



## Public Information Document

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

March 13, 2026

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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 2027 Area Plan.

**PURPOSE OF THE PUBLIC HEARING:** The public hearing is an opportunity to comment on NIAAA's proposed 2027 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 April 10, 2026, 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](mailto: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](http://nwilaaa.org)) under Resources [Public Information Document](#). Copies of the Public Information Document or upon request by emailing [jbarnes@nwilaaa.org](mailto: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
April 6, 2026	2:00 p.m.
April 7, 2025	10:00 a.m.

You may join the **April 6** public hearing by clicking:

<https://us02web.zoom.us/j/86230923539?pwd=hQlcKc6oKUsGT048MsAyHubGdsoNzG.1>

Meeting ID: **862 3092 3539**

Passcode: **516016**

You may join the **April 7** public hearing by clicking:

<https://us02web.zoom.us/j/84340737805?pwd=ftvwRHmKoKlxswFKbavRZBSbl8B4bj.1>

Meeting ID: **843 4073 7805**

Passcode: **065252**

**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 the **Northwestern Illinois Area Agency on Aging’s (NIAAA)** proposed Area Plan for aging services in its nine-county service region. The counties served by NIAAA include **Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago**. These counties are designated by the **Illinois Department on Aging (IDoA)** as **Planning and Service Area 01 (Area 01)**.

The PID is intended to inform older adults, caregivers, service providers, public officials, and community stakeholders about NIAAA’s proposed priorities, services, and funding plans for the upcoming planning period. It also supports the public hearing process by providing background information to help participants better understand the proposed Area Plan and offer informed comments and recommendations.

Because funding levels for aging services are determined through federal and state appropriations, the funding allocations described in this document and in NIAAA’s proposed Area Plan may change. If significant revisions become necessary due to changes in funding or policy, NIAAA will schedule additional public hearings to receive community input on the proposed modifications.

At the time of publication of this Public Information Document, neither the Fiscal Year 2027 federal budget nor the Fiscal Year 2027 State of Illinois appropriations have been finalized. As a result, the funding amounts presented in this document represent projected estimates based on currently available information.

## Purpose of the FY27 Area Plan

The Area Plan is a comprehensive planning document that guides the delivery of aging services throughout Area 01. Developed by the Northwestern Illinois Area Agency on Aging (NIAAA), the Area Plan outlines priorities, programs, and strategies designed to promote the dignity, independence, and well-being of older adults.

As part of the planning process, NIAAA evaluates the needs of older adults and their caregivers across the region, identifies emerging issues that affect aging services, and establishes funding priorities to address those needs. The Area Plan serves as a roadmap for coordinating services and strengthening the network of community programs that support older adults and their families.

Public Hearings provide an opportunity for community members, service providers, and stakeholders to learn about NIAAA’s proposed priorities and to offer input on services for older adults and family caregivers. Topics addressed in the proposed Area Plan include:

- Illinois and federal funding for aging services

- Access to services and service coordination
- Transportation services
- Gap-filling services for unmet needs
- Congregate meal programs
- Home-delivered meals
- Legal assistance for older adults
- Respite care for caregivers
- Adult Protective Services (APS)
- Changes within the aging network
- The Long-Term Care Ombudsman Program

Following the public hearing process, the NIAAA Board of Directors will review and consider approval of the proposed Area Plan on April 20, 2026. The approved plan will then be submitted to the Illinois Department on Aging on or before May 15, 2026 for final review and approval.

## 2. Information about NIAAA

### About NIAAA

The Northwestern Illinois Area Agency on Aging (NIAAA) is a nonprofit organization designated by the State of Illinois in 1974 to serve as the Area Agency on Aging for a nine-county region in northwestern Illinois. NIAAA is governed by a volunteer Board of Directors, which establishes organizational policy and program direction, and is advised by an Advisory Council made up of representatives from each county, the majority of whom are age 60 and older.

NIAAA’s mission is to help older adults age 60 and older remain in their homes safely, independently, and with dignity for as long as possible. The agency also supports caregivers, adults with disabilities, grandparents or other relatives raising grandchildren.

NIAAA is one of 13 Area Agencies on Aging in Illinois and part of the national aging network created under the Older Americans Act (OAA). This network includes the Administration for Community Living, the Illinois Department on Aging, and local service providers working together to deliver programs that support the health, independence, and well-being of older adults.

Most funding administered by NIAAA comes from the Older Americans Act, with additional support from the State of Illinois, local service providers, and voluntary contributions from individuals who benefit from these services.

