

PUBLIC INFORMATION DOCUMENT



Summary of the Proposed Amendments to the ECIAAA Area Plan for Fiscal Year 2027

1st RELEASE Published: April 7, 2026

2nd RELEASE Published: May 1, 2026

**OLDER
AMERICANS
MONTH**



CHAMPION YOUR HEALTH: MAY 2026

Serving Older Americans in the following counties of East Central Illinois:

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

The East Central Illinois Area Agency on Aging does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (Voice and TDD), or contact the Area Agency's Civil Rights Coordinator at 1-800-888-4456.

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Introduction

Fiscal Year 2027 Public Information Document
Proposed Amendments to Approved Area Plan
for FY 2025 – FY 2027



NOTICE

The East Central Illinois Area Agency on Aging publishes this Public Information Document as the official summary of the proposed ***Area Plan*** for Fiscal Year 2027. A summary of this document will be presented at the ECIAAA Public Hearings (see schedule below).

Comments on the proposed Area Plan for Fiscal Year 2027 may be sent by mail, fax, or e-mail to ECIAAA no later than 4:00 p.m., May 4, 2026, to the following address:

Attention: Susan C. Real, Executive Director
East Central Illinois Area Agency on Aging
1003 Maple Hill Road – Bloomington, IL 61705-9327
Fax: (309) 829-6021
E-Mail: sreal@eciaaa.org

A summary of public comments will be presented to the ECIAAA Advisory Council on May 6, 2026, and to the ECIAAA Corporate Board on May 20, 2026, for their consideration.

Public Hearings

The East Central Illinois Area Agency on Aging will conduct a series of Public Hearings to inform older adults, persons with disabilities, family caregivers, grandparents and other relatives raising children, and other interested individuals and organizations about the proposed amendments to the Area Plan with the Illinois Department on Aging for FY 2027.

Public Hearing Dates

- **Tuesday, April 28th**
 - 10:00-12:00pm - LifeSpan Center
 - 11021 E. County Road, 800 North Charleston, IL 61920
- **Wednesday, April 29th**
 - 1:00-3:00pm – ECIAAA Office
 - 1003 Maple Hill Road, Bloomington 61705
- **Thursday, April 30th**
 - 10:00-12:00pm – Champaign Public Library – Robeson Pavillion A
1003 Maple Hill Rd. Bloomington, IL 61705

Join By

Link: <https://meet.goto.com/333928661>
Dial in: [+1 \(646\) 749-3122](tel:+16467493122) Access Code: 333-928-661

Under the Older Americans Act and the Illinois Department on Aging's direction, ECIAAA is required to present its plan for the allocation of Older Americans Act and Illinois General Funds for services for FY 2027. The Public Hearings provide information about ECIAAA's proposed plans, budget, funding formula, and priorities for funding community-based services for older adults and family caregivers, including: Coordinated Points of Entry/Senior Information Services, Legal Assistance, Congregate Meals, Home Delivered Meals, Evidence-Based Health Promotion Programs, Gerontological Counseling, Caregiver Advisory Services, Respite Care, the Adult Protective Services Program, and the Long-Term Care Ombudsman Program.

**IMPORTANT ANNOUNCEMENT:
FY 2027 IS A GRANT EXTENSION YEAR FOR ALL
CURRENT SERVICE PROVIDERS
FY 2027 GRANT EXTENSION WORKSHOP
10:00 a.m. - 11:30 a.m.
May 21, 2026
GoToMeeting Webinar**

NOTE: ECIAAA will extend FY 2026 OAA SIS/CPoE, Caregiver Advisory, Nutrition Program and Legal Service Grants in PSA 05 for FY 2027.

ECIAAA Mission Statement

Our mission is to lead and advocate for inclusive resources and services that empower the optimal aging of East Central Illinois' diverse older adults, individuals with disabilities, and their care partners.

ECIAAA Vision Statement

Optimize aging through innovative person-centered services in East Central Illinois.

ECIAAA Core Principles

Lead

We are committed to leading through collaborative planning, effective communication and oversight, advocacy, and innovative service development to meet the diverse needs of those we serve.

Advocate

We are committed to optimal aging through advocacy that is person-centered, supported by public policy, and provided by adequately funded services.

Innovate

We are committed to encouraging, valuing, and supporting new and creative service ideas that meet the needs of those we serve.

Collaborate

We are committed to strengthening programs and services through inclusive and diverse community partnerships.

Who We Are

The East Central Illinois Area Agency on Aging is a non-profit organization, founded in 1972, and authorized under the federal Older Americans Act and the Illinois Act on Aging to plan and administer services for older adults, persons with disabilities, caregivers, and grandparents and other relatives raising children.

Our vision is to optimize aging through innovative person-centered services in East Central Illinois.

There are over 600 Area Agencies on Aging in the United States, authorized by the federal Older Americans Act. ECIAAA is one of 13 Area Agencies on Aging authorized by the Illinois Act on Aging and designated by the Illinois Department on Aging. ECIAAA serves as the planning and grant awarding agency for services to older adults, caregivers, grandparents and relatives raising grandchildren/children in East Central Illinois – also known as Planning & Service Area 05 (PSA 05).

ECIAAA plans, coordinates, and advocates for the development of a comprehensive service delivery system for an estimated 188,000 persons 60 years of age and older, persons with

disabilities, caregivers, grandparents, and other relatives raising children in communities throughout the 16 counties of East Central Illinois.

ECIAAA is governed by a Corporate Board comprised of up to 20 members representing 16 counties. The Corporate Board establishes policies and priorities and makes decisions about programs and funding.

ECIAAA is advised by an Advisory Council comprised of up to 32 members, with the majority of its members aged 60 years and older. The Advisory Council informs the Area Agency on Aging about the needs and preferences of older persons, persons with disabilities, caregivers, and grandparents, and provides advice on the Area Plan and senior services.

Programs & Services

Access Services- Information & Assistance provided by a network of 11 Coordinated Points of Entry, and coordination with 7 Care Coordination Units and public and private transportation providers.

In-Home Services- Individual Needs Assessments for Home Delivered Meals, Home Delivered Meals, Respite Care, and other consumer-directed Long-Term Services and Supports (LTSS).

Community Services- Congregate Meals, Legal Assistance, and coordination with Multi-Purpose Senior Centers.

Healthy Aging Programs- Chronic Disease Self-Management, Diabetes Self-Management, PEARLS (Program to Encourage Active, Rewarding Lives for Older adults), Bingocize®, A Matter of Balance, Fit & Strong!, PREPARE for Your Care, and WISE (Wellness Initiative for Senior Education).

Caregiver Support Programs- Caregiver Advisory Services and Respite Services for caregivers and grandparents raising grandchildren, and educational programs such as *Savvy Caregiver* and *Stress Busters for Caregivers*.

Elder Rights Programs- Adult Protective Services addressing abuse, neglect and exploitation, and self-neglect; and the Long-Term Care Ombudsman Program advocating for long-term care residents in licensed facilities.

Senior Health Assistance Program (SHAP)- The Benefit Access program, the Medicare Part D Benefit, Low-Income Subsidy, and the Medicare Savings Programs.

Senior Health Insurance Program (SHIP)- A counseling service provided to individuals who are seeking help regarding information and enrollment assistance for Medicare, Medicare Supplemental plans, Medicare Advantage plans, and prescription drug coverage through Medicare Part D and other sources, etc.

Medicare Improvement for Patients and Providers (MIPPA)- Grant funds used to expand services through SIS/CPoE. These funds are used to increase outreach activities about Medicare Savings Programs, 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.

Veterans Independence Program- ECIAAA administers the Veteran-Directed Home and Community Based Services program which provides consumer directed home based supports to help veterans at risk of nursing home placement stay in their homes.

Senior Medicare Patrol (SMP)- Education and information provided to older adults on how to protect their personal information to avoid healthcare fraud and abuse. Older adults learn how to protect, detect, and report Medicare fraud and abuse.

Senior Farmer Market Nutrition Program (SFMNP)- Fresh fruit and vegetables provided to eligible older adults who are nutritionally at risk.

* Only available during the summer months.

ECIAAA Serves Older Americans, Family Caregivers and Grandparents/ Relatives Raising Grandchildren/Children through...

Advocacy In Action- ECIAAA informs older adults, persons with disabilities, and their care partners about legislation and public policies, takes positions on the issues, and presents our positions to elected officials at the local, state, and federal levels.

Planning, Program Development and Coordination- ECIAAA assesses the needs of older adults, persons with disabilities, caregivers, and grandparents and other relatives raising children; identifies planning issues; sets priorities for funding; coordinates community services; develops new or expanded services; and forms partnerships with other organizations, for example, collaboration with Centers for Independent Living to develop an Aging and Disability Resource Network in Planning and Service Area 05.

Supporting Community Programs on Aging- ECIAAA awards federal and state grant assistance to local agencies to provide services to older adults and caregivers. Services are available to persons 60 and older, persons with disabilities, caregivers of persons 60 and older, and grandparents and other relatives raising children 18 and younger. Service recipients may show their support by donating their time, talents, and through voluntary financial contributions. Older Americans Act services are targeted to older adults in greatest social and economic need, especially low-income minority older persons, persons with limited English proficiency, and older adults in rural areas.

Providing Easy Access to Information, Assistance, Services and Supports- ECIAAA supports a network of 11 Coordinated Points of Entry who work with 7 Care Coordination Units, 9 Family Caregiver Resource Centers, 4 Centers for Independent Living, local Illinois

Department of Human Services Family and Community Resource Centers, the Illinois Department of Rehabilitation Services, behavioral healthcare agencies, managed care organizations, healthcare providers, and other community organizations. Together these agencies are known as the Aging & Disability Resource Network. Our partners take a “no wrong door” approach to inform adults, persons with disabilities, and their care partners about their options, make informed choices, and help them apply for benefits and services.

Developing Community-Based Long-Term Services and Supports- ECIAAA works with Coordinated Points of Entry, Comprehensive Care Coordination Units, Centers for Independent Living, hospitals, and service providers in the Aging Network to help older adults make successful transitions from home to hospital, to rehabilitation facilities, and home again. We also work with the VA Illiana Healthcare System and Comprehensive Care Coordination Units on the Veterans-Directed Home and Community Based Services Program to provide consumer-directed services to enable disabled veterans to live independently at home.

Advocacy For Residents in Long-Term Care Facilities- ECIAAA sponsors a regional Ombudsman Program through a grant from the Illinois Department on Aging and the Office of the State Ombudsman. The Ombudsman Program investigates complaints made by or on behalf of residents of licensed long-term care facilities, assisted living facilities, and supportive living facilities. The Ombudsmen visit residents, inform residents about their rights, and advocate on behalf of all residents of licensed long-term care facilities.

Responding To Abuse, Neglect and Exploitation- ECIAAA is the Regional Administrative Agency for the Illinois Adult Protective Services Program in Area 05 under a grant from the Illinois Department on Aging. ECIAAA manages grants with 4 Adult Protective Service provider agencies who investigate reports of alleged abuse, neglect, exploitation, and self-neglect of persons with disabilities ages 18-59 and older persons 60 years of age and older.

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Demographic Characteristics and Trends

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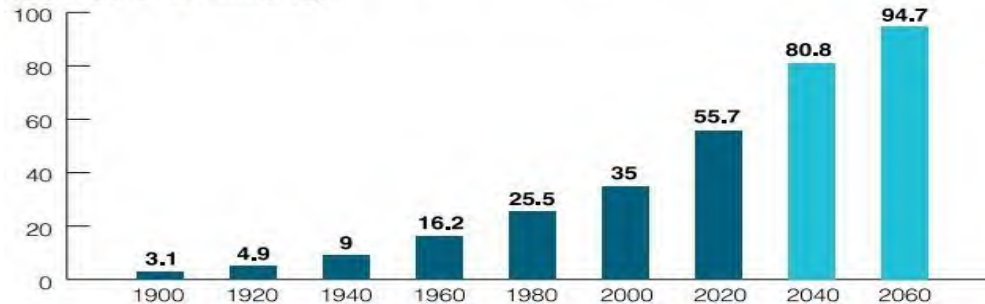
A National Profile of Older Americans

Source: “[2023 Profile of Older Americans](#),” Administration on Aging/Administration for Community Living, May 2024

Profile Highlights

Size of the Older Adult Population

**Number of Persons Age 65 and Older, 1900-2060
(numbers in millions)**



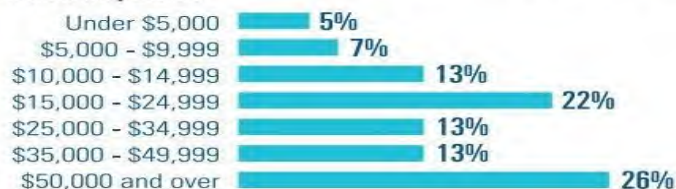
1. The older population (65+) numbered 57.8 million in 2022 (17.3% of the population), an increase of 34% since 2012.
2. Between 2012 and 2022 the population age 60+ increased by 18 million a 29% increase.
3. The 85 and older population is projected to more than double from 6.5 million in 2022 to 13.7 million in 2040 (a 111% increase).
4. In 2022 the four states with the highest percentage of populations age 65+ were Maine (23%), Florida (22%), Vermont (22%) and West Virginia (21%).
5. Out of the 50 states, Illinois has the 7th largest population of older adults (2.2 million)
6. 17.2% of Illinois’ population is age 65 or older.

Gender & Marriage

7. In 2022, the population age 65+ was 31.9 million women and 25.9 million men.
8. In 2023, a larger percentage of older men (68%) than older women (47%) were married.
9. Of older adults age 65+ living in the community, 59% lived with their spouse/partner in 2023. About 28% lived alone.

Income, Expenses, & Poverty Levels

**Distribution by Income of Persons Age 65 and Older Reporting
Income, 2020**



10. The 2022 median income of older persons was \$29,740 (\$37,430 for men and \$24,630 for women).
11. Consumers age 65+ averaged out-of-pocket health care expenditures of \$7,540 in 2022, up 47% from 2012 (\$5,118).

12. In 2022, nearly one in 10 people 65 and older lived below the poverty level (5.9 million).
13. The highest poverty rates were experienced among Hispanic older adults (16.9%) and African American older adults (17.6%).

Race & Ethnicity

14. Nearly 1 in 4 older adults were members of racial or ethnic minority populations in 2022.

Employment & Education

15. In 2023, 11.2 million Americans (19.2%) age 65+ were in the labor force (working or actively seeking work).

Life Expectancy & Chronic Conditions

16. In 2022, persons reaching age 65 had an average life expectancy of an additional 18.9 years (20.2 years for women and 17.5 years for men). This is an increase from 2021 when the average increase was 18.4 additional years.
17. Most older Americans have at least one chronic condition, and many have multiple conditions.

Caregiving

18. In 2021-2022, 37.1 million family caregivers provided unpaid care to a family or non-family member 65 and older.
19. In 2022, about 1.1 million people age 60+ were responsible for the basic needs of at least one grandchild under age 18 living with them.

Living in the Community

- Most older adults want to remain living in their homes and communities as they age. In 2022, 88% of older adults reported it was important to them to continue living safely in their homes for as long as possible. Unexpected medical events, accidents, and declines in health, however, can sometimes make this difficult.
- Falls are the leading cause of injury among older adults. In 2018, 28% of adults 65 and older reported at least one fall in the past year (35.6 million falls), and 10% reported a fall-related injury (8.4 million fall-related injuries).⁵ Deaths from falls are increasing, with the largest increases occurring among people 85 years and older.

Note: Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

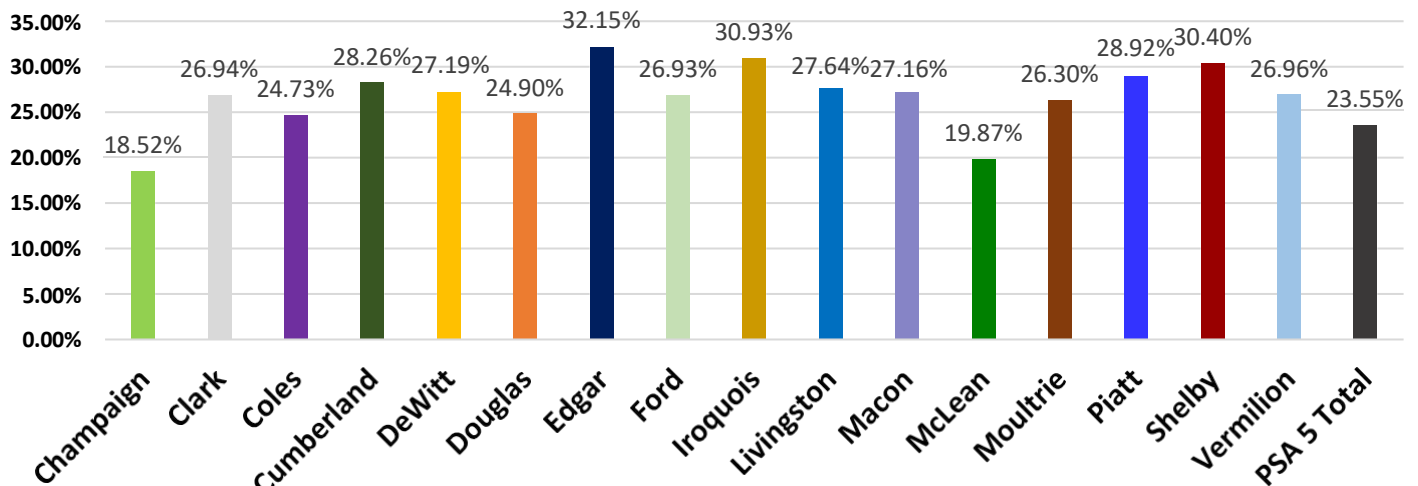
A Profile of Older Adults in Planning and Service in PSA 05

Source: "Population Estimates County Breakdown, 2023 ACS 5-YR Estimate." Illinois Department on Aging. (Note: 2024 ACS 5-YR Estimates by County not released as of April 7, 2026)

Total Population & 60+ Population

County Name	2023 ACS 5-YR Estimates Total Population	2023 ACS 5-YR Estimates 60+ Population	60+ Population % of Total Population
Champaign	206,098	38,161	18.5%
Clark	15,328	4,129	26.9%
Coles	46,689	11,547	24.7%
Cumberland	10,378	2,933	28.2%
DeWitt	15,461	4,204	27.1%
Douglas	19,686	4,902	25.0%
Edgar	16,637	5,348	32.1%
Ford	13,396	3,607	27.0%
Iroquois	26,746	8,273	30.0%
Livingston	35,659	9,857	27.6%
Macon	102,591	27,865	27.1%
McLean	170,882	33,950	19.8%
Moultrie	14,469	3,806	26.3%
Piatt	16,702	4,831	28.9%
Shelby	20,867	6,343	30.4%
Vermilion	73,179	19,728	26.9%
PSA 05 Total	804,768	189,484	23.5%

60+ Population % of Total Population



Key Population Indicators: Number of People

County	75+	85+	60+ Poverty	60+ Minority	60+ Living Alone	60+ Rural
Champaign	11,139	3,160	3,259	7,109	9,840	0
Clark	1,263	380	315	115	1,030	4,129
Coles	3,566	1,367	1,145	517	3,150	11,547
Cumberland	857	344	292	88	715	2,933
DeWitt	1,305	359	212	142	1,220	4,204
Douglas	1,549	540	392	256	1,265	4,902
Edgar	1,759	497	576	118	1,355	5,348
Ford	1,130	440	279	120	1,105	0
Iroquois	2,587	694	921	394	2,030	8,273
Livingston	3,018	1,056	758	399	2,560	9,857
Macon	8,902	3,009	2,589	4,071	7,830	0
McLean	9,471	2,556	3,000	3,455	8,765	0
Moultrie	1,164	374	225	78	995	3,806
Piatt	1,427	481	295	98	1,015	0
Shelby	2,094	559	525	124	1,540	6,346
Vermilion	6,117	1,543	2,148	2,172	5,890	19,728

*Revised Metropolitan Statistical Areas in accordance with the updated OMB Bulletin No. 23-01

Key Population Indicators: Percentages of the 60+ Population

County	75+	85+	60+ Poverty	60+ Minority	60+ Living Alone	60+ Rural
Champaign	29.57%	8.91%	7.88%	17.78%	25.85%	N/A
Clark	31.03%	10.19%	6.46%	2.49%	22.49%	100%
Coles	31.32%	11.67%	9.49%	4.12%	27.76%	100%
Cumberland	30.02%	12.47%	9.41%	2.78%	23.87%	100%
DeWitt	30.39%	7.95%	5.50%	2.79%	30.13%	100%
Douglas	33.27%	11.73%	9.12%	5.01%	25.33%	100%
Edgar	33.48%	8.93%	9.45%	2.17%	27.12%	100%
Ford	31.59%	11.09%	7.03%	3.13%	27.03%	N/A
Iroquois	32.66%	8.34%	8.89%	4.65%	25.84%	100%
Livingston	31.89%	11.91%	7.93%	3.96%	26.69%	100%
Macon	32.01%	10.24%	9.14%	14.03%	28.43%	N/A
McLean	28.55%	8.29%	8.90%	9.67%	26.41%	N/A
Moultrie	31.47%	10.85%	4.55%	1.93%	28.52%	100%
Piatt	30.79%	11.17%	5.90%	1.79%	20.46%	N/A
Shelby	33.02%	9.51%	8.38%	1.93%	24.76%	100%
Vermilion	32.12%	8.63%	9.90%	10.97%	30.94%	100%

Advocacy in Action!

