

Western Illinois Area Agency on Aging

Public Information Document

*A Summary of
FY 2025 - 2027 Area Plan*

Published April 4, 2024

NOTICE

Western Illinois Area Agency on Aging's (WIAAA) Public Information Document (PID) supplies a summary of our FY 2025-2027 Area Plan. WIAAA submits an Area Plan to the Illinois Department on Aging requesting federal and state funds to provide in-home and community-based services for older adults and their caregivers and, in some instances, adults with disabilities living in **Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, and Warren counties in Illinois**. We will also submit a request to fund the Regional Ombudsman Program serving Adams, Brown, Calhoun, Hancock, Pike, and Schuyler counties in West Central Illinois (PSA 06). All proposed programs and services are subject to available funding. The Area Plan is developed by assessing the needs for community-based services for older adults using federal Older American Act funding and Illinois state funding that will assist older adults to remain living in their local communities. We identify issues for short and long-range planning and establish priorities for use of funding allocated by the Illinois Department on Aging for the ten counties in PSA 03.

The Area Plan will be implemented October 1, 2024 through September 30, 2027 with amendments in FY 2026 and FY 2027. The Public Information Document will be made available beginning April 4, 2024 on the WIAAA website (www.wiaaa.org), by contacting Vicki Coutant (vcoutant@wiaaa.org or 1-800-322-1051), or by requesting a copy at your local Community Focal Point.

PUBLIC HEARINGS

WIAAA will host two Public Hearings to discuss the Area Plan. The hearings will focus on what services we are proposing to fund for older adults, their caregivers, and adults with disabilities. We will also discuss the allocation of federal and state funds for these services in Fiscal Year 2025. All are welcome to attend the public hearing. Details below:

In-Person

Friday, April 26, 2024

10:00 AM – 12:00 PM

WIAAA Conference Room

729 34th Ave, Rock Island, IL

Virtual (via Zoom)

Monday, April 29, 2024

1:00 PM – 3:00 PM

Meeting ID: 848 4755 0717

Passcode: 943324

Register for the virtual meeting here: <https://bit.ly/WIAAA-Public-Hearing-2024>

Public comment on the Area Plan is welcome. If you would like to comment and/or testify on any section of this document, you may register in advance by calling the WIAAA office at 309-793-6800. Testimony may be presented verbally or in writing. Please call by 4 PM, Friday, April 15, 2024, if you plan to testify. Although an opportunity for unscheduled comments from the audience will be allowed at each hearing, the amount of time available will be limited by the number of people testifying. Hearings are scheduled to end a maximum of two hours after they begin, or whenever there is no more testimony. All presentations will be limited to ten minutes. If you are unable to attend one of the Public Hearings and would like to comment on the proposed Area Plan, written statements will be accepted through Wednesday, May 1, 2024, at 4 PM.

The Area Plan includes a waiver request to exceed 15% (up to 30%) transfer of WIAAA's allotment for Title III-C1 Congregate Meals to Title III-B Community Focal Point Services including I&A, Outreach, and Senior Center services. It also has four direct service waivers: one under III-E Caregiver Access Assistance (Caregiver Information & Assistance) for \$3,000; one under III-B Information & Assistance for \$21,000; one under III-D Health Promotion and Disease Prevention (Matter of Balance – Falls Prevention Program) for \$48,532; and one under Options Counseling for \$7,700. Testimony or comment is accepted in person or in writing on all waiver requests.

Who We Are

WIAAA is a 501(c)(3) non-profit founded in 1974 under an amendment to the Older Americans Act of 1965, a federal law created to provide programs and services that assist older Americans to age well in their own homes. There are currently 622 area agencies on aging across the nation and 260 Title VI Native American aging programs in the United States. There are 13 Area Agencies on Aging in Illinois. We are part of a vast, national network of services and programs to protect the rights and support the needs of older Americans. This network includes the Administration for Community Living (federal level), State Units on Aging (state level), Area Agencies on Aging (regional level), and community service providers (local level) all working together to serve older adults. Western Illinois Area Agency on Aging serves ten counties in western Illinois: **Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, and Warren**. We plan, develop, coordinate, and assist with delivering services and programs to meet the needs primarily of older adults in the ten counties WIAAA serves.

We employ nine full-time employees and one part-time contracted person. We are governed by a Board of Directors and have an Advisory Council. Those serving on our Board and Advisory Council are predominantly older adults who volunteer their time to advocate and assist in developing community-based services for older adults and their family caregivers. WIAAA, in partnership with our Board of Directors, Advisory Council, and our grant funded local community agencies in our ten-county planning and service area, advocates for older adults at the local, state, and national level to effect change and support older adults needs for independence and wellness through community-based services.

VISION

Our vision is to lead a network of community agencies that provide accessible, coordinated services for older adults and adults with disabilities to live independent dignified lives.

MISSION

Our mission is to empower and support older adults, adults with disabilities, and their caregivers by providing quality services, resources, and opportunities to maintain independence and elevate quality of life.

CORE VALUES

Accountability – We are excellent stewards of federal, state, and private resources.

Advocacy – We work to ensure in-home and community-based services are funded and available throughout PSA 03.

Ethics & Integrity – We maintain consistent professionalism, honesty, respect, and compassion while serving the needs of our clients. We always aim to be responsive to the needs of everyone in our planning and service area regardless of race, ethnicity, gender, and sexual orientation. We are committed to creating and implementing programs that are inclusive, aware of cultural differences, and treat all people with respect. We strive to cultivate an organizational culture that values all people.

Flexibility – We remain vigilant and responsive to an ever-changing world, and we aim to adapt to changes in business landscapes, shifts in funding resources, and the expansion of the population we serve.

Leadership – We have established a standard of excellence in advocacy and service delivery through effective collaboration.

What We Do

WIAAA plays a leadership role in developing a comprehensive local community-based service system in the ten counties we serve. We accomplish this through planning, program development, and coordination of services for older adults through administration of grant funding and advocacy. WIAAA partners with the following local agencies in the ten counties we serve: ten Community Focal Points who provide Information & Assistance, Outreach and Senior Center services, eight Nutrition providers who provide Home Delivered Meals and/or Congregate Meals, eight Transportation providers and one Care Coordination Unit to assist with caregiver services. The primary source of WIAAA's funding for the older adult services and programs is through the Older Americans Act (federal funding) along with Illinois State Funds and local grants. Each provider in our service network must provide matching funds for the programs and services they provide. These community-based agencies fundraise locally to meet the needs in the areas they serve. All participants who receive a service/program from WIAAA or our local partner agencies funded through the Older Americans Act are asked for a voluntary donation. No one is denied services due to inability or unwillingness to donate. Donations are used to increase the number of people served and the services available for older adults in PSA 03.

WIAAA and our Partner Agencies

WIAAA FUNDS THE FOLLOWING PROGRAMS AND SERVICES:

Access Services (Title III-B Services): Ten Community Focal Points (CFPs) provide coordinated points of entry for Information & Assistance and Caregiver Access Assistance services. Eight agencies provide transportation services in our planning and service area.

In-Home Services: Home delivered meals including individual needs assessment for home delivered meals (Title III-C2), Respite services (Title III-B), and Outreach services (Title III-B).

Community Services: Congregate Meals (Title III-C1), Legal Assistance (Title III-B), and Multi-Purpose Senior Center Programs (Title III-B).

Wellness Programs: A Matter of Balance, an evidence-based falls prevention program (Title III-D), is overseen by WIAAA and delivered by volunteers across PSA03. Evidence-Based Stress Busting Program for Family Caregivers (Title III-E) will continue to be offered by the ten CFPs in their respective counties.

The Stress Busting Program is proven to reduce stress, anxiety, and depression and improve the caregiver's quality of life. There are two tracks available: Dementia and Chronic Illness.

Caregiver Services (Title III-E): Respite services, Information & Assistance, Counseling and Training/Education, Legal Services, Supplemental Services, and Enhanced Transition Program. Four CFPs and Alternatives receive state Caregiver Support funds for costs associated with TCARE. TCARE is a caregiver assessment tool that identifies the stressors of individual caregivers and provides personalized tools and resources to support the caregiving journey. This will assist staff and better provide the resources for each person's unique needs.