### NIAAA Services

The **Northwestern Illinois Area Agency on Aging (NIAAA)** works to improve the quality of life for older adults, caregivers, and families by coordinating services, supporting community programs, and advocating for policies that promote independence and dignity. NIAAA provides the following core services:

### **Advocacy**

NIAAA advocates on behalf of older adults and caregivers by monitoring proposed legislation and public policy, informing the community about issues affecting aging services, and presenting positions to elected officials at the local, state, and federal levels.

### **Planning, Program Development, and Coordination**

NIAAA assesses the needs of older adults and caregivers across its service region, identifies priorities for long-term planning, and coordinates programs and services. The agency works with public and private partners to strengthen existing programs and develop new services that respond to emerging community needs.

### **Supporting Community Programs on Aging**

Through federal and state funding, NIAAA awards grants to community organizations that provide services to adults age 60 and older, caregivers, and grandparents or other relatives raising children. Programs prioritize assistance for older adults with the greatest social and economic needs, including those who are low-income, living in rural areas, or have limited English proficiency.

### **Long-Term Care Ombudsman Program**

NIAAA administers the regional Long-Term Care Ombudsman Program through a grant from the Illinois Department on Aging and the Office of the State Ombudsman. Ombudsmen advocate for residents of licensed long-term care, assisted living, and supportive living facilities by investigating complaints, educating residents about their rights, and working to improve quality of care and quality of life.

### **Adult Protective Services (Elder Abuse and Neglect)**

NIAAA serves as the coordinating agency for Adult Protective Services (APS) in Area 01. The program investigates reports of abuse, neglect, and financial exploitation of older adults and adults with disabilities and works with community partners to ensure their safety and protection.

## **Area Plan Initiatives**

For the **2025–2027 planning period**, IDoA has established the following statewide initiatives:

1. **Increase the visibility of the Aging Network statewide** to better connect Illinois residents with services and support that promote independence, dignity, and quality of life as people age.
2. **Strengthen quality assurance and continuous improvement efforts** across the Aging Network, emphasizing the delivery of person-centered and trauma-informed services while maximizing the effectiveness and efficiency of programs and supports.
3. **Increase public awareness and understanding of caregiver needs**, as well as the resources and services available throughout Illinois, to encourage greater caregiver engagement in person-centered, trauma-informed, and evidence-based programs and services.

The first two initiatives are required to be integrated into all services delivered under NIAAA’s Area Plan, ensuring that visibility, access, and quality improvement are embedded throughout the agency’s programs and partnerships.

Regarding the third initiative, NIAAA will support and implement caregiver-focused efforts as directed by IDoA to strengthen services and support for caregivers throughout the region. This initiative also serves as NIAAA's local initiative, reflecting the agency's continued commitment to expanding awareness, access, and engagement in caregiver services across Area 01.

## 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

#### FY27 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).

#### FY27 Planning Process – NIAAA Priority Services by Funding Source

## Needs Assessment and Community Input

To identify the needs and priorities of older adults and caregivers in Planning and Service Area 01, the Northwestern Illinois Area Agency on Aging (NIAAA) collected, reviewed, and analyzed information from a variety of sources. This Needs Assessment process incorporates feedback from older adults, caregivers, service providers, community partners, and public officials to ensure that the Area Plan reflects the most pressing needs within the region.

Information used in the assessment was gathered through multiple methods, including surveys, meetings, program data, and community engagement activities. Key sources of information included:

- Client surveys completed by individuals receiving direct services through NIAAA programs.
- Surveys conducted by NIAAA service providers to assess the needs and experiences of program participants.
- Provider agency surveys used to gather feedback from organizations delivering aging services throughout the region.
- Community surveys distributed to NIAAA's Board of Directors, Advisory Council, and the public through NIAAA's website and social media platforms.
- Monthly caregiver support meetings hosted by NIAAA, along with client information and needs data gathered through the T-Care caregiver assessment system.
- Monthly Hispanic outreach meetings designed to engage and understand the needs of Hispanic older adults and families in the region.
- Regular meetings with the Illinois Association of Area Agencies on Aging (I4A) and its legislative representatives to monitor policy developments affecting older adults.
- Quarterly meetings with NIAAA service providers (Grantee Meetings) where emerging client needs and service gaps were discussed.
- Quarterly coordination meetings with other Area Agencies on Aging, I4A, and the Illinois Department on Aging (IDoA) to share information on statewide service trends and needs.
- Community presentations and outreach events conducted by NIAAA on topics such as caregiver services, Medicare education, and fraud prevention through the Senior Medicare Patrol program.
- Participation in planning efforts related to Illinois' Multi-Sector Plan on Aging.
- Participation on regional boards and advisory groups, including organizations such as FEMA-related planning groups and the Rock Valley College advisory committees.
- Follow-up meetings with local, state, and federal elected officials to discuss community needs and aging-related policy priorities.