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ECIAAAA and Illinois Association of Area Agency on Aging (I4A) Advocacy Materials

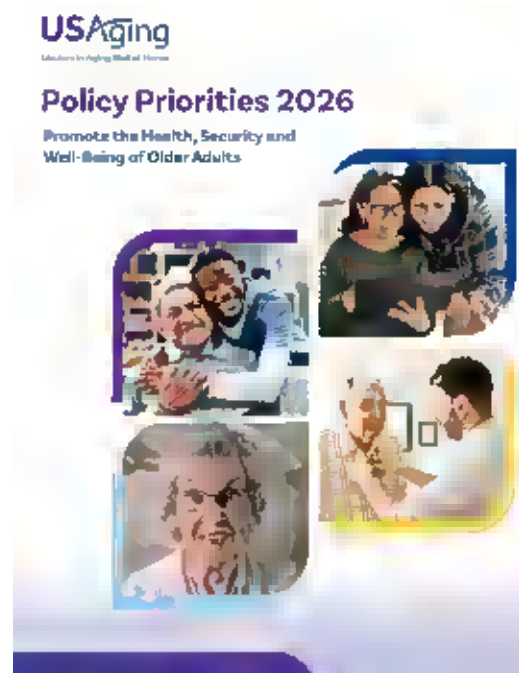
ECIAAAA serves as a leader in advocating at the federal and state level for increased funding to meet the needs of older adults in East Central Illinois.

View our advocacy efforts by clicking on the links below:

[I4A Legislative Priorities 2026](#)



[USAgging Policy Priorities 2026](#)



[I4A Factsheet for FY24](#)



[I4A Illinois General Assembly Webinar](#)



IL Family Caregiver Act



Support Fund the Illinois Family Caregiver Act

The law, the 61-0666 passed in 2016, establishes a caregiver support program to assist unpaid caregivers caring for grandparents, aging parents (over 65) through training and education, develop successful caregiving skill and other services and to provide relief and reduce stress. In 2015, the Illinois General Assembly passed 75 million in funding to support the Illinois Family Caregiver Act for FY14. This was the second time the act has been funded at the state level. The funding is greatly appreciated, the \$6 million appropriation however, more funding is needed to adequately support Illinois Family Caregivers.

Our Ask Increase from \$5 to \$6 million to fund the Illinois Family Caregiver Act, an investment in our family caregivers

- \$6 million will go towards expanding existing services or support:
- Evidence-based assessments that tailor interventions to caregiver's unique needs
- Support services and respite care that provide temporary relief to caregivers
- Hands-on caregiver training, education and stress relief programs
- A wide range of services to parents, grandparents & others raising children
- Seven thousand dollars by delaying costly nursing home placements

Reach Out Questions or comments, please contact:
 Diane Steele - Diane.Steele@usaging.org, Susan Aoki - Susan@aoki.org

Logos: AARP Illinois, Illinois Aging Together, Alzheimer's Association, Coordinated Care Alliance, I4A3, Health & Healthcare, ICCCU, Illinois Hospice & Palliative Care Association.

IL Family Caregiver Excerpts

"Caregiving is not easy. I work as hard now as I did when I was holding down a couple of jobs. Caregivers need help. It is a labor of love, but it is labor."

Joan

A family caregiver served by an ECIAAA funded provider.

*Caring for her 98-year-old mother & 35-year-old granddaughter.



USAging's Older Americans Act Factsheet



USAging OLDER AMERICANS ACT
 Leaders in Aging Well at Home GET THE FACTS

For more than 50 years, the Older Americans Act (OAA) has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be! In 2025, Congress must again reauthorize this vital federal program that serves every community in the country. With the rapid growth of America's aging population, one in five Americans are projected to be 65 or older by 2030. It is essential that Congress make wise investments in critical OAA programs and services.

Why is the OAA Important? The OAA...

- Enables aging well at home and in the community—where people want to be.**
 The OAA enables the local delivery of services and supports that can help older adults be better able to age where they want—in their homes and communities. Examples include in-home help, meals, transportation, home modification, legal services and many other supportive services that keep older adults healthy and independent.
- Supports family caregivers.**
 Family caregivers are the backbone of the nation's long-term services and supports system. The OAA provides vital supports to caregivers to bolster their ability to continue caring for their loved ones.
- Reflects community needs.**
 OAA services are delivered through a nationwide network of community-based agencies and service providers that know and can best meet the needs of older adults and caregivers in their communities through a range of programs and services. While the services are generally available to everyone age 60 and older, they are targeted to those most in need of support to age well at home.
- Protects vulnerable older adults.**
 The Act's services also help to identify and prevent the abuse and neglect of older Americans, as well as protect the rights of nursing home residents through an ombudsman program.

Prevents the need for more expensive long-term care or avoidable health care costs.
 Services provided at home and in the community are almost always less expensive than institutional care provided in nursing homes or assisted living. The longer older adults can successfully age at home, the better it is financially for families and the federal government. OAA programs and services also support healthy aging, further saving Medicare and Medicaid dollars.

Visit www.usaging.org/OAA to learn more about the Older Americans Act reauthorization.



USAging's Older Americans Act Reauthorization Recommendations



USAging POLICY BRIEF
 Leaders in Aging Well at Home

Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act reauthorization will expire at the end of FY 2024. As has for every past reauthorization, USAging will work with policymakers and stakeholders to update the vital Act, which supports millions of older adults and caregivers annually, and is the foundation of the Aging Network's ability to create a wide range of programs and services to support older adults' health, well-being and ability to age well at home and in the community.

Introduction

The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's "Great Society" initiative aimed at eliminating poverty and inequality across the country's most vulnerable populations. Over time, the Act created a nationwide network of organizations delivering community-based services for older Americans to support sustained health, independence and dignity.

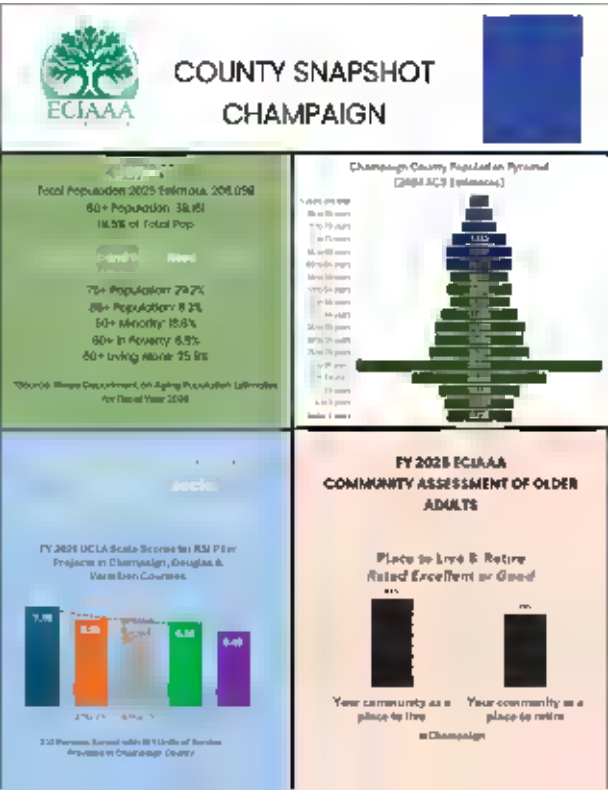
Today the vision and mission of the Older Americans Act is even more important than it was nearly six decades ago, as our nation faces an unprecedented demographic shift. According to US Census data, in 2019, 46 percent—or 54.1 million—of Americans were 65 or older. With approximately 10,000 baby boomers turning 65 each day, by 2040, an estimated 80.9 million—or one in five Americans—will be 65 or older—or 21.8 percent of the population. And by 2034, older adults are expected to outnumber children under 18 for the first time in history. The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades.

One thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings. 65 percent of those age 65 and older want to remain in their home and community as they age.

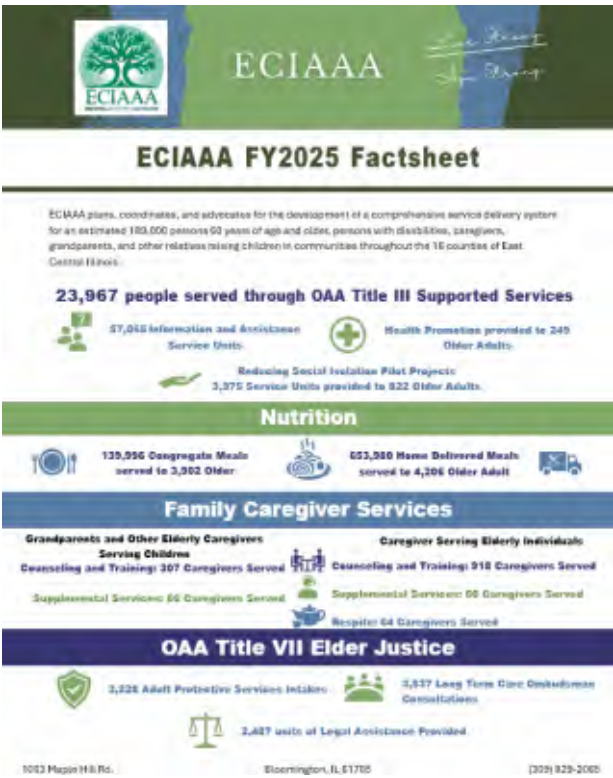
Enabling aging in place should be a national bipartisan priority, fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation. It requires us to recognize, protect and bolster the foundation upon which this goal was built: The Older Americans Act is the foundation, and we federal policymakers consider the Act's reauthorization. USAging urges Congress and the Administration to work toward policy decisions that honor the long-standing intent of the OAA while enabling legislative updates that enable



ECIAAA County Snapshots



ECIAAA FY2025 Factsheet

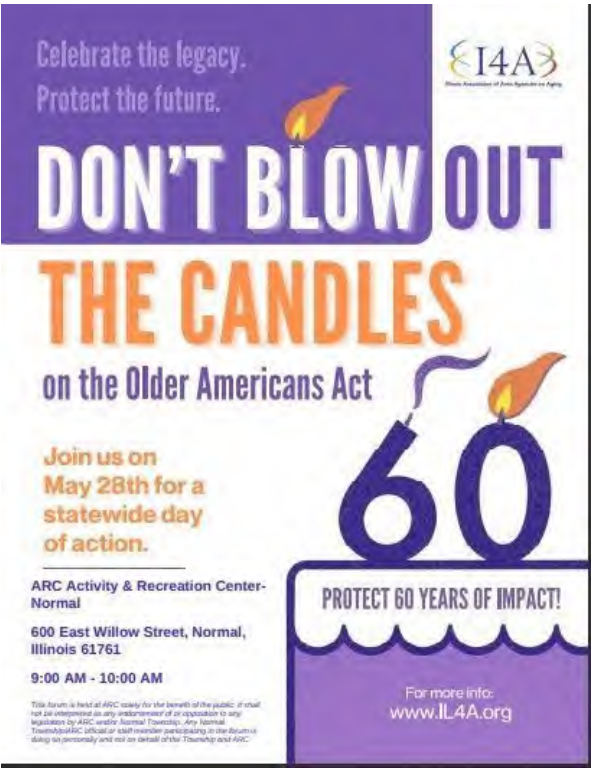


Engaging Illinois

A Multisector Plan for Aging



Older American’s Act



USAgging Older Americans Older Americans Act Fact Sheet



Leaders in Aging Well at Home

OLDER AMERICANS ACT

GET THE FACTS

For more than 50 years, the Older Americans Act (OAA) has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be! In 2025, Congress must again reauthorize this vital federal program that serves every community in the country. With the rapid growth of America’s aging population, one in five Americans are projected to be 65 or older by 2030. It is essential that Congress make wise investments in critical OAA programs and services.

Why is the OAA Important? The OAA...

Enables aging well at home and in the community—where people want to be.

The OAA enables the local delivery of services and supports that can help older adults be better able to age where they want—in their homes and communities. Examples include in-home help, meals, transportation, home modification, legal services and many other supportive services that keep older adults healthy and independent.

Prevents the need for more expensive long-term care or avoidable health care costs.

Services provided at home and in the community are almost always less expensive than institutional care provided in nursing homes or assisted living. The longer older adults can successfully age at home, the better it is financially for families and the federal government. OAA programs and services also support healthy aging, further saving Medicare and Medicaid dollars.

Supports family caregivers.

Family caregivers are the backbone of the nation’s long-term services and supports system. The OAA provides vital supports to caregivers to bolster their ability to continue caring for their loved ones.

Reflects community needs.

OAA services are delivered through a nationwide network of community-based agencies and service providers that know and can best meet the needs of older adults and caregivers in their communities through a range of programs and services. While the services are generally available to everyone age 60 and older, they are targeted to those most in need of support to age well at home.

Protects vulnerable older adults.

The Act’s services also help to identify and prevent the abuse and neglect of older Americans, as well as protect the rights of nursing home residents through an ombudsman program.

Visit www.usaging.org/OAA to learn more about the Older Americans Act reauthorization.



What is Available through the OAA?



The OAA funds a wide range of aging services across five core areas, with local flexibility built into the Act to reflect the needs of that area's older adults and caregivers.

What Can Congress Do? Reauthorize the OAA to... Serve More Older Adults Who Need Help to Age Well at Home

- Significantly increase authorized funding levels to meet the real and urgent needs of a rapidly growing older population and the rising costs of service delivery.
- Ensure that Area Agencies on Aging (AAAs) and other Aging Network community-based organizations are able to further meet their missions by securing health care or other private funding to serve more older adults.
- Allow more older adults to access OAA health and wellness programs, especially in rural areas.
- Support expanded service options for older American Indians, Alaska Natives and Native Hawaiians.

Meet the Needs of Today's and Tomorrow's Older Adults

- Unify and modernize nutrition programs to reflect recent innovations and the changing needs of consumers.
- Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to training and technical assistance for Aging Network professionals based on building social engagement programs and activities.

Maintain Efficient Oversight and Management of Local Service Delivery to Ensure Quality

- Increase the administrative ability of AAAs to ensure appropriate program development, oversight and network management amid rising costs and eroding federal OAA

Visit www.usaging.org/OAA
to learn more!

Older Americans Act Reauthorization for FY 2026

ECIAAAA has major advocacy challenges ahead – top of the list is advocating for the reauthorizing of the Older Americans Act! Please find a summary courtesy of our association representing all 614 Area Agencies on Aging across the Nation – USAging!

Recommendations for the Reauthorization of the Older Americans Act

Introduction

The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson’s “Great Society” initiative aimed at eliminating poverty and injustice among the country’s most vulnerable populations. Over time, the Act created a nationwide network of organizations delivering community-based services for older Americans to support sustained health, independence, and dignity.

Today, the vision and mission of the Older Americans Act are even more important than it was nearly six decades ago, as our nation faces an unprecedented demographic shift. According to US Census data, 16 percent—or 54.1 million—of Americans were 65 or older. With approximately 10,000 Baby Boomers turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, or 21.8 percent of the population. And by 2034, older adults are expected to outnumber children under 18 for the first time in history. The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades. One thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those aged 65 and older want to remain in their home and community as they age.

Enabling aging in place should be a national bipartisan priority. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect, and bolster the foundation upon which this goal was built. The Older Americans Act is that foundation, and as federal policymakers consider the Act’s reauthorization, USAging urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative updates that enable continued innovation, flexibility, and greater capacity to meet the needs of this nation’s rapidly growing population and their caregivers.

Goal 1: To Serve More Older Adults Who Need Help to Age Well at Home.

Recommendation 1.1: Significantly increase authorized funding levels to meet the real and urgent needs of a rapidly growing older population and the rising costs of service delivery.

Recommendation 1.2: Ensure that Area Agencies on Aging (AAAs) and other Aging Network community-based organizations are able to further meet their missions by securing health care or other private funding to serve more older adults.

Recommendation 1.3: It is recommended to allow Title III D health and wellness programs to be evidence-informed—not just evidence-based—to expand the Aging Network’s ability to reach older adults with emerging interventions and to extend the reach, especially in rural areas and other areas which *have* limited funding for this important work.

Recommendation 1.4: It is recommended to expand Title VI, Grants for Native American Aging Programs, to include a dedicated Supportive Services funding stream and boost the capacity of grantees through more robust training and technical assistance.

GOAL 2: To Meet the Needs of Today’s and Tomorrow’s Older Adults Recommendation

Recommendation 2.1: Unify and modernize the Title III C nutrition funding streams and programs to reflect recent innovations, the changing needs of consumers and the goal of local decision making inherent in the Act.

Recommendation 2.2: Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to providing training and technical assistance for Aging Network professionals on innovative strategies to build and expand social engagement programs and activities.

GOAL 3: To Maintain Efficient Oversight and Management of Local Service Delivery to Ensure Quality

Recommendation 3.1: Increase the administrative funding ceiling by two percentage points to ensure appropriate program development, oversight and network management amid rising costs and eroding federal OAA funding.

Assessment & Planning Process for
FY 2025– FY 2027
In Pursuit of Outcomes:
Age Strong, Live Strong

Fiscal Year 2027 Public Information Document
Proposed Amendments to Approved FY25 – FY27 Area Plan



ECIAAA's Assessment & Planning Process for FY 2025 – FY 2027

In Pursuit of Outcomes: *Age Strong, Live Strong*

ECIAAA Performance Outcome Service Performance FY 2024 County Conversations

Overall Cost Benefit: Services provided during FY 2023 saved over \$437 million in long-term care costs.

- ***Service Providers utilized \$7,784,168 to assist 23,237 older adults.***
- ***The cost benefit is derived by enabling these individuals to continue living in the community versus a nursing facility is immense.***
- ***Illinois' median cost for a semi-private room in a nursing home is \$206.***
- ***If 25% of those 23,237 individuals would have been at risk of nursing home placement if no ECIAAA support services were available – that means our services have saved older persons and taxpayers over \$437 million in East Central Illinois.***

Outcome #1: Older adults served by Coordinated Points of Entry/ Senior Information Services are empowered to engage in services and improve their quality of life.

The Coordinated Point of Entry/ Senior Information Services (CPoE/ SIS) Program provided by ECIAAA is resulting in older adults and disabled persons experiencing financial security; peace of mind; independence; and improving their overall health, well-being, and quality of life.

Coordinated Points of Entry/Senior Information Services serve as a “central clearinghouse” for older adults, persons with disabilities, and their care partners. They provide ongoing coordination and connection to services, utilize a standardized intake process, complete referrals and “warm transfers”, provide follow-up monitoring, utilize Options Counseling for participants, engage participants in available programming such as Plan Finder and Benefits Access, utilize a statewide resource database AgingIS CSD, and provide access to evidence-based Healthy Aging services. ECIAAA requires Coordinated Points of Entry/ Senior Information Services providers to have at least one staff member who is certified by *Inform USA* (formerly known as the Alliance of Information and Referral Systems [AIRS]). ECIAAA currently funds 11 Coordinated Points of Entry/Senior Information Service Programs.

Cost Benefit:

By enrolling older adults in the programs above, CPoE/ SIS providers have saved East Central Illinois Medicare beneficiaries a total of \$1.3 million to help pay for other necessities such as groceries, utilities, and home repairs.

Outcome #2: Caregivers are supported to enable them to continue caring for their loved ones.

The caregiver services provided by the ECIAAA are resulting in caregivers and grandparents and other older relatives raising children accessing programs and services to support them in their caregiving roles, by receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. By helping caregivers maintain their caregiving longer, caregiver advisory services enable older adults to stay in their homes for longer periods of time.

Caregiver Advisory Services provide help to an adult family member or another individual, who is an informal provider of in-home care to an older individual. The program is a source of information for caregivers, assists them in accessing services, and offers individual counseling/consultation and support services to help caregivers and grandparents/relatives raising grandchildren/children cope with their caregiving roles and/or develop and strengthen capacities for more adequate social and personal adjustments. Respite services provide temporary, substitute care or supervision of a functionally impaired person. It allows the primary caregiver time away to complete other tasks without disruption of the care of the individual. ECIAAA currently funds 9 Caregiver Advisory Programs.

Cost Benefit:

According to AARP in 2019 “In Illinois, it is estimated that there are nearly 1.5 million caregivers who provide more than 1.24 billion hours of unpaid care valued at over \$17 billion each year”¹. Thirty-three percent (33%) of family caregivers report caring for someone who has Alzheimer’s disease or other dementias. In East Central Illinois, total economic value of family/informal caregiving is estimated at \$1.17 million in unpaid work annually.

Outcome #3: Older adults have improved food security and reduced social isolation.

Nutrition services provided by the ECIAAA are improving food security; increasing opportunities for socialization; reducing feelings of isolation; helping participants to eat healthier, make better food choices, and improve their health; promoting independence; and enabling older adults to live at home.

