



Photo Credit South Dakota Department of Tourism

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# *South Dakota State Plan on Aging*

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*October 1, 2017 – September 30, 2021*

Department of Human Services, Division of Long Term Services and Supports

## A Message from Governor Daugaard

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Dear Fellow South Dakotans,

It is my pleasure to present the South Dakota State Plan on Aging for the period of October 1, 2017 through September 30, 2021 as required by the Federal Older Americans Act. The State of South Dakota remains committed to rebalancing the long term services and supports system in South Dakota to allow older individuals and adults with disabilities to remain living at home and in the community for as long as possible.

In order to better serve our older citizens, I signed an Executive Order in January, 2017 to ensure a more integrated approach to long term services and supports delivery in South Dakota. The Order authorized the transfer of the Division of Adult Services and Aging from the Department of Social Services to the Department of Human Services as well as the renaming of the Division to Long Term Services and Supports (LTSS) to better reflect the mission of the Division. The purpose of the reorganization is to create a more integrated approach to the delivery of long term care in South Dakota and to ensure people get the services they need in their communities. This change shifts our focus away from measuring success on the number of services provided and consumers served to understanding how the programs and services impact our consumers. The ultimate goal is to create a better life and higher quality of care for our older citizens.

The Division of Long Term Services and Supports, formerly Adult Services and Aging, and its many partners have routinely gathered comments and ideas statewide about what is needed to best respond to our changing and growing older adult population. Seniors, caregivers, providers of services, Advisory Council on Aging members, workgroups and public officials from across the state responded to our invitation to share their thoughts on the status and future of ensuring seniors have the opportunity to age in place within their communities. They shared their challenges and hopes and we listened. The State Plan on Aging reflects this input and the desire of the Department to develop better ways for South Dakotans to age with dignity.

South Dakota is committed to assuring older citizens have access to a service system that provides for their individual needs and preferences and allows them to live longer, healthier and more fulfilled lives in their local communities.

Sincerely,

Dennis Daugaard

Governor of South Dakota

## VERIFICATION OF INTENT

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### **South Dakota State Plan on Aging October 1, 2017 – September 30, 2021**

The South Dakota Department of Human Services' Division of Long Term Services and Supports State Plan on Aging is a tool to communicate the authority vested in them to develop and administer the requirements of the Administration on Aging's Older Americans Act provisions.

The Division of Long Term Services and Supports serves as the State Unit on Aging and is designated as the Single Planning and Service Area (PSA) for purposes of administering the funds under the Older Americans Act.

The State Plan on Aging puts forth the State's primary obligation for coordinating all State activities related to the Older Americans Act for the next four years, i.e. the development of comprehensive and coordinated systems for the delivery of supportive services such as adult services and nutrition programs, along with effective preventive health services.

The South Dakota State Plan on Aging is hereby approved by the Governor and the Department of Human Services Cabinet Secretary and has been developed in accordance with the guidance of all federal statutory and regulatory requirements.

<hr/> (Date)	<hr/> Yvette Thomas, Director Division of Long Term Services and Supports
<hr/> (Date)	<hr/> Gloria Pearson, Cabinet Secretary South Dakota Department of Human Services
<hr/> (Date)	<hr/> Dennis Daugaard, Governor State of South Dakota

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## EXECUTIVE SUMMARY

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As the State Unit on Aging, the South Dakota Division of Long Term Services and Supports (LTSS) within the Department of Human Services (DHS) is responsible to develop, implement and administer a State Plan on Aging in accordance with all Federal statutory and regulatory requirements, including the Older Americans Act (OAA). The Division of LTSS is responsible for coordinating and carrying out all state activities related to the OAA (as amended and reauthorized in 2016) and serving as an effective and visible advocate for older citizens. This State Plan on Aging is effective October 1, 2017 through September 30, 2021, and reflects South Dakota's plan for responding to the continuum of care needs of older citizens and adults with disabilities.

In order to effectively create and design the State Plan on Aging, the Department and its partners have spent the past several years gathering comments and suggestions statewide about what is needed to best respond to our changing and growing older adult population. Seniors, caregivers, service providers, Advisory Council on Aging members, workgroups, and key stakeholders from across the state responded to our invitation to share their thoughts on the status and future of seniors including addressing and identifying the challenges our state is facing in meeting those needs.

During the 2017 Legislative Session, Governor Dugaard signed an Executive Order to ensure a more integrated approach to the long term services and supports delivery in South Dakota. The Order authorized a reorganization of the Department of Social Services' Division of Adult Services and Aging within the Department of Human Services' to create a more integrated approach for coordinating and providing home and community-based services.

Demographic changes in future years will result in significant increases to the populations we serve. This challenge inspired the Executive Order for reorganization to efficiently and effectively meet the growing needs. Previously, individuals with specific qualifying physical disabilities in need of state assistance with long term services and supports received those services through the Department of Human Services. Individuals with age-related or other qualifying disabilities received assistance from the Department of Social Services. Combining these services into one Department ensures people can best access long term services in their homes and communities, regardless of why they need the services or what type of disability they have. Additionally, this change aligned services available for individuals, and continued development of community-based services benefiting the citizens of South Dakota.

The Department of Human Services, Department of Social Services and Department of Health have been working closely together for several years leading the effort to enhance long term services and supports in South Dakota. Through a series of workgroups and other initiatives, South Dakota has identified challenges facing the state in upcoming years. We have taken, and continue to take steps toward the goal of meeting those challenges. The goals identified in the State Plan address the challenges that South Dakota's State Unit on Aging faces by promoting existing services, improving access to services, enhancing quality of services and empowering the workforce and local community supports. These goals, along with the objectives and strategies, align closely with the vision and expectations of the Older Americans Act and provide a roadmap for the future of South Dakota's older citizens and adults with disabilities.

## Context

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*The South Dakota State Unit on Aging has created a plan to guide the operation of the organization over the course of the next four years. Our vision, values and goals illustrate our commitment to the aging population throughout the state.*

## Our Vision

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The Division of Long Term Services and Supports' vision is to maximize the health, well-being, and quality of life for South Dakotans who are aging or disabled and are in need of services and supports through a person-centered system which encourages and empowers them to live independently with dignity, make their own choices, and participate fully in society.

## History and Current Status

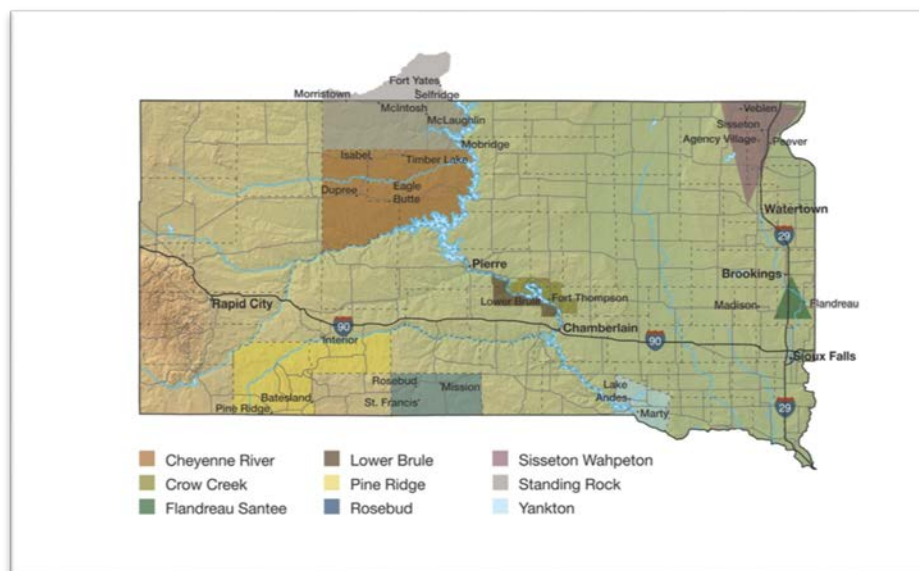
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### As a State: South Dakota

South Dakota is designated as a frontier state by the Affordable Care Act. At least 50 percent of the counties in South Dakota are frontier counties where the population per square mile is less than six people. Frontier counties are best described as sparsely populated rural areas that are geographically isolated from population centers and services.

South Dakota has nine federally recognized Native American tribes within its boundaries, which have independent, sovereign relationships with the federal government. The majority of South Dakota's reservations are geographically isolated in frontier locations.

### South Dakota's Native American Tribal Locations



1

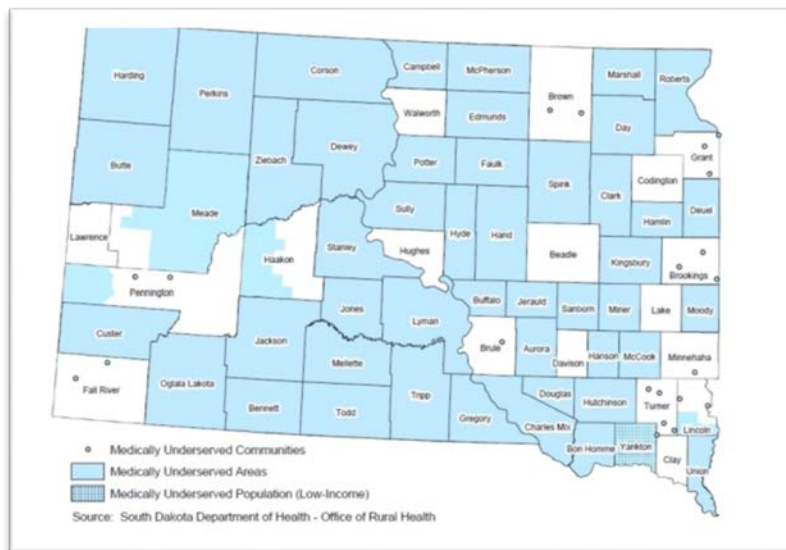
South Dakota's frontier landscape continues to present unique challenges for service delivery. Maintaining a healthcare workforce in rural and frontier communities throughout the state has

<sup>1</sup> <http://www.sdtribalrelations.com/maptribes.aspx>

proven to be difficult. As of January 2017, 47 of South Dakota's 66 counties were classified as a medically underserved area or population by the South Dakota Department of Health. As a result, healthcare services are often clustered within one community in a region, which can result in individuals traveling long distances to receive needed services. Public transportation is frequently limited or unavailable in rural and frontier areas, making access to healthcare providers even more difficult for individuals living in those areas.

Efforts to rebalance the long term services and supports in South Dakota have been initiated in phases over many years, the most recent dating a study by Abt and associates in 2007, followed by a Long Term Care Taskforce described in more detail in Attachment K, an updated Abt and associates study in 2015 and most recently a LTSS internal workgroup composed of key State staff dedicated to re-energizing the rebalancing efforts.

***South Dakota's Medically Underserved Areas/Populations as of January 2017***



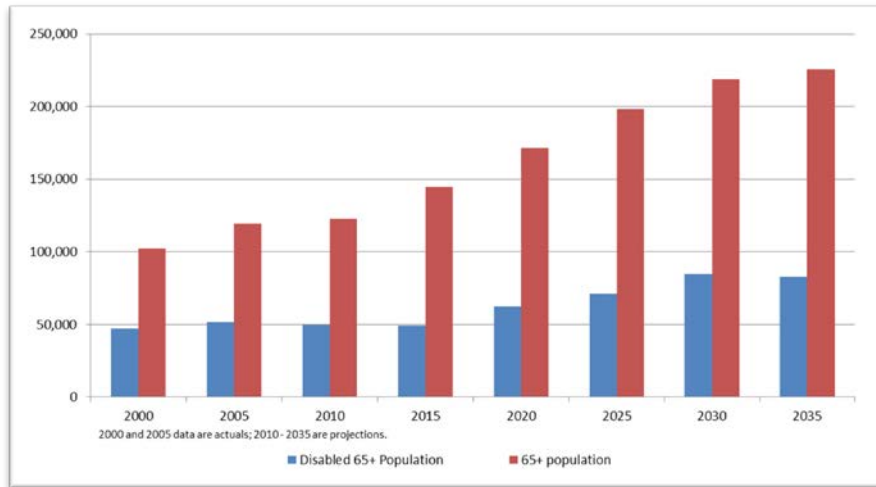
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According to the Abt Associates' analysis<sup>3</sup>, see Attachment G, our state will experience demographic changes in the coming years, which will require enhanced long term services and supports to meet the needs of South Dakota citizens. In 2035, it's estimated the number of elders will increase in South Dakota by 84 percent, compared to 2010. The number of elders with disabilities will be 71 percent higher than the 2010 Census total. The following illustrations show the projected population growth of South Dakotans who are elderly and disabled and specific counties where the population is expected to double by 2035.

<sup>2</sup> <https://doh.sd.gov/documents/Providers/RuralHealth/MUA.pdf>

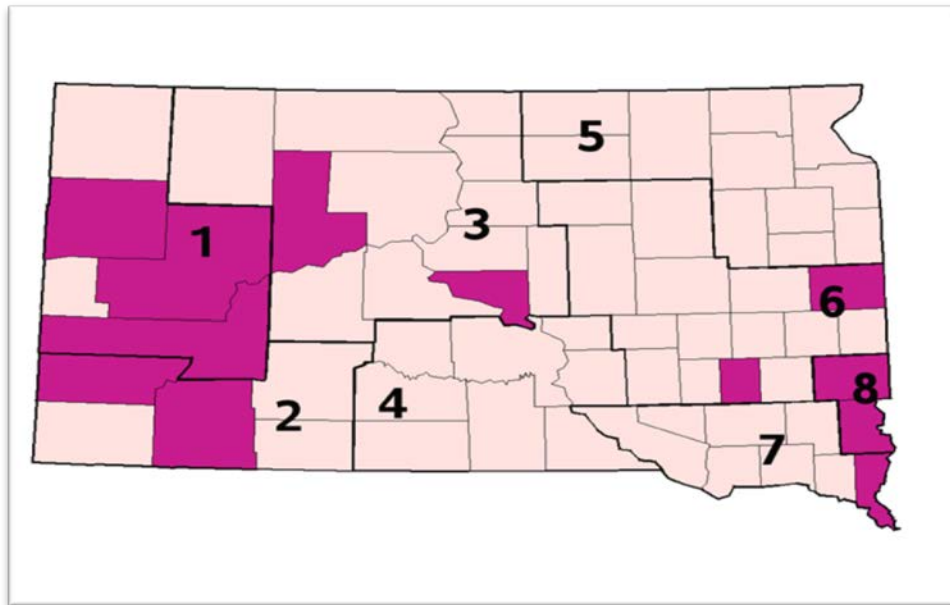
<sup>3</sup> Abt Associates' analysis of South Dakota Data Center's Population Projections data, 2010 and American Community Survey (revised in 2015)

**Projections of South Dakota's Elderly and Disabled Population (2000-2035)**



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**South Dakota Counties Where Elderly Population is Expected to Double from 2010 to 2035 (in Dark Pink)**



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## **As an Agency: South Dakota Department of Human Services' Division of Long Term Services and Supports**

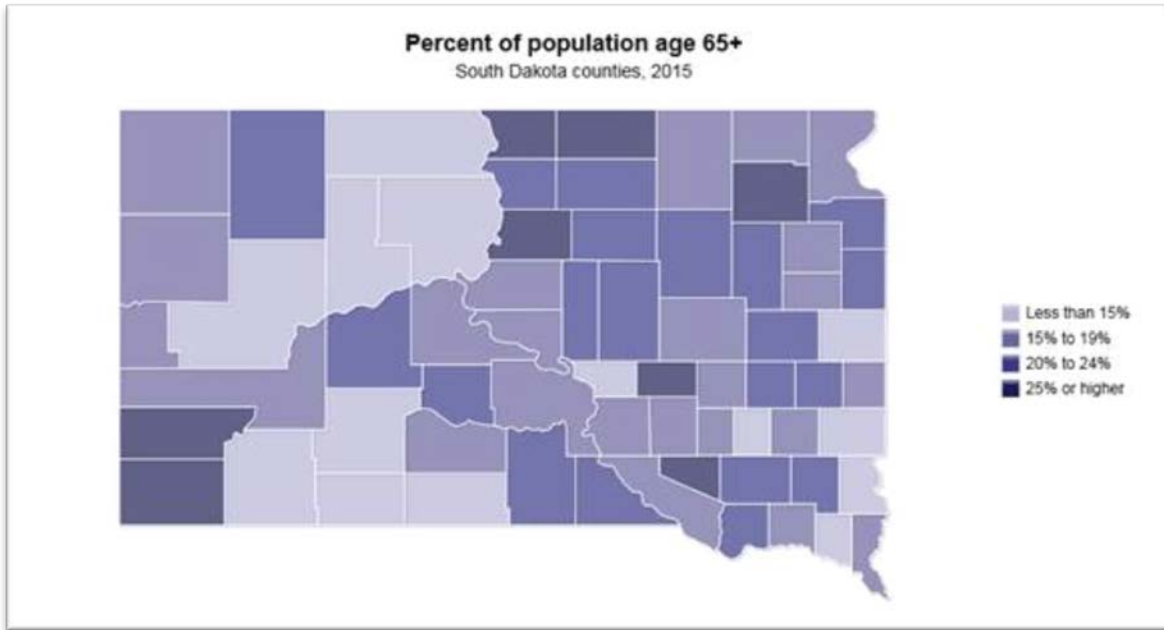
The Division of Long Term Services and Supports within the South Dakota Department of Human Services is the designated single State Unit on Aging providing long term services and support options for elderly South Dakotans and adults with disabilities.

Within the Division of Long Term Services and Supports, the state is divided into 9 regions which encompass 23 fully staffed and 3 itinerate local field offices, 5 Aging and Disability Resource Connections (ADRC) Call Centers, 5 Medical Review Team Nurses and 6 Local Long Term Care Ombudsmen which strategically provide statewide coverage. To staff this major statewide operation, there is a Division Director, Deputy Division Director, 11 Program Specialists and 2 support staff located in the State Office who manage the various programs listed in the Focus Areas of the State Plan. Additionally, local field offices house 57 Specialists, 10 Supervisors, 2 Regional Managers and 4 designated support staff who provide information, assistance and referral services, options planning, needs assessments, case management, care plan development and adult protective services to consumers in their communities.

The first formal program on aging in South Dakota began with the creation of the Governor's Planning Commission for the White House Conference on Aging in 1961. This commission served as the foundation for building a Division within the Department of Social Services dedicated to the unique needs of the elderly population as well as serving adults with disabilities. The Governor's 2017 Executive Order moved this Division to the Department of Human Services.

The first South Dakota Advisory Council on Aging was established in 1968. The Advisory Council is a board of members appointed by the Governor who provide geographical representation throughout the state. The Advisory Council on Aging reviews and evaluates programs and services available in South Dakota and makes recommendations for improving or integrating such activities to benefit older South Dakotans. The Council addresses ways to meet the continuum of care needs and ensures comprehensive representation of South Dakota citizens.

