

Northwestern Illinois Area Agency on Aging



Public Information Document

NIAAA's 2025-2027 Area Plan on Aging
2026 Amendment

February 25, 2025

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Funded By Older Americans Act and Illinois General Revenue Funds
from the Illinois Department on Aging

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1. About this Public Information Document

Public Hearing Notice Northwestern Illinois Area Agency on Aging

The Northwestern Illinois Area Agency on Aging (NIAAA) is conducting two (2) Public Hearings on the proposed 2026 Area Plan.

PURPOSE OF THE PUBLIC HEARING: The public hearing is an opportunity to comment on NIAAA's proposed 2026 Area Plan (Area Plan). The Area Plan is a planning document for services/funds made available to NIAAA under the federal Older Americans Act (OAA) and Illinois General Revenue Funds (GRF) through the Illinois Department on Aging (IDoA). The Area Plan includes both a statewide and local aging initiative and a description of changes in aging services related to Illinois' Older Adult Services Act (P.A. 093-1031) and other state and federal legislation.

INVITATION TO ATTEND: Older adults, caregivers, grandparents and other relatives raising grandchildren, aging service providers, public officials and other interested individuals are invited to attend and share comments about NIAAA's proposed Area Plan.

TESTIMONY: Testimony or comments may be presented verbally or in writing. The amount of time available to testify may be limited depending on the number testifying. Those testifying at the public hearing are encouraged to submit a written copy of comments. If you are not able to attend the public hearing, you are encouraged to submit written testimony, which is due on or before March 31, 2025 to the following address:

Attention: Jeffrey Barnes, Executive Director
Northwestern Illinois Area Agency on Aging
1111 S. Alpine Road, Suite 600
Rockford, IL 61108
Fax: (815) 256-8984, email: jbarnes@nwilaaa.org

Contact NIAAA if you have questions about the public hearing or need special accommodation.

PUBLIC INFORMATION DOCUMENT: The Public Information Document provides a summary of funded services for the Area Plan. The Public Information Document was made available beginning February 25, 2025 through the NIAAA office and the NIAAA website (nwilaaa.org) under Resources [Public Information Document](#). Copies of the Public Information Document or upon request by emailing jbarnes@nwilaaa.org.

PUBLIC HEARING INFORMATION

The public hearings will be conducted via Zoom and in-person at NAAA's office at 1111 S. Alpine Road, Suite 600, Rockford, IL. The hearing times are as follows:

DATE	TIME
March 4, 2025	10:00 a.m.
March 5, 2025	1:00 p.m.

You may join the **March 4** hearing by clicking:

<https://us02web.zoom.us/j/84008070753?pwd=wBfle2agNCJ45ogCMcPMBVCr13OlfJ.1>

or call in at +1 312-626-6799

Meeting ID: **840 0807 0753**

Passcode: **952089**

You may join the **March 5** public hearing by clicking:

<https://us02web.zoom.us/j/83605246539?pwd=RgbEQYEtY6J8Ovilaqd6b8ZK3oaZZH.1>

or call in at +1 312-626-6799

Meeting ID: **836 0524 6539**

Passcode: **594989**

SUMMARY OF PUBLIC HEARING TESTIMONY: Contact the NIAAA office if interested in obtaining a copy of the summary of public hearing testimony, NIAAA's response to the testimony, and any action taken as a result of the testimony.

Glossary of Terms

AAAs	Area Agencies on Aging (NIAAA is one of thirteen in Illinois)
ARE	Administratively Related Expenses (discretionary funding retained by NIAAA)
ACL	Administration on Community Living (federal aging agency formerly known as the AoA)
AoA	Administration on Aging (which is the former name for the federal agency now known as the Administration on Community Living)
APS	Adult Protective Services (program to prevent abuse to disabled and older adults)
APSPA	Adult Protective Services Provider Agency (nonprofits who contract with NIAAA to do investigations and provide case management for the APS program). Area 01 NIAAA's service area which is comprised of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties
CCP	Community Care Program (program to prevent premature institutionalization)
FY	The federal fiscal year which for 2024 begins on October 1, 2024
FHP	Family Health Program which is a Medicaid managed care program
GRF	General Revenue Funds from the State of Illinois
HDM	Home Delivered Meals (service funded by NIAAA)
I4A	Illinois Association of Area Agencies on Aging
I&A	Information and assistance counseling (service funded and provided by NIAAA)
IDoA	Illinois Department on Aging (state agency)
LTSS	Long-term services and supports (services to prevent premature institutionalization)
M-Team	Multi-Disciplinary Teams (comprised of various groups involved in elder abuse)
MMAI	Medicare-Medicaid Alignment Initiative which is a Medicaid managed care program
n4a	National Association of Area Agencies on Aging
NIAAA	Northwestern Illinois Area Agency on Aging
NSIP	Nutrition Services Incentive Program (a federal meal program)
PCPs	Primary care providers in the Medicaid program (aka MCOs)
PID	Public Information Document (this document)
OAA	Older Americans Act (federal law which created NIAAA and the aging network)
SHAP	Senior Health Assistance Program (state funding for I&A)
TES	Training, education, support for the Caregiver Program

Title III-B	Community based services (services to prevent premature institutionalization)
Title III-C1	Congregate Meals (NIAAA funded service)
Title III-C2	Home Delivered Meals (NIAAA funded service)
Title III-D	Health Promotion (NIAAA funded service)
Title III-E	Caregiver services (NIAAA funded service)
Title IV	Research and innovations programs (services funded by ACL)
Title VII	Elder Abuse and LTC Ombudsman (NIAAA funded service)

Purpose Of This Public Information Document

This Public Information Document (PID) provides a summary of NIAAA’s proposed Area Plan in NIAAA’s nine county service area of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties. These nine counties are designated by the Illinois Department on Aging (IDoA) as Service Area 01 (Area 01).