## Identified Service Gaps and Priority Needs

Through the comprehensive review of community input, program data, and stakeholder engagement, NIAAA identifies service gaps, emerging trends, and priority needs that guide program planning, funding decisions, and service development throughout the Area Plan period.

Based on the results of surveys, meetings, outreach activities, and stakeholder feedback, the following service gaps and priority needs were identified for older adults, caregivers, service providers, and community partners in Area 01 (listed in no particular order):

- **Caregiving** – Increased need for caregiver support services, including access to home care services through the Community Care Program, as well as assistance addressing neglect and self-neglect concerns among vulnerable older adults.

- **Aging Network Visibility** – Many individuals remain unaware of available aging services and programs, highlighting the need for stronger outreach, communication, and community engagement efforts.
- **Economic and Personal Security** – Older adults face several challenges related to financial stability and personal well-being, including:
  - **Income security** – concerns related to Social Security, retirement income, and financial management, including assistance with budgeting, mortgage payments, and rent.
  - **Food security** – access to adequate nutrition through Congregate and Home-Delivered Meal programs.
  - **Health care access** – understanding and navigating Medicare and other health insurance programs.
  - **Housing stability** – maintaining safe and affordable housing within supportive neighborhoods.
  - **Mental health services** – improved access to community-based mental health providers and resources.
- **Social Isolation** – Increased opportunities for social engagement and community connection, including expanded programming at senior centers and other community locations. Addressing social isolation is particularly important in the Rockford area, where increasing connectedness can improve overall health and well-being.
- **Technology Access and Literacy** – Improving access to technology and digital skills training to help older adults remain connected with family, services, and community resources, and to help reduce social isolation.
- **Transportation** – Continued need for expanded transportation services, particularly in rural areas, where limited options make it difficult for older adults to access medical care, essential services, and community programs. In some cases, individuals require assistance beyond traditional curbside-to-curbside transportation, such as door-to-door support.

These identified needs will continue to inform NIAAA’s program planning, funding priorities, and collaborative efforts with community partners throughout the Area Plan cycle.

### Caregiving

Unpaid caregivers provide an estimated 85 percent of all long-term care services, most often assisting a family member or friend who has a chronic health condition, disability, or age-related need for support.\* These caregivers play a critical role in helping older adults remain in their homes and communities.

However, caregiving responsibilities can place significant emotional, physical, and financial strain on individuals and families, particularly when affordable home care and respite services are limited. Many caregivers also report feeling unprepared for the responsibilities they assume and are often unaware of the resources and support services available to assist them.

Strengthening caregiver awareness, expanding access to respite and support services, and improving connections to available resources remain key priorities in addressing the growing needs of caregivers throughout Area 01.

\*Source: Illinois Department on Aging (IDoA)

### Aging Network Visibility

Older adults and community partners frequently report that they learn about available services and programs through informal networks such as family members, friends, and neighbors. While these personal connections are valuable, they also highlight ongoing challenges in ensuring that information about aging services reaches all individuals who may benefit from them.

A significant portion of service information is distributed online, which can limit access for some older adults. Barriers such as limited digital literacy, language differences, lack of coordinated service information, and unreliable or unavailable internet access may prevent individuals from learning about available programs and supports.

Improving awareness, accessibility, and coordination of information about aging services is an important priority for strengthening the Aging Network and ensuring that older adults and caregivers in Area 01 can more easily connect with the resources they need.

### **Social Isolation**

Some older adults experience physical, social, or environmental barriers that limit their ability to remain connected with others. Factors such as being homebound, limited mobility, lack of transportation, or the absence of a strong social support network can increase the risk of social isolation.

In addition, some individuals may feel hesitant to leave their homes due to health concerns, safety fears, or limited access to transportation. Others may face challenges connecting with family, friends, or community resources because they lack reliable internet service or are unfamiliar with digital technology.

Social isolation can have significant impacts on both physical and mental health, making it important to expand opportunities for social engagement, community programming, and outreach efforts that help older adults remain connected to their communities.

### **Transportation**

Access to reliable transportation remains a significant challenge for many older adults throughout Area 01, particularly for those living in rural communities. Transportation-related stress is often linked to the rising costs associated with vehicle ownership, insurance, maintenance, and fuel, which can make personal transportation unaffordable for some older adults.

Demand for transportation services continues to grow, while many local provider agencies are already operating at or near capacity. Limited funding often prevents agencies from expanding services by adding additional vehicles, drivers, or routes.