Reducing Social Isolation: All ten CFPs will provide social isolation programming and collaborate with nutrition and transportation providers in their respective counties. The services listed below are specifically to address and reduce social isolation:

Telephone Reassurance (III-B In-Home Service): A cost-friendly social isolation intervention that yields great benefit to those who utilize the service. Many older adults experience barriers when attempting to participate in social activities- some are home-bound, others face limitations of mobility, access to transportation to and from activities, and often lack the technology skills to seek out socialization through virtual platforms or online forums. In some cases, their phone is the only means these older adults have to connect with the outside world.

Recreation (III-B Community Services): CFPs will offer recreational activities (in-person and virtual interventions) to enrich the lives of older adults in their communities. These interventions will serve as opportunities to socialize and create/maintain relationships with their peers, as well as providing education, information, and promoting general wellness.

Elder Rights Programs: The Long-Term Care Ombudsman Program (Title VII) in both PSA 03 and PSA 06 and the state of Illinois Adult Protective Services (APS).

Senior Health Assistance Program (SHAP): Senior Health Assistance Program, Benefit Access program, the Medicare D Benefit, Low-Income Subsidy, and the Medicare Savings Program. WIAAA has trained and certified counselors who assist with answering questions, enrollment, and providing detailed information regarding Medicare benefits, enrolling in the Rides Free program for public transportation, the Illinois license plate discount program (Benefit Access) and pharmaceutical programs which may provide cost-savings to clients.

Senior Health Insurance Program (SHIP): Senior Health Insurance Program is free, unbiased counseling service provided to individuals who are seeking help with information and enrollment assistance for Medicare, Medicare Supplemental plans, Medicare Advantage plans, prescription drug coverage through Medicare D and other sources. WIAAA is a SHIP certified site that assists older adults 60 and older and persons with disabilities, 18 to 59.

Medicare Improvement for Patients and Providers (MIPPA): MIPPA funds are used to expand services that are already provided by WIAAA. These funds are used to increase outreach activities about

Medicare Savings Program, Low-Income Subsidy, and prescription coverage available under Medicare Part D drug plans. It also promotes the Medicare Part B Prevention and Wellness benefits included in the Affordable Care Act. This is federal funding that we receive through the SHIP grant.

Western Illinois Aging and Disability Resource Center (ADRC): Provide person centered Options Counseling for community-based long term care services and supports for older adults and adults with disabilities. WIAAA has built a network of local partners that collaborate on providing services.

OTHER ACTIVITIES THAT BENEFIT OLDER ADULTS:

Emergency Preparedness – WIAAA continues to review and revise its Disaster Operations Plan on a regular basis. We have a Business Continuity operational plan to be able to serve older adults during an emergency when our own office may be closed due to the disaster. All grant funded providers must also have disaster assistance plans. WIAAA is an active member of Disaster Ready QC. We take part in local training on disaster preparedness that is available. WIAAA maintains valuable coordinated partnerships at the state and local level to maximize the safety and well-being of older adults in Rock Island County and through our funded provider agencies in PSA 03.

Dementia Friendly America – WIAAA will continue efforts in establishing dementia friendly communities in PSA 03. A dementia friendly community is a city or town that is informed, safe and respectful of individuals living with dementia, their families and caregivers and provides supportive options that foster quality of life. As of FY 2024, the first ever Bi-State Dementia Friendly Initiative is underway in PSA 03. This would be Western Illinois Area Agency on Aging's second and third cities for a Dementia Friendly Initiative, having started one in Princeton, Illinois (Bureau County) in 2023.

Senior Medicare Patrol (SMP) – SMP program provides information to older adults on how to protect their personal information to avoid healthcare fraud and abuse. Older adults are provided with educational materials and educational presentations on how to protect, detect, and report fraud. WIAAA employees and volunteers give presentations throughout the PSA at housing facilities, churches, community events, health fairs, and expos about the program.

Senior Farmer Market Nutrition Program (SFMNP) – The program provides eligible older adults who are nutritionally at risk with fresh fruit and vegetables which are sometimes difficult to afford on limited budgets. The program runs through the summer months in Bureau, Knox, McDonough, Mercer, and Rock Island counties in PSA 03.

Human Service Collaboratives – WIAAA is a member of one state-wide and one local human service organizations collaborative.

- Illinois Community Health and Aging Collaborative seeks to improve the quality of life and health status of older adults and persons with disabilities in Illinois by leveraging the strengths of community-based organizations and elevating their provision of cost-effective, high quality, evidence-based healthy aging programs. We envision that evidence-based, healthy aging

programs will be accessible to all adults across Illinois, making Illinois a healthier state in which to live.

- Quad Cities Open Network (QCON) is a collaborative of human service providers and advocates throughout the Quad Cities region working together to provide the most efficient, effective, and accessible resources for the community. QCON is committed to collaboration, coordination, choices, and community.

Area Plan Initiatives for FY 2025-2027

Statewide Initiative #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.

WIAAA will develop and implement a marketing campaign to increase the visibility of available programs and services to further our mission of empowering and supporting older adults, adults with disabilities, and their caregivers by providing quality services, resources, and opportunities to maintain independence and elevate quality of life. The campaign will include content for online platforms for websites and social media, as well as printable material such as flyers and postcards. Printable material will be distributed at various community locations, such as libraries, town halls, post offices, medical offices, and banks. Marketing efforts will focus and target those in greatest economic and social need including low income, LGBTQ, racial and ethnic minorities, and socially isolated older adults. The goal is to market all available services and programs including evidence-based programming, while using a person centered, trauma informed approach. The campaign will be utilized by WIAAA, and a customizable version will be made available for service providers.

WIAAA and service providers will continue attending local human service councils, elderly consortiums, health fairs/expos/community events and provide both written and verbal information regarding services. WIAAA is working on scheduling presentations with local hospital discharge staff to educate on the services we can provide to older adults and adults with disabilities. Service providers will be asked to do the same in their counties.

Service providers will regularly visit low-income housing, senior hi-rises, local service councils, community partners, elderly consortiums, health fairs, and expos and provide education and material on the services and programs available. Community Focal Points will canvass each township in their county based on a three-year plan. They will go door-to-door informing the community of programs and services and distribute a packet of information. They can also market the canvassing ahead of time and hold meetings in locations such as city halls and libraries as opposed to door-to-door, especially in very rural areas.

Statewide Initiative #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.

All Western Illinois Area Agency on Aging subgrantees are monitored for compliance annually. This consists of off-site and on-site reviews. Additionally, WIAAA's Lead Program Coordinator completes quarterly unit analyses to monitor progress towards meeting projections.

WIAAA and Community Focal Points ask participants to complete Customer Satisfaction Surveys to measure their satisfaction with their visit. Surveys will be analyzed and recorded by the service provider for quality assurance purposes and then sent to WIAAA and entered in a database where a summary with data from all Community Focal Points can be summarized and shared. Areas that need improvement will be discussed and an action plan will be developed to address the issue.

All other service providers conduct client satisfaction surveys to ensure participant needs were met. All surveys will be reviewed, and any unsatisfactory response will be addressed and corrected. A summary of the results will be sent to WIAAA at the end of each fiscal year.

Statewide Initiative #3 and Local Initiative: 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.

WIAAA will develop and implement a caregiver specific marketing campaign to increase the visibility of available caregiver programs and services to further our mission of empowering and supporting older adults, adults with disabilities, and their caregivers by providing quality services, resources, and opportunities to maintain independence and elevate quality of life. The campaign will include content for online platforms for websites and social media as well as printable material, such as flyers and postcards. Printable material will be distributed at various community locations, such as libraries, town halls, post offices, medical offices, and banks. Marketing efforts will focus and target those in greatest economic and social need including low income, LGBTQ, racial and ethnic minorities, and socially isolated older adults. The goal is to market all available caregiver services including evidence-based programming, while using a person centered, trauma informed approach. The campaign will be utilized by WIAAA, and a customizable version will be made available for Community Focal Points.

