ALERT *Fall 2010*

East Central Illinois Area AGENCY on AGING
"Services for Seniors"

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Keeping Our Promises to Older Americans in Illinois

The year 2010 is historic for older Americans and the Aging Network. We celebrate the 75th anniversary of Social Security and the 45th anniversary of Medicare, Medicaid and the Older Americans Act. This year Congress passed and the President signed the Affordable Care Act (ACA) to make health care more accessible and affordable for millions of Americans.

ECIAAA has made strategic decisions to make the most of limited resources. We are implementing Coordinated Points of Entry to provide professional Senior Information Services. We established a funding formula to achieve greater equity in the allocation of federal and state funds among our 16 counties. We are making rides more affordable for older adults in rural areas. We are disseminating evidence-based interventions to promote healthy aging. And, we are implementing the Veterans Independence Program in partnership with the VA Illiana Healthcare System and six Care Coordination Units serving east central Illinois.

We look forward to the reauthorization of the Older Americans Act in 2011 and to collaborating with healthcare systems to pursue opportunities under the Affordable Care Act to help older adults and persons with disabilities make successful care transitions and remain in their homes for as long as possible.

We urge Members of Congress to approve increases in appropriations for Older Americans Act proposed by the President and approved by appropriations committees in the House and Senate. We must provide community programs on aging with the funds necessary to keep pace with the growth of the population 60+ and respond to the needs of older adults who are making critical choices in their lives due to fixed incomes, rising costs, and the need for services and supports to live at home.

We urge incumbent Members of Congress and the Illinois General Assembly and candidates in the November election to support aging programs and services. We must keep our promises to older Americans in Illinois by:

- Increasing federal appropriations for Older Americans Programs;
- Reauthorizing the Older Americans Act in 2011;
- Implementing provisions of the ACA to support health promotion across the lifespan;
- Implementing provisions of the ACA to help older adults make successful care transitions;
- Implementing the CLASS Act to make long term care insurance affordable for working Americans;
- Funding the Elder Justice Act provisions in the Affordable Care Act;
- Supporting Community-Based Services and Home Delivered Meals in Illinois;
- Supporting Comprehensive Care Coordination provided by Care Coordination Units in Illinois;
- Supporting the Community Care Program in Illinois;
- Supporting the Illinois Cares Rx Program;
- Supporting the Elder Abuse and Neglect Program;
- Supporting services to help older adults with dementia, mental illness and victims of self-neglect; and
- Supporting the Long Term Care Ombudsman Program and quality care for nursing home residents.

MICHAEL J. O'DONNELL, Executive Director, Editor *SUSAN H. REDMAN, Deputy Director*

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

ON THE NATIONAL SCENE

Federal Appropriations for FY2011 – Congress reconvened after Labor Day for the last time before the mid-term elections in November. The Leadership Council of Aging Organizations (LCAO) continues to advocate for the position of a 12% across the board increase for FY 2011 Older Americans Act appropriations.

On July 27, 2010 the Senate Subcommittee on Labor/HHS/Education Appropriations marked up its spending bill for FY 2011 containing funding for Older Americans Act (OAA) and other federal programs**,** n4a reported that the overall increase for the U.S. Administration on Aging (AoA) is $143.3 million, which is even higher than the President's budget requested.

Not only is the Administration's Caregiver Initiative fully funded (with an additional boost for the AoA-administered Lifespan Respite Program), but the bill contains a $38.2 million boost in OAA senior nutrition programs, which is a 4.6 percent increase over FY 2010. This means that the National Family Caregiver Support Program (OAA Title III E) and the Title VI Caregiver program would see 31 percent increases, Title III B a 13 percent increase, and Title VI Part A more than 7 percent increase—all of these programs have been n4a funding priorities for several years.

Previously on July 15, the House Subcommittee on Labor/HHS/Education Appropriations marked up its spending bill. N4A reported that the funding level for the Administration on Aging for FY2011 is nearly $135 million over FY 2010, which is also $26 million over the President's recommendation. This is encouraging news compared to years of stagnant funding for OAA.

However, neither bill is expected to come to the floor for consideration before the fiscal year begins on October 1. As in years past, a continuing resolution (CR) will likely keep federal funding flowing until Congress passes a final bill. Best estimate of when that will occur? During the lame-duck session after the elections in November—perhaps as part of an omnibus bill that merges several spending bills.

Livable Communities Act – On August 3, 2010 the Senate Banking Committee approved S. 1619, the Livable Communities Act sponsored by Senator Chris Dodd (D-CT). Illinois Senator Richard Durbin is among 19 co-sponsors of S. 1619. The bill provides planning and project implementation grants to communities to help them better plan and coordinate affordable housing and public transit initiatives. The bill would establish within the Department of Housing and Urban Development (HUD) an office to develop the grant initiatives.

The bill authorizes $475 million over four years to make grants for the development of plans that would integrate land use, housing and transportation to create livable communities. It would also authorize $2.2 billion over three years for grants to enable communities to develop and preserve affordable housing, support, transit-oriented developments, and improve public transportation options.

The amended bill approved by the committee included several changes suggested by n4a, including provisions to seek feedback and input from Area Agencies on Aging on the development of comprehensive regional plans; integrate the planning grants with the coordinated human service transportation planning process and transportation services for older adults and persons with disabilities; strengthen the public participation process to better solicit and incorporate the input of older adults and persons with disabilities; and promote livable communities through complete street policies, among others.

[Editors Note: The Illinois Association of Area Agencies on Aging supports the Livable Communities Act. Since FY2008, the thirteen Area Agencies on Aging in Illinois have participated in "The Maturing of Illinois" initiative and assessed 46 Illinois communities to help them prepare for the aging of their populations.]

Older Americans Act Reauthorization – Forty-five years ago, on July 14, 1965, the Older Americans Act was signed into law by President Lyndon Johnson. The 2011 reauthorization of the Older Americans Act (OAA) offers a tremendous opportunity for improving this cornerstone piece of legislation upon which the National Aging Network and so many quality community-based programs and services are based. Last winter, the U.S. Administration on Aging (AoA) held three regional listening sessions for the Aging Network and encouraged all advocates to submit written comments on what the Administration's positions on the 2011 reauthorization should be. That proposal is currently working its way through the Administration; details are expected to be made in available in concert with the President's FY2012 budget in early 2011. The National Association of Area Agencies on Aging surveyed all AAAs on how the Act should be improved. N4A distributed the following draft ideas for the 2011 reauthorization of the Older Americans Act on July 16, 2010:

1. Flexibility

Overall Idea 1: **Make no change to the Act that unnecessarily restricts the local flexibility and inherent person-centered nature of the OAA's core philosophy and history.**

Background: Of top importance to AAAs and Title VI programs is increasing local flexibility in order to provide more customized care for the consumers that they serve. The reauthorization should provide opportunities to determine if strategic reduction of unnecessary restrictions on local flexibility would ultimately provide a more person-centered and successful experience for the older adults and their caregivers, and should be careful not to impose new restrictions that reduce the ability of AAAs/Title VI programs to meet their clients where they are and get them the services and supports they need.