The State Unit on Aging will, in accordance with the Older American's Act, continue to focus on meeting the needs of individuals targeted in the Older Americans Act: individuals with low incomes, individuals with greatest economic need, individuals from minority populations, individuals living in rural areas, individuals with limited English language proficiency and individuals at risk of institutional care.



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### **Collaboration with Other State Programs**

The Department of Human Services is comprised of six services and program areas including the Office of the Secretary, the Division of Developmental Disabilities, the South Dakota Developmental Center, the Division of Rehabilitation Services, the Division of Long Term Services and Supports, and the Division of Service to the Blind and Visually Impaired. The Department of Human Services works collaboratively with the Department of Social Services, including the Division of Medical Services and the Division of Economic Assistance. The Division of Medical Services administers the Medicaid program while the Division of Economic Assistance provides medical, nutritional, financial and case management services to improve the well-being of lower income families, children, people with disabilities and the elderly, as well as determining eligibility for Medicaid long term care services.

## **Focus Areas and Programs**

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*The South Dakota State Unit on Aging has created a plan to guide the operation of the organization over the course of the next four years. Our vision, values and goals illustrate our commitment to the aging population throughout the state.*

### **Focus Area A: Older Americans Act (OAA) Core Programs**

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#### *Supportive Services (Title III-B)*

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<sup>4</sup> U.S. Census Bureau, Decennial Census and Population Estimates

<http://factfinder.census.gov>

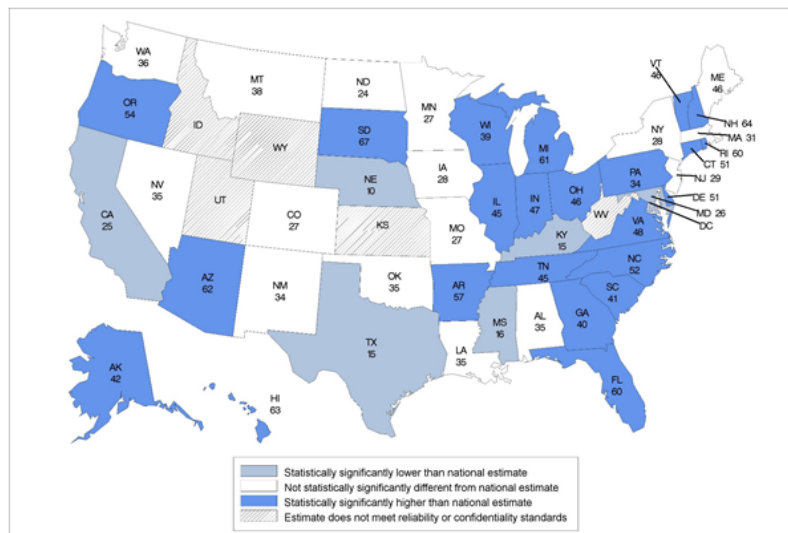
## Transportation

The Division of Long Term Services and Supports works collaboratively with 23 transportation projects either directly or through a partnership with the South Dakota Department of Transportation. Provision of funding for transportation continues to be a cost-effective and valuable service. South Dakota Transportation Services have provided on average 327,121 trips in each of the last four years at a relative cost of \$1.71 per ride.

## Adult Day

LTSS contracts with 6 Adult Day programs across the state providing an average of 395 hours of service per consumer. The State recognizes the value of adult day services and is committed to working with providers throughout the state to offer this service statewide. As recommended by the LTSS Workgroup, the focus area for the Division of Long Term Services and Supports is to increase the availability and utilization of adult day services across the state. This is recognized as a critically important option to allow caregivers to continue working while also allowing individuals the opportunity to remain living safely in the community. As the elderly population continues to grow, compounded by the increasing rates of Alzheimer's disease, Adult Day services will remain a crucial component of South Dakota's long term services and supports. The following illustrations provide information from the National Study of Long-Term Care Providers of 2014<sup>5</sup> to support our focus on increasing the availability of adult day services statewide to those who need them most.

Percentage of adult day services center participants diagnosed with Alzheimer's disease or other dementias: United States, 2014



Statistical significance tested at  $p < 0.05$ .  
Note: The national percentage is 30%.

Source: CDC/NCHS, National Study of Long-Term Care Providers, 2014

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<sup>5</sup> Centers for Disease Control and Prevention (CDC) and National Center for Health Statistics' (NCHS) National Study of Long-Term Care Providers of 2014

### *Nutrition Services (Title III-C)*

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The Division of Long Term Services and Supports administers the Title III-C Elderly Nutrition Program for the state, distributing funds provided by the Administration on Aging to contracted nutrition providers. These funds continue to be supplemented by state general funds, program income (donations), and required cash match. Through a contractual relationship, nutrition providers are required to give priority for services to rural areas and individuals with greatest economic and social need. Providers also offer nutrition counseling and education related to the improvement of health and nutritional well-being.

LTSS contracts with a registered dietician to prepare menus in compliance with the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science's required minimum of one-third of the recommended daily allowance. Providers may either use the menus provided or contract independently with a dietician to meet the requirements. South Dakota's menus are prepared in a four week cycle and available on the LTSS website.

There are 16 Nutrition Providers located throughout South Dakota. The Division of LTSS contracts with 16 Nutrition Providers operating 200+ meal sites across the state, including sites in counties with some of the lowest income per capita in the nation and sites located on American Indian Reservations. These providers offer both congregate and home delivered meals within their service area. Individuals who are homebound are eligible for home delivered meals. Currently, the number of meals being provided statewide is trending up.

### *Title VI (Native American Programs)*

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Tribal governments within South Dakota receive Title VI funding directly from the Administration for Community Living (ACL) to provide meals at sites throughout South Dakota's tribal areas. Additionally, Long Term Services and Supports provides Title III funding to nutrition programs operated by four tribal programs operated by Cheyenne River, Rosebud, Sisseton-Wahpeton and Standing Rock Elderly Nutrition programs to supplement access for individuals living within tribal areas.

LTSS funded programs work collaboratively with tribal programs to provide meals at locations across the state. In many instances, both tribal and LTSS supported programs are operating within the same reservation boundaries, but at different community locations to increase the availability of meals to residents of the reservation lands. LTSS supports the tribal operated programs by listing their meal sites and contact information on the Department website along with the meals programs operated by contracted nutrition programs. LTSS coordinates with ACL as is necessary regarding questions about Title VI funded programs, and continues to seek opportunities to improve coordination. LTSS representatives have accompanied ACL staff on site visits to Title VI funded sites to answer questions and provide information on other services provided by LTSS; a practice that will be continued in future years.

### *Disease Prevention/Health Promotion (Title III-D)*

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The impact of chronic disease in South Dakota is a significant focus for LTSS in South Dakota. Chronic disease accounts for decreased quality of life, an increased need for health care services, and consequently an substantial economic impact. The Department of Human Services has a contractual relationship with the South Dakota Department of Health to support Better Choices, Better Health®, a community-led evidence-based program modeled after

Stanford University's chronic disease self-management program. The program is supported by the South Dakota Department of Human Services, Department of Health and the South Dakota State University Extension Services.

Research has shown the program is effective based on participant outcomes, such as, individuals will be able to better manage their symptoms; communicate more easily with doctors and their loved ones; be less limited by an illness; spend less time at the doctor or in the hospital; and generally feel better after participating in the six-week workshop. In an effort to increase participation and better reach the rural areas of South Dakota, Better Choices, Better Health® will begin offering an online version of the workshop in 2017.

Better Choices, Better Health® workshops held in community settings such as senior centers, churches, and libraries. Topics include: techniques to deal with frustration, fatigue, isolation, and poor sleep; appropriate exercise for maintaining and improving strength, flexibility, and endurance; medication management; communicating effectively with family, friends, and health professionals; learning how to pace activity and rest; eating well and fun ways to get active. Better Choices, Better Health® currently has 20 active Master Trainers, 52 Lay Leaders, 4 Master Trainer Outreach Ambassadors, and 8 Regional Contacts (North, East, South, West, Central, and Tribal). From October 1, 2015 – September 30, 2016, 31 workshops were offered in 15 different communities statewide and reached 331 South Dakotans who learned tools and strategies to help them manage their chronic conditions. Going forward, LTSS is committed to continue this partnership in order to allow individuals we serve to continue living within their communities and have an enhanced quality of life.

### *Caregiver Program (Title III-E)*

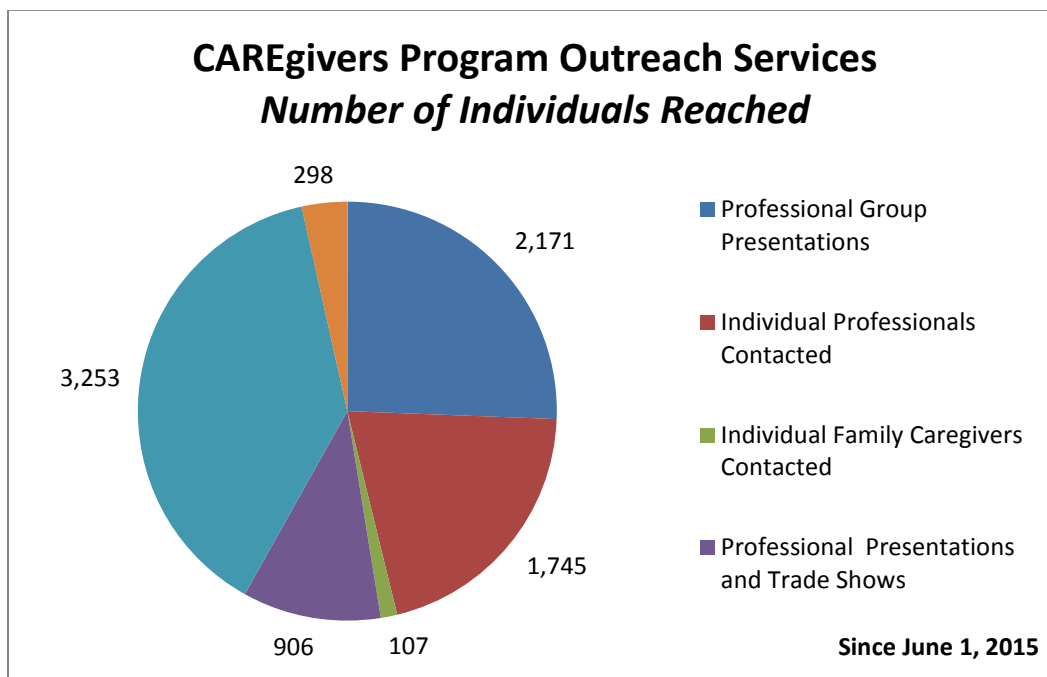
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The Caregiver Program in South Dakota provides information and referral, case management, respite, supplemental services, counseling, education, and training to caregivers in support of their efforts to care for family members. The program is uniquely poised to provide services critical to the well-being of caregivers and flexible enough to meet the needs in rural and frontier areas. Integration of the Caregiver Program into the information and referral process implemented under the Aging and Disability Resource Connections (ADRC) has allowed the State Unit on Aging to provide the most appropriate services based on assessed needs.

The State Unit on Aging continues its partnership with the Division of Child Protection Services within the Department of Social Services to assist grandparents or relative caregivers age 55 and older who are caring for a child under the age of 18. Child Protection Services can access funding from the South Dakota Caregiver Program through the Division of Long Term Services and Supports to support items and programs that are of benefit to the child and to them as a caregiver.

The Department of Human Services has a contractual relationship with Active Generations, a senior center located in Sioux Falls, to continue its implementation and administration of a statewide public awareness campaign and series of workshops focused on providing caregiving support, stress management and educational resources in communities across South Dakota. This program is called CAREgivers. While caregiving is often rewarding, family caregivers typically experience stress in a multitude of ways: financial, emotional, social and physical. This is exacerbated due to the lack of acceptance of their situation, a loved one's diagnosis and lack of education about available resources. The CAREgivers program has observed a pattern of preventive resources not being readily accepted by caregivers and most caregivers only act when faced with a crisis.

In June 2015, the CAREgivers program began a focused campaign to educate caregivers. Since that date they have educated 500 individual caregivers at workshops and 2,390 others through a public marketing campaign and 162 presentations that focus on reducing caregiver fears of asking for help and available resources.



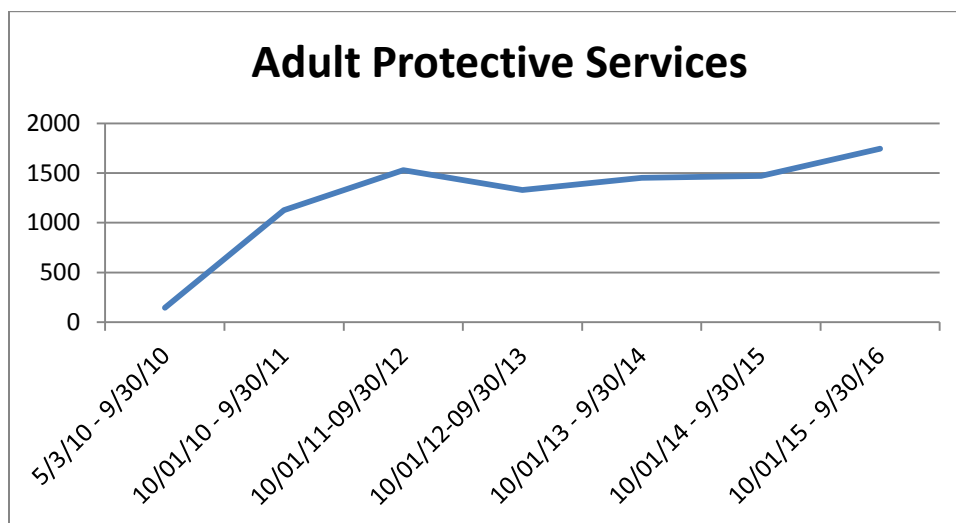
## Title VII (Elder Rights Programs)

### Adult Protective Services

South Dakota Codified Law 22-46 addresses abuse, neglect or exploitation of elders or adults with disabilities and includes a mandatory reporting component which requires individuals, professionals, employees and entities who have contact with elders and adults with disabilities to report knowledge or reasonable suspicion of abuse, neglect, or exploitation. To report abuse, neglect, or exploitation, these individuals can contact their local law enforcement agency, local state's attorney's office or the nearest LTSS office. A mandatory reporter who knowingly fails to make the required report is guilty of a Class 1 misdemeanor. In addition, any individual who knows or has reason to suspect an elder or an adult with a disability has been or is being abused, neglected, or exploited may voluntarily report that information. Individuals who, in good faith, make a report of abuse, neglect, or exploitation of an elder or an adult with a disability are immune from liability.

LTSS Specialists in local field offices function as Adult Protective Services Specialists, responding to and investigating reports of elder abuse, neglect or exploitation in the community. Reports are received from sources, including but not limited to the following: financial institutions, family members, concerned citizens, medical professionals, and community support providers. Depending on the situation, the Specialists involve others, including: family members, law enforcement, Department of Health, Social Security Administration, and/or the Medicaid Fraud Control Unit of the South Dakota Attorney General's Office. Complaints are documented with the nature of the complaint, results of the investigation and resolution in a centrally maintained database. Adult protective services records are confidential per state statute.

Complainants are offered a letter of acknowledgment regarding their report, but are not advised on whether an investigation occurred or on the results of the investigation.



### Long Term Care Ombudsman

Pursuant to requirements detailed in the Ombudsman Final Rule of 2015, LTSS underwent a major reorganization of the Long Term Care Ombudsman program in South Dakota. Previously, in addition to the State Long Term Care Ombudsman and two designated local ombudsman, the remainder of LTSS field staff served as local ombudsman on a part time basis. Recognizing the benefits of creating separation in duties and increased focus for staff, six Local Long Term Care Ombudsman regions were created across the state and staff positions were created to serve the designated areas. Staff positions were opened for interview and hire in each area; ultimately all positions were filled by existing LTSS staff who had expressed a special interest in providing this service. The reorganization effort has greatly improved the continuity of services and documentation within the program.

Currently, the Long Term Care Ombudsman Program operates in South Dakota utilizing a centralized network approach which includes the State Long Term Care Ombudsman (SLTCO) and six Local Long Term Care Ombudsmen (LLTCO) located throughout the state. The Ombudsmen advocate for and protect the rights of individuals residing in nursing facilities, assisted living centers, registered residential living centers, and adult foster care homes. The SLTCO and the Legal Services Developer collaborate on Elder Rights concerns throughout the state.

The reorganization of the Ombudsman Program has enhanced the ability of the program to maintain a presence in long term care facilities through routine on site visits to facilities as well as unscheduled visits prompted by complaint investigations. This is a crucial service as Ombudsmen may be the only connection many residents have to an individual who is not a paid care provider. They work to make sure the rights of residents are upheld. The Ombudsmen use a person-centered approach and work to empower individuals and families to expect excellence.

The Long Term Care Ombudsman Program is further addressed in Focus Area D.



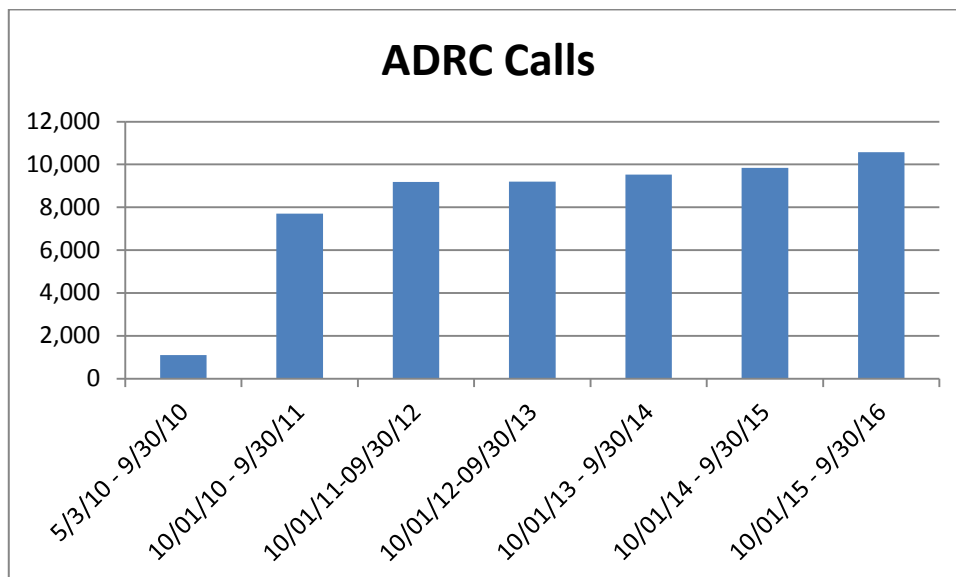
## Focus Area B: ACL Discretionary Grants

### *Aging and Disability Resource Center Discretionary Grant*

In South Dakota, the Aging and Disability Resource Connections (ADRC) is the single point of entry for older adults, adults with disabilities, caregivers, family members and friends to learn about the long term services and supports available in the state. Through the ADRC, individuals can access both public and nonpublic services and supports that are available as well as plan for the future. By accessing these long term services and supports, individuals can continue to live at home and in the community as long as possible, and as an alternative to moving into facility-based care. In 2013, the State of South Dakota was awarded a one year ADRC Options Counseling discretionary grant. In utilizing this grant, the State Unit on Aging strengthened the capacity of the Aging and Disability Resource Connections (ADRC) by offering Options Planning as a free service, offering information and decision support to all individuals, regardless of age, disability, or income.