WIAAA's Planning Process

WIAAA follows a five-step planning process to develop a Full Area Plan. Those steps are:

1. Assess Needs of Older Persons
2. Evaluate Existing Service Systems
3. Determine Availability of Resources to Meet Needs and Alternative Approaches Available to Meet Needs
4. Establish Priorities
5. Service Delivery Modification and Refinement

In order to understand the needs of older adults, we first need to understand the population in PSA03. The 2022 Census estimates the total population of PSA 03 will be 457,249 in 2025, with approximately 124,551 people who are 60 and over. Seven of the ten counties in PSA 03 are considered rural, with

the other three counties – Rock Island, Henry, and Mercer – categorized by the U.S. Census Bureau as part of the Davenport-Moline-Rock Island Metropolitan Statistical Area. A profile of the older adults who live in our ten-county planning and service area is depicted in the table below:

Profile of Older Adults in PSA 03
2022 Census Population Estimates for 2025 issued by Illinois Department on Aging

COUNTY	RURAL	TOTAL POPULATION	55+	60+	65+	75+	85+	POVERTY	MINORITY	LIVING ALONE	RURAL
Bureau	Y	33,203	12,249	9,621	7,415	3,291	913	856	574	2,480	9,621
Henderson	Y	6,374	2,760	2,255	1,660	766	272	74	53	545	2,255
Henry	N	49,157	17,348	13,715	10,311	4,407	1,380	1,123	575	3,435	--
Knox	Y	49,751	17,722	14,445	10,844	4,700	1,327	1,646	1,069	4,650	14,445
LaSalle	Y	109,495	37,322	28,710	20,944	8,865	2,706	2,393	1,776	7,305	28,710
McDonough	Y	27,370	8,347	6,708	5,144	2,269	826	572	319	2,225	6,708
Mercer	N	15,692	5,754	4,491	3,381	1,490	417	351	118	1,030	--
Putnam	Y	5,628	2,247	1,890	1,324	533	128	49	75	340	1,890
Rock Island	N	143,819	47,513	38,265	28,436	12,111	3,460	3,488	5,520	10,965	--
Warren	Y	16,760	5,549	4,451	3,258	1,389	483	435	295	1,215	4,451

To assess the needs of older adults in our planning and service area, we completed a comprehensive needs assessment. The collection and analysis of the data was based on a foundation of sociological research, utilizing both quantitative and qualitative methods. There were two sources from which data was collected: the Needs Assessment Survey and Community Input Meetings. The end goal for this data collection was threefold:

- Improve the quality and efficiency of service delivery in the planning and service area.
- Increase access to Older Americans Act services and other older adult programs.
- Increase the level and type of information disseminated by WIAAA and providers to older adults, family caregivers and the public.

The survey was designed using the online survey platform, Survey Monkey. In total the Needs Assessment Survey consisted of 39 questions. A total of 1,297 surveys had at least one question answered. Ten surveys were removed from the dataset because they answered three or fewer questions. An additional 74 surveys were removed from the dataset because the respondent did not answer questions beyond demographic information. The remaining 1,213 survey responses were utilized in the data analysis.

WIAAA conducted eight Community Input Meetings in our ten-county area. Each meeting was a semi-structured group interview. An outline of questions was prepared to provide guidance during the

meetings. The semi-structured format allowed us to focus on certain topics while granting the flexibility to ask follow-up questions and omit questions if they were not applicable to the group or if time did not allow. The Community Input Meetings ranged in size from one participant to twenty-one participants. In total 61 people attended the Community Input Meetings. One participant attended two meetings, and one participant attended three meetings. The end result was just over nine hours of recorded data.

After a detailed analysis of the survey and the meetings, we identified four key findings:

1. Lack of Awareness of Services
2. General Health Concerns
 - a. Falls, balance, and mobility
 - b. Social Isolation
3. Need for Transportation
4. Caregiving Concerns

AWARENESS OF SERVICES

The number one concern was awareness of services. This included concerns about knowing what services are available and finding resources. In our meetings, the phrase, “the people who need the most help don’t know how to get it” was often repeated. The lack of awareness of available services was evident in the survey data.

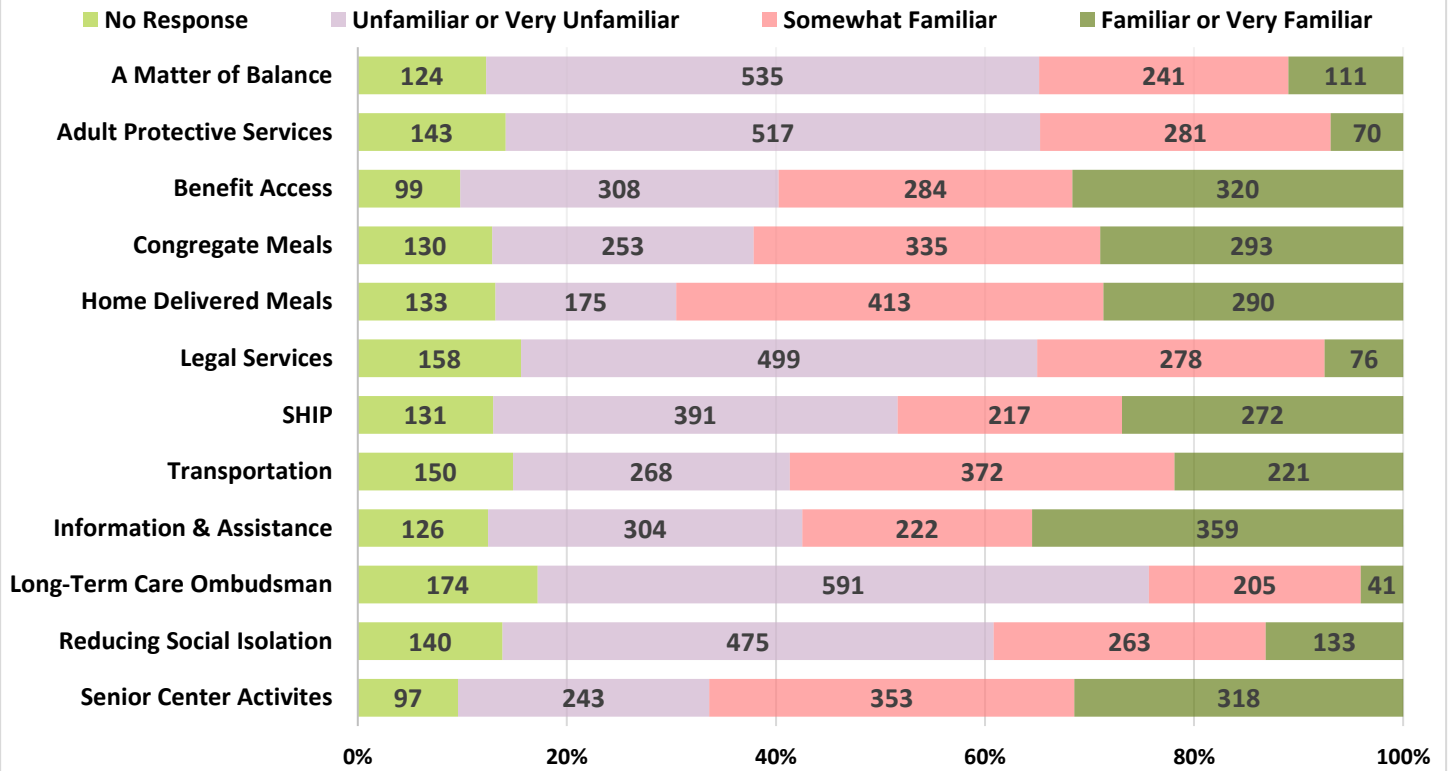
We asked survey respondents to rate their familiarity with and usage of services available in PSA 03. There were 1,011 respondents who marked familiarity with at least one service and were 60 and over. The familiarity scale on the survey was:

- Very Unfamiliar (I have never heard of this service)
- Unfamiliar (I have heard of this service, but I don’t know what it is)
- Somewhat Familiar (I know about this service, but I’ve not used it)
- Familiar (I have used this service)
- Very Familiar (I use this service often)

If familiarity was not indicated by the respondent, it was marked “no response” so long as they responded to at least one service category. Unfamiliar and Very Unfamiliar were combined, as were Familiar and Very Familiar.

The chart on the following page shows service familiarity amongst the previously mentioned 1,011 respondents.

SERVICE FAMILIARITY 60+



The most highly utilized service was Information and Assistance, with 36% of respondents indicating that they had used the service. The most well-known services were Home Delivered Meals, Senior Center Activities, and Congregate meals. These three services each surpassed 60% of respondents either having used the service or knowing about the service without having used it.

On the other hand, there were five programs that more than 60% of respondents were unfamiliar with or did not respond. Those services were:

- Long-Term Care Ombudsman
- Adult Protective Services
- A Matter of Balance
- Legal Services and
- Reducing Social Isolation

We identified negative stigma as a contributing factor to a lack of awareness of services. Each Community Input Meeting began with the icebreaker question, “What age do you think of when you think of an older adult?” As attendees introduced themselves the majority would respond with an age older than themselves. For example, one respondent said, “I would say the age is 80 because I’m 77.” At another meeting, a respondent said, “I think ten years older than whatever I am at the moment.” At a different meeting someone said, “I didn’t think I was old [until I heard these responses]. I’m 86.”