Because funding levels are determined by Federal and State government regulations, **allocation levels listed in this document and NIAAA’s Area Plan may change.** If major changes are required, public hearings will be scheduled to receive comments on the proposed changes. At the time of publication of this Public Information Document, neither the FY26 federal nor the FY26 state appropriations have been finalized so the funding amounts in this PID are projections.

Purpose of the FY26 Area Plan

The Area Plan is a comprehensive planning document for aging services in Area 1. Services in the Area Plan promote the dignity and independence of older adults. In developing the Area Plan, NIAAA assesses the needs of older adults and their caregivers, identifies issues for long-range planning, and sets priorities for funding.

The Public Hearings will provide information about the NIAAA’s proposed plans and priorities for community-based services for older adults and family caregivers, including:

- Illinois and federal budgets for aging; Access to Services; Transportation; Gap-Filling Services; Congregate Meals; Home Delivered Meals; Legal Assistance; Respite Care; the Adult Protective Services Program; changes in the aging network; and the Long-Term Care Ombudsman Program.

On February 24, 2025, the NIAAA Board of Directors will review and approve NIAAA’s proposed Area Plan, and it will be submitted to the Illinois Department on Aging before May 15, 2025.

2. Information about NIAAA

About NIAAA

NIAAA is a non-profit organization designated by the State of Illinois in 1974 to be the area agency on aging and is governed by a volunteer Board of Directors. The NIAAA Board sets policy and makes decisions about programs and is advised by an Advisory Council comprised of volunteer members from the nine counties with the majority of members' age 60 years and older.

NIAAA's mission is to assist older adults age 60 and older remain in their homes safely and with dignity as long as possible. NIAAA also provides support services to caregivers of older adults, adults with disabilities, and grandparents and other relatives raising grandchildren.

NIAAA is one of 13 Area Agencies in Illinois and over 650 across the nation sharing the mission stated in the OAA. NIAAA is part of the "aging network," which includes the federal Administration on Community Living (ACL), IDoA, and local public and private agencies serving older adults.

The majority of the funds administered by NIAAA are federal OAA funds. The State of Illinois contributes about one quarter of the resources for services in the Area Plan. Additional funds are raised locally by service providers and/or contributed by those who benefit from the services.

NIAAA Services

NIAAA performs the following services for seniors and caregivers:

1. **Advocacy** - NIAAA informs seniors and caregivers about proposed legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state and federal levels.
2. **Planning, Program Development and Coordination** – NIAAA assesses the needs of seniors and caregivers, identifies issues for long range planning, sets priorities for funding, coordinates services, and promotes the development of new or expanded services by forming public and private relationships.
3. **Supporting Community Programs on Aging** – NIAAA awards federal and state grant assistance to community programs on aging for the provision of services to seniors and caregivers. Services are available to persons 60 and older, caregivers of persons 60 and older, and grandparents and other relatives raising children 17 and under. OAA services are targeted to older adults in greatest social and economic need, especially low-income minority older persons and persons with limited English proficiency, and older adults in rural areas.
4. **Advocacy for Residents in Long-term Care Facilities** – NIAAA manages a regional Long-term Care Ombudsman Program through a grant with the IDoA and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long-term care facilities, assisted living facilities and supportive living facilities. The Ombudsmen visit

residents, inform residents about their rights, refer residents to Transition Coordinators to facilitate the transition to community-based living arrangements, and advocate for public policies and culture change practices to improve the quality of life of the residents.

- 5. Elder Abuse and Neglect** – NIAAA is the coordinating agency for elder abuse and neglect in Area 01. [Note that while Illinois has changed the name of its elder abuse program to the Adult Protective Services (APS), federal law still uses the term Elder Abuse and Neglect.] .]

Area Plan Initiatives

As part of the Area Plan, IDoA has identified three statewide initiatives which are implemented by the AAAs. NIAAA also has a local initiative.

Statewide Initiatives

IDoA has identified three statewide initiatives for 2025 which are:

1. Increase statewide visibility of the Aging Network to connect Illinoisans with supports and services that encourage independence, dignity, and quality of life as we age; and
2. Drive continuous quality assurance and improvement activities that emphasize person-centered and trauma informed services while maximizing effectiveness of services delivered through the Aging Network; and
3. Increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma informed, and evidence-based programs and services.

The initiatives for #1 and #2 are required to be integrated into each service provided as a part of the NIAAA's area plan. Regarding initiative #3, NIAAA will support efforts as directed by IDoA regarding implementation of improving caregiver services. Initiative #3 also doubles as NIAAA's local initiative.

The Older Americans Act

The purpose of the Older Americans Act (OAA) is to foster maximum independence and improve the lives of all older Americans by providing a wide array of social and community services. OAA services are targeted to those in poverty, minority, living alone, frail, over age 75, limited English proficiency, rural and older individuals at risk of institutional placement.

The OAA provides a national network for the organization and delivery of social, nutritional, and other supportive services to older persons and their caregivers.

1. Mission of AAAs under OAA

Since all 618 Area Agencies on Aging (AAAs) nationwide are subject to the OAA, they all share common mission which is defined by the OAA as follows:

The Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the

planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the state agency [Illinois Department on Aging], a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based systems in or serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible. 45 C.F.R. § 1321.53(a).

2. History of OAA

Following is a history of the OAA and the changes made by year:

1965

The OAA is enacted and contains ten broad policy objectives aimed at improving the lives of older persons:

- a. an adequate income in retirement;
- b. the best possible physical and mental health;
- c. suitable housing;
- d. full restorative services for those who require institutional care;
- e. opportunity for employment;
- f. retirement in health, honor and dignity;
- g. participate in and contribute to meaningful activity;
- h. efficient community services;
- i. immediate benefit from proven research knowledge;
- j. freedom, independence and the free exercise of individual initiative;
- k. full participation in the planning and operation of community based services; and
- l. protection against abuse, neglect, and exploitation.

1972

The Nutrition Program for the Elderly Act authorized \$100 million for a national nutritional services program is added to the OAA.