Idea 1-A: Merge Title C-1 and C-2 into one nutrition subtitle C that preserves the infrastructure of these vital programs while allowing for local flexibility in funding distributions. Make room for innovation in reducing hunger among older adults that is not necessarily a home-delivered or congregate site meal.

Idea 1-B: Enhance local transfer authority within the Act, specifically between all Title III subtitles. At the very least, maintain the transfer authority limit of 30 percent between Titles III B and III C.

Idea 1-C: Expand the ability for AAAs and the service providers they contract with to offer costsharing for selected OAA programs and services. While some services must remain exempted from cost-sharing (e.g., information and assistance; elder abuse prevention; outreach; and ombudsman), there is a longer list of OAA services that would benefit from enhanced and more formal cost-sharing. Thoughtful re-working of the cost-sharing rules would ideally increase the number of older adults that could be served, provide additional funds to the programs, and strengthen the long-term services and supports delivery system envisioned in the Act.

Idea 1-D: Simplify the Title III E National Family Caregiver Support Program by lifting unnecessary data collection burdens, restrictions on how funds may be spent at the local level, and restrictions on how funds may be used by the caregivers. Increase authorization levels to meet the tremendous need for these services.

Overall Idea 2: **Strengthen the role of the Aging Network to integrate medical and human services–based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral health) and care management.**

Idea 2-A*:* Reflect the key elements of *Project 2020* (S. 1257/H.R. 2852)—single entry point models, evidence-based health promotion and disease prevention activities, and enhanced nursing home diversion/community living programs.

Idea 2-A-1: Include language in OAA that clarifies the relationship of AAAs and Aging and Disability Resource Centers (ADRCs). Include language and funding authorization that reinforces and supports the role of AAAs/Title VI programs in person-centered access to information, assistance and public education so that older adults, people with disabilities and caregivers have ready access to information on long-term care planning; are connected to community-based long-term services and supports; and have access to options and benefits counseling and case management.

Idea 2-A-2: Strengthen OAA Title III-D Preventive Health programs to incorporate best practices learned through AoA's evidence-based heath promotion and disease prevention demonstrations (previously funded through Titles II and IV as well as by CMS), as well as authorized funding levels sufficient to meet the need for these cost-saving and health-boosting programs.

Idea 2-A-3: Build upon the successes of AoA's Community Living demonstration programs by establishing a permanent structure and authorized funding levels for enhanced nursing home diversion programs in the Act.

3. Authorization Levels
Overall Idea 3**: Raise or create authorization levels for all of the titles of the OAA to ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the increasing ranks of individuals age 85 and older, who are the most frail, vulnerable and in the greatest need for aging supportive services.**

4. Building the Capacity of the National Aging Network
Overall Idea 4: **Raise the bar on OAA performance by creating capacity-building initiatives to strengthen and enhance the National Aging Network.**

Idea 4-A: Add to the existing Title II evaluation provisions under Section 206 to enhance the capacity of the Administration on Aging (AoA) to perform program evaluations for current OAA and emerging programs. This enhanced capacity would allow AoA to further develop its involvement in evidence-based programming and evaluate the Aging Network's role in providing long-term services and supports and related system change efforts. The enhanced capacity would also enable AoA to adequately evaluate new opportunities associated with the Affordable Care Act. These include the role of state agencies and AAAs in single-point-of-entry systems, options counseling, care coordination, case management services, prevention and wellness programs, and other core competencies of the network. The evaluation activities would be funded through their own authorization under Title II.

Idea 4-B: Create a new training and professional development program under Title III to boost employment efforts in the field of aging services that we as a nation have a strategic interest in growing jobs in the provision of aging services and long-term services and supports. This new program would have its own funding authorization so it would not be dependent on other Title III funds or take away from services. The program would include new initiatives aimed at developing students' interest in working in the field of aging; preparing aging professionals already in the Network to become leaders; and enhanced staff and volunteer training through peer-level exchanges in effective leadership skills and management practices.

5. Senior Mobility Options
Overall Idea 5: **Explore ways to strengthen the Aging Network's role in the coordinated planning activities through greater collaborative efforts between transit, planning and aging agencies and enhancing the role of the network in the growing field of mobility management services.**

Idea 5-A: Formalize the role of the Aging Network, in particular AAAs, in the coordinated public transit–human services transportation planning process and authorize funding support and technical assistance to support these efforts. Include complementary provisions that reinforce and build upon this role under the pending surface transportation reauthorization.

Idea 5-B: Build on existing provisions in the OAA in Title III to encourage greater collaboration between AoA and the DOT and FTA-funded programs that will help break down funding silos. The Aging Network needs to maximize limited resources through the OAA by working more frequently with local transit agencies and providers. By developing effective partnerships, AAAs will be able to serve more individuals with additional funding available through the FTA's specialized transportation programs.

Idea 5-C: Add new language to the OAA to expand the description of transportation services to include mobility management activities. Providing a broad enough definition of mobility management to include the different facets of this burgeoning approach to providing transportation resources promises to improve both program effectiveness and the responsiveness of services they offer to consumers' needs.

Idea 5-D: Authorize dedicated funding to implement the Technical Assistance and Innovation to Improve Transportation for Older Americans program under Section 416 of the OAA. This provision, added in the 2006 amendments, authorizes grants to non-profit organizations for demonstration projects or technical assistance to assist local transit providers, AAAs and other groups to encourage and facilitate coordinated transportation services and resources.

6. Title VI Native American Programs

Overall Idea 6: **Build the capacity of and funding for Title VI programs to strengthen their ability to serve the complex and urgent needs of elders in Indian country.**

Idea 6-A: Similar to the recommendation for Title III agencies, create a new training, professional development, and technical assistance program under Title VI to boost employment efforts in the field of aging services for Title VI grantees. Current training and technical assistance support to Title VI programs is less than 1 percent of Title VI funding while other Title II and IV training and technical assistance provisions have been unfunded. We propose that this new program would have its own authorized funding to promote a range of capacity building activities including training, professional development, and technology enhancements.

Idea 6-B: Specify authorization amounts for Part A and B of Title VI at a level that reflects the significant underfunding of the program and the need in Indian country for these vital services. Provide a comparable increase in authorization levels in Section 643 for the Part C Caregiver Support Program over the same period.