The term “older adult” and the idea of aging in general carry negative connotations and stigma with them. One meeting attendee said no one wants to be considered old, “unless I can get a discount.” In

that same meeting, we discussed the stigma of the word “senior” and the term “Senior Center.” The term itself seems to be a barrier to getting people in the door.

In our needs assessment survey 794 people had received services from at least one Community Focal Point (CFP), and yet 255 respondents (32%) did not indicate that they were familiar with any of the five CFP services in the Service Familiarity question. Those services being Benefit Access, SHIP, Information & Assistance, Reducing Social Isolation, and Senior Center Activities. Even more people, 496 of the 794 (62%), did not indicate that they had participated in Senior Center Activities.

GENERAL HEALTH CONCERNS

Health was another top concern. The survey asked respondents in the last six months, how often they have worried about their health, and 63% of respondents said they worried about their health sometimes, often, or always. Additionally, 32% of respondents indicated that they had a chronic illness.

2a. Falls, Balance & Mobility

The open-ended survey question resulted in 30 respondents specifically mentioning falls as concern. Among survey respondents who were 60+, just under 50% of respondents said in the last six months they worried about having a serious fall sometimes, often, or always.

2b. Social Isolation

We know that social isolation can negatively impact one’s overall health. In one meeting a woman mentioned the need for mental health services. She prefaced her statement by saying, “I know some people don’t like to talk about these things, but it is important.” There were nods throughout the room but not much discussion. This is a trend that we have seen with older generations; however, mental health is coming to the forefront.

Many survey respondents indicated feeling lonely. In fact, 559 respondents indicated feeling depressed sometimes, often, or always in the last six months, and 416 respondents indicated feeling isolated sometimes, often, or always in the last six months. Only 14% (81) of those who indicated feelings of depression were familiar with programs that reduce social isolation. And, of those who indicated feeling isolated, only 15% (65) were familiar with programs to reduce social isolation.

TRANSPORTATION

Transportation was the most discussed service throughout the Community Input Meetings. A few people identified depending on others to get them to their doctors’ appointments. One woman said she felt guilty because her children take time off work in order to take her to appointments. Another woman shared that she was completely dependent on her caregivers to help get her places, in fact she was more than 30 minutes late to the meeting because she had to wait until her caregiver’s shift began.

In our survey we provided a series of statements for respondents to mark their level of agreement with. There were 157 respondents who disagreed with the statement, “I can get where I need to go without any issues.” Of those, 88 respondents indicated that they do not have access to public transportation. Additionally, 93 of those 157 respondents indicated that they have limited mobility.

CAREGIVERS

Prior to the collection of this data, we knew that one serious barrier to reaching caregivers is the lack of individuals identifying themselves as a caregiver. When we asked survey respondents if they considered themselves to be a family caregiver, we included this statement:

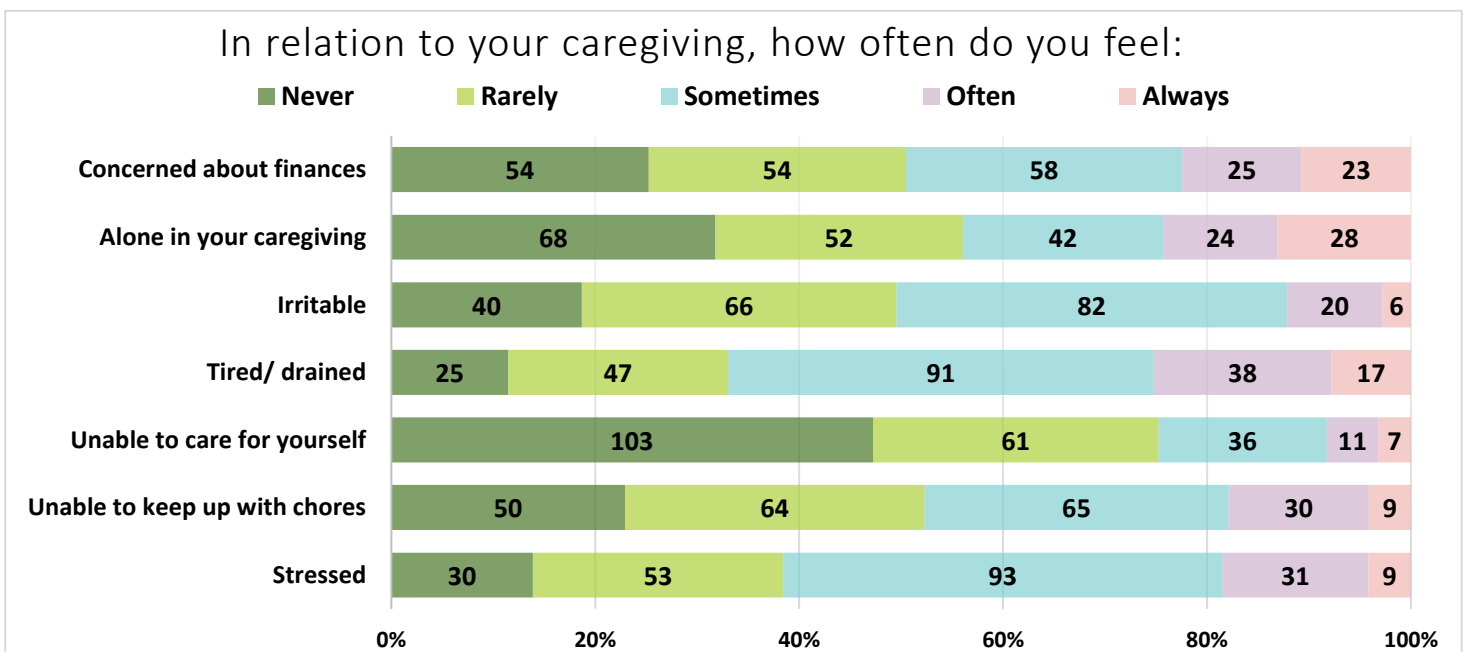
*We define a family caregiver as someone who provides care for a loved-one. Family is not limited to those you are related to. Care can include anything that you do to assist your loved-one. You do not have to be the primary caregiver to be considered a caregiver. **Anything from helping a neighbor with yardwork and groceries to helping your parent with their medications can be considered caregiving.***

We also included this statement when asking caregiving questions during the community input meetings.

In our survey 259 respondents identified themselves as a caregiver. In an earlier question, 66% of respondents said they had worried about the health of a loved one sometimes, often, or always in the last six months. That is 757 people. Worrying about the health of a loved one does not automatically make someone a caregiver, but 80% of self-identified caregivers said they had sometimes, often, or always worried about the health of a loved one. We believe some survey respondents did not self-identify as a family caregiver but would be considered a family caregiver by our provided definition.

In our community input meetings, caregivers expressed a need for respite options, but very few knew of the existing respite services available. In some cases, participants thought there was an income threshold in order to qualify for respite services, but that is not the case. Our survey showed that less than 8% of self-identified caregivers had utilized respite services. Less than that (7%) had utilized the Stress Busting Program.

The following chart shows how often caregivers identified with common feelings and stressors associated with caregiving.