1973

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

1978

The Commissioner on Aging was allowed to make direct grants to the Indian Tribes. Priority services were also mandated.

1978

Title III – Social Services, Title V – Multipurpose Senior Centers, and Title VII – Nutrition Services were consolidated 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

Funding was directed to national priority services (access, in-home, legal).

1987

Increased focus was 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. Title III-D was created to provide funds for in-home services. Ombudsman programs at the state level were strengthened and expanded.

1992

Definitions of caregiver, caretaker, case management, elder abuse, exploitation, frail, greatest social need, multi-purpose senior center, and representative payee are included. A requirement was added that states submit their intrastate funding formulas to the Commissioner for approval. Title III-F was added to provide disease prevention and health promotion services. Title III-G was deleted. A new Title VII was created regarding elder rights services incorporating ombudsman programs, programs for prevention of elder abuse, neglect and exploitation, state elder rights and legal assistance development program and outreach, counseling and assistance programs. Also included was a White House Conference on Aging.

2006

AAAs are required to provide assurances that funding gives priority to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.

AAAs are required to implement, through service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

AAAs are required to conduct analyses for making recommendations for strategies to modify the local system of long term care.

2016

Five years after expiring in 2011, the OAA is reauthorized. The reauthorization made modest changes to a few key programs such as:

- Offering new support for modernizing multipurpose senior centers;
- Highlighting the importance of addressing economic needs;
- Requiring that health promotion and disease prevention initiatives be evidence-based;
- Promoting chronic disease self-management and falls prevention; and
- Strengthening the elder justice and legal services provisions.

2020

This reauthorization increases the emphasis on services and actions that will help older Americans cope with social isolation and extends the RAISE Family Caregivers Act, which requires the federal government to create a nationwide strategy to support family caregiving. Plus, it strengthens the National Family Caregiver Support Program, which provides family caregivers with vital respite care for their loved ones, along with education, training and other support.

3. NIAAA Allocation Process

FY26 Funding and Designation Status

NIAAA conducted an open bid process and selected grantees for funding in 2024. Grantees for the 2025 Area Plan will be for one year and renewed dependent upon satisfactory performance by the grantee in meeting grant requirements.

Long Term Care Ombudsman Program Designation: In 2023, Catholic Charities was the designated ombudsman for Area 01.

Adult Protective Services Designation: NIAAA designates adult protective service agencies by location. The following were the designated agencies in 2024: DeKalb County (Elder Care Services of DeKalb); Carroll, Lee, Ogle and Whiteside Counties (Lifescape Community Services); Jo Daviess and Stephenson Counties (Stephenson Resource Center); and Boone and Winnebago Counties (Mercyhealth at Home of Rockford). Adult protective service contracts are for a one-year period, with the option to extend a maximum of five additional one-year periods for a total of six years (2024 through June 30, 2028).

FY26 Planning Process – NIAAA Priority Services by Funding Source

NIAAA collected, reviewed and analyzed a variety of information to identify the needs of older adults and caregivers in Area 01. In conducting the NIAAA needs assessment, NIAAA has gathered information from various sources such as:

- Client surveys given to clients who receive direct services from NIAAA;
- Client surveys conducted by NIAAA's service providers;
- Provider Agency surveys conducted by NIAAA's service providers;
- Surveys about services distributed to NIAAA's Board, Advisory Council, and posted on NIAAA's website;
- Monthly caregiver meetings at NIAAA and client data pulled from T-Care;
- Monthly Hispanic outreach meetings at NIAAA;
- Monthly meetings with Illinois Association of Area Agencies on Aging (I4A) lobbyist;
- Quarterly meetings with service providers (Grantee Meetings) where client needs were discussed;
- Quarterly meetings with area agencies on aging (I4A) and Illinois Department on Aging (IDoA) where client needs were discussed;
- Clients who attend NIAAA's presentations on topics such as Caregiver Services, Senior Medicare Patrol, etc.;
- Caregiver Roundtable meetings conducted in PSA01 with the Illinois Department on Aging (IDoA);
- Various Board/Groups that NIAAA is a member of such FEMA, Rock Valley Advisory College Advisory Committee, etc.;
- Introductory meetings with elected officials – Senators Chesney, Stadelman, & Syverson, Minority Leader McCombie, Representatives Cabello, Davis, Fritts, LaHood, Sosnowski, Spain, Vella, and West.

Results of information gathering methods ranked, in no particular order, the following Gaps in Service for older adults, their caregivers, provider agencies, and community partners:

- Caregiving – including home care services (Community Care Program), Neglect & Self-Neglect;
- Network Visibility – unaware of services available;
- Security –
 - Income insecurity – Social Security and retirement, Money Management, Mortgage or rent;
 - Food insecurity – Congregate and Home Delivered Meals;
 - Health Care – Medicare and other insurance
 - Housing – home and neighborhood;
 - Mental Health – community service providers;
- Social Isolation – senior centers, Rockford specific, to increase connectedness and overall general wellbeing;
- Technology – to reduce Social Isolation;
- Transportation – especially in rural areas, more than Curb-to-Curb service,

Caregiving

Eighty-five percent (85%) of all long term care services are provided by unpaid caregivers*. This is most often provided by family members or friends for someone who has a health condition or disability. The role of caregiver often places caregiver stress and financial burdens on the caregiver due to lack of affordable home care. Many caregivers are not aware that support is available.

* data taken from IDoA website.

Network Visibility

Clients and community partners often report getting information about services and events from family, friends, and neighbors. Limitations to increasing awareness is that most information is available only online. This may preclude some older adults from accessing that information due to computer/technology illiteracy, language barriers, little service coordination, and lack of reliable internet access.