Idea 6-C: Establish a new subsection under Title VI to focus on addressing the transportation needs of Native American elders. This new subsection would include its own authorized funding amounts for a range of mobility services including: transportation planning and coordination efforts; collaboration with other transportation programs focused on the Native American population; mobility management services, efforts to address unmet transportation needs; and to develop new and innovative programs to serve elders' transportation needs in rural and frontier communities

7. Promoting Livable Communities for All Ages

Overall Idea 7: **Broaden, strengthen and support the unique role of AAAs and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible.**

Idea 7-A: Establish new provisions with dedicated funding authorizations to support AAAs and Title VI programs to assist county, city, and tribal governments across the nation to proactively prepare for the aging of their communities. The provisions would authorize funding and outline the role and activities to be performed by a full-time planner/community organizer position. This new planner/community organizer would take a leading role in working with other agencies and stakeholder organizations in developing a comprehensive livability plan and implementation strategy factoring the range of community policies, programs, and services.

8. Make the Connection Between Affordable Housing & Services

Overall Idea 8: **Expand the Aging Network's role in access to housing that meets the needs of older adults and the coordination of long-term services and supports in housing, in order to maximize older adults' quality of life and to promote livable communities for all ages.**

Idea 8-A: Add a new subsection under Title III aimed at connecting supportive services with congregate housing settings, including federally-assisted rental housing and Low-Income Housing Tax Credit Rental Housing. This new subsection would include its own authorized funding amounts for a range of services, including all service categories currently

outlined under Title III B and planned for under the Section 305 and 306 planning provisions of the OAA. The new subsection would include provisions focusing on how the programs would coordinate with other Title III programs; interact with HUD Section 202 housing service coordinators; grant allocation; technical assistance; quality assurance; and oversight. In addition, the subsection
would also include language encouraging grantees to coordinate with broader initiatives such as the HHS Money Follows the Person Demonstration and the Partnership for Sustainable Communities through HUD, DOT and EPA.

9. Title V and Older Workers
Overall Idea 9: **Improve the Title V Senior Community Service Employment Program while enhancing coordination with the Workforce Investment Act system, which is also up for reauthorization.**

Idea 9-A: Expand the Title V Senior Community Service Employment Program to include a greater number of older workers in need of assistance and training who are interested in working for community service organizations. Increase the income eligibility guidelines for the program from 125 percent of the Federal Poverty Level (FPL) up to 175 percent of FPL. This change will increase the ability of local Title V programs in serving older workers in search of employment who are not adequately served by the broader WIA one-stop system. Additionally, consider providing an exemption from these guidelines for higher income older workers, up to 200 percent of FPL, who have been out of work for a consistent period of time during the previous several months and have not been able to gain employment. These changes in eligibility guidelines would be accompanied by a new source of resources through the WIA system to serve the broader population of older workers (see Idea 9-D).

Idea 9-B: Raise the current cap on participation of an average of 27 months in the aggregate to at least 36 months. This change will allow greater time for older workers to gain necessary training and skills from community service positions that will provide them with the experience needed for unsubsidized employment in the future.

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Idea 9-C: Currently, grantees under Title V are required to consult with AAAs in the areas where they will be conducting a project and are required to submit to the state agency and AAAs, in the planning and service area, a description of the project for review and comment in order to ensure coordination with other aging programs under the OAA. However, this provision has not spurred enough collaboration between local Title V projects and AAAs to ensure effective coordination. Therefore, we propose that Title V projects be required to enter into
memorandums of understanding (MOUs) with their local AAAs (if the project is not administered by the AAAs), outlining the steps the agencies will take to effectively coordinate their programs, similar to provisions under Section 511 requiring coordination with the WIA system.

Idea 9-D: Consider new provisions to both the OAA and the Workforce Investment Act of 1998 to build on current provisions that require Title V projects to be required partners in local WIA one-stop delivery systems and that require them to be signatories of MOUs outlined in the Section 121 of the WIA. Add provisions to each authorizing bill requiring that state agencies and AAAs have regular representatives on both state and local WIA boards. In addition, include a requirement that the WIA one-stop centers set-aside a portion of their authorized funding under Title I for serving older workers. This change would reinstate a set-aside provision under the Job Training Partnership Act that was dropped from the WIA, which has led to a decline in the number of older workers being served through WIA. This percentage of authorized WIA funding would be used to serve older individuals referred from the local WIA one-stop systems to Title V projects. This increased collaboration and pooling of resources would allow local Title V projects to better serve the growing number of older workers in need of assistance being referred to them from their WIA system partners.

10. Emergency Preparedness

Overall Idea 10: **To ensure that older adults' needs are addressed in federal, state and local emergency preparedness efforts.**

Idea 10-A: Promote federal, state, and local information sharing by establishing a consistent policy to ensure that FEMA registration information for the age 60 and older population is shared with state agencies and AAAs in federally declared disaster areaIn addition, federal grant funding should be established through AoA to support community level work by AAAs to implement emergency preparedness registry systems for older adults and special needs populations that utilize geographic mapping technology

Idea 10-B: Reinforce existing federal policy to formalize coordination plans. Build on the emergency preparedness provisions added to the Older Americans Act in 2006 by requiring that FEMA and local emergency preparedness agencies formalize coordination plans with the Aging Network, and specifically state agencies and AAAs. In addition, direct AoA and the Department of Homeland Security to establish an interagency program that would facilitate cross-agency training opportunities and provide on-the-ground orientation to both networks on how they can more effectively work together and better utilize each others resources during disaster planning, response and recovery efforts.

Idea 10-C: Fulfill the promise of the OAA emergency planning provisions by authorizing dedicated funding to AAAs to support the critical endeavors described under Section 306(a)(17). Reassess the OAA disaster assistance program under Section 310 and consider changes that will allow AoA to provide more substantive and timely aid to the Aging Network in times of disaster. As an example, raise the cap on the amount of total payments during any fiscal year to states, AAAs, and tribal organizations to provide supportive services during disasters, which is currently based on a percentage of total Title IV appropriations.

AT THE STATE LEVEL

State Legislative Update - The governor has completed action on all bills sent to him by the legislature.

