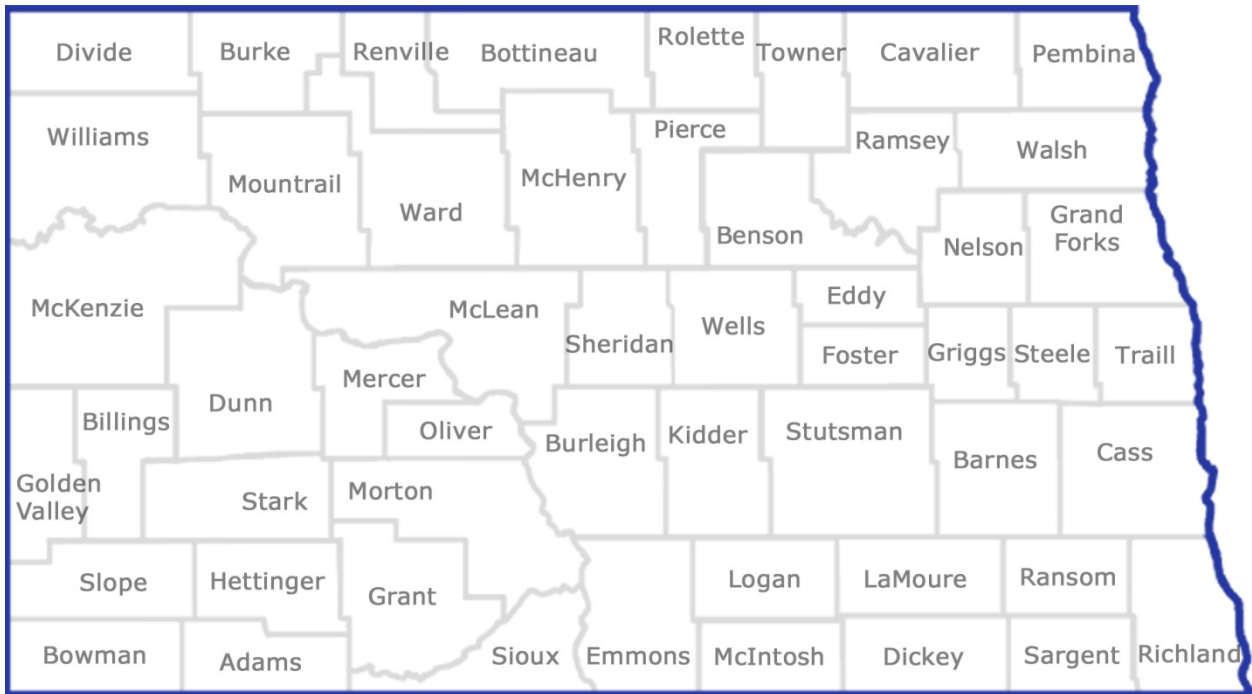


NORTH DAKOTA STATE PLAN ON AGING

Federal Fiscal Years 2019 - 2022
October 1, 2018 – September 30, 2022



State of North Dakota
Doug Burgum, Governor

Department of Human Services
Chris Jones, Executive Director

Aging Services Division
Nancy Nikolas Maier, Director



The North Dakota State Plan on Aging provides direction for continued development of a comprehensive and coordinated system of home and community-based services that enable older individuals and adults with physical disabilities to remain safe, active, and healthy in their own homes and communities. The plan serves as a planning and compliance document that allows the State to receive federal funds for service provision. This plan was developed by the Department of Human Services, Aging Services Division, in accordance with the Older Americans Act of 1965, as amended (Public Law 114-144).

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September 14, 2018

Office of Governor Doug Burgum
Department 101
600 E Boulevard Ave.
Bismarck, ND 58505-0001

Dear Governor Burgum:

I am pleased to inform you that the North Dakota State Plan on Aging under the Older Americans Act for October 1, 2018 through September 30, 2022 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for North Dakota's aging service network during the next four years. Of particular note is your commitment to caregiving and Lifespan Respite in North Dakota. The Administration for Community Living recognizes the graying of North Dakota and the importance of having a comprehensive and coordinated system of home and community-based services that allows for older individuals and adults with disabilities to remain independent, in the least restrictive environment, and in their own homes and communities.

The Denver Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the North Dakota Aging Services Division in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Percy Devine, Bi-Regional Administrator, at 303-844-7815. I appreciate your dedication and commitment toward improving the lives of older persons and their caregivers in North Dakota.

Sincerely,

A handwritten signature in cursive script that reads "Lance Robertson" followed by a horizontal line.

Lance Robertson
Administrator and Assistant Secretary for Aging

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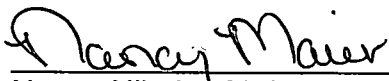
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VERIFICATION OF INTENT

The North Dakota Department of Human Services, Aging Services Division, hereby submits the North Dakota State Plan on Aging for the period of October 1, 2018 through September 30, 2022. Aging Services Division has been given the authority to develop and administer the State Plan on Aging in accordance with all the provisions of the Older Americans Act, as amended. The Plan, as submitted, establishes direction for the coordination of all State activities related to the Act, including the development of a comprehensive and coordinated system for the delivery of supportive services and nutrition services, and to serve as an effective and visible advocate for older individuals in North Dakota.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

The Plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.



Nancy Nikolas Maier, Director
Aging Services Division

6-7-18

Date

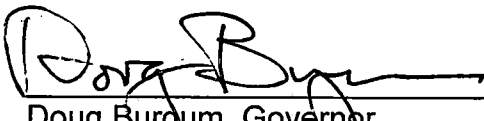


Chris Jones, Executive Director
Department of Human Services

6-7-18

Date

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.



Doug Burgum, Governor
State of North Dakota

6-14-18

Date

EXECUTIVE SUMMARY

The Department of Human Services (DHS), Aging Services Division, develops the State Plan on Aging for North Dakota every four years. This plan covers the time period beginning October 1, 2018 through September 30, 2022 and serves as a planning and compliance document that allows the State of North Dakota to receive federal funds for service provision. The plan provides direction for continued development of a comprehensive and coordinated system of home and community-based services that allows older individuals and adults with physical disabilities to remain independent, in the least restrictive environment, and in their own homes and communities.

As a single planning and service area, the DHS's Aging Services Division serves as the State Unit on Aging and, with the assistance of staff located at the regional human service centers, performs the functions of an Area Agency on Aging. The Division provides direct service and contracts with local entities for delivery of services.

The DHS, through the Aging Services Division, provides an array of programs and services that are part of the home and community-based continuum of care. The State Plan provides an overview of the organizational structure of the DHS and how the Divisions work together to meet the needs of older North Dakotans. The State Plan also references the partnerships and collaborative working relationships with other state agencies and community partners that are vital in providing services to older individuals.

Although North Dakota is no longer seeing population increases, the 'graying of North Dakota' continues. In 2015, the population age 60 and older was estimated at 151,249. The 2016 estimates show the population age 60 and older at 154,928. The 2020 projections show that age group at 179,513, with continued growth to total 200,612 by the year 2040. In contrast, the working-age population is projected to decrease, potentially reducing the number of workers in relation to the population needing support. Long term services and supports are needed so older individuals can remain in or return to their own homes and communities. Providing a safe environment for people to live and protecting those who are most vulnerable is imperative. Within this context, supports and services for family caregivers must also be addressed. The systems transformation that supports consumer choice and fosters independence, health and well-being, and quality of life in the least restrictive environment through rebalancing from institutional care to the provision of home and community-based services must continue.

Enhanced collaboration with the public and private sector, tribal nations, advocacy groups, and faith-based organizations that are a part of North Dakota's aging network is needed to meet these challenges. Each agency and organization must fulfill their responsibilities in providing resources and services so that the most comprehensive delivery system that integrates the social service and health delivery systems is available to meet current and future needs.

As required by the Administration for Community Living, the State Plan on Aging addresses four focus areas. State Plan Assurances and Required Activities and Informational Requirements are also included.

The following provides an overview of the Focus Areas, Goals, and Objectives:

Focus Area A: Older Americans Act Core Programs and other Home and Community-Based Services administered by Aging Services Division

Older American Act Core Services are separated by funding titles:

Title III-B: Supportive Services includes assistive safety devices distribution, health maintenance, information and assistance/referral services, options counseling, senior companion, tribal home visits, and transportation.

Title III-C: Nutrition Services Program includes congregate and home-delivered meals, and nutrition education and counseling.

Title III-D: Disease Prevention and Health Promotion Services funds are used to provide falls prevention and powerful tools training for caregivers.

Title III-E: Family Caregiver Support Program (FCSP) provides support services and respite care for caregivers.

Title V: Senior Community Service Employment Program (SCSEP) provides part-time employment and training.

Title III/Title VI Coordination: Title VI is administered by respective Tribal nations in the state. Coordination maximizes service provision and avoids service duplication.

Title VII: Elder Rights Program includes legal assistance, long-term care ombudsman services, and vulnerable adult protective services.

Focus Area A also includes information on other programs administered by Aging Services Division including state-funded programs, Medicaid Home and Community-Based Services (HCBS) programs, as well as collaborations with other organizations that serve older adults. Objectives and strategies address increasing participation in services and senior center activities and expanding service options.

Focus Area B: Administration for Community Living Discretionary Grants

In September 2017, Aging Services Division received a Lifespan Respite Grant from the Administration for Community Living. This section outlines activities of the grant as well as collaboration with other entities that have discretionary grants.

Focus Area C: Participant-Directed/Person-Centered Planning

This focus area addresses activities to expand person-centered planning efforts in all programs and services. Objectives and strategies outline the need to provide

information on and expansion of service options, ongoing skills development training for staff, and continued collaboration with partners.

Focus Area D: Elder Justice

This section outlines activities to prevent, assess, and investigate abuse, neglect and exploitation of older individuals in the community and in institutional settings. The goal, objectives, and strategies emphasize the need for continued development and implementation of a strong elder rights system through increased staff capacity, training, and community education.

Implementation of the goals, objectives, and strategies outlined in the four focus areas will support the outcome of continued development of the state's long-term services and supports system for older adults and their caregivers, allowing individuals to live as independently as possible in their own homes and communities.

CONTEXT

Demographics

Year	Total ND Population	Age 60 and Older
2000	642,200	118,985 (18.5%)
2010	672,591	133,350 (19.8%)
2016 Estimates	757,952	154,928 (20.4%)

Source: Administration for Community Living, agid.acl.gov; Custom Tables, 2016 State-Level Population Estimates Data; Accessed January 19, 2018.

Snapshot of North Dakotans Age 60 and Older	
Total Males: 47.63% (70,388)	Total Females: 52.37% (77,408)
Living Alone: 29.05% (42,693)	In Poverty: 9.25% (13,674)
Rural: 48.48% (64,651)*	Urban: 51.52% (68,699)
In Labor Force: 32.89% (48,608)	85+ population: 2.4% (18,147)**

Source: Administration for Community Living, agid.acl.gov. Data-at-a-Glance, 2015 American Community Survey (ACS) Demographic Data – Map; Accessed January 1, 2018.

*Urban/Rural Source: 2010 Census Special Tabulation Program (STP-3) U.S. Census Bureau, 2010 Census Summary File 1; Accessed June 24, 2016.

**2016 State-Level Population Estimates Data; Accessed January 19, 2018.

2010 Population and Projections for 2020, 2030, and 2040				
Age Group	2010	2020	2030	2040
Age 60 and older	133,350	179,513	198,607	200,612
Age 85 and older	16,688	18,726	20,042	29,168

Source: North Dakota Department of Commerce, Census Office; Accessed June 1, 2018.

Critical Issues and Future Implications

During his State of the State Address, Governor Doug Burgum shared the administration’s purpose statement to guide decisions that are made and the way we work: Empower people, improve lives, inspire success.

To support this effort, five culture aspirations will guide work in state government:

- Work as one: work together, being inclusive and sharing information provides a better outcome and serves our citizens best
- Citizen focused: simplify, listen, design, create, and deliver with citizens at the center of our work
- Growth mindset: learn from one another, improve on what has been done, take risks with accountability, learning, and applying the learning as we move forward
- Make a difference: focus on the impact, use data and analytics to identify priorities and measure outcomes; strive for improvement and impact; and
- Leadership everywhere: lead by example, promote team spirit, hold ourselves accountable; empower each other, be humble, transparent, focused, and trustworthy

Five strategic initiatives have been identified and include:

- Reinventing government: four elements – unification/shared services; delivery of service; digital transformation, and cultural transformation
- Strengthening tribal partnerships: strengthen government to government partnerships and relationships; engage, listen, and learn
- Main street initiative: empower local leaders and communities to attract a 21st century workforce and compete in a global economy through a skilled workforce; smart, efficient infrastructure; and healthy, vibrant communities
- Transforming education: create a world class K-12 education system, equipping students with the knowledge, skills, and dispositions to succeed in a 21st century workforce; continue to ask creative questions regarding the current and future state of higher education; and
- Behavioral health: eliminate the shame and stigma of addiction; continuum of care – prevention, early intervention, treatment, and recovery

In February 2016, a general fund allotment across state agencies was implemented after state revenues fell short of anticipated expenditures. This resulted in delaying or eliminating some approved service enhancements and expansions. Although revenues are ahead of projections, making the best use of resources and finding innovative solutions to spending is needed to better serve the citizens of North Dakota.

Budget guidelines for the 2019-2021 biennium outline a 10 percent general funds dollar budget reduction for the DHS, and a three percent contingency reduction. The DHS is also subject to a five percent full time equivalent (FTE) reduction. Strategic meetings will be held with all divisions within the DHS beginning in May. Needs will be identified first, and budget numbers will follow, rather than letting budget calculations determine strategy and needs.

The graying of North Dakota continues to have a significant impact on the service delivery system. The aging network must be proactive and innovative in bringing services to older individuals. Family and other informal caregiving efforts must be supported. Recruitment efforts to secure direct care workers must continue. Alternatives to institutional living must be expanded. Without cost-effective alternatives, the State's long-term care financial and service delivery capabilities will be overwhelmed.

Passed during the last legislative assembly, Senate Bill 2206 included a legislative management study to review program responsibilities and funding of county and state economic assistance and social service programs. Outcome of the study could transform the current service delivery model.

The State must remain focused on collaborating with state and county partners, tribal nations, and public and private partners to develop a more efficient and effective service delivery system that enhances the ability of older individuals and individuals with physical disabilities to maintain as much independence as possible and remain safe in their own homes and communities.

Organizational Structure

The State of North Dakota is designated as a single planning and service area covering all older individuals in the state; therefore, the State Agency is also responsible for performing the functions of an Area Agency on Aging.

The North Dakota DHS is an umbrella agency consisting of the following divisions: Medical Services; Field Services, including Life Skills and Transition Center, State Hospital, and Human Service Centers; Behavioral Health; Administration and Support including Fiscal Administration, Human Resources, and Legal Advisory; and Program & Policy including Aging Services, Child Support, Children and Family, Developmental Disabilities, Developmental Disabilities Council, Economic Assistance, Information Technology, Vocational Rehabilitation/Disability Determination, and Public Information. All divisions of the DHS work together, along with other state agencies, long-term care facilities, and community partners to ensure development of a continuum of care that addresses clients' needs. The DHS's organizational chart is included as Attachment D.

The DHS's mission is to provide quality, efficient, and effective human services, which improve the lives of people. Agency values include empathy, mutual respect, and being well-intentioned.

North Dakota Century Code Chapter 50-06-01.4-3 provides legal authority for Aging Services Division to administer programs and services funded under the Older Americans Act. The Division's organizational chart is included as Attachment E.

Aging Services Division is responsible for the following:

- Development of the State Plan on Aging;
- Development and administration of the funding plan for statewide distribution of Older Americans Act program and Nutrition Services Incentive Program funds;
- Development and issuance of requests for proposals and/or project plans addressing requirements specific to each contract;
- Contract and program monitoring;
- Review/implementation of laws, regulations, and policies;
- Development/implementation of policies and procedures;
- Administration of Older Americans programs/services: Supportive Services Programs including information and assistance/referral; options counseling; assistive safety devices distribution service; falls prevention, health maintenance; powerful tools for caregivers; senior companion, and tribal home visits; Lifespan Respite Grant; Nutrition Services Program; Family Caregiver Support Program; and Elder Rights Program including legal assistance, long-term care ombudsman, and vulnerable adult protective services;
- Administration of the Senior Community Service Employment Program (SCSEP) in accordance with the SCSEP State Plan and Assurances;
- Provision of Local Contact Agency (LCA) activities;
- Administration of licensure of adult foster care;

- Administration of the state-funded Guardianship Establishment Program for specific populations;
- Administration of the state-funded North Dakota Telecommunications Equipment Distribution Service;
- Administration of the state-funded Dementia Care Services Program (DCSP);
- Administration of state-funded Service Payments for Elderly and Disabled (SPED) and Expanded Service Payments for Elderly and Disabled (Ex-SPED);
- Administration of the Home and Community-Based Medicaid Waiver, the Technology Dependent waiver, and Medicaid State Plan – Personal Care;
- Participation in the DHS’s strategic planning process;
- Participation in disaster preparedness, response, and recovery efforts as requested by the DHS and the Department of Emergency Services;
- Provision of technical assistance to contract entities and service providers, and county case managers;
- Provision of or arrangement for education and training;
- Advocating for and on behalf of older individuals; and
- Developing and maintaining working relationships with agencies and organizations that have an interest in aging issues.

For planning and development purposes, the state is divided into eight regions. Each region has a recognized Human Service Center that has been designated as a focal point. Regional staff, located at the regional centers, are supervised by and work directly with Aging Services Division to implement the State Plan. Staff includes the Regional Aging Services Program Administrators who assist in program implementation, contract monitoring, advocating for and on behalf of older individuals, and provide direct service in the family caregiver program, options counseling, and LCA activities; Local Ombudsmen who carry out ombudsman activities; and Vulnerable Adult Protective Services staff who address issues of abuse, neglect, and/or exploitation. Service provision by staff has been divided into zones to better distribute workloads for more efficient service delivery. A listing of the regions, counties, centers, and staff is included as Attachment F.

The Committee on Aging was established by Executive Order in 1962. Since 1973, the Committee has fulfilled the requirement that the State/Area Agency establish an advisory committee to further the mission of developing and coordinating community-based systems of care for older individuals. Membership consists of at least 14 members, preferably one from every region in the state, and one from each of the four American Indian Reservations and one Indian Service Area. Members are appointed by the Governor to serve a three-year term. Along with representing and advocating for older individuals in their respective locations, the committee sponsors periodic educational forums that provide for a mutual exchange of ideas and information on national, state, and local issues to improve upon the lives of North Dakotans as they age. A listing of the members is included as Attachment G.

Development of the State Plan

In February – March 2018, Aging Services Division conducted nine input hearings. Three of the hearings were conducted on Indian reservations, one in an urban area, and five in rural areas. A total of 246 individuals attended the hearings. Information was presented on core Older Americans Act programs, state-funded programs, waiver programs, and consumer choice and control. Verbal input was documented. An input document was distributed by Older Americans Act service providers and county social services home and community-based services case managers to their clients. The input document was also available on line. A total of 1,415 completed documents were received; of that number 105 were completed online. Opportunity for additional written input was also provided. The report, *2019-2022 North Dakota State Plan on Aging Compilation and Analysis of Data from Convenience Sample Survey and Public Input Hearing Comments: April 2018*, is included as Appendix 1. The DHS's Decision Support Unit provided guidance on the development of survey instruments, compilation and analysis of the survey results, and census data.

Information from the North Dakota Family Caregiver Survey (Spring 2017) was also considered in the development of the State Plan. The survey gathered information regarding the extended length of time the care recipient was able to remain at home because of the services provided by the program, challenges faced as a full-time caregiver, and demographic data regarding the caregiver/care recipient. Survey results indicate the program has a positive impact for the caregivers.

The North Dakota Family Caregiver Supports and Services Study completed in May 2016 was directed by the ND Legislative Management to develop a resource directory of services available to support family caregivers, identify unmet needs, and prepare recommendations for legislative or administrative consideration. Information from the study was also considered in the development of the State Plan. One of the outcomes was application for the Lifespan Respite Grant.

The “Circles of Aging” study completed in 2016 identified recommendations and strategies to reinvent the traditional senior center to attract a new generation of individuals, to increase nutrition program participation, and to assist individuals to remain in their own communities and homes through various service options. The information was presented to senior service providers and the Committee on Aging. A workgroup will continue to review for possible implementation of suggested strategies and exploration of additional opportunities.

Regional and county councils on aging, trainings, seminars, health fairs and other informational settings also provided opportunity to provide input on service development and service delivery on an ongoing basis.