Security

- Income Insecurity – most older adults believe some of the biggest challenges related to income is not having enough money saved for retirement or not being able to pay debt.
- Food Insecurity – rising cost of food leaves many older adults needing to use other sources to meet their meal requirements, i.e., SNAP benefits, food pantries and Congregate & Home Delivered Meals. Some even go without meals from time to time or have less than three meals per day. Other barriers to meeting their food requirements include transportation to the grocery stores or the ability to prepare meals.
- Health Care – although most older adults have Medicare, not all have dental and vision insurance due to rising costs. Even those with insurance cannot always meet the challenges of paying for care. Rising cost of medication is a barrier to health care security; some going without medication from time to time. Even those with computer literacy can have challenges navigating Medicare and insurance companies' websites and customer service centers.
 - Other health care concerns involve transportation to appointments and/or having someone to stay with them after procedures, i.e. they lack a caregiver.
- Housing Insecurity – the rising cost of mortgage, rent, and property taxes is an increasing challenge for older adults. More options for subsidized housing could help mitigate these concerns and help reduce wait lists. A majority of older adults would prefer to live in their home for as long as possible.

Programs to help older adults with housekeeping, yardwork/snow removal, and/or home modifications to make them safer would help.

- Mental Health – the need for more service providers for older adults

Social Isolation

Some seniors have physical limitations that can limit their ability to socialize, i.e., being homebound, lack of transportation, and a social support system, greatly increases the risk of becoming socially isolated. Others may have fears of leaving their home and/or lack reliable internet access or technology to connect with others.

Transportation

Many older adults, especially in rural areas, experience transportation related stress, especially in rural areas. This may be due to the expense of owning and maintaining a vehicle, insurance, and rising cost of gas. Most of our provider agencies are at capacity for transportation services and no financial room to add more vehicles, drivers, or routes. Guidelines allow for curbside service but some need door-to-door assistance.

The summarized information above is presented to the NIAAA Advisory Council and NIAAA Board who set the following service priorities for community-based services (which are funded by Title III-B of the OAA and GRF from IDoA) funding are:

1. Community Based Services (Title III-B)

Funding is used to foster the development of a comprehensive and coordinated service system. IDoA mandates the following minimums for categories of service: access 33.1%, in-home 0.4%, and legal 3.2%. Given this, Title III-B funded services in FY26 are: Information and Assistance, Options Counseling, Transportation, Respite, Legal, Gap Filling, and Ombudsman. Some funding is directed to the Alzheimer's Initiative and reducing Social Isolation Programs: Stressbusters (Caregiver Education), ADRD GAP, Friendly Visiting, Telephone Assurance Calls, and additional Health Promotion and Transportation programs.

2. Home Delivered Meals (Title III-C2)

Funding is used to provide home delivered meals to persons aged 60 and over who are homebound by reason of illness, incapacitating disability, or are otherwise isolated. Illinois General Revenue Funds (GRF) also support this service.

3. Congregate Meals (Title III-C1)

Funding is used to meet the nutritional and social needs of people 60 and over who do not eat adequately due to limitations of income, mobility, lack of food preparation skills and equipment, or lack of incentive to prepare and eat meals alone.

4. Health Promotion (Title III-D)

Funding is used to provide disease prevention and health promotion services and information at senior centers, congregate meal sites, through home delivered meal programs or at other appropriate sites. Priority in Title III-D funds must be given to areas which are medically underserved and in which there are a large number of older individuals who have the greatest social and economic need for services.

5. Caregiver Support (Title III-E)

Funding is used to provide assistance under the Caregiver Support Program. Services include information about and assistance in gaining access to available services, training/education/support, respite and gap filling services. The OAA requires no more than twenty percent of federal funding to be expended for gap filling service. Up to ten percent (federal and non-federal) can be allocated to grandparents and other relatives raising grandchildren.

Service Priorities, based on Needs Assessment results, will include increasing **Network Visibility** through increased community connections, Advocacy with legislators in PSA01, hosting senior Pop-up fairs throughout the Rockford area and branching out to surrounding counties, marketing activities that include contests and participant giveaways, hosting community educational roundtables, etc.

Expansion of **Caregiver Services** will be enabled with additional funding from state GRF funds for Caregiver GAP and Respite and a centralized increased utilization of the pT-Care platform to offer more options for caregivers. The reallocation of funds will allow the expansion of Caregiver Education, Stressbuster classes, into more of PSA01's counties.

Continue to seed funding sources for older adult **Mental Health** services.

Although some Social Isolation category funding has been shifted to other providers, NIAAA does not anticipate any significant changes in the service delivery system in 2026.

Older Adults Living in Area 01

There are 167,369 persons 60 years or older living in Area 01 which constitutes about 11% of all older adults in Illinois.

NORTHWESTERN ILLINOIS AREA AGENCY ON AGING					
Planning & Service Area: 01					
Population	2022 Est.	2023 Est.	Difference	% Change	
Total Population	211,942	212,038	96 ▲	0.0%	
Age 55 & Older Population	211,942	212,038	96 ▲	0.0%	
Age 60 & Older Population	167,144	167,369	225 ▲	0.1%	
Age 65 & Older Population	122,760	123,528	768 ▲	0.6%	
Age 75 & Older Population	51,826	51,360	(466) ▼	-0.9%	
Age 85 & Older Population	16,791	16,187	(604) ▼	-3.6%	
Poverty: 60 & Older Population	13,396	14,533	1,137 ▲	8.5%	
Minority: 60 & Older Population	19,440	20,656	1,216 ▲	6.3%	
Living Alone: 60 & Older Population	42,645	43,160	515 ▲	1.2%	
Rural: 60 & Older Population	65,896	66,396	500 ▲	0.8%	
County(ies): Carroll, Jo Daviess, Lee, Ogle, Stephenson, Whiteside					

