, safety, and public health and sanitation rules and regulations.

2. Advocacy, Coordination, and Program Development.

The Illinois Department on Aging allows Area Agencies to retain a small amount of federal Supportive Service funding for advocacy, planning, coordination, and program development. The following is a partial list of our activities –

- Inform our Congressmen and State Legislators about issues affecting older adults.
- Develop and revise implementation plans for new and current programs which assist older adults.
- Work cooperatively with state and local agencies, coordinating our services with theirs, and ensuring that older adults receive all services to which they are entitled.
- Maintain a presence on governing bodies and advisory councils which make public policy affecting older adults.

- Maintain an information resource library and serve as a clearinghouse for [information](#) relating to older adults and services to agencies and organizations.
- Publish a [Service Provider Resource Guide](#) annually which includes a [Family Caregiver Help Guide](#) and [Government Program Eligibility Guidelines](#).
- Maintain an extensive website which contains voluminous information about aging and resources in Southern Illinois.
- [Survey older adults](#) and social service agencies in the area to identify service needs and priorities.
- Respond to requests from older adults and make referrals to appropriate agencies.
- Nominate older adults for state and regional awards.
- Provide information to groups which provide [alternative housing and assisted living](#) for older adults.
- Develop [volunteer opportunities](#) for older adults especially with younger generations.
- Develop the Holiday Meals-on-Wheels program by raising local funds (United Way and donations) to provide home delivered meals to homebound senior adults on holidays when government supported programs are closed. Organize, contract with, and reimburse local groups to prepare and deliver meals these meals.

3. Area Plan Initiatives.

Use this link to view the [Area Plan Initiatives](#).

Funding Retained for Our Use

The Older Americans Act allows Area Agencies on Aging to retain federal funds for administering grants, monitoring service provider agencies, and to carry out Area Plan initiatives. The Department on Aging allows each Area Agency on Aging to use an additional amount of federal funds for advocacy, planning, coordination, and program development. We maintain our “relative position” in regards to funding compared to our funded agencies. When considered as a percentage of all the sources for funding programs under the Older Americans Act, our agency’s budget represents 7.36% of the total funds.

We don’t retain funds from the Older Americans Act to provide services directly except for the required services of advocacy, planning, coordination, and program development. We don’t retain participant contributions, Nutrition Service Incentive Program (NSIP), nor most State funds for our operations.

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| Supportive Services & Initiatives | \$60,026 |
| Ombudsman | \$4,429 |
| Congregate Meals | \$72,046 |
| Home Delivered Meals | \$29,967 |

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|---|------------------|
| Family Caregiver Support Services | \$25,601 |
| Prevention of Elder Abuse | \$659 |
| Advocacy | \$55,697 |
| Coordination | \$43,321 |
| Program Development | \$24,754 |
| State Match for Area Agencies | \$63,407 |
| Total Funds from the Older Americans Act | \$379,907 |

Our Staff

Two part-time and two full-time staff positions have been eliminated since 1991. One full-time position (Secretary) was reduced to part-time in 1997. One part-time position (Data Entry) was created in 1999. One part-time, temporary position (Case Manager) was created in 2002 with non-Older Americans Act funds.

Use this link to view our [current staff](#) positions.

Other Staff Activities

Use this link to view the [other staff activities](#).

Our Board of Directors and Advisory Council Members

Use this link to view a list of our [Board and Advisory Council members](#).

Census Information

Use this link to view the [Census information](#) for older people in Southern Illinois.

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