1 Valuing the Invaluable: 2019 Update, AARP Public Policy Institute, November 2019.

Congregate meals are served at familiar locations, such as senior centers, to promote health and reduce isolation. Home-delivered meals are provided to older adults who are homebound because of illness, physical or mental impairment or otherwise isolated.

Nutrition programs are required to implement creative program design and menu planning that optimize consumer choice, provide consistent meal provision meeting dietary standards, provide a five-day per week meal program, conduct activities to increase socialization and reduce feelings of isolation, provide access to Healthy-Aging services/programs such as A Matter of Balance and Chronic Disease Self-Management, provide nutrition education, conduct individual needs assessments with home-delivered meal recipients to identify operational and safety issues, and conduct wellness checks on home-delivered meal recipients. ECIAAA currently funds 4 nutrition programs.

Cost Benefit:

Home delivered meals are cost-effective and help keep older adults healthier and able to remain independent.

Cost of One OAA-Funded Nutrition Meal for One Senior for Entire Year	Cost of One Day of Hospital Care	Cost of Ten Days in Long Term Care Facilities
\$2,602	\$2,754	\$2,070

Source: [“Delivering So Much More Than a Meal in Illinois.”](#) Meals on Wheels America, 2021.

Outcome #4: Older adults receive specialized legal services to address their legal needs.

Legal services provided by ECIAAA are promoting the independence and financial stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights, and responsibilities.

The agency funds two provider organizations to deliver legal assistance throughout its 16-county geographic service area: Land of Lincoln Legal Aid, serving 13 counties; and Prairie State Legal Services, serving three counties.

The provision of legal services includes advocating for and assisting with basic civil needs of an older adult. Assistance can be provided to help in cases of elder abuse and neglect, financial exploitation, consumer fraud, landlord/tenant relationships, and public benefit programs. Criminal, real-estate, and damage award cases cannot be handled by legal assistance.

Legal service programs are required to provide legal advice and representation, inform older adults about the availability and location of their services and case acceptance priorities, provide community education opportunities on legal issues, prioritize legal assistance for Adult

Protective Service cases, attend court hearings and prepare legal documents, provide referral and follow-up for additional services to benefit the client, provide assistance in obtaining public benefits such as Social Security, Medicare, Medicaid, etc., and collaborate and consult with other service providers serving the same populations.

Cost Benefit:

On average, private attorney fees are 2.4 times the legal assistance provider's approved hourly rates². Funds provided by the ECIAAA enabled Service Providers to provide 2,913 hours of legal services to older adults. This resulted in a cost savings of \$276,271 when compared to private attorney fees.

We have two performance goals that permeate all services and programs:

1. Older Americans will experience reduced social isolation by engaging in all services.

Results:

Since FY 2019, ECIAAA has developed planning committees to reduce social isolation in McLean, Champaign, Vermilion, Macon, Clark, Cumberland, and Coles Counties. ECIAAA was able to implement funding for outreach targeting Hispanic and English as a second language populations, outreach with technology, telephone reassurance/ friendly caller and friendly visiting programs specifically designed to reduce social isolation. The programs' effectiveness is assessed using the UCLA Loneliness Scale.

2. Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results:

ECIAAA funded providers offer programs including Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Strong for Life, Aging Mastery, Bingocize and Program to Encourage Active Rewarding Lives for Older adults.

² Illinois Legal Aid Society, May 2020.

ECIAAA County Conversations: Summary of the Assessment & Planning Process for FY 2025 – FY 2027

FY 2024

ECIAAA AREA-WIDE COUNTY CONVERSATION SUMMARY

ECIAAA conducted twelve (12) County Conversations from January 23, 2024, through February 9, 2024.

Total Attendees – 300 Participants (200 unduplicated/100 duplicated)

1. *Livingston* – Livingston County Health Department, 310 E Torrance, Pontiac, IL
2. *Piatt & DeWitt* – Kirby Medical, 1000 Medical Center Drive, Monticello, IL
3. *Clark & Cumberland* – Harlan Hall, 603 Locust Street, Marshall, IL
4. *Edgar* – Chester P. Sutton Community Center, 256 W Court Street, Paris, IL
5. *McLean* – ARC Auditorium, 600 E Willow Street, Normal, IL
6. *Ford & Iroquois* – Paxton Civic Center, 601 S. Fall Street, Paxton, IL
7. *Macon* – Decatur Park District–Scovill Activity Center, 3909 W Main Street, Decatur, IL
8. *Champaign* – CRIS Healthy Aging, 4116 Fieldstone Road, Champaign, IL
9. *Vermilion* – CRIS Healthy Aging, 309 N Franklin Street, Danville, IL
10. *Moultrie & Douglas* – Elizabeth Titus Memorial Library, 2 West Water Street, Sullivan, IL
11. *Shelby* – Shelby County Senior Center, 325 E. North Ninth Street, Shelbyville, IL
12. *Coles* – Lifespan Center, 11021 E County Road 800 N, Charleston, IL

Objective I

Presented the FY ECIAAA Performance Outcomes Report to Constituents on Older Americans Act Services - Legal, Nutrition, Caregiver Advisory and CPoE/ SIS services.

Objective II

Obtained input from participants how ECIAAA can improve the OAA services provided, and how ECIAAA can improve OAA service delivery.

Objective III

Utilized the County Conversations as an advocacy platform to inform lawmakers how vital these programs are to their constituents and why funding must be preserved and increased!

Questions Asked During the County Conversations...

- How can we improve the OAA services provided?
- How can we improve OAA service delivery?

County Conversation Feedback

Reducing Social Isolation Programming:

1. Participants reported the need to increase services to reduce social isolation (i.e. improve social connections) among older adults. Pilot programs have been launched in Champaign, Clark, Coles, Cumberland, Douglas, Macon, McLean and Vermilion Counties. However, all counties in PSA 05 could benefit from such programs.
2. Based on preliminary results of an IDOA pilot project in Coles County, more older individuals have expressed their lack of social and family connections.

Senior Information Services/Coordinated Points of Entry (CPoE/SIS)

1. Service Providers and participants support the current SIS/CPoE Service Program Design as originally implemented by ECIAAA in FY 2011, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles and will be continued during the ECIAAA RFP cycle for FY 2025 – FY 2027.
2. Federal and state funding has remained stagnant since FY 2011, increased funding is needed to respond to the growing demand for services.
3. Participants expressed appreciation for the availability of Flexible Senior Services (i.e. gap filling services) at the beginning of the fiscal year. However, participants reported the need for increased funding additional to respond to the increased demand in services.
4. Participants reported SHIP Counselors provide many important services that are not available online or through IDOA's Senior Helpline.
5. Participants reported that individuals with disabilities continue to be a large portion of the SIS customer base. Options Counseling added to the SIS/CPoE Program area wide has helped address the demand for services.
6. Ethnic diversity is increasing in all communities – ECIAAA needs to ensure services are targeting diverse groups.
7. It was a consistent theme that the ECIAAA Aging Network needs to do a better job of reaching out to older adults. ECIAAA is in the process of establishing a messaging and public relations plan to help promote the Senior Information Services/Coordinated Point of Entry services throughout PSA 05.

Caregiver Advisory Services

1. Service Providers and participants support the current Caregiver Advisory Program Design as originally implemented by ECIAAA in FY 2002, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles and will be continued during the ECIAAA RFP cycle for FY 2025 – FY 2027.
2. Participants reported the need to establish Kinship Care programs in PSA 05 – allowing grandparents/relatives raising children of all ages (not just 55+) access to support services.
3. Participants reported that caregivers appreciate the Flexible Senior Services (AKA) gap filling services and Alzheimer’s Disease and Related Dementias Gap Filling Services implemented by ECIAAA.
4. Participants reported the need to better promote Caregiver Advisory Services for family/informal caregivers and grandparents/relatives raising grandchildren/children throughout PSA 05.
5. Participants reported the need for increased funding for the ECIAAA- funded Caregiver Advisory Program due to the growing demand for services.

Nutrition Services

1. Service Providers and participants reported no recommendations for changes to the current service delivery design for Nutrition Services as originally implemented by ECIAAA in FY 2015, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles and will continue during the upcoming ECIAAA RFP cycle (FY 2025 – FY 2027).
2. Service providers and participants reported that the nutritional needs of rural elders must be met.
3. Increased funding is needed to sustain the American Rescue Plan Act (ARPA) initiative of targeting a second meal to nutrition clients assessed at higher risk.
4. Participants reported the need to better promote the OAA-funded Nutrition Programs throughout PSA 05.

Legal Services

1. Service Providers and participants reported no recommendations for changes to the current service delivery design for Nutrition Services as originally implemented by ECIAAA in FY 2015, which was continued in subsequent ECIAAA Request for Proposals (RFP) cycles and will continue during the upcoming ECIAAA RFP cycle (FY 2025 – FY 2027).

2. Service providers and participants reported that the nutritional needs of rural elders must be met.
3. Increased funding is needed to sustain the American Rescue Plan Act (ARPA) initiative of targeting a second meal to nutrition clients assessed at higher risk.
4. Participants reported the need to better promote the OAA-funded Nutrition Programs throughout PSA 05.

Adult Protective Services (APS)

1. Social isolation is a major risk factor among victims of abuse, neglect and exploitation.
2. ECIAAA needs to continue promoting awareness and training to members of law enforcement throughout PSA 05.
3. ECIAAA needs to continue supporting the development of TRIADs throughout PSA 05.
4. The collaboration between APS providers and legal service providers needs to increase when working with victims of abuse, neglect and exploitation.

ECIAAA Regional Long-Term Care Ombudsman Program

1. Legal service providers have assisted an increased number of residents of long-term care facilities facing involuntary discharge action. Continued collaboration is needed.

Transportation Services in PSA 05

1. The need for transportation services for older adults was a consistent theme at all twelve (12) county conversations.
2. Participants reported that current urban/rural public transportation programs are not able to address the need for person-centered, assisted transportation that many older adults require.

Adult Day Services (ADS) in PSA 05

1. ECIAAA experienced the loss of the ADS Provider in Bloomington/Normal in 2020 and another in Decatur in 2021. The need for ADS services in PSA 05 was the highest-ranking need at 956. Therefore, ECIAAA needs to take action to recruit new ADS providers to serve both Bloomington/Normal and Decatur.

The Final ECIAAA Executive Report outlining the FY 2025-FY 2027 Planning Process is posted on www.eciaaa.org.

POLCO – ECIAAA Community Assessment Survey for Older Adults (CASOA)

Survey Objectives:

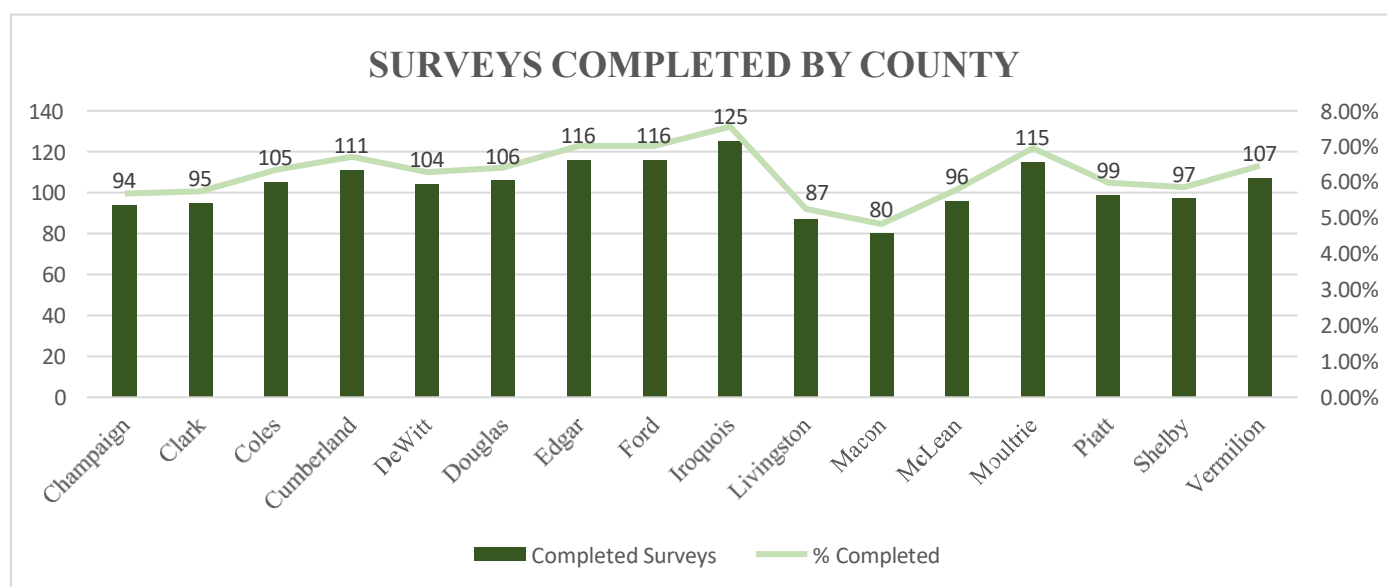
- Identify community strengths to support successful aging
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Develop estimates and projections of resident need in the future

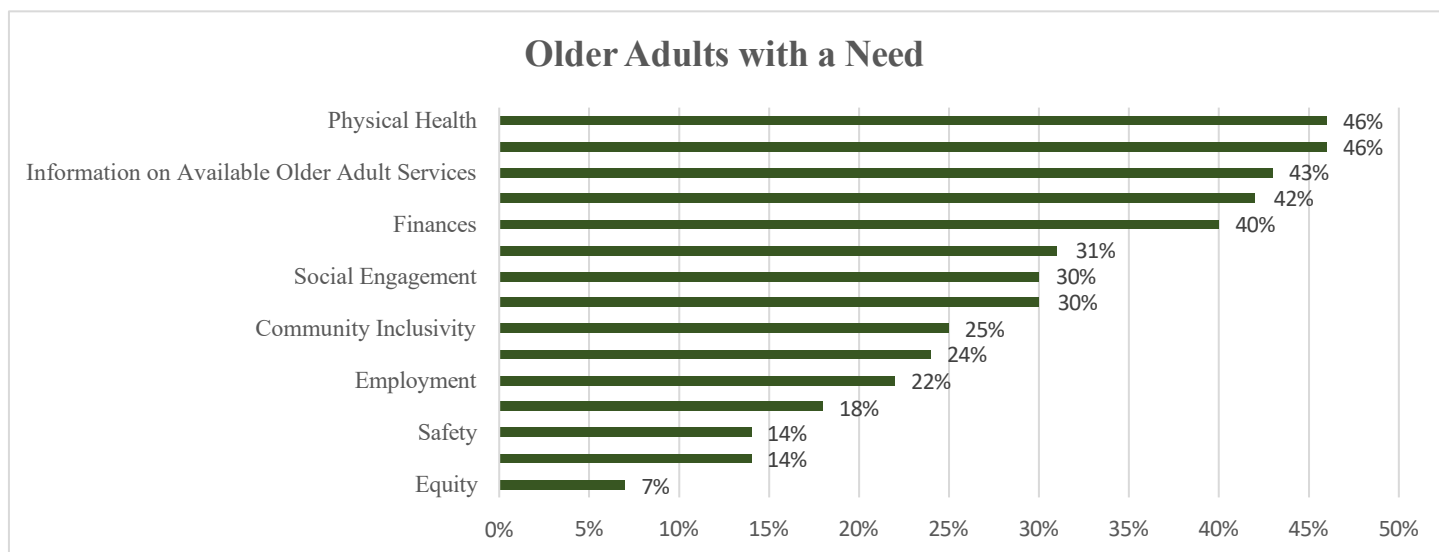
Survey Methods:

- Random sample of older adult house holds
- Multi-contact method mailed and online survey
- Data statistically weighted to reflect older adult population

Survey Sample & Collection:

- 22,400 invitations sent (1,400 per county)
- Age range targeted: 50 – 100
- 801 invitations undeliverable (3.5%)
- 1,653 completed surveys received (8%)





DOMAINS OF COMMUNITY LIVING

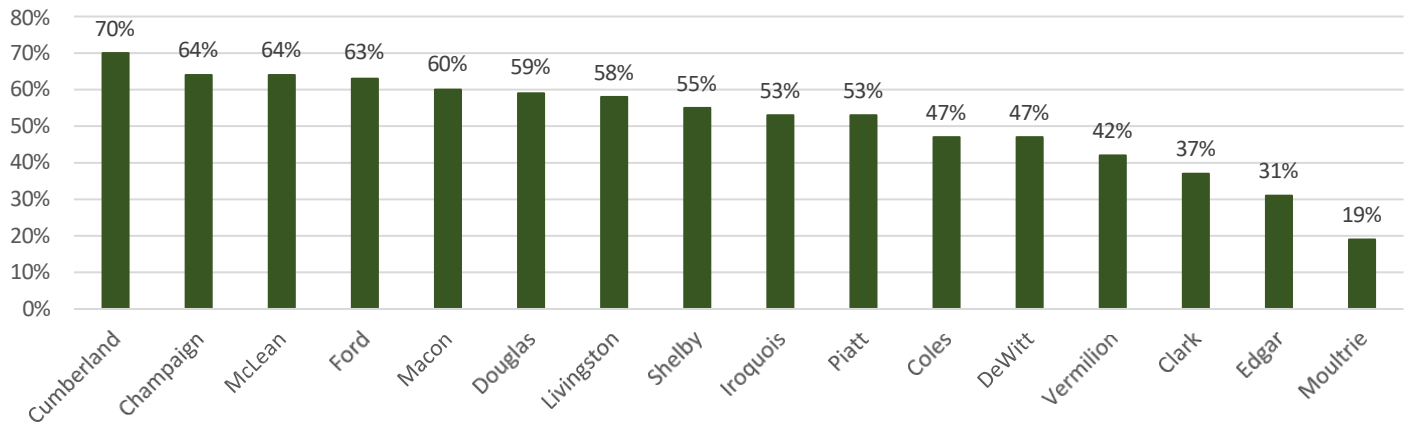
- Survey participants rated the overall quality of life in their community. They also evaluated their communities as livable communities for older adults within six domains:
 - Community Design
 - Employment and Finances
 - Equity and Inclusivity
 - Health and Wellness
 - Information and Assistance
 - Productive Activities

SPECIAL FOCUS: INFORMATION & ASSISTANCE

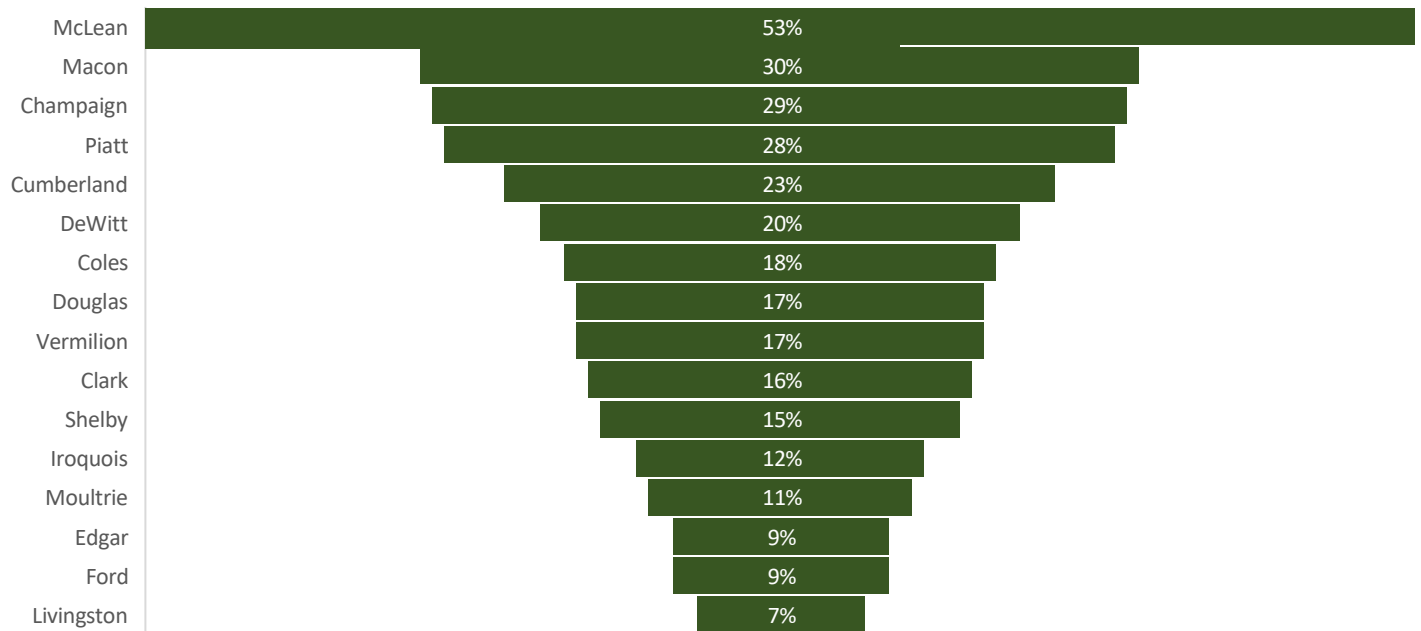
The older adult service network, while strong, is under-resourced and unable to single-handedly meet the needs of the continuously growing population of older adults. Providing useful and well-designed programs, as well as informing residents about other assistance resources, is an important way that government agencies can help residents age in place.