COUNTY	RURAL	TOTAL POPULATION	55+	60+	65+	75+	85+	POVERTY	MINORITY	LIVING ALONE	RURAL
Boone	N	53,316	15,798	11,927	8,719	3,515	1,031	880	1,662	2,720	
Carroll	Y	15,621	5,965	4,886	3,749	1,577	368	387	193	1,365	4,886
DeKalb	N	100,512	24,631	18,695	13,696	5,504	1,678	1,553	2,026	4,215	
Jo Daviess	Y	21,918	9,870	8,208	6,385	2,696	690	434	259	1,960	8,208
Lee	Y	34,058	12,075	9,488	7,053	3,008	1,014	859	652	2,580	9,488
Ogle	Y	51,536	17,492	13,746	9,966	4,314	1,518	1,007	905	3,610	13,746
Stephenson	Y	44,042	17,053	13,957	10,543	4,472	1,465	1,183	1,242	3,555	13,957
Whiteside	Y	55,192	19,759	16,111	11,827	5,015	1,554	1,270	1,467	4,390	16,111
Winnebago	N	283,289	89,395	70,351	51,590	21,259	6,869	6,960	12,250	18,765	
Area 01 Total Est.		659,484	212,038	167,369	123,528	51,360	16,187	14,533	20,656	43,160	66,396
STATEWIDE TOTAL		7,047,437	2,010,145	1,564,894	1,124,833	458,910	140,667	177,620	620,807	408,715	100,006
Percentage in Area 01		9%	11%	11%	11%	11%	12%	8%	3%	11%	66%

Federal/state funding is allocated based on the older adult population and the number of older adults in the ‘greatest needs categories’ such over 85 years old, poverty, rural, etc.

NIAAA Allocation Process

NIAAA allocates funds for specific services and counties within Area 01 through the following process:

- NIAAA’s Geographic Funding Formula provides the county based total dollar amounts for all funds (except Title III-B ombudsman and Title VII elder abuse prevention, which require different formulas).
- The OAA and IDoA regulations allocate dollars for specific Titles and identify services eligible for funding under each Title.
- Funds within the NIAAA Board's discretion are prioritized by the NIAAA Board for funding levels using NIAAA’s planning process.
- Funding received from IDoA for Title III-B and Title VII Ombudsman is determined by the number of licensed long term beds in Area 01 as contained in the “Illinois Department of Public Health List of Long Term Care Beds.”

Application of these requirements establishes the dollar amounts available for allocation.

NIAAA Geographic Funding Formula for FY26

The OAA and accompanying GRF must be targeted to older persons in greatest economic and social need with particular emphasis on low-income minority seniors. NIAAA’s Advisory Council recommends and NIAAA’s Board of Directors approve continuation of the factors and weightings for NIAAA’s geographic funding formula. The 2023 Census information from the Administration on Community Living (ACL) is used by IDoA to allocate FY26 Area Plan Older Americans Act (OAA) and General Revenue Funding (GRF) to Illinois’ thirteen area agencies on aging (AAAs). NIAAA also uses the geographic formula to determine the amount of Title III services (except Long Term Care Ombudsman Program and Title VII elder abuse prevention) allocated to each of the nine counties in Area 01.

The weight given to each targeted category for the geographical funding formula is as follows:

NIAAA Geographic Funding Formula Weight and Factors

- 41.0% weight to 60+ Population
- 25.0% weight to 60+ Population in Poverty
- 10.0% weight to 60+ Minority Population
- 7.5% weight to 75+ Population
- 7.5% weight to 60+ Living Alone
- 9.0% weight to Rural Population
- 100.0%

Using this data in the geographic formula, the percentages of funds available by county are:

County Funding Formula Percentages					
County	2022	2023	2024	2025	2026
Boone	6.2	6	6.2	6.3	6.2
Carroll	3.2	3.1	3.3	3	3.1
DeKalb	10	9.7	9.3	9.3	9.8
Jo Daviess	4.9	5	4.9	4.7	4.7
Lee	6.4	6.3	6.4	7.2	6.3
Ogle	8.3	8.5	8.5	8.7	8.7
Stephenson	9.7	9.8	9.6	9.4	9.2
Whiteside	10.1	10.1	10.3	10.1	10.5
Winnebago	<u>41.2</u>	<u>41.5</u>	<u>41.5</u>	<u>41.3</u>	<u>41.5</u>
Total	100	100	100	100	100

Inter-Title Transfer of III-C Funds / III-C Priorities

The NIAAA Board is allowed to transfer funds as follows:

- A maximum of 15% can be transferred annually between community-based services (i.e., Title III-B) and meals (i.e., Title III-C) only. The NIAAA Board proposes no transfers for FY25.
- A maximum of 15% of available dollars can be transferred annually from congregate meals (Title III-C1) to home delivered meals (Title III-C2). NIAAA has requested and received a waiver to increase this amount to 40% since 2004. (The 40% transfer was approved on March 20, 2004 by the NIAAA Board.) In FY25, NIAAA will again be requesting to increase this transfer from 15% to 40% as the trend (which has been ongoing for decades) continues in that demand for congregate service is decreasing while demand for home delivered meal services is increasing. This is evidenced by the unmet needs for home delivered meals which is described in the below in the next section titled “Home Delivered Meals Unmet Needs.” Any interested party in Area 01 may testify in person or in writing regarding this waiver request to increase the transfer from congregate meals to home delivered meals to 40%.
- Money allocated for Title III-D, III-E, Long-term Care Ombudsman Program and Title VII cannot be transferred to other Titles.

4. Home Delivered Meals Unmet Needs

Area 1, and many other AAAs, are experiencing the return of waiting lists for Home Delivered Meals (HDMs). As of January 17, 2025 DeKalb County has 33 older adults with unmet HDM needs in various townships. Three individuals have been referred to Congregate Meal sites.

Reasons for Unmet Need

The reason for the unmet need is the rising cost of raw materials, labor, and the difficulties of delivering to rural areas of DeKalb County.