While current program guidelines generally support curb-to-curb transportation services, some older adults require door-to-door assistance due to mobility or health limitations. Addressing these transportation gaps remains an important priority to ensure older adults can access medical appointments, essential services, and community activities.

### **Service Priorities**

The information gathered through the needs assessment process is used to guide funding priorities, also based on Illinois Intrastate Funding Formula (IFF), for community-based services throughout Planning and Service Area 01. These priorities guide the allocation of funds provided through the Older Americans Act (OAA) and the Illinois Department on Aging (IDoA) General Revenue Fund (GRF).

The following program areas represent the primary service priorities within the Area Plan:

- 1. Community Based Services (Title III-B)**

Title III-B funding supports the development of a **comprehensive and coordinated service system** for older adults. The Illinois Department on Aging (IDoA) requires minimum funding allocations for

specific service categories: **33.1% for access services, 0.4% for in-home services, and 3.2% for legal services.**

For Fiscal Year 2027, Title III-B funding supports services such as Information and Assistance, Options Counseling, Transportation, Respite Care, Legal Assistance, Gap-Filling Services, and the Long-Term Care Ombudsman Program. Additional resources are directed toward programs that address Alzheimer's disease and related dementias (ADRD) and efforts to reduce social isolation, including programs such as Stress-Busters (caregiver education), ADRD GAP/Respite services, Friendly Visiting, Telephone Assurance Calls, and expanded health promotion and transportation programs.

**2. Congregate Meals (Title III-C1)**

Congregate meal programs provide nutritious meals and opportunities for social interaction for adults age 60 and older. These programs assist individuals who may struggle to maintain proper nutrition due to limited income, mobility challenges, lack of cooking equipment or skills, or the absence of social support that encourages regular meals.

**3. Home Delivered Meals (Title III-C2)**

Title III-C2 funding supports the provision of home-delivered meals to individuals age 60 and older who are homebound due to illness, disability, or social isolation. This program helps ensure that vulnerable older adults receive nutritious meals and regular wellness checks. Services are supported through both federal OAA funds and Illinois General Revenue Funds (GRF).

**4. Health Promotion (Title III-D)**

Title III-D funding supports disease prevention and health promotion activities offered through senior centers, congregate meal sites, home-delivered meal programs, and other community locations. Priority is given to medically underserved areas and to communities with higher concentrations of older adults who have significant social and economic needs.

**5. Caregiver Support (Title III-E)**

The Caregiver Support Program provides services that assist family caregivers in their role. These services include information and assistance, training and education, support groups, respite care, and GAP-filling services. Under the Older Americans Act, no more than 20 percent of federal caregiver funding may be used for gap-filling services, and up to 10 percent of combined federal and non-federal funding may support grandparents and other relatives raising grandchildren.

**Additional Service Priorities**

Based on the results of the needs assessment, NIAAA will focus on several additional priorities during the Area Plan period:

- Increasing Aging Network visibility through stronger community connections, expanded outreach, and advocacy efforts with legislators throughout PSA 01.
- Community engagement initiatives, including senior Pop-Up Fairs, educational roundtables, marketing and awareness campaigns, and outreach activities across the Rockford region and surrounding counties.
- Expansion of caregiver services, supported by additional state General Revenue Funds for caregiver GAP and Respite services and expanded use of the T-Care caregiver assessment platform to improve service coordination.
- Expansion of caregiver education programs, including Stress-Busters classes, into additional counties within the service area.

- Continued efforts to secure funding for older adult mental health services, recognizing the growing need for behavioral health support among older adults.

Although some funding within the Social Isolation service category has shifted among providers, NIAAA does not anticipate significant changes to the overall service delivery system during 2027. The agency will continue working with community partners to ensure that services remain responsive to the needs of older adults and caregivers throughout Area 01.

## Older Adults Living in Area 01

There are an estimated 169,549 people age 60 years or older living in Area 01.