Consideration of Implementing Cost Sharing

The 2000 amendments to the Older Americans Act allow states to implement cost sharing by clients for certain services funded under the Act. The opportunity to implement cost sharing was again reviewed with Title III contract entities at their North Dakota Senior Service Provider's meeting in January 2018. Consensus was not to implement as cost sharing is not permitted for the majority of services that are currently provided and development and implementation of a system to address cost sharing would result in an unreasonable administrative and fiscal burden for both Aging Services Division and the contract entities.

Quality Management

Aging Services Division uses the following Mediware Information Systems for data collection: Social Assistance Management System (SAMS) for Title-III services; OmbudsManager for long-term care ombudsman activities; and Harmony for Adult Protective Services (HAPS) for adult protective services activities. Using core data collection elements that include targeted, at risk populations, registration and/or assessment documents have been developed to provide for uniformity in data collection. Program and fiscal data is reviewed and analyzed on a monthly basis.

For Title-III services, monitoring tools have been developed for onsite monitoring visits that are conducted a minimum of every twenty-four months. Areas of concern are identified, written plans of correction obtained, and follow-up is completed to assure resolution.

Home and community-based case management onsite reviews or desk reviews, and client reviews are conducted annually. QSP complaints investigations are addressed and follow-up completed. A quarterly newsletter, "HCBS Highlights" is developed and distributed. Technical assistance and training for county case managers is ongoing.

Focus Area A: Older Americans Act Core Programs and other Home and Community-Based Services administered by Aging Services Division

Home and community-based services administered by Aging Services Division are presented in the following categories: Older Americans Act Core Programs, State-Funded Programs, Medicaid Home and Community-Based Programs, and Other Activities.

1. Older Americans Act Core Programs

Older Americans Act funding provides the foundation for services that enable older individuals to remain safe, active, and healthy in their own homes and communities. Additional funding for services includes federal Nutrition Service Incentive Program funds, State funds, required match, program income, and additional local funds.

Services are provided through contracts with local providers or directly by Division staff. Service priority must be established using the targeting factors of rural, greatest economic need (low income), greatest social need, minority, severe disabilities, limited English proficiency, Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals), and risk for institutional placement. Contract entities are required to identify specific targeting methods in their policies and procedures manual.

The North Dakota Department of Human Services State and Community Programs Funded under the Older Americans Act Policies and Procedures Manual outlines minimum standards that must be met in service provision. The manual can be accessed at: <https://www.nd.gov/dhs/policymanuals/65025/65025.htm>.

a) Title III-B Supportive Services Programs: Aging Services Division administers supportive services programs that help older adults remain healthy, active, and independent. Partnering and collaborating with other organizations expands service options to keep people in their own homes and communities.

- 1) **Assistive Safety Devices Distribution Service:** Provides adaptive and preventive health aids that assist individuals in their activities of safe daily living. Services are provided through a statewide contract.
- 2) **Health Maintenance Program:** Provides services to assess and maintain the health and well-being of older individuals. Funded services include: blood pressure/pulse/rapid inspection; foot care; home visits; and medication set-up. Services are provided through regional competitively bid contracts. Services are provided at 129 sites, primarily senior centers and district health units.

Community elder service networks continue to promote health and wellness activities through 'wellness adventures'. The networks also provide a forum for

service providers to collaborate with non-traditional partners to raise awareness on health issues, prevention, services, service needs, and other aging issues. Aging Services Division participates in the Department of Health's Chronic Disease Committee. Staff members serve in an advisory capacity on local district health unit boards. The Division is also represented on the Quality Health Associates of North Dakota's Quality and Safety Action Council and the North Dakota Partnership to Improve Dementia Care.

Staff participated in the Behavioral Health Conference which provided a wide array of information on mental health and substance abuse for all age groups. The Elder Rights Administrator was appointed by the Governor to serve on the Behavior Health Planning Council whose purpose is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota. The Council has a focus and vision on wellness and recovery that is consumer and family driven.

- 3) Information and Assistance/Referral Services: A service that provides requested information and links the consumer with available resources through the North Dakota Aging and Disability Resource-LINK (ADRL) nationwide toll-free number, website, and searchable database; the toll-free number is also used for centralized intake of LCA referrals, centralized intake to report abuse, neglect, or exploitation of adults, and to report concerns in long-term care and assisted living for follow up by an ombudsman. The service is provided as a direct service by Aging Services Division [Older Americans Act Section 307(a)(8)(C)]. Staff will be attending the Alliance for Information and Referral Systems (AIRS) conference and becoming AIRS certified. To publicize the ADRL, information is provided at senior centers, trade shows, conferences, council on aging meetings, health fairs, etc. The service can be accessed by calling 1.855.462.5465, on-line at www.carechoice.nd.gov or e-mailing carechoice@nd.gov. The Aging and Disability Resource-LINK Policies and Procedures Manual can be accessed at: <http://www.nd.gov/dhs/policymanuals/65050/65050.htm>.
- 4) Options Counseling: A person-centered approach to determining appropriate long-term care choices based on client needs, values, and preferences. The service is available statewide and provided through staff at the regional human service centers.
- 5) Senior Companion Program: Provides periodic companionship and non-medical support by volunteers (who receive a stipend) to adults that require assistance. The DHS contracts to provide this service on each of the American Indian Reservations and the Tribal Service Area.
- 6) Tribal Home Visits: Provides periodic visits to isolated older individuals residing on a reservation to monitor their health and well-being, and to identify service needs with an emphasis on referral and linkage to available services. The service is provided on two of the reservations.

- 7) **Transportation:** In any service delivery system, access to services is critical. Due to the ruralness of our state, transportation continues to be an ongoing challenge. Since January 1, 2007, transit services previously provided with Older Americans Act funds have been provided by the Department of Transportation. This systems change leveraged resources for additional funding for other Older Americans Act services. The DHS and the Department of Transportation have a cooperative agreement regarding the development and implementation of an integrated transit system that acknowledges the needs of special populations including older individuals, people with disabilities, low-income, rural, and minorities. Assurances are in place to maintain or increase the amount of funding for services to older individuals with annual reporting to Aging Services Division.

The Department of Transportation is continuing their efforts in the development of regional transit centers to improve coordination and expand transit services statewide. Aging Services Division assists in the transportation grant review process annually for distribution of federal and state funds. The Department of Transportation and the DHS continue to explore the possibility of including Medicaid eligible rides as a part of the coordinated system so that the Department of Transportation would be responsible for all public funded transportation services in the state.

- b) Title III-C Nutrition Services Program:** Through a competitive bid process, Aging Services Division contracts with eight entities that provide services at 178 congregate sites and home-delivered meals in 226 communities. Three tribal entities coordinate service provision with their Title VI funded programs.

Meals provide the required minimum of one-third of the recommended daily allowance as required by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. Dietitian services are provided through a contract with the Department of Health. Training needs continue to be addressed through a coordinated effort of state and regional staff, staff from the North Dakota State University Extension Service, staff from the Department of Health, and Older Americans Act service providers. ServSafe certification is available through United Tribes Technical College.

Nutrition services include congregate meals for clients who eat in a group setting; home-delivered meals for clients who are homebound because of physical incapacity, mental or social conditions or isolation; nutrition counseling by a licensed registered dietitian for clients who are at nutritional risk; and nutrition education related to the improvement of health and nutritional well-being.

Nutrition providers who enroll as qualified service providers may also provide up to seven home-delivered meals per week to eligible younger disabled persons through the Medicaid HCBS waiver and state-funded SPED and Ex-SPED programs.

The current decline of utilization of nutrition and senior center programs presents a need for new business practices. Aging Services Division and senior service providers are establishing a work group to explore options to increase nutrition participation and innovative programs for older adults.

Aging Services Division is an active participant in the Creating a Hunger Free North Dakota Coalition. A strategic plan has been developed that addresses awareness of available food resources and gaps in services, expands the recovery and distribution of surplus food supplies, and strengthens the capacity of the North Dakota charitable emergency feeding network.

- c) **Title III-D Disease Prevention and Health Promotion Services:** Aging Services Division collaborated with the Department of Health to develop and implement the falls prevention program “Stepping On.” The program has eight master trainers and 81 trained leaders. “Powerful Tools for Caregivers” training is offered for caregivers age 60 and over and will complement efforts of the Lifespan Respite Grant where the training will be offered to caregivers under the age of 60.
- d) **Title III-E Family Caregiver Support Program (FCSP):** The North Dakota Family Caregiver Support Program offers support and services to family caregivers who informally provide care to individuals 60 years of age and older, to individuals caring for a person with Alzheimer’s or related dementia regardless of the age of the individual with dementia, to older relative caregivers age 55 and older who provide care for children age 18 and younger, and older relative caregivers age 55 and older who provide care for an adult child (ages 19-59) with a disability. Services include information about local services and supports; assistance from a trained caregiver coordinator to help caregivers assess needs and access support services; individual and family counseling, and support groups; training; respite care for caregivers; and supplemental services to assist with the cost of incontinence supplies and assistive devices. The program is accessed through staff at the regional human service centers.

The DCSP provides training for family caregivers of individuals with dementia.

In the spring of 2017, the DHS conducted the North Dakota Family Caregiver Support Program Caregiver Survey to solicit information regarding the extended length of time the care recipient was able to remain at home because of the caregiver support services provided by the program, challenges facing full-time caregivers, and demographic data regarding caregivers and care recipients. Survey responses were similar to previous surveys in that 88.3 percent of the 84 respondents indicated use of the program extended the length of time they provided care, with 51 percent indicating additional care time of 0-11 months; 41 percent indicating additional care time of 1-5 years; and 8 percent indicating additional care time of 6 or more years. Respite care was the most helpful service. Based on survey responses, respite care allowed the caregiver a positive way to cope with the challenges of caring for someone in the home.

A 2016 Legislative Interim Study highlighted the need for support of family caregiving and other informal caregiving. Legislation resulted in applying for and receiving a lifespan respite grant and enhancement of the DHS's web-based caregiver information. Additional information is included in Focus Area B.

The FCSP interfaces with other divisions in the DHS including Developmental Disabilities, Medical Services, and Children and Family Services. Other service delivery systems include hospitals, eldercare programs, faith-based organizations, tribal family caregiver support programs, and the DCSP.

Aging Services Division recently sponsored the North Dakota Symposium on Aging that provided education and training for 155 state staff, county case managers, and other professionals. Sessions included ND Lifespan Respite Care Grant, De-escalation and Proactive Communication Skills, the Generations We Serve, Art for Life, Is it Dementia or a Mental Health Issue, Aging is Natural-Abuse is Not, Opioid Awareness, and Ethical Boundaries. The symposium is held every other year.

- e) **Title V Senior Community Service Employment Program (SCSEP):** This program provides part-time employment and training opportunities for low-income adults age 55 and older with the goal of transitioning them into permanent employment. The DHS contracts with North Dakota Senior Career Development to operate the state portion of the program. In North Dakota there are 254 authorized positions – 49 are state grantee's positions and 205 are the national grantees' positions.
- f) **Title III/Title VI Coordination:** Title III provides funding for state and community programs on aging; Title VI provides funding for Native American aging programs. States are required to pursue activities that increase access by Native American elders to all aging programs and benefits, including Title III programs [Older Americans Act Section 307(a)(21)]. Title III/VI coordination is accomplished through the following efforts: funding for tribal entities is set aside for services provided on the reservations; a minority funding factor is included in the funding plan; programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication; Title VI projects are included in informational mailings; staff are invited to serve on planning committees; and staff are invited to participate in Aging Services Division sponsored trainings. In Region III there are Adult Protective Services Cooperative Agreements between the human service center and both tribal entities. Throughout the state, the Title VI Director is also the Title III Director.

In addition to these efforts, there is provision for representation of each Reservation and Indian Service Area on the Committee on Aging. Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues affecting elders and maintains contact with the University of North Dakota Center for Rural Health National Resource Center on Native American Aging.

Aging Services Division participates in the Money Follow the Person (MFP) Tribal Initiative Grant and the DHS's Tribal Consultation meetings to strengthen tribal relationships. Two tribal entities are enrolled qualified service providers, so they can be reimbursed to provide direct care services on their respective reservations.

g) Title VII Elder Rights Program: Addressed in Focus Area D

2. State-Funded Programs

State-funded programs/services administered by Aging Services Division that enhance the continuum of care include:

- a) **Adult Foster Care Program:** The administration of adult foster care is a joint effort by the Medical Services and the Aging Services divisions, county social services agencies, and regional human service centers. Aging Services, county social services, and the regional human service centers each have a role in the home study and licensure process. Medical Services is responsible for enrollment of qualified service providers and payment. Adult foster care provides a safe, supervised family living environment 24 hours per day. The service is accessed through county social services. The Adult Foster Care Policies and Procedures Manual can be accessed at: <http://www.nd.gov/dhs/policymanuals/66005/66005.htm>
- b) **Dementia Care Services Program (DCSP):** The 2009 Legislature passed legislation [North Dakota Century Code Chapter 50-06.33] establishing the Dementia Care Services Program. The program provides care consultation and training to caregivers to address the unique and individual needs that arise throughout the various stages of dementia. The program also provides education on dementia to medical professionals, law enforcement, caregivers, and the public regarding the symptoms of dementia, the benefits of early detection, and treatment. For the purposes of this program, dementia means the condition of an individual involving loss of memory and impairment of cognitive functions severe enough to interfere with the individual's daily life. Anyone who has a need is eligible to receive services. Eligibility is not based on diagnosis (although a diagnosis is encouraged), age, or income level. The DHS, through competitive bid, contracts with the Alzheimer's Association to provide services.

The DCSP collaborates with the FCSP and the Vulnerable Adult Protective Services Program to provide enhanced education and training opportunities for caregivers, law enforcement, and the public.

- c) **Local Contact Agency (LCA) Activities:** As required by Minimum Data Set (MDS) – Section Q, nursing home residents considering potential transition to the community are informed of available services and supports. The service is provided through staff at the regional human service centers.
- d) **Telecommunications Equipment Distribution Service:** The service provides specialized telecommunications equipment to communication-impaired individuals

[North Dakota Century Code Chapter 54-44.8] to develop and implement the service. For the purposes of this service, communication-impaired means the condition of an individual who is deaf, hearing impaired, speech impaired or mobility impaired so as to be unable to use a telephone readily purchased from a retail store. Specialized telecommunications equipment means a dedicated telecommunications device that, when connected to a telephone enables or assists a person who is communication-impaired to communicate with another person using the telephone network. The term may include telecommunications devices for the deaf, amplifiers, and signaling devices. The DHS contracts to provide this statewide service.

In June 2017, the responsibility for administering state-funded home and community-based services and Medicaid waivers was assigned to Aging Services Division (moved from Medical Services Division). The programs are designed to reduce reliance on institutional care by offering quality services in an alternative setting. The programs focus on individual needs, choice of services, choice of who provides care, and maintaining as much independence as possible. Services are provided by individuals and/or agencies that have demonstrated competency in all standards for enrollment as a provider and are designated by the DHS as Qualified Service Providers (QSPs). Policies and procedures manuals can be accessed on the DHS's website. Home and Community-Based Services: <http://www.nd.gov/dhs/policymanuals/52505/52505.htm> Basic Care: <http://www.nd.gov/dhs/policymanuals/40029/40029.htm> and Medicaid State Plan Personal Care: <http://www.nd.gov/dhs/policymanuals/53505/53505.htm>

Medical Services Division continues to administer Qualified Service Provider claims, enrollment, and audits; the MFP grant; Program of All-Inclusive Care for the Elderly (PACE); the Medically Fragile Children's waiver; the Children's Hospice Waiver; the Autism waiver; and Community of Care, a state-supported program that provides supportive services in rural Cass County to older individuals, individuals with disabilities, and family members and friends. Significant service coordination between the Aging Services Division and Medical Services Division continues as evidenced in the implementation of the ADRL and MFP initiatives through marketing of a common toll-free number, coordination of messaging, education and training opportunities, the tribal and housing initiatives, and LCA activities.

- e) **Service Payments for the Elderly and Disabled (SPED):** A state-funded program that pays for services for individuals with a physical disability who have difficulty completing tasks that enable them to live independently. Services include: adult day care, adult foster care, case management, chore, emergency response system, environmental modification, family home care, home-delivered meals, homemaker, non-medical transportation, personal care, respite, specialized equipment, and extended personal care/nurse education. Services are accessed through county social service agencies.
- f) **Expanded Services for the Elderly and Disabled (Ex-SPED):** A state-funded program that pays for services for individuals with a physical disability who without in-home and community-based services would have to receive care in a licensed

basic care facility. Available services are the same as SPED except for personal care and extended personal care/nurse education, which is only available under SPED. Services are accessed through county social service agencies.

3. Medicaid Home and Community-Based Services Programs

- a) **Medicaid State Plan – Personal Care:** This provides personal care services to individuals who are eligible for Medicaid and meet functional eligibility requirements. Services are provided that assist individuals with daily living activities including bathing, dressing, transferring, toileting, preparing meals, housework, and laundry. Services are accessed through county social service agencies or other case management agencies enrolled as providers.
- b) **Medicaid Waiver Programs:** Programs that assist qualifying individuals who require skilled nursing level of care to receive in-home and community-based services that allow them to remain at home. Waivers include:
 - 1915 (c) Home and Community-Based Services waiver: adult day care, adult foster care, adult residential, case management, chore, emergency response system, environmental modification, home-delivered meals, homemaker, non-medical transportation, respite, specialized equipment, supervision, supported employment, transitional living, family personal care, and extended personal care/nurse education
 - 1915 (c) Technology Dependent waiver: (for ventilator-dependent individuals) attendant care, case management, non-medical transportation, and specialized equipment.

Services are accessed through county social service agencies and/or independent case managers.

4. Other Activities

- a) **Committee on Aging:** The Committee on Aging (CoA) serves as the advisory group for Aging Services Division. Meetings are held quarterly. The CoA is currently discussing priorities for the next biennium. The CoA partnered with AARP and the North Dakota State University Extension Service to develop a Statewide Aging Collaborative (SAC) to facilitate the exchange of ideas and information on issues impacting the quality of life of older North Dakotans. The SAC meets periodically throughout the year.
- b) **Volunteer Activities:** The aging network provides many opportunities for volunteer activities. State and regional staff members continue to coordinate efforts with local agencies including faith-based organizations to promote volunteerism. Staff serve in an advisory capacity for the Retired and Senior Volunteer Program and the Foster Grandparent Program. Aging Services Division provides an opportunity for volunteerism as volunteer ombudsmen.

The Director of Aging Services Division was appointed by the Governor to represent aging and volunteerism on the North Dakota Commission on National and Community Service.

- c) **Olmstead Commission:** The Olmstead Commission was established through Executive Order in 2000 and revised in 2010. The 2017-2018 interim legislative Health Services Committee established a work group to review the existing structure and present recommendations for strategic changes in commission governance, roles and responsibilities, membership, and internal and external communications focusing on community integration across the key pillars of health, housing, employment, transportation, and community services and support. The recommendations set forth by the group will require a new Executive Order to clarify the Commission's advisory and oversight role, its mission and vision, and focus on the key pillars.

Vision Statement – North Dakota will be a place where: People with disabilities are living, learning, working, and enjoying life in the most integrate setting.

Mission – Olmstead will move the state forward, towards greater integration and inclusion for people with disabilities.

The DHS is one of the non-voting members that includes state agencies and tribal, municipal, and county governments. Aging Services Division will continue to participate and provide input as requested by the Commission.

Focus Area A: Goals, Objectives, and Strategies

Goal 1: Enable older individuals to remain in their own homes and communities through the provision of an integrated array of home and community-based services, health maintenance services, caregiver services, and meaningful social activities.

Objective 1.1: Using FFY 2017 as a baseline, target to increase by one percent the number of unduplicated clients receiving services funded under Title III-B Supportive Services and Title III-D Disease Prevention/Health Promotion: assistive safety devices – 918; falls prevention – 239; health maintenance – 3,955; information and referral – 2,790; options counseling – 85; senior companion – 50; tribal home visits – 141.

Strategy 1.1.1: Using the SAMS data system, track the unduplicated number of clients receiving supportive services monthly.

Strategy 1.1.2: Conduct onsite program monitoring visits with the contract entity annually and site monitoring visits every 24 months to assure service standards are met.

Strategy 1.1.3: On a monthly basis, review program, statistical, and fiscal data to assure compliance with contract requirements, rules, regulations and policies; to determine if service provision meets or exceeds standards; and to identify trends or factors that will aid improving service provision.