HB 4927 (Rep. Hernandez/Sen. Cullerton) - Amends the Nursing Home Care Act. Provides that all persons seeking admission to a nursing facility shall be verbally screened for risk factors associated with hepatitis B, hepatitis C, and the Human Immunodeficiency Virus (HIV) according to guidelines established by the U.S. Centers for Disease Control and Prevention. Provides that persons who are identified as being at high risk for hepatitis B, hepatitis C, or HIV shall be offered an opportunity to undergo laboratory testing if they will be admitted to the nursing facility for at least 7 days and are not known to be infected with any of the listed viruses. Effective January 1, 2011. **(Status: Approved – PA 96-1410)**

HB 4928 (Rep. Hernandez/Sen. Delgado) - Permits a closed meeting for an elder abuse fatality review team's review of a death in which abuse or neglect is alleged, suspected, or substantiated. **(Current Status: Approved – PA 96-1428)**

HB 5223 (Rep. Reitz/Sen. Forby) - Provides that no public official, agent, or employee may place any person in or with, or recommend that any person be placed in or with, or directly or indirectly cause any person to be placed in or with specified unlicensed or uncertified facilities, including board and care homes, assisted living or shared housing establishments, nursing facilities, and free-standing hospice residences. No public official, agent, or employee may place the name of any such facilities on a list of facilities to be circulated to the public, unless the facilities are licensed or certified. **(Status: Approved – PA 96-1318)**

HB 5499 (Rep. Washington/Sen. Hunter) - Provides that the Department on Aging shall give persons no longer found eligible for non-institutional services under the Community Care Program, 45 (rather than 30) days notice prior to actual termination during which they may appeal. Provides that subject to appropriation. **Status: Approved – PA 96-0918)**

SB 326 (Sen. Steans/Rep. Currie) – Nursing Home Reform Package – **(Status: Approved – PA 96-1372)**

SB 2540 (Sen. Wilhelmi/Rep. Thapedi) - Amends the Home Repair and Remodeling Act. Provides that any person who suffers actual damage as a result of a violation of the Act may bring an action pursuant to the Consumer Fraud and Deceptive Business Practices Act. Eliminates language making it unlawful for any person engaged in the business of home repairs and remodeling to remodel or make repairs or charge for remodeling or repair work before obtaining a signed contract or work order over $1,000 and before notifying and securing the consumer's signed acceptance or rejection of the binding arbitration clause and the jury trial waiver clause as required under the Act. .**(Status: Approved – PA 96-1023)**

SB 3035 (Sens. Haine-Delgado/Rep. Reitz) - Amends the Alzheimer's Special Care Disclosure Act, the Assisted Living and Shared Housing Act, the Community Living Facilities Licensing Act, the Life Care Facilities Act, and the Nursing Home Care Act. Changes the short title of the Alzheimer's Special Care Disclosure Act to the Alzheimer's Disease and Related Dementias Special Care Disclosure Act. Changes all cross-references to the Act to be consistent with this change.**(Status: Approved – PA 96-0990)**

SB 3047 (Sen. Koehler/Rep. Flowers) - Provides that the mission goals of the Health Care Justice Implementation Task Force are to monitor the implementation of the federal health care reforms and make recommendations, to report regarding additional reforms needed to ensure affordable health care, and to assess current programs. Contains provisions concerning reports, public hearings, and research assessments. **(Status: Amendatory Veto)**

SB 3267 (Sens. Hunter-Crotty) - Amends the Elder Abuse and Neglect Act. Provides that the Department on Aging shall develop by joint rulemaking with the Department of Financial and Professional Regulation minimum training standards which shall be used by financial institutions for their current and new employees with direct customer contact. Requires the Department of Financial and Professional Regulation to provide bi-annual reports to the Department on Aging setting forth aggregate statistics on the required training programs. Effective immediately.. **(Status: Approved – PA 96-1103) (I4A support)**

SB 3290 (Sen. Sullivan/Rep. Pritchard) - Creates the Medical Assistance Dental Reimbursement Revolving Fund, to be held by the Director of the Department of Healthcare and Family Services, outside of the State Treasury. Provides that the Fund shall contain all funds to pay for dental services provided by enrolled dental service providers for services to participants in the medical programs administered by the Department and any interest accrued by the Fund. **(Current Status: Approved – PA 96-1123)**

SB 3590 (Sen. Demuzio/Rep. Sente) Amends the Illinois Act on the Aging. Provides that, in addition to other provisions, the Department on Aging shall increase the effectiveness of the existing Community Care Program by ensuring that the determination of need tool accurately reflects the service needs of individuals with Alzheimer's disease and related dementia disorders. **(Current Status: Approved – PA 96-1129)**

SB 3645 (Sen. Holmes/Rep. Mathias) - Amends the Home Repair Fraud Act. Provides that a person commits the offense of aggravated home repair fraud when he commits home repair fraud in connection with a home repair project intended to assist a disabled person. Provides that aggravated home repair involving misrepresentation or deception is a Class 3 (instead of Class 4) felony when the amount of the contract or agreement is $500 or less and a Class 2 (instead of Class 3) felony for a second or subsequent offense when the amount of the contract or agreement is $500 or less. **(Current Status: Approved – PA 96-1026)**

SB 3743 (Sen. Radogno/Rep. Ford) - Creates the Long Term Care Hospital Quality Improvement Transfer Program Act. The program is designed to use specialized services available in the State to improve the health outcomes of the most severely injured and ill patients and to enhance the continuity and coordination of care for these patients. Contains provisions concerning how a hospital may qualify to participate in the program; hospital outcome and measurement data; exemptions; hospital duties; supplemental per diem rates; and other matters. Requires the Department to satisfy certain reporting requirements; to implement, monitor, and evaluate the program. Permits the Department to use up to $500,000 of funds contained in the Public Aid Recoveries Trust Fund per State fiscal year to operate the program.**(Status: Approved – PA 96-1130)**

NEWS YOU CAN USE

Medicare Prescription Drug Plans and Medicare Advantage Plans in 2011

2011 Medicare Prescription Drug Plan Premiums for 2011

According to a report published by Healthcare Finance News (http://www.healthcarefinancenews.com):

The Centers for Medicare & Medicaid Services has announced that average 2011 Medicare prescription drug plan premiums will remain similar to rates paid by beneficiaries this year.

CMS officials said this, coupled with new discounts for brand-name drugs through the Affordable Care Act, will help make medications more affordable for Medicare beneficiaries.

"Most Medicare prescription drug plan premiums should remain relatively stable next year, and all beneficiaries should compare their coverage under their current plan with the plans that will be offered in 2010 when that information becomes available in October," said Jonathan Blum, deputy administrator of CMS' Center for Medicare. "The Affordable Care Act improves the value of drug coverage people with Medicare will receive next year, providing discounts on brand name drugs and coverage of generics in the coverage gap, or donut hole."

Based on the bids submitted by Part D plans for the 2011 plan year, CMS estimates that the average monthly premium that beneficiaries will pay for standard Part D coverage will be $30 – a $1 increase from the current year (2010) average premium of $29.

Pharmaceutical Care Management Association officials said the latest reduced CMS Part D cost estimate highlights that proven pharmacy benefit management tools used by Part D plans are saving money without sacrificing beneficiaries' prescription drug choices.