County	Unserved Townships/Communities/Neighborhoods	# of Older Persons Needing HDMs
Boone	Flora, Leroy, Spring	0
Carroll	Cherry Grove & Woodland	0
DeKalb	DeKalb, Clinton, Mayfield, Genoa, Shabbona, Sycamore, Somonauk, Kingston, Franklin, Malta, Pierce, Milan, South Grove, Victor and Paw Paw Townships	172
Jo Daviess	Wards Grove, Vinegar Hill, Rice, Rawlins	0
Lee	Brooklyn, China, E. Grove, Harmon, Marion, May, Nachusa, Nelson, Paw Paw, Reynold, S. Dixon, Viola, Willow Creek, Wyoming	0
Ogle	Chana, Eagle Point, Lafayette, Lincoln, Lynville, Marylsnd, Monroe, Pinecreek, Pinerock, Rockvale, Teylor, White Rock, Woosing	0
Stephenson	Jefferson, Loran, Oneco	0
Whiteside	Clyde, Garden Plain, Hume, Portland, Uslick	0
Winnebago	Burritt, Harrison, Laona, Owen, Seward, Shirland	0
Area 01 Total		172

5. Funding Allocations

FY26 Proposed Allocation for Community Based Services By Service and County

Community based services (i.e., Title III-B) are used to develop a comprehensive and coordinated service system. As part of this system, NIAAA will be continuing funding in FY26 the following services: Information and Assistance (I&A), Options Counseling, Transportation, Respite, Legal, Gap Filling, and Ombudsman (OMB). Some funding is directed to the Alzheimer's Initiative and reducing Social Isolation Programs: Stressbusters (Caregiver Education), ADRD GAP, Friendly Visiting, Telephone Assurance Calls, and additional Health Promotion and Transportation programs.

1. FY26 Allocation for Community Services and Health Promotion

The following is a table of FY26 allocation for community-based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

FY26 Community Based Services and Health Promotion Allocations

A 10% variance in distribution may be considered by the NIAAA Board of Directors.

PROPOSED FY2026 ALLOCATIONS BY TITLE B/GRF AND IIID BY SERVICE BY COUNTY								
	B	B	B	B	B	OMB	D	
	I & A	TRANS	HOME	LEGAL	GAP	III-B	HEALTH	
COUNTY			MAKER		FILLING	GRF VII	PROM	
BOONE	64,886	8,023	31	3,720	1,860	17,350	3,158	
CARROLL	32,443	4,011	16	1,860	930	8,675	1,579	
DEKALB	102,562	12,681	49	5,880	2,940	27,424	4,991	
JO DAVIESS	49,188	6,082	24	2,820	1,410	13,152	2,394	
LEE	65,932	8,152	32	3,780	1,890	17,629	3,208	
OGLE	91,050	11,257	44	5,220	2,610	24,345	4,431	
STEPHENSON	96,282	11,904	46	5,520	2,760	25,745	4,685	
WHITESIDE	109,887	13,587	53	6,300	3,150	29,382	5,347	
WINNEBAGO	434,317	53,699	205	24,900	12,450	116,131	21,135	
PSA 01	1,046,547	129,396	500	60,000	30,000	279,833	50,928	

FY26 Projected People and Units

The following are the projected people and units for FY 26 for community services (Title III-B I&A, Transportation, Legal, and GAP Filling), meals (Title III-C1 – Congregate, C2 – Home Delivered Meals), and health promotion (Title III-D). A unit is generally one hour of service, or, in the case of meals, one meal delivered.

FY 26 Projected People and Units

Service	Actual 2022		Actual 2023		Actual 2024		Estimated 2025		Projected 2026	
	People	Units	People	Units	People	Units	People	Units	People	Units
Info. & Assistance	17,239	85,701	20,170	97,616	18,870	101,410	20,000	95,000	20,000	100,000
Transportation	1,034	31,956	1,589	40,324	1,829	46,076	1,600	42,000	1,600	38,000
Legal Services	375	1,750	327	1,800	317	1,403	325	1,800	300	1,400
GAP Filling	36	36	49	49	40	40	40	40	40	40
Congregate Meals	2,504	57,545	2,788	64,960	2,526	77,706	3,000	65,000	3,000	75,000
Home Delivered Meals	3,358	590,280	3,523	654,132	3,901	791,798	3,600	660,000	3,600	800,000
Health Promotion	1,592	5,304	2,532	14,996	1,825	16,898	200	1,800	2,500	15,000
Total	26,138	772,572	30,978	873,877	29,308	1,035,331	28,765	865,640	31,040	1,029,440

FY26 Proposed Allocation for Elder Abuse Prevention Funding

IDoA has designated four adult protective services prevention agencies (APSPAs) which are: Elder Care Services (for DeKalb County); Lifescape Community Services (Carroll, Lee, Ogle, and Whiteside); Senior Resources (Jo Daviess, and Stephenson); and Mercyhealth at Home (Boone & Winnebago). The APSPAs

conduct investigations into reports of abuse against older and disabled adults and self-neglect. APSPAs report their investigations directly to IDoA and are paid accordingly by IDoA for these activities. NIAAA does not fund the APSPAs to conduct investigations or case management.

NIAAA does, however, fund the APSPAs to perform other APS activities as described below. The expected amount available for these activities in FY26 is \$15,840 which is more than FY25.

Specifically, NIAAA funds the APSPAs for the following:

- Multi-Disciplinary Teams (M-Teams) at the rate of \$250 per meeting. Each APSPA will receive a minimum of \$3,000 for holding 8 required M-Team meetings per fiscal year. APSPAs will receive up to an additional \$250 per meeting for each additional M-Team meeting (maximum of 4) held during the fiscal year;
- Expenses for training including the annual Adult Protective Services Conference. The APSPAs have \$3,840 available for reimbursement for training expenses (\$3,040 allocated to the four APSPAs and \$800 to the long-term care ombudsman program);
- APS presentations at \$50 per event; and
- Public education and training materials which includes: training videos; curriculums; and other materials for use in public education/training such as bookmarks, business cards, magnets, etc.

NIAAA’s administrative costs for APS is \$1,401.