- The overall services provided to older adults in the region were rated as excellent or good by 46% of survey respondents.
- About 56% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 27% of older residents and the availability of financial or legal planning services was rated positively by 32% of older residents.
- About 43% of older adults were found to have information access challenges in the region.

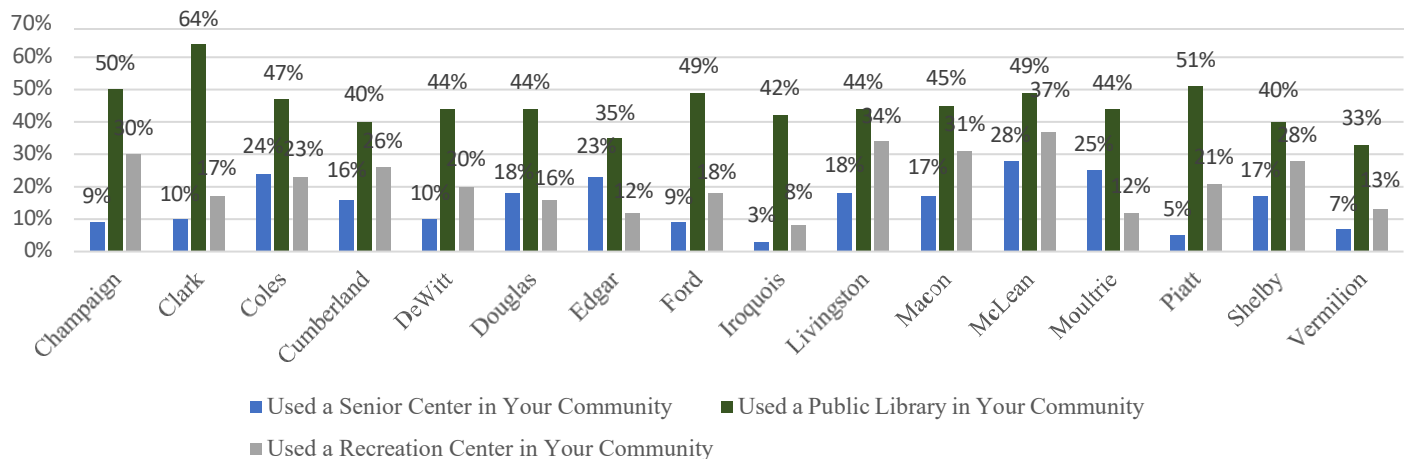
In General, How Informed or Uninformed Do You Feel About Services & Activities Available to Older Adults in Your Community?



Availability of Information About Resources for Older Adults



Productive Activities - Civic Engagement: Used Within Last 12-Months



Overall Scores of Community Livability (See Domains Listed Above)

- Of the 17 Aspects of Livability Examined, the Aspects Found to be Strongest in the Region Related to Areas of:
 - Mobility (62%)
 - Safety (62%)
 - Social Engagement (57%)
- The areas showing the greatest need for improvement related to:
 - Housing (25%)
 - Mental Health (26%)
 - Employment (28%)

GREATEST NEED FOR IMPROVEMENT Specifics IN PSA 05

Housing Challenges

- Having Housing to Suit Needs
- Doing Heavy or Intense Housework
- Maintaining Home
- Maintaining Yard

Mental Health Challenges

- Experiencing Confusion or Forgetfulness
- Feeling Depressed
- Dealing with the Loss of a Close Family Member or Friend

Employment Challenges

- Finding Work in Retirement
- Building Skills for Paid or Unpaid Work

FY 2025 Home Delivered Meals Survey

Identification of Needs & Gaps in Nutrition Services in PSA 05

FY 2025 Number of Older Persons Denied HDMS & Current Numbers of Older
Persons on Waiting Lists

Name of County	Number of Older Persons Denied HDMS due to Lack of Funding	Current Number of Older Persons on Waiting Lists
Champaign	0	0
Clark	0	0
Coles	0	0
Cumberland	0	0
DeWitt	0	0
Douglas	0	0
Edgar	0	0
Ford	0	0
Iroquois	0	0
Livingston	0	0
McLean	0	0
Moultrie	0	0
Piatt	0	0
Shelby	0	0
Vermilion	4	4
Macon	5	5
Grand Total:	9	9

FY 2025 Number of Older Persons Needing HDMs in Unserved Areas

County	Unserved Townships/Communities/Neighborhoods	Number of Older Persons Needing HDMs
Champaign	Ayers, Broadlands, Compromise, Crittenden, East Bend, Kerr, Philo, Raymond, Sadoris, Stanton, St. Joseph	0
Clark	N/A	0
Coles	N/A	0
Cumberland	N/A	0
DeWitt	Barnett, Clintonia, Creek, DeWitt, Harp, Nixon, Rutledge, Texas, Turnbridge, Wapello, Wilson, Waynesville	0
Douglas	N/A	0
Edgar	N/A	0
Ford	Brenton, Button, Cabery, Dix, Drummer, Elliott, Kempton, Lyman, Melvin, Mona, Patton, Peach Orchard, Pella, Piper City, Rogers, Sibley, Wall	0
Iroquois	Artesia, Ashkum, Beaverville, Chebanse, Concord, Crescent, Danforth, Douglas, Fountain Creek, Iroquois, Loda, Lovejoy, Martinton, Milks Grove, Onarga, Papineau, Prairie Green, Ridgeland, Sheldon, Stockland	0
Livingston	Amity, Avoca, Belle Prairie, Broughton, Chatsworth, Charlotte, Eppards Point, Esmen, Fayette, Forrest, Germanville, Indian Grove, Long Point, Newton, Nevada, Odell, Owego, Pike, Pleasant Ridge, Reading, Rooks Creek, Round Grove, Saunemin, Sullivan, Sunbury, Strawn, Union, Waldo	0
McLean	Allin, Bellflower, Blue Mound, Cheney's Grove, Dale, Dawson, Dry Grove, Empire, Funk's Grove, Lawndale, Martin, Money Creek, Mount Hope, Old Town, Randolph, West, White Oak, Yates	0
Moultrie	N/A	0
Piatt	Cerro Gordo, Cisco, DeLand, Hammond, Ivesdale, LaPlace, Lodge, Sangamon, Unity, Willow Branch, White Heath	0
Shelby	N/A	0
PEACE MEAL SENIOR NUTRITION TOTAL	Sponsored by Sarah Bush Lincoln: Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby- 0 Sponsored by OSF: Champaign, DeWitt, Ford, Iroquois, Livingston, McLean, and Piatt- 0	0
Vermilion – CRIS	N/A	0
Macon – MOWs	Blue Mound, Macon, Elwin, Maroa, Warrensburg, Harristown, Oreana, Argenta, Boody, Hervy City, Oakley	0
GRAND TOTAL		0

**FY 2025 Average Number of Older Persons
Served Congregate Meals & HDMs Per Day**

Name of County (C)	Name of Nutrition Site/Community (D)	Number of Older Persons Served Congregate Meals Each Serving Day (E)	Number of Older Persons Served HDMs Each Serving Day (F)
Champaign	Champaign-Urbana	0	188
Champaign	Champaign-Urbana Housing	22	0
Champaign	Homer	2	4
Champaign	Ludlow	9	3
Champaign	NE Rural Champaign	0	23
Champaign	NW Rural Champaign	0	22
Champaign	Rantoul	6	54
Champaign	SW Rural Champaign	0	20
Clark	Casey	2	29
Clark	Martinsville	0	9
Coles	Charleston	27	106
Coles	LifeSpan Center	12	0
Coles	Mattoon	26	178
Coles	Oakland	4	23
Cumberland	Toledo	10	61
DeWitt	Clinton	13	51
De Witt	Farmer City	0	8
De Witt	Farmer City Restaurant	13	0
De Witt	Weldon	0	4
Douglas	Arcola	0	17
Douglas	Arthur	0	12
Douglas	Atwood	0	10
Douglas	Murdock	0	4
Douglas	Tuscola	4	31
Douglas	Villa Grove	7	19
Edgar	Brocton	0	7
Edgar	Chrisman	0	5
Edgar	Hume	0	6
Edgar	Kansas	0	5
Edgar	Paris	3	39
Edgar	Paris Restaurant	23	0
Ford	Gibson City	4	0
Ford	Paxton	5	20
Ford	Ford Rural Route	0	5
Iroquois	Cissna Park Restaurant	5	0
Iroquois	Cindy's Roadside Café	4	0
Iroquois	Rural	0	20
Iroquois	Milford	1	0
Iroquois	Watseka	9	0
Livingston	Dwight	7	24

Livingston	Flanagan	0	43
Livingston	Pontiac	0	79
Livingston	Streator	0	8
Livingston	Odell Kings Crossing	30	0
Livingston	Dwight Station 343	3	0
Macon	Catholic Charities Macon County	0	366
Macon	Macon County Senior Center	12	0
Macon	Oxford House	18	0
Macon	The Woods	11	0
McLean	Bloomington-Normal	0	335
McLean	Chenoa	11	8
McLean	Danvers	0	5
McLean	Heyworth	0	13
McLean	LeRoy	1	10
McLean	Lexington	3	8
McLean	Lincoln Tower	7	15
McLean	McLean County Rural	0	33
McLean	Normal ARC	28	0
McLean	Phoenix Towers	21	21
McLean	Saybrook	0	5
McLean	Western Ave	5	0
McLean	Woodhill Site	25	18
Moultrie	Bethany	20	12
Moultrie	Sullivan	12	26
Piatt	Holly's Country Kitchen	5	0
Piatt	Monticello	8	13
Piatt	Piatt County Rural	0	32
Shelby	Findlay	0	8
Shelby	Herrick	17	12
Shelby	Moweaqua	0	16
Shelby	Shelbyville	8	68
Shelby	Windsor	4	14
Vermilion	112 Café	0	0
Vermilion	Cahill's Family Pancake House	2	0
Vermilion	CRIS Healthy Aging Vermilion	57	186
Vermilion	Hoopeston Multi Agency	19	0
Vermilion	Ela's Eatery	1	0
Vermilion	Rossville Family Restaurant	0	0
Total	73	503	2,135

**FY 2025 Congregate Meals:
Hot, Cold & Frozen Meals**

Name of Nutrition Program (B)	Number of Hot Congregate Meals (C)	Number of Cold Congregate Meals (D)	Number of Grab & Go Congregate Meals (E)	Total Number of Congregate Meals Served (F)
Champaign County Champaign-Urbana Housing	5,729	-	-	5,729
Champaign County Homer	501	-	-	501
Champaign County Ludlow	2,355	-	-	2,355
Champaign County Rantoul	1,455	-	-	1,455
Clark County Casey	551	-	-	551
Coles County Charleston	6,932	-	-	7,025
Coles County LifeSpan Center	3,206	-	-	3,206
Coles County Mattoon	6,494	-	-	6,619
Coles County Oakland	1,127	-	-	1,127
Cumberland County Toledo	2,559	-	-	2,634
DeWitt County Clinton	3,329	-	-	3,329
DeWitt County Farmer City Restaurant	4,784	-	-	4,784
Douglas County Tuscola	1,021	-	-	1,036
Douglas County Villa Grove	1,696	-	-	1,696
Edgar County Paris	635	-	-	640
Edgar County Paris Restaurant	5,845	-	-	5,845
DeWitt County Farmer City	81	-	-	81
Ford County Gibson City	1,094	-	-	1,094
Ford County Paxton	1,340	-	-	1,355
Iroquois County Milford	318	-	-	318
Iroquois County Watseka	3,120	-	-	3,120
Iroquois County Cindy's Roadside Café	1,023	-	-	1,023
Livingston County King's Crossing	7,784	-	-	7,784
Livingston County Station 343	680	-	-	680
Macon County Oxford House	4,774	-	-	4,774
Macon County Senior Center	3,138	-	-	3,141

Macon County The Woods	2,753	-	-	2,753
McLean County Chenoa	2,953	-	-	2,953
McLean County LeRoy	242	-	-	242
McLean County Lexington	714	-	-	714
McLean County Lincoln Tower	1,923	-	-	1,923
McLean County ARC Normal	7,257	-	-	7,257
McLean County Phoenix Towers	5,494	-	-	5,559
McLean County Western Ave	1,308	-	-	1,308
McLean County Woodhill Site	5,122	-	-	5,122
Moultrie County Bethany	5,267	-	-	5,267
Moultrie County Sullivan	3,072	-	-	3,072
Piatt County Holly's Country Kitchen	1,821	-	-	1,821
Piatt County Monticello	2,112	-	-	2,112
Shelby County Herrcik	4,494	-	-	4,494
Shelby County Shelbyville	1,960	-	-	1,960
Shelby County Windsor	1,140	-	-	1,140
Vermilion County 112 Café	1	-	-	1
Vermilion County Cahill's Family Pancake House	548	-	-	548
Vermilion County CRIS Healthy Aging Vermilion	14,688	-	1,498	16,186
Vermilion County Ela's Eatery	211	-	-	211
Vermilion County Hoopeston Multi Agency	1,938	-	489	2,427
Vermilion County Rossville Family Restaurant	44	-	-	44
Total	139,600	-	1,987	139,996

FY 2025 Congregate Meals: Number of Serving Days Per Week

Name of Nutrition Program (B)	Number of Sites Serving 6-7 Days per Week (C)	Number of Sites Serving 5 Days per Week (D)	Number of Sites Serving 3-4 Days per Week (E)	Number of Sites Serving 1-2 Days per Week (F)
Champaign County Champaign-Urbana Housing	-	1	-	-
Champaign County Homer	-	1	-	-
Champaign County Ludlow	-	1	-	-
Champaign County Rantoul	-	1	-	-
Clark County Casey	-	1	-	-
Coles County Charleston	-	1	-	-
Coles County LifeSpan Center	-	1	-	-
Coles County Mattoon	-	1	-	-
Coles County Oakland	-	1	-	-
Cumberland County Toledo	-	1	-	-
DeWitt County Clinton	-	1	-	-
DeWitt County Farmer City Restaurant	1	-	-	-
DeWitt County Farmer City	-	1	-	-
Douglas County Tuscola	-	1	-	-
Douglas County Villa Grove	-	1	-	-
Edgar County Paris	-	1	-	-
Edgar County Paris Restaurant	-	1	-	-
Ford County Gibson City	-	1	-	-
Ford County Paxton	-	1	-	-
Iroquois County Milford	-	1	-	-
Iroquois County Watseka	1	-	-	-
Iroquois County Cindy's Roadside Café	-	1	-	-
Iroquois County Cissna Park Restaurant	-	1	-	-
Livingston County Dwight	-	1	-	-
Livingston County King's Crossing	-	1	-	-
Livingston County Station 343	-	-	1	-

Macon County Oxford House	-	1	-	-
Macon County Senior Center	-	1	-	-
Macon County The Woods	-	1	-	-
McLean County ARC Normal	-	1	-	-
McLean County Chenoa	-	1	-	-
McLean County LeRoy	-	1	-	-
McLean County Lexington	-	1	-	-
McLean County Lincoln Tower	-	1	-	-
McLean County Phoenix Towers	-	1	-	-
McLean County Western Ave	-	1	-	-
McLean County Woodhill Site	-	-	1	-
Moultrie County Bethany	-	1	-	-
Moultrie County Sullivan	-	1	-	-
Piatt County Holly's Country Kitchen	1	-	-	-
Piatt County Monticello	-	1	-	-
Shelby County Herrcik	1	-	-	-
Shelby County Shelbyville	-	1	-	-
Shelby County Windsor	-	1	-	-
Vermilion County 112 Café	1	-	-	-
Vermilion County Cahill's Family Pancake House	1	-	-	-
Vermilion County CRIS Healthy Aging Vermilion	-	1	-	-
Vermilion County Hoopeston Multi Agency	-	-	-	1
Vermilion County Ela's Eatery	1	-	-	-
Vermilion County Rossville Family Restaurant	1	-	-	-
Total	8	39	2	1

FY 2025 Home Delivered Meals:
Hot, Cold, Frozen, and Shelf-Stable Meals

Name of Nutrition Program (B)	Number of Hot HDM Meals (C)	Number of Cold HDM Meals (D)	Number of Frozen HDM Meals (E)	Number of Shelf-Stable HDM Meals (F)	Total Number of HDM Meals Served (G)	Number of HDMs that were considered "Take Out" or "To-Go" (H)
Catholic Charities Macon County	92,615	-	2,215	312	95,142	-
Champaign County Champaign-Urbana	48,219	-	60	555	48,834	-
Champaign County Homer	1,114	-	-	10	1,124	-
Champaign County Ludlow	875	-	-	-	875	-
Champaign County NE Rural Champaign	5,865	-	-	95	5,960	-
Champaign County NW Rural Champaign	5,623	-	-	110	5,733	-
Champaign County Rantoul	13,806	-	-	295	14,101	-
Champaign County SW Rural Champaign	5,108	-	-	60	5,168	-
Clark County Casey	6,885	499	21	145	7,550	-
Clark County Martinsville	2,228	23	20	50	2,321	-
Coles County Charleston	26,700	40	204	510	27,454	-
Coles County Mattoon	41,325	4,121	10	870	46,326	-
Coles County Oakland	5,784	105	34	100	6,023	-
Cumberland County Toledo	14,139	1,353	80	285	15,857	-
DeWitt County Clinton	12,981	-	-	255	13,236	-
DeWitt County Weldon	1,066	-	-	-	1,066	-
Douglas County Arcola	4,423	-	-	-	4,423	-
Douglas County Arthur	2,892	8	-	85	2,985	-
Douglas County Atwood	2,413	227	-	50	2,690	-

Douglas County Murdock	921	-	28	10	959	-
Douglas County Tuscola	7,622	243	-	135	8,000	-
Douglas County Villa Grove	4,682	55	-	115	4,852	-
Edgar County Brocton	1,744	-	5	30	1,779	-
Edgar County Chrisman	1,312	2	20	20	1,354	-
Edgar County Hume	1,531	56	-	20	1,607	-
Edgar County Kansas	1,314	-	-	15	1,329	-
Edgar County Paris	9,831	38	28	150	10,047	-
DeWitt County Famer City	2,140	-	-	-	2,140	-
Ford County Paxton	5,010	-	-	85	5,095	-
Ford Rural Route	1,268	-	-	30	1,298	-
Iroquois County Rural	5,091	-	-	45	5,136	-
Livingston County Dwight	6,212	-	-	-	6,212	-
Livingston County Flanagan	11,258	-	-	-	11,258	-
Livingston County Pontiac	20,490	-	120	-	20,610	-
Livingston County Streator	1,683	250	208	-	2,141	-
McLean County Bloomington- Normal	87,184	-	19	-	87,203	-
McLean County Chenoa	2,140	-	-	-	2,140	-
McLean County Danvers	1,320	-	-	-	1,320	-
McLean County Heyworth	3,398	-	-	-	3,398	-
McLean County LeRoy	2,608	-	-	35	2,643	-
McLean County Lexington	2,172	-	-	-	2,172	-
McLean County Lincoln Tower	3,934	-	-	-	3,934	-
McLean County Phoenix Towers	5,263	21	-	35	5,319	-
McLean County Rural	8,647	-	-	-	8,647	-
McLean County Saybrook	1,251	-	-	-	1,251	-
McLean County Woodhill Site	4,564	-	-	-	4,564	-

Moultrie County Bethany	2,994	10	-	70	3,074	-
Moultrie County Sullivan	6,251	456	30	130	6,867	-
Piatt County Monticello	3,311	-	-	80	3,391	-
Piatt County Rural	8,253	-	-	-	8,253	-
Shelby County Findlay	2,031	75	-	20	2,126	-
Shelby County Herrcik	3,005	134	-	50	3,189	-
Shelby County Moweaqua	2,502	1,601	10	55	4,168	-
Shelby County Shelbyville	15,733	750	790	370	17,643	-
Shelby County Windsor	3,219	370	-	50	3,639	-
Vermilion County CRIS Healthy Aging Vermilion	-	38,262	48,517	1,575	88,354	-
Total	545,950	48,699	52,419	6,912	653,980	-

FY 2025 Home Delivered Meals: Number of Serving Days Per Week

Name of Nutrition Program (B)	Number of Sites Serving 6-7 Days per Week (C)	Number of Sites Serving 5 Days per Week (D)	Number of Sites Serving 3-4 Days per Week (E)	Number of Sites Serving 1-2 Days per Week (F)
Champaign County Champaign-Urbana Housing	-	1	-	-
Champaign County Homer	-	1	-	-
Champaign County Ludlow	-	1	-	-
Champaign County Rantoul	-	1	-	-
Clark County Casey	-	1	-	-
Clark County Martinsville	-	1	-	-
Coles County Charleston	-	1	-	-
Coles County Mattoon	-	1	-	-
Coles County Oakland	-	1	-	-
Cumberland County Toledo	-	1	-	-
DeWitt County Clinton	-	1	-	-
DeWitt County Weldon	-	1	-	-
Douglas County Arcola	-	1	-	-
Douglas County Arthur	-	1	-	-
Douglas County Atwood	-	1	-	-
Douglas County Murdock	-	1	-	-
Douglas County Tuscola	-	1	-	-
Douglas County Villa Grove	-	1	-	-
Edgar County Brocton	-	1	-	-
Edgar County Chrisman	-	1	-	-
Edgar County Hume	-	1	-	-
Edgar County Kansas	-	1	-	-
Edgar County Paris	-	1	-	-
DeWitt County Farmer City	-	1	-	-

Ford County Paxton	-	1	-	-
Ford County Rural Route	-	1	-	-
Iroquois County Rural	-	1	-	-
Livingston County Dwight	-	1	-	-
Livingston County Flanagan	-	1	-	-
Livingston County Pontiac	-	1	-	-
Livingston County Streator	-	1	-	-
McLean County Bloomington-Normal	-	1	-	-
McLean County Chenoa	-	1	-	-
McLean County Danvers	-	1	-	-
McLean County Heyworth	-	1	-	-
McLean County LeRoy	-	1	-	-
McLean County Lexington	-	1	-	-
McLean County Lincoln Tower	-	1	-	-
McLean County Rural	-	1	-	-
McLean County Phoenix Towers	-	-	1	-
McLean County Saybrook	-	1	-	-
McLean County Woodhill Site	-	1	-	-
Moultrie County Bethany	-	1	-	-
Moultrie County Sullivan	-	1	-	-
Piatt County Monticello	-	1	-	-
Piatt County Rural	-	1	-	-
Shelby County Findlay		1	-	-
Shelby County Herrcik	-	1	-	-
Shelby County Moweaqua	-	1	-	-
Shelby County Shelbyville	-	1	-	-
Shelby County Windsor		1	-	-

Vermilion County CRIS Healthy Aging Vermilion	-	1	-	-
Total	-	55	1	-

State & Local Initiatives

Fiscal Year 2027 Public Information Document

Proposed Amendments to Approved Area Plan
for FY 2025 – FY 2027



FY 2025-FY 2027 Statewide Initiatives -

ECIAAA will continue the following initiatives for FY 2027 as outlined in their instructions for the completion of Area Plan for FY 2025-FY 2027.