FY 2025 Projections

Services	# of Participants	Federal Units	GRF Units	Total Units
ACCESS SERVICES				
Information and Assistance	7,740	7,833	4,667	12,500
Outreach	2,824	2,108	2,556	4,664
Transportation	1,987	12,674	34,409	47,083
Options Counseling	180		337	337
IN-HOME CARE SERVICES				
Home-Delivered Meals (IIC-2)	4,325	70,125	330,125	400,250
Telephone Reassurance	100		2,000	2,000
COMMUNITY SERVICES				
Congregate Meal (IIC-1)	1,477	62,696		62,696
Legal Assistance	210	783		783
Multi-Purpose Senior Centers	6,500	2,065	4,435	6,500
Title III-D – Health Promotion Service	170	1,105		1,105
Recreation	225		2,250	2,250
CAREGIVER SUPPORT SERVICES				
Respite	92	1,295		1,295
Access Assistance	916	856	554	1,410
Training/Education & Supportive Counseling	850	1,402	708	2,110
Supplemental Services	15	15		15
Legal Assistance	2	10		10
ADRD Supplemental	55		110	110
Stress Busters	110		770	770
Enhanced Transition	40		250	250
RACE				
White Only	26,983	Low-Income Minority		245
White of Hispanic Ethnicity	6	Greatest Economic Need		4,173
American Indian or Alaskan Native	28	Greatest Social Need		15,856
Asian Only	90	Limited English Proficiency		83
Black/African American	670			
Native Hawaiian/Pacific Islander Only	14			
Some Other	0			
Two or More Races	27			
TOTAL	27,818			
ETHNICITY				
Hispanic or Latino	248			
Not Hispanic or Latino	27,570			

What We Anticipate in FY 2025

AT THE FEDERAL LEVEL:

Illinois Department on Aging based the FY 2025 federal funding on information received from the Administration for Community Living:

- Title III-C2 Home Delivered Meal state funding will increase of \$149,570 - a increase of 5.53% Federal funding will decrease by \$1,305 – a decrease of 0.19%. Total funding for the Home Delivered Meal program is **\$3,526,964** – an increase of 4.39%.
- Title III-C1 Congregate Meal funding is all federal funding and will increase by \$36,591 - a 4.24% increase. Total funding for Congregate Meals is **\$900,489**.
- Title III-B Home and Community Based Services state funding will decrease by \$1,360. Federal funding will decrease by \$39,822. This funding is used for Community Focal Points, Transportation, and Legal Services. Total funding is **\$1,529,830** – a decrease of 2.62%.
- Title VII for the PSA 03 Regional Ombudsman Program will increase by \$374 – a 1% increase. Title III-B Ombudsman federal funding will increase by \$347 – a 1%. State funding will increase by \$34,504 – an increase of 28.4%. The total Title III -B and Title VII funding available for PSA 03 Regional Ombudsman services is **\$228,289** - an 18.25% increase.
- Title VII for the PSA 06 Regional Ombudsman Program will increase by \$78 - a 0.01% increase. Title III-B Ombudsman federal funding will increase by \$70 – a 0.01% increase. State funding will increase by \$11,357 – an increase of 29.2%. The total Title III-B and Title VII funding available for PSA 06 Regional Ombudsman services is **\$72,167** -a 18.96% increase.
- Title VII Elder Abuse Prevention funding will decrease by \$8 - a 0.11% decrease. Total funding available for Elder Abuse is **\$7,380**.

WIAAA will continue to partner with Illinois Area Agencies on Aging and AAA's nationwide and advocate for continued increases in federal funding for the programs and services that will be needed in future years.

AT THE STATE LEVEL:

During the March 2024 FY 2025 Health and Human Services Budget Briefing, the budget *maintains* programs for most older adult programs, with increases noted for the following:

- A \$3 million increase for Home Delivered Meals to assist with the increased cost of food and delivery.
- \$162.5 million increase for Community Care Program which includes meeting supplemental requests, rate annualization, caseload increases and annualization for EHRS service enhancements (GPS and fall prevention).

WIAAA will continue advocacy efforts and will focus on educating legislators on the cost savings of all Older American Act services and continue to advocate for Senior Health Insurance Program funding.

AT THE LOCAL LEVEL:

Dementia Friendly Community Illinois: If offered, WIAAA will apply for the Dementia Friendly Community Illinois grant through the Illinois Department on Aging for FY 2025 and either:

- Continue FY 2024 efforts of creating the first ever bi-state Dementia Friendly Community if this hasn't been completed by the end of the grant period. (WIAAA is only focusing on the two cities on the Illinois side: Moline and Rock Island, while a separate task force is established in Iowa for Bettendorf and Davenport.)
OR
- Deliberate and choose a new county.

Diversity, Equity, and Inclusion: WIAAA will continue collaborating with local agencies to better serve our community. WIAAA will also continue having employees and service providers participate in local and national training and certification programs to foster, cultivate, and preserve a culture of diversity, equity, and inclusion.

Trauma Informed Care: WIAAA continues to seek training opportunities for staff and service providers to gain knowledge and recognize the signs and symptoms of trauma and integrate this knowledge to better serve older adults, caregivers, and persons with disabilities.

WIAAA Requests for Waivers

(Services that are directly delivered by WIAAA employees)

III-B I&A Waiver Request

Western Illinois Area Agency on Aging is seeking a waiver to directly furnish Information and Assistance. As an Aging and Disability Resource Center (ADRC), the demand for this service has increased and will continue to increase in the future as adults with disabilities access our services. We provide information and assistance services to older adults, caregivers, and the public. This is particularly true of the Benefit Access Program, Medicare D, and other pharmaceutical program questions. We anticipate using approximately \$21,000 from administratively mandated direct services to I&A for this service. The area agency budget will not change in total when this waiver is granted. Costs will simply be applied correctly to the activity being supported. WIAAA staff members are continually seeking new information on the resources available locally, statewide, and nationally to meet the needs of adults with disabilities. We develop, coordinate, and disseminate this information to partners in our Aging and Disability Resource Network (ADRN). Rock Island County has the majority of older adults in PSA 03 and WIAAA serves as the hub for both older adults and their family caregivers.

Total I&A Title III-B budget	\$21,000
Number of persons to be served	250
Number of units to be provided	525

Options Counseling Waiver Request

Western Illinois Area Agency on Aging provides Options Counseling services for older adults and adults with disabilities who have needs for multiple services. We provide a person-centered planning process explaining all options for services so the person being served may choose the most appropriate option to meet their needs for programs and services. WIAAA funds ten community focal points and one Center for Independent Living in PSA 03 to provide this service but as a Coordinated Point of

Entry/Aging and Disability Resources Center, WIAAA serves as an information hub for older adults in PSA 03 and for caregivers of older adults and for adults with disabilities.

Total Options Counseling budget \$7,700
Number of persons to be served 15
Number of units to be provided 30

III-E I&A Caregiver Access Assistance

Western Illinois Area Agency is seeking a waiver under Title III-E of the Older Americans Act to provide Caregiver Access Assistance directly to caregivers, both those caring for older adults and grandparents raising grandchildren. WIAAA funds ten Community Focal Points in PSA 03 to provide this service, but as a Coordinated Point of Entry/Aging and Disability Resources Center WIAAA serves as an information hub for older adults in PSA 03 and for caregivers of older adults from across the United States in understanding the services available for older adults in Illinois to assist them in remaining in their own homes.

Total I&A Title III-E budget \$3,000
Number of persons to be served 55
Number of units to be provided 115

III-D Disease Prevention & Health Promotion Waiver Request

Western Illinois Area Agency on Aging is seeking a fourth waiver to directly provide the evidence-based falls prevention program “Matter of Balance”: Managing Concerns about Falls Volunteer Lay Leader Model. The staff at WIAAA and volunteers will provide programs throughout the planning and service area. There is no other entity in PSA 03 that provides this evidence-based program.

Total Title III-D budget \$48,532
Number of persons to be served 170
Number of units to be provided 1,105

WIAAA’s Vision for Future Planning and Services

According to PRB.org, between 2020 and 2060, the number of older adults is projected to increase by 69 percent, from 56.0 million to 94.7 million. The number of people aged 85 and older is projected to triple from 6.7 million in 2020 to 19.0 million by 2060 (Mather & Kilduff, 2020).

WIAAA and our network of service providers are always looking for ways to streamline and provide the most cost-effective services; however, without increased funding we will lack the capacity to meet the demand. Rising overhead and operating costs combined with level funding for most programs/services has impacted our network greatly. Increased funding is needed to maintain a strong network of community-based services for older adults. These services save taxpayer dollars and prevent repeat physician visits and emergency room visits due to lack of falls prevention education and physical fitness opportunities to address balance issues, lack of nutritious meals, and social isolation.

WIAAA, as the Aging and Disability Resource Center (ADRC), and our Aging and Disability Resource Network (ADRN) serves as *No Wrong Door Coordinated Points of Entry* agencies, providing

opportunities for older adults, persons with disabilities, and their families to choose the services that best meet their needs. The maze of existing public and private services is overwhelming to most people who are seeking help for themselves or their loved ones. It is no longer feasible or reasonable to send a consumer from one place to another to access much needed services and information. The ADRN is geared to providing smooth transitions, referrals, or direct assistance whenever possible. WIAAA, Community Focal Points, Alternatives (Care Coordination Unit), and the Centers for Independent Living in our service area have all been trained in Options Counseling and will implement this person-centered technique throughout the local network.