"As Medicaid expands under the Accountable Care Act, policymakers should explore the Part D model for consumer-friendly ways to reduce wasteful spending in Medicaid pharmacy," they said.

The premiums paid by Part D enrollees cover about 25 percent of the cost of basic Part D coverage. Enrollees with limited incomes may qualify for the low-income subsidy or extra help that typically covers some or all of the beneficiary's premium, deductible, co-payments and the cost of drugs in the coverage gap. Currently, more than 10 million beneficiaries are receiving LIS benefits.

According to CMS, in 2011, the average value of the subsidy amount applied to the Part D benefit, premium and cost-sharing for those enrolled in the LIS program is estimated to be about $4,000.

Under new Affordable Care Act provisions, fewer individuals who receive LIS benefits will need to move to a new plan to avoid paying a premium.

"The Affordable Care Act helps reduce disruption for this vulnerable population, so only about 500,000 beneficiaries will be re-assigned to new plans, compared to about 800,000 who were moved last year," Blum said. "And this year, we'll be providing those beneficiaries who are moved into a new plan with more information than ever before about how these plan changes may affect them. For most people with Medicare, we expect the process to be seamless."

What is the Outlook for Medicare Part D in 2011?

A report on Q1Medicare.com provides the highlights for the CMS defined Standard Benefit Plans for 2011. This "Standard Benefit Plan" is the minimum allowable plan to be offered:

Initial Deductible: will remain $310 in 2011

Initial Coverage Limit: from $2,832 in 2010 to $2,840 in 2011

Out-of-Pocket Threshold: will remain $4,550 in 2011

Coverage Gap (donut hole): begins once you reach your Medicare Part D plan's initial coverage limit ($2,840 in 2011) and ends when you spend a total of $4,550 in 2011. Starting in 2011, Part D enrollees will receive a 50% discount on the total cost of their brand-name drugs while in the donut hole. The full retail cost of the drugs will still apply to getting out of the donut hole event thought 50% was paid for by the pharmaceutical manufacturers. Enrollees will pay a maximum of 93% co-pay on generic drugs while in the coverage gap.

Minimum Cost-sharing in the Catastrophic Coverage Portion of the Benefit: will remain the greater of 5% ir $2.50 for generic or preferred drug that is a multi-source drug and the greater of 5% or $6.30 for all other drugs in 2011.

Maximum Co-payments below the Out-of- Pocket Threshold for certain Low Income Full Subsidy Eligible Enrollees: will remain $2.50 for generic or preferred drug that is a multi-source drug and $6.30 for all other drugs in 2011.

Brand Drug Coverage Gap Discount Program

Pharmaceutical manufacturers will be required to provide certain beneficiaries access to discount prices for certain brand drugs purchased under Medicare Part D. The manufacturer discount prices will equal 50% of the plan's negotiated price defined (minus any applicable dispensing fees). These discount prices must be applied prior to any prescription drug coverage or financial assistance provided under other health benefit plans for programs and after any supplemental benefits provided under the Part D plan. The discounted prices will be charged at the pharmacy (point of sale). The beneficiary will not have to do additional paperwork to receive the benefit.

These manufacturer discount prices will be made available to Part D enrollees who are in the coverage gap or donut hole. Medicare beneficiaries will not be eligible to receive these discount prices if they are enrolled in a qualified retiree prescription drug plan or are eligible for the low-income subsidy. The costs paid by manufacturers towards the negotiated prices of drugs covered under the manufacturers discount program shall be considered incurred costs for eligible beneficiaries and applied towards their out-of-pocket threshold. This means that the total negotiated retail drug price will be applied to the TrOOP and will count toward getting you out of the donut hole.

Reduced Cost sharing for Generic Drugs in the Coverage Gap

The coinsurance under basic prescription drug coverage for certain beneficiaries will be reduced for generic covered Part D drugs purchased during the coverage gap. The coinsurance charged to eligible beneficiaries will be equal to 93% (or actuarially equivalent to an average expected payment of 93%). To be eligible for this reduced cost sharing, a Part D enrollee must have gross covered drug costs above the initial coverage limit and true out-of-pocket costs (TrOOP) below the out-of-pocket threshold. Medicare beneficiaries will not be eligible for this recued cost sharing if they are enrolled in a qualified retiree prescription drug plan or are eligible for the low-income subsidy.

Important Medicare Part D Dates for 2010-2011

October 1, 2010: Medicare Part D Prescription Drug plan Marketing Activities can begin – At this time you will be able to once again gather information and evaluate the various Part D plan alternatives. **Please note: no enrollments may be accepted before November 15, 2010.**

November 15 to December 31, 2010: - Annual Coordinated Election Period – Here is your chance to join a Medicare Part D plan for 2011. If you already have a Medicare Part D plan, this is your time to look back over 2010 and make another decision for your 2011 coverage. Should youi stay with your existing coverage or make a change? Here is your opportunity to decide. If you make no decision, you will remain in the same plan as you elected in 2010. There is no enrollment required to renew your present coverage. Don't forget the previous years! People who waited until the end of December also waited into January for the arrival of their Welcome Information. Bottom Line: Don't wait until the end of December to make your enrollment decision. If you do not enroll during this period, your next chance for coverage is January 1, 2012..

January 1, 2011: Your 2011 Medicare Part D plan becomes effective and you will be able to begin using your Part D benefits.

January 1, 2011 to February 15, 2011: Starting in 2011, an individual enrolled in a Medicare Advantage plan (Part C) may return to Original Medicare and a stand-alone Part D plan during the first 45 days of the year. **Note: In accordance with provisions in the new Affordable Care Act, the Medicare Advantage plan Open Enrollment Period (January 1 – March 31) has been eliminated**.

October 15, 2011 to December 7, 2011: Annual Coordinated Election Period for **2012** plans.

Medicare Advantage Premiums Fall, Enrollment Rises, Benefits Similar Compared to 2010

The Centers for Medicare & Medicaid Services (CMS) announced on September 21, 2010 that, on average, Medicare Advantage premiums will be 1 percent lower in 2011 than today. The majority of Medicare beneficiaries, on average, enrolled in Medicare health and prescription drug plans this year should find little or no change in their benefits in 2011, in addition to seeing more drug plans offering coverage in the prescription drug coverage gap or "donut hole." Medicare Advantage plans project that enrollment will increase by 5 percent in 2011. And, consistent with the Affordable Care Act, beneficiaries, in most Medicare Advantage plans and Original Medicare, will gain access to preventive benefits with no out of pocket costs.