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.

The mission of the AAAs as defined by the Older Americans Act is in part to:

“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 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 CFR 1321.53)

To build upon the mission statement, IDoA has selected increasing public visibility as a Statewide Initiative with a focus on raising awareness and sharing information about the availability of aging services and supports. Due to the impacts of the COVID pandemic, as well as the changing ways that individuals and communities consume media and communicate, it has become increasingly difficult to reach the targeted populations that would benefit from OAA-funded programs. A dedicated statewide initiative to increase the visibility of the available programs and services throughout Illinois will increase both the awareness, as well as the utilization of much needed and sought after services.

Increasing public awareness should be embedded in every program and service justification, with a focus on promoting programs and services to traditionally underserved and unserved populations. Every service should be viewed through the lens of increasing public visibility with a corresponding inclusive approach to planning for integration into each service provided.

FY 2027 UPDATE: As part of ECIAAA’s Strategic Plan, ECIAAA has embarked on a public relations plan continuing through FY 2026 for PSA 05. ECIAAA has unveiled the preliminary communications plan that includes creative strategies to promote awareness of the Area Agency network of services in PSA 05. ECIAAA is waiting on securing the necessary funds to effectively implement the plan through digital marketing through all 16 counties in PSA 05.

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.

As the lead agencies in the state and local areas, it is a duty of the State Units on Aging (IDoA) and the Area Agencies on Aging (AAAs) to ensure the programs and services provided directly and through the community partner network are delivered utilizing person-centered and trauma informed methods. Over time, Illinois has experienced significant changes in population, including an unprecedented increase in the percentage of older adults in our population. There has also been a significant increase in the number of older adults within racial and ethnic minority, sexual and gender minority, and minority religious populations. The inclusion of quality assurance and improvement activities for this initiative should include evaluations of current programs and services to ensure that the programs and services are meeting their intended objectives and are providing services in a person-centered and trauma informed manner.

Access to accurate, comprehensive, and timely data is vital to be able to make informed decisions regarding community needs and service prioritization at the local, regional, and state levels. A focus on maximizing the effectiveness and accuracy of services and programs will ensure maximization of the return on investment for funding and will ensure we are meeting the directives provided through the Older Americans Act and the Administration for Community Living's priorities.

UPDATE: ECIAAA will continue to conduct its successful Quality Assurance Process in PSA 05 described below:

ECIAAA Performance Outcomes – *Age Strong, Live Strong*

In FY 2013 ECIAAA implemented its Age Strong, Live Strong Performance Outcomes Program to assure older Americans will maintain their independence and quality of life in PSA 05. Older Americans Act (OAA) funded service providers are required to conduct certain activities to evaluate the effectiveness of each OAA Core Service – Coordinated Points of Entry/Senior Information Services, Caregiver Advisory Services, Nutrition Services, and Senior Legal Services.

Age Strong, Live Strong Performance Outcomes

Older Americans will maintain their independence and quality of life.



Age Strong, Live Strong Performance Outcomes



Senior Information Services (SIS)- Coordinated Points of Entry

ECIAAA Performance Outcome #1: Participants are empowered to engage in services and improve their quality of life.

The Coordinated Point of Entry/Senior Information Services Program provided by the ECIAAA is resulting in older adults and disabled persons experiencing financial security, peace of mind, and independence; and improving their overall health, well-being, and quality of life.

- Outputs- Persons Served, Contacts Provided, POMP Surveys Completed
- Indicators that Support Performance Outcome #1
 - Financial Security
 - Health & Well Being
 - Independence & Quality of Life
 - Client Satisfaction

Caregiver Advisory Services (Informal Caregivers and Grandparents/Relatives Raising Grandchildren/Children)

ECIAAA Performance Outcome #2: Caregivers are supported to enable them to continue caring for their loved one(s).

The Caregiver Advisory Program services provided by the ECIAAA helps caregivers and grandparents/relatives raising grandchildren/children (GRG) access programs and services to

support them in caregiving roles and receiving counseling and/or participating in support groups to better equip them to cope with the responsibilities of caring for their loved ones. Caregiving services enable older adults to continue living in their homes, and supporting grandparents/relatives raising grandchildren/children.

- Outputs- Persons Served, Contacts Provided, POMP Surveys Completed
- Indicators that Support Performance Outcome #2
 - Education & Information
 - Support for Better Care
 - Independence of Care Recipient
 - Client Satisfaction

Nutrition Services- Congregate & Home Delivered Meals

ECIAAA Performance Outcome #3: Participants have improved food security.

Nutrition services provided by the ECIAAA are improving food security, increasing opportunities for socialization; reducing feelings of isolation; helping participants to eat healthier, make better food choices, and improve their health; promoting independence; and enabling older adults to live at home.

- Outputs- Persons Served, Meals Provided, POMP Surveys Completed
- Indicators that support Performance Outcome #3
 - Food Security
 - Socialization
 - Dietary Intake, Health and Nutritional Knowledge
 - Independence
 - Client Satisfaction

Legal Services

ECIAAA Performance Outcome #4: Older adults receive specialized legal services to address their legal needs.

Legal services provided by the ECIAAA are promoting the independence and financial stability of older persons by increasing their knowledge and understanding of consumer, legal, medical, and financial rights and responsibilities.

ECIAAA Cross Cutting Performance Outcomes

Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Older Americans will experience reduced social isolation by engaging in all services.

Initiative #3: Increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma informed, and evidence-based programs and services.

Throughout 2023, IDoA partnered with the AAA network to facilitate twenty in-person Caregiver Roundtables across the state of Illinois, along with three virtual roundtables to hear from informal and family caregivers about the needs and challenges faced by caregivers, both met and unmet, and explore additional support that can enhance the caregiving journey. Upon completion of this series, we expect to hear directly from more than 400 Illinoisans whose voices will help move this program towards fulfillment of needs and preferences of the modern family caregiver.

Conversations so far have both articulated the need for these services and the need to increase visibility for these resources. Across sessions, attendees discussed caregiving from a holistic lens cutting across systems including healthcare, transportation, community supportive services, and individual (both caregiver and care receiver) needs, values, and preferences. Training and education across the domains that fall in the scope of caregiving are also needed for family caregivers and paid caregivers, including better understanding chronic and terminal diseases, navigating healthcare systems including palliative care and hospice, physical caregiving (how to lift, transfer, bathe, groom, etc.), available caregiver resources, available resources for older people, and caring for the caregiver.

FY 2027 UPDATE: As part of ECIAAA's Strategic Plan, ECIAAA has embarked on a public relations plan continuing through FY 2026 for PSA 05. ECIAAA has unveiled the preliminary communications plan that includes creative strategies to promote awareness of the Area Agency network of services in PSA 05. ECIAAA is waiting on securing the necessary funds to effectively implement the plan through digital marketing through all 16 counties in PSA 05.

LOCAL INITIATIVES

Improve Social Connections/Social Engagement by Reducing Social Isolation among Older Adults

ECIAAA PERFORMANCE OUTCOME: Older Americans will experience reduced social isolation by engaging in all services.

Background Information

ECIAAA rolled out 3-year statewide initiative to enhance Illinois' existing community-based service delivery system to address social isolation among older adults in FY 2019. The first year served as the planning year. ECIAAA kick-off event for Reducing Social Isolation in PSA 05 began on November 7, 2018 (FY 2019).

Now in our 8th year, ECIAAA's pilot projects have grown from three service providers serving four counties to eight service providers serving ten counties. In FY 2025, ECIAAA changed program name from Reducing Social Isolation to Social Connections to improve public perception of aging.

In FY 2027, ECIAAA will continue to partner with our eight service providers to tackle loneliness and social isolation among older adults in PSA 05. While these two terms are often used interchangeably, they are distinct challenges; our goal is to bridge these gaps by fostering meaningful social connections across East Central Illinois.

Loneliness is an emotional state characterized by feelings of detachment, alienation, and lack of social connection. It is a perception of being alone, even when surrounded by others. It can be caused by a variety of factors, including social isolation. Loss of loved ones, or personal circumstances.

Social Isolation is a state of being physically or socially separated from others. It refers to a lack of social interaction and limited contact with family, friends, or community members. It can be caused by factors such as living alone, geographical distance, or social withdrawal.

Dr. Vivek H. Murthy, who served as the 19th and 21st Surgeon General of the United States, identified loneliness as more than a bad feeling. It is harmful to both the individual and societal health and increases risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. Dr. Murthy published his 2023 report, "*Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on Healthy Effects of Social Connections and Community*," and it continues to serve as a guidebook for addressing loneliness and social isolation in East Central Illinois.

Social isolation major health impacts are more widespread than common chronic conditions:

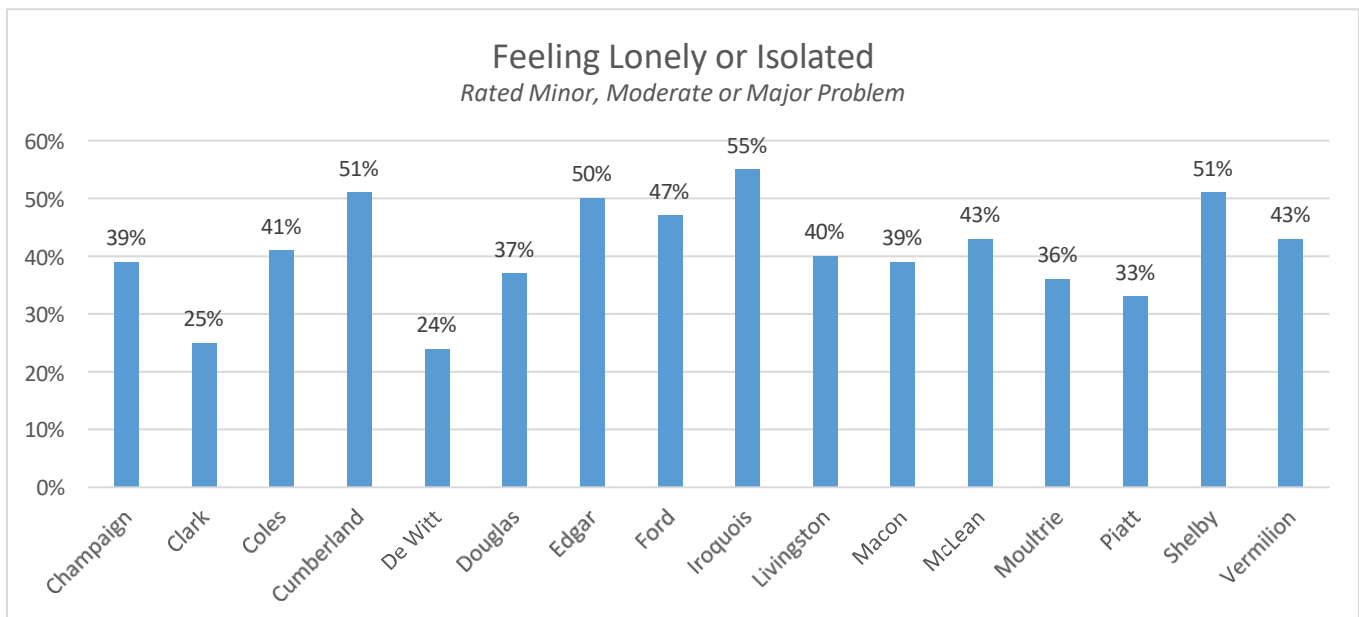
- Smoking impacting 12.5% of US Adults
- Diabetes impacting 14.7% of US Adults
- Obesity impacting 41.9% of US Adults
- Loneliness experienced by 50% US Adults.

Dr. Vivek H. Murthy cites in his report: “according to the AARP Public Policy Institute, Medicare spends an additional \$6.7 billion on socially isolated individuals.” The primary risk factors associated with isolation include:

TARGETED POPULATIONS WITH RISK FACTORS	
Living Alone	Psychological or Cognitive Vulnerabilities
Mobility or Sensory Impairment	Location (Rural or Inaccessible Neighborhood/Community)
Major Life Transitions	Small Social Network and/or Inadequate Social Support
Socioeconomic Status (Low Income, Limited Resources)	Language (limited English-Speaking)
Being a Caregiver for Someone with Severe Impairment	Membership in a Vulnerable Group (i.e., LGBTIQ)

In the summer and fall of 2024, ECIAAA conducted a 16-county area-wide Community Assessment Survey for Older Adults (CASOA). The CASOA provided a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves. Here is what the survey revealed about older adults perceptions of feeling lonely or isolated by county:

As cited in the 2023 report, Dr. Vivek H. Murthy has proposed a National Strategy for Six Pillars to Advance Social Connection and ECIAAA continues to work toward strengthening these pillars in East Central Illinois:



1. Strengthen Social Infrastructure in Local Communities - Establish and Scale Community Connection Programs
2. Enact Pro-Connection Public Policies
3. Mobilize the Health Sector
4. Reform Digital Environments
5. Deepen Our Knowledge - Increase Public Awareness
6. Build a Culture of Connection - Expand Conversation on Social Connection

ECIAAA SOCIAL CONNECTIONS INITIATIVE

Despite the Illinois Department on Aging removing Reducing Social Isolation as a state initiative in FY 2025, ECIAAA is continuing its commitment to the issue in PSA 05. Our local planning committees covering Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Livingston, Macon, McLean and Vermilion counties, continue to meet quarterly to build on the success of past pilot interventions. These Social Connections Committees play a vital role in connecting community leaders, fostering collaboration, and brainstorming new initiatives to decrease isolation among older adults.

FY 2025 – FY 2027 Social Connections Plan

To respond to U.S. Surgeon General’s national priority, ECIAAA will continue using both IL GRF and Title III-B funding to support Social Connections Programming PSA 05. ECIAAA has targeted the communities of Bloomington/Normal, Champaign/Urbana, Clinton, Pontiac, Tuscola, Decatur, Charleston/Mattoon, Danville and Clark and Cumberland Counties. The counties of Champaign, Coles, Macon, McLean, and Vermilion rank as PSA 05’s top four based on targeting priorities: 60+ Minority; 60+ Living Alone; 75+ Population; and 60+ Poverty.

ECIAAA will continue to use the UCLA Loneliness Scale by requiring the following: 1) Administering the 3-item UCLA Loneliness Scale every 3rd month until the 12th month, 2) UCLA Loneliness Scale Report Form, and 3) Instructions for Completing the UCLA Loneliness Scale Report Form. The UCLA Loneliness Scale is also available in Spanish.

ECIAAA evaluation of the Social Connections Pilot Projects is conducted on a quarterly basis – which serves as a general evaluation of persons served and units provider. The UCLA Loneliness Scale reports will be evaluated at minimum, quarterly. Each Social Connections Committee will also serve in an advisory capacity to each Pilot Project, as a way to gauge program effectiveness, and recommend modifications, as necessary.

ECIAAA is proud to provide the progress made by the Social Connections Pilot Projects during FY 2025 as described in the following slides.

ECIAAA Social Connections Service Providers in PSA 05

CRIS Healthy Aging – Champaign & Vermilion Counties

- Outreach – Activities include EchoShow devices, Buddy Program, fitness watch that accompanies Fit & Strong classes, outreach to English as second language population

Starting Point at Macon County Health Department – Macon County

- Outreach – Activities include I-Pad and Android Tablets and instructions provided by Decatur Public Library, outreach to English as second language population

CCSI, Case Coordination Unit – McLean County

- Outreach – Activities include outreach to English as second language population, Brain Train, Android Tablets

Catholic Charities – Macon County

- Friendly Visiting & Telephone Reassurance

Family Service Senior Resource Center – Champaign & Douglas Counties

- Outreach – Activities include Creativity on Wheels, Creative Senior Connections, Annual Art Exhibit, Low Vision Groups, Tuscola Tours, Movies at the Moose

Life Center of Cumberland County – Clark & Cumberland Counties

- Outreach – Activities include Telephone Reassurance, social and educational events at the Center

Coles County Council on Aging – LifeSpan Center – Coles County

- Outreach – Activities include EchoShow devices, tips and tricks monthly newsletter

Normal Township, The ARC – McLean County

- Friendly Visiting & Telephone Reassurance



Summary of Performance by Persons All Pilot Projects Combined

FY'21, FY'22, FY'23, FY'24 & FY'25 Comparison of Persons Served – All Pilot Projects

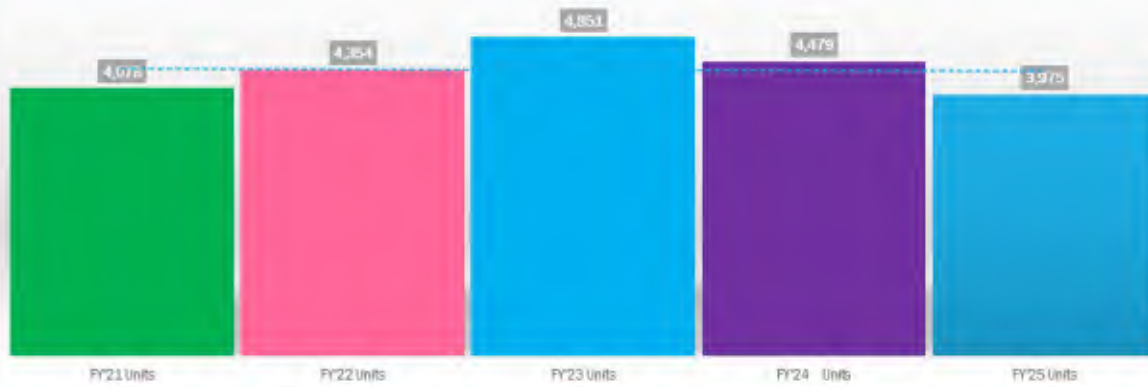


FY'24 saw 21.2% growth in persons between FY'23 and FY'24 (141.4% growth since FY'21)

FY'25 saw 6.9% decrease in persons between FY'24 and FY'25

Summary of Performance by Units All Pilot Projects Combined

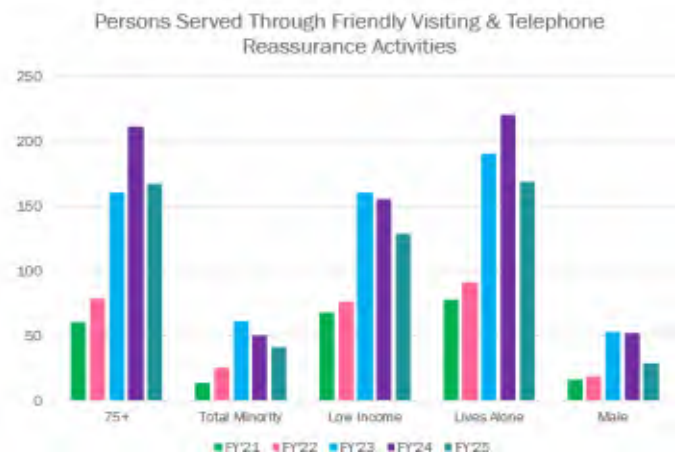
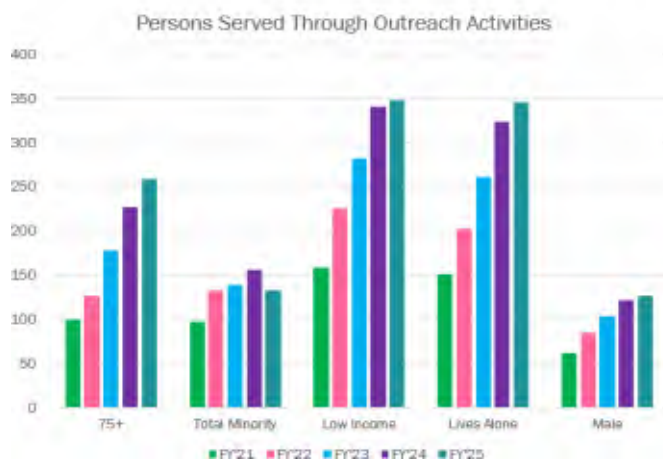
FY'21, FY'22, FY'23, FY'24 & FY'25 Comparison of Units of Service – All Pilot Projects