A Critical Pathways Workgroup, which included state staff and local providers, finalized an Options Planning Hospital Discharge Referral Protocol and an Options Planning brochure. In addition, ADRC Resource Folders were created and distributed to hospital discharge planners, nursing facilities and providers across the state. The folders contain information on a variety of home and community-based services available to adults over age 60 and adults over age 18 with disabilities.

Outcomes include: 1) individuals have increased access to information on their options for long term services and supports; 2) individuals are provided with options planning upon request; 3) critical pathway providers refer individuals to the ADRC for options planning; and 4) home and community-based services are utilized through options planning. Options planning ties together systems change efforts began by South Dakota in 2009 through the ADRC by involving critical pathway partners in continued development of a viable and sustainable system of long term services and supports.





In February 2017, the Department issued a Request for Proposal for a Long Term Services and Supports awareness campaign. This will be used to develop print materials, a social media campaign and other marketing strategies. The purpose of this campaign is to improve public education and awareness of the State Long-Term Services & Supports and to rebrand the services South Dakotans can access through the ADRC.

The target audiences are older adults and adults with physical disabilities and their family member and other caregivers. The message will include the availability and benefits of services available now and information on how to plan for the future, living at home and in the community with services and supports for as long as possible and as an alternative to moving into facility based care.

The successful offeror will produce materials highlighting the availability of a continuum of services including home and community based services with the goal of serving people in the most integrated setting available to meet their need. The successful offeror will work collaboratively with the State staff on creative development of advertising concepts, messages, themes, slogans and social and digital media using a high quality photo collection which is South Dakota specific.

#### *Money Follows the Person Discretionary Grant*

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Money Follows the Person (MFP), located within the Department of Social Services, Division of Medical Services, coordinates with the ADRC to help people living in nursing homes, hospitals, or intermediate care facilities and those with intellectual and developmental disabilities successfully return to their communities. The program helps people identify barriers to living on their own and provides one-time transition support helping people find a place to live that meets their needs as well as ongoing service support to help them find the services they need to keep living there. The State of South Dakota continues to integrate activities between MFP and ADRC to best serve consumers and provide a wide array of choices and opportunities for long term services and supports. MFP will be an important partner in transitioning individuals from long term care settings into their communities as a part of the overall rebalancing efforts.

#### *State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) Discretionary Grant*

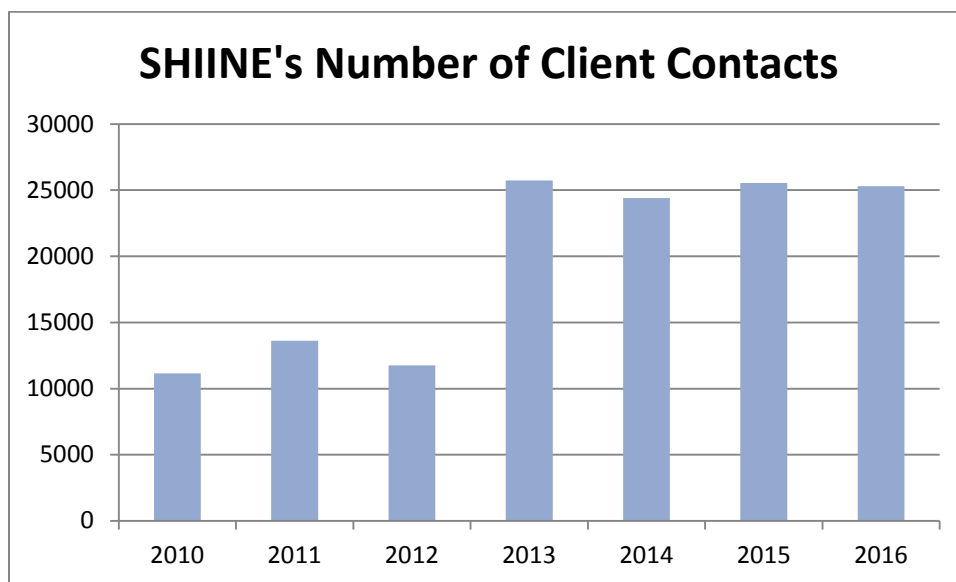
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South Dakota's Senior Health Information and Insurance Education (SHIINE) program is a volunteer program comprised of three regional offices funded collectively by the Administration for Community Living with the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) grants. SHIINE's mission is to empower and assist Medicare beneficiaries, their families, and caregivers by providing free, in depth, one-on-one insurance counseling and assistance and educating them on how to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

The SMP grant was applied for and awarded in June 2015. The addition of this grant opportunity has served to strengthen the SHIINE presence and credibility. SHIINE has a statewide network of 430 volunteers and program partners who are trained to provide free, objective, and local one-on-one health insurance counseling and assistance to Medicare beneficiaries and their families.

The primary role of the SHIINE program is to provide outreach and education to people with Medicare and others regarding health insurance options, benefits, choices and avoiding, detecting, and preventing health care fraud. In doing so, SHIINE helps educate and protect individuals with disabilities and the aging population, promoting integrity of the Medicare program and helping low-income Medicare beneficiaries apply for programs that make Medicare affordable. A comprehensive set of risk and program management policies guide the operation of the SHIINE volunteer program focusing on program growth, accountability, adaptability and awareness of volunteer program risks.

Over the past three years the South Dakota SHIINE program's performance measures score ranked within the top 3 out of 54 states and territories in the nation. In 2016, SHIINE served 25,309 individuals and saved those individuals \$3.4 million. Most of the credit for SHIINE's success rests with its core of committed volunteer counselors throughout the state.



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

The State Unit on Aging is committed to the further development of person centered programming. A person-centered approach will continue to be used to provide three main functions through the Aging and Disability Resource Connections: 1) information and awareness through education and information on long-term services and supports options; 2) assistance through long term support options planning, referral, crisis intervention, and planning for future needs; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services. Several variations of person-centered decision-making tools have been implemented to assist consumers with making important life decisions.

In 2016, the care plan utilized for consumer services was revised and is described as a written person-centered plan developed by the Long Term Services and Supports Specialist along with the consumer, the provider, as well as any individuals the consumer chooses. The Care Plan reflects the services and supports that are important for the individual to meet the needs identified through an assessment of need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

A recognized benefit of the departmental reorganization is that in moving LTSS to the Department of Human Services (DHS) not only will similar services be located within the same agency, the Division of LTSS will also benefit from the staff and agency experience of other DHS Divisions which have been working under a person-centered approach for a number of years. All staff will participate in a two day person-centered thinking training within the first few months of the transition and will continue to incorporate person-centered thinking into their daily work as a part of the movement to becoming a person centered organization.

Ongoing education and training is provided to LTSS Specialists to help them identify consumers who may benefit from options planning and to link them to additional resources and information. In addition, self-assessment tools will remain available to the public via the Department's website.

## Focus Area D: Elder Justice

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### Elder Abuse Task Force

An Elder Abuse Task Force was created during the 2015 legislative session in response to the recommendation of South Dakota Chief Justice David Gilbertson. The Task Force was created to study the prevalence and impact of elder abuse in South Dakota and to make recommendations on policies and legislation to effectively address the issue. In December 2015, the Elder Abuse Task Force Final Report and Recommendations, Attachment J, was released with sixteen recommendations for strengthening state law and policy to combat elder abuse, neglect, and exploitation. Specifically, the Task Force recommended, and the Legislature appropriated funds for an attorney-specialist within the Office of the Attorney General to prosecute, or to assist state's attorneys in prosecuting, the abuse, neglect, and financial exploitation of elders or adults with disabilities. The attorney-specialist also serves as an educational resource and liaison for local and tribal law enforcement. The Task Force also recommended, and the Legislature appropriated funds for an investigator specializing in these cases to assist the attorney in bringing criminal charges and providing education on this topic.

When an Adult Protective Service referral is received intake staff make a preliminary assessment resulting in either follow-up being provided by LTSS specialists or a referral to the Office of the Attorney General or both. The structure created by the Elder Abuse Task Force has resulted in several successful prosecutions of individuals involved in abuse, neglect or exploitation targeted at individuals who are elderly or are adults with disabilities.

### Legal Assistance

The Division of Long Term Services and Supports contracts with two agencies to provide legal assistance to South Dakota's elderly citizens at locations throughout the state, including several locations on tribal lands. These agencies have agreed to provide services in accordance with the rules of the Older Americans Act. The Division also employs an individual to serve as the Legal Assistance Developer. This position oversees the legal services contracts and works to build the full functionality of legal services by coordinating provision of legal assistance, working with the Long Term Care Ombudsman Program on elder rights issues, promoting state capacity to offer financial management information to elders, assisting older individuals to understand their rights and maintaining the rights of elderly citizens in the state.

## Long Term Care Ombudsman

As previously mentioned in Focus Area A, the State of South Dakota operates the Long Term Care Ombudsman Program by utilizing a centralized network approach which includes the State Long Term Care Ombudsman (SLTCO) and six Local Long Term Care Ombudsmen (LLTCO) located throughout the State. The Local Long Term Care Ombudsman Program (LTCOP) advocates for and protects the rights of individuals residing in nursing facilities, assisted living centers, registered residential living centers, and adult foster care homes.

The SLTCO, located in the State Office, oversees the program. The SLTCO maintains records of complaints and concerns in the OmbudsManager database and is responsible for completing the National Ombudsman Report. The SLTCO utilizes the National Ombudsman Resource Center to maximize efforts of the program. This position is also responsible for preparation, coordination, oversight and delivery of educational programs to residents, staff, and the general public regarding Ombudsman issues, elder rights, and culture change in long term care facilities. The six LLTCO are located across the state serving as direct advocates for residents of long term care facilities in both general terms and in situations where a complaint arises with facility administration or staff. The LLTCO utilize the OmbudsManager data base to document their daily activities including but not limited to cases, community education, complaint and non-complaint visitations, consultations to facilities, information to individuals and survey participation.

The Ombudsman Program maintains a presence in long term care facilities through routine on site visits to facilities as well as unscheduled visits prompted by complaint investigations, attendance at the Department of Health's Office of Licensure and Certification compliance surveys, community and staff education, care conferences, and participation in resident and family council meetings when invited to attend. The Ombudsman Program is crucial as Ombudsmen may be the only connection many residents have to an individual who is not a paid care provider; they work to make sure the rights of residents are upheld. The LTCOP routinely visit with individuals about their short and long term goals including their desires to return to the community. The LTCOP assists individuals in making referrals to the appropriate ADRC Call Centers when it is identified that the individual is interested in returning to the community. The Ombudsmen are focused on person-centered care and work to empower individuals and families to expect excellence while in facilities.

## Assessing Our Needs

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*The South Dakota State Unit on Aging is devoted to providing citizens with the services needed to remain in the community. To ensure service availability, the requests of our consumers and stakeholders were considered. Based on consumer and stakeholder suggestions, Improvements to current available services were made in 2016, while plans are currently being developed to implement additional home and community based supports and services in 2018.*

## Seeking Input, Conclusions and Adjustments

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In order to effectively create and design this State Plan on Aging, the Department sought comments and requested input and feedback from a multitude of sources. Input sources included consumers and key stakeholders such as government agencies, long term care

providers, home and community-based services providers, legislators, Tribal offices, the Advisory Council on Aging members, the South Dakota Health Care Association, the South Dakota Association of Healthcare Organizations, the Assisted Living Association of South Dakota, the American Association of Retired Persons, and the South Dakota Nutrition Association.

In 2015, Abt Associates of Cambridge, Massachusetts updated the Long Term Care Study, Attachment G, originally completed in 2007, and concluded that the State must maintain its focus on rebalancing the long term services and supports system through: 1) continuing to utilize options planning through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions; 2) continuing to expand and enhance the availability of home and community-based services and potentially State Plan-funded community-based care; and 3) exploration of the care preferences and knowledge base of elders and their caregivers, as well as gathering more information on the informal support networks people are utilizing in lieu of seeking assistance from state programs.

To further explore the needs of South Dakota's citizens, LTSS surveyed and sought input from the public during outreach events and through a statewide distribution of a consumer survey. The consumer survey took place in July 2015 and revealed that 39% of respondents reported they were not currently receiving services designed to assist with the completion of daily living activities. This response could be due to a number of reasons including but not limited to; truly not needing services to remain at home, lacking awareness of services available to support them in staying home and increasing their health and safety, and reluctance to access public services at this time. Almost 28% of these individuals indicated that at least one service listed would help them remain in their home. For the 61% of survey respondents who indicated they were receiving services, the results showed that 51% receive household assistance such as vacuuming, doing dishes, cooking, laundry, and shopping; 24% get rides they need to appointments and community events; 24% receive nursing services for managing medications, monitoring health statuses, conducting physical assessments and providing routine care; and 20% benefit from personal care services such as bathing or dressing. Services provided were supported through Department programs, paid privately, or by informal supports through family and friends. When individuals receiving services were asked if they could remain at home without their current services, the majority (79%) responded they could not, or that they were unsure. The results of the consumer survey response reflect a need for enhanced awareness of the supports that enable a person to remain safely and happily in their own home long term.

The results of this survey were utilized to develop the next steps for the Long Term Services and Supports Home and Community-Based Services (LTSS HCBS) Workgroup. This Workgroup focused on rebalancing the long term services and supports system across the continuum of care. Identified goals of this workgroup were to evaluate barriers to Medicare skilled home health utilization and increase availability of home and community-based services and supports. Stakeholders including in-home providers, long term care providers, government agencies, representatives of South Dakota Association of Healthcare Organizations, South Dakota Health Care Association, Advisory Council on Aging, legislators, and other interested parties met multiple times to provide input. All of the input gathered was considered while developing the State Plan on Aging including; identifying service needs, determining awareness of services offered, and verifying what supports consumers were currently utilizing. Additionally, LTSS providers were surveyed to determine additional services that would be the most helpful for the individuals they support to remain in the least restrictive environment possible.

The LTSS HCBS Workgroup resulted in four recommendations. One recommendation was to provide education and training to health care practitioners regarding reimbursement availability for physician oversight of Medicare skilled home health services and support and education on the reimbursement request process. A second recommendation of the Workgroup was to conduct additional research, including fiscal impact of expanding Home and Community-Based waiver services to include day habilitation, vehicle modifications, non-medical transportation, assistive technology, community transition services, chore services, and training and counseling services related to live in caregivers. In order to further analyze these suggested services and determine how to prioritize implementation, in-home providers and state staff completed a survey. The surveys resulted in many of those services being added to the HCBS Waiver in 2016 and are focuses of South Dakota's State Plan on Aging. The third recommendation of the Workgroup was to enhance awareness and understanding of the ADRC process through additional presentations, education and a public awareness campaign. The final recommendation of the Workgroup was to review the current ADRC process, and work with home health providers and targeted consumer groups to ensure smooth transitions for individuals between hospital and home using the ADRC Hospital Discharge Referral Protocol document and communicating hospitalizations of LTSS consumers to LTSS. As a result of an internal LTSS workgroup initiated in 2016 a Request for Proposals was issued for an entity to conduct a public awareness campaign and rebranding of ADRC.

All information collected on current and potential services were shared with the LTSS Advisory Council on Aging members. Information about the meetings is posted online as well as in locations where meetings are held prior to each meeting. The public is welcome to attend and provide comments and recommendations for future planning. The Advisory Council expressed appreciation for the direction the state is taking to best meet the needs of South Dakota's elderly population.

The Department convened an internal State Plan on Aging workgroup consisting of the Director, Deputy Director, and Program Specialists of Long Term Services and Supports. The Program Specialists are located in Pierre and are responsible for providing technical assistance to regional staff to ensure programs operate within set standards and services are delivered effectively and efficiently across the state. Additionally, local Long Term Services and Supports Specialists, Supervisors and Regional Managers provided input and feedback regarding ways the State of South Dakota can fulfill the needs of older adults and adults with physical disabilities.

During the spring of 2016, the State of South Dakota convened an internal Long-Term Services and Supports Enhancement Workgroup to focus on the need to re-evaluate South Dakota's long-term services and supports system. Staff in the Department of Human Services, Department of Social Services and Department of Health held regular meetings to enhance and expand home and community-based services options, which will reduce the need for institutional services. The workgroup included leadership, program specialists, supervisors, and regional managers to provide input. The outcome of the internal workgroup was the creation of eight focus areas of concentration toward the goal of rebalancing long term services and supports. Those goal areas are: 1) Expand access to home and community based services by removing barriers created by service limitation in a manner consistent with beneficiary needs and state budget requirements; 2) Transition: Identify and assist people interested in transitioning out from facility based care to community living; 3) Diversion: Implement coordinated diversion efforts to identify individuals at risk for premature admission to facility based care and offer alternative strategies and supports; 4) Establishment of person-centered, conflict-free case management for Medicaid waiver recipients; 5) Expand access to self-directed services for Medicaid waiver recipients; 6) Improve supports to family Caregivers; 7) Develop a

new, small family-based residential model as a alternate option for all populations; and 8) Create and implement a public awareness campaign to increase public knowledge of home and community based options for long term services and supports and strengthen the awareness of the Aging and Disability Resource Connections resources.

In preparation for this State Plan on Aging, the Division of Long Term Services and Supports also sought public comment by posting the State Plan on Aging on the Department's website and the public was encouraged to provide comments and suggestions for future planning. A formal public hearing was held on April 24, 2017 followed by an opportunity for public comment until May 24, 2017. All comments were responded to and the State Plan on Aging was submitted to ACL. All recommendations received from the various entities listed above were taken into consideration and incorporated into the State Plan on Aging as appropriate.

Attachment K of the Plan provides detailed information regarding the research and development of the Plan to gather a wide variety of input to discover solutions that ensure older or disabled South Dakotans have choices, receive services in the most integrated and least restrictive community setting and see meaningful outcomes.