Objective 1.2: Using FFY 2017 as a baseline, target to increase by one percent the number of unduplicated clients receiving services funded under Title III-C Nutrition Services: congregate meals – 13,691; home-delivered meals – 5,022.

Strategy 1.2.1: Using the SAMS data system, track the unduplicated number of clients receiving nutrition services monthly.

Strategy 1.2.2: Conduct onsite program monitoring visits with the contract entity annually and site monitoring visits every 24 months to assure service standards are met.

Strategy 1.2.3: On a monthly basis, review program, statistical, and fiscal data to assure compliance with contract requirements, rules, regulations and policies; to determine if service provision meets or exceeds standards; and to identify trends or factors that will aid improving service provision.

Objective 1.3: Using FFY 2017 as a baseline, target to increase by one percent the number of unduplicated caregivers and older relative caregivers receiving services funded under Title III-E Family Caregiver Support Program: family caregivers – 271; older relative caregivers – 3.

- Strategy 1.3.1: Using the SAMS data system, track the unduplicated number of clients receiving caregiver and older relative caregiver services on an ongoing basis.
- Strategy 1.3.3: On a monthly basis, review program, statistical, and fiscal data to assure compliance with rules, regulations and policies; to determine if service provision meets or exceeds standards; and to identify trends or factors that will aid improving service provision.
- Strategy 1.3.2: Conduct onsite program monitoring visits with regional staff annually to assure service standards are met.

Objective 1.4: Explore opportunities to expand supplemental services in the caregiver program to include new technology to ease caregiving tasks.

- Strategy 1.4.1: By 2019, organize a workgroup to review available technology to assist caregivers.
- Strategy 1.4.2: Review costs to determine current funding and feasibility of implementation.
- Strategy 1.4.3: Determine methods for sustainability of the service.

Objective 1.5: Using recommendations from the “Circles of Aging” study, explore opportunities to reinvent the traditional senior center to attract a new generation of older adults.

- Strategy 1.5.1: In 2018, work collaboratively with senior service providers to develop a work group to review and prioritize recommendations.
- Strategy 1.5.2: In 2018, establish subgroups to explore options to increase meal participation of eligible individuals.
- Strategy 1.5.3: In 2019, explore opportunities to provide exercise and wellness activities in local communities.

Objective 1.6: On an ongoing basis, provide or arrange for opportunities for Older Americans Act program training for staff and service providers to enhance program skills.

- Strategy 1.6.1: Solicit input and provide or arrange for training as needed or requested.
- Strategy 1.6.2: Provide training to service providers on the updated reporting requirements for the FFY 2020 State Program Report (when available).
- Strategy 1.6.3: Determine through participant evaluations if training needs were met.

Objective 1.7: On an ongoing basis, monitor statewide contracts to assure contract compliance.

- Strategy 1.7.1: On a monthly basis, review program narratives and fiscal data monthly to assure compliance with rules, regulations and policies; to

determine if service provision meets or exceeds standards; and to identify trends or factors that will aid improving service provision.

Strategy 1.7.2: Conduct an annual review with the contract entity to assure program requirements are met.

Objective 1.8: On a biennial basis, conduct a consumer survey to measure service satisfaction, participation/choice in planning, and the impact the provided services have in keeping participants living in the community.

Strategy 1.8.1: With the assistance of the Decision Support Unit, develop the survey instrument.

Strategy 1.8.2: Develop parameters for the random sample.

Strategy 1.8.3: Conduct the survey, complete an analysis, and develop a report of the survey findings.

Objective 1.9: On an ongoing basis, continue collaboration with other agencies and organizations to raise awareness of aging programs, to assure effective coordination of aging activities, and encourage healthy aging.

Strategy 1.9.1: Continue to collaborate with the DHS's Medical Services Division to coordinate service provision and service options and participate in activities of the Money Follows the Person Program addressing care transitions, housing, workforce, and tribal activities.

Strategy 1.9.2: Continue participation in the Olmstead Commission and assist in activities as assigned.

Strategy 1.9.3: Continue partnership with the DHS's Division of Behavioral Health to address mental health and substance abuse needs of older individuals.

Strategy 1.9.4: Maintain cooperative relationships with tribal organizations and continue to coordinate services to improve the quality of life for American Indians.

Strategy 1.9.5: Continue collaboration with the Department of Health, the Supplemental Nutrition Assistance Program, North Dakota Quality Health Associates, and others to address healthy aging, healthy eating, healthy lifestyles and prevention efforts.

Strategy 1.9.6: Continue collaborative efforts with the Department of Transportation to improve access to transit services statewide.

Strategy 1.9.7: Continue participation at regional and local aging events to provide information on aging issues and participate in community aging events.

Strategy 1.9.8: Assist the Committee on Aging in identifying and addressing priority issues to improve the quality of life for older North Dakotans.

Focus Area B: Administration for Community Living Discretionary Grants

In 2013, Aging Services Division completed a discretionary grant to establish an ADRC/No Wrong Door (NWD) system or as referenced in North Dakota, the ADRL. Progress has been made in upgrading the information and referral system, which is the foundation for a successful system. Options counseling was also implemented. Efforts continue to establish a fully functioning system.

The focus on the need for supporting family, informal, and paid caregiver efforts during past legislative sessions was the impetus for the application of a Lifespan Respite Grant. Following a 2016 Legislative Interim Study on caregiving, HB 1038 was introduced and passed in the 2017 Legislative Session that included \$200,000 spending authority and language that allowed the DHS to apply for a competitive Lifespan Respite Grant and establishment and promotion of a caregiver resource center website. In September 2017, the DHS's Aging Services Division applied for and received a discretionary grant to develop a statewide coordinated lifespan respite system for families providing care for individuals with special needs of all ages. The goal of the project is to improve the well-being of families by coordinating the existing respite systems, providing education and training opportunities, and expanding respite services to include emergency respite. Anticipated outcomes include streamlined access to information through expanded use of the ADRL as the point of contact; improved quality of respite care – increased education and training to improve caregiving activities; and a plan for continued development and sustainability of a coordinated respite system – the Statewide Respite Coalition will provide the framework for continued development; based on 'lessons learned', existing policies may be revised to better serve all populations using existing federal and state funds, and with additional trained class leaders (Powerful Tools for Caregivers/other training), there is opportunity for continued provision of statewide education and training.

AARP North Dakota is collaborating with the Division in coordinating the development of a Lifespan Respite Program and the State Respite Coalition. The Coalition represents individuals with disabilities or chronic conditions of all ages, family caregivers, community and faith-based organizations and respite, social service, and health care providers.

An environmental scan is being completed to determine what respite services are available for all age groups, identify gaps, etc. Subcommittees have been formed to address respite ministry, volunteerism, education, and outreach.

For ease in accessing information on caregiving resources, the ADRL website was updated to include a section specific to caregivers and will include information on caregiving for all age groups. The site will be updated to include new information as it is received.

The Lifespan Respite approach is fully aligned with the No Wrong Door philosophy – to promote collaboration among stakeholders with the goal of improving access to respite services for family caregivers.

Other discretionary grants not administered by Aging Services Division include:

- Senior Medicare Patrol (Minot State University): Staff from Aging Services Division central office continues to serve on the advisory committee for the North Dakota Senior Medicare Patrol (NDSMP). NDSMP educates Medicare and Medicaid beneficiaries to prevent, detect, and report health care fraud. This program not only protects beneficiaries, but also helps to preserve the integrity of the Medicare and Medicaid programs. Aging Services Division assists in disseminating information on how to prevent healthcare fraud to seniors through newsletters, conferences, health fairs, etc.
- State Health Insurance Counseling and MIPPA Grants to the Aging Network (Department of Insurance): The State Health Insurance Counseling Program (SHIC) offers free help with Medicare and other health insurance. Trained counselors who work through local sponsoring organizations are trained in all aspects of senior insurance issues, such as Medicare, Medicare Part D and Medicare Advantage plans. The Division continues to arrange for presentations and distribution of information at regional and county council meetings, health fairs, and Committee on Aging meetings.
- National Resource Center on Native American Aging (University of North Dakota Center for Rural Health): Ongoing contact is maintained. Contact was made recently regarding caregiver training for Native American caregivers.

Aging Services Division continues to partner with Medical Services Division in the MFP initiative. The grant assists Medicaid-eligible individuals with physical disabilities and/or older individuals who reside in a nursing facility transition from the institution to the community by coordinating services and resources to support their independent living goals. Collaboration is ongoing with the following: Center for Independent Living transition coordinators, workforce coordinators, housing coordinators, and the tribal transition grant.

To address the overwhelming need for affordable, accessible housing for older adults and people with disabilities, the MFP initiative continues to coordinate meetings between the ND Housing Finance Agency, Housing and Urban Development (HUD), Department of Commerce-Community Services, the four largest public housing authorities, and representatives from DHS (MFP-Minot State University, Aging Services, Medical Services, Developmental Disabilities, Behavioral Health, State Hospital, Life Skills and Transition Center). Educational webinars have been held and information on available services shared throughout the network.

The State Respite Coalition/Lifespan Respite Grant plans to partner with MFP in conducting a job fair to address direct service workforce challenges in securing caregiving services.

Focus Area B: Goals, Objectives, and Strategies

Goal 2: In partnership with the State Respite Coalition, improve the well-being of families by coordinating the existing respite systems, providing education and training opportunities, and expanding respite services to include emergency respite.

Objective 2.1: Increase awareness of existing respite services and resources.

Strategy 2.1.1: On an ongoing basis, staff and coalition members will provide information on respite services and resources at speaking engagements, conferences, and trainings.

Strategy 2.1.2: Develop public meeting notices, press releases, and update talking points as needed.

Strategy 2.1.3: By March 2019, explore opportunities to participate in a workforce development event.

Objective 2.2: Streamline access to respite services through expanded use of the ADRL.

Strategy 2.2.1: On an ongoing basis, develop and sustain linkages between key partners to promote usage of the ADRL.

Strategy 2.2.2: On an ongoing basis, update the ADRL database.

Objective 2.3: Explore opportunities and provide education and training on caregiving and respite for all ages, particularly in rural and underserved areas.

Strategy 2.2.1: In 2018, explore opportunities to contract with partner agencies to expand caregiver training for all populations.

Strategy 2.2.2: In 2019, explore opportunities to contract with tribal organizations and/or partner agencies to provide 'Caregiver Training for Native Americans' and other training programs.

Objective 2.4: Develop a voucher program to provide emergency respite care.

Strategy 2.2.1: In 2018, develop eligibility criteria/other materials for accessing emergency respite care and identify possible providers.

Strategy 2.2.2: On an ongoing basis, provide education and training on the emergency respite program.

Goal 3: On an ongoing basis, continue collaboration with agencies and organizations to assure effective coordination of aging activities addressing benefits under Medicare and other health insurance, and fraud prevention.

Strategy 3.1.1: Continue collaboration with Senior Medicare Patrol to educate Medicare beneficiaries to prevent, detect and report health care fraud through conferences, newsletters, health fairs, etc.

Strategy 3.1.2: Continue collaboration with the State Health Insurance Counseling Program to promote their assistance with Medicare and other health insurances through presentations and distribution of information at presentations at various meetings, conferences, health fairs, etc.

Focus Area C: Participant-Directed/Person-Centered Planning

Participant-directed/person-centered planning helps people of all ages and across all types of disabilities maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them. It is a process that requires continual listening and learning, focusing on what is important to an individual now and in the future, and acting on this in alliance with the individual's family and friends. Participant-directed/person-centered planning is meant to give the individual flexibility, control, and responsibility over the goods and services he or she needs to remain home and in the community.

The ADRL website was recently updated to a more user-friendly format. The searchable database was updated so that available services can be identified by community. A separate section specific to caregivers was also added. Updating of the database is ongoing. The nationwide toll-free line is used for information and assistance and centralized intake of requests from nursing facilities for LCA activities (option 1); for centralized intake for vulnerable adult protective services (option 2); and for centralized intake for ombudsman calls (option 3).

Aging staff are reviewing basic care facilities (optional Alzheimer's, dementia, special memory care, or traumatic brain injury facility or service unit) to assure compliance with the HCBS Settings Rule. The rule increases educational requirements for staff, improves the care planning process, and encourages community integration so that services are provided in a more individualized, person-centered manner.

The DHS is in the process of developing a request for proposal to procure a vendor to implement an electronic visit verification system (EVV) which will enable the DHS to meet federal requirements for the verification of personal care and home health care services paid for with Medicaid dollars. Implementation of the system will assure services requested by the client are provided and will improve program efficiencies.

Through the MFP program, plans are to offer training on person-centered planning to all staff within the DHS.

Examples of participant-directed/person-centered planning currently in place include:

Options Counseling: Individuals are provided information on community options, benefits counseling and/or futures planning; consumer is involved in the development and implementation of the action plan and linked with appropriate agencies or services.

Local Contact Agency Activities: Nursing home residents/families are informed of the available service options in a specific community. The resident determines if services and supports are adequate to make the transition back to the community and is assisted in accessing options counseling or MFP services, as appropriate.

Family Caregiver Support Program: Caregivers are involved in the determination of needed caregiver support services and choose those services and the providers.

Nutrition Program: At some meal sites, participants have a choice of entrée or a choice of participating in Breakfast/Lunch/Dinner. In communities with more than one meal site, participants may dine at the site of their choice. Nutrition voucher programs have been implemented at several restaurant meal sites allowing for flexibility in choosing meal time and choice of (approved) menu items. Home-delivered meals are available through the SPED and Ex-SPED programs and HCBS Medicaid waiver.

Home and Community-Based Services: Clients receiving home and community-based services, and/or their legal representatives are active participants in choosing the type of care they want to receive. Case management provides the client with information regarding the types of services available through the different funding sources. Client goals and needs are discussed; the client chooses the service he or she feels will most appropriately meet needs. Clients may consult with family, friends, and advocacy organizations prior to making any decisions. Individuals or their legal representatives may choose from a list of qualified service providers (QSPs) or may recruit an individual who is willing to seek designation as a QSP. Clients can choose family, friends, and neighbors to provide care. The Division recently applied for a waiver amendment to offer community transition services to people transitioning from an institution or other provider operated settings.

Senior Community Service Employment Program: Participant chooses the training opportunity that best fits his or her career interest and job placement.

Long-Term Care: Residents of long-term care have the right to contact a long-term care ombudsman directly to express any issues or concerns. The resident can choose to involve the ombudsman for advocacy, mediation, and problem resolution.

Vulnerable Adults: A competent adult has the right to refuse visitation and intervention. The worker has a responsibility to inform people of available services and supports and, if the client chooses, to link him or her to those services and resources.

Guardianship Services: A proposed ward has the right to legal counsel, the right to have the process explained, and the right to be present at the hearing.

Focus Area C: Goals, Objectives, and Strategies

Goal 4: Expand options for participant-directed/person-centered planning in all services to optimize self-sufficiency and independence.

Objective 4.1: On an ongoing basis, provide consumers with information, tools, and resources to make choices and direct their own care.

Strategy 4.1.1: Continue to review and update the ADRL resource database and website.

Strategy 4.1.2: Complete LCA activities as directed by MDS – Section Q.

Strategy 4.1.3: Continue collaborations with the Money Follows the Person Program, ND Quality Health Associates, long-term care facilities, and hospitals to enhance and expand care transitions from institutional to community settings throughout the state.

Strategy 4.1.4: In 2018, work with the regulatory community (i.e. Board of Nursing, Department of Health, etc.) to explore opportunities to safely administer medications in the home environment.

Objective 4.2: On an on-going basis, provide staff training for ongoing skills development in person-centered planning and care transition activities.

Strategy 4.2.1: In 2019, all aging staff will complete the Administration for Community Living online Person-Centered Counseling Training Program.

Strategy 4.2.2: Aging staff will participate in departmentwide person-centered planning training when available.

Strategy 4.2.3: Aging staff will participate in Administration for Community Living webinars addressing person-centered planning and care transitions when available.

Focus Area D: Elder Justice

As required in Section 705(a) of the Older Americans Act, Aging Services Division has developed an Elder Rights Program that focuses on protecting the rights of vulnerable older individuals in the community and in institutional settings.

Prior to the development of this plan, the DHS conducted public input hearings to receive comment regarding programs carried out under Title VII. Specific questions regarding elder rights were included in the input document and the opportunity for verbal and written comment was also provided. Additional opportunities for input and comment occur through workshops and training sessions, informational booths at conferences, and through the ADRL.

The program has been developed in accordance with the requirements of the Older Americans Act and state law. The State maintains detailed reports of annual expenditures to assure supplanting of funds does not occur.

Program areas include:

- 1) State Legal Assistance Developer:** Aging Services Division has designated a State Legal Assistance Developer who is responsible for all elder rights programs. The Legal Assistance Developer provides or arranges for training on legal issues at the state and local level. Technical assistance and program monitoring is ongoing. The position is also responsible for administering the state-funded Guardianship Establishment Program.
- 2) Long-Term Care Ombudsman Program:** North Dakota Century Code Chapter 50-10.1 gives authority for the establishment of the North Dakota Long-Term Care Ombudsman Program. The Long-Term Care Ombudsman Program is responsible for receiving, investigating, and resolving concerns on behalf of residents in long-term care facilities and tenants of assisted living facilities. Ombudsman Final Rule has been implemented. Policies and procedures have been developed that are consistent with federal and state law. The Long-Term Care Ombudsman Policies and Procedures Manual can be accessed on the Department's website at: <http://www.nd.gov/dhs/policymanuals/69501/69501.htm>

The State Long-Term Care Ombudsman, along with local ombudsmen, assists in protecting the health, safety, welfare, and personal rights of residents/tenants. Onsite visits to facilities are made a minimum of four times per year. At the invitation of the Department of Health, ombudsmen participate in the Medicare/Medicaid recertification survey conferences.

Recruitment of volunteer ombudsmen and training is ongoing. Currently there are 17 certified community ombudsmen. No restrictions, other than those specified in Section 712(a)(5)(C) of the Older Americans Act, are placed on eligibility for designation as local ombudsmen. Through realignment of staff duties within the Division, additional coverage of ombudsman services was added in November 2014

to better meet resident/tenant needs. Staffing continues to be monitored. Statistical data is reported to and maintained by the Aging Services Division. State and federal reporting is accomplished using OmbudsManager and NORS. Title III, Title VII, and state funds are used to carry out the program.

3) Programs for the Prevention of Abuse, Neglect and Exploitation: North Dakota Century Code Chapter 50-25.2 gives authority to implement a program of protective services for vulnerable adults. During the past several legislative sessions, significant changes were made to strengthen elder rights and vulnerable adult protective services. The North Dakota Century Code was amended to include mandatory reporting of abuse and neglect of a vulnerable adult, penalties for exploitation of a disabled adult or vulnerable elderly adult were increased, and guardianship services were enhanced. Funding was added for additional contracted protective service workers. All have yielded increased reporting. Currently protective services are provided in four regions of the state through contracts with local providers. Coverage for the remaining four regions is provided by staff located at the state office and the regional human service centers. Staffing continues to be monitored. State and federal reporting are accomplished using HAPS. To expedite the reporting process, staff with access to the HAPS can report through the system; a web-based and state reporting form are also available. Title III, Title VII, and state funds are used to carry out the program.

Policies and procedures have been developed that are consistent with relevant state law and coordinated with existing state adult protective activities. The Vulnerable Adult Protective Services Policies and Procedures Manual can be accessed on the Department's website at: <http://www.nd.gov/dhs/policymanuals/69001/69001.htm>.

Aging Services Division conducts and participates in workshops and conferences addressing elder rights issues; provides information for press releases and magazine articles to educate the public on identifying and preventing elder abuse; informs Older Americans Act clients of available services through marketing efforts, newsletters, and conferences; makes referrals to other agencies as appropriate; and refers complaints to law enforcement or public protective service agencies as appropriate. Involuntary or coerced participation in any programs/services is not allowed. All information remains confidential except under conditions described in Section 705(a)(6)(C) of the Older Americans Act.

The Abuse in Later Life Program is a collaborative effort of the Abused Adult Resource Center, Burleigh County Sheriff's Office, Burleigh County State's Attorney's Office, Bismarck Police Department, Attorney General's Office, Bureau of Criminal Investigation, South Central Judicial District, and Aging Services Division. The project is funded by a grant from the Office on Violence Against Women. Victim services and law enforcement trainings continue to be held throughout the state.

Aging Services Division continues to collaborate with the Office of the Attorney General and the North Dakota Bar Association to educate individuals on elder rights

issues in communities and institutional settings and to pursue prosecution of individuals who violate elder rights laws. State and local law enforcement, faith-based organizations, states' attorneys, and staff from the judicial system have participated in the trainings. The Elder Rights Administrator participates in the Lawyer Assistance Program and PULSE, a community group sponsored by the Abused Adult Resource Center whose members share the desire to prevent domestic and sexual violence in the community.