**FY26 Proposed Allocation for Congregate and Home Delivered Meals
By Service Area**

The following table lists the anticipated funding for meals by county (III-C1 is the OAA designation for congregate meals and III-C2 is the designation for home delivered meals):

SERVICE AREAS					HDM	
FY 2025 4/25/24	FORMULA %	III-C1	III-C2	GRF	TOTAL	TOTAL
BOONE, LEE, OGLE, WINN CARROL, JO DAVIESS	62.7%	330,066	750,994	2,174,004	2,924,998	3,255,064
STEPHENSON, WHITESIDE	27.5%	144,765	329,383	953,510	1,282,893	1,427,658
DEKALB	9.8%	51,589	117,380	339,796	457,176	508,765
TOTAL		526,420	1,197,757	3,467,310	4,665,067	5,191,487

These figures reflect a 40% transfer from Title III-C-1 to Title III-C-2. A 10% variance in distribution may be considered by the NIAAA Board of Directors.

In addition to the above meal funding, NIAAA also receives additional federal funding from the Nutrition Services Incentive Program (NSIP). NSIP funding is based on the: 1) FY26 federal appropriation; 2) number of meals provided nationwide in FY23; and 3) number of meals provided throughout Illinois in FY23. The NSIP projected allocation will, consequently, be revised when the actual FY23 meal count is calculated and the FY26 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY26:

FY 26 NSIP Allocations

NSIP 4/25/2024						
SERVICE AREAS	FY23 MEALS	%	FY 25 Alloc	FY25 III-C1	FY25 III-C2	Total C1+C2
BOONE, LEE, OGLE, WINN CARROL, JO DAVIESS	431,738	62.7%	244,877	68,565	176,313	244,878
STEPHENSON, WHITESIDE	218,722	27.5%	107,402	30,073	77,329	107,402
DEKALB	68,632	9.8%	38,274	10,717	27,557	38,274
TOTAL	719,092	100.00%	390,553	109,355	281,199	390,554

FY26 Proposed Allocation for Caregivers and Grandparents by Service and County

Caregiver funding (Title III-E) provides assistance to caregiver clients. Services include information about and assistance in gaining access to available services (I&A), training/education/support (TES), respite and GAP filling services. The OAA requires no more than twenty percent of federal funding to be expended for GAP filling service and up to ten percent (federal and non-federal) can be allocated to grandparents and other relatives raising grandchildren. Given this, the following is the FY26 allocation:

FY26 Caregiver Allocation by County

CAREGIVER FY 2026							
FY26	E I & A	E G/P I & A	E GAP	E RESPITE	E T/E/S	GRF Caregiver Support Services	TOTAL
COUNTY							
BOONE	13,414	1,240	2,010	4,836	1,550	20,501	43,551
CARROLL	6,707	620	1,005	2,418	775	10,251	21,776
DEKALB	21,203	1,960	3,177	7,644	2,450	32,405	68,839
JO DAVIESS	10,169	940	1,524	3,666	1,175	15,541	33,015
LEE	13,631	1,260	2,043	4,914	1,575	20,832	44,255
OGLE	18,823	1,740	2,821	6,786	2,175	28,768	61,113
STEPHENSON	19,905	1,840	2,983	7,176	2,300	30,421	64,625
WHITESIDE	22,718	2,100	3,404	8,190	2,625	34,720	73,757
WINNEBAGO	89,790	8,300	13,454	32,370	10,375	137,228	291,517
PSA 01	216,360	20,000	32,421	78,000	25,000	330,667	702,448

Based on the above caregiver allocation, the following are projections for people and units for 2026:

Service	FY 2022 Actual		FY 2023 Actual		FY 2024 Actual		FY 2025 Estimated*		FY26 Projected*	
	People	Units	People	Units	People	Units	People	Units	People	Units
Caregiver - I&A	686	3,129	543	2,508	506	2,576	600	3,200	600	3,200
Grandparent - I&A	112	1,517	75	1,335	69	1,410	100	1,600	100	1,600
Caregiver GAP Filling	67	67	91	91	27	27	50	50	50	50
Caregiver Respite	89	4,794	144	6,636	79	1,800	100	3,500	100	3,500
TES	9	22	6	8	17	57	330	660	330	660
Total	963	9,529	859	10,578	698	5,870	1,180	9,010	1,180	9,010

The decrease in people served with Caregiver Information & Assistance is attributable to the pandemic as caregiver providers are struggling to rehire workers and caregivers have been slow to return requesting help across Area 1.

6. Funding Changes

FY26 Funding Increases, Decreases and Carryover Funds

NIAAA will comply with the intent of Congress, the Illinois General Assembly or administrative directives (from the ACL or IDoA) in the event of funding increases, decreases and carryover funds.

Carryover Dollars

Carryover funds will be used as follows:

- Carryover from specified Titles will remain with those Titles for reprogramming according to ACL and IDoA policies.
- Any carryover will be reprogrammed and made available for one-time expenditures, including gap-filling and respite services.

Funding Increases

Should the amount of federal or state General Revenue Funds increase at any time during the FY26 funding cycle:

- All increases will go to the specified Title;
- For Title III-C1, all increases will go to the specified Title within the NIAAA Board's 40% transfer policy from C-1 to C-2. If, for example, General Revenue Funds for Home Delivered Meals are increased by the General Assembly, NIAAA will allocate additional funds for nutrition services;
- The increased funds will be distributed according to the service priority distribution, the geographic funding formula and any other pertinent data;
- If additional GRF for ombudsman services is received, it will be allocated to the designated ombudsman provider and utilized consistent with legislative intent.

Funding Decreases

Should the amount of federal or state General Revenue Funds decrease at any time during the FY26 funding cycle:

- Decreases will come from the corresponding Title (within the transfer policy from C-1 to C-2).

- Under Title III-B/GRF and Title III-C1 and III-C2/GRF, decreases will be determined through the application of the service priority distribution and the geographic funding formula.

Funding Increases and Decreases for NIAAA Administration and Direct Services

To the extent possible, funding increases/decreases will be allocated to the counties by formula by Title.