Both nationally reported studies and the Abt and Associates study commissioned by the State indicates that nursing facility utilization in South Dakota is trending down but still remains above the national average. More importantly, HCBS services have not increased at the level necessary to indicate the infrastructure is sufficient to support future growth and needs of the aging population. Consequently, the Division of Long Term Services and Supports will continue its efforts to enhance home and community based services in the coming years, specifically by increasing the amount of services available as well as enhancing provider capacity to allow more individuals the opportunity to receive comprehensive services in the community of their choosing. These efforts will continue through both the internal LTSS workgroup established in 2016 and the implementation of a LTSS Stakeholder work group. LTSS has developed a timeline and invited participants to a stakeholder workgroup intended to help guide a more integrated approach to long term services and supports delivery in South Dakota and develop goals and outcome measurements to evaluate progress. The task force will meet quarterly over the course of a year and is tasked with developing goals for the long term services and supports system in the state. They may also help identify gaps in services and solutions to fill those gaps. The stakeholder work group will consist of members from provider groups to include homemaker and nursing services providers, nursing home providers, assisted living providers, independent living center providers, an Aging Council representative, representatives from advocacy and provider organizations such as South Dakota Association of Healthcare Organizations (SDAHO) and South Dakota Healthcare Association (SDHCA), as well as State Legislators and South Dakota government agency staff.

All of the aforementioned information was considered while developing the following Goals, Objectives and Strategies for South Dakota's State Plan on Aging.

## Planning for the Future

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*After reflecting on the LTSS assessments, surveys, and workgroup findings we have identified challenges as we look ahead as a Division. The adaptations we have made and the commitment to our staff, consumers, partners, and service providers is*



*illustrated through four goals, each supported by objectives, strategies, and performance measures.*

## GOAL 1: PROMOTE EXISTING SERVICES

---

South Dakota's State Unit on Aging (SUA) works to ensure services reach individuals who need them most; many are unaware of the services they qualify for and would benefit from. The SUA will expand promotion and outreach efforts to reach more consumers, especially those in the greatest need or in under-served populations.

### OBJECTIVE 1.1

---

Increase education and awareness of long-term services and supports available to older adults and adults with physical disabilities.

#### STRATEGIES

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Promote long term services and supports across South Dakota, concentrating efforts toward low income older individuals, those with limited English proficiency and residents living in rural areas, including individuals on tribal reservations, to better serve all populations.

Rebrand the ADRC and create a public awareness campaign to improve public education and awareness of available long term services and supports.

Collaborate with organizations representing diverse communities to promote long term services and supports.

Develop and update publications to reach public and nonpublic populations.

Redefine and rebrand services to enhance consumer understanding.

Expand ADRC partner collaboration.

Initiate conversations with nursing facility residents within 90 days of admission to discuss the possibility of returning to the community with services and supports

Enhance collaboration with hospital discharge planners to provide education and awareness of home and community based services and supports with a goal of increasing hospital discharges into the community, whenever possible.

### OBJECTIVE 1.2

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Increase awareness of SHIINE's health insurance counseling, services and education on fraud, waste and abuse available to all Medicare beneficiaries.

#### STRATEGIES

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Ensure SHIINE is aligned with the lifestyle and technology use of newly eligible Medicare beneficiaries.



Increase the number of trained SHIINE volunteers and partners through recruitment and training to serve targeted populations.

Expand SHIINE services across rural, ethnic, culturally diverse and low income communities.

### OBJECTIVE 1.3

---

Target outreach to increase enrollment in Medicare Part D and the Low Income Subsidy benefit to eligible individuals.

### STRATEGIES

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Evaluate Centers for Medicare and Medicaid Services (CMS) data to focus outreach on the Medicare Part D and Low Income Subsidy benefit-eligible but unenrolled individuals.

Provide outreach on the Low Income Subsidy benefit to low income older individuals, those with limited English proficiency and residents in rural areas including individuals on tribal reservations.

### OBJECTIVE 1.4

---

Increase awareness of protective services and referral procedures by enhancing collaborations with federal, state, and local agencies.

### STRATEGIES

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Expand and improve collaborations with local law enforcement, financial institutions and community partners to better protect South Dakota's elderly population.

Develop and implement protective services education and materials for LTSS staff based on national standards and minimum recommendations.

Provide community education through outreach events.

Collaborate with the Long-Term Care Ombudsman Program to provide abuse, neglect and exploitation training and education to Long-Term Care facility staff.

### OBJECTIVE 1.5

---

Increase awareness of the Senior Meals program.

### STRATEGIES

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Provide outreach to rural, ethnic, culturally diverse and low income communities to increase the number of meal participants.

Expand the areas of service by creating or expanding sites to reach low income older individuals, those with limited English proficiency and residents in rural areas including individuals on tribal reservations.

Develop a customer-centered approach to foster growth at sites by focusing on the community atmosphere, updating menu options and incorporating community events.

## GOAL 1: PERFORMANCE MEASURES

---

Increase number of outreach activities and individuals reached.

Increase in trained SHIINE volunteers and partners.

Increase number of SHIINE Ambassadors in rural, ethnic, culturally diverse and low income communities.

Percent increase in SHIINE client contacts to beneficiaries and their caregivers.

Percent increase in Low Income Subsidy benefit enrollment through the SHIINE program.

Increase in referrals to the Federal Office of Inspector General for cases of fraud, waste and abuse from SHIINE staff, volunteers and partners.

Increase presentations about abuse, neglect and exploitation to Long-Term Care facility staff.

Percent increase in number of participants in the Senior Meals program.

## GOAL 2: IMPROVE ACCESS TO SERVICES

---

Consumers often encounter barriers which prevent them from obtaining the services they need. South Dakota's SUA will make services more accessible by expanding utilization of the ADRC Call Centers, improving access to the Long-Term Care Ombudsman Program, Caregiver Services, Adult Day Services, transportation and collaborating with key stakeholders.

### OBJECTIVE 2.1

---

Promote the ADRC Call Centers as the single point of entry for all aging and disability services at the state and local level.

### STRATEGIES

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Engage with local and state community partners to promote the ADRC as the single point of entry to access person-centered long term services and supports in South Dakota.

Promote the ADRC Resource Directory as an access point for information on available long term services and supports, providers and resources.

### OBJECTIVE 2.2

---

Improve access to Long-Term Care (LTC) Ombudsman services for residents and their families.

## STRATEGIES

---

Continue regular advocacy visits in nursing homes and increase the rate of regular Long-Term Care Ombudsman visitation to assisted living facilities.

Provide enhanced training and tools to local LTC Ombudsman to ease documentation and data collection requirements and improve the consistency of data captured at facility visits.

Encourage resident and family participation in their respective council meetings.

Collaborate with other LTC Ombudsman stakeholders to identify facilities in need of increased visits.

## OBJECTIVE 2.3

---

Improve access to adult day service providers.

## STRATEGIES

---

Foster development of additional adult day service providers across the state.

Promote the services and benefits of adult day service providers.

Collaborate with local organizations to support the growth in capacity of adult day service providers.

## OBJECTIVE 2.4

---

Enhance person-centered planning to enable individuals to age in place.

## STRATEGIES

---

Educate hospital discharge planners on long term services and supports available within the state and in their local communities.

Provide training to partners on person-centered thinking to integrate long-term services and supports into the person-centered planning process.

## OBJECTIVE 2.5

---

Improve transportation resources by collaborating with state and local government entities.

## STRATEGIES

---

Advocate on behalf of the older adults and adults with physical disabilities most likely to have limited access to transportation.

Collaborate with state and local governments to facilitate the exchange of information regarding transportation resources.

Further explore adding transportation as a Waiver covered service.

## OBJECTIVE 2.6

---

Enhance relationships with LTSS home health providers to increase access to services for LTSS consumers.

## STRATEGIES

---

Provide education and training to home health providers.

Foster expansion of home health provider staffing and capacity across the state, especially in rural and tribal areas.

Invite home health providers to participate in a stakeholder workgroup to develop strategies for enhancing provider capacity.

## GOAL 2: PERFORMANCE MEASURES

---

Increase utilization of ADRC Resource Directory.

Increase in calls received by the ADRC Call Center.

Increase LTC Ombudsman participation in community education activities.

Increase LTC Ombudsman visitations to facilities.

Percent increase in number of adult day enrollees.

Increase number of trainings to discharge planners and partners on the person-centered planning process and long term services and supports available.

Increase in number of rides utilized under the Transportation Program.

## GOAL 3: ENHANCE QUALITY OF SERVICES

---

South Dakota's SUA will expand and improve services, collaborate with partners, provide training, define key measures, and utilize data to become more efficient and consistent. Only through continuous improvement can we meet the needs of the future.

## OBJECTIVE 3.1

---

Review, update and educate all LTSS staff on policies and procedures to enhance aging services.

## STRATEGIES

---

The Policy Workgroup and the LTSS Internal Workgroup will collaborate to identify procedural inconsistencies and potential policy updates seeking statewide consistency among staff.

Provide policy education and updates in-person, via technology or in a written format to all LTSS staff.

### OBJECTIVE 3.2

---

Expand and enhance evidence-based preventive health promotion efforts through Title III-D funding.

### STRATEGIES

---

Continue to support Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) through Better Choices, Better Health® .

Provide outreach and technical assistance to expand and promote Better Choices, Better Health® .

### OBJECTIVE 3.3

---

Enhance collaboration with entities responsible for various components of long-term care services.

### STRATEGIES

---

Enhance collaboration with South Dakota's Department of Social Services, Medicaid Fraud Control Unit, Department of Health and various statewide associations.

Engage entities in cross-training and information exchanges to ensure consumer needs are met by Long-Term Care Ombudsmen, providers, regulators, and protective services.

Engage with entities and meet with them throughout the year to discuss scope, limitations, and systems improvement.

Collaborate via the LTSS Enhancement Workgroup to implement and coordinate diversion efforts to minimize new Long Term Care resident admissions and transition current residents to home and community.

### OBJECTIVE 3.4

---

Enhance senior legal service delivery systems.

### STRATEGIES

---

Conduct outreach and educate the public about available legal services.

Educate individuals and consumers on programs available with the South Dakota Bar Association.

Continue to collaborate with the two contracted legal services programs in the state to enhance service delivery.

### OBJECTIVE 3.5

---

Expand and enhance caregiver support efforts through the Administration on Aging's Title III E Family Caregiver Program.

#### STRATEGIES

---

Explore development of statewide supports and services for caregivers.

Support education and training targeted toward volunteer and family caregivers.

Provide outreach and technical assistance to expand and promote caregiver services.

Collaborate with partners to educate LTSS staff and caregivers on Alzheimer's disease and related disorders.

### OBJECTIVE 3.6

---

Develop and implement a continuous quality improvement strategy within the Division of Long Term Services and Supports.

#### STRATEGIES

---

Define key measures, quality targets and minimum standards of compliance.

Conduct reviews with LTSS Regional Managers, Supervisors and Program Specialists to ensure alignment with the direction of the division.

Provide training to LTSS staff aligned to continuous quality improvement efforts in-person, via technology or in a written format.

In collaboration with the ADRC, implement consumer surveys for key programs and services.

### OBJECTIVE 3.7

---

Improve data collection and integrity to better measure activity, performance, and quality.

#### STRATEGIES

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Develop definitions, key data elements, processes for collection and submission of data and information, establish measures for all programs and funding sources to provide clear, comparable and accurate assessments of progress.

Update and maintain the LTSS Policy Manual.

Develop and deliver training, educational materials, and technical assistance to all LTSS staff.

## OBJECTIVE 3.8

---

Protect the rights of residents living in nursing homes and assisted living centers, registered residential facilities and adult foster care.

### STRATEGIES

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Educate and empower residents regarding the LTC Ombudsman program, resident rights and provider responsibilities.

Collaborate with residents during resident council meetings to promote the rights of all residents in the facility.

Provide Ombudsman, residents rights, and other educational materials to residents, families, and staff in facilities.

### GOAL 3: PERFORMANCE MEASURES

---

Increase number of policy trainings by LTSS Supervisors to the LTSS Specialists they manage.

Increase in the number of case audits to ensure quality and consistency among all LTSS staff.

Increase number of LTSS staff trained on referral process and programs available through Better Choices, Better Health®.

Increase number of units authorized for respite care services.

Increase number of LTSS staff trained on referral process and programs available through the CAREgiver Program.

Increase in number of consumers reporting satisfaction with LTSS services on the Quality of Life Survey.

Increase number of trainings provided to long term care residents and facility staff.

### GOAL 4: EMPOWER THE WORKFORCE AND LOCAL COMMUNITY SUPPORTS

---

In recognizing the challenges that exist while providing aging services, the SUA must empower the workforce and community supports to ensure South Dakota's aging population has the ability to age in place with the quality of life they deserve.

## OBJECTIVE 4.1

---

Foster career development and support for the workforce that serves older adults.

### STRATEGIES

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Improve recruitment, orientation, training and recognition efforts to encourage LTSS staff retention.

Facilitate internship opportunities for college students as a path to a career in aging services.

Collaborate with the South Dakota Department of Labor to form prospective partnerships with senior employment programs.

Collaborate with the Department of Health's Health Occupations for Today and Tomorrow (HOTT) program to form prospective partnerships.

Take an active part in exploring and identifying barriers to entering the direct care workforce.

## OBJECTIVE 4.2

---

Support the success of local senior centers and the quality of services they provide.

## STRATEGIES

---

Encourage LTSS staff engagement with senior centers and expansion of services and activities.

Hold forums for senior centers to share best practices.

Offer to have LTSS staff present during local senior center functions.

LTSS staff will provide local senior center information to consumers.

## GOAL 4: PERFORMANCE MEASURES

---

Percent increase of LTSS staff retention.

Number of outreach events held at local senior centers.

## Assuring Quality

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All data aggregation and analysis is completed by LTSS staff who begin the process of trend identification as aggregation and analysis is being conducted. Data and trends are then presented to a quality management workgroup, consisting of staff members of DHS at different levels. The workgroup meets to discuss identified trends and related issues to set priorities for system-wide quality improvement. As a result of an analysis of the discovery and remediation information presented, system improvements are identified and design changes are made. The backbone of support for effective compilation of data for continuous quality improvement across LTSS consists of internal databases and their associated subsystems, and effective and objective reviews of case management and documentation as completed by designated staff within LTSS. Comparative data gleaned from these databases and case reviews are evaluated by the program staff and quality management workgroup to determine if system changes are warranted. Review of these reports may also lead to initiation of new improvement projects to benefit applicable individuals. The quality management work group prioritizes quality improvement activities and projects from those opportunities that provide the most benefit to the consumer, the community, providers, the organization and funding entities at the same time maximizing use of quality improvement resources.



Consideration is given to the issues based on the following criteria:

Regulatory requirements – required by law or funding source;

High risk – likelihood of adverse effects or outcomes;

High volume – affects many individuals;

High cost – causes a financial drain on the system;

High impact – potential to make significant change;

High likelihood of success – easy to implement and provides a successful outcome;

Problem prone – causes major problems if it occurs;

Feasibility of time and resources – cost and staff commitment required;

Measurability – data and resources can capture necessary information; and

Readiness to address issue – the time, situation, and climate are right.

After the quality management workgroup has identified a need for system improvement and decided action is needed, the design and development of the processes for implementing the system improvement is accomplished in coordination with other entities impacted.

Implementation of system improvement activities will be managed by the LTSS staff. Remediation, guidance and training to applicable individuals will be provided in person, through policy and manual edits, or via web conference as needed.

**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-

to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and  
in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

### **Sec. 307, STATE PLANS**

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).

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*Signature and Title of Authorized Official*

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*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;*

The Division of Long Term Services and Supports works 23 fully staffed and 3 itinerate local field offices, 5 Aging and Disability Resource Connections (ADRC) Call Centers, 5 Medical Review Team Nurses and 6 Local Long Term Care Ombudsmen which strategically provide statewide coverage. Having 26 local office dispersed throughout the State helps to ensure that preference will be given in providing services to older individuals with the greatest economic and social need and older individuals residing in rural areas. South Dakota has only two standard Metropolitan communities (Sioux Falls and Rapid City), the remainder of the state is considered either rural or frontier. Since a majority of our state is considered rural or frontier, the distribution of 26 local LTSS offices, ensures preference is being given in providing services to older individuals residing in rural areas. LTSS has offices on or adjacent to the following Native American Tribal Areas; Bear Butte, Crow Creek, Cheyenne River, Flandreau, Lower Brule, Pine Ridge, Rosebud, Standing Rock, Sisseton Wahpeton, and Yankton. The counties which make up some of these tribal areas are among some of the poorest counties in the nation, the accessibility of LTSS offices adjacent to these areas ensures preference is being given in providing services to low-income minority older individuals. There are significant populations of refugees living in cities and towns throughout the state, the Division enjoys a good working relationship with the following entities to ensure a preference is being given to older individuals with limited English proficiency or individuals with Sensory Impairments: Lutheran Social Services, which provides interpreter services, Interpret Talk, Website Interpreter Services, Local High Schools, English as a Second Language programs, Local College and Universities, Tribal Agency staff members, Multi-Cultural Centers, A to Z World Languages, Department of Social Services, Communications for the Deaf, Relay South Dakota, Division of Services to the Blind and Visually Impaired, and ISI for Sign Language.

Screening methodologies are employed to ascertain that the individuals receiving preference for assistance are either elderly or adults with disabilities and in most need. Service is provided in all counties, including all tribal lands. Oglala Lakota County is entirely within the Pine Ridge Indian Reservation and contains part of Badlands National Park. The Oglala Lakota County's median household income makes it the forty-eighth poorest county in the United States. According to the

US 2010 Census Bureau, 2007 – 2011, Oglala Lakota County is home to a population of which 53.5% are below poverty level.

LTSS supplements Title VI tribal nutrition programs on four of South Dakota’s reservations. In addition, the South Dakota Title III nutrition program operates meal sites at additional sites on or in close proximity to tribal lands.