Numerous educational trainings have been conducted for professionals and the community regarding mandatory reporting and other changes to the law. Protective services workers are also collaborating with the DCSP to provide training on dementia and vulnerable adult protective services to law enforcement personnel throughout the state.

The Elder Rights Administrator serves on the National Adult Protective Services Association Education Committee and Certification Subcommittee whose focus is providing standardized education for the certification of adult protective service workers. In addition, the Elder Rights Administrator chairs the Curriculum Development Subcommittee.

In June 2018, protective services workers participated in "North Dakota Adult Protective Services Core Training", a comprehensive five-day training session addressing case documentation and report writing, working with self-neglecting clients, caregiver or perpetrator neglect and financial exploitation, voluntary and involuntary case planning, and case closure.

Aging Services Division administers the state-funded Guardianship Establishment Program that provides a unified system for the establishment of guardianship services for specific populations and set payments to assist with petitioning costs.

The North Dakota Supreme Court continues to deliver guardianship training for guardians and public administrators. The Elder Rights Administrator participates on a Guardianship Standards workgroup. During the 2017 legislative session, the workgroup was instrumental in identifying needed changes to state law clarifying guardianship and conservatorship responsibilities including expanding who can complete an expert examiners report, expanded responsibilities for court visitors and guardians ad litem, removal on the restriction of the wards right to testify at a judicial or administrative hearing, and continuation of the five-year expiration period for both guardianship and conservatorship. In addition, the Supreme Court recently developed rules for qualifications for guardians.

The 2017 law changes also included an update to the North Dakota Century Code (NDCC)12.1-31 that changed the definition of vulnerable elderly and disabled adult to eligible adult and added a definition for undue influence. NDCC 10-04-08.5 added financial exploitation to the list of definitions and requires qualified individuals to

report suspected financial exploitation. North Dakota is one of the first states to enact this legislation.

- 4) Legal Assistance:** Legal assistance is provided through a statewide contract (funded with Title III-B funds). In addition to providing legal casework within required categories, a toll-free Legal Hot-Line (1-866-621-9886) was implemented during the Model Approaches to Statewide Legal Assistance System grant. Aging Services Division monitors the fiscal and programmatic requirements of the contract.

Regional Elder Rights Activities

Region III: Adult Protective Services Cooperative Agreements are in place between the human service center and the two tribal entities.

Region V: The Cass County Elder Abuse Coordinated Community Response Team was developed to improve victim safety by increasing the quality and availability of victim services and support in Cass County. Team members include representatives from the Rape and Abuse Crisis Center, County States Attorney's Office, the Older Americans Act Title III Nutrition Provider, County Social Services, Police Department, Cass County Sheriff's Office, County Victim Assistance Program, and the DHS's Aging Services Division. An Elder Abuse Forensic Center Task Force is working to operationalize a metro-area multi-disciplinary Forensic Center to better understand, identify and treat elder abuse, determine more efficient ways to successfully prosecute elder abuse cases, and support the prevention of elder abuse through greater awareness and education among professionals who work with older and disabled adults. The Adult Protection Funding Committee is working to secure sufficient funding for long-term adult protective services. Meetings are attended by aging network service providers, county social service staff, Aging and Medical Services Divisions, housing and redevelopment, center for independent living, law enforcement, hospital discharge planning staff, elder abuse workers, North Dakota legislators, the Alzheimer's Association, and AARP. The Cass Clay Community Health Needs Assessment Collaborative, which is largely made up of health-related agencies including hospitals, home health, and public health, meets monthly and is focused on the need for expanded elder abuse services. All of the four groups have made a commitment to keep each of the other committees informed of the work they are doing in order that collaboration and coordinated effort can take place among the groups meeting.

Region VII – West Central Human Service Center developed an elder abuse prevention coalition in the Bismarck region. The West Central Vulnerable Adult Coalition promotes community partnerships committed to preventing abuse of vulnerable adults through awareness, education, advocacy, intervention, and program development. Over 40 agencies are partners in the coalition that has sponsored numerous world elder abuse events to prevent identity theft and financial exploitation and raise awareness of elder abuse. In partnership with the Attorney General's office, training has been provided to financial personnel, law enforcement officers, and the public to identify and report

potential abuse, neglect, or exploitation. During the past year, a Coordinated Community Response Team was developed in this region.

Focus Area D: Goals, Objectives, and Strategies

Goal 5: Continue the development and implementation of a strong elder rights program to prevent elder abuse, neglect, and exploitation of the vulnerable adult population.

Objective 5.1: On an ongoing basis, continue to explore options to increase the capacity of the Long-Term Care Ombudsman Program.

Strategy 5.1.1: Monitor staffing needs for statewide ombudsman coverage.

Strategy 5.1.2: Continue recruitment and training efforts for volunteers to include an annual training and recognition.

Strategy 5.1.3: On a quarterly basis, review OmbudsManager data to assure compliance with rules, regulations and policies; and to identify trends or factors that will aid improving service provision.

Objective 5.2: Continue to raise awareness of the long-term care ombudsman activities through ongoing training to the community and long-term care staff regarding the ombudsman program, resident's rights, and other long-term care issues to reduce problem and complaints in the long-term care population.

Strategy 5.2.1: Conduct a minimum of four visits to each long-term care facility annually.

Strategy 5.2.2: Conduct a minimum of one resident's rights/ombudsman program training at each long-term care facility annually.

Objective 5.3: On an ongoing basis, continue to explore opportunities to increase the capacity of the Vulnerable Adults Protective Services Program.

Strategy 5.3.1: Monitor staffing needs for vulnerable adult protective services coverage.

Strategy 5.3.2: On a monthly basis, review HAPS data to assure compliance with rules, regulations and policies; and to identify trends or factors that will aid improving service provision.

Strategy 5.3.2: Provide or arrange for ten information and training sessions on elder rights issues for the community annually.

Strategy 5.3.3: Provide or arrange for annual skills development training for vulnerable adult protective services workers on elder rights issues.

**State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2) The State agency shall-- except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and...

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have

the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared,

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of

funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) Each such plans shall comply with all of the following requirements:...

(3) The plan shall...

(B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act...

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) contains assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance

under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability,

then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the

vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

**State Plan Guidance
Attachment A (Continued)**

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas; . . .

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) Each area agency will:

(6)(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;”

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). **Note:** "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Signature and Title of Authorized Official

Date

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Response:

- Factors are included in the allocation plan to target funds to low income, minority, and rural individuals;
- Legal entities and their subcontract entities are required (by policy) to give priority for services to the targeted groups;
- Legal entities are required to identify specific targeting methods in their policies and procedures manual;
- The Department of Human Services has access to the CTS Language Link service when working with clients who speak little or no English. Professional interpreters are available seven days a week, 24-hours per day; and
- The Department of Human Service can access Lutheran Social Services New Americans program expertise when working with older refugees with limited English proficiency.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response:

North Dakota is a single planning and service area. Section 307(a)(29) details information on development of long-range emergency preparedness plans and coordination activities.

Section 307(a)(2)

The plan shall provide that the State agency will --...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Response:

The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows: Access - 13%; In-Home - 15%; and Legal Assistance - 18%. The basis for the funding levels is historic need and available funding. The North Dakota

Department of Transportation provides transportation services. The Medicaid State Plan allows for medical transportation for eligible clients; the Medicaid waivers and state-funded SPED and Ex-SPED allow for non-medical transportation for eligible clients.

Section 307(a)(3)

The plan shall--

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Response:

(i) The State/Area Agency assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000 (amount spent in FY 2000 was \$2,530,705).

(ii) It is projected that for each fiscal year of this State Plan, the projected cost of providing services for older individuals residing in rural areas will be \$3,547,691. This projection is based on funding factors that address the number of individuals age 60 and over, a factor for minorities, a factor for low-income, and a factor for rural. The amount may vary based on the final Federal Fiscal Year 2017 award.

(iii) In the fiscal year preceding this plan, the following methods were used to meet the need for services for older individuals residing in rural areas:

- 1) A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
- 2) State-funded programs provided services through independent contractors and agency providers enrolled as Qualified Service Providers (QSPs) located in both rural and urban areas of the state; a rural differential rate was created to provide greater access by offering a higher rate to QSPs who travel at least 21 miles round trip in rural areas; and
- 3) Collaboration with the Department of Transportation was ongoing to assure a coordinated transit system throughout the state with access in rural areas.

The methods listed above will be used during each fiscal year of this plan to assure the needs of older individuals residing in rural areas are addressed.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Response:

- State Plan input hearings were held in nine locations – five of the hearings were held in rural communities, one in an urban community, and three on Reservations;
- A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
- State-funded programs provided services through independent contractors and agency providers enrolled as Qualified Service Providers in both rural and urban areas of the state; and

- Collaboration with the Department of Transportation was continued to assure a coordinated transit system throughout the state with access in rural areas.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Response:

The 2010-2014 American Community Survey Special Tabulation on Aging estimates there are 134,550 adults age 60 and older; of that number, 133,795 are Not Hispanic or Latino, and 750 are Hispanic or Latino. *(Note, the total does not add up to 134,550 due to errors in the source file.) Further breakout of race/Hispanic origin and poverty status is presented in the following chart:

North Dakotans Age 60 and Older – Poverty Status by Race/Hispanic Origin		
Race/Hispanic Origin	Total	Below poverty
Not Hispanic or Latino	133,795*	11,848
White Alone	129,180	10,970
Black Alone	310	34
American Indian & Alaska Native Alone (or in combination with other races)	3,545	785
Asian Alone	585	45
Native Hawaiian & Other Pacific Islander Alone	15	4
Some Other Race Alone or Persons Reporting Two or More Races	160	10
Hispanic or Latino	750	175
Source: Administration for Community Living, agid.acl.gov . 2010-2014 ACS Special Tabulation – Table S21039; Accessed January 17, 2018.		

The 2010-2014 American Community Survey; Special Tabulation on Aging – Table S21014B prepared by the U.S. Census Bureau, accessed January 13, 2018 (ACL-AGID Website) estimates that 132,015 North Dakotans age 60 and older speak only English. An estimated 8,755 speak a language other than English. Of that number 6,540 speak English “very well”; 1,475 speak English “well”; 585 speak English “not well”; and 150 do not speak English at all.

Methods used to address service needs of low-income minority older individuals and individuals with limited English proficiency include:

- Funding factors to target services to low-income minorities are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;

- Title VI projects are included in informational mailings and invited to participate in Aging Services Division sponsored trainings;
- Aging Services Division participates in the Department's Tribal Consultation meetings which has strengthened tribal relationships department wide;
- Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues affecting elders;
- American Indian Reservations and the Indian Service Area are represented on the Committee on Aging;
- Aging Services Division participates in the Money Follows the Person Tribal Initiative Grant to assist tribal organizations in transitioning tribal members out of institutions or inpatient facilities to home and community-based long-term services and supports;
- Aging Services Division assisted two tribal entities to become qualified service providers; the entities will be able to provide direct care services on their respective reservations;
- The Medicaid State Plan was modified to allow Community Health Representative (CHR) Programs to enroll as long-term care targeted case management providers for tribal members;
- The Department of Human Services has access to the CTS Language Link service when working with clients who speak little or no English. Professional interpreters are available seven days a week, 24-hours per day; and
- The Department of Human Service can access Lutheran Social Services New Americans program expertise when working with older refugees with limited English proficiency.

The methods listed above will be used during each fiscal year of this plan to assure the needs of low-income minority older individuals and individuals with limited English proficiency are addressed.

Section 307(a)(21)

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities.

Response:

The State agency assures the following activities will be pursued to increase access by older Native Americans to all aging programs and benefits provided by the agency. Title III and Title VI coordination will be accomplished through the following efforts:

- Funding for tribal entities is set aside for services provided on the reservations;
- Funding factors of minority and low-income are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;
- Title VI projects are included in informational mailings; staff are invited to serve on planning committees; and staff are invited to participate in Aging Services Division sponsored trainings;
- Adult Protective Services Cooperative Agreements are in place between Region III Lake Region Human Service Center and the two tribal entities;
- American Indian Reservations and the Indian Service Area are represented on the Committee on Aging;

- Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues affecting elders and maintains contact with the University of North Dakota Center for Rural Health National Resource Center on Native American Aging;
- Aging Services Division participates in the Department's Tribal Consultation meetings which has strengthened tribal relationships department wide;
- The Medicaid State Plan was modified to allow Community Health Representative (CHR) Programs to enroll as long-term care targeted case management providers for tribal members; and
- Aging Services Division assisted two tribal entities to become qualified service providers; the entities will be able to provide direct care services on their respective reservations.

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Response:

The State is currently conducting a legislative management study reviewing program responsibilities and funding of county and state economic assistance and social service programs. Outcome of the study could transform the current service delivery model. It is anticipated that recommendations will be presented for consideration/passage during the 2019 Legislative Assembly. Aging Services Division will inform the ACL Region VIII office of any legislative activities and the outcome(s).

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Response:

Executive Order 2000-11 established the State Emergency Operations Plan that assigns tasks and responsibilities to state departments and agencies and establishes broad concepts for conducting response and recovery operations if an emergency or disaster threatens or occurs anywhere in the state. The Department of Human Services is the lead agency for planning and

coordinating evacuation, sheltering, and mass care activities for the state when the scope of the disaster exceeds or is expected to exceed local resources, and a state response is requested.

The DHS Disaster Preparedness Administrator/Risk Manager represents the Department at the State Emergency Operation Center and coordinates efforts with the North Dakota Department of Emergency Services and FEMA. Other responsibilities include liaison to the North Dakota Voluntary Organizations Active in Disaster; liaison to the federal Small Business Administration and FEMA officials for preliminary damage assessments in communities; and maintenance of the department's continuity of operations plan to assure uninterrupted funding for services.

Older Americans Act contract entities are required to develop and coordinate emergency disaster plans with their local emergency management offices.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Response:

The Director of the Aging Services Division is designated to work with the DHS Disaster Preparedness Administrator/Risk Manager on an ongoing basis. The Director participates in disaster coordination meetings as requested by the Executive Director of the Department of Human Services. Aging staff serve on the response team.

Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Response:

The State assures compliance with all the above; a description of the manner in which the program will be carried out is addressed in Focus Area D (pages 30-34).

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

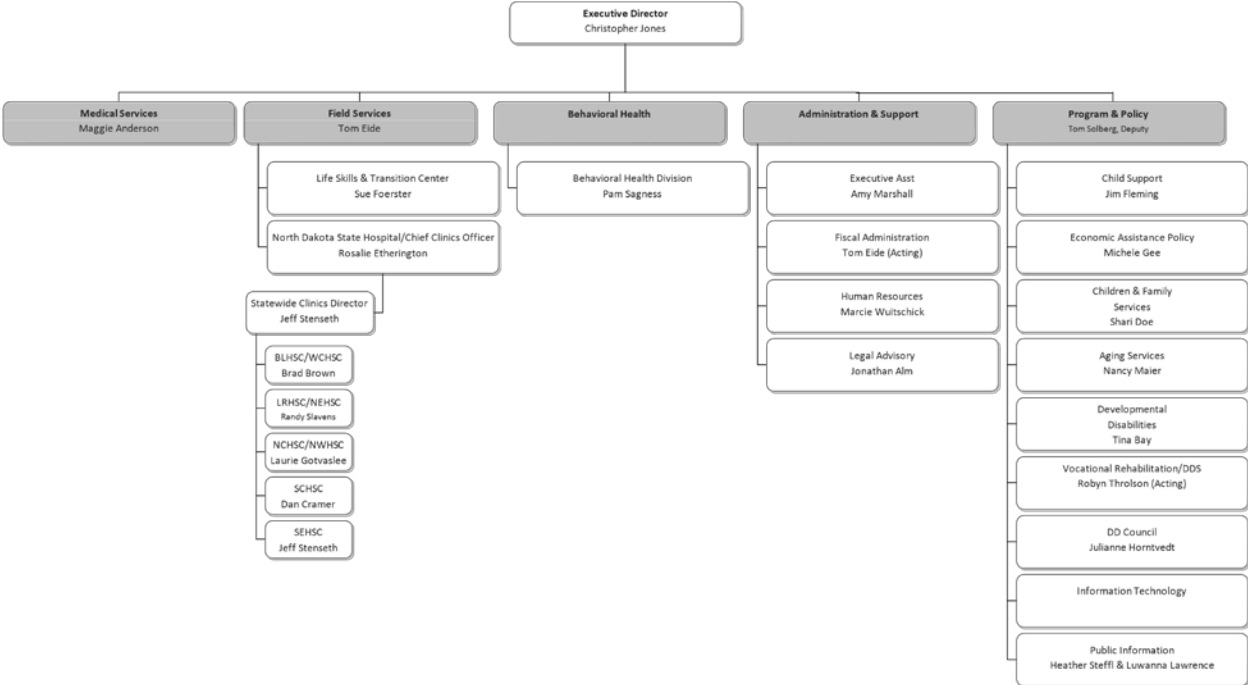
Response:

The State of North Dakota is a single planning and service area and is not required to have an intrastate funding formula.

However, Aging Services Division does use funding factors, including weighted factors for rural, minority, and low income, to allocate federal funds for services provided in each region:

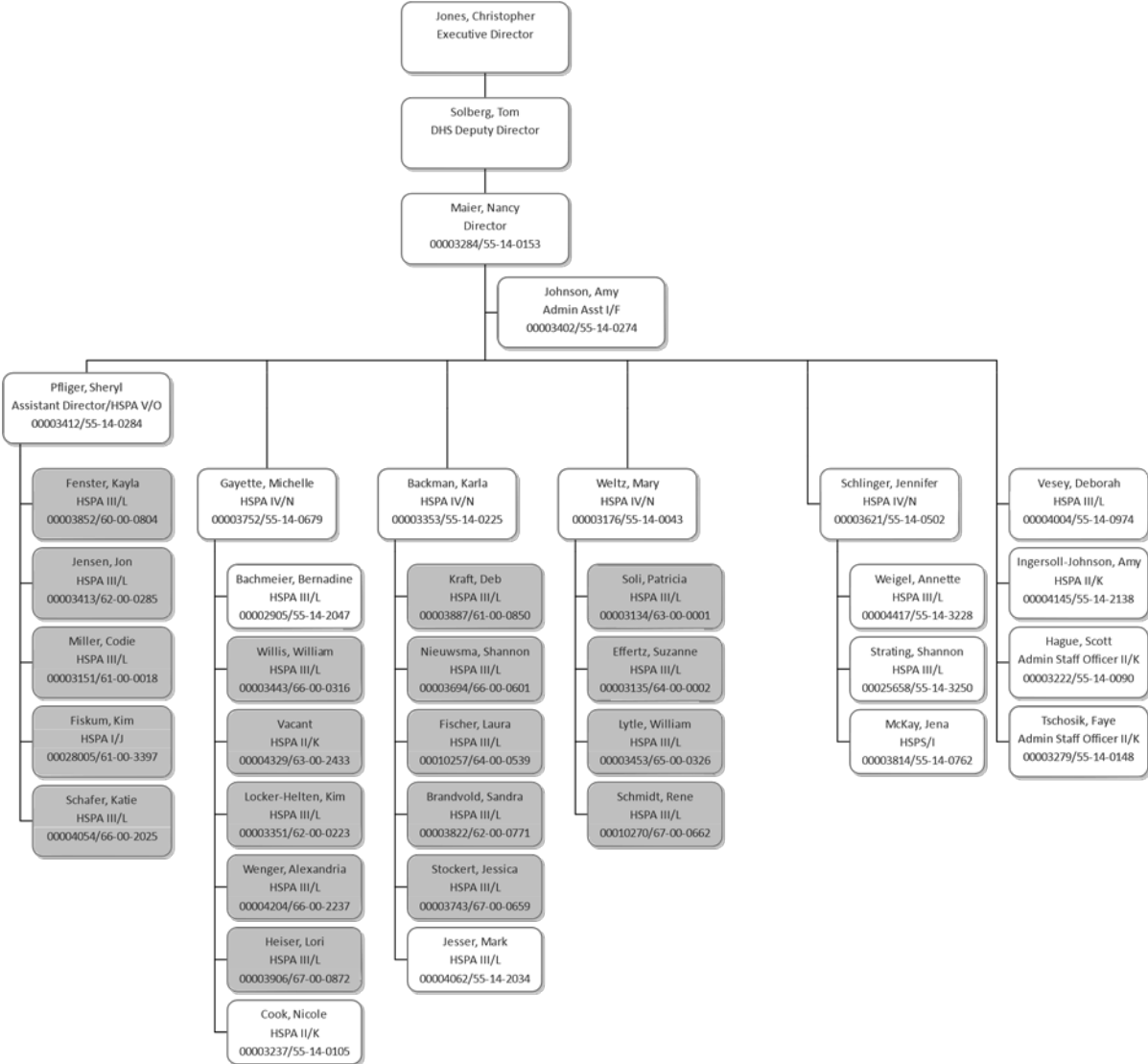
- Population age 60 and older
- Rural
- Minority
- Low-Income