"Despite the claims of some, Medicare Advantage remains strong and a robust option for millions of seniors who choose to enroll or stay in a participating plan today and in the future," said CMS Administrator Donald Berwick, M.D. "The Affordable Care Act gave us new authority to negotiate with health plans in a competitive marketplace. As a result, our beneficiaries will save money and maintain their benefits."

"Even with the lower costs, all beneficiaries should take time this Fall to compare their current health and drug plan coverage with what's available and best meets their needs for next year," said Jonathan Blum, deputy administrator and director of CMS' Center for Medicare. "Medicare will continue to provide a wide-range of consumer tools to help beneficiaries make the best possible choice of coverage."

Virtually the same percentage of Medicare beneficiaries who have access to a Medicare Advantage plan today will have access to a Medicare Advantage plan in 2011: 99.7 percent. All Medicare beneficiaries will continue to have many prescription drug plans from which to choose.

As expected and, similar to the past five years, about five percent of non-employer beneficiaries enrolled in Medicare Advantage and stand-alone Prescription Drug Plans will need to choose a new health plan or Original Medicare in 2010

because their current plan is not renewing its contract with Medicare in 2011. Most of these 'non-renewals' occur because private fee-for-service (PFFS) plans made business decisions to leave Medicare in certain areas of the country, largely due to a 2008 law that ensures protections for beneficiaries enrolled in PFFS plans in certain areas of the country. All but 2,300 enrollees in Medicare Advantage plans that no longer participate in Medicare will have a choice of enrolling in a different plan. In 2010, 86 percent of beneficiaries whose plan no longer participated in Medicare joined a new Medicare Advantage plan.

CMS will continue to work with beneficiary advocates and State Health Insurance Assistance Programs (SHIPs) and send letters to beneficiaries to make sure they take the necessary steps to keep coverage that best meets their needs next year. Beneficiaries enrolled in plans that are not available next year will receive notice of the non-renewal from their plan in the next few weeks.

Beneficiaries who do not enroll in another health plan will receive medical coverage under Original Medicare, but must enroll in a Part D plan to keep their drug coverage. Beneficiaries eligible for the Part D low-income subsidy will be enrolled in a zero-premium drug plan if they do not select a plan. CMS recently announced that the average prescription drug plan premiums for 2011 will remain similar to 2010, increasing by only $1 to $30 per month.

Through the new tools provided to Medicare under the Affordable Care Act, and working closely with Medicare Advantage Organizations and Prescription Drug Plans, CMS took steps to:

- Protect beneficiaries from excessive increases in premiums and cost sharing through aggressive bid reviews;
- Consolidate low enrollment and duplicative plans so beneficiaries have meaningful differences between plans offered by the same organization;
- Set limits on out-of-pocket expenses;
- Cover preventive services with no cost sharing; and
- Limit plan cost sharing for skilled nursing care, chemotherapy and renal dialysis to the amounts paid by beneficiaries in Original Medicare.

The Affordable Care Act also provides some new benefits to Medicare beneficiaries in 2011 like free wellness visits, some new free health screenings, and a 50 percent discount on brand-name drugs for seniors who full into the coverage gap. Beneficiaries should look for information about these benefits in their open enrollment materials. In addition, due to CMS negotiations with plans with excessive increases in premiums and cost-sharing, plans improved their benefits by $13 per member per month (5 percent) on average. The average annual reduction of about $155 per member per year for the 966,000 beneficiaries enrolled in these plans resulted in an estimated total savings for beneficiaries of $150 million for 2011.

CMS is encouraging beneficiaries enrolled in Medicare Advantage and Medicare Prescription Drug plans to review their current health and drug plan coverage for any changes their plans may be making for 2010 before the annual enrollment period begins November 15. In addition to the 5-Star ratings on the Medicare Plan Finder at www.Medicare.gov, users will find an icon that shows those plans that had a low overall quality rating the past three years.

Beneficiaries should receive their 2011 *Medicare & You* handbook and find updated information at www.Medicare.gov and 1-800-Medicare in mid-October. Users of the Medicare Plan Finder, available at www.Medicare.gov, will be able to compare plans' quality summary rating from the previous year, identify which drugs may or may not be on a plan's formulary or be restricted, and compare the cost ranges for plans available in their community.

Where you can turn for information and assistance:

For general Medicare Part D Information:

- 1-800-MEDICARE (1-800-633-4227) or www.medicare.gov
- Medicare Rights Center – www.medicarerights.org
- Medicare Appeals Help – www.medicareadvocacy.org

For Illinois specific resources:

- Illinois Department on Aging's Senior HelpLine – 1-800-252-8966 (1-888-206-1327 TTY)

Contact a qualified Information & Assistance Specialist nearest you:

- For all 16 counties in Area 05 call ECIAAA: 1-800-888-4456;
- In Champaign County call the Senior Resource Center at Family Service: (217) 352-5100
- In Clark County call Life Center: (217) 849-3965
- In Coles County call Coles County Telecare at the LifeSpan Center: (217) 639-5166;
- In Cumberland County call Life Center: (217) 849-3965;
- In DeWitt County call 2-1-1 at PATH; calls will forward to Bryan Burris at (309) 660-6821;
- In Douglas County call Mid Illinois Senior Services: 1-800-736-4675;
- In Edgar County call Chester P. Sutton Community Center of Edgar County: (217) 465-8143;
- In Ford County call Ford-Iroquois Public Health Department: (217) 379-9281;
- In Iroquois County call Volunteer Services of Iroquois County: (815) 432-5785;
- In Livingston County call Community Action Senior Services: (815) 842-3484;
- In Macon County call ***Starting Point*** – the Aging and Disability Resource Center, or
    - Decatur Macon County Senior Center: (217) 429-1239, or
    - CHELP: (217) 422-9888 or 1-888-243-5701, or
- In McLean County call 2-1-1 at PATH or (309) 828-1022;
- In Moultrie County call Mid Illinois Senior Services: (217) 728-8521;
- In Piatt County call Piatt County Services for Seniors: (217) 762-7575;
- In Shelby County call Community Care Systems in Shelbyville: (217) 774-7885
- In Vermilion County call CRIS Healthy-Aging Center: (217) 443-2999; or

Contact your local Care Coordination Unit which can help you arrange home and community-based supportive services, and also apply for Medicare Part D, Illinois Cares Rx and other public benefits:

- Cumberland Associates in Champaign, DeWitt, Douglas and Piatt Counties: 1-877-626-7911
- Cumberland Associates in Coles and Edgar Counties: (217) 348-3011 or 1-888-347-3011
- Community Care Systems in Clark, Cumberland, Moultrie and Shelby Counties: 1-888-299-9553
- Community Care Systems, Inc. in McLean County: (309) 661-6400 or 1-888-322-5712
- Ford-Iroquois Public Health Department; Ford Co.: (217) 379-9281; Iroquois Co.: (815) 432-2483
- Livingston County Health Department in Livingston County: (815) 844-7174
- *Starting Point* – the Aging & Disability Resource Center for Macon County: (217) 423-6550
- CRIS Healthy-Aging Center in Vermilion County: (217) 443-2999

Make an appointment with a trained SHIP counselor with the Senior Health Insurance Program sponsor nearest you. For more information about SHIP in Illinois call 1-800-548-9034 (TDD: 217-524-4872)

AREA NEWS

Age Strong, Live Long was the theme for the 38th Annual Meeting and Celebration Luncheon hosted September 15, 2010 by the East Central Illinois Area Agency on Aging at the Illinois State University Alumni Center in Normal, Illinois.