**NORTHWESTERN ILLINOIS AREA AGENCY ON AGING**

Planning & Service Area: 01

Population	2023 Est.	2024 Est.	Difference	% Change
<b>Total Population</b>	<b>212,038</b>	<b>213,132</b>	<b>1,094</b> ▲	<b>0.5%</b>
Age 55 & Older Population	212,038	213,132	1,094 ▲	0.5%
Age 60 & Older Population	167,369	169,549	2,180 ▲	1.3%
Age 65 & Older Population	123,528	125,902	2,374 ▲	1.9%
Age 75 & Older Population	51,360	52,862	1,502 ▲	2.9%
Age 85 & Older Population	16,187	16,151	(36) ▼	-0.2%
<b>Poverty: 60 &amp; Older Population</b>	<b>14,533</b>	<b>15,335</b>	<b>802</b> ▲	<b>5.5%</b>
<b>Minority: 60 &amp; Older Population</b>	<b>20,656</b>	<b>21,774</b>	<b>1,118</b> ▲	<b>5.4%</b>
<b>Living Alone: 60 &amp; Older Population</b>	<b>43,160</b>	<b>43,160</b>	<b>0</b>	<b>0.0%</b>
<b>Rural: 60 &amp; Older Population</b>	<b>66,396</b>	<b>67,025</b>	<b>629</b> ▲	<b>0.9%</b>
County(ies): Carroll, Jo Daviess, Lee, Ogle, Stephenson, Whiteside				



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COUNTY	TOTAL POPULATION	55+ POPULATION	60+ POPULATION	65+ POPULATION	75+ POPULATION	85+ POPULATION	POVERTY POPULATION	MINORITY POPULATION	LIVING ALONE POPULATION	RURAL POPULATION
Boone	53,230	16,003	12,380	8,916	3,616	966	945	1,743	2,720	
Carroll	15,576	5,995	4,946	3,768	1,610	352	375	204	1,365	4,946
DeKalb	100,703	24,902	18,996	14,020	5,652	1,606	1,476	2,212	4,215	
Jo Daviess	21,851	9,946	8,304	6,541	2,846	728	471	263	1,960	8,304
Lee	33,869	12,137	9,684	7,227	3,151	998	902	700	2,580	9,684
Ogle	51,495	17,669	13,877	10,274	4,550	1,437	1,060	971	3,610	13,877
Stephenson	43,768	17,054	14,070	10,671	4,519	1,650	1,182	1,267	3,555	14,070
Whiteside	54,947	19,705	16,144	11,967	5,071	1,482	1,273	1,508	4,390	16,144
Winnebago	283,292	89,721	71,148	52,518	21,847	6,932	7,651	12,906	18,765	

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

## NIAAA Allocation Process

### Allocation of Funds

NIAAA allocates funding for services across the counties within Planning and Service Area 01 through a structured process designed to ensure fairness, compliance with federal and state regulations, and responsiveness to local needs.

The allocation process includes the following components:

- Geographic Funding Formula – NIAAA uses a geographic funding formula to determine county-based funding levels for most programs within Area 01. This formula establishes the total dollar amounts available to each county. Certain programs, including Title III-B Ombudsman services and Title VII Elder Abuse Prevention, follow separate allocation formulas due to federal and state program requirements.
- Federal and State Program Requirements – The Older Americans Act (OAA) and Illinois Department on Aging (IDoA) regulations specify funding categories under each Title and identify the services that are eligible for support within those categories.
- Board-Directed Priorities – For funds that fall within NIAAA’s discretionary authority, the NIAAA Board of Directors establishes funding priorities through the agency’s planning process, guided by the results of the regional needs assessment and input from stakeholders.
- Long-Term Care Bed Formula – Funding provided by IDoA for Title III-B and Title VII Ombudsman services is determined based on the number of licensed long-term care beds located within Area 01, as reported in the Illinois Department of Public Health’s List of Long-Term Care Beds.

Together, these requirements and planning processes determine the total funding amounts available for allocation to services and programs throughout Area 01. This approach helps ensure that resources are distributed in a manner that reflects both regulatory requirements and the needs of older adults and caregivers in the region.

## **NIAAA Geographic Funding Formula for FY27**

### **Geographic Funding Formula**

The Older Americans Act (OAA) and accompanying Illinois General Revenue Funds (GRF) require that services be targeted to older adults with the greatest economic and social needs, with particular emphasis on low-income minority older adults. These requirements help ensure that limited resources are directed to populations most at risk and most in need of supportive services.

The NIAAA Advisory Council reviews and recommends the factors and weightings used in NIAAA’s geographic funding formula, and the NIAAA Board of Directors approves the continued use of these factors as part of the agency’s planning process.

Population data from the 2024 Census estimates provided through the Administration for Community Living (ACL) are used by the Illinois Department on Aging (IDoA) to allocate Fiscal Year 2027 Older Americans Act (OAA) and General Revenue Funds (GRF) to Illinois’ thirteen Area Agencies on Aging (AAAs).

Within Planning and Service Area 01, NIAAA applies its geographic funding formula to determine how Title III service funds are distributed among the region’s nine counties—Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago. The formula applies to most Title III services, with the exception of programs that follow separate allocation methods, such as the Long-Term Care Ombudsman Program and Title VII Elder Abuse Prevention.