Department of Human Services – Organizational Chart



Updated: 2-2018

ND Department of Human Services - Aging Services Division
Organizational Chart



Revised 3-2018

REGIONAL HUMAN SERVICE CENTERS Regional Aging Services Program Administrators (RASPA) Regional Ombudsmen - Options Counselor Vulnerable Adult Protective Services Workers (VAPS)	
Region I – Divide, McKenzie, Williams Counties Northwest Human Service Center 316 2 nd Avenue W Williston, ND 58802 701.774.4600 or 1.800.231.7724 RASPA: Kayla Fenster Local Ombudsman: Deb Kraft VAPS: Service provided via Contract	Region V – Cass, Ransom, Richland, Sargent, Steele, Traill Counties Southeast Human Service Center 2624 9 th Avenue SW Fargo, ND 58103 701.298.4500 or 1.888.342.4900 RASPA: Suzi Effertz Local Ombudsman: Mark Jesser, Laura Fischer VAPS: Service provided via Contract
Region II – Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward Counties North Central Human Service Center 400 22 nd Avenue NW Minot, ND 58703 701.857.8500 or 1.888.470.6968 RASPA: Codie Miller Options Counselor: Kim Fiskum Local Ombudsman: Deb Kraft VAPS: Service provided via Contract	Region VI – Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells Counties South Central Human Service Center 520 3 rd Street NW Jamestown, ND 58402 701.253.6300 or 1.800.260.1310 RASPA: Bill Lytle Local Ombudsman: Mark Jesser VAPS: Service provided via Contract
Region III – Benson, Cavalier, Eddy, Ramsey, Rolette, Towner Counties Lake Region Human Service Center PO Box 650 Devils Lake, ND 58301 701.665.2200 or 1.888.607.8610 RASPA: Jon Jensen Local Ombudsman: Sandra Brandvold VAPS: Kim Helten	Region VII – Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux Counties West Central Human Service Center 1237 West Divide Avenue, Suite 5 Bismarck, ND 58501 701.328.8888 or 1.888.328.2662 RASPA: Katie Schafer Local Ombudsman: Shannon Nieuwsma VAPS: Bill Willis, Ali Wenger, Sara Steffen
Region IV – Grand Forks, Nelson, Pembina, Walsh Counties Northeast Human Service Center 151 S 4 th Street Grand Forks, ND 58201 701.795.3000 or 1.888.256.6742 RASPA: Karen Hillman Local Ombudsman: Sandra Brandvold VAPS: Bernie Hopman	Region VIII – Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark Counties Badlands Human Service Center 300 13 th Avenue West, Suite 1 Dickinson, ND 58601 701.227.7500 or 1.888.227.7525 RASPA: Rene Schmidt Local Ombudsman: Katie Maher VAPS: Lori Heiser-Wingate

5.2018

Committee on Aging	
Gene Hysjulien, Chairperson Region VII – Bismarck	Delores Rath, Vice Chairperson Region VI – Jamestown
Deborah Melby Region I - Williston	Vacant Region IV – Grand Forks
Mary McCowan Trenton Indian Service Area – Trenton	Bruce Davidson Region V – Fargo
Merry Green Region II – Minot	Elaine Keepseagle Standing Rock – Ft. Yates
Madonna White Bear Azure Three Affiliated Tribes – New Town	Barbara L. Danks Region VIII – Dickinson
Vacant Region III – Devils Lake	Shelley Haugen (Ex-Officio) Governor’s Office
Vacant Turtle Mountain – Belcourt	Nancy Nikolas Maier, Director (Ex-Officio) Aging Services Division
Peter Belgarde Spirit Lake – St. Michael	

7/2018

**Federal Funding for Older Americans Act Services
FFY 2017**

PROGRAM	FEDERAL AWARD
Title III-B Supportive Services	\$1,736,115
Title III-C-1 Congregate Meals	\$2,229,088
Title III-C-2 Home-Delivered Meals	\$1,125,270
Title III-D Preventive Health	\$98,321
Title III-E Family Caregiver Support Program	\$746,423
Title VII Elder Abuse Prevention	\$23,712
Title VII Ombudsman Activity	\$79,072
NSIP Nutrition Service Incentive Program	\$805,159
Title V Senior Community Service Employment Program	\$476,984
Totals	\$7,320,144

FFY 2019 - 2022 North Dakota State Plan on Aging Compilation and Analysis of Data from Convenience Sample Survey and Public Input Hearing Comments: April 2018,
Mariah J. Tenamoc, Ph.D., Lead Research Analyst, Decision Support Services, North Dakota Department of Human Services



FFY 2019-2022 North Dakota State Plan on Aging

***Compilation and Analysis of Data from
Convenience Sample Survey
and
Public Input Hearing Comments
April 2018***

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FINAL REPORT ON RESULTS OF THE PUBLIC INPUT SURVEYS AND PUBLIC HEARINGS

In February 2018, surveys were distributed to providers across the state for them to then distribute to consumers they serve. Surveys were also given to participants at nine public hearings. In addition, an online survey was available. The deadline for completing and returning the surveys was March 15, 2018.

The following results are based on 1,425 completed surveys of which 105 (7.4%) were completed online. The analysis will show comparisons of respondents identified as consumers (1,099), providers (185), and other or unknown (141). Reservation respondents (77), enumerated separately within the narrative, are also included with the counts of consumer, provider, other/unknown respondent types.

Of the 1,280 respondents who identified location, 77 (6%) were from a reservation (Table 1). There were seven counties without respondents.

Table 1. Counts of Respondents by County and by Indian Reservation

BURLEIGH	221	SARGENT	25	ROLETTE	10	MCINTOSH	1
CASS	124	RAMSEY	23	MCKENZIE	9	BILLINGS	0
RICHLAND	120	DUNN	21	BENSON	7	DIVIDE	0
STARK	88	EDDY	21	SLOPE	7	GRANT	0
GRAND							
FORKS	82	GRIGGS	21	WELLS	7	NELSON	0
Unknown	145	WARD	20	WALSH	6	OLIVER	0
DICKEY	60	WILLIAMS	20	FOSTER	4	RENVILLE	0
BARNES	46	MERCER	19	LAMOURE	3	SHERIDAN	0
ADAMS	33	MORTON	19	MCHENRY	3	RESERVATIONS	
RANSOM	33	MCLEAN	16	PEMBINA	3	SPIRIT LAKE	43
CAVALIER	30	BOTTINEAU	13	PIERCE	3	STANDING ROCK	14
TRAILL	29	BOWMAN	13	EMMONS	2		
		GOLDEN					
STEELE	27	VALLEY	13	TOWNER	2	TURTLE MOUNTAIN	12
HETTINGER	26	MOUNTRAIL	12	BURKE	1	FORT BERTHOLD	4
						TRENTON INDIAN	
STUTSMAN	26	KIDDER	10	LOGAN	1	SERVICE AREA	4

The report will follow the layout of the survey.

Verbatim and paraphrased respondent comments follow the data compilation and analysis. These are comments that the respondents could add to the surveys, comments given in person at any one of the nine public hearings, or written comments submitted to Aging Services Division.

CAUTION: BECAUSE THIS WAS STRICTLY A CONVENIENCE SAMPLE, WHEN INTERPRETING THE DATA, NONE OF THE DATA ARE GENERALIZABLE BEYOND THE RESPONDENTS. THEY ARE NOT REPRESENTATIVE OF ANY LARGER POPULATIONS. WHEN INTERPRETING THE DATA ONE CAN ONLY STATE THAT THE RESULTS APPLY ONLY TO THE RESPONDENTS.

'NO' responses were generally left uncompiled as they would have added complicated, non-transparent 'noise' to the compilations and results. The completeness of each of the 1,425 surveys varied widely by missing values, respondent type, question and possible answer values, and sequencing; which contributed to the reason for using total N's of each respondent type across most question items (consumer = 1,099, provider = 185, and other/unknown = 141; reservation = 77).

AGE AND TYPE OF RESPONDENTS

- Overall, about 86% (1,231) of the respondents were age 60 or older (Table 2 and Figure 1).
- About 94% of the 1,099 consumer respondents were age 60 or older.
- About 48% of the 185 provider respondents were age 60 or older.
- About 74% of the 77 reservation respondents were age 60 or older.
- About 77% of the 141 respondents of other/unknown type were age 60 or older.

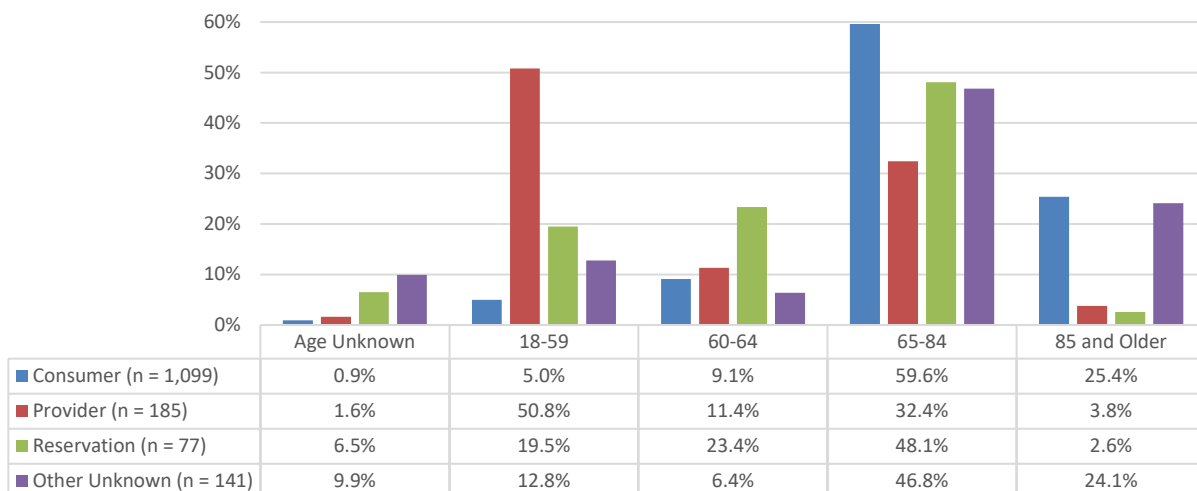
Table 2. The Number of Respondents by Type and Age Group

	Age Unknown	18-59	60-64	65-84	85 and Older
Consumer (n = 1,099)	10	55	100	655	279
Provider (n = 185)	3	94	21	60	7
Reservation (n = 77)	5	15	18	37	2
Other Unknown (n = 141)	14	18	9	66	34
TOTAL*	27	167	130	781	320

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

- Consumer type respondents were highest percentage (59.6%) of respondent type by age category 65-84 (Figure 1).
- Almost one-third (32.4%) of provider type respondents were age 65-84.
- While 25.4% of consumer respondent type were age 85 and older, only 2.6% of reservation respondent type were 85 and older.

Figure 1. The Percent of Respondents by Type and Age Group



HEALTHY AGING

Does North Dakota need to educate older individuals and persons with physical disabilities on the importance of any of the following:

- ***Exercise (how-to, education)***
- ***Nutrition (healthy eating, food choices, diet)***
- ***Behavioral Health (mental health and addiction)***
- ***Physical Health***
- ***Diabetes Education***
- ***Caregiving***

Table 3 ranks ‘need to educate’ items by respondent type. Consumer respondent types are ranked in order (1-6) with subsequent respondent types showing ranks compared to the first ordered items. Counts that are equal are ranked similarly (for example; provider type physical health and behavioral health with equal counts of 101 are both ranked 4).

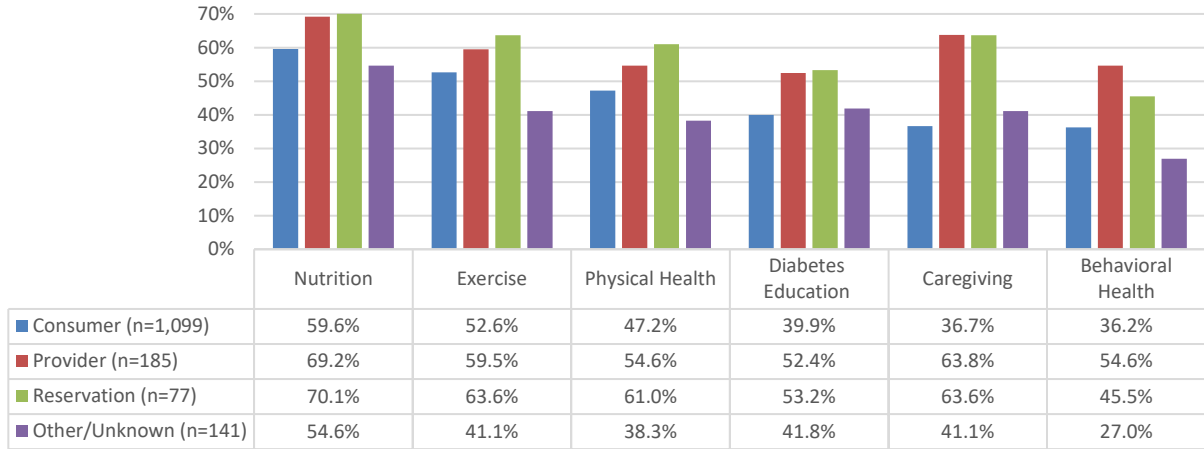
- Nutrition is ranked first by each respondent type.
- Behavioral health is ranked last by consumer, reservation and other/unknown respondent types, while diabetes education is ranked last by provider respondent type.

Table 3. The Count of Importance of Education Topics by Respondent Type

	Consumers (n = 1,099)		Providers (n = 185)		Reservation (n = 77)		Other Unknown (n = 141)	
	Count	Rank	Count	Rank	Count	Rank	Count	Rank
Nutrition	655	1	128	1	54	1	77	1
Exercise	578	2	110	3	49	2	58	3
Physical Health	519	3	101	4	47	3	54	4
Diabetes Education	469	4	97	5	41	4	59	2
Caregiving	403	5	118	2	49	2	58	3
Behavioral Health	398	6	101	4	35	5	35	5

- While just over one-third (36.7%) of consumer respondent types chose the importance of caregiving, 63.8% and 63.6% of provider and reservation respondent types, respectively, chose the importance of caregiving as an education topic (Figure 2).
- Over half of reservation respondent types (n=77) chose nutrition (70.1%), exercise (63.6%), physical health (61.0%), diabetes education (53.2%), and caregiving (63.6%) as importance of education topics.
- While over half of consumer respondent types (n=1,099) chose nutrition (59.6%) and exercise (52.6%) as importance of education topics, fewer than half chose the four remaining topics.

Figure 2. The Percent of Respondents by Education Topics



SENIOR CENTERS

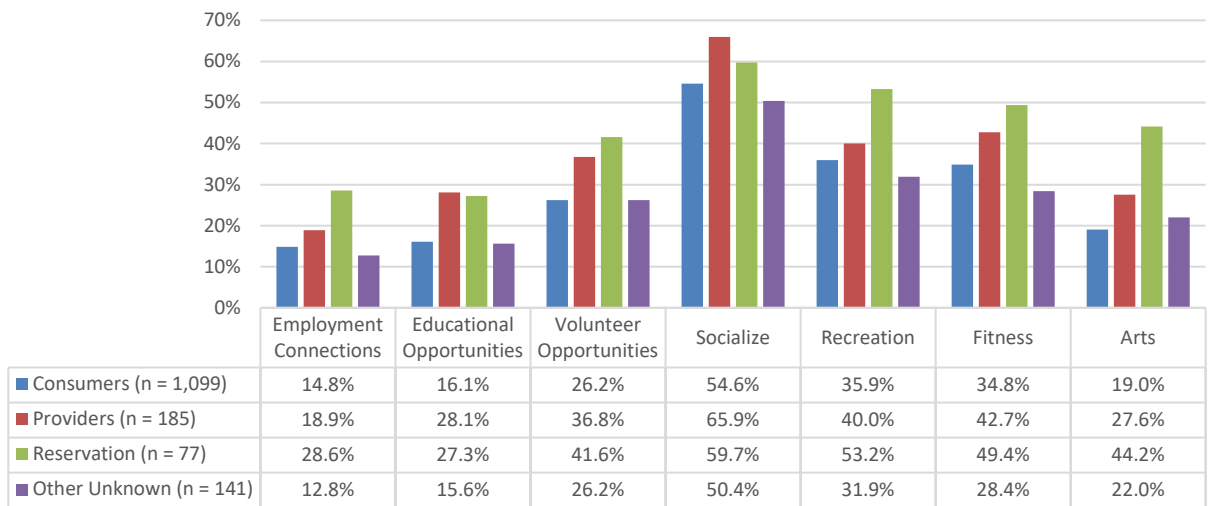
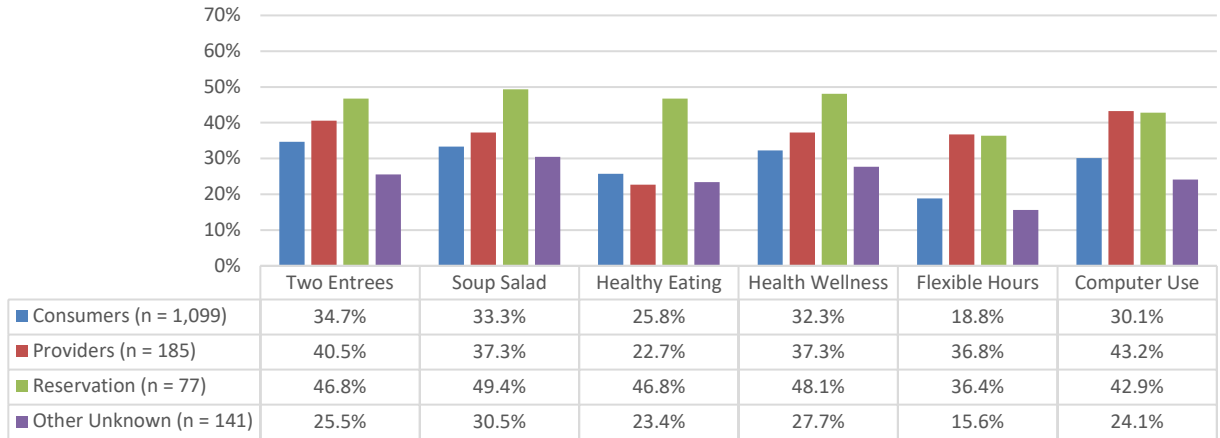
What do you believe today's adults aged 50-60 are looking for in Senior Centers? (check all that apply)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • <i>Selection of Two Entrees</i> • <i>Soup and Salad Bar</i> • <i>Healthy Eating Classes</i> • <i>Health & Wellness Classes</i> • <i>Flexible Hours</i> | <ul style="list-style-type: none"> • <i>Computer Use/Classes</i> • <i>Employment Connections</i> • <i>Educational Opportunities</i> • <i>Volunteer Opportunities</i> | <ul style="list-style-type: none"> • <i>Socialize</i> • <i>Recreation</i> • <i>Fitness Classes</i> • <i>Arts Program</i> |
|--|--|--|
- Socialize ranks highest with all respondent types for what they believe today's adults aged 50-64 are looking for in a senior center (Table 4 and Figure 3).
 - Overall, socialize, recreation, and fitness rank in the top three items believed to be what today's adults ages 50-64 are looking for in a senior center. The bottom three overall are arts, educational opportunities and employment connections.

Table 4. Count and Rank of Respondent Types by What They Believe Today's Adults Aged 50-60 are Looking for in a Senior Center

	Consumers (n = 1,099)		Providers (n = 185)		Reservation (n = 77)		Other Unknown (n = 141)	
	Count	Rank	Count	Rank	Count	Rank	Count	Rank
Socialize	600	1	122	1	46	1	71	1
Recreation	395	2	74	5	41	2	45	2
Fitness	383	3	79	3	38	3	40	4
Two Entrees	381	4	75	4	36	5	36	7
Soup Salad	366	5	69	6	38	3	43	3
Health Wellness	355	6	69	6	37	4	39	5
Computer Use	331	7	80	2	33	7	34	8
Volunteer Opportunities	288	8	68	7	32	8	37	6
Healthy Eating	283	9	42	9	36	5	33	9
Arts	209	10	51	8	34	6	31	10
Flexible Hours	207	11	68	7	28	9	22	11
Educational Opportunities	177	12	52	8	21	11	22	11
Employment Connections	163	13	35	10	22	10	18	12

Figure 3. Percent of Respondent Types by What They Believe Today's Adults Aged 50-60 are Looking For in Senior Centers



NUTRITION

Do you participate in the meals program? Do you eat at a meal site, receive home-delivered meals, or both?