Jerry Prideaux, of Danville, Chairperson of the ECIAAA Corporate Board and master of ceremonies for the Celebration, joined Charles D. Johnson, Director of the Illinois Department on Aging in welcoming one hundred older Americans and professionals with community programs on aging serving east central Illinois.

Mike O'Donnell, ECIAAA Executive Director, gave a presentation on the Affordable Care Act and Opportunities for the Aging Network including promoting health and wellness for Americans across the lifespan. A copy of this presentation can be found on the ECIAAA website: www.eciaaa.org.

The ECIAAA Corporate Board presented Leadership Awards in Honor of Dr. Arthur H. Larsen to three individuals for outstanding leadership in the field of aging including:

Julie Gowen of Bloomington for her leadership as First Vice Chairperson of the ECIAAA Corporate Board and her support for the Maturing of McLean County initiative and the revitalization of Bloomington's Westside.

Tim Gover, Mayor of Mattoon, for his service as President of the Board of Directors of the Coles County Council on Aging and leading a successful fund raising campaign to build the LifeSpan Center.

Deb Groendal of Sullivan, Executive Director of the Moultrie County Council on Aging for her leadership in advocating for voter approval of the property tax referendum to support senior services in Moultrie County.

The ECIAAA Advisory Council presented the Volunteer of the Year Award in Honor of Jane Lohmann to **Lynn Westcot** of Bloomington, for 65 years of service as a Registered Nurse and volunteer services as a parish nurse at the First United Methodist Church in Normal, IL from 1996 to 2010.

ECIAAA presented ***Age Strong, Live Long*** **Awards for Lifetime Achievement** in promoting health across the lifespan to **Jerry Andrews**, retired Administrator of the Macon County Health Department for his 42 years of service; and to **Steve Laker**, retired Administrator of the Vermilion County Health Department for 39 years of service.

ECIAAA presented ***Age Strong, Live Long Awards*** **to Senor Nutrition Programs** including: Peace Meal Senior Nutrition Program serving 14 counties, CRIS Healthy-Aging Center serving Vermilion County, DMCOC Elderly Services for Decatur and Macon County, and Decatur Catholic Charities Meals-on-Wheels.

ECIAAA presented Age Strong, Live Long Awards to community organizations sponsoring evidence-based health promotion and disease prevention programs for older adults including:

Take Charge of Your Health: Live Well, Be Well – a series of 6 workshops in community settings which empower adults with chronic illness and disability to manage their health and maintain active and fulfilling lives. Award winning partners include:

Senior Resource Center at Family Service in Champaign
Starting Point – the Aging and Disability Resource Center for Macon County
The Creative Center for Learning at Richland College

University of Illinois Extension
Provena Center for Healthy Aging in Champaign
Windsor of Savoy
Ford-Iroquois County Health Department
Decatur-Macon County Senior Center
Moultrie County Counseling Center
PATH serving DeWitt, Livingston, and McLean Counties
CRIS Healthy-Aging Center serving Vermilion County

Strong For Life – a strengthening exercise program for home use by older adults to improve strength, balance and overall health. Award winning partners include:

Decatur Faith in Action
Piatt County Faith in Action
Peace Meal Senior Nutrition Program
Successful Aging Center in Bloomington-Normal
CRIS Healthy-Aging Center serving Vermilion County

Arthritis Exercise Program – an exercise program for people with arthritis that uses gentle activities to help increase joint flexibility and range of motion and maintain muscle strength. ECIAAA's Award winning partner: is Coles County Council on Aging at the LifeSpan Center

Medication Management Improvement System Demonstration Project – Care Managers use MMIS software and a consulting pharmacist to screen medications used by older adults to identify potential harmful problems. Award winning partners include:

Carle Foundation Hospital
Cumberland Associates Senior Programs
St. Joseph Apothecary
Cheryl Schraeder, UIC College of Nursing
Partners in Care Foundation

Healthy IDEAS – integrates depression awareness and management into existing care coordination services to empower older adults to recover from depression. Award winning partners include:

Moultrie County Counseling Center
Community Care Systems, Inc.
Starting Point – the Aging and Disability Resource Center for Macon County
Sara Wilham, Planning and Program Specialist, ECIAAA

Promising Practices in Healthy Aging – community programs on aging and healthcare providers sponsoring a variety of educational, fitness, and behavioral health programs to promote the health of older adults. Award winning partners include:

Macon County Health Department for supporting the Medication Management Program
Senior Education Ministries for coordinating the Dine with a Doc Program
Paris Community Hospital for sponsoring Senior Care
Normal Township Seniors Program for offering a full range of fitness programs for older adults
Shelby County Senior Center for offering a wide range of fitness programs for seniors
Successful Aging Center for sponsoring a Healthy Aging Education Series called, "Aging Well from the Inside Out" at Western Avenue Community Center in Bloomington.

ECIAAA Annual Report for Fiscal Years 2009 and 2010 can be found on our website: www.eciaaa.org.

Profile of Evidence-Based Healthy Aging Programs in Area 05

Take Charge of Your Health: Live Well, Be Well - The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. Each participant in the workshop receives of a workbook and relaxation CD. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Strong for Life is a strengthening exercise program designed by physical therapists for home use by older adults to improve strength, balance, and overall health. Therabands (elastic resistive bands) are used to provide force for strengthening muscles. This program targets specific muscles that are important in every day movements such as getting out of a chair and walking. Each exercise on the video is scalable in difficulty and the instructions on how to modify the exercises to suit different strength and functional levels are provided verbally by the instructor as well as shown visually by the elders in the video.

Arthritis Foundation Exercise Program is an exercise program designed specifically for people with arthritis that uses gentle activities to help increase joint flexibility and range of motion and maintain muscle strength. Different classes are available to fit your fitness level – with exercises done while sitting, standing or on the floor. Class instructors undergo special Arthritis Foundation instructor-training workshop conduct classes. The exercises you learn in the program, however, should not replace therapeutic exercises prescribed for you by a therapist. Participants previously enrolled in the program have experienced such benefits as increased functional ability, increased self-care behaviors, decreased pain and decreased depression.