The weight assigned to each targeted category within the geographic funding formula is outlined below.

### 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:

<b>County Funding Formula Percentages - FY27</b>						
<b>County</b>	<b>2000</b>	<b>2010</b>	<b>2020</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
Boone	4.50%	5.30%	6.50%	6.30%	6.20%	6.3%
Carroll	3.8	3.3	3.10%	3.00%	3.10%	3.0%
DeKalb	8.1	8.5	9.70%	9.30%	9.80%	9.6%
Jo Daviess	5	5.1	4.80%	4.70%	4.70%	4.8%
Lee	6.9	6.3	6.40%	7.20%	6.30%	6.3%
Ogle	8.2	8.3	8.60%	8.70%	8.70%	8.7%
Stephenson	10.9	10	9.50%	9.40%	9.20%	9.0%
Whiteside	11.9	11.4	10.40%	10.10%	10.50%	10.3%
Winnebago	40.7	41.8	41.00%	41.30%	41.50%	42.0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### 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 FY27.
- 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 FY27, 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 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 01, and many other AAAs, are experiencing the return of waiting lists for Home Delivered Meals (HDMs). As of March 6, 2026, DeKalb County has 42 older adults with unmet HDM needs in various townships.

### Reasons for Unmet Need

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	42
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
<b>Area 01 Total</b>		<b>42</b>

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.

## 5. Funding Allocations

### FY27 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 FY27 the following services: Information

and Assistance (I&A), Options Counseling, Transportation, Respite Care, Legal Assistance, Gap-Filling Services, and the Long-Term Care Ombudsman Program (OMB). Additional resources are directed toward programs that address Alzheimer’s disease and related dementias (ADRD) and efforts to reduce social isolation, including programs such as Stress-Busters (Caregiver Education), ADRD GAP/Respite services, Friendly Visiting, Telephone Assurance Calls, and expanded Health Promotion and Transportation programs.

**1. FY27 Allocation for Community Services and Health Promotion**

The following table of FY27 allocations for community-based services (Title III-B and GRF) and health promotion (Title III-D) funding by service by county:

**FY27 Community Based Services and Health Promotion Allocations**

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

<b>PROPOSED FY2027 ALLOCATIONS BY TITLE B/GRF AND IIID BY SERVICE BY COUNTY</b>								
COUNTY		B I & A	B TRANS	B HOME MAKER	B LEGAL	B GAP FILLING	OMB III-B GRF VII	D HEALTH PROM
BOONE		63,363	8,152	63	3,780	1,890	5,117	3,068
CARROLL		30,173	3,882	30	1,800	900	2,436	1,461
DEKALB		96,554	12,422	96	5,760	2,880	7,797	4,675
JO DAVIESS		48,277	6,211	48	2,880	1,440	3,898	2,337
LEE		63,363	8,152	63	3,780	1,890	5,117	3,068
OGLE		87,502	11,257	87	5,220	2,610	7,066	4,236
STEPHENSON		90,519	11,646	90	5,400	2,700	7,309	4,382
WHITESIDE		103,594	13,328	103	6,180	3,090	8,365	5,015
WINNEBAGO		422,422	54,346	420	25,200	12,600	34,111	20,452
PSA 01		1,005,767	129,396	1,000	60,000	30,000	81,216	48,694
TOTAL IIIB	1,226,163	1,005,767	129,396	1,000	60,000	30,000	81,216	48,694

**FY27 Projected People and Units**

The following are the projected people and units for FY27 for community based 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.

**FY27 Projected People and Units**

Service	Actual 2023		Actual 2024		Actual 2025		Estimated 2026		Projected 2027	
	People	Units	People	Units	People	Units	People	Units	People	Units
Info. & Assistance	20,170	97,616	18,870	101,410	19,509	114,759	20,000	100,000	20,000	100,000
Transportation	1,589	40,324	1,829	46,076	1,842	67,186	1,600	70,000	1,600	70,000
Legal Services	327	1,800	317	1,403	195	780	150	900	150	900
GAP Filling	49	49	40	40	54	54	40	40	40	40
Congregate Meals	2,788	64,960	2,526	77,706	2,339	78,901	3,000	75,000	3,000	75,000
Home Delivered Meals	3,523	654,132	3,901	791,798	3,989	597,774	3,600	800,000	3,600	800,000
Health Promotion	2,532	14,996	1,825	16,898	295	4,323	300	4,000	300	4,000
<b>Total</b>	<b>30,978</b>	<b>873,877</b>	<b>29,308</b>	<b>1,035,331</b>	<b>28,223</b>	<b>863,777</b>	28,690	1,049,940	28,690	1,049,940

**FY27 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 Resource Center (Jo Daviess, and Stephenson); and Mercyhealth at Home (Boone & Winnebago). The APSPAs conduct investigations into reports of abuse against older adults and adults with disabilities 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 FY27 is \$15,052 which is less than FY26.