Tribal Nutrition Site	2013 Title III C Contracted Meals	2014 Title III C Contracted Meals	2015 Title III C Contracted Meals	2016 Title III C Contracted Meals
Cheyenne River	5720	5720	5720	5720
Rosebud	29333	29333	29333	29333
Sisseton - Wahpeton	4180	4180	4180	4180
Standing Rock	4180	4180	4180	4180

**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.*

The Office of Emergency Management is charged with the overall mission of protecting South Dakota’s citizens and their property from the effects of natural, manmade, and technological disasters. To fulfill this mission, the office recognizes and utilizes the four phases of emergency management: Preparedness; Response; Recovery; and Mitigation. The South Dakota State Emergency Operations Plan is a product of the Office of Emergency Management with the main purpose of assisting state government agencies in responding to an emergency or disaster when it exceeds the local government’s capability to respond. Emergency or disaster conditions may require state agency personnel to perform their normal duties under unusual circumstances and normal functions that do not contribute to the emergency operations may be suspended or redirected for the duration of the emergency. The South Dakota State Emergency Operations Plan establishes policy for state government agencies in their response to the threat of natural, technological, or national security emergency/disaster situations. It documents the policies, concept of operations, organizational structures and specific responsibilities of state agencies in their response to provide for the safety and welfare of its citizens and addresses the need for preparedness, response, recover, and mitigation activities to enhance the State’s overall capability to cope with potential hazards. It is the responsibility of each state agency to respond in a manner consistent with its capabilities as identified and agreed to in the South Dakota State Emergency Operations Plan. The South Dakota Department of Human Services’ Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission-essential functions for the Department in the event that an emergency threatens or incapacitates

operations. Specifically, the plan is designed to: ensure that the Department is prepared to respond to emergencies, recover from them, and mitigate against their impacts; ensure that the Department is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated; provide timely direction, control, and coordination to department leadership and other critical customers before, during, and after an event or upon notification of a credible threat; establish and enact time-phased implementation procedures to activate various components of the plan; facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment; ensure that the plan is viable and operational, and is compliant with all guidance documents; ensure that the plan is fully capable of addressing all types of emergencies, or “all hazards” and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

The Office of Emergency Management maintains a Duty Officer Program which provides assistance to county emergency managers with the location and acquisition of resources and provides state agencies with information regarding current events as they relate to the agency mission requirements. The Duty Officer is on call 24 hours a day, seven days a week. The Duty Officer can be contacted by county emergency managers or by assigned state agency representatives whenever there is a need for state resources or assistance, including the National Guard. The Department maintains a “wallet card” to be carried by Department leadership which provides up to date contact information for all leadership positions within the Department. When contacted by the Office of Emergency Management Duty Officer, the Secretary of the Department will contact Division leaders to engage and inform staff members of their respective Division regarding the need for emergency operations.

The Office of Emergency Management also makes available brochures for public education on severe weather/storms, winter weather preparedness, family communications planning and the SD Be Ready program, which provides checklists and preparation guides to prepare individuals for a range of disaster or emergency conditions. Natural disasters, epidemics or major emergencies may require a person to isolate themselves and their family from others for a period of time. This program provides information on being informed, being ready and staying safe.

Examples of the system at work are:

- When flood conditions are identified in a South Dakota community, an emergency operations plan is activated and pre-selected staff members from several different state agencies travel to the affected community to offer support and services directly in a door-to-door campaign.
- When flood conditions are identified in a neighboring state, an emergency operations plan is activated and pre-selected staff members from several different state agencies coordinate assistance with relocation of affected residents.
- When severe cold weather is projected, a call is made from the Duty Officer to the Secretary of the Department of Human Services. Within a short period of time, a message is transmitted to all field offices of Long Term Services and Supports-and to the Elderly Nutrition Projects warning of the severe cold forecast and to check with individuals at risk and assure an adequate supply of emergency “heater” meals are on hand.

**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.)*

South Dakota does not utilize Area Agencies on Aging.

**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.*

The following table illustrates the amount of Title III funds expended on the specified categories (Transportation – access to services, Case management – In home services, and Legal assistance) over the last three federal fiscal years.

Title III Funds	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Transportation	\$ 341,966	\$ 343,096	\$ 338,484	\$ 336,912
Case Management	\$ 1,665,245	\$ 1,525,136	\$ 1,426,068	\$ 1,323,002
Legal Assistance	\$ 110,793	\$ 102,982	\$ 119,748	\$ 114,223

Actual spending:

Services	2000 Base Federal Only	FY 2013 Federal Only	FY 2014 Federal Only	FY 2015 Federal Only	FY 2016 Federal Only
Transportation	\$ 297,958	\$ 341,966	\$ 343,096	\$ 338,484	\$ 336,912
Case Mgmt	\$ 901,060	\$ 1,665,245	\$ 1,525,136	\$ 1,426,068	\$ 1,323,002
Legal Assistance	\$ 84,203	\$ 110,793	\$ 102,982	\$ 119,748	\$ 114,223

The above mentioned program spending is 20%, 53% and 66% respectively above the base spending. The State agency has methodologies in place to assure the spending will remain at or above the expended funding for the services listed for fiscal year 2000.



South Dakota’s projected spending for FY2017 – FY 2021

Services	FY2017	FY2018	FY2019	FY2020	FY2021
Transportation	\$ 337,475	\$ 337,475	\$ 337,475	\$ 337,475	\$ 337,475
Case Mgmt	\$ 1,309,772	\$ 1,296,674	\$ 1,283,707	\$ 1,270,870	\$ 1,258,161
Legal Assistance	\$ 115,365	\$ 116,519	\$ 117,684	\$ 118,861	\$ 120,050

South Dakota has only two standard Metropolitan communities (Sioux Falls and Rapid City), the remainder of the state is considered either rural or frontier.

In FY2016, the State met the needs by utilization of contracts with transportation and legal service providers and by the existence of 26 local Adult Services and Aging (ASA) offices dispersed throughout the State. Every county in the State is covered by one of the 26 local ASA offices.

**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.*

Since a majority of our state is considered rural or frontier and there are the distribution of 26 local LTSS offices, ensures preference is being given in providing services to older individuals residing in rural areas.

See above: Section 305(a)(2)(E) and Section 307(a)(3)

**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*

The total number of minority aged 60 and over (not considering limited English) is 9,714. The total number of minority aged 60 and over with limited English proficiency is 913. The total number of minority aged 60 and over with limited English proficiency and fall below the poverty line in South Dakota is estimated at 247. The poverty rate among elderly minorities with limited English proficiency is estimated at 27%, which is a much higher poverty rate compared to the state average of 14%.

(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.*

See above: Section 305(a)(2)(E) and Section 307(a)(3). LTSS has offices on or adjacent to the following Native American Tribal Areas; Bear Butte, Crow Creek, Cheyenne River, Flandreau, Lower Brule, Pine Ridge, Rosebud, Standing Rock, Sisseton Wahpeton, and Yankton. The counties which make up some of these tribal areas are among some of the poorest counties in the nation, the accessibility of LTSS offices adjacent to these areas ensures preference is being given in providing services to low-income minority older individuals. There are significant populations of refugees living in cities and towns throughout the state. The Division works with entities such as Lutheran Social Services, which provides interpreter services, Interpret-Talk, local English as a Second Language programs, Multi-Cultural centers and others to ensure services are being provided to those individuals with limited English proficiency. Additionally, the Division of LTSS plans to satisfy the services needs of the low income minority older individuals by: collaborating with organizations representing diverse communities to promote long term services and supports; Providing outreach to rural, ethnic, culturally diverse and low income communities to increase awareness; Expand the areas of service by creating or expanding to reach these individuals; Continue and improve collaboration and outreach to the Native American Tribal areas. In an effort to satisfy the service needs of low income older individuals with limited English proficiency Department has taken steps to ensure access by diversifying the website access with various language options and including various language options with brochures that are distributed.

**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* .

Please see the above section 305(a)(2)(E). LTSS has offices on or adjacent to the following Native American Tribal Areas; Bear Butte, Crow Creek, Cheyenne River, Flandreau, Lower Brule, Pine Ridge, Rosebud, Standing Rock, Sisseton Wahpeton, and Yankton. The counties which make up some of these tribal areas are among some of the poorest counties in the nation, the accessibility of LTSS offices adjacent to these areas ensures preference is being given in providing services to low-income minority older individuals. Additionally, the Division of LTSS plans to satisfy the services needs of the low income minority older individuals by: collaborating with organizations representing diverse communities to promote long term services and supports; Providing outreach to rural, ethnic, culturally diverse and low income communities to increase awareness; Expand the areas of service by creating or expanding to reach these individuals; Continue and improve collaboration and outreach to the Native American Tribal areas.

**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

An analysis by Abt and Associates in 2015, resulted in revised projections regarding the growth rate of the elderly and elderly with disabilities populations in South Dakota. The current projections are that the number of elders (>65) will increase by approximately 84% in the year 2035 relative to decennial Census totals in the year 2010, increasing to approximately 103,000 to 2226,000. The number of elders with disabilities will peak in 2030, increasing by about 33,000 to 85,000 or 71% higher than the decennial Census year 2010 total. By 2035, this number will fall slightly as the relative proportion of younger elderly individuals (65-74 years) increase in relation to the proportion of older elderly individuals (age 75+). Although growth rates for the elderly and elderly with disabilities populations have slowed relative to past projections, it remains the case that growth rates and associated demand for long term services and supports are not balanced across the state. Growth rates are projected to be higher West River than East River, and the regions including the two metropolitan areas of Sioux Falls and Rapid City continue to exhibit the fastest rates of anticipated growth as well as the largest growth in the overall number of elders. Nursing home capacity and utilization rates have continued to drop, both in South Dakota and nationwide. Although South Dakota's utilization rates remain higher than the national average, the drop in utilization between 2006 and 2011 indicates the gap is shrinking. South Dakota continues to have the 2<sup>nd</sup> fewest Medicare skilled home health episodes in the nation, with just over 5 episodes per 100 elderly individuals. Home and community based services are a critical component in allowing individuals to remain in the community. There has been no perceptible shift in availability of services, with services such as adult day, senior centers, nutrition programs, and homemaker services remaining at similar, relatively low levels. The Abt report concludes that:

“It is clear that recent policy changes in South Dakota as described in the introduction have successfully accelerated the decline in nursing home utilization, substantially reducing the gap relative to national utilization rates. Assisted living utilization has increased in parallel, but we do not observe concurrent increases in skilled Medicare home health or HCBS (home and community based services).

The results naturally lead to speculation on how the needs of individuals are being met in light of decreasing nursing home utilization without a correlating increase in the use of formal supports. Per the Department of Social Services, South Dakota ranked within the top five states nationwide in market penetration for private long term care insurance as of June 2013, potentially indicating on way in which residents are bridging the gap.”

The state continues to face the challenge of rebalancing long term services and supports in South Dakota through increased awareness of community based alternatives, enhancing and improving available supports and improving support for family caregivers. The full Abt and Associates report is available in Attachment G.<sup>6</sup>

**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.*

The Office of Emergency Management is charged with the overall mission of protecting South Dakota's citizens and their property from the effects of natural, manmade, and technological disasters. To fulfill this mission, the office recognizes and utilizes the four phases of emergency management: Preparedness; Response; Recovery; and Mitigation. The South Dakota State Emergency Operations Plan is a product of the Office of Emergency Management with the main purpose of assisting state government agencies in responding to an emergency or disaster when it exceeds the local government's capability to respond. Emergency or disaster conditions may require state agency personnel to perform their normal duties under unusual circumstances and normal functions that do not contribute to the emergency operations may be suspended or redirected for the duration of the emergency. The South Dakota State Emergency Operations Plan establishes policy for state government agencies in their response to the threat of natural, technological, or national security emergency/disaster situations. It documents the policies, concept of operations, organizational structures and specific responsibilities of state agencies in their response to provide for the safety and welfare of its citizens and addresses the need for preparedness, response, recover, and mitigation activities to enhance the State's overall capability to cope with potential hazards. It is the responsibility of each state agency to respond in a manner consistent with its capabilities as identified and agreed to in the South Dakota State Emergency Operations Plan. The South Dakota Department of Human Services' Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission-essential functions for the Department in the event that an emergency threatens or incapacitates operations. Specifically, the plan is designed to: ensure that the Department is prepared to respond to emergencies, recover from them, and mitigate against their impacts; ensure that the Department is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated; provide timely direction, control, and coordination to department leadership and other critical customers before, during, and after an event or upon notification of a credible threat; establish and enact time-phased implementation procedures to activate various components of the plan; facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment; ensure that the plan is viable and operational, and is compliant with all guidance documents; ensure that the plan is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

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<sup>6</sup> Abt Associates' analysis of South Dakota Data Center's Population Projections data, 2010 and American Community Survey (revised in 2015)

The Office of Emergency Management maintains a Duty Officer Program which provides assistance to county emergency managers with the location and acquisition of resources and provides state agencies with information regarding current events as they relate to the agency mission requirements. The Duty Officer is on call 24 hours a day, seven days a week. The Duty Officer can be contacted by county emergency managers or by assigned state agency representatives whenever there is a need for state resources or assistance, including the National Guard. The Department maintains a “wallet card” to be carried by Department leadership which provides up to date contact information for all leadership positions within the Department. When contacted by the Office of Emergency Management Duty Officer, the Secretary of the Department will contact Division leaders to engage and inform staff members of their respective Division regarding the need for emergency operations.

The Office of Emergency Management also makes available brochures for public education on severe weather/storms, winter weather preparedness, family communications planning and the SD Be Ready program, which provides checklists and preparation guides to prepare individuals for a range of disaster or emergency conditions. Natural disasters, epidemics or major emergencies may require a person to isolate themselves and their family from others for a period of time. This program provides information on being informed, being ready and staying safe.

Examples of the system at work are:

- When flood conditions are identified in a South Dakota community, an emergency operations plan is activated and pre-selected staff members from several different state agencies travel to the affected community to offer support and services directly in a door-to-door campaign.
- When flood conditions are identified in a neighboring state, an emergency operations plan is activated and pre-selected staff members from several different state agencies coordinate assistance with relocation of affected residents.
- When severe cold weather is projected, a call is made from the Duty Officer to the Secretary of the Department of Human Services. Within a short period of time, a message is transmitted to all field offices of Long Term Services and Supports and to the Elderly Nutrition Projects warning of the severe cold forecast and to check with individuals at risk and assure an adequate supply of emergency “heater” meals are on hand.

### **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.*

The Office of Emergency Management is charged with the overall mission of protecting South Dakota’s citizens and their property from the effects of natural, manmade, and technological disasters. To fulfill this mission, the office recognizes and utilizes the four phases of emergency management: Preparedness; Response; Recovery; and Mitigation. The South Dakota State Emergency Operations Plan is a product of the Office of Emergency Management with the main purpose of assisting state government agencies in responding to an emergency or disaster when it exceeds the local government’s capability to respond. Emergency or disaster conditions may require state agency personnel to perform their normal duties under unusual circumstances and normal functions that do not contribute to the emergency operations may be suspended or

redirected for the duration of the emergency. The South Dakota State Emergency Operations Plan establishes policy for state government agencies in their response to the threat of natural, technological, or national security emergency/disaster situations. It documents the policies, concept of operations, organizational structures and specific responsibilities of state agencies in their response to provide for the safety and welfare of its citizens and addresses the need for preparedness, response, recover, and mitigation activities to enhance the State's overall capability to cope with potential hazards. It is the responsibility of each state agency to respond in a manner consistent with its capabilities as identified and agreed to in the South Dakota State Emergency Operations Plan. The South Dakota Department of Human Services' Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission-essential functions for the Department in the event that an emergency threatens or incapacitates operations. Specifically, the plan is designed to: ensure that the Department is prepared to respond to emergencies, recover from them, and mitigate against their impacts; ensure that the Department is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated; provide timely direction, control, and coordination to department leadership and other critical customers before, during, and after an event or upon notification of a credible threat; establish and enact time-phased implementation procedures to activate various components of the plan; facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment; ensure that the plan is viable and operational, and is compliant with all guidance documents; ensure that the plan is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

The Office of Emergency Management maintains a Duty Officer Program which provides assistance to county emergency managers with the location and acquisition of resources and provides state agencies with information regarding current events as they relate to the agency mission requirements. The Duty Officer is on call 24 hours a day, seven days a week. The Duty Officer can be contacted by county emergency managers or by assigned state agency representatives whenever there is a need for state resources or assistance, including the National Guard. The Department maintains a "wallet card" to be carried by Department leadership which provides up to date contact information for all leadership positions within the Department. When contacted by the Office of Emergency Management Duty Officer, the Secretary of the Department will contact Division leaders to engage and inform staff members of their respective Division regarding the need for emergency operations.

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Examples of the system at work are:

- When flood conditions are identified in a South Dakota community, an emergency operations plan is activated and pre-selected staff members from several different state agencies travel to the affected community to offer support and services directly in a door-to-door campaign.

- When flood conditions are identified in a neighboring state, an emergency operations plan is activated and pre-selected staff members from several different state agencies coordinate assistance with relocation of affected residents.
- When severe cold weather is projected, a call is made from the Duty Officer to the Secretary of the Department of Human Services. Within a short period of time, a message is transmitted to all field offices of Long Term Services and Supports and to the Elderly Nutrition Projects warning of the severe cold forecast and to check with individuals at risk and assure an adequate supply of emergency “heater” meals are on hand.

### **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.*

The state of South Dakota has established programs in accordance with the requirements of chapter 307 and 705. The Division of Long Term Services and Supports as the State Unit on Aging (SUA) has established policies and procedures to ensure interested parties are encouraged and allowed access to provide input on programs provided through the Division. Public hearings are publicized and comments are taken into consideration and incorporated. When conducting outreach events the State Plan on Aging is distributed along with information on how to make comments.

The State assures that it does not permit cost sharing for and from the following:

Information and assistance, outreach, benefits counseling, or case management services.

Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.

Congregate and home delivered meals.

Any services delivered through tribal organizations.

By a low-income older individual if the income of such individual is at or below the Federal poverty line.

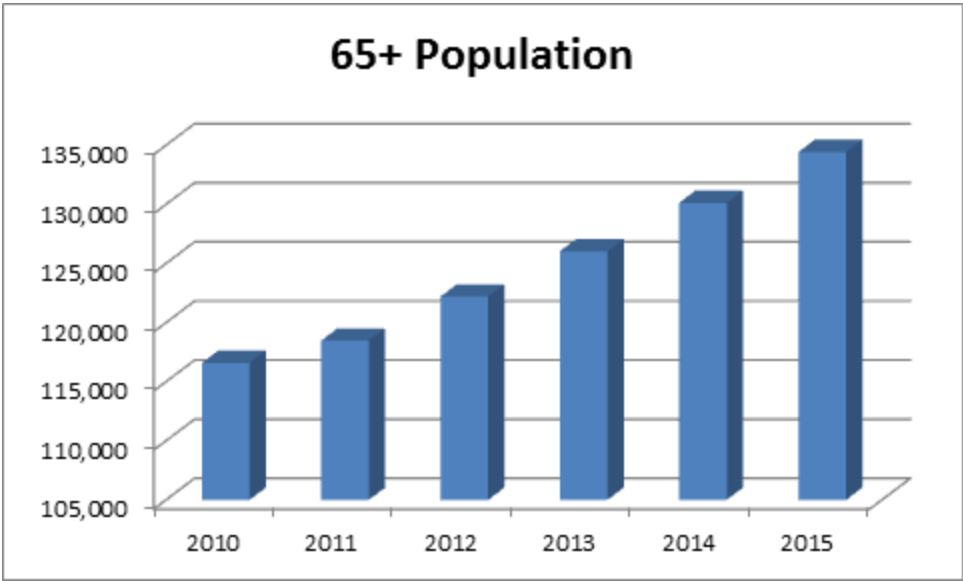
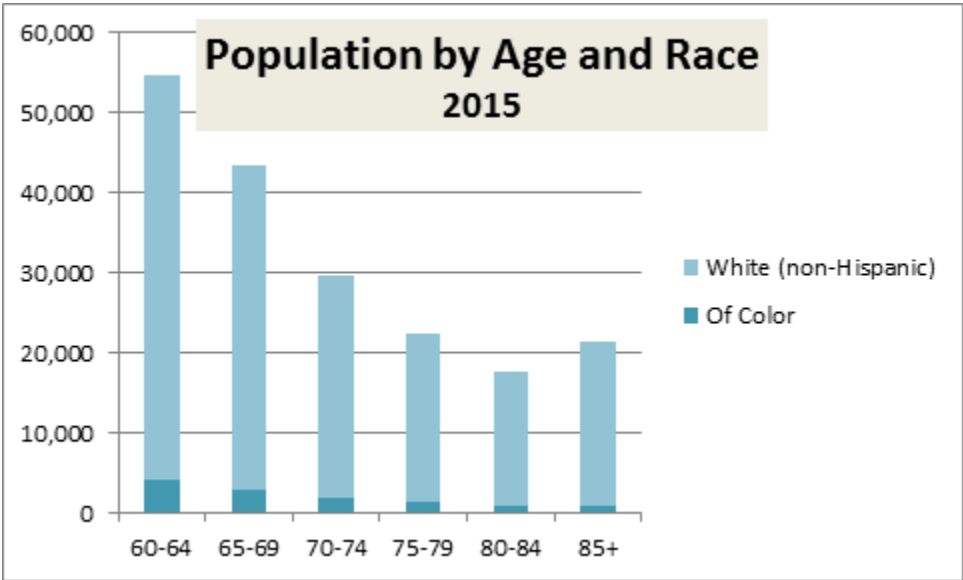
The state of South Dakota does not consider any assets, savings, or other property owned by older individuals when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for the cost sharing, or when seeking contributions from any older individual.