Information on Funding Possibilities

NIAAA receives most of its funding under the federal OAA and Illinois GRF but it is always seeking other sources of funding. NIAAA recently applied for funding from several foundations for the Chronic Disease Self-Management Program and legal services grant. Other possible funding sources for NIAAA include:

- National nonprofits such as the National Council on Aging;
- Local nonprofits such as the United Way;
- Other State units such the Illinois Department of Public Health;
- Special project grants from the Administration on Aging;
- Community Development Block Grants from local government such as Winnebago County; and
- Community foundations (both local and national) such as the Northern Illinois Community Foundation.

NIAAA plans to explore these as well as other funding for sources.

7. NIAAA Expenses and Direct Services

NIAAA Administrative Expenses

During FY26, NIAAA is proposing to provide services for its administration function. NIAAA is limited by federal law to receiving 10% of total Title III and Title VII funding. Given this, NIAAA projects the amount available for its administration expenses to be as follows:

Administrative - (OAA \$330,382) (GRF \$ 110,127)	\$440,509	Activities including reporting, bidding, contracting, reimbursing, accounting, monitoring, quality assurance, area plan development and analysis.
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Funds will be expended for administration before costs are incurred for administratively related direct services.

NIAAA Administratively Related Expenses (ARE)

In addition to the 10% administration amount above, NIAAA has discretion to retain extra funding for three activities under what is known as ‘Administratively Related Expenses’ (ARE). The three activities under ARE

include: 1) coordination; 2) program development and 3) advocacy. NIAAA proposes retaining the following amounts for these ARE activities:

Activity	Amount	Purpose
1. <i>Coordination</i>	\$ 70,000	Developing a comprehensive and integrated service delivery system through the creation of working relationships with funding agencies and service providers.
2. <i>Project Development</i>	\$ 80,000	Creating new services or improving services.
3. <i>Advocacy</i>	\$ 90,000	Representing, supporting, or helping seniors get needed services, inducing change in stereotypes, or influencing legislation and policies which impact the lives of seniors.
Total ARE	\$240,000	

Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY26 by using \$110,000 from Title III-B/GRF funding.

Justification for NIAAA Providing I&A

NIAAA has a long history of providing I&A as it has been doing so since 1974. NIAAA has been, and will continue to be, the back-up provider for all funded I&A in Area 01 as we will serve all clients of Area 01 regardless of where they live. Further, with the continuing privatization of Medicaid, it is expected that the demand for NIAAA assisting clients with the complex transition will continue. NIAAA providing I&A, therefore, is both necessary and sufficient to meet the needs in Area 01. Given our distinctive history and experience, NIAAA is again requesting a waiver to provide I&A.

Caregiver Access Services Provided Directly By NIAAA

NIAAA is also proposing to continue to provide Title III-E caregiver access at a cost of \$20,000 in FY26 which is a \$20,000 decrease (or 43%) from FY13. As with the decrease in NIAAA's I&A clients, a similar reduction has occurred for the number of caregiver clients served by NIAAA.

Justification for Caregiver direct service

NIAAA has provided area wide caregiver assistance since FY01 and is the only regional caregiver assistance provider in northwestern Illinois. NIAAA also serves as the back-up provider for Area 01 funded caregiver assistance.

NIAAA's past Request for Proposal (RFP) for caregiver I&A service yielded only county-based or two county providers of caregiver assistance service. NIAAA providing caregiver access services, therefore, is both necessary and sufficient to meet the needs in Area 01.

NIAAA FY26 Projected People and Units for Direct Services for I&A and Caregiver

As stated above, NIAAA has a long history with providing both I&A and caregiver access services in Area 01. The following is a summary of recent direct service activity along with FY26 projections.

Finally, the following table is a history of clients served directly by NIAAA:

NIAAA Direct Service History FY2022-2026

Fiscal Year	I&A People	I&A Units	Title III-E People	Title III-E Units	I&A People	I&A Units	Title III-E People	Title III-E Units
FY22	1,200	3,500	300	2000	1,504	4,030	158	712
FY23	1,200	3,500	300	2000	1,477	2,770	143	312
FY24	1,200	3,500	300	2000	1,646	3,008	168	432
FY25 estimated	1,500	2,500	150	500	1,500	2,500	150	500
FY26 projections	1,500	2,500	150	500	1,600	3,000	175	450
The Green numbers are actual counts								

Other NIAAA Activities

NIAAA administers the following additional programs:

- The Senior Health Assistance Program (SHAP) which provides counseling to clients about health benefits;
- The Senior Medicare Patrol (SMP) which trains Medicare beneficiaries how to prevent fraud;
- The State Health Insurance Program (SHIP) which helps clients with health insurance issues; and
- Assisting clients and working the Managed Care Organizations as they privatizing Medicaid in Area 01.

Proposed FY26 Allocations by County

Summary

As a summary, the following table lists the total funding allocations by category by county:

PROPOSED FY2026 ALLOCATIONS BY COUNTY										
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total
IIIB/GRF SUPPORTIVE SER	88,150	44,075	139,333	66,823	89,571	123,694	130,803	149,286	590,033	1,421,768
IIIB/GRF/VII OMBUDSMAN	17,350	8,675	27,424	13,152	17,629	24,345	25,745	29,382	116,131	279,833
IIIC-1 CONGREGATE MEALS	32,638	16,319	51,589	24,742	33,164	45,799	48,431	55,274	218,464	526,420
IIIC-2/GRF HOME DEL MEALS	289,234	144,617	457,176	219,258	293,899	405,861	429,186	489,832	1,936,004	4,665,067
IIID HEALTH PROMOTION	3,158	1,579	4,991	2,394	3,208	4,431	4,685	5,347	21,135	50,928
IIIE CAREGIVER SUPPORT	23,050	11,525	36,434	17,474	23,423	32,345	34,204	39,037	154,289	371,781
TOTAL ALL TITLES	453,580	226,790	716,947	343,843	460,894	636,475	673,054	768,158	3,036,056	7,315,797
VII ELDER ABUSE										12,000
IIIC-NSIP										390,554
TOTAL										7,718,351