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; and
- Expenses for training including the annual Adult Protective Services Conference. The APSPAs have \$3,052 available for reimbursement for training expenses (\$2,252 allocated to the four APSPAs and \$800 to the long-term care ombudsman program); and
- 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 \$1,414.

**FY27 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 2027	FORMULA %	III-C1	III-C2	GRF	TOTAL	TOTAL
BOONE, LEE, OGLE, WINN	63.3%	327,271	732,523	2,380,067	3,112,590	3,439,861
CARROL, JO DAVIESS						
STEPHENSON, WHITESIDE	27.1%	140,111	313,608	1,018,955	1,332,563	1,472,674
DEKALB	9.6%	49,634	111,094	360,958	472,052	521,686
<b>TOTAL</b>		517,016	1,157,225	3,759,980	4,917,205	5,434,221
<b>TOTAL</b>	100.0%	517,016	1,157,225	3,759,980	4,917,205	5,434,221

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) FY27 federal appropriation; 2) number of meals provided nationwide in FY24; and 3) number of meals provided throughout Illinois in FY24. The NSIP projected allocation will, consequently, be revised when the actual FY24 meal count is calculated and the FY27 appropriation is made by Congress. Given this, the following is the estimated NSIP meal allocation for FY27:

#### FY27 NSIP Allocations

NSIP						
SERVICE AREAS	FY24 MEALS	%	FY 27 Alloc	FY27 III-C1	FY27 III-C2	Total C1+C2
BOONE, LEE, OGLE, WINN	484,170	55.7%	225,371	63,104	162,267	225,371
CARROL, JO DAVIESS						
STEPHENSON, WHITESIDE	301,379	34.7%	140,285	39,280	101,005	140,285
DEKALB	83,955	9.7%	39,079	10,942	28,137	39,079
<b>TOTAL</b>	869,504	100.00%	404,735	113,326	291,409	404,735
<b>TOTAL</b>			404,735	113,326	291,409	404,735

### FY27 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. State GRF funding is also supporting Caregiver Support Groups, Caregiver Outreach Services, and Caregiver Public Education (marketing). Given this, the following is the FY27 allocation:

#### FY27 Caregiver Allocation by County

CAREGIVER FY 2027								
FY27	E	E	E	E	E	E	E GRF	
	I & A	G/P	GAP	RESPITE	T/E/S		Caregiver	TOTAL
COUNTY		I & A					Services	
BOONE	13,317	1,260	3,150	3,150	1,575		9,678	32,130
CARROLL	6,342	600	1,500	1,500	750		4,608	15,300
DEKALB	20,293	1,920	4,800	4,800	2,400		14,747	48,960
JO DAVIESS	10,146	960	2,400	2,400	1,200		7,373	24,479
LEE	13,317	1,260	3,150	3,150	1,575		9,678	32,130
OGLE	18,390	1,740	4,350	4,350	2,175		13,364	44,369
STEPHENSON	19,025	1,800	4,500	4,500	2,250		13,825	45,900
WHITESIDE	21,773	2,060	5,150	5,150	2,575		15,822	52,530
WINNEBAGO	88,782	8,400	21,000	21,000	10,500		64,517	214,199
PSA 01	211,385	20,000	50,000	50,000	25,000		153,612	509,997

Based on the above caregiver allocation, the following are projections for people and units for 2027:

Service	FY 202 Actual		FY 2023 Actual		FY 2024 Actual		FY 2025 Actual		FY 2026 Estimated*		FY27 Projected*	
	People	Units	People	Units	People	Units	People	Units	People	Units	People	Units
Caregiver - I&A	686	3,129	543	2,508	506	2,576	568	2,727	845	4,173	600	3,200
Grandparent - I&A	112	1,517	75	1,335	69	1,410	67	1,239	100	1,600	100	1,600
Caregiver GAP Filling	67	67	91	91	27	27	63	63	80	80	60	60
Caregiver Respite	89	4,794	144	6,636	79	1,800	110	2,283	100	3,500	100	3,500
TES	9	22	6	8	17	57	32	84	690	1,020	600	1,000
<b>Total</b>	<b>963</b>	<b>9,529</b>	<b>859</b>	<b>10,578</b>	<b>698</b>	<b>5,870</b>	<b>840</b>	<b>6,396</b>	<b>1,815</b>	<b>10,373</b>	<b>1,460</b>	<b>9,360</b>