FY'24 saw 8.3% decrease in units of service between FY'23 and FY'24 (9.8% growth since FY'21)
FY'25 saw 12.7% decrease in units between FY'24 and FY'25

Targeted Performance by Service Activity

Identified Segments of Population with Higher Incidence of Social Isolation and Loneliness



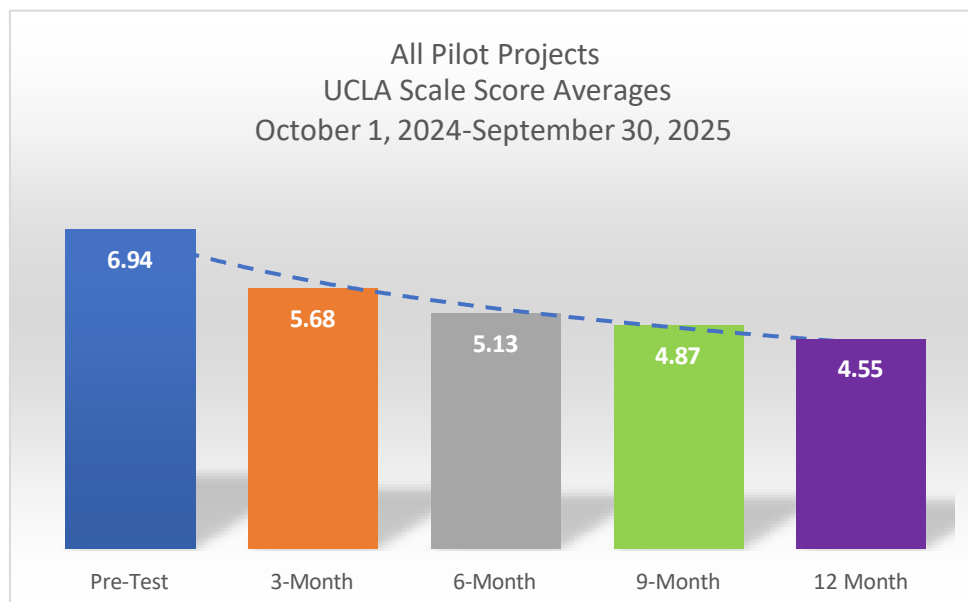
UCLA Loneliness Scale Score Trends FY 2025

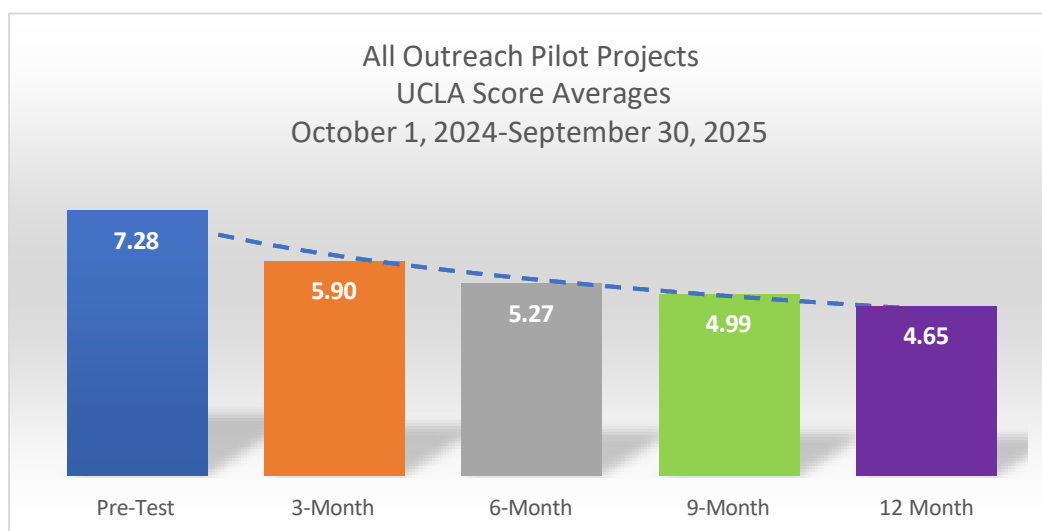
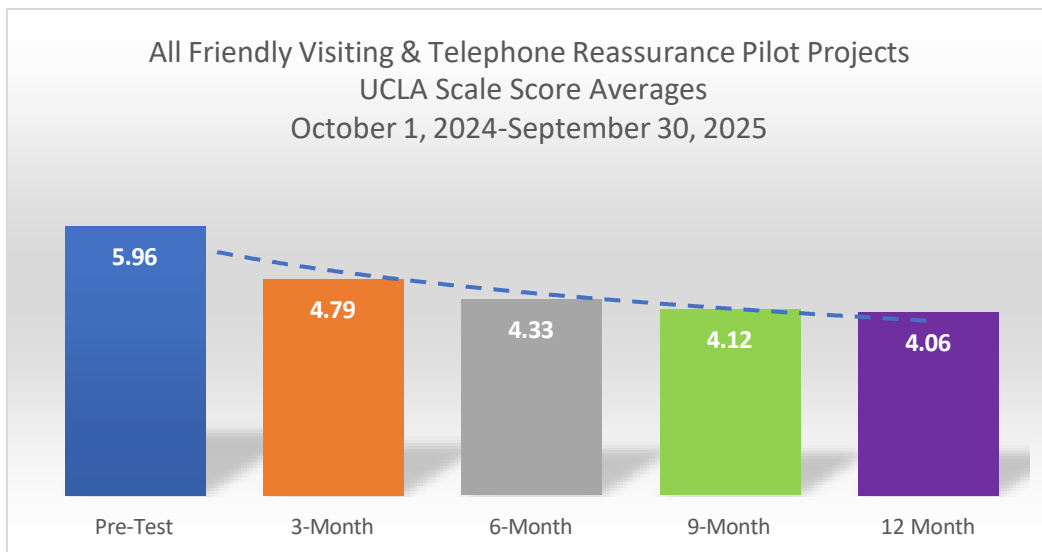
The following data was collected from FY 2025 (October 1, 2024 to September 30, 2025) UCLA Loneliness Scale Scores reported by the eight (8) Social Connections pilot projects. Older American Act services conducted include:

- Friendly Visiting
- Telephone Reassurance
- Outreach (with a Technology Component)

Within these services, activities included training and education on using technology devices (Amazon Echo, Android, Chromebook and iPad) other activities generated from the devices to promote healthy outcomes, outreach to the minority community in Macon and McLean counties, Brain Train (four types of activities to engage different areas of the brain), Creativity on Wheels activity boxes (includes art, affirmations/quotes, exercises, and music to engage the participant). Additional benefits include medication reminders and alerts to emergency contacts if needed.

Overall, activities implemented by the projects helped reduce loneliness and social isolation among participants. FY 2025, ECIAAA extended data collection from 6-months to 12-months, tracking scores of participants who scored above 4 on the UCLA Loneliness Scale. Below is a chart showing the effectiveness of PSA 05's Social Connections pilot projects. There was a 52.5% improvement between pre-test and 12-month scores.





When comparing the effectiveness of PSA 05’s Social Connections pilot projects by activity, there was a 56.6% improvement between pre-test and 12-month scores. There was a 46.8% improvement between pre-test and 12-month scores with friendly visiting and telephone reassurance activities.

ECIAAAA is one of the few Area Agencies on Aging in Illinois to continue showing evidenced-based effectiveness of increasing social connections by reducing loneliness and social isolation statewide using the UCLA Loneliness Scale.

“Each of us can start now, in our own lives, by strengthening our connections and relationships.” - Dr. Vivek H. Murthy, 19th and 21st Surgeon General of the United States.

Local Initiative:

Healthy Aging - helping older adults manage chronic health conditions.

The Administration on Community Living (ACL) reports that due in large part to advances in public health and medical care; Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20th century to over 79 years today (U.S. Census). On average, an American turning age 65 today can expect to live an additional 19.1 years. Not only are Americans living longer, the population of older Americans is also experiencing tremendous growth. According to ACL, the population of age 65 and over has increased from increased from 38.8 million in 2008 to 52.4 million in 2018 (a 35% increase) and is projected to reach 94.7 million in 2060. The 85 and over population is projected to more than double from 6.5 million in 2018 to 14.4 million in 2040. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity. Older Americans Act programs and services help older adults in need maintain their health and independence.

Health and independence programs authorized by the Older Americans Act (OAA) assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive nursing home and hospital care. For example, 62% of congregate and 93% of home-delivered meal recipients reported that the meals enabled them to continue living in their own homes and 53% of older adults using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community. According to studies by the Stanford Patient Education Resource Center, participants in Chronic Disease and Diabetes Self-Management Programs (evidence based healthy aging programs often supported by OAA funds) gained significant improvements in many health factors and self-management skills resulting in fewer and shorter hospital visits. Survey results from another evidence-based program, A Matter of Balance, indicated over 97% of participants felt more comfortable talking about falling, and planned to continue the program's exercises after the conclusion of the workshops.

The Aging Network is faced with the challenge and the opportunity to integrate evidence-based health promotion practices with community-based programs for older adults. Community-based programs such as congregate nutrition programs, senior centers, adult day centers, and home care services are trusted and used by over 11 million older adults across the nation, 493,000 Illinois Older adults, and over 27,000 older adults in Area 05. However, community programs on aging have lacked the resources and the training to deliver healthy aging programs to older adults today and to a growing population of baby-boomers in the future.

Healthy Aging in East Central Illinois: ECIAAA's Assessment & Planning Process conducted during FY 2023

ECIAAA Performance Outcome:

Older Americans are empowered to improve their health by engaging in evidence-based, healthy aging program and services.

Results:

ECIAAA provided grant assistance to six organizations to disseminate evidence-based, healthy aging programs. In total, 341 older adults participated in the programs, attending a total of 1,861 individual class sessions prior to the statewide directive to shelter in-place due to COVID. The programs included Chronic Disease Self-Management Program, Diabetes Self-Management Program, A Matter of Balance, Aging Mastery and Program to Encourage Active Rewarding Lives for Older adults.

Cost Benefit:

Based on healthcare costs savings as determined by the Centers for Medicare and Medicaid Services, participants in A Matter of Balance workshops saved \$70,444 in healthcare costs; and based on the cost-savings reported by BMC Public Health, participants in the Chronic Disease Self-Management Program experienced savings of \$1,322. The report to Congress by the Center for Medicare and Medicaid Services which evaluated Community-Based Wellness and Prevention Programs included that A Matter of Balance demonstrated a \$938 savings in the area of unplanned inpatient hospitalizations, skilled nursing facilities and home health. During FY 2023, the 231 participants potentially experienced a savings of \$216,678 in healthcare costs.

Local Initiative:

ECIAAA received input to continue supporting Evidence-Based/Healthy Aging programs in PSA 05.

ECIAAA Area Plan for Fiscal Years 2025-2027

ECIAAA promotes healthy aging with local and statewide partners including:

- ECIAAA collaborates with Illinois Pathways to Health – an ACL grant awarded to and administered by AgeOptions to promote of Chronic Disease Self-Management Programs (CDSMP), Diabetes Self-Management Programs (DSMP), Matter of Balance, and Bingocize statewide.
- Collaboration with University of Illinois Center for Health Aging and Disability

including the Age Friendly Champaign-Urbana project.

- Collaboration with University of Illinois Extension offices to co-facilitate CDSMP and DSMP classes.
- Sustain funded partners disseminating A Matter of Balance in PSA 05.
- Sustain funded partners disseminating CDSMP & DSMP in PSA 05.
- Sustain funded partners disseminating Bingocize in PSA 05.
- Sustain the funded partner disseminating Fit & Strong!
- Support PREPARE for Your Care, and WISE (Wellness Initiative for Senior Education).

ECIAAA Funding for Healthy Aging/Evidence Based Programming for FY 2025 – FY 2027:

In response to multiple State-wide initiatives ECIAAA will direct Title III-D and Title III-B funding to support evidence-based healthy aging programming and services. Programs supported with Title III-D funding include Bingocize, Aging Mastery, A Matter of Balance, *Take Charge of Your Health: Live well, Be Well*- the Chronic Disease Self-Management and Diabetes Self-Management. The national evidence-based treatment program for depression, Program to Encourage Active, Rewarding Lives for Older adults (PEARLS) will be supported with III-B funding. ECIAAA will strive to exceed evidence-based healthy aging completion performance. ECIAAA is committed to continued support of Leaders Trainings, fidelity monitoring as well as increasing the number of Master Trainers located in PSA 05. ECIAAA will explore the feasibility of on-line programs that meet the highest tier of evidence-based programs to expand the reach of evidence-based programs in the most convenient format for participants. ECIAAA will aim to make evidence-based programs available across all 16 counties in East Central Illinois.

Sustainability Plan:

ECIAAA continues to utilize III-B and III-D funding to support the highest tier evidence-based programs. PSA 05 has found stability in this consistent funding. The investment in developing Master Trainers within our funded partners allows continued trainings to be offered. ECIAAA will seek additional funding sources and methods of collaboration as they are available.

Local Initiative: Dementia Friendly America

Background

As the population ages and the instances of people living with dementia increases, ECIAAA is committed to continuing the implementation of the Dementia Friendly America (DFA) initiative in PSA 05.

Dementia Friendly America communities consist of a national network of communities, organizations and individuals seeking to ensure that communities across the U.S. are equipped to support people living with dementia and their caregivers to safely remain and continue to engage in the community. DFA communities are influencers and catalysts for change.

Starting a Dementia Friendly America Community

Starting a DFA community first needs to convene a cross-sector leadership task force across three or more community sectors to advance dementia friendliness. These sectors may include government, first responders, community-based organizations, faith communities, and include people living with dementia and their family caregivers. A champion agency will coordinate the efforts of the leadership task force and together will recruit other individuals and organizations to join the movement.

A Dementia Friendly America toolkit guides the leadership task force with a step-by-step process that fosters adoption of dementia friendly practices in all parts of the community. There are four phases to organize the effort:

1. Convene – Convene key community leaders and members to understand dementia and its implications for your community.
2. Engage – Engage key leaders to assess current strengths and gaps in your community's dementia friendliness.
3. Analyze – Analyze your community needs and determine the issues collaborators are motivated to act on, then set community goals.
4. Act – Act to create a community action plan that includes specific objectives, activities to meet the objectives, a designated lead person, a timeline, and an evaluation plan.

East Central Illinois Area Agency on Aging (ECIAAA) will continue to take the lead in expanding and sustaining a dementia friendly culture in PSA 05. Strategies and action steps to implement DFA communities in PSA 05 include:

- Partnering with the Illinois Cognitive Resources Network (ICRN) to establish at least one DFA community yearly in PSA 05.
- Partnering with the ICRN to fulfill the requirements for inclusion on the national registry of DFA communities.
- Utilizing the available resources and instructions found at www.dfamerica.org and/or create tools and resources as needed.

- Promoting Alzheimer’s Disease Related Dementia services and interventions: Savvy Caregiver, Stress Busting for Caregivers, and/or Supportive Gap Filling Services with the goal of increasing participation by 3%.

Dementia Friendly America Communities in East Central Illinois

ECIAAA worked with community partners, including persons with dementia, family caregivers, local government, faith communities, and other aging network providers to establish DFA designations in the City of Decatur (2022), Moultrie County (2023) and Champaign-Urbana (2025). The following organizations serve as champion agencies for Dementia Friendly communities is PSA 05:

- Decatur: CHELP
- Moultrie County: ECIAAA
- Champaign-Urbana: U of I Extension

ECIAAA is currently partnering with University of Illinois Extension-McLean County to establish Bloomington-Normal as a DFA community. Efforts began in the Spring of 2026 with the formation of a leadership task force to carry out the activities listed in the DFA toolkit. The next step will be to gather information from community members on what is needed in Bloomington-Normal to become dementia friendly. The DFA designation will be completed by the end of 2026.

Dementia Friendly Activities in East Central Illinois

Dementia Friends USA

Dementia Friends USA is part of a global movement that is changing the way people think, act, and talk about dementia. Anyone can be a Dementia Friend regardless of age. A Dementia Friend is someone who attends a training to learn about what it is like to live with dementia and then turns that understanding into action. ECIAAA and partners have certified Dementia Friends USA Champions provide training. A pre- and post-test are administered to measure the participant’s knowledge and attitude toward interacting with persons with dementia. Here are an example of pre- and post-test results from a faith based organization:

	Pre-Test	Post-Test	% Increase/ % Decrease
Knowledge Questions			
Dementia is part of normal aging.	80.0%	93.0%	+16.0%
Dementia is not just about having memory problems. It can affect thinking, communication and everyday tasks.	93.0%	100.0%	+7.5%
People with dementia may express themselves or communicate through actions instead of words.	93.0%	100.0%	+7.5%
Did you learn about accessing community resources related to dementia as part of this workshop/training/session?		93%	
Attitude Questions			
I am confident interacting with people with dementia.	3.87	4.00	+3.4%
People with dementia need to feel respected, just like anyone else.	4.73	4.86	+2.7%
I can respond to people with dementia with understanding.	4.07	4.40	+8.1%
I am motivated to get to know people with dementia better.	3.40	4.27	+25.6%

No Hush Movie

A No Hush Movie event is a dementia-friendly movie event designed to be accessible and enjoyable for individuals in early stages of dementia and their caregivers. These screenings are tailored to needs of persons with dementia, recognizing that they may be sensitive to loud noises, sudden changes, and complex storylines. The theatre is dimly lit with comfortable seating and a relaxed atmosphere, allowing the person with dementia to feel at ease and enjoy the film watching experience.

An average attendance has been 30-45 older adults and family caregivers.

Senior Friendly Matinee!



at

LINCOLN
SQUARE THEATRE

PRESENTS....

April 15, 2026

Doors open 1:00 Movie at 2:00

**SEVEN BRIDES
FOR SEVEN BROTHERS**



WHAT TO EXPECT:

Friendly greeters

A well lit theatre allowing for movement as needed during the show!

All seating will be at tables to allow easier snacking!

Singing strongly encouraged!

Pawprint ministries will have some lovable dogs to visit with.

Photo booth for fun pictures

CONCESSIONS: Available for purchase

*This invitation is for anyone that has difficulty
With traditional theater setting*



COST: \$5.00 per person.

Limited seating, to reserve tickets

CALL: 217-422-9888 or

EMAIL: DementiaFriendly@CHELPIL.org

Dementia Friendly Zoo Days

Dementia Friendly Days at Scovill Zoo

Join us every 1st Monday 1:00 - 3:00
April 8 May 6 June 1 July 6 August 3
September 7 October 5

COME! ENJOY!
A day of fun, relaxation and socializing for our community members living with dementia & their caregivers.
FREE admission to the zoo, snacks and social activities in the education building

More information 217-422-9888
Email: DementiaFriendly@chelpil.org

Dementia Friendly Decatur is graciously sponsored locally by

Now entering its fourth season, Dementia Friendly Decatur hosts Dementia Friendly Days at Scovill Zoo between April to October. This event is for persons with dementia and family caregivers to socialize, participate in activities and interact with some of the zoo animals handled by trained staff.

Dementia Friendly Summer Series

Dementia Friendly Moultrie County held an educational series once a month, July-September 2025 at the Elizabeth Titus Memorial Library in Sullivan. Approximately 30 people attended. Resources on dementia were made available. Speakers included Dr. Glen Dust on “What is Dementia,” and Dr. Beverly Matthews on “How Do We Know If It’s Dementia?”



Dementia Friendly Kick-Off Event



Dementia Friendly Champaign-Urbana officially kicked-off on March 23, 2026 at the Urbana Free Public Library. Presentations were made by dementia specialists, including a dementia simulation, along with informational booths. There were approximately 25 in attendance.

FY 2026 & FY 2027 FUNDING OUTLOOK

Fiscal Year 2027 Public Information Document
Proposed Amendments to Approved Area Plan
for
FY 2025 – FY 2027



Approved Federal Budget for FY 2026

On February 3, 2026, Congress approved, and President Trump signed into law that completes discretionary funding for the Department of Health and Human Services, Labor. This means we have approved Older Americans Act funding for FY 2026, which remains effective through September 30, 2026.

Older Americans Act (OAA) FY 2026 Approved Budget

OAA Title III B Home & Community-Based Supportive Services. Supportive Services increases from \$410 million to \$414 million (1% increase).