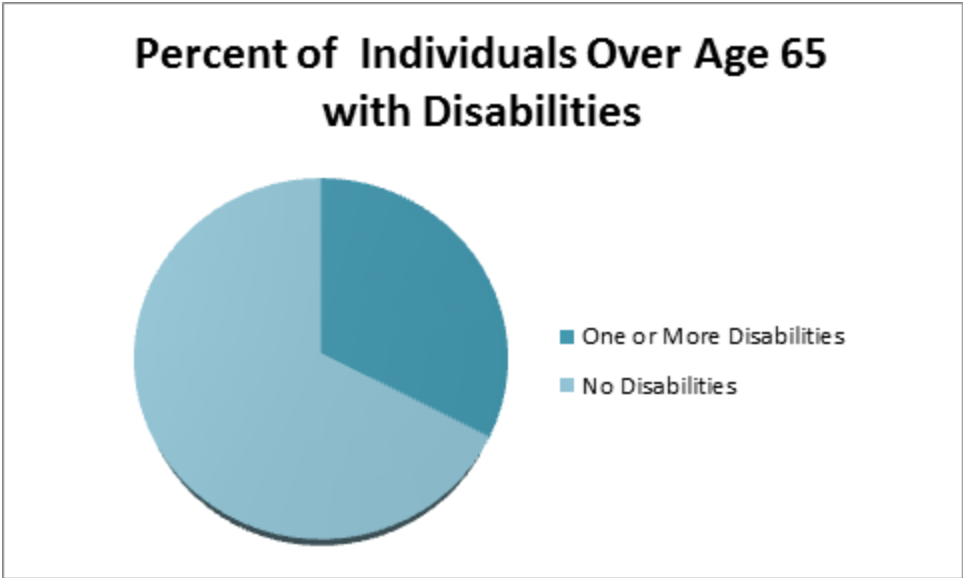
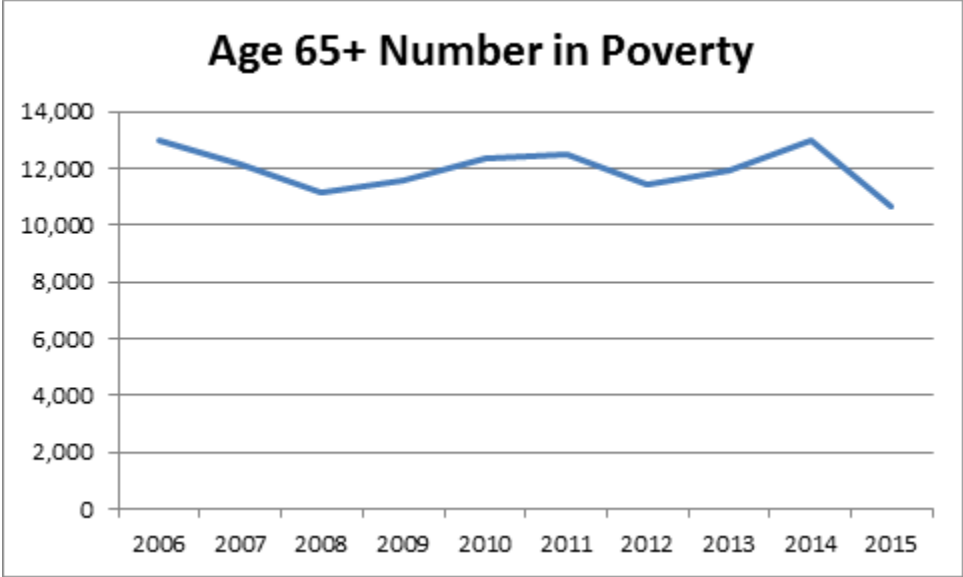
The State Adult Protection program provides public education to help individuals identify and prevent elder abuse; receives reports of elder abuse; makes referrals to Law Enforcement, the Attorney General's office, South Dakota Advocacy, Veterans Administration, and the Social Security Administration as needed and appropriate. Policy is in place to ensure all information and records are kept confidential. The only time records are disclosed is upon receipt of a court order.



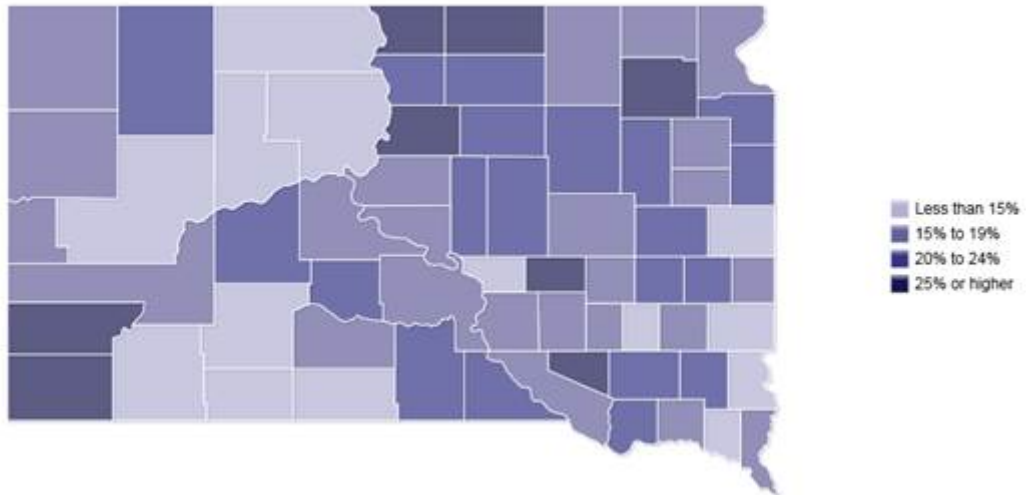
Attachment E

Statistical Charts and Graphs for South Dakota





**Percent of population age 65+**  
South Dakota counties, 2015



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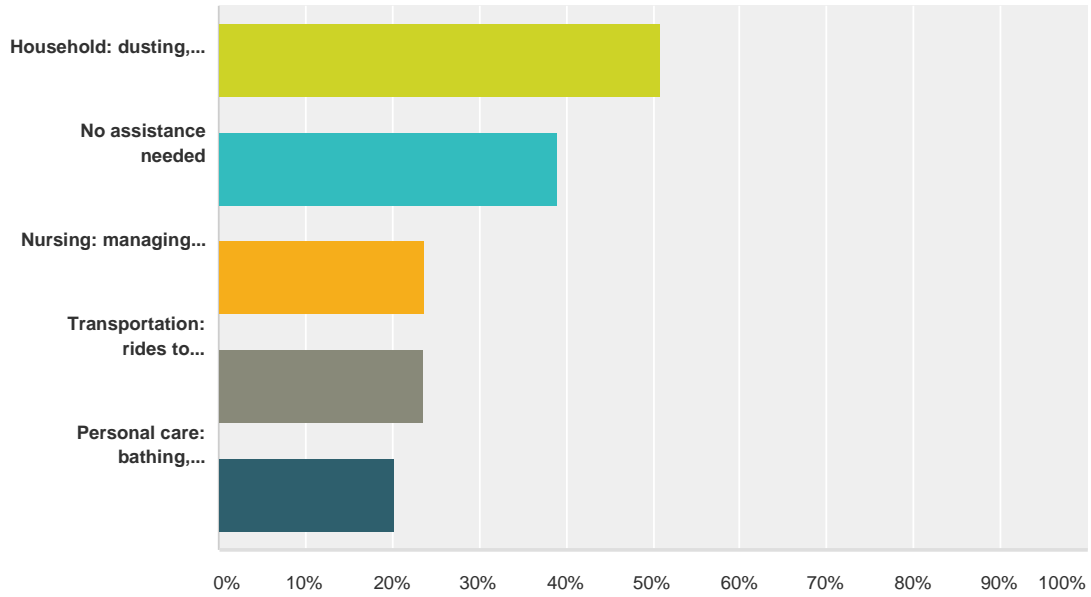
<sup>7</sup> U.S. Census Bureau, Decennial Census and Population Estimates.  
<http://factfinder.census.gov>

<http://blackhillsknowledgenetwork.org>

Attachment F  
Consumer Survey

**Q1 Currently, what kind of in-home assistance do you or a family member receive to complete daily living activities?  
Mark all that apply.**

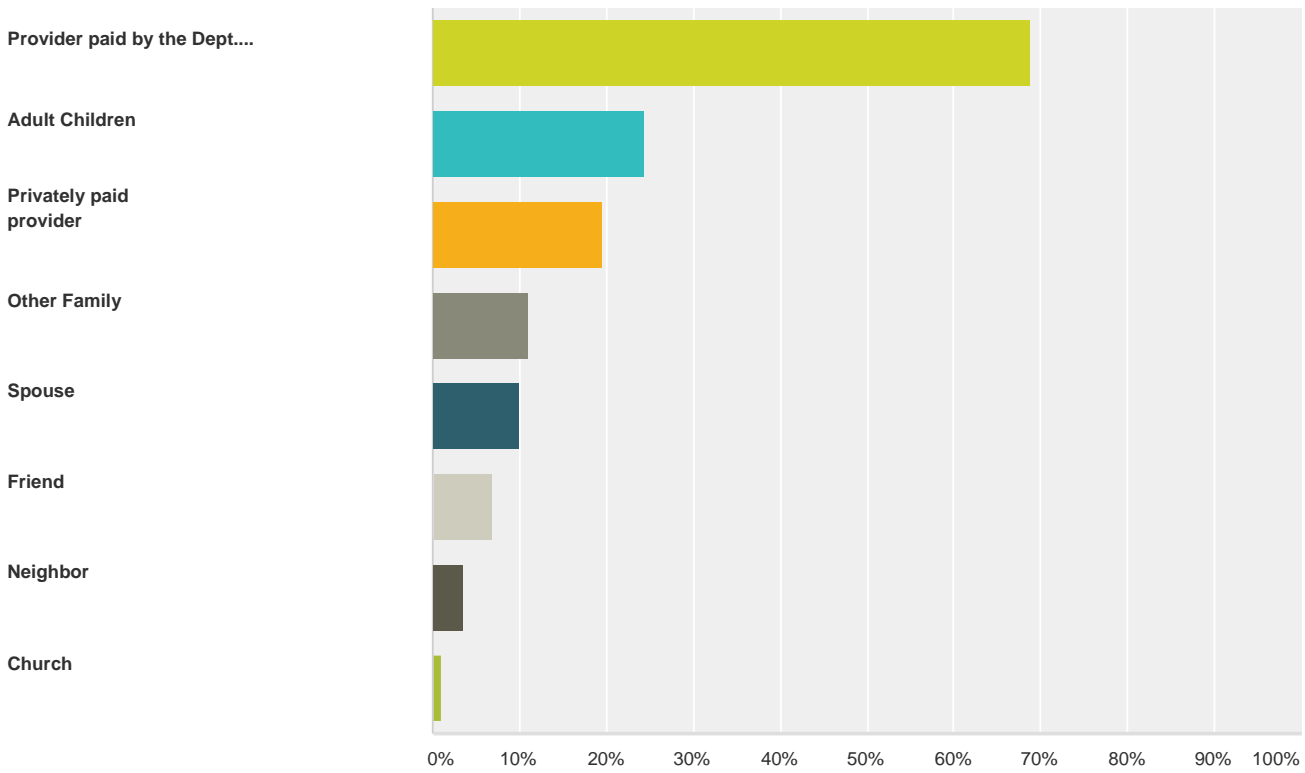
Answered: 1,256 Skipped: 0



Answer Choices	Responses
Household: dusting, vacuuming, dishes, cooking, laundry, shopping	50.96% 640
No assistance needed	39.09% 491
Nursing: managing medication, skilled nursing	23.81% 299
Transportation: rides to appointments, community activities and events	23.65% 297
Personal care: bathing, dressing	20.30% 255
<b>Total Respondents: 1,256</b>	

## Q2 Who provides the in-home assistance marked in Question #1? Mark all that apply.

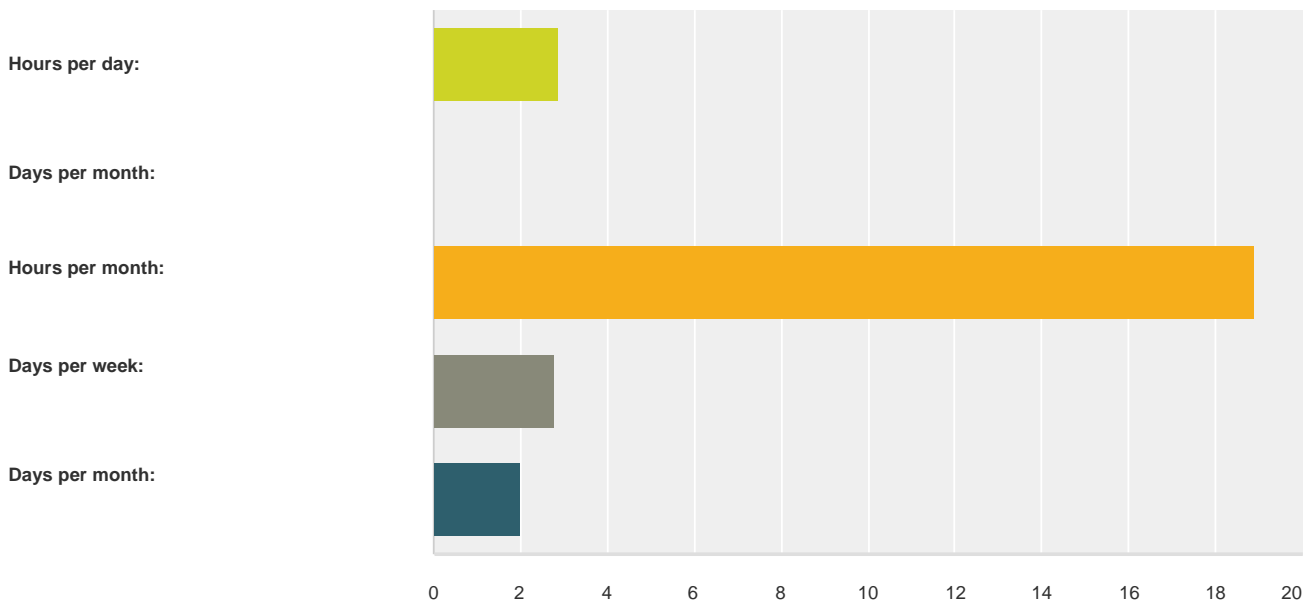
Answered: 722 Skipped: 534



Answer Choices	Responses	Count
Provider paid by the Dept. of Social Services	68.98%	498
Adult Children	24.38%	176
Privately paid provider	19.53%	141
Other Family	11.08%	80
Spouse	10.11%	73
Friend	6.79%	49
Neighbor	3.60%	26
Church	1.11%	8
<b>Total Respondents: 722</b>		

### Q3 How much in-home assistance do you or a family member receive?

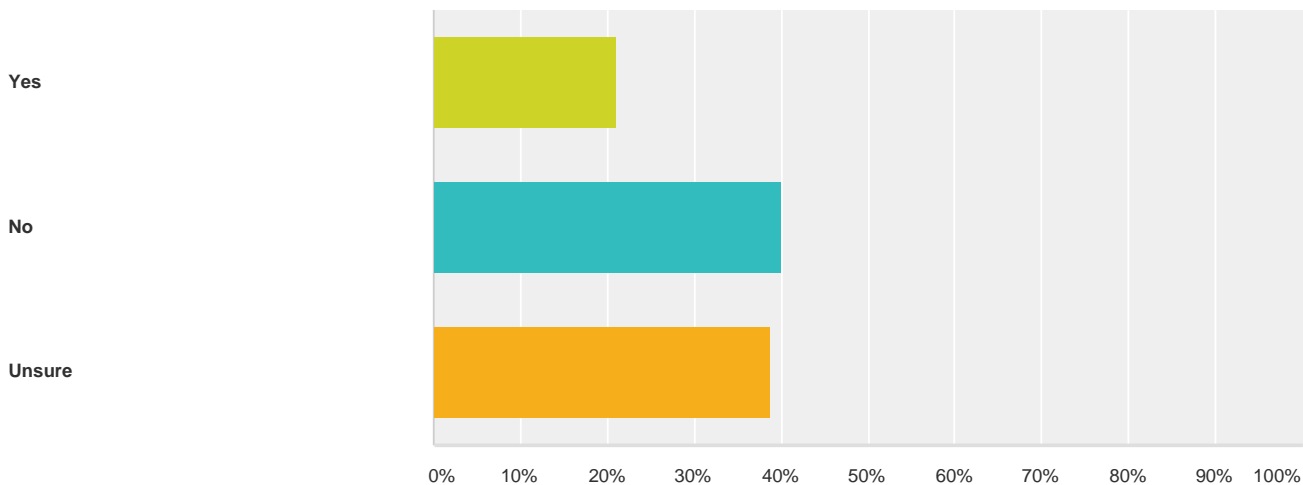
Answered: 722 Skipped: 534



Answer Choices	Average Number	Total Number	Responses
Hours per day:	3	2,063	711
Days per month:	0	0	0
Hours per month:	19	11,070	585
Days per week:	3	2,011	718
Days per month:	2	2	1
<b>Total Respondents: 722</b>			