## 6. Funding Changes

### FY27 Funding Increases, Decreases and Carryover Funds

NIAAA will comply with the intent of Congress, the Illinois General Assembly or administrative directives (from 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 can 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 FY27 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 FY27 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. 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 FY27, 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 \$326,541) (GRF \$ 199,235)	\$525,776	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. <b>Coordination</b>	\$ 70,000	Developing a comprehensive and integrated service delivery system through the creation of working relationships with funding agencies and service providers.
2. <b>Project Development</b>	\$ 80,000	Creating new services or improving services.
3. <b>Advocacy</b>	<u>\$ 90,000</u>	Representing, supporting, or helping seniors get needed services, inducing change in stereotypes, or influencing legislation and policies which impact the lives of seniors.
<b>Total ARE</b>	<b>\$240,000</b>	

## Information & Assistance Services Provided Directly By NIAAA

NIAAA proposes to continue to provide area-wide information and assistance (I&A) services during FY27 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 FY27 which is a \$20,000 decrease (or 43%) from FY13.

Justification for Caregiver direct service

NIAAA has provided area wide caregiver assistance since FY 2001 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 provides caregiver access services, therefore, is both necessary and sufficient to meet the needs in Area 01.

**NIAAA FY27 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 FY27 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	1,500	2,500	150	500	1,927	3,492	178	447
FY26 estimated	1,600	3,000	175	450	1,750	3,000	175	450
FY27 projections	1,600	3,000	175	450	1,750	3,000	175	450
					The Green numbers are actual counts			

**Other NIAAA Activities**

NIAAA administers the following additional programs:

- The **Illinois Senior Health Assistance Program (SHAP)** helps older adults manage health costs by connecting them with Medicare Part D, Social Security’s Extra Help, and Medicare Savings Programs (MSPs). These programs reduce, and in some cases eliminate, costs for prescription drugs and premiums, while aiding in accessing in-home care services to prevent nursing home placement; and

- The Illinois **Medicare Improvements for Patients and Providers Act (MIPPA)** program provides federal grant funding to assist low-income Medicare beneficiaries with limited income and assets in accessing, understanding, and enrolling in programs that reduce Medicare costs. It focuses on outreach, education, and counseling for Medicare Part D Extra Help, Medicare Savings Programs (MSP), and preventive services; and
- The **State Health Insurance Program (SHIP)** which is a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers; and
- The Illinois **Senior Medicare Patrol (SMP)** program empowers Medicare beneficiaries, families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse. Through volunteer-driven education, outreach, and one-on-one counseling, the program helps seniors protect their identities and Medicare benefits from scams, often operating through local community organizations; and
  - Assisting clients and working the **Managed Care Organizations (MCOs)** as they privatize Medicaid in Area 01.

**Proposed FY27 Allocations by County**

**Summary**

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

<b>PROPOSED FY2027 ALLOCATIONS BY COUNTY</b>											
TITLE	Boone	Carroll	DeKalb	Jo Dav.	Lee	Ogle	Steph.	White.	Winn.	Total	
IIIB/GRF SUPPORTIVE SER	94,493	44,997	143,989	71,995	94,493	130,490	134,990	154,488	629,953	1,499,888	
IIIB/GRF/VII OMBUDSMAN	5,117	2,436	7,797	3,898	5,117	7,066	7,309	8,365	34,111	81,216	
IIIC-1 CONGREGATE MEALS	32,572	15,510	49,634	24,817	32,572	44,980	46,531	53,253	217,147	517,016	
IIIC-2/GRF HOME DEL MEALS	309,784	147,516	472,052	236,026	309,784	427,797	442,548	506,472	2,065,226	4,917,205	
IIID HEALTH PROMOTION	3,068	1,461	4,675	2,337	3,068	4,236	4,382	5,015	20,452	48,694	
IIIE CAREGIVER SUPPORT	22,452	10,692	34,213	17,106	22,452	31,005	32,075	36,708	149,682	356,385	
<b>TOTAL ALL TITLES</b>	<b>467,486</b>	<b>222,612</b>	<b>712,360</b>	<b>356,179</b>	<b>467,486</b>	<b>645,574</b>	<b>667,835</b>	<b>764,301</b>	<b>3,116,571</b>	<b>7,420,404</b>	
VII ELDER ABUSE			PER ELDER ABUSE AGENCY - FOR M-TEAM SUPPORT								12,000
III-C NSIP										404,735	
<b>TOTAL</b>										<b>7,837,139</b>	