OAA Title III C1 Congregate Meals & OAA Title III C2 Home Delivered Meals. Nutrition Services receive level funding at just over \$1 billion including Nutrition Services Incentive Program funding.

OAA Title III E National Family Caregiver Support Program. The National Family Caregiver Support Program increases from \$207 million to \$209 million (1% increase).

OAA Title III D Evidence-Based Health Promotion and Disease Prevention. Evidenced Based/Healthy Aging Programs receive level funding at \$112 million.

OAA Title VII Elder Rights Programs - Long-Term Care Ombudsman and Elder Abuse Programs. Ombudsman and Elder Abuse programs receive level funding at \$26 million.

Other Key Programs:

- \$11 million, level funding for **Lifespan Respite Care** address existing gaps in respite care for older adults and people with disabilities.
- **State Health Insurance Assistance Program.** SHIP receives level funding at \$55 million.
- **AmeriCorps Senior Programs**, the umbrella for the RSVP, Foster Grandparent and Senior Companion Programs, will receive level funding at \$237 million.
- \$405 million for the **Senior Community Service Employment Program** (Title V of the Older Americans Act), which is level funding.
- **Senior Medical Patrol (SMP).** Allocated \$35 million which is level funding for FY 2026.

Other Health & Human Services (HHS) Programs Serving Older Adults:

- **Social Services Block Grant** programs – receive level funding at \$1.7 billion
- **Community Services Block Grant** programs – increase from \$804 million to \$810 million (0.7% increase)
- **LIHEAP:** Low-Income Home Energy Assistance Program – receives slight increase at just over \$4 billion

ADVOCACY ALERT: FY 2027 PROPOSED FEDERAL BUDGET UPDATE

Source: US Aging Advocacy Alert, April 3, 2026

The Trump Administration released a summary of the President's proposed budget for FY 2027 on Friday, April 3, 2026. The President is proposing a 10-percent overall cut to non-defense discretionary (NDD) funding in FY 2027 (effective October 1, 2026 – September 30, 2027). NDD funding represents roughly 14 percent of federal spending and includes Older Americans Act (OAA) programs, State Health Insurance Assistance Programs (SHIPs), Low Income Home Energy Assistance Program (LIHEAP) and a host of other government efforts that support older adults, people with disabilities and family caregivers outside of the mandatory funding programs, such as Medicare, Medicaid and Social Security.

No details on the President's proposed funding levels for FY 2027 OAA programs have been released at this time. However, the following agencies and programs serving older adults have been identified for potential elimination:

- The **Low Income Home Energy Assistance Program (LIHEAP)** is slated for elimination in the Administration's budget for FY 2027.
- The **Community Services Block Grant (CSBG)** has also been slated for elimination for FY 2027.
- The **Community Development Block Grant (CDBG)** is also proposed for elimination in the proposed FY 2027 budget.
- **OAA Title V Senior Community Services Employment Program** is slated for elimination in the proposed FY 2027 budget.
- **Commodity Supplemental Food Program (CSFP)** is slated for major cuts, reducing the budget to about \$91 million from an original \$551 million. This funding would be available for use until the end of FY 2028 (September 30, 2028) but would certainly run out before then.

NOTE: The Administration's proposed budget is not final – it is a blueprint for the upcoming budget year. The final FY 2027 Budget requires review and negotiations by both appropriations committees among the Senate and House of Representatives with final approval by the U.S. Congress. As a historical note, these cuts were proposed by the Administration for FY 2026, but all programs were funded by the U.S. Congress for FY 2026. Therefore, advocacy efforts carried out by the Aging Network helped to save these programs for FY 2026. ECIAAA will continue advocating to ensure these critical programs are preserved for FY 2027. ECIAAA will lead the advocacy to stop the proposed 10% funding cut to OAA programs -the backbone of the Aging Network. ECIAAA will rely on your support in helping us with our advocacy efforts. ECIAAA will keep you posted!

Proposed State Budget for FY 2026

On February 19, 2025, Governor J.B. Pritzker submitted the proposed FY 2026 Illinois operating budget to the members of the General Assembly and people of the State of Illinois.

FY 2027 Introduced Budget Illinois Department on Aging (IDoA) – Total General Funds increase of 9.6%:

Funding Source	FY 2026 Budget	FY 2027 Proposed	Change from FY 2026 \$	Percentage Change from FY 2026 %
General Funds: General Revenue Fund and Commitment to Human Services Fund	\$1,824,566,800	\$1,999,011,600	\$174,444,800	9.6%
Other State Funds	\$13,373,800	\$13,670,500	\$296,700	2.2%
Federal Funds	\$212,788,800	\$213,105,600	\$316,800	.15%
Total All funds	\$2,050,729,400	\$2,225,787,700	\$175,058,600	+8.5%

Budget Highlights

Total proposed: \$2.2 billion, an 8.7% increase from FY26 enacted.

- Overall, the budget maintains programs for Illinois older adults with notable increases including:
 - The recommended fiscal year 2027 budget includes a \$166.8 million increase for the Community Care Program (CCP) to accommodate case load utilization growth, and to cover the costs of annualizing the January 1, 2026, \$1.17 per hour rate increase for in-home providers.
 - The proposed budget includes a \$5.2 million increase for Case Management to accommodate caseload and utilization growth.
 - The budget also includes a \$3.3 million increase for Adult Protective Services to accommodate improvements in service quality and response.
 - Includes funding to support the Multi-Sector Plan for Aging – *EngAging Illinois: A Comprehensive Plan for Living Well* (\$1 million).

FY 2027 Budget Action by the Illinois General Assembly – May 31, 2026.

Illinois lawmakers will take on the review and approval of a final FY 2027 budget during the spring session of the 104th Illinois General Assembly. We will keep you posted as negotiations develop.

[Proposed FY 2027 IL Operating Budget](#)

[FY 2027 Illinois Department on Aging Introduced Budget](#)

ILLINOIS INTRASTATE FUNDING FORMULA (IFF)

&

ECIAAA FUNDING FORMULA

Fiscal Year 2027 Public Information Document

Proposed Amendments to Approved Area Plan
for FY 2025 – FY 2027



Illinois Intrastate Funding Formula (IFF)

Percentage Share of Demographic Characteristics Used by the Illinois Department on Aging to Compute Intrastate Funding Formula Weights for the Planning and Service Areas in Illinois for Fiscal Year 2027

PSA	60+	60+ Poverty	60+ Minority	75+	60+ Living Alone	60+ Rural	IFF Weight
01	5.71	5.00	2.54	5.99	5.88	14.72	6.06
02	26.04	17.57	21.44	24.75	20.50	0.00	20.61
03	4.26	3.88	1.33	4.54	4.76	15.22	4.92
04	3.50	3.03	1.11	3.68	3.81	2.07	3.05
05	6.44	5.65	2.37	6.63	6.85	17.86	6.91
06	1.11	1.27	0.16	1.21	1.18	6.92	1.59
07	4.03	3.83	0.98	4.16	4.45	10.16	4.27
08	5.61	5.16	3.10	5.41	5.74	2.85	4.99
09	1.29	1.31	0.20	1.33	1.36	8.38	1.83
10	1.10	1.21	0.12	1.20	1.19	7.15	1.59
11	2.44	2.86	0.68	2.60	2.77	14.67	3.51
12	17.66	30.43	40.50	17.30	21.92	0.00	21.83
13	20.81	18.80	24.47	21.20	19.59	0.00	18.84
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: The IFF weight for PSA 05 decreased from 7.06 in FY 2023 to 6.91 in FY 2027 – a decrease of 0.15%.

ECIAAA Funding Formula for FY2025 - FY2027

The East Central Illinois Area Agency on Aging will allocate Older Americans' Act Title III and Illinois General Revenue Funds appropriated for distribution to its Planning & Service Area (PSA 05) consisting of 16 counties on a formula basis. ECIAAA's Funding for FY 2025 is based on 2022 population estimates.

Formula Goals and Assumptions

The goals to be achieved through the ECIAAA funding formula are as follows:

- To develop a formula consistent with the purpose and requirements of the Older Americans Act (OAA) and its regulations
- To provide resources across the PSA for older persons over the age of 60
- To target areas of the PSA 05 with higher concentrations of older persons in greatest economic and social need, with special emphasis on low-income minority older persons
- To develop a formula that distributes resources solely based on the population characteristics of each county, and that will reflect changes in those characteristics among the PSA as updated data becomes available
- To develop a formula that is easily understood

In reviewing the ECIAAA funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the PSA. Some of the major assumptions implicit in the review of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons aged 60 and older.
- Funding formula factors must be derived from data which is quantifiable by county and based on data from the U.S. Census Bureau and the U.S. Social Security Administration, Office of Retirement and Disability Policy.
- Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.
- The low revenue generating potential of rural areas and high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly populations. The funding formula should compensate for these factors.
- Additional resources to counties with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the local level. This fundamental mandate of the Older Americans Act will be implemented through a combination of federal, state, regional, and local targeting efforts.

Funding Formula Definitions:

Base Level of Funding: A base allocation to each county to minimize the reduction of funds in rural counties due to funding formula implementation.

Living Alone: Being the sole resident of a home or housing unit.

Minority Group: Those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the U.S. Census Bureau (Hispanic, American Indian/Alaska Native, Asian, African American, and Native Hawaiian or another Pacific Islander).

County: The level of government below the State of Illinois and above municipalities.

Poverty Threshold: The income cutoff, which determines an individual's poverty status as defined by the U.S. Census Bureau

Rural Area: A geographic location (county) not with a Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau.

SSI+OASDI: The number of Supplemental Security Income (SSI) recipients also receiving Old Age Survivors Disability Insurance (OASDI) by county as reported by the U.S. Social Security Administration, Office of Retirement and Disability Policy.

Note: Requires a diagnosis by a physician.

Disability: A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities of everyday living, such as walking, bathing, learning, or remembering.

Note: Self-reported by the respondent in the U.S. Census Bureau American Community Survey.

Funding Formula Factors and Weights

In order for a particular factor to be included in the intrastate funding formula, it must:

- Be derived from data which is quantifiable by county.
- Be based on data which is derivable from the U.S. Census Bureau.
- Be based on data derivable by the U.S. Social Security Administration.

The formula contains the following factors:

- **60+ Population:** The number of the state's population 60 years of age and older in the county as an indicator of need
- **60+ Minority:** The number of the state's population 60+ reported in a minority group(s) (Hispanic, American Indian/Alaska Native, Asian, African American and Native Hawaiian or other Pacific Islander) in the county as an indicator of need
- **60+Living Alone:** The number of the state's population 60+ reported as living alone
- **75+ Population:** The number of the state's population aged 75 years of age and older

- **60+ Poverty:** The number of the state's population 60+ at or below the poverty threshold in the county as an indicator of greatest economic need
- **60+ Rural:** The number of the state's population 60 years of age and older residing in a rural county, meaning the county is not part of the Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau
- **OASDI:** The number of SSI recipients also receiving Old Age Survivors Disability Insurance by county
- **60+SSI+OASDI with Two or More Disabilities:** The number of 60+ reporting two or more disabilities as defined by the U.S. Census Bureau

Factors by Weight

60+ Population	33%
60+ Minority	10%
60+ Living Alone	7.5%
75+Population	7.5%
Greatest Economic Need (60+ Poverty)	25%
60+ Rural	9.5%
60+ SSI+OASDI+ With Two or More Disabilities	7.5%
Total	100%

Application of the ECIAAA Funding Formula

$$A = (.33 \text{ POP-60} + .10 \text{ MIN-60} + .075 \text{ LA-60} + .075 \text{ POP75} + .25 \text{ POV-60} + .095 \text{ RUR-60} + .075 \text{ SSI/OASDI}) \times (T)$$

Where:

- A) A= Funding allocation from a specific source of funds to a particular county.
- B) POP-60 = Percentage of state's population within the particular county age 60 and older.
- C) MIN-60 = Percentage of the state's population within the particular county age 60 and older and a member of a minority group(s).
- D) LA-60 = Percentage of the state's population within the particular county age 60 and older and living alone.
- E) POP-75 = Percentage of state's population within the particular county age 75 and older.
- F) POV-60 = Percentage of state's population within the particular county age 60 at or below the poverty threshold.

- G) RUR-60 = Percentage of state's population within the particular county age 60 and older not residing in a Metropolitan Statistical Area.
- H) SSI+OASDI with Two or More Disabilities = The percentage based on the total number of SSI recipients also receiving OASDI residing in a particular county, plus percentage of individuals with two or more self-reported disabilities.
- I) T = The total amount of funds appropriated from a specific source of funds.

Base Level of Funding FY 2025 – FY 2027

Senior Information Services/Coordinated Point of Entry

ECIAAA proposes to maintain the Base Level of Funding at \$35,000 per county. The SIS allocation amount above the \$560,000, reserved for the Base Level of Funding for all counties, will be distributed on the formula share per county. ECIAAA has determined that this base level of funding is necessary to enable Coordinated Points of Entry to build and maintain core competencies, such as options counseling, for the development of a No Wrong Door Network.

Legal Services

All allocated funds will be distributed on the formula share per county.

Nutrition Services

ECIAAA will implement the full funding formula allocations on the formula share per county.

Note: Change to the Nutrition Services Incentive Program (NSIP) described in the Performance- Based Funding Allocations by Program section below.

Title III-D Services – Health Promotion Programs & Gerontological Counseling

Due to OAA funding percentage requirements, Title III-D services are not subject to the funding formula.

Title III-E Caregiver Advisor/Respite Services

ECIAAA will continue the Base Level of Funding at \$5,250 per county established in FY 2023. The remaining Title III-E funding will be distributed on the formula share per county.

Title III-E/III-B Respite Services

ECIAAA will continue the Base Level of Funding at \$500 per county established in FY 2023. The remaining Respite funding will be distributed on the formula share per county.

Performance-Based Funding Allocations by Program

(Will continue allocation process as updated April 2014)

Senior Health Assistance Program (SHAP) Performance-Based Funding Formula

ECIAAA will allocate SHAP funding to SIS/CPoE service providers based on the previous year's SHAP-Related Service Performance. The following activities will be factored into the formula:

- Number of applications completed and submitted for older adults Ride Free, Persons with Disabilities Ride Free and license plate sticker discount
- Number of Medicare Part D drug plan enrollments completed and submitted
- Number of LIS applications assisted with on behalf of eligible individuals
- Number of MSP applications assisted with on behalf of eligible individuals

Medicare Improvements for Patients & Providers Act (MIPPA) Performance-Based Funding Formula

ECIAAA will allocate MIPPA funding to SIS/CPoE service providers based on the county formula share. Fundable activities include:

1. Number of client contacts reported related to Extra Help/Low Income Subsidy (LIS) & Medicare Savings Programs (MSP)
2. Number of outreach events that included information on LIS, MSP, or Medicare Prevention Services
3. Estimated number of attendees at outreach events
4. Number of Medicaid applications assisted on behalf of eligible individuals.

Nutrition Services Incentive Program (NSIP) Performance-Based Funding Formula

ECIAAA will allocate NSIP funding to Congregate and Home Delivered Meal service providers based on the previous year's congregate, and home delivered meal performance.

Plan for FY 2025 – FY 2027

The Illinois Department on Aging has incorporated the latest Census data in the Intrastate Funding Formula for FY 2025- FY 2026, using data derived from the Special Tabulation of the Population 60+, based on five-year estimates from the American Community Survey for 2022.

ECIAAA will retain its current funding formula for Area 05 for Fiscal Year 2025 based.

60+ 2022 ACS 5-YR Estimates, Table DP05, <https://data.census.gov>

75+ 2022 ACS 5-YR Estimates, Table DP05, <https://data.census.gov>

Minorities	U.S. Census Population Estimates: 2021 County Characteristics (cc-est2021-alldata-17) Population and Housing Unit Estimates Datasets (census.gov)
Poverty	2022 ACS 5-YR Estimates, Table B17020 for Illinois (by county), https://data.census.gov
Living Alone	2016-2020 ACS Special Tabulation, Table S21010B (ILs21010b) https://data.census.gov
Rural	White House, Office of Management and Budget Bulletin 20-01. Bulletins/OMB/The White House

Older Americans Act & Illinois General Revenue/Illinois General Fund Budget

Assumptions & Contingency Funding Plan for FY 2027

Fiscal Year 2027 Public Information Document
Proposed Amendments to Approved Area Plan
for FY 2025 – FY 2027



ECIAAA Budget Assumptions for FY 2027

1. The Proposed Illinois Department on Aging for FY 2027 Budget includes:
 - a. CCP increase of \$166.8 million from FY26 enacted budget
 - i. Includes January 1, 2026 rate annualization
 - ii. Utilization and caseload increases
 - b. APS increase of \$2.3 million from FY26 enacted budgeted
 - i. Accounts for case load increases and quality improvement.
 - c. The recommended fiscal year 2027 budget does not include an increase Home Delivered Meal funding but is proposed at maintenance level (\$63 million).
 - d. The recommended fiscal year 2027 budget includes maintenance State funding to support Illinois Family Caregiver Act services. AARP has estimated that in Illinois, over 2.2 million unpaid, informal (family/friends) caregivers provide support their loved ones – preventing premature institutionalization.
 - e. The recommended fiscal year 2027 budget includes maintenance State funding to support services in rural areas and increased outreach to minority communities.
 - f. The recommended fiscal year 2027 budget includes a sustained amount of \$1 million to provide ongoing support to reducing social isolation pilot projects throughout Illinois. ECIAAA launched its first pilot projects in FY 2019 and will continue during FY 2027.
 - g. The recommended fiscal year 2027 budget includes a sustained amount of \$1 million to continue the development of Dementia Friendly Illinois communities. ECIAAA will continue its work in supporting Dementia Friendly Communities in Decatur and Moultrie, and Champaign-Urbana. ECIAAA has begun work in developing Bloomington-Normal as a Dementia Friendly Community.
2. ECIAAA must comply with federal Older Americans Act statutory obligations to fund categorical or specified services, e.g., III-B Support Services – including Legal Assistance, III-C Nutrition Services – including Congregate and Home Delivered Meals, and Title III-E Caregiver Support Services – which includes Caregiver Advisory and Respite Services.
3. ECIAAA must comply with a federal Administration on Aging (AoA) requirement that requires all Title III-D funds be used to fund evidence-based services that comply with AoA's Highest Level Criteria.
4. OAA allows Area Agencies on Aging to apply for 10% of total Title III-B and Title III-C for the cost of administration.
5. Area Agencies on Aging will apply for Title III-B funds for the cost of administrative-related direct services including advocacy, program development, and coordination.

6. ECIAAA must stay within the 15% transferability of the AAA's allotment for III-B and III-C. If transfers exceed these required limits, the AAA must submit an acceptable justification to IDOA for the higher amount.

ECIAAA FY 2025 – FY 2027 Funding Contingency Planning

1. In case of any contingency involving an increase or a decrease in federal and/or state funds, ECIAAA will comply with the intent of Congress and the Illinois General Assembly, and/or administrative directives from the Administration for Community Living/Administration on Aging and the Illinois Department on Aging.
2. ECIAAA will evaluate the impact of proposed cuts in federal and/or state funds on programs and services targeted to older adults and caregivers in greatest social and economic need, especially vulnerable older adults who need assistance due to limitations in their ability to carry out activities of daily living and/or being at risk due to abuse, neglect or financial exploitation. If the planning allocation is drastically reduced and/or eliminated for a specific revenue source, then funds would be reduced for programs and services which are directly related to that revenue source. When there are immaterial changes to planning allocations, ECIAAA may revise interfund transfers to account for the changes.
3. ECIAAA will give highest priority to sustain or increase federal OAA and state funds while also considering ancillary service specific funding available for supportive services under the Area Plan for Coordinated Points of Entry/Senior Information Services, second priority to Legal Assistance, third priority to evidence-based health aging programs, and fourth priority to reducing social isolation programs.
4. ECIAAA will adjust interfund transfers among OAA Titles III-B and Title III-C to sustain Coordinated Points of Entry/Senior Information Services whenever possible.
5. ECIAAA will use OAA Title III C-2 and state funds for home delivered meals to sustain current meal delivery, keep pace with rising costs, and respond to increased demand for meals.
6. Caregiver Advisory Services will be given the highest priority for OAA Title III-E funds. If ECIAAA receives cuts in federal funds for OAA Title III-E, the Agency will reduce allocations for Respite Services and/or Caregiver Gap Filling Services.
7. ECIAAA will use additional federal and state funds for the Long-Term Care Ombudsman Program to comply with statutory requirements and program standards.

FY 2027 ECIAAA Budget Summary

Fiscal Year 2027 Proposed Amendments to Approved Area Plan
for FY 2025 – FY 2027
Public Information Document



FY 2027 Budget Summary –

East Central Illinois Area Agency on Aging proposes to administer an estimated **\$11,264,707** in Federal and State funds for Fiscal Year 2027 for the period of October 1, 2026 through September 30, 2027. The table below is based on the revised initial FY 2027 Planning Allocations released by the Illinois Department on Aging on February 5, 2026 (AAAL 27AP2). The allocations are based on the actual FY 2025 grant awards from the Administration for Community Living. The State Fund allocations (Planning and Service Grants, Home Delivered Meals, Community Based Services, Equal Distribution, and Ombudsman) are based on the Governor’s actual FY 2026 budget for the Illinois Department on Aging. These allocation amounts may change as the final FY 2027 budget is negotiated and enacted.