### Q4 If you were to no longer receive this type of in-home assistance, could you continue to stay in your home?

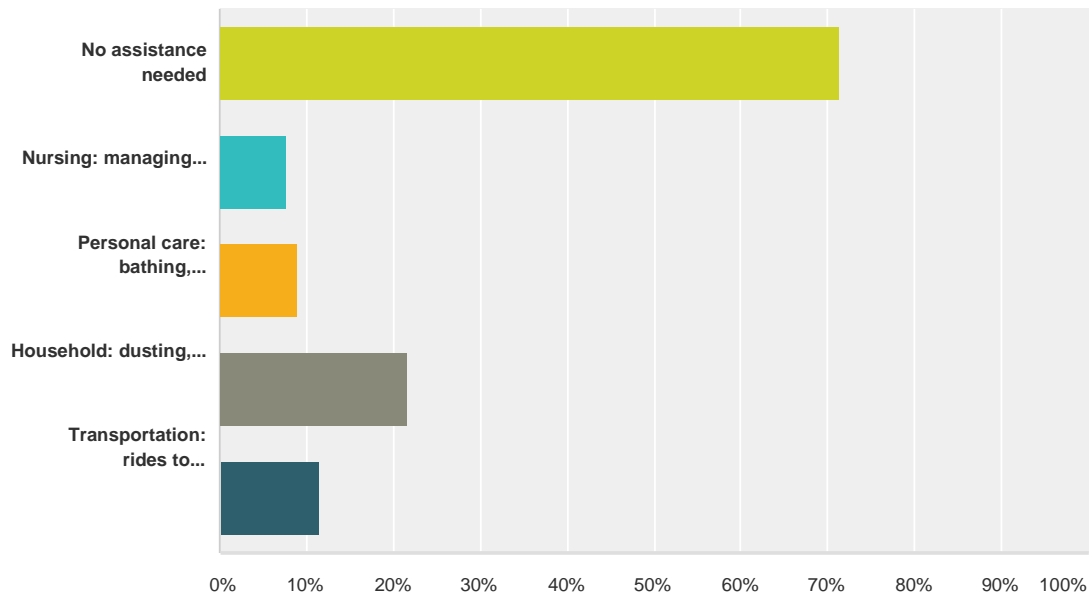
Answered: 722 Skipped: 534



Answer Choices	Responses
Yes	21.05% 152
No	40.17% 290
Unsure	38.78% 280
<b>Total</b>	<b>722</b>

**Q5 If you do not currently receive assistance, which of the following would help you to remain in your home? Mark all that apply.**

Answered: 484 Skipped: 772

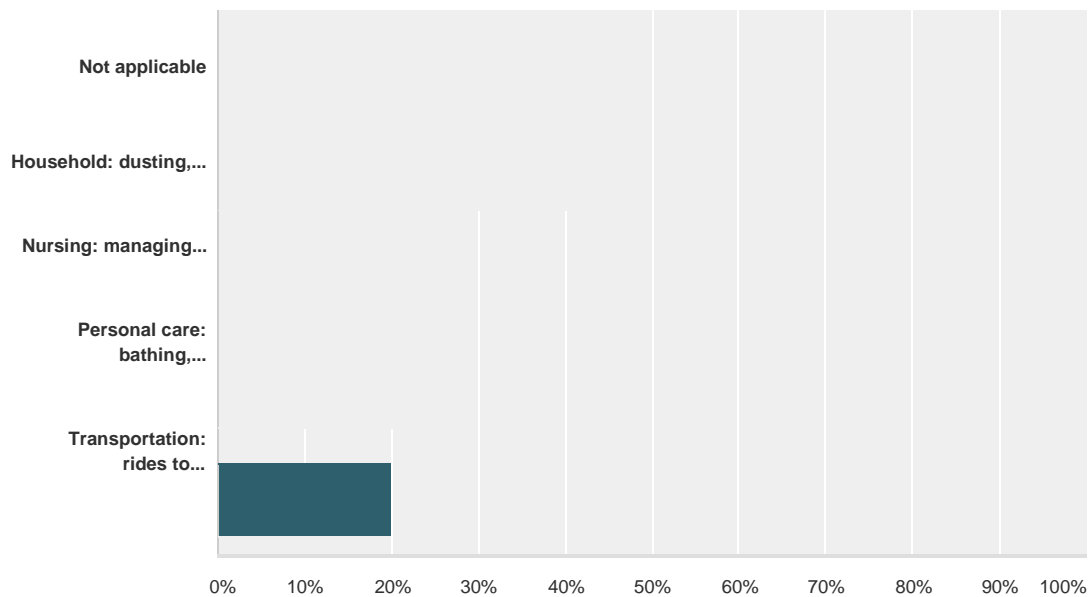


Answer Choices	Responses
No assistance needed	71.49% 346
Nursing: managing medication, skilled nursing	7.64% 37
Personal care: bathing, dressing	8.88% 43
Household: dusting, vacuuming, dishes, cooking, laundry, shopping	21.69% 105
Transportation: rides to appointments, community activities and events	11.57% 56
<b>Total Respondents: 484</b>	



## Q6 If you received any of the following in- home services in the past, which services allowed you to remain in your home?

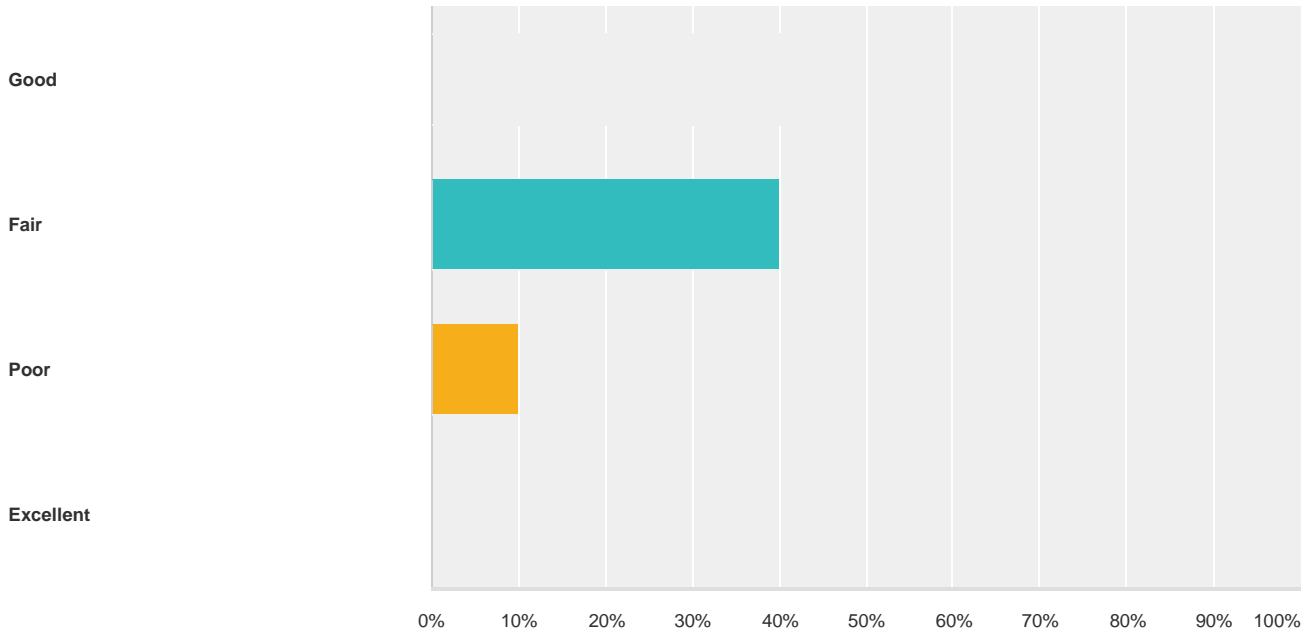
Answered: 1,190 Skipped: 66



Answer Choices	Responses
Not applicable	46.89% 558
Household: dusting, vacuuming, dishes, cooking, laundry, shopping	43.36% 516
Nursing: managing medication, skilled nursing	21.85% 260
Personal care: bathing, dressing	21.51% 256
Transportation: rides to appointments, community activities and events	20.17% 240
<b>Total Respondents: 1,190</b>	

## Q7 How would you rate your overall health:

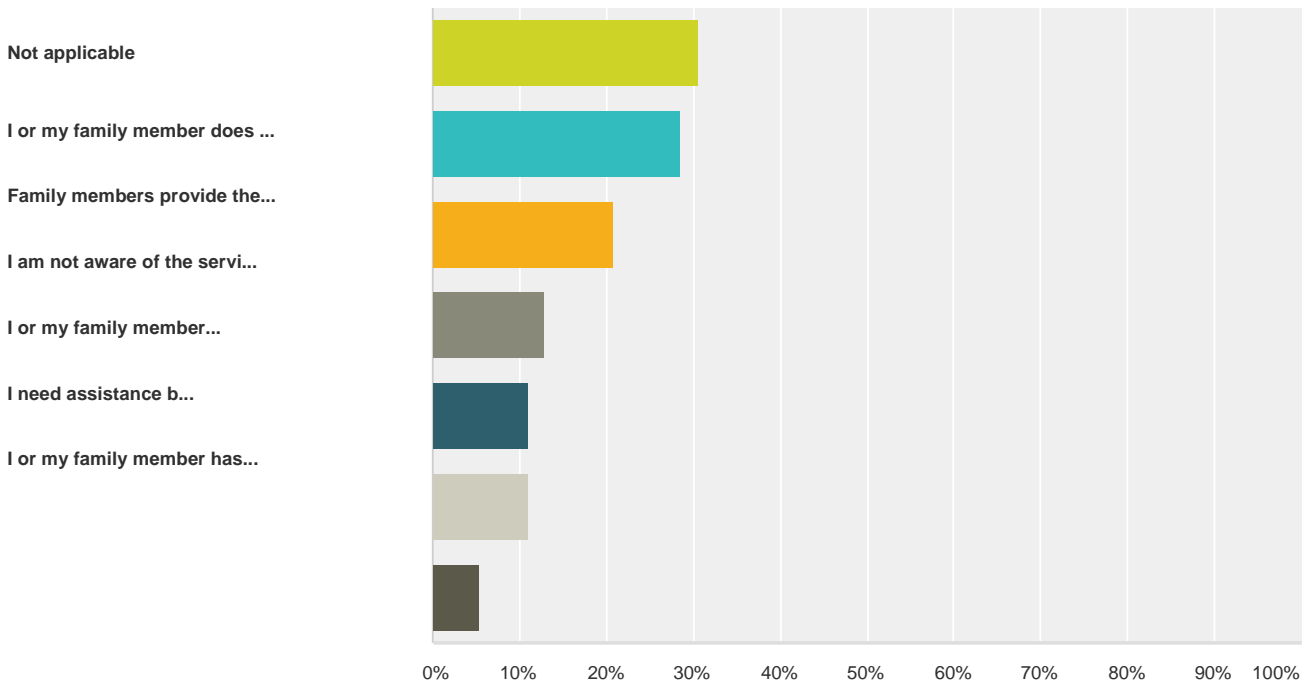
Answered: 1,190 Skipped: 66



Answer Choices	Responses	
Good	41.09%	489
Fair	40.25%	479
Poor	9.58%	114
Excellent	9.08%	108
<b>Total</b>		<b>1,190</b>

## Q8 Please mark any of the following that apply to you or your family member:

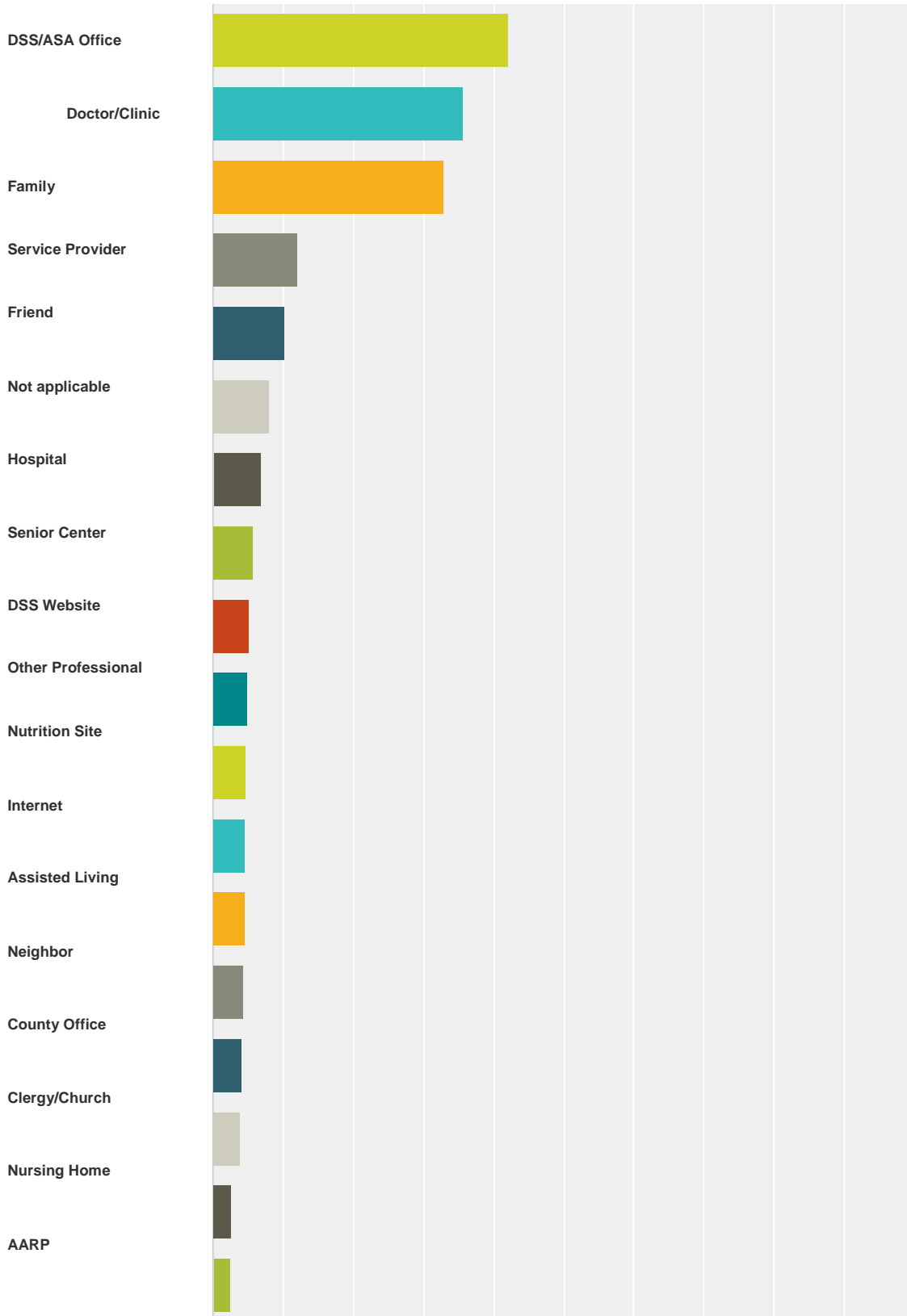
Answered: 1,176 Skipped: 80

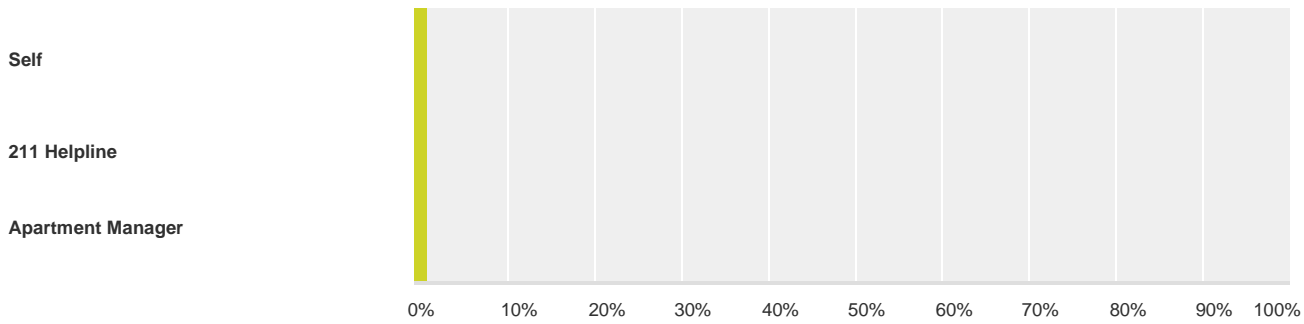


Answer Choices	Responses	Count
Not applicable	30.78%	362
I or my family member does not need in-home assistance or services.	28.57%	336
Family members provide the needed assistance with daily living activities.	20.92%	246
I am not aware of the services DSS/ASA could offer to me or my family member.	12.93%	152
I or my family member privately pays for all in-home services that are needed.	11.14%	131
I need assistance but currently I do not have anything in place.	11.05%	130
I or my family member has Long-term Care Insurance to meet needs.	5.36%	63
<b>Total Respondents: 1,176</b>		

**Q9 If in-home services are needed in the next year, how will you obtain the information or services that you need:**

Answered: 1,176 Skipped: 80

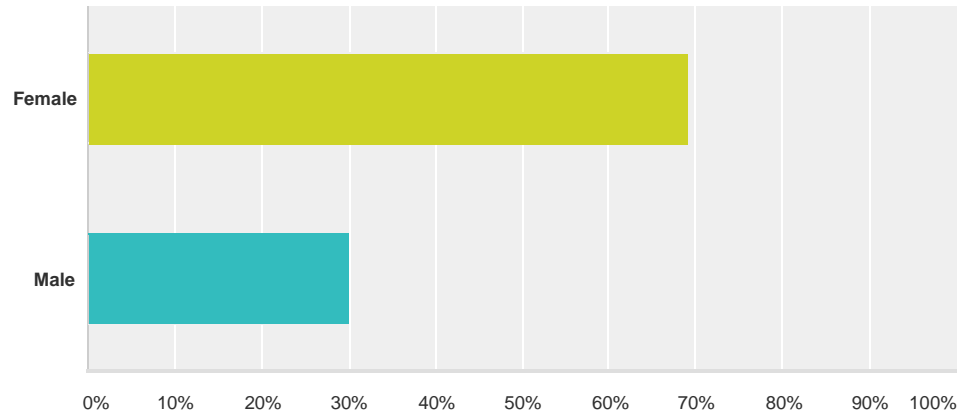




Answer Choices	Responses	Count
DSS/ASA Office	42.26%	497
Doctor/Clinic	35.71%	420
Family	32.91%	387
Service Provider	12.07%	142
Friend	10.29%	121
Not applicable	8.08%	95
Hospital	6.89%	81
Senior Center	5.87%	69
DSS Website	5.19%	61
Other Professional	5.02%	59
Nutrition Site	4.76%	56
Internet	4.59%	54
Assisted Living	4.59%	54
Neighbor	4.42%	52
County Office	4.08%	48
Clergy/Church	4.00%	47
Nursing Home	2.64%	31
AARP	2.47%	29
Self	2.21%	26
211 Helpline	1.62%	19
Apartment Manager	1.62%	19
<b>Total Respondents: 1,176</b>		