Evidenced-based programs continue to be popular due to their measurable outcomes. These programs have been proven to increase self-efficacy, decrease health service utilization, and enable participants to adopt healthy self-management behaviors. Administration for Community Living (ACL) provides the following statistics: “Falls are the leading cause of both fatal and nonfatal injuries for people 65 years of age and older. Every 14 seconds, an older adult is seen in an emergency department for a fall-related injury (Falls prevention 2024).” WIAAA has implemented the evidence-based program, *A Matter of Balance: A Falls Prevention program across all ten counties in PSA 03*. This service provides education on falls prevention and exercises that enhance balance. Maine Health, the organization that owns this program, was able to adapt the program in late March 2021 and WIAAA staff were trained on the new virtual learning program. We are offering this program in person but there will continue to be a remote option.

Most older adults will choose to remain in their own homes as they age with the assistance of informal caregivers. To ensure a smooth transition, WIAAA will provide funding to Alternatives for the Enhanced Transition program. This program will transition older adult patients from hospital or nursing facility to home by addressing the individual’s social determinants of health and caregiving needs through a comprehensive assessment, development of a person-centered plan of care, support to family caregivers and linkages to community services and supports within the agency’s already established network.

Furthermore, to meet the needs of informal caregivers, WIAAA will continue to fund each Community Focal Point to provide the evidence-based Stress Busting Program for Family Caregivers in their respective counties.

The Stress-Busting Program is a multi-component program focusing on support, problem-solving, education, and stress management for family caregivers. The program content includes stress and the impact of long-term stress, managing difficult behaviors/conditions, grief, loss, and depression, coping strategies, positive thinking, taking care of yourself, and choosing a path to wellness. Each week a different stress management technique is demonstrated (Evidence-Based Program: Stress-Busting Program for Family Caregivers 2023).

Emerging Issues and Changes in Program Delivery

The Enhanced Transitions Program will receive a reduction in the state caregiver support funding and

allocated into providing additional Caregiver Training and Education in PSA 03. Caregiver Training in PSA 03 is provided by two service providers. Mendota Area Senior Services holds one training in LaSalle County. Alternatives cover all other counties and will hold regional monthly presentations and discussions at locations to be determined in the community. These will target family caregivers with care recipients living in the community and in facilities. Each monthly session will consist of a psychoeducational component followed by a discussion of materials for caregivers who would like to stay and discuss.

Home Delivered Meals Funding, Unmet Needs, and Waiting List

The Home Delivered Meal program is provided in all ten counties in PSA 03 by six nutrition providers who work diligently to maintain a network of dedicated volunteers and staff to provide nutritious meals to older adults. In FY 2023, 454,502 meals were delivered to 3,667 older adults. There are no unserved areas in PSA 03.

The Illinois Department on Aging approved the request to allow one nutrition provider to start a wait list due to the program being at maximum capacity. The provider is currently reassessing all participants to ensure they meet the current eligibility guidelines of the program. A weekly report is submitted to WIAAA and subsequently sent to the Illinois Department on Aging. This continues to be monitored closely.

WIAAA and nutrition providers are appreciative of the increased support of the HDM program by the Illinois General Assembly, as it has allowed for consistent output of quality meals to older adults who need them. With rising inflation and the effects of the COVID-19 pandemic still evident, additional HDM funding is needed to address the challenges in the current environment. Among the top concern is the significant increase in overhead costs, such as utilities, gasoline, raw food, labor, etc. This has limited some providers' ability to provide more than one meal a day to those at higher nutritional risk as well as weekend meals. While the American Rescue Plan Act (ARPA) grant provided much needed funding to address the influx of participants added to their rosters during the pandemic, the grant ends September 30, 2024. WIAAA and nutrition providers are confident the need for this critical program will remain high. With that said, WIAAA and providers will continue to advocate for continued and increased funding for the home delivered meal program.

Expenditures for WIAAA Administrative Functions

Description	FY 2025
1. Administration	\$365,845
2. Advocacy	\$32,938
3. Coordination	\$41,171
4. Program Development	\$337,604
Subtotal admin and admin related direct services	\$777,558
5. Administratively related III-B Direct Service Waiver/I & A	\$21,000
6. Administratively related III-E Direct Service Waiver/Information	\$3,000
7. Administratively related III-D Direct Service Waiver/Health	\$48,532
8. Administratively related Options Counseling Direct Service	\$7,700
Total admin, admin related direct services and direct service waivers	\$857,790

A brief look at the amount and sources of funds WIAAA uses. The table above shows the amount of administrative and administrative-related direct service funds Western Illinois Area Agency on Aging proposes using for FY 2025. These funds are taken primarily from Title III, Title VII, and Illinois General Revenue Funds (GRF).

How WIAAA uses administrative and administratively- direct service funding. The Older Americans Act restricts Area Agency administrative costs to 10% of the Title III allocation and allows the provision of the “administratively related” direct services of advocacy, coordination, and program development. We can spend up to 20% of the Title III base funding for Administration and Administratively Related Direct Services. We will continue to ensure we do not exceed this level.

Funds for administration and administratively related direct services are used to support the operations of WIAAA to be a planning, coordinating, program development and advocating agency for older adults in Western Illinois as described under the Older Americans Act. These services include:

Advocacy: WIAAA provides systemic advocacy on legislation at the local, state, and federal level that pertains to programs and services that impact older adults. We support and advocate on behalf of older adults in any effort to obtain the funding for the services and programs they need. We will also advocate for change in attitude or stereotypes that adversely impact older adults. We inform state and federal legislators of the needs of older adults in PSA 03 and how legislation being proposed will impact older adults. We also encourage local media to highlight the needs of older adults and their caregivers.

Coordination: WIAAA establishes working relationships with other human services agencies in our planning and services area and other entities to achieve the development of a comprehensive and integrated service delivery system to serve older adults and people with disabilities.

Program Development: WIAAA provides leadership and assistance to establish new services and/or programs. We analyze the programs we fund to ensure we are using best practices and implement changes needed due to this analysis. WIAAA shares best practices with our local service providers. We

also provide services to improve, expand, and integrate existing programs to increase access to service availability to older adults.

WIAAA Direct Services: WIAAA also receive funds to provide oversight and monitoring of Adult Protective Services (\$41,218) and funds to provide direct service for the Senior Health Assistance Program (\$14,117), Medicare Improvements for Patients and Providers (\$9,589), Senior Health Insurance Program basic grant (\$9,390), Senior Medicare Patrol (\$21,500), and Dementia Friendly Illinois (\$4,725). Total additional funding is \$100,539. The WIAAA FY 2025 operating budget totals \$958,329.

The above activities and efforts are conducted to develop responsive and cost-effective programs and services that meet the needs of older adults. The area agency's long-range goal is to have a robust service and support network for older adults, adults with disabilities, and caregivers encompassing all ten counties in our planning and services area. This service network will reflect the mission of WIAAA to ensure coordinated, accessible services for people to live independent, meaningful, and dignified lives.

Implementation of Funding Increases and/or Decreases

The Board of Directors of WIAAA has approved the following implementation plan if WIAAA receives increases or decreases in funding:

FUNDING INCREASES

Federal or state for Title III Services (Title III-B, Title III-C1, Title III-C2, Title III-D, Title VII Elder Abuse and Ombudsman, and all Title III Services Directly Provided by WIAAA will be prioritized in the following order unless the increases are mandated by funding title or service within a title:

1. Community Focal Point Funding
2. Home Delivered Meals
3. Transportation
4. Congregate Meals
5. Legal Assistance

FUNDING DECREASES

Federal or state for Title III Services (Title III-B, Title III-C1, Title III-C2, Title III-D, Title VII Elder Abuse and Ombudsman, and all Title III Services Directly Provided by WIAAA will be prioritized as follows unless the decreases are mandated by funding title or service within a title:

1. Legal Assistance
2. Congregate Meals
3. Transportation
4. Home Delivered Meals
5. Community Focal Point Funding

TITLE III-E CAREGIVER FUNDING INCREASES

Prioritized as follows unless the increases are mandated specific to each service:

1. Access Assistance CFP
2. Respite
3. Counseling/Training
4. Caregiver Legal Services
5. Caregiver supplemental services

TITLE III-E CAREGIVER FUNDING DECREASES

Prioritized as follow unless the decrease is mandated specific to each service:

1. Caregiver supplemental services
2. Caregiver Legal Services
3. Counseling/Training
4. Respite
5. Access Assistance CFP

OTHER FUNDING POSSIBILITIES

WIAAA will continue to research funding possibilities that align with and expand upon our agency's mission. We will continue to collaborate with other organizations and government entities to build on, maximize, and diversify our funding. We will also continue to encourage our network of service providers to collaborate and coordinate the services they provide with other local agencies.