Medication Management Improvement Program – Medication-related problems and errors endanger the lives and well-being of a high percentage of community-dwelling elders, leaving them with poorly controlled cardiac symptoms, or at risk for falls, dizziness, confusion, or other side effects. The Medication Management Improvement System (MMIS) is designed to enable community agencies to address this important safety and quality of life issue. Care managers use software and a pharmacist consultant to screen their clients' medications for potentially harmful problems. Partners in Care Foundation found that almost 50% of Medicaid waiver clients screened in with potential problems.

Healthy *IDEAS* (**I**dentifying **D**epression, **E**mpowering **A**ctivities for **S**eniors) integrates depression awareness and management into existing case management services provided to older adults. Healthy *IDEAS* ensures older adults get the help they need to manage symptoms of depression and live full lives. Healthy IDEAS improves quality of life for seniors by screening for symptoms of depression and assessing their severity; educating older adults and caregivers about depression; linking older adults to primary care and mental health providers, and empowering older adults to manage their depression through a behavioral activation approach that encourages involvement in meaningful activities.

Directory of Evidence-Based Healthy Aging Programs in Area 05

Take Charge of Your Health: Live Well, Be Well (Chronic Disease Self Management Program)

ECIAAA is disseminating CDSMP in four Caregiver Resource Centers in Area 05 with a 24-month grant of federal ARRA funds from the Administration on Aging through the Illinois Department of Public Health.

Family Service Senior Resource Center
Service Area: Champaign and Piatt Counties
Contacts: Rosanna McLain, Cindy Fraser, Roxanna Webb
Phone: (217) 352-5100

Starting Point – the Aging and Disability Resource Center for Macon County
Service Area: Macon County
Contact: Sally Williams
Phone: (217) 423-6550

PATH (Providing Access to Help)
Service Area: DeWitt, Livingston, and McLean Counties
Contact: Kathryn Johnson
Phone: (309) 834-0586

CRIS Healthy-Aging Center
Service Area: Vermilion County
Contact: Maria Bratton
Phone: (217) 443-2999

Other organizations offering CDSMP classes in Area 05 include:

Provena Center for Healthy Aging
Service Area: Champaign County
Contact: Martha Paap, Director
Phone: (217) 337-2022

Ford-Iroquois Public Health Department
Service Area: Ford and Iroquois Counties
Contact: Douglas Corbett, Administrator
Phone: (815) 432-2483

Strong For Life

Decatur Catholic Charities - Faith in Action
Service Area: Macon County
Contact: Christina Whitford
Phone: (217) 428-0013

Piatt County Faith in Action
Service Area: Piatt County
Contact: Julie Glawe
Phone: (217) 762-7575, extension 27

Strong For Life - continued

Successful Aging Center
Service Area: Bloomington-Normal
Contact: Mindy Kmetz, Fitness Learning Center
Phone: (309) 662-8082

Peace Meal Senior Nutrition Program
Service Area: Peace Meal congregate meal sites in Atwood, Oakland and Toledo, IL
Contact: Barbara Brown, Assistant Director
Phone: 1-800-543-1770

Chester P. Sutton Community Center for Seniors of Edgar County
Service Area: Edgar County
Contact: Ella Fairchild
Phone: (217) 465-8143

CRIS Healthy-Aging Center
Service Area: Vermilion County
Contact: Maria Bratton
Phone: (217) 443-2999

Arthritis Exercise Program
LifeSpan Center/Coles County Council on Aging
Service Area: Coles County
Contact: Marilyn Strangeman
Phone: (217) 639-5165

Medication Management Improvement System – Pilot Project
East Central Illinois Area Agency on Aging
Service Area: Champaign, DeWitt, Douglas, and Piatt Counties
Contact: Cumberland Associates Senior Programs/Care Coordination Unit
Phone: 1-800-626-7911

- Consulting Pharmacist: St. Joseph Apothecary, St. Joseph, IL
- Service options include: medication screening, consultations with a Pharmacist, home visits with a Registered Nurse, and/or installation of a medication dispensing technology in the home.
- The MMIS Pilot Project is made possible with a grant from Carle Foundation Hospital
- Future Plans: CRIS Healthy-Aging Center will participate in MMIS effective October 1, 2010

Healthy IDEAS
Service Area: Moultrie and Shelby Counties
Contact: Community Care Systems, Inc., Care Coordination Unit, Shelbyville Office
Phone: 1-888-299-9553

- Mental Health Professional Coach/Consultant: Moultrie County Counseling Center, Sullivan, IL.
- In coordination with Starting Point – the Aging & Disability Resource Center for Macon County
- ECIAAA is disseminating Healthy IDEAs with a federal grant from the Administration on Aging through the Illinois Department of Public Health.

ALERT
East Central Illinois Area Agency on Aging, Inc.
1003 Maple Hill Road
Bloomington, IL 61705-9327

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CALENDAR

Oct. 27	East Central Illinois Regional Mental Health and Aging Conference, Holiday Inn, Urbana
Nov. 4	ECIAAA Annual Retreat, Illinois State University Alumni Center, 1101 N. Main, Normal
Nov. 11	Veterans Day – ECIAAA is closed.
Nov. 16-18	Fall Veto Session
Nov. 25-26	Thanksgiving Holiday - ECIAAA is closed.
Nov. 29-Dec 1	Fall Veto Session
Dec. 8-10	29th Annual Governor's Conference on Aging, Marriott Downtown Chicago
Dec. 23-24	Christmas Holiday - ECIAAA is closed.
Dec. 30-31	New Year's Holiday - ECIAAA is closed.
Jan. 5, 2011	9:30 a.m., ECIAAA Advisory Council Conference Call
Jan. 17	Martin Luther King, Jr. Holiday - ECIAAA is closed.
Jan. 19	9:30 a.m., ECIAAA Corporate Board Conference Call
Feb. 21	Presidents' Day - ECIAAA is closed.
Feb. 16	9:30 a.m., ECIAAA Corporate Board Executive Committee Conference Call
Mar. 2	9:30 a.m., ECIAAA Advisory Council Meeting, Tuscola National Bank, Tuscola
Mar. 16	9:30 a.m., ECIAAA Corporate Board Meeting, Tuscola National Bank, Tuscola

ECIAAA will no longer be publishing the ALERT in hard copy format. To receive your upcoming issues by way of email, please notify Tami Wacker, Operations Manager at twacker@eciaaa.org of your email address. You may also access both past and future issues of the ALERT at our website at www.eciaaa.org