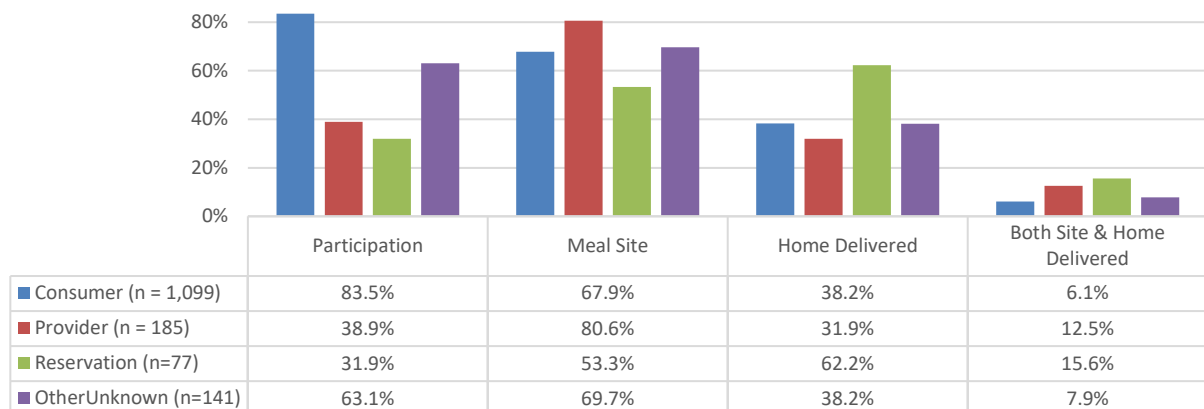
- Overall, 75.7% (1,079) of all respondents participated in the meals program (Table 5)
- Of 1,099 consumer respondent types, 918 (83.5%) participated in a meals program (Table 5 and Figure 4).
- Of the 918 consumer respondents who participated in a meals program, 623 (67.9%) participated at a meals site, 351 (38.2%) had home delivered meals, and 56 (6.1%) received meals at both site and home delivered (Figure 4).

Table 5. Count of Respondents Who Participated in a Meals Program and Count of Participants by Location and Respondent Type

	Participation	Meal Site	Home Delivered	Both Meal Site & Home Delivered
Consumer (n=1,099)	918	623	351	56
Provider (n=185)	72	58	23	9
Reservation (n=77)	45	24	28	7
Other/Unknown (n=141)	89	62	34	7
TOTAL*	1,079	743	408	72

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 4. Percent of Respondents Who Participate in a Meals Program and Percent of Participants by Location and by Respondent Type



Does the meals program, in addition to the other food you eat, adequately meet your nutrition and food needs?

- There were 81 total responses to this question (60 consumer, 12 provider, and 9 other/unknown). Twelve of the respondents were from reservations (Table 6).
- While over half of provider and reservation respondent types (each 58.3%) who responded to this question felt that the meals program in addition to the other food they eat, do not adequately meet their nutrition and food need, fewer than one in five (16.7%) of consumer respondent type felt the combination was not adequate.

Table 6. Count and Percent of Respondent Types Who Indicated the Meals Program in Addition to the Other Food They Eat Do Not Adequately Meet Their Food and Nutrition Need

	Responses	Not Adequate (count)	Not Adequate (percent)
Consumer	60	10	16.7%
Provider	12	7	58.3%
Reservation	12	7	58.3%
Other Unknown	9	3	33.3%
TOTAL*	81	20	24.7%

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

CAREGIVING

Are you providing direct care for an older friend or family member who is not in assisted living or a nursing home?

Of the 1,425 respondents, 170 indicated they were providing caregiving of an older friend or family member (91 in own home plus 79 in their home) (Table 7).

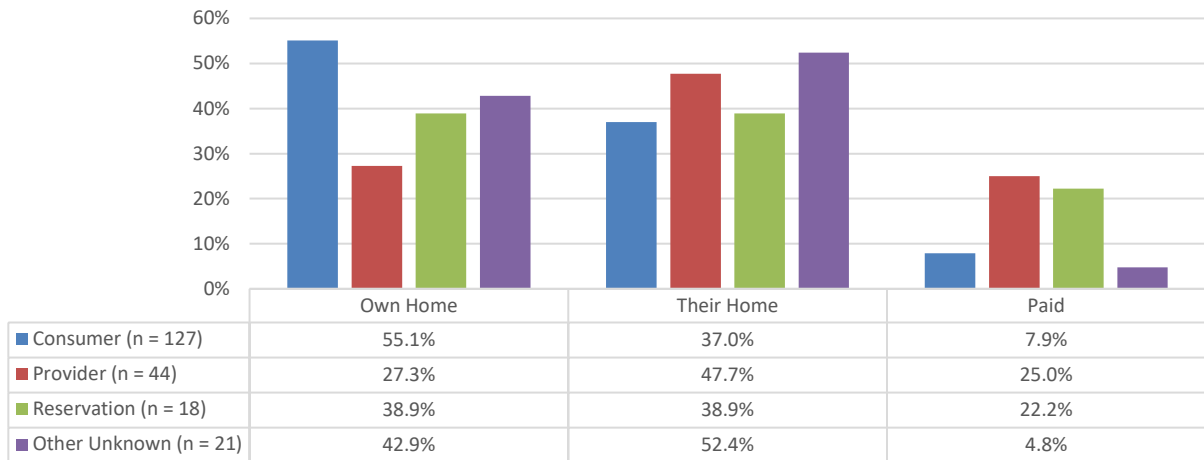
Table 7. Count of Respondent Types Who Are Providing Caregiving of an Older Friend or Family Member

	In Own Home	In Their Home	Paid Caregiver
Consumer (n = 127)	70	47	10
Provider (n = 44)	12	21	11
Reservation (n = 18)	7	7	4
Other Unknown (n = 21)	9	11	1
TOTAL*	91	79	22

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

- Of the 170 respondents who provide care for an older friend or family member, 91 (47.4%) provided the care in the respondent’s own home and 79 (41.1%) provided care at the friend or family’s home. Of the 192 respondents, 22 (11.5%) were paid caregivers.
- Of the 127 consumer respondent types who responded to this question, 55.1% provided direct care for an older friend or family member in the respondent’s own home and 37.0% provided direct care in the home of the older friend or family member (Figure 5).
- Of the 18 reservation respondent types who responded to this question, 38.9% provided direct care for an older friend or family member in the respondent’s own home and 38.9% provided direct care in the home of the older friend or family member (Figure 5). Four (22.2%) were paid caregivers.

Figure 5. Percent of Respondent Types Who are Providing Caregiving to an Older Friend or Family Member

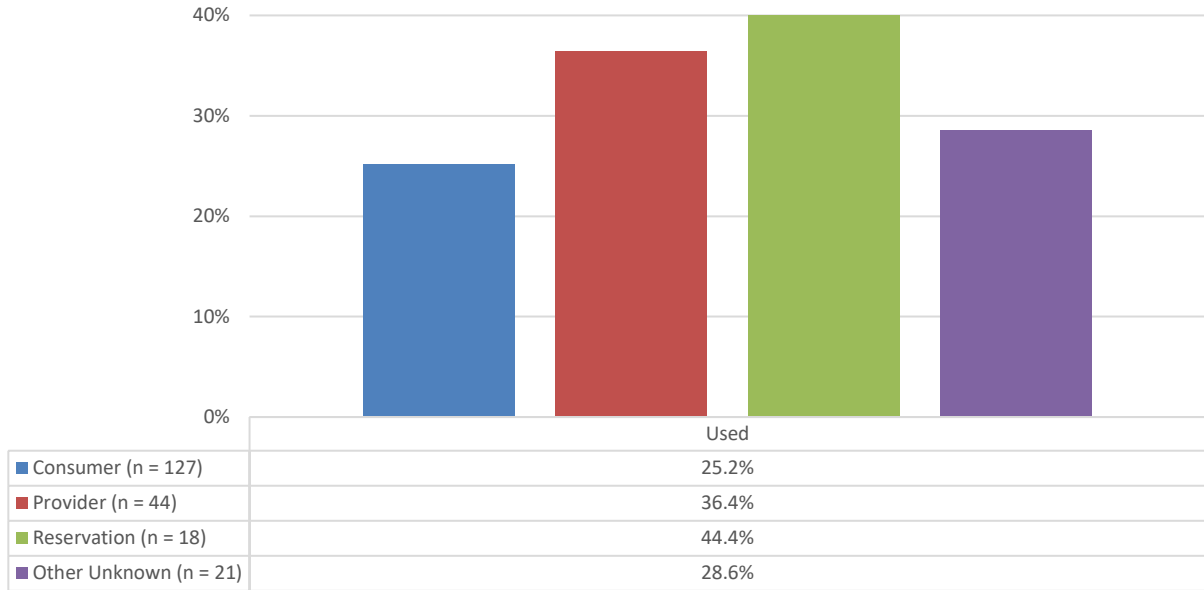


If yes, do you use the North Dakota Family Caregiver Support Program that provides services (information, assistance to access services, counseling, support groups, caregiver training, and respite care) for individuals caring for someone at home?

Respondent types who used the North Dakota Family Caregiver Support Program.

- All respondent types, 173 (31.2%)
- Of the 127 consumer respondent types, 32 (25.2%)
- Of the 44 provider respondent types, 16 (36.4%)
- Of the 18 reservation respondent types, 8 (44.4%)
- Of the 21 other/unknown respondent types, 6 (28.6%)

Figure 6. Percent of Respondents Who Answered 'Yes' to Previous Question and Have Used ND Family Caregiver Support Program



- Of the consumer respondents who provide direct care, about one-fourth used the Family Caregiver Support Program (Figure 6).

SUPPORTIVE SERVICES

Do the following supportive services currently provided with Older American Act funds help you remain in their own home and assist you in remaining independent?

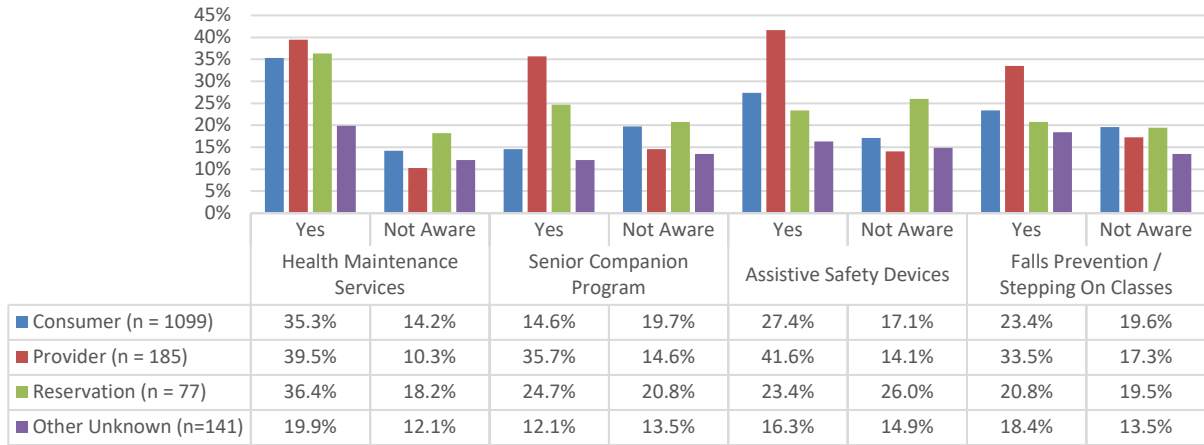
- ***Health Maintenance Services***
 - ***Senior Companion Program***
 - ***Assistive Safety Devices***
 - ***Falls Prevention / Stepping On Classes***
- Overall, health maintenance services were identified by 489 (34.3%) respondents as services to help recipients to remain in their own home and assist with remaining independent. The senior companion program was identified by 243 (17.1%) respondents (Table 8).
 - Providers had the highest percent of respondents who identified each of the four supportive services to help recipients to remain in their own home and assist with remaining independent. Health Maintenance services have helped the highest percentage of consumer, reservation, and other/unknown respondent types to remain in their own homes (Figure 7).
 - Providers identified assistive devices at a higher percentage of the four supportive services for older friends or family members to stay in their own homes and remain independent.

Table 8. Services that Assist in Remaining Independent in Own Home by the Count of Respondent Type

	Health Maintenance Services		Senior Companion Program		Assistive Safety Devices		Falls Prevention / Stepping On Classes	
	Yes	Not Aware	Yes	Not Aware	Yes	Not Aware	Yes	Not Aware
Consumer (n = 1,099)	388	156	160	217	301	188	257	215
Provider (n = 185)	73	19	66	27	77	26	62	32
Reservation (n = 77)	28	14	19	16	18	20	16	15
Other Unknown (n=141)	28	17	17	19	23	21	26	19
TOTAL*	489	192	243	263	401	235	345	266

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 7. Services that Assist in Remaining Independent in Own Home by Percent of Respondent Type



CONSUMER INFORMATION

Aging and Disability Resource-LINK (ADRL) services include: information, referral and assistance through a nationwide toll-free number (1.855.462.5465); internet access to a directory of services and programs at www.carechoice.nd.gov; and options counseling – in-person meeting to discuss service options.

A total of 95 respondents used the resources listed. Because of the wording of the statement, one cannot differentiate counts among the three components (resource-LINK; internet directory of services; or options counseling). Those not aware numbered 416.

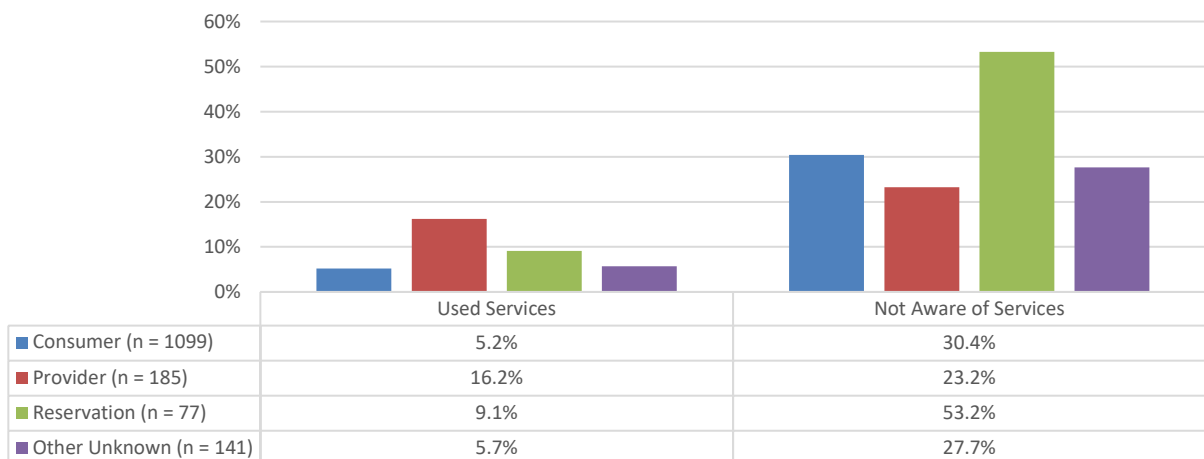
- Of the 511 respondents, only 95 (19%) used the services, while 416 (81%) were not aware of the services (Table 9).

Table 9. The Count of Respondents by Type Who Have Used the Consumer Information Services and Those Who Were Not Aware of the Services

	Used Services	Not Aware of Services
Consumer (n = 1,099)	57	334
Provider (n = 185)	30	43
Reservation (n = 77)	7	41
Other Unknown (n = 141)	8	39
TOTAL*	95	416

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 8. The Percent of Respondents by Type Who Have Used the Consumer Information Services and Those Who Were Not Aware of the Services



- The respondent type with the lowest percent who were not aware of the services was providers (23.3%). About one-third (30.4%) of consumers were not aware of the services, while over half (53.2%) of reservation respondents were not aware of the services (Figure 8).

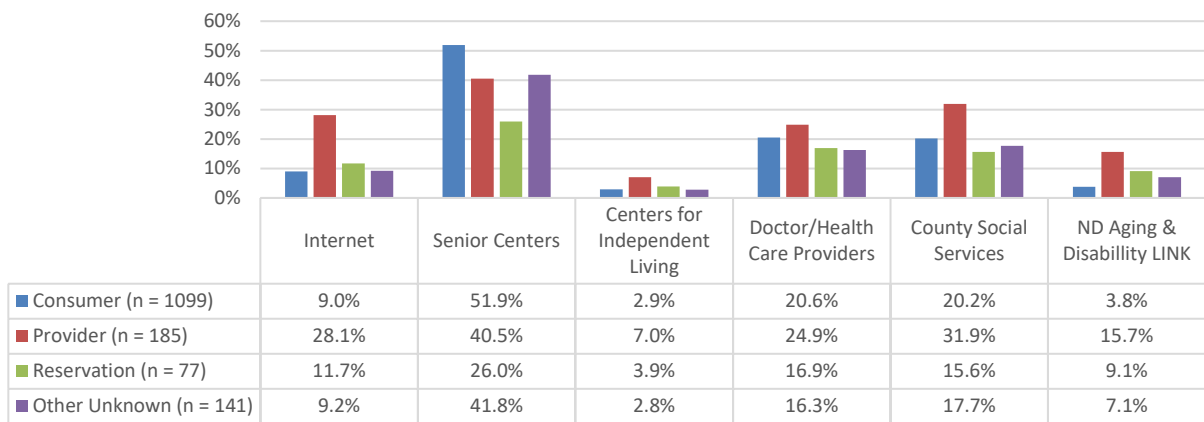
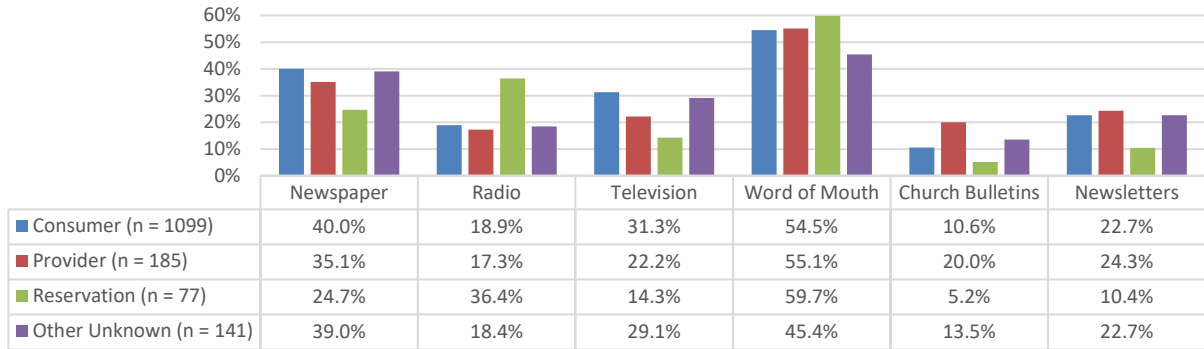
How do you learn about new programs, services, and activities available for North Dakota’s older individuals and persons with physical disabilities? (check all that apply)

- Word of mouth and senior centers ranked highest as ways respondents learned about programs, services, and activities, while resource-LINK and Centers for Independent Living primarily ranked lowest (Table 10).

Table 10. Count and Rank by Respondent Type of Ways They Learn About New Programs, Services and Activities

	Consumers (n = 1,099)		Providers (n = 185)		Reservation (n = 77)		Other Unknown (n = 141)	
	Count	Rank	Count	Rank	Count	Rank	Count	Rank
Word of Mouth	599	1	102	1	46	1	64	1
Senior Centers	570	2	75	2	20	3	59	2
Newspaper	440	3	65	3	19	4	55	3
Television	344	4	41	8	11	2	41	6
Newsletters	249	5	45	7	8	6	32	7
Doctor/Health Care Provider	226	6	46	6	13	5	23	8
County Social Services	222	7	59	4	12	7	25	4
Radio	208	8	32	10	28	8	26	10
Church Bulletins	116	9	37	9	4	11	19	9
Internet	99	10	52	5	9	9	13	5
ND Aging & Disability LINK	42	11	29	11	7	10	10	11
Centers for Independent Living	32	12	13	12	3	12	4	12

Figure 9. Percent by Respondent Type of Ways They Learn About New Programs, Services, and Activities



HOME AND COMMUNITY BASED SERVICES (HCBS) PROGRAMS

As an alternative to nursing home placement, North Dakota has state and federally funded programs that help people stay at home. Programs include: Home and Community-Based Waiver; Technology Dependent Waiver; Medicaid State Plan – Personal Care; Service Program for Elderly and Disabled (SPED); and Expanded Service Programs for Elderly and Disabled (Ex-SPED).