<u>FEDERAL FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Older Americans Act – Title III-B	\$ 1,176,453	\$ 48,240	\$ -	\$ -	\$ 1,224,693
Older Americans Act – Title III-C1	\$ 1,113,741	\$ 59,734	\$ -	\$ -	\$ 1,173,475
Older Americans Act – Title III-C2	\$ 795,802	\$ 46,326	\$ -	\$ -	\$ 842,128
Nutrition Service Incentive Program C1 & C2	\$ 408,904	\$ -	\$ -	\$ -	\$ 408,904
Older Americans Act – Title III-D	\$ 51,482	\$ 5,148	\$ -	\$ -	\$ 56,630
Older Americans Act – Title III-E	\$ 476,866	\$ 23,843	\$ -	\$ -	\$ 500,709
Older Americans Act – Title VII Elder Abuse	\$ 24,163	\$ 2,416	\$ -	\$ -	\$ 26,579
Older Americans Act - Title B/VII Ombudsman	\$ 110,369	\$ -	\$ -	\$ -	\$ 110,369
MIPPA AAA/ADRC	\$ 54,786	\$ -	\$ -	\$ -	\$ 54,786

<u>STATE FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Planning and Service Grant Match	\$ -	\$ -	\$ 165,628	\$ -	\$ 165,628
Home Delivered Meals	\$ -	\$ -	\$ 4,374,030	\$ -	\$ 4,374,030
Planning and Service Grant Community Based	\$ -	\$ -	\$ 932,406	\$ -	\$ 932,406
Community Based Services	\$ -	\$ -	\$ 134,708	\$ -	\$ 134,708
Caregiver Support Services	\$ -	\$ -	\$ 364,420	\$ -	\$ 364,420
Social Isolation & Alzheimer's Disease and Related Dementia	\$ -	\$ -	\$ 117,470	\$ -	\$ 117,470
Senior Health Assistance Program	\$ -	\$ -	\$ 127,671	\$ -	\$ 127,671
Adult Protective Services – Regional Administrative Agreement	\$ -	\$ -	\$ 56,089	\$ -	\$ 56,089
Ombudsman Services	\$ -	\$ -	\$ 534,064	\$ -	\$ 534,064
<u>OTHER FUNDS</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Veterans Directed Care Program	\$ -	\$ -	\$ -	\$ 39,948	\$ 39,948
Illinois Senior Medicare Patrol	\$ -	\$ -	\$ -	\$ 20,000	\$ 20,000
<u>GRAND TOTAL</u>					
Description	Federal	Federal Carryover Funds	State	Other	Total
Grand Total Federal, State & Other Funds	\$ 4,212,566	\$ 185,707	\$ 6,806,486	\$ 59,948	\$ 11,264,707

Note: Carry-over funds are projected in the amount of \$185,707 within various Older Americans Act Titles. Actual carry-over funds will be determined once financial records are closed out and audited. Any obligation of carry-over funds will be determined by the Board of Directors and obligated prior to September 30, 2027.

Inter-Fund Transfers

The transfer from Title III-C to Title III-B is 9.98%. The transfer from Title III-C1 to Title III-C2 is 0%. The transfer amount to Title III-B is within the 15% transfer authority.

Title III-B	Title III-B Ombudsman	Title III-C1	Title III-C2	Total
\$211,654	-	(\$80,938)	(130,716)	0

Nutrition Services Incentive Program (NSIP) – C1 & C2

The Nutrition Services Incentive Program is part of the Older Americans Act Nutrition Program to reduce hunger and food insecurity, promote socialization of older individuals and health or well-being of older individuals, and delay adverse health conditions through access to healthy meals, nutrition education, and nutrition counseling. ECIAAA projects a total of \$408,904 in NSIP funds or 6.69% of total meals based on funds available to the State of Illinois. Of the \$408,904, \$30,771, and \$378,133 are being budgeted for Congregate Meals (C1) and Home Delivered Meals (C2), respectively.

Vulnerable Elder Rights Protection Activities

The East Central Illinois Area Agency on Aging will fund activities that include public information/ education on elder abuse or ombudsman related issues; training on elder abuse, other related trainings, or, arranging or providing elder rights related training; multi-disciplinary teams which will act in a technical advisory role to an elder abuse provider agency; twenty-four hour availability in receiving and responding to elder abuse reports after regular work hours; and fatality review teams; The budget for these service activities is \$22,091. Of the \$22,091 the amount of \$359 will be awarded to the Long-Term Care Ombudsman Program for elder rights activities. This has been a long-standing maintenance of effort requirement of the Illinois Department on Aging.

Internal Operations of The Area Agency on Aging

Funding Source/Program Description	Fiscal Year 2027
ADMINISTRATION:	
Title III-B, Title III-C and Title III-E	\$364,928
Title III-B: Ombudsman	\$5,219
General Revenue Funds – Match, Non-Match & Home Delivered Meals	\$181,527
General Revenue Funds – Adult Protective Services - Regional Administrative Agreement	\$56,089
Veterans Independence Program	\$39,948
Illinois Senior Medicare Patrol	\$20,000
MIPPA AAA/ADRC	\$5,479
Senior Health Assistance Program	\$12,767
Sub Total	\$685,957
ADMINISTRATIVELY RELATED DIRECT SERVICES	
Title III-B – Advocacy, Coordination, and Program Development (3)	\$543,714
Sub Total	\$543,714
DIRECT SERVICES –	
Long Term Care Ombudsman: Title III-B, VII, VII APS/M-Teams, General Revenue Funds, Ombudsman Retention and Provider Fund (Bed Tax)	\$633,755
Title VII – Ombudsman: Vulnerable Elder Rights Protection Advocacy Activity	\$5,818
Title VII – Elder Abuse: Vulnerable Elder Rights Protection Advocacy Activity	\$2,072
Sub Total	\$641,645
TOTAL	\$1,871,316

For Fiscal Year 2027 the operational budget for the organization is budgeted at **\$1,871,316** in Older Americans Act Funds, Illinois General Revenue Funds, Provider Funds, and other funds to meet statutory responsibilities and program assurances of grants agreements with Illinois Department on Aging, including direct service of Long-Term Care Ombudsman. The budget for internal operations includes costs for personnel, fringe benefits, travel, equipment, supplies, consultant, occupancy, telecommunications, training and education, and miscellaneous costs, in

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1. ECIAAA's Administratively Related Direct Services budget is \$543,714. This is \$690,395 less than the maximum budget amount allowed of \$1,234,109. Our budget represents 44.06% of the maximum allowed.

conformance with the Grants Accountability Transparency Act (GATA). The Area Agency on Aging's Board of Directors establishes the operational budget of the organization with routine monitoring. Elements from the Strategic Plan have been incorporated in job descriptions, roles of its Board of Directors and Advisory Council, and other key essentials involved in carrying out the Core Principles: Leadership, Advocacy, Innovation and Collaboration for accountability purposes.

ADMINISTRATION

A total of \$596,371 is being budgeted to meet administrative statutory responsibilities and program assurances under Title III of the Older Americans Act and State of Illinois General Revenue Funds and other funding sources. Activities may include:

- Compliance of Grant Agreements
- Compliance with Internal Revenue Code, Illinois Income Tax Code, and other applicable rules
- Compliance with registration requirements
- Compliance with certifications to the extent certifications apply, i.e. Bribery, Drug-Free Work Place, Debarment, Lobbying, etc.
- Record retention
- Policy & procedure development
- Use of State Portal System for filing reports and applying for grant applications
- Strategic planning
- Representation on task forces, committees, and other work groups
- Budgeting and financial management of multiple grant program funds
- Program management
- Resource materials
- Respite projects
- Maintaining a report system to meet state and federal requirements.
- Maintaining policies and procedures
- Technical assistance
- Communication technology and applications
- Program and financial reporting
- Purchasing of equipment
- Cash management
- Regular desktop reviews
- Management of grants for caregiver service components
- On-site monitoring and quality assurance
- Single audit and Consolidated Year-End Financial Reports (CYEFR) and Subrecipients audit reviews
- Maintaining a resource database for the region (i.e., electronic service directory)
- Maintaining an updated policy & procedure manual for funded service providers

- Office systems support
- Facilities management
- Computer technology & support
- Data analysis
- Management of contracts for elder abuse activities for multi-disciplinary teams, public information, education, and training
- Procurement of federally and state funded services
- Board, advisory council, staff meetings and staff training
- Membership affiliation with local, state, and national organizations.
- Maintaining a web-based software for funded program demographics
- Modifying web-based reporting system
- Filing & record maintenance
- Telephone reception and referrals
- Digital signature processing

ADVOCACY, COORDINATION & PROGRAM DEVELOPMENT

A total of \$543,714 is being budgeted to provide administratively related direct services of advocacy, coordination, and program development under Title III-B of the Older Americans Act. Activities within the three-administrative related direct services may include:

ADVOCACY – LOCAL, STATE, NATIONAL

- Representing the interest of older persons to public officials, public/private agencies, and organizations.
- Client intervention relating to problems and resolving conflicts
- Conducting public hearings on needs and issues
- Advocacy in action training
- Changing, attitudes, perceptions, and stereotypes as they relate to legislation, agency policies, and policy implementation
- Participation in senior expos hosted by area legislators
- Regular Aging Network Alerts
- Use of social media to provide information on available resources and promote the work of our staff and service providers
- Working with older persons to develop self-advocacy skills

- Reviewing and commenting on public plans, policies, levies, and community action
- Coordinating, and planning activities with community organizations for new and expanded benefits and opportunities
- Maintaining and updating the organization's website
- Maintaining regular communications with legislators and legislative staff in Springfield, Washington DC, and field offices
- Maintaining regular communications with the media
- Responding to increased contacts and publications in follow-up to the pandemic

COORDINATION

- Sharing information about availability of services to the public
- Interagency linkages
- Assisting service providers with development of and adherence to service standards
- Participating with local, state, and federal agencies in coordinating emergency disaster assistance
- Coordinating the Coordinated Points of Entry/ Senior Information Services (CPoE/SIS) with community organizations
- Conducting quarterly meetings and trainings for nine Caregiver Resource Centers
- Conducting regular meetings and trainings for Nutrition Providers
- Coordinating and integrating of services
- Distribution of Senior Farmer's Market coupons through local service providers
- Developing working relationships with assisted living facilities
- Coordinating evidence-based healthy aging programs
- Coordinating performance-based measurement activities
- Responding to inquiries (phone, email) from older persons, caregivers, and family members about services with referrals to relevant providers
- Coordinating the use of video conferencing platforms
- Disseminating up to date information to the public on aging issues through ECIAAA website, (www.eciaaa.org) and

social media e.g., News Releases, I4A and USAging updates, and Chief Executive Officer's Reports

- Continuing to build the capacity of CPoE/SIS providers
- Coordinating information and assistance support to funded service providers, affiliated organizations, and the public, including coordinating resource database AgingIS
- Hosting student internships
- Collaborating with 211 Call Centers throughout PSA 05
- Disseminating program/best practices updates to the aging network and collaborating partners

- Establish new collaborations with local hospitals and public health departments.
- Coordinating adherence to national Inform USA (formerly known as AIRS) Standards
- Participation in Human Service Transportation Plan (HSTP) meetings in regions 6 and 8
- Information sharing
- Brokering
- Regular attendance at county interagency meetings
- Regular Senior Medical Patrol presentations and promotional activities

PROGRAM DEVELOPMENT

- Conducting County Conversations for service development and needs assessment
- Evaluating the effectiveness and efficiency of existing resources in meeting needs
- Providing community leaders, organizations, and advocates with current information and predicting future needs.
- Working with local housing authorities
- Maintaining a web-based reporting system

- Collaborating with service providers and community partners, for the dissemination of evidence-based practices
- Maintaining a region-wide system to measure performance outcomes for services
- Developing service options for Alzheimer's, and related dementias
- Developing services to combat social isolation
- Developing options for respite care

- Collaborating with key community leaders and organizations
- Integrating new services into existing delivery systems
- Developing and designing services to meet changing needs
- Providing multifaceted systems of support services for family caregivers and older relatives caregivers
- Developing or strengthening preventive health service and health promotion systems
- Pursuing innovative methods of expanding service and controlling costs
- Quarterly meetings of caregiver advisors
- Collaborating with providers of senior services and behavioral health care
- Promoting CPoE/SIS providers as being “one stop” for Aging Resources
- Responding through modifications to service delivery and design in a pandemic environment
- Regular meetings or Reducing Social Isolation Committee meetings in McLean, Champaign, Vermilion, Douglas, Macon, Coles, and Cumberland counties
- Support of Dementia Friendly America initiatives

ADULT PROTECTIVE SERVICES (APS)

The East Central Illinois Area Agency on Aging will budget \$56,089 as the Regional Administrative Agency in providing oversight to designated adult protective agencies in the sixteen-county planning and service area of east central Illinois.

- Designating adult protective agencies
- Education & attending trainings
- Providing technical assistance to adult protective agencies
- Hosting an Annual Retreat
- Convening regular meetings with provider agencies
- Collaborating with M-Teams/ Fatality Review Teams
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Monitoring the performance of provider agencies

- Continued collaborations with local law enforcement
- Continued collaborations with local TRIADs
- Authorizing provider agency Early Intervention Service expenditures
- Assisting the Illinois Department on Aging and provider agencies in raising awareness and providing education on the issues of abuse, neglect, financial exploitation, and self-neglect
- Compliance of Grant Agreements
- Compliance with Internal Revenue Code, Illinois Income Tax Code, and other applicable rules
- Compliance with registration requirements
- Compliance with certifications to the extent certifications apply, i.e. Bribery, Drug-Free Work Place, Debarment, Lobbying, etc.
- Record retention
- Cash Management
- Single Audit & CYEFR
- Purchasing Equipment

DEMENTIA FRIENDLY AMERICA

A total of \$20,730 in State of Illinois General Revenue Funds is being budgeted for creating Dementia Friendly America Communities in East Central Illinois and to continue the No Wrong Door/ADRN/ADRC service delivery system. Activities may include:

- Compliance with Grant Agreement
- Compliance with registration requirements
- Compliance with Internal Revenue Code, the Illinois Tax Act and other applicable rules
- Compliance with certifications
- Single Audit and CYEFR
- Cash management
- Record Retention
- Purchasing Equipment
- Partnering with the Illinois Cognitive Resources Network (ICRN)
- Conduct evaluations of designated DFA Communities
- Creating new Dementia Friendly Communities
- Updating the national registry
- Annual analysis of service gaps
- Creating tools and resources
- Promoting ADRD services and interventions i.e., Savvy Caregiver, Stress Busting for

- Caregivers and/or Supportive Gap Filling Services
- Assisting the Illinois Department with planning, operational and development activities
- Reporting (Financial & Program)
- Developing and implementing the No Wrong Door system

OMBUDSMAN

A total of \$633,755 in Title III-B/Title VII of the Older Americans Act, State of Illinois General Revenue Funds, Ombudsman Retention and Long-Term Care Provider Funds being budgeted to staff the program and other operational costs for 1 regional ombudsman and 5 ombudsmen. The Program works to protect and promote the rights and quality of life for long-term care residents. The program strives to ensure that existing state and federal laws as well as rules and regulations are adhered to, and that resident and family voices are heard during drafting or revision of laws or rules through the advocacy service components of the program. Activities also include elder abuse direct advocacy. The Illinois Department of Public Health recent data shows east central Illinois of having 144 facilities with 10,496 licensed beds. The East Central Illinois area has 7.49% of the total beds in Illinois and 9.11% of facilities in Illinois. Activities may include:

- Compliance with Grant Agreement
- Compliance with registration requirements
- Compliance with Internal Revenue Code, the Illinois Tax Act and other applicable rules
- Compliance with certifications
- Single Audit and CYEFR
- Cash management
- Record Retention
- Purchasing Equipment
- Holding events and trainings focused on changing, attitudes, perceptions, and stereotypes
- Holding events and trainings focused on changing, attitudes, perceptions, and stereotypes
- Monitoring, developing, and implementing federal, state, and local laws, regulations, and policies
- Public education seminars
- Senior Medicare Patrol (SMP) referrals
- Advocacy on bills relevant to long-term care residents, board

- and care homes and assisted living facilities
- Program administration, including reports, audit requirements, and recordkeeping, etc.
- Promoting Pioneer Practices
- Regular reports to Reducing Social Isolation Committees and other participation
- Investigative Services – opening complaints
- Regular presence in facilities whether in person or virtual
- Facility staff in-services
- Providing information about facilities and what to do to get quality care
- Responding to complaints and advocates for improvements in the long-care system
- Resident meetings
- Family council meetings
- Community education
- Consultations with individuals
- Consultations with facility staff
- Participating in facility surveys
- Closing cases
- Creating and implementing a virtual component to the program services and activities

SENIOR HEALTH ASSISTANCE PROGRAM (SHAP)

A total of \$12,767 is being budgeted to provide administration in the provision of information and assistance services, outreach activities and educational programs, and counsel Medicare beneficiaries about prescription coverage available under the Medicare Part D drug plans, Social Security's Extra Help, Medicare Savings Programs, Seniors Free Transit Ride, Persons with Disabilities Free Ride Transit Ride and the Secretary of State's License Plate Discount Program and other public benefit program through grant awards with Senior Information Service providers.

Activities may include:

- Compliance with Grant Agreement
- Entering client contact data into the SHIP Tracking and Reporting System (STARS)
- Monitoring
- Procurement to select eligible service providers to receive funding
- service information in STARS
- Technical assistance
- Working towards the target of achieving 80% of service delivery projections

- Program administration, including reports, audit requirements, and recordkeeping

OMBUDSMAN/ ELDER ABUSE VULNERABLE ELDER RIGHT PROTECTION DIRECT SERVICE ADVOCACY ACTIVITIES

A total budget of \$7,890 is being budgeted to meet Title VII of the Older American Act Direct Advocacy Program to be provided directly by the Area Agency on Aging. Activities may include: Disseminating public information on elder abuse or ombudsman related issues

- Compliance with Grant Agreement
- Promoting trainings
- Publicity through social media
- Investigative services
- Technical advisor to multi-disciplinary teams and fatality review team

Service Grants	Program Projections			2027 Service Budget Projections										
	Persons	Units of Service			Title III-B	Title III-C1	Title III-C2	NSIP	Title III-D	Title III-E	Title VII-EA	Illinois State Funding	MIPPA AAA/ADRC	SHAP
Access Services:														
Information & Referral/SIS – CPoE	15,500	50,000		\$357,499	-	-	-	-	-	-	\$878,909	\$49,307	\$114,904	\$1,400,619
Options Counseling/SIS – CPoE	3,500	8,500		-	-	-	-	-	-	-	\$52,530	-	-	\$52,530
Reducing Social Isolation-Outreach	400	2,000		\$35,000	-	-	-	-	-	-	\$87,153	-	-	\$122,153
Community Services:														
Health Promotion Programs -CDSMP/DSMP Fit &Strong!	50	400		-	-	-	-	\$15,688	-	-	-	-	-	\$15,688
A Matter of Balance/Bingocize	150	1000		-	-	-	-	\$29,646	-	-	-	-	-	\$29,646
WISE/PREPARE	20	50		-	-	-	-	\$6,148	-	-	-	-	-	\$6,148
Gerontological Counseling - PEARLS	75	720		\$18,921	-	-	-	-	-	-	\$46,076	-	-	\$64,997
Elder Abuse & Neglect				-	-	-	-	-	-	\$21,732	-	-	-	\$21,732
Legal	470	2,600		\$102,051	-	-	-	-	-	-	-	-	-	\$102,051
Flexible Community Services	100	100		-	-	-	-	-	-	-	\$26,094	-	-	\$26,094
Reducing Social Isolation-Flexible Community Services	80	80		-	-	-	-	-	-	-	\$6,000	-	-	\$6,000
In-Homes Services:														
Social Isolation Services-Telephone/Visiting	200	2,000		\$12,788	-	-	-	-	-	-	\$55,203	-	-	\$67,991
Nutrition Services:														
Congregate Meals	3,500	150,000		-	\$984,273	-	\$30,771	-	-	-	-	-	-	\$1,015,044
Home Delivered Meals	4,400	665,136		-	-	\$703,150	\$378,133	-	-	-	\$4,342,380	-	-	\$5,423,663
Caregiver Services:														
Counseling/Support Groups (Care/GRG)	1,400	9,618		-	-	-	-	-	\$417,168	-	\$364,420	-	-	\$781,588
Respite (Care)	18	100		-	-	-	-	-	\$11,781	-	-	-	-	\$11,781
CGA Gap Filling	75	75		-	-	-	-	-	\$11,589	-	-	-	-	\$11,589
Alzheimer’s Disease and Related Dementia Services/Gap Filling	50	75		-	-	-	-	-	-	-	\$48,370	-	-	\$48,370
TOTAL				\$526,259	\$984,273	\$703,150	\$408,904	\$51,482	\$440,538	\$21,732	\$5,907,135	\$49,307	\$114,904	\$9,207,684