Projected Revenue For Fiscal Year 2025

Fiscal Year 2025 Funding Levels									Comparison			
SOURCE - Unknown	Title IIIB Ombudsman	IIIB & Comm Based Services	IIIC1	IIIC2	IIID	IIIE	Title VII Eld. Abuse	Title VII Ombud	Total	Letter #24AP2	Difference	Increase Decrease
Federal Allocations	\$ 33,592	\$ 693,853	\$ 900,489	\$ 673,484	\$ 48,532	\$ 359,065	\$ 7,380	\$ 38,698	\$ 2,755,093	\$ 2,753,144	\$ 1,949	0.07%
Transfers	\$ -	\$ 270,146	\$ (270,146)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
State Funds	\$ 155,999	\$ 752,869	\$ -	\$ 2,853,480	\$ -	\$ 323,728	\$ -	\$ -	\$ 4,086,076	\$ 3,904,089	\$ 181,987	4.66%
"CBS="	\$ -	\$ 134,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 134,708	\$ 134,708	\$ -	0.00%
FY 23 Carryover (Estimated)	\$ -	\$ 105,000	\$ -	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ 130,000	\$ 116,000	\$ 14,000	12.07%
Total Available	\$ 189,591	\$ 1,956,576	\$ 630,343	\$ 3,526,964	\$ 48,532	\$ 707,793	\$ 7,380	\$ 38,698	\$ 7,105,877	\$ 6,907,941	\$ 197,936	2.87%

Fiscal Year 2025 Funding Allocations									Comparison			
Services	Title IIIB Ombudsman	IIIB	IIIC1	IIIC2	IIID	IIIE	Title VII Eld. Abuse	Title VII Ombud	Total	Letter #24AP2	Difference	Increase Decrease
Access Assistance/AFoA						\$ 20,000			\$ 20,000	\$ 20,000	\$ -	0.00%
Supplemental						\$ 34,262			\$ 34,262	\$ 34,262	\$ -	0.00%
Legal		\$ 41,345				\$ 4,783			\$ 46,128	\$ 46,128	\$ -	0.00%
Community Focal Points		\$ 876,484							\$ 876,484	\$ 876,659	\$ (175)	-0.02%
Access Assistance/CFP						\$ 82,873			\$ 82,873	\$ 69,006	\$ 13,867	20.10%
Transportation		\$ 312,124							\$ 312,124	\$ 331,685	\$ (19,561)	-5.90%
Congregate Meals			\$ 540,295						\$ 540,295	\$ 518,340	\$ 21,955	4.24%
Home Delivered Meals				\$ 3,459,616					\$ 3,459,616	\$ 3,311,221	\$ 148,395	4.48%
Health Promotion/Disease Prev.									\$ -	\$ -	\$ -	0.00%
Respite		\$ 500				\$ 124,922			\$ 125,422	\$ 125,415	\$ 7	0.01%
Ombudsman	\$ 186,232							\$ 35,077	\$ 221,309	\$ 186,155	\$ 35,154	18.88%
Elder Abuse							\$ 6,704		\$ 6,704	\$ 6,711	\$ (7)	-0.10%
Options Counseling		\$ 69,223							\$ 69,223	\$ 69,223	\$ -	0.00%
Caregiver Training						\$ 49,528			\$ 49,528	\$ 10,000	\$ 39,528	395.28%
Enhanced Transition						\$ 25,000			\$ 25,000	\$ 65,055	\$ (40,055)	-160.22%
Stress Busters						\$ 141,000			\$ 141,000	\$ 141,000	\$ -	0.00%
Access Assistance/TCare						\$ 66,600			\$ 66,600	\$ 66,600	\$ -	0.00%
Caregiver Counseling						\$ 68,319			\$ 68,319	\$ 68,319	\$ -	0.00%
Recreation		\$ 35,925							\$ 35,925	\$ 36,025	\$ (100)	-0.28%
Telephone Reassurance		\$ 15,675							\$ 15,675	\$ 15,675	\$ -	0.00%
ADRD Supplemental						\$ 51,600			\$ 51,600	\$ 51,700	\$ (100)	-0.19%
AAA IIID					\$ 48,532				\$ 48,532	\$ 42,064	\$ 6,468	15.38%
AAA I & A		\$ 21,000				\$ 3,000			\$ 24,000	\$ 24,000	\$ -	0.00%
AAA Options Counseling		\$ 7,700							\$ 7,700	\$ 7,700	\$ -	0.00%
Caring For You Caring For Me									\$ -	\$ -	\$ -	0.00%
AAA Budget	\$ 3,359	\$ 576,600	\$ 90,048	\$ 67,348	\$ -	\$ 35,906	\$ 676	\$ 3,621	\$ 777,558	\$ 784,998	\$ (7,440)	-0.95%
Total Proposed Allocations	\$ 189,591	\$ 1,956,576	\$ 630,343	\$ 3,526,964	\$ 48,532	\$ 707,793	\$ 7,380	\$ 38,698	\$ 7,105,877	\$ 6,907,941	\$ 197,936	2.87%

Reserved for Contingencies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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FY 2025 Funding Allocations By County								
County	Legal (3)	Transport.	Community Focal Points	IIIE Family Caregiver (4)	IIIC1 Congregate Meals	IIIC2 Home Delivered Meals	Respite (1)	IIID (2)
Bureau	\$ 3,564	\$ 24,475	\$ 77,138	\$ 7,261	\$ 42,760	\$ 270,539	\$ 9,688	\$ -
Henderson	\$ 835	\$ 9,565	\$ 77,138	\$ 7,261	\$ 13,467	\$ 74,511	\$ 2,271	\$ -
Henry	\$ 5,079	\$ 32,763	\$ 77,138	\$ 7,261	\$ 59,040	\$ 379,491	\$ 13,811	\$ -
Knox	\$ 5,350	\$ 34,240	\$ 77,138	\$ 7,261	\$ 61,943	\$ 398,918	\$ 14,546	\$ -
LaSalle	\$ 10,633	\$ 68,117	\$ 154,276	\$ 14,522	\$ 118,669	\$ 778,545	\$ 28,911	\$ -
McDonough	\$ 2,484	\$ 18,579	\$ 77,138	\$ 7,261	\$ 31,175	\$ 193,017	\$ 6,755	\$ -
Mercer	\$ 1,663	\$ 14,091	\$ 77,138	\$ 7,261	\$ 22,359	\$ 134,017	\$ 4,522	\$ -
Putnam	\$ 700	\$ 8,826	\$ 77,138	\$ 7,261	\$ 12,016	\$ 64,798	\$ 1,903	\$ -
Rock Island	\$ 14,172	\$ 87,458	\$ 105,104	\$ 10,263	\$ 156,666	\$ 1,032,828	\$ 38,533	\$ -
Warren	\$ 1,648	\$ 14,010	\$ 77,138	\$ 7,261	\$ 22,200	\$ 132,952	\$ 4,482	\$ -
Totals	\$ 46,128	\$ 312,124	\$ 876,484	\$ 82,873	\$ 540,295	\$ 3,459,616	\$ 125,422	\$ -

CFP Funding Calculation			
County	CFP Base	Allocation of Balance	CFP Funds
Bureau	\$ 40,000	\$ 37,138	\$ 77,138
Henderson	\$ 40,000	\$ 37,138	\$ 77,138
Henry	\$ 40,000	\$ 37,138	\$ 77,138
Knox	\$ 40,000	\$ 37,138	\$ 77,138
LaSalle	\$ 80,000	\$ 74,276	\$ 154,276
McDonough	\$ 40,000	\$ 37,138	\$ 77,138
Mercer	\$ 40,000	\$ 37,138	\$ 77,138
Putnam	\$ 40,000	\$ 37,138	\$ 77,138
Rock Island	\$ 60,000	\$ 45,104	\$ 105,104
Warren	\$ 40,000	\$ 37,138	\$ 77,138
Totals	\$ 460,000	\$ 416,484	\$ 876,484