- Of those who used HCBS programs (160), 80.6% (129) participated in planning (Table 11).

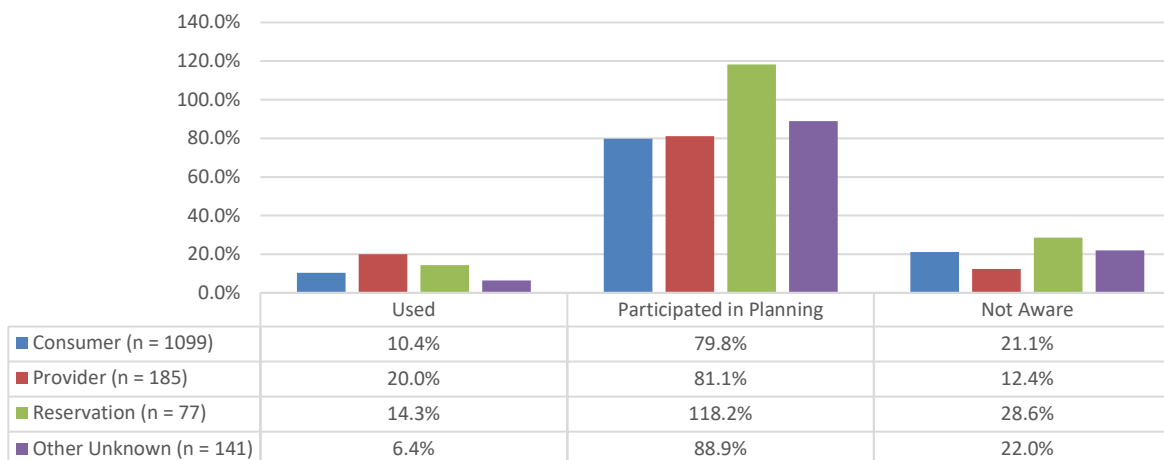
Table 11. Count of Respondents by Type Who Used, Participated in Planning, or Who Were Not Aware of Home and Community Based Services

	Used	Participated in Planning	Not Aware
Consumer (n = 1,099)	114	91	232
Provider (n = 185)	37	30	23
Reservation (n = 77)	11	13	22
Other Unknown (n = 141)	9	8	31
TOTAL*	160	129	286

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

- The respondent type with the lowest percent who were not aware of the program was providers (12.4%). Just over one in five (21.1%) of consumer respondents were unaware of the programs, and of those more than one in three (28.6%) reservation respondents were unaware (Figure 10).

Figure 10. Percent of Respondents by Type Who Used, Participated in Planning, or Who Were Not Aware of Home and Community Based Services



- High percentages in the participated in planning category is noted for all respondent types (Figure 10).

Do you need assistance/services to help you remain in your home? If yes, have you had difficulty finding/obtaining needed services? Were you able to find a service provider(s) to assist you in your home?

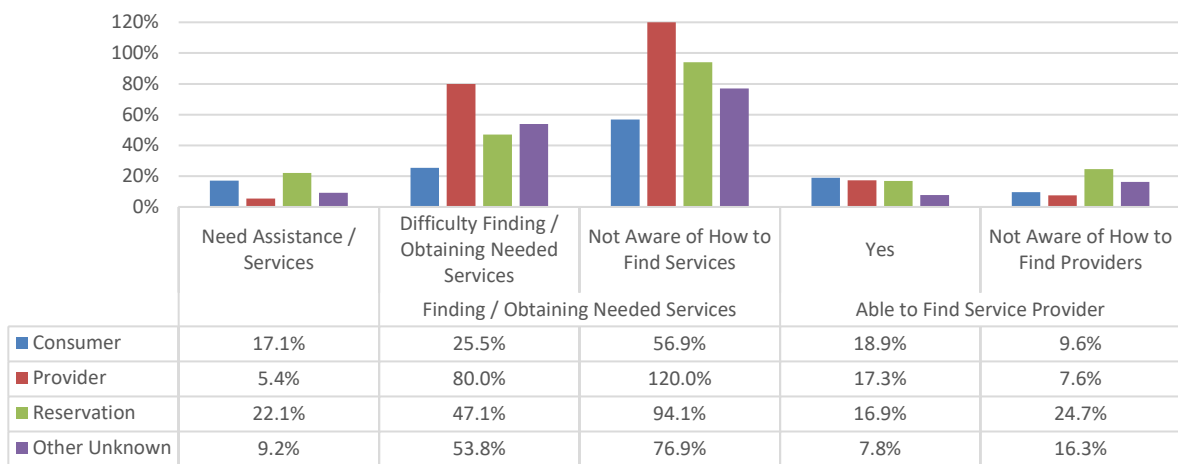
- Overall, 211 (14.8%) of all respondents (1,425) need assistance/services to stay in their home (Table 12).

Table 12. Count of Respondents by Type Who Need Assistance/Services to Help Them Remain in Their Home

	Need Assistance / Services	Difficulty Finding / Obtaining Needed Services	Not Aware of How to Find Services	Able to Find Service Provider	Not Aware of How to Find Providers
	Yes	Yes	Yes	Yes	Yes
Consumer	188	48	107	208	105
Provider	10	8	12	32	14
Reservation	17	8	16	13	19
Other Unknown	13	7	10	11	23
TOTAL*	211	63	129	251	142

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 11. Percent of Respondents by Type Who Need Assistance/Services to Help Them Remain in Their Home



- Note: The counts and percentages of respondents who answered 'yes' to 'difficulty finding/obtaining needed services' and those 'not aware of how to find services' do not add up to the count and percentage of those who responded 'yes' to needing assistance/services.

LEGAL SERVICES

Legal Services of North Dakota provides legal advice and representation to low income older individuals.

- Overall, of 1,425 respondents, 104 (7.2%) identified having used Legal Services of North Dakota.
- Overall, of 169 total issues, 73 (43.1%) were not resolved (Table 13 and Figure 12).

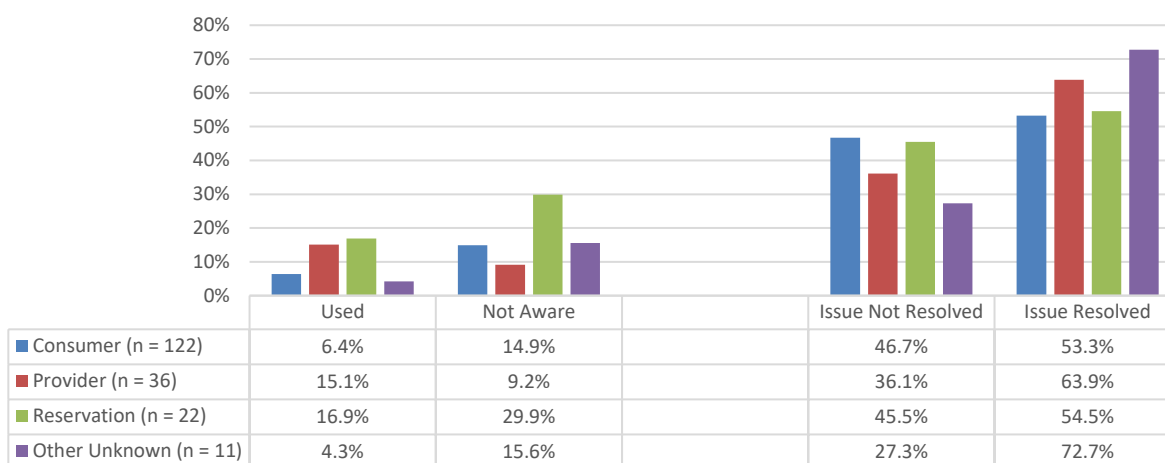
Table 13. Count of Respondents by Type Who Used, Who Were Not Aware of, or Who Had Issues That Were Resolved or Not Resolved

	Used	Not Aware	Issue Not Resolved	Issue Resolved	Total Issues
Consumer	70	164	57	65	122
Provider	28	17	13	23	36
Reservation	13	23	10	12	22
Other Unknown	22	22	3	8	11
TOTAL*	104	203	73	96	169

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

- Reservation respondents had the highest percentage of respondents (29.9%) who were unaware of legal services for low income older individuals (Figure 12).

Figure 12. Percent of Respondents by Type Who Used, Who Were Not Aware of, or Who Had Issues That Were Resolved or Not Resolved



OMBUDSMAN

The North Dakota Long-Term Care Ombudsman Program identifies, investigates and resolves complaints made by or on behalf of residents of nursing homes, basic care, swing bed, and assisted living.

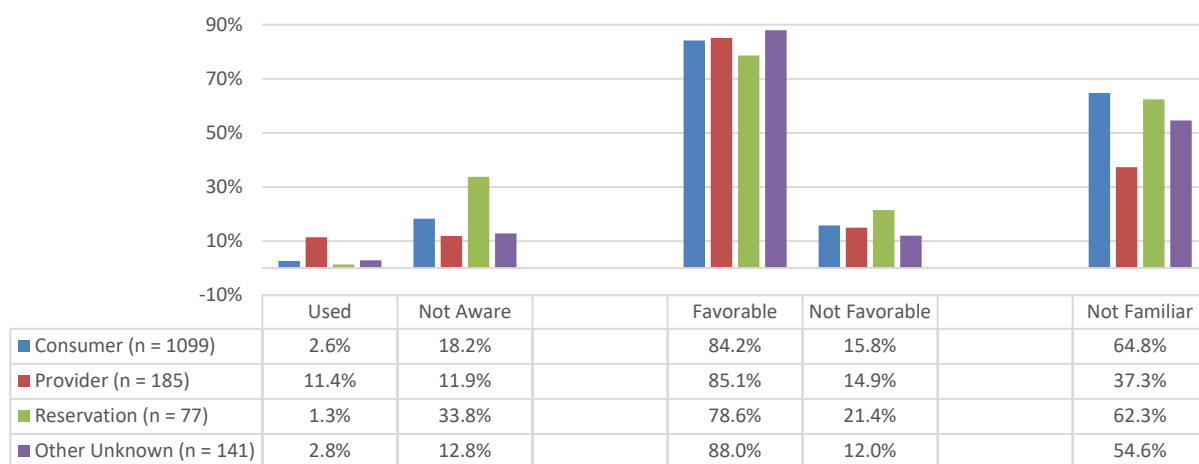
Table 14. Count of Respondents by Type Who Have Used, Are Not Aware, Perceives the Program as Favorable or Not Favorable, or Are Not Familiar with the Program

	Used	Not Aware	Favorable	Not Favorable	Not Familiar with Program
Consumer (n = 1,099)	29	200	149	28	712
Provider (n = 185)	21	22	57	10	69
Reservation (n = 77)	1	26	11	3	48
Other Unknown (n = 141)	4	18	22	3	77
TOTAL*	54	240	228	41	858

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

- Overall, of those respondents who indicated ‘favorable’ or ‘not favorable,’ perceptions of the ombudsman program, 228 of 269 (84.7%) were ‘favorable.’
- Reservation respondents had the highest percentage who perceived the ombudsman program as ‘not favorable’ (21.4%) (Figure 13).

Figure 13. Count of Respondents by Type Who Have Used, Are Not Aware, Perceives the Program as Favorable or Not Favorable, or Are Not Familiar with the Program



ABUSE/NEGLECT

The Vulnerable Adult Protective Services (VAPS) Program provides services for the prevention, correction, or discontinuation of abuse, neglect, and/or exploitation of adults. Have you used this program?

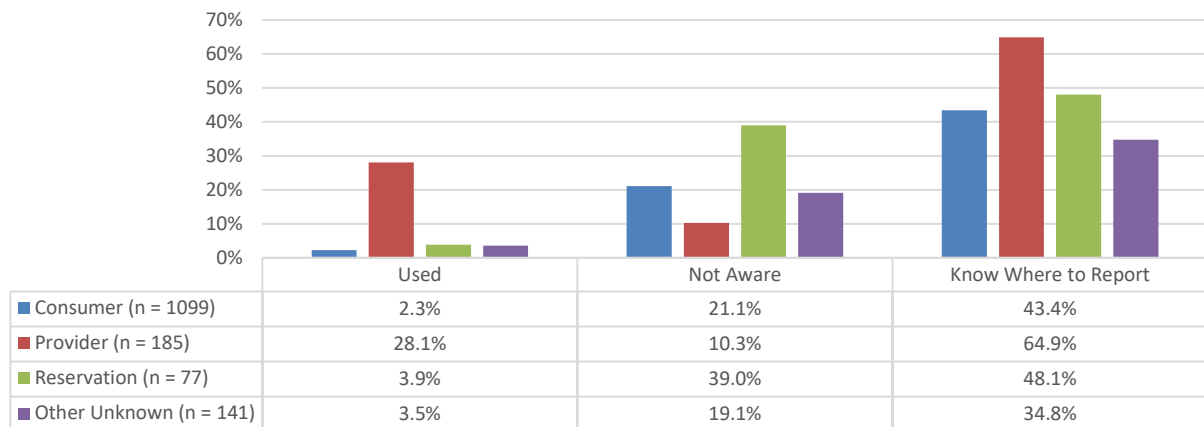
- Overall, of the 1,425 respondents, 646 (45.3%) knew where to report services, while 120 (8.4%) were not aware of the program (Table 15).

Table 15. Count of Respondents by Type Who Have Used the VAPS Program, Are Not Aware of the Program, and the Count Who Know Where to Report Suspected Abuse, Neglect and/or Exploitation of Adults

	Used	Not Aware	Know Where to Report
Consumer (n = 1,099)	25	232	477
Provider (n = 185)	52	19	120
Reservation (n = 77)	3	30	37
Other Unknown (n = 141)	5	27	49
TOTAL*	82	120	646

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 14. Percent of Respondents by Type Who Have Used the VAPS Program, Are Not Aware of the Program, and the Count Who Know Where to Report Suspected Abuse, Neglect, and/or Exploitation of Adults



- Provider respondents had the highest percentages of using the program and knowing where to report (Figure 14).
- Although only 2.3% of consumer respondents had used the service, 43.4% knew where to report. Of the reservation respondents, 48.1% knew where to report (Figure 14).

EMPLOYMENT

(For Individuals age 55 and older) The Senior Community Service Employment (SCSEP) Program helps low income older individuals find training assignments in local areas with the goal of transitioning into permanent employment. Have you used these services?

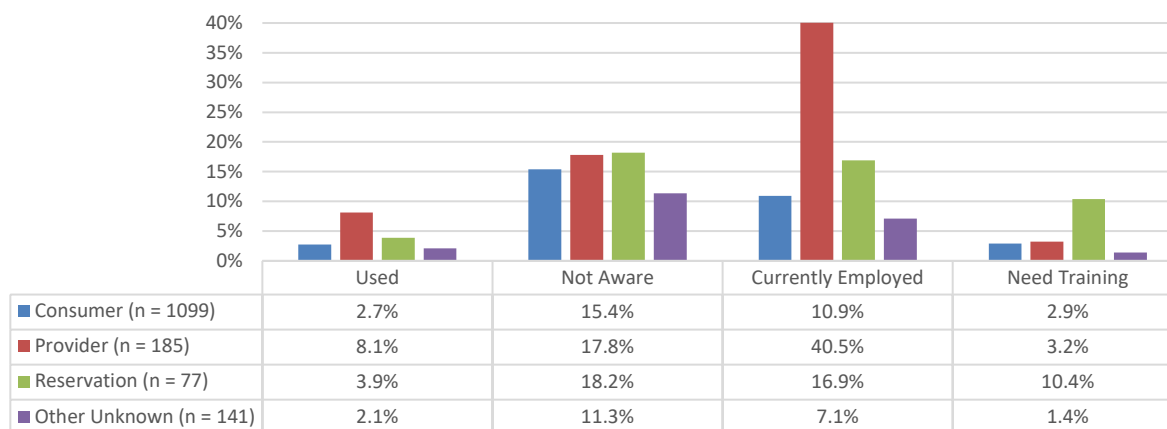
- Of the 1,425 respondents, only 48 (3.3%) had used the service while 40 respondents (2.8%) indicated a need for training (Table 16).

Table 16. Count by Respondent Type of Those Who Used the SCSEP Program, Who Are Not Aware, Those Currently Employed, and Those Who Want or Need Training to Obtain a Job

	Used	Not Aware	Currently Employed	Need Training
Consumer (n = 1,099)	30	169	120	32
Provider (n = 185)	15	33	75	6
Reservation (n = 77)	3	14	13	8
Other Unknown (n = 141)	3	16	10	2
TOTAL*	48	218	205	40

*Totals are sums of consumer, provider, and other unknown respondent types. Reservation respondent type is included in one of the other types.

Figure 15. Percent by Respondent Type of Those Who Used the SCSEP Program, Who Are Not Aware, Those Currently Employed, and Those Who Want or Need Training to Obtain a Job



- While 2.7% of the consumer respondents indicated a need for training, 10.4% of the reservation respondents indicated a need for training (Figure 15).

COMMENTS

The following comments are either verbatim, or they are paraphrased with minor edits and wording while maintaining the meaning of the comment.

A. Summary of Written Comments on the 2018 North Dakota State Plan on Aging Request Public Input Survey Document

HEALTHY AGING

- Encourage continued education/promotion of programs/services available for seniors.
- Lots of loneliness – offer grief counseling.
- Programs that get people together are more valuable than the food they eat – people are lonely and that causes illnesses of all kinds.

SENIOR CENTERS

- Many people come to our center.
- Too young to go to the senior center – not a ‘senior’ (x18).
- Younger seniors want choices as to when they eat their meals; want to take them out (x14)
- Prefer choices in menu items – suggestions included more soup, soup and salad bars, sandwiches, fresh fruits and vegetables (less canned items), fewer high fat meats, and pasta.
- I am 88 years old and have different ideas than the younger people.
- Use senior center for exercise classes and meals program.
- Love having evening meals two times per month.
- Appreciate the meals and the fellowship.
- My senior center does an amazing job; food is always good; facility managed excellently (x6).
- Senior centers need to change to attract younger members; do not call them senior centers.
- Senior center should change to a name that reflects an ‘active living’ center.
- Cooks do a good job.
- I come to the senior center to play bridge.
- Need computer classes on the reservation; other classes like knitting, sewing, yoga, Tai Chi could also be started.
- Open evenings with bus service.
- Wish senior bus would run five days a week.
- Café 60 model is good – meet at a local restaurant; able to socialize.
- Behavioral health/mental health resources must be available for older adults and caregivers (x2).
- Suggestions for ‘classes’ included: tour groups and travel (x3); book club; dance classes (x2); music (x3); cards (x2); bingo; using a cell phone; doing taxes; driving; legal avenues; remodeling homes for accessibility; financial planning; estate planning; money management; exercise; benefits (Medicare and Social Security); assistive technology;

safety; current events; pharmacology; living on a budget; cooking healthier for one; rights of seniors; food insecurity; intergenerational programs; cultural foods; more games; nail care; shuffleboard; computer classes; use of exercise equipment; swimming; yoga; and Pilates.

NUTRITION AND MEALS

- Meals program is very good (x5).
- Home-delivered meals program is great – a life saver (x8).
- Sometimes the wait for the meal is long.

Suggestions to meet nutrition and food needs:

- Need bigger portions of food (x9).
- Better selection of food – more fresh fruits and vegetables (x18); better quality meat (x3); too much repetition in menus (x4); include cultural options (x4).
- Community gardens needed (x4).
- Food banks good but need transportation.
- Farmer’s Market is an option.
- Specialized diets – diabetic (x7); gluten free (x2); low sodium (x8).
- Allow for take-out meals (x3)
- Breakfast would be nice.
- Serve at least two meals per day.
- Need for a cook [at a senior center] (x2).