- (1) Respite funds are awarded on a noncompetitive basis to providers who meet or exceed the requirements for either in-home respite, adult day care respite, or institutional respite. Older persons receive respite allowances through approval by the case coordination unit which attempts to use the funds according to individual need and the allocations. Respite funds consist of \$500 under Title IIIB and \$138,789 under Title IIIE.
- (2) IIID - WIAAA will keep all \$48,532 in-house to bring an evidence based wellness program (Matter of Balance) to all ten counties in the Planning & Service Area.
- (3) Legal funds consist of \$41,345 under Title IIIB and \$4,783 under Title IIIE.
- (4) Caregiver Assistance, Supplemental, Group Training, Enhanced Transition and Counseling are not allocated to specific counties. Funds are used to establish a regular presence in all ten counties in the Planning & Service Area. For FY 2025 \$197,636 will be available for these services. The breakdown is as follows: Caregiver Assistance \$20,000; Supplemental \$34,262; Group Training \$10,000; Enhanced Transition \$64,528; Counseling \$68,319.
- (5) Options Counseling funds are allocated on a non-competitive basis to the CFP's and CIL's in the ten county Planning & Service Area. For FY 2025 \$76,923 is available for this service. WIAAA will keep \$7,700 of these funds in-house to fund the direct service provided by the Area Agency.
- (6) Ombudsman and Elder Abuse Funds are not allocated to specific counties. Funds are used to establish a regular presence in all nursing homes in the ten county Planning & Service Area.
- (7) Recreation & Telephone Reassurance funds are allocated on a non-competitive basis to the CFP's in the ten county Planning & Service Area.
- (8) ADRD and Stress Busters funds are allocated on a non-competitive basis to the CFP's in the ten county Planning & Service Area.
- (9) Access Assistance - TCare funds are allocated on a non-competitive basis to the CFP's in Henry, Knox, Mercer and Rock Island counties.

Options Counseling Funding (5)		
Provider	Title/Service	Funds
IL Valley CIL	IIIB Options Counseling	\$ 6,105
CFP's	IIIB Options Counseling	\$ 63,118
WIAAA	IIIB Options Counseling	\$ 7,700
Totals		\$ 76,923

Recreation & Telephone Reassurance Funding (7)		
Provider	Title/Service	Funds
CFP's	IIIB Recreation	\$ 35,925
CFP's	IIIB Telephone Reassurance	\$ 15,675
Totals		\$ 51,600

Access Assistance - TCare Funding (9)		
Provider	Title/Service	Funds
CFP - Henry Co.	IIIE TCare	\$ 16,650
CFP - Knox Co.	IIIE TCare	\$ 16,650
CFP - Mercer Co.	IIIE TCare	\$ 16,650
CFP - Rock Island Co.	IIIE TCare	\$ 16,650
Totals		\$ 66,600

Ombudsman & Elder Abuse (6)		
Provider	Title/Service	Funds
Alternatives	IIIB Ombudsman	\$ 186,232
Alternatives	VII Elder Abuse	\$ 6,704
Alternatives	VII Ombudsman	\$ 35,077
Totals		\$ 228,013

ADRD Supplemental & Stress Busters Funding (8)		
Provider	Title/Service	Funds
CFP's	IIIE ADRD Supplemental	\$ 51,600
CFP's	IIIE Stress Busters	\$ 141,000
Totals		\$ 192,600

Projected Revenue For Fiscal Year 2025

Fiscal Year 2025 Funding Levels									Comparison			
SOURCE - Unknown	Title IIIB Ombudsman	IIIB & Comm Based Services	IIIC1	IIIC2	IIID	IIIE	Title VII Eld. Abuse	Title VII Ombud	Total	Letter #24AP2	Difference	Increase Decrease
Federal Allocations	\$ 9,509	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,408	\$ 21,917	\$ 21,769	\$ 148	0.68%
Transfers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
State Funds	\$ 50,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,250	\$ 38,893	\$ 11,357	29.20%
"CBS="	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
FY 23 Carryover (Estimated)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Total Available	\$ 59,759	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,408	\$ 72,167	\$ 60,662	\$ 11,505	18.97%

Fiscal Year 2025 Funding Allocations									Comparison			
Services	Title IIIB Ombudsman	IIIB	IIIC1	IIIC2	IIID	IIIE	Title VII Eld. Abuse	Title VII Ombud	Total	Letter #24AP2	Difference	Increase Decrease
Access Assistance/AFoA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Community Focal Points	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Access Assistance/CFP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Congregate Meals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Home Delivered Meals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Health Promotion/Disease Prev.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Respite	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Ombudsman	\$ 58,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,362	\$ 70,170	\$ 58,700	\$ 11,470	19.54%
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Options Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Caregiver Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Enhanced Transition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Stress Busters	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Access Assistance/TCare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Caregiver Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Recreation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Telephone Reassurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
ADRD Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
AAA IIID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
AAA I & A	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
AAA Options Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Caring For You Caring For Me	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
AAA Budget	\$ 951	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,046	\$ 1,997	\$ 1,962	\$ 35	1.78%
Total Proposed Allocations	\$ 59,759	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,408	\$ 72,167	\$ 60,662	\$ 11,505	18.97%

Reserved for Contingencies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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FY 2025 Funding Allocations By County								
County	Legal (3)	Transport.	Community Focal Points	IIIE Family Caregiver (4)	IIC1 Congregate Meals	IIC2 Home Delivered Meals	Respite (1)	IIID (2)
Bureau	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Henderson	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Henry	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Knox	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LaSalle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
McDonough	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mercer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Putnam	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rock Island	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Warren	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CFP Funding Calculation			
County	CFP Base	Allocation of Balance	CFP Funds
Bureau	\$ -	\$ -	\$ -
Henderson	\$ -	\$ -	\$ -
Henry	\$ -	\$ -	\$ -
Knox	\$ -	\$ -	\$ -
LaSalle	\$ -	\$ -	\$ -
McDonough	\$ -	\$ -	\$ -
Mercer	\$ -	\$ -	\$ -
Putnam	\$ -	\$ -	\$ -
Rock Island	\$ -	\$ -	\$ -
Warren	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -

- (1) Respite funds are awarded on a noncompetitive basis to providers who meet or exceed the requirements for either in-home respite, adult day care respite, or institutional respite. Older persons receive respite allowances through approval by the case coordination unit which attempts to use the funds according to individual need and the allocations. Respite funds consist of \$500 under Title IIIB and \$138,789 under Title IIIE.
- (2) IIID - WIAAA will keep all \$48,532 in-house to bring an evidence based wellness program (Matter of Balance) to all ten counties in the Planning & Service Area.
- (3) Legal funds consist of \$41,345 under Title IIIB and \$4,783 under Title IIIE.
- (4) Caregiver Assistance, Supplemental, Group Training, Enhanced Transition and Counseling are not allocated to specific counties. Funds are used to establish a regular presence in all ten counties in the Planning & Service Area. For FY 2025 \$197,636 will be available for these services. The breakdown is as follows: Caregiver Assistance \$20,000; Supplemental \$34,262; Group Training \$10,000; Enhanced Transition \$64,528; Counseling \$68,319.
- (5) Options Counseling funds are allocated on a non-competitive basis to the CFP's and CIL's in the ten county Planning & Service Area. For FY 2025 \$76,923 is available for this service. WIAAA will keep \$7,700 of these funds in-house to fund the direct service provided by the Area Agency.
- (6) Ombudsman and Elder Abuse Funds are not allocated to specific counties. Funds are used to establish a regular presence in all nursing homes in the ten county Planning & Service Area.
- (7) Recreation & Telephone Reassurance funds are allocated on a non-competitive basis to the CFP's in the ten county Planning & Service Area.
- (8) ADRD and Stress Busters funds are allocated on a non-competitive basis to the CFP's in the ten county Planning & Service Area.
- (9) Access Assistance - TCare funds are allocated on a non-competitive basis to the CFP's in Henry, Knox, Mercer and Rock Island counties.

Options Counseling Funding (5)		
Provider	Title/Service	Funds
		\$ -
		\$ -
		\$ -
Totals		\$ -

Recreation & Telephone Reassurance Funding (7)		
Provider	Title/Service	Funds
		\$ -
		\$ -
Totals		\$ -

Access Assistance - TCare Funding (9)		
Provider	Title/Service	Funds
		\$ -
		\$ -
		\$ -
Totals		\$ -

Ombudsman & Elder Abuse (6)		
Provider	Title/Service	Funds
Alternatives	IIIB Ombudsman	\$ 58,808
Alternatives	VII Elder Abuse	\$ -
Alternatives	VII Ombudsman	\$ 11,362
Totals		\$ 70,170

ADRD Supplemental & Stress Busters Funding (8)		
Provider	Title/Service	Funds
		\$ -
		\$ -
Totals		\$ -