UNPAID CAREGIVING

- Some seniors need more than two hours of assistance per week.
- Family members help out.
- Couldn’t live at home if it wasn’t for my wife – she takes care of me.
- Could use more hours of care in the home.
- Really like the ND Family Caregiver Support Program.
- Confusing answering as a caregiver rather than someone receiving the services.
- Need better understanding of hospice.
- Home visits by doctors needed.
- Assistance/services that would help in providing care at home: chore services - snow shoveling/lawn care/cleaning gutters (x6); light housekeeping (x13); med checks/visiting nurse/PT/CHR (x8); bathing (x8); meals/meal preparation (x13); transportation (x21); transportation and escort (x4); daycare (x2); respite (x 27); walk in tub (x2); mental health services; socialization for person receiving care (x4); shopping (x4); security system (for wanderers); lifeline.

SUPPORTIVE SERVICES

Health Maintenance Services

- Really appreciate the foot care.
- Expand health maintenance services, including rural areas (x11)

Senior Companion Program

- Enjoy helping people – consider it my job!
- Love being a senior companion.
- Need more senior companions (x2).

Assistive Safety Devices

- Walk-in tub.
- Chairlift.
- Walker/wheelchair.

Falls Prevention/Stepping on Classes

- Exercise classes needed with emphasis on balance (x2).
- More Stepping On classes (x2).

Other Supportive Services that would assist in remaining independent:

- Appreciate the supportive services.
- Need chore service – snow shoveling/lawn care/handyman (x3).
- Transportation (x24).
- Shopping Assistance (x8).
- Light housekeeping (x9).
- Information on completing forms/paperwork.
- Dating service for older seniors.
- Information on services/how to access services (x2).
- Information on financial management (x3).

CONSUMER INFORMATION

- Phone service needed to help make appointments; keep in touch with case managers.
- Many programs are not known to seniors – program name changes, program is discontinued, etc. Need more information for seniors (x7).
- I have only the radio for news and a cell phone.
- Need information on programs available on the reservation (x2).
- Would be useful to have a handout of all services available.

HOME & COMMUNITY BASED SERVICES

- Medical professionals, hospitals and social workers need more information and perhaps incentives to keep people/get people back in their own homes.
- Need safe placement for younger mentally ill individuals that don't qualify for basic care; HCBS option for those above SSI but don't qualify for SPED.
- Using PACE – cost is high.
- Family members caring for family should be paid more.
- I do not believe older people should have to pay for elderly care.
- Need more person-centered planning – team meetings for elderly when needed.
- Getting on medical assistance is difficult - paperwork (x2).

<ul style="list-style-type: none"> ▪ Need medical transportation (x2). ▪ Need medical transportation with escort (x3). ▪ Need help with environmental modification – replacement of entry steps. ▪ More cost effective to keep people at home; services that are not income based will help the most with this.
<p>LEGAL SERVICES</p> <ul style="list-style-type: none"> ▪ Need information on contractual agreements that must be signed when entering senior living facilities.
<p>OMBUDSMAN</p> <ul style="list-style-type: none"> ▪ Difficult having and ombudsman only part time. ▪ Could benefit from more information about the Ombudsman Program [presentation at the senior center] (x3).
<p>ABUSE / NEGLECT</p> <ul style="list-style-type: none"> ▪ Drugs are a big problem. ▪ Vulnerable adults program is very responsive. ▪ Could benefit from more information about the Vulnerable Adults Protective Services (VAPS) Program (x2) ▪ Would prefer to report abuse via telephone – not online. ▪ Need more assistance with guardianships – not enough agencies to do the work (x2).
<p>EMPLOYMENT</p> <ul style="list-style-type: none"> ▪ Not enough employment opportunities or training in small towns. ▪ Many older adults need to work later in life because Social Security will not meet expenses; need help with internet resume/job applications, ‘getting your foot in the door’. ▪ Would like to find a job. ▪ Could have used help finding a job and getting trained to use a computer. ▪ Work only eight hours in 30 days – need more work hours. ▪ Employed part-time – would like more hours. ▪ I get a lot of financial help, but still live in poverty. I could use a job.
<p>OTHER COMMENTS</p> <ul style="list-style-type: none"> ▪ Thanks for the opportunity to provide comment (x5). ▪ Thank you for all you do (x4). ▪ Need hospice service. ▪ Need new retirement home. ▪ Thank you for seeking to do a better job so seniors can lead a good life! ▪ Interesting – a great learning experience for me (x2). ▪ I appreciate all the services that are available (x3). ▪ Regional Aging Services Program Administrator (RASPA) is very responsive.

- Nice to know these services are available (x2).
- Need to have all services available on the reservations.
- I volunteer my time and services (x4).
- In general, people should be more understanding of other people.
- I value all the service options – hope they continue.
- I do not enjoy filling out forms.
- Would be great if the insurance companies would pay family members to take care of family; most have to quit jobs to do so.
- Need transportation (x9).
- Need more services for those with traumatic brain injury (x2).
- Need access to more neuro psych exams.
- Need more access to mental health services.
- Senior citizens should get property tax relief.
- Cost of nursing homes is high.
- Challenge to pair the person with the program.

B. Summary of Verbal Comments from Hearings Held in Dickinson, Spirit Lake, Valley City, Tioga, Standing Rock, Wahpeton, Fargo, Langdon, and Turtle Mountain

HEALTHY AGING

- To be able to stay in your home longer, there is a need for education on construction or remodeling a home. Example: how to make entrances handicapped accessible, education on benefits of building home “across” rather than “building up.
- Environmental modification programs needed are keep people in their own homes.

SENIOR CENTERS

- Senior centers should have the feeling of a restaurant.
- Café 60 is nice as it is a restaurant setting with menu selections.
- Café 60 has a special for the day, but you get coffee, water, etc. and can add sides on to the already nutritious meal.
- Like when the menu is put in the newspaper and newsletters so can choose when to go to the senior center and when not to.
- Have a coffee bar with choices.
- Provide information on health and fitness, or a class before they eat a meal.
- Senior Centers should focus on wellness activities.
- We need a “senior center” on (a reservation).
- Are there currently community events offered for elders at the nutrition sites? Suggested activities include sewing projects, cards, whist, bingo, etc. Cooking classes for younger mothers.
- Consider extending lunch hours as many seniors still have to work jobs. Example: serve lunch from 11:00-2:00.
- Need more education on scammers/financial insecurities.
- Need for more shredding events.

NUTRITION AND MEALS

- Want different types of foods.
- Want variety of choices.
- Would like options such as gluten free and other health wise foods.
- Portions given are the same no matter the size of the individual. Some say they are given too much food and others would like larger portions.
- Some individuals, even if hungry, will cut their meal in half so they have enough for two meals.
- Need more than just one meal at the senior center.
- New director is making changes (to the nutrition program); some may not be immediate. It is not just about a meal. I think she is doing an excellent job.
- Like the idea of a community garden.
- Would like to have carryout meals.
- Carryout meals would be a good option for people who have a medical appointment.
- Would like the ability to take ½ of meal home and eat ½ at the senior center during meal times.

- Concern expressed over what happens to food that is left over after a meal service.

UNPAID CAREGIVING

- Could use a case management system to take care of the paperwork and care coordination of a family member. People would be willing to pay for this service.
- If there is a family member with a part-time job, allow them to use respite for when they go to work.
- Want to keep family member at home but cannot find anyone to provide respite when needed.
- Access to respite in the rural areas is difficult.
- Learned more from the dementia care services provider than when family member seen a number of specialists over a period of time. Need to engage the medical community about dementia care services. Dr. should allow for time to recognize the need of those who can help.
- Dr. should offer a specialist for dementia care services similar to a diabetes specialist
- Dementia care consultants could be scheduled at a medical facility and after an individual's doctor's appointment the family could meet with the consultants.
- A form could be filled out when an individual is waiting at their doctor's appointment that would trigger the Dr. to act upon any signs of dementia.
- Are Family Caregiver Services available on the reservation and if so, what services are available?
- Paid caregivers are in need of respite as well. Need available resources for respite care for these caregivers.
- Respite care guidelines are not allowing middle class to get services. Poor are covered under Medicaid and wealthy individuals can afford to pay but middle class aren't getting respite.
- There needs to be many more options and opportunities for people to have caregivers in their homes.

SUPPORTIVE SERVICES

Health Maintenance Services

- How do I find health maintenance services in my county?

Senior Companion Program

Assistive Safety Devices

- May be a liability issue if equipment is not properly installed.
- Do you have to be on Medicaid to qualify for the ND Assistive Safety Devices Program?
- Make available a device that would notify someone if senior fell rather than senior having to push a Life Line.

Falls Prevention/Stepping on Classes

- Classes are great.

Other Supportive Services that would assist in remaining independent:

- Health Fairs are offered by Community Health Representatives (CHRs) every 3 months.
- CHR's are able to do home visits if it is ordered by IHS and is under a different funding source.
- CHR's aren't able to do as many visits.
- Chore services are needed (x2).
- Is the CHR program losing funding?
- Outreach services are needed in the very rural areas.
- Offer a service that would assist with installing and using newer technology.

CONSUMER INFORMATION

- ADRL is not easy to locate on the internet. When you type in ADRL, you get American Drag Racing League.
- Frustrating if need to Press 1, Press 2, etc.
- Best way to provide information to older individuals is radio, television, or flyers.
- Younger generations use Facebook, social media, etc., and then pass information along to their family members who may need.
- There are all these programs and I didn't know about it. Someone should send out a letter to people when they turn 60 to learn about all the programs they could be eligible for.
- For state programs or services, I get on the internet.

HOME & COMMUNITY BASED SERVICES

- It is difficult in the rural areas to find providers.
- There is a mistrust of QSPs especially when living alone.
- Some families have installed cameras thinking this is a way of taking care of their family member such as can watch for wandering, eating, etc., however, depending upon how far the family is from their family member this may not be a good idea.
- Whole concept (home and community-based service system) is very confusing.
- Way back we argued with the department of health under Medicaid to keep seniors in their home. It took 12 years for them to OK it on the reservation.

- There is a lack of QSPs/agencies to provide in-home care. All programs on the HCBS chart should be available on reservations. Workforce is the issue. Family is often the only resource to care for loved one.
- I am a QSP and it only took a few months to sign up.
- There is a need for medical transportation service to Bismarck under Medicaid.
- Most home-based services are based off of assistance needed with personal cares vs assisting people specifically with dementia who have needs that aren't just with personal cares. People with dementia don't fall under HCBS programming.
- Need for reimbursement for medical transportation.
- Need for "hands on case management" (i.e. attending doctor's appointments with seniors).

LEGAL SERVICES

- Legal provider is pretty limited in the cases that they are taking, such as financial, guardianship, and exploitation.
- Elder law attorneys would be helpful.
- There is a lack of guardianship resources in the rural areas.
- Even paid guardians are overwhelmed and cannot take more.
- Guardianship education would be helpful. Even with durable powers of attorney, guardianships are being started.
- Hard to get ahold of Legal Services staff on the reservation (x2).
- How do you contact Legal Services locally?

OMBUDSMAN

- Appreciate collaborative efforts.
- There is a need for a nursing home/long term care facility on the reservation.

ABUSE / NEGLECT

- Word does not get out there about this program.
- Some individuals do not realize they are mandatory reporters.
- Reporting on-line only works in certain browsers, etc. Also, the on-line reporting times a person out.
- Need educational partnerships with businesses such as bankers, supermarkets, grocery stores, etc., regarding scams.
- Some banks provide education to their customers about how other family members can be scamming them.
- Scammers are using new techniques. Report scams to the Attorney General's Office as there are vulnerable adults that fall for these scams.
- The Do Not Call List does not cover scammers. Individuals think that if they are on the list, all calls that they get are real. Need more education regarding this.
- Who do you call to report abuse/neglect?
- If you have a loved one in the nursing home, go check on them every other day so they will be well cared for by the facility.

- The elder protection team ends up “checking in” on elders since the outreach program is no longer available.
- Who do you contact when person should no longer be driving or living alone?
- Who do we call on the reservation to report abuse/neglect?
- What has been called self-neglect in the past now seems to be considered non-actionable if a person is considered of sound mind.

EMPLOYMENT

OTHER COMMENTS

- Great Plains Food Bank should have a drop off in more than one community on the reservation.
- Does SD provide the same programs as ND? Who is the director of Aging Services in SD?
- On the reservation, family members are the first priority to give elders (medical) transportation, then (local provider) offers a transit service, CHRs are last resort for helping elders get to appointments.
- Medicare should cover dental services.
- Loss of federal Community Block Grant funding will affect programs.
- How secure is funding for federal and state funded services?
- Need additional funding for the transportation services especially in rural areas that do not have access to local health providers and need to get to medical appointments (x2).
- Transportation is needed for the rural for all individuals, even if they need to pay.
- Home heating assistance is a needed service.
- How does hospice fit into aging services?
- Adult daycare is needed in many communities.
- The system is not set up to keep people in their homes.
- Escort services for medical appointments for people who are not on HCBS.
- For New Americans--need to pay a caregiver that speaks the language to attend appointments and assist with translating what is being said.

C. Summary of Written Comments Submitted to Aging Services Division

NUTRITION AND MEALS

- Meal service can be concern for someone going home from the hospital, as it may take a couple of days to get the service, or there are no weekend meals available.

UNPAID CAREGIVING

- Continue support for unpaid caregivers by providing respite care, access to more resources in the community, assist in providing transportation, and more education and training on caregiving.
- Passage of the CARE Act – require hospitals to be a partner in caregiving.
- More respite care is needed.

SUPPORTIVE SERVICES

Senior Companion

- Need for this service as it addresses social isolation.

Assistive Safety Devices

- Medication alerts through smart phones are needed.

Other Supportive Services that would assist in remaining independent:

- Need chore service – deep-cleaning, packing and moving, yardwork, lawn mowing, and shoveling snow.
- Financial management support and assistance, and financial counseling is needed for those who do not qualify as low-income, but still need assistance.
- Transportation is a concern (x3).
- Assistance with paperwork, going through mail, etc. is needed.
- Grocery delivery is needed statewide.
- Dental care and eye care is often not done because of cost.
- Alcohol and drug treatment options that address specific needs of older adults are needed.
- Guardianship, fiduciary, representative payee and advocacy services are needed.
- Home visits are needed to address mental health issues such as grief, depression, anxiety, chronic pain, etc. for homebound clients.
- Service needed that will ‘check in’ with neighbors to make sure they are okay.

HOME & COMMUNITY BASED SERVICES (HCBS)

- Change structure for conflict free case management – agency serving client provides case management; county conducts assessments, determine services deemed necessary and provide oversight; agency/provider gives quality services.
- Allow someone to attend medical appointments with their clients.
- Rural differential rate is not enough to recoup travel expenses in working with clients in rural areas.

- Allow specially trained qualified service providers (QSPs) to provide more services: medication assistance, foot care, medical transportation.
- Increase QSP rates to a sustainable level – recognize overhead costs associated with the program; correlate endorsements with training dollars.
- Increase the rate for chore service – consider higher rate for more intense tasks.
- Increase the rate for non-medical transportation.
- Increase the rate for supervision to a sustainable level.
- Reduce forms requirements – make the referral process simple.
- Establish caseload standards for HCBS workers.
- Include agencies/providers in trainings to provide updates on policies, handbooks, etc.
- Recommend separating QSP list – one for agencies and one for individuals.
- Recommend a minimum of two hours of reimbursement for personal care.
- Recommend separation for medical transportation; accessible transport vans for people with specific medical/service needs (wheelchair bound, special equipment, etc.) and standard vehicle for people who do not have special circumstances
- Allow other qualified professionals to provide case management services by meeting a merit system-based test on education, experience, and knowledge.
- Appropriate resources to provide home and community services.
- Continue efforts to rebalance funding from institutional care to community-based care.
- Continue efforts to build the workforce, particularly in rural areas (x2).
- Support innovative approaches to serving people in rural areas, i.e. telemedicine and other technology to help deliver services.
- More affordable homemaker services are needed (x2).
- Short term in-home services are needed.
- Need additional home-modification services/funding.
- Affordable, accessible housing is needed.
- Accessible showers are needed.

NURSING FACILITIES

- Affordable, accessible housing is a barrier for most people who want to leave the nursing home.
- Require annual level of care screenings for nursing home residents.
- Hold nursing homes and hospitals accountable for providing information/referrals to residents/patients regarding home and community-based service options.

NUTRITION (continued)

8. Does the meals program, in addition to the other food you eat, adequately meet your nutrition and food needs? Yes No

9. If no, what suggestions do you have to meet those needs?

UNPAID CAREGIVING: (Individuals who are employed and/or providing caregiving services for pay should not answer these questions.)

10. Are you providing direct care for an older friend or family member who is not in an assisted living or a nursing home?

Yes (in my home) Yes (in their home) No I am a paid caregiver

11. If yes, do you use the **North Dakota Family Caregiver Support Program** that provides services (information, assistance to access services, counseling, support groups, caregiver training, and respite care) for individuals caring for someone at home?

Used Not Used Not Aware of Program

12. What assistance or service(s) would be most helpful in providing care for someone at home?

SUPPORTIVE SERVICES: The following supportive services that help individuals remain in their own home are currently provided with Older Americans Act funds. Do the services assist you in remaining independent?

	Yes	No	Not Aware of Service
13. <u>Health Maintenance Services</u> - blood pressure/pulse/rapid inspection; foot care; medication set-up; home visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. <u>Senior Companion Program</u> - offers periodic companionship and non-medical support by volunteers to adults that require assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. <u>Assistive Safety Devices</u> - adaptive and preventive health aids that assist individuals in their activities of safe daily living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. <u>Falls Prevention/Stepping On Classes</u> - build strength and improve balance; provide education to identify fall hazards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. What other service(s) would assist you in remaining independent?



18. CONSUMER INFORMATION: Aging and Disability Resource-LINK (ADRL) services include: information, referral and assistance through a nationwide toll-free number (1.855.462.5465); internet access to a directory of services and programs at www.carechoice.nd.gov; and options counseling - an individualized, in-person meeting to discuss service options. Have you used these services?

Used Not Used Not Aware of Services

19. How do you learn about new programs, services, and activities available for North Dakota's older individuals and persons with physical disabilities? Check all that apply.

Newspaper Church Bulletins Centers for Independent Living
 Radio Newsletters Doctor/Health Care Providers
 Television Internet County Social Services
 Word of Mouth Senior Centers ND Aging & Disability Resource-LINK
 Other (specify): _____

20. HOME AND COMMUNITY-BASED SERVICES (HCBS) PROGRAMS: As an alternative to nursing home placement, North Dakota has state and federally funded programs that help people stay at home. Programs include: Home and Community-Based Waiver; Technology Dependent Waiver; Medicaid State Plan - Personal Care; Service Programs for Elderly and Disabled (SPED); and Expanded Service Programs for Elderly and Disabled (Ex-SPED). Have you used these programs?

Used Not Used Not Aware of Program

21. If used, did you and others you invited participate in the planning process?

Yes No

22. Do you need assistance/services to help you remain in your home?

Yes No

23. If yes, have you had difficulty finding/obtaining needed services?

Yes No Not Aware of How to Find Service(s)

24. Were you able to find a service provider(s) to assist you in your

Yes No Not Aware of How to Find a Service Provider(s)

25. LEGAL SERVICES: Legal Services of North Dakota provides legal advice and representation to low income older individuals. Have you used these services?

Used Not Used Not Aware of Service(s)

26. If used, was the issue resolved? Yes No

27. OMBUDSMAN: The North Dakota Long-Term Care Ombudsman Program identifies, investigates, and resolves complaints made by or on behalf of residents of nursing homes, basic care, swing bed and assisted living. Have you used this program?

Used Not Used Not Aware of Program



OMBUDSMAN (continued)

28. If you are familiar with the Ombudsman program, what is your perception of the program?

- Favorable Not Favorable I am not familiar with the program

29. ABUSE/NEGLECT: The Vulnerable Adult Protective Services (VAPS) Program provides services for the prevention, correction, or discontinuation of abuse, neglect, and/or exploitation of adults. Have you used this program?

- Used Not Used Not Aware of Program

30. Do you know where to report suspected abuse, neglect, and/or exploitation of adults?

- Yes No

31. EMPLOYMENT (for individuals age 55 and older): The Senior Community Service Employment (SCSEP) Program helps low income older individuals find training assignments in local areas with the goal of transitioning into permanent employment. Have you used these services?

- Used Not Used Not Aware of Program

32. Are you currently employed?

- Yes No

33. If no, do you want or need training to obtain a job?

- Yes No

OTHER COMMENTS:

Thank you!

Please return by March 15, 2018 to:

**North Dakota Department of Human Services
Aging Services Division
1237 West Divide Avenue, Ste. 6
Bismarck, ND 58501**

For additional information on any programs/services or to report suspected abuse or neglect of a vulnerable adult, please call the Aging & Disability Resource-LINK at 1.855.462.5465.

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