## Q10 Sex:

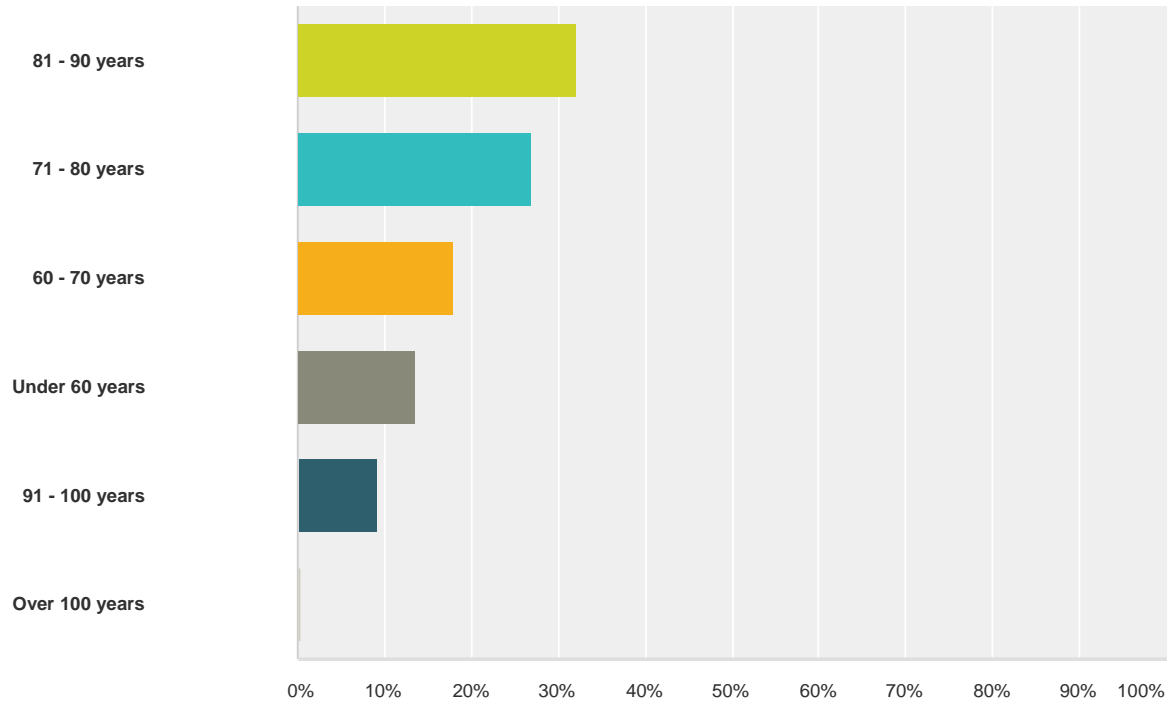
Answered: 1,169 Skipped: 87



Answer Choices	Responses
Female	69.03% 807
Male	30.97% 362
<b>Total</b>	<b>1,169</b>

## Q11 Age:

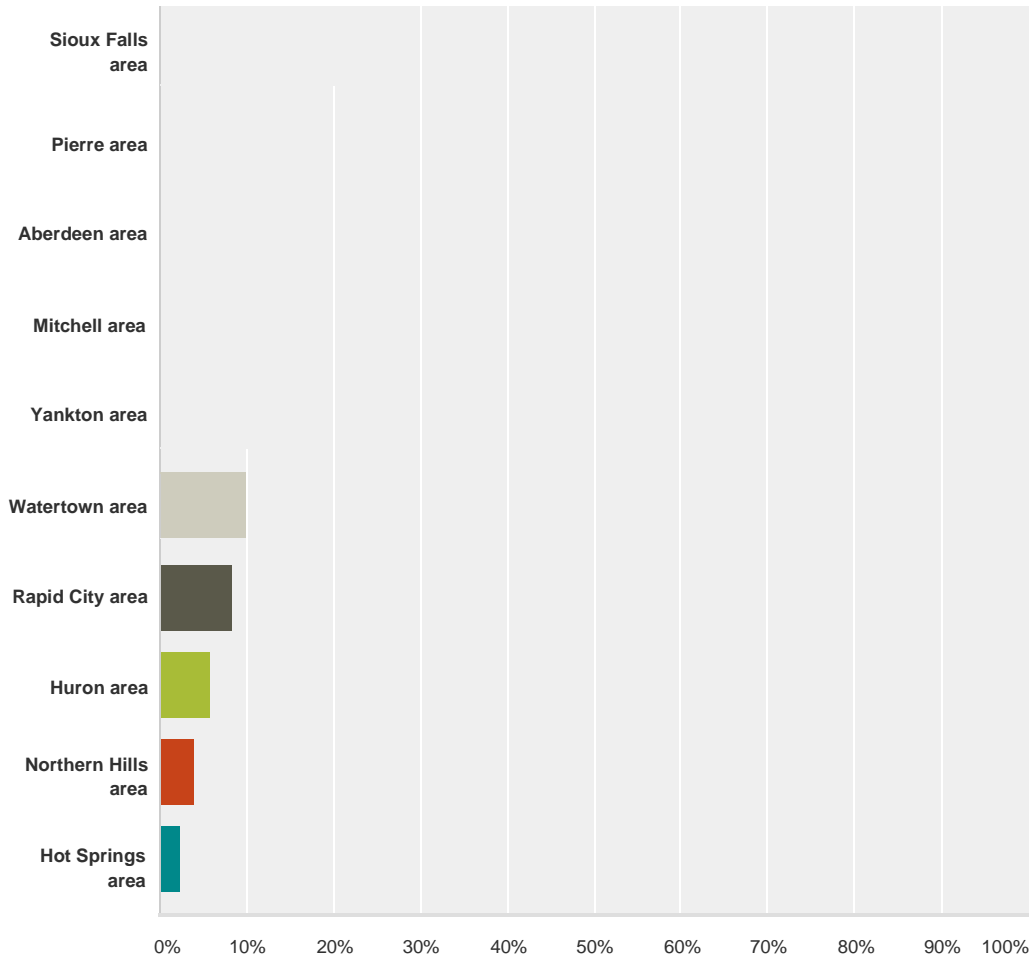
Answered: 1,169 Skipped: 87



Answer Choices	Responses	Count
81 - 90 years	32.08%	375
71 - 80 years	26.95%	315
60 - 70 years	17.88%	209
Under 60 years	13.60%	159
91 - 100 years	9.15%	107
Over 100 years	0.34%	4
<b>Total</b>		<b>1,169</b>

## Q12 Geographic Location:

Answered: 1,169 Skipped: 87



Answer Choices	Responses	Count
Sioux Falls area	22.50%	263
Pierre area	12.92%	151
Aberdeen area	11.46%	134
Mitchell area	11.38%	133
Yankton area	11.38%	133
Watertown area	9.84%	115
Rapid City area	8.30%	97
Huron area	5.82%	68
Northern Hills area	4.02%	47
Hot Springs area	2.40%	28
<b>Total</b>		<b>1,169</b>



## Q13 Comments:

Answered: 39 Skipped: 1,217

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Attachment G

2015 Long Term Care Apt Study



**Final Report**  
2015

**Evaluating Long- Term Care Options for South Dakota:  
Update**

*Prepared for:*

**Department of Social Services**

State of South Dakota Division of Adult Services and Aging  
700 Governors Drive  
Pierre, SD 57501

*Submitted by:* **Abt Associates** 55 Wheeler Street  
Cambridge, MA 02138

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## Executive Summary

In 2007, Abt Associates Inc. (“Abt”) was commissioned by South Dakota’s Department of Social Services (DSS) to assess and evaluate the State’s long-term care (LTC) system. Key findings from the Final Report from that study, “*Evaluation of Long-Term Care Options for South Dakota*,” were as follows:

- Rapid projected growth in the elderly and disabled elderly population was expected to drive a sharp increase in the demand for LTC services.
- Elderly population growth was anticipated to be higher in the West River than the East River region, with counties around the Sioux Falls and Rapid City metropolitan areas experiencing the most dramatic growth.
- Existing State LTC capacity was judged insufficient to meet the coming demand, with nursing homes needing to be replaced and rebalanced, and assisted living capacity, home health care services, and home and community based services (HCBS) additionally requiring expansion.
- LTC workforce growth was additionally failing to keep pace with anticipated demand.

Subsequently, in 2008, the Department of Social Services initiated a Task Force on Long Term Care Services and Supports in South Dakota to address the analysis and opportunities brought forth in the Long Term Care Report. The Task Force was charged with making recommendations towards expansion of HCBS, right-sizing the LTC system, and remedying financing issues. Stakeholders including government agencies, providers, legislators, and other interested parties met over a period of months to make recommendations for South Dakota to move forward in improving access to services. Since the Task Force released its “*Final Report - Meeting the Continuum of Care Needs of the Elderly in South Dakota*” in November 2008, the State has taken steps to complete some of the Task Force’s recommendations including:

- Implementation of a “no wrong door” Aging and Disability Resource Center (ADRC);
- Passage of legislation (Senate Bill (SB) 196) to amend the existing moratorium statute to allow for expansion of beds in areas of the state identified as being in high need for additional nursing facility services through a request for proposals (RFP) process, accompanied by an update to administrative rules to coincide with the moratorium statute change, following the Task Force’s criteria for access critical designations; and
- Implementation of the Money Follows the Person rebalancing demonstration.

Other notable initiatives in recent years include:

- Renewal and expansion of the Adult Services and Aging (ASA) HCBS waiver;
- Establishment of a Medicaid Solutions Workgroup focused specifically on HCBS to develop recommendations on different service models to meet the needs of individuals requiring supports

### Prior Report

*Evaluation of Long-Term Care Options for South Dakota – Final Report*

Released November 9, 2007

Available online at  
<http://dss.sd.gov/news/2007/Final%20Report%20SD%20LTC%2011-9-07%20.pdf>

and services in the least restrictive and most appropriate environment, analyze opportunities available through the federal government, and explore reimbursement models;

- Convening of a Dementia Care Workgroup to address concerns about Assisted Living regulations; and
- Adoption of the Health Homes model to serve South Dakotans with chronic conditions or behavioral health conditions.

It is in this changing policy context that the Department of Social Services has commissioned Abt to perform an update of selected analyses from the 2007 report. In particular, using up-to-date data collected since the release of the prior report, we have performed the following tasks:

**Task 1: Updating Demographic Trend Challenges.** Under this task, we updated projections of trends in the State elderly and disabled population over the next 20 years (through 2035), updating and extending the projections through the year 2025 appearing in Section 4.1.1 of the prior report.

**Task 2: Updating Service Delivery Challenges.** Under this task, we examined geographic variation in the distribution of LTC services across the State, including nursing homes, assisted living, home health, and HCBS. These analyses provide updated snapshots that may be directly compared to those appearing in Section 4.2 of the prior report.

**Task 3: Projecting Future Demand for Long-Term Care Services.** Finally, under this task we analyzed several alternative scenarios for future growth in demand for LTC services, particularly focused on identifying areas with the highest projected future unmet need. These analyses update parallel scenarios reported in Section 4.4 of the prior report.

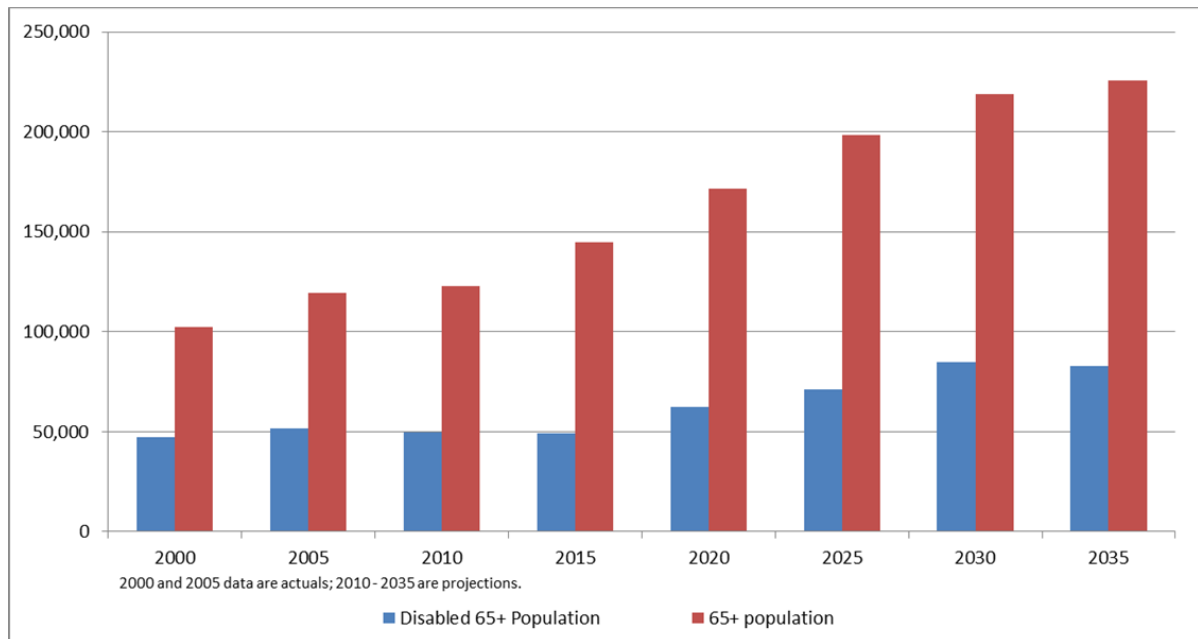
## **Demographic Trend Challenges**

Exhibit E-1 (next page) shows actual population totals for 2000-2010 accompanied by updated population projections through the year 2035.

Through the 2010 decennial Census, actual growth in the elderly and elderly disabled populations was somewhat lower than projections in the prior report. Accordingly, the South Dakota State Data Center has revised projected growth rates modestly downward since that time. Based on these revised estimates, we now project that:

- The number of elders (over age 65) will increase by about 84 percent in the year 2035 relative to decennial Census totals in the year 2010, increasing by approximately 103,000 to 226,000.
- The number of disabled elders will peak in 2030, increasing by about 33,000 to 85,000, or 71 percent higher than the decennial Census year 2010 total; by 2035, this number will fall slightly as the relative proportion of younger elderly individuals (aged 65-74) increases in relation to the proportion of older elderly individuals (aged 75+).

### Exhibit E-1. Projections of South Dakota's Elderly and Disabled Population (2000-2035)



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, 2010 and American Community Survey.

Although projected growth in the elderly population overall has slowed relative to past projections, it remains the case that growth rates and associated demand for LTC services are not evenly balanced across the State. Local LTC services will be stressed both by growth in the numbers of seniors as well as by high rates of growth in demand for care. Overall, the geographic variation in growth rates across Economic Assistance Regions in this updated report is similar to that seen in the prior report. In particular:

- Growth rates for the elderly and disabled elderly population are again projected to be greater in West River (Regions 1 and 2) than East River (Regions 5 through 8).
- The regions including the Sioux Falls metropolitan area (Region 8) and the Rapid City/Northwest counties (Region 1) continue to exhibit the fastest rates of anticipated growth, as well as the largest growth in the overall numbers of elders. However, as with total projected Statewide growth, overall growth rates from 2010 to 2035 are now projected to be more moderate than those previously projected for Regions 1 and 8 for the years 2000 to 2025 in the prior report.
  - Specifically, the Region 1 elderly population was previously projected to grow by 250 percent from 2000 to 2025; updated projections now indicate a 110 percent increase from 2010 to 2035.
  - For Region 8, the elderly population was projected to increase 235 percent from 2000 to 2025, as compared to a 170 percent increase from 2010 to 2035 in the updated projections.
- Growth in both Region 1 and Region 8 continues to be fueled by the migration of seniors from frontier areas towards urban areas and medical centers.

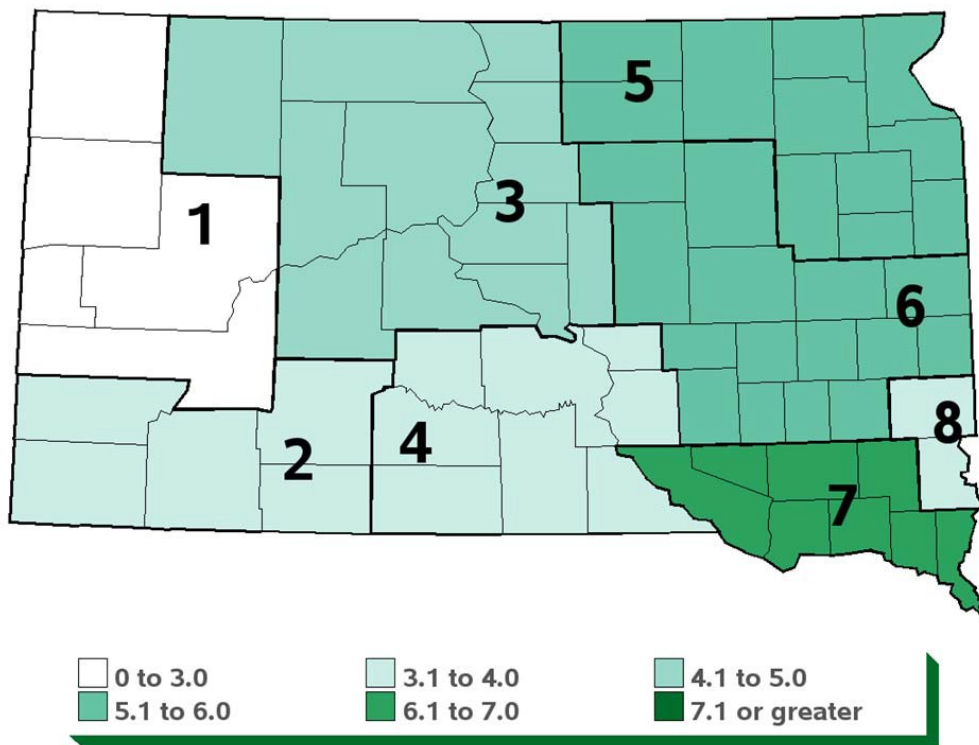
- In 2000, there were 22 counties where the elderly population exceeded 20 percent of total residents in the county. By 2010, there were 42 counties where the elderly population exceeded 20 percent of total residents.
- By 2035, in all but 10 South Dakota counties elders will make up over 20 percent of the population. In 27 counties, elders will be over 40 percent of the local population. Even in the growing population centers, around Sioux Falls and Rapid City, elders will make up 29-30 percent of residents.

**Service Delivery Challenges**

We gathered updated information to describe recent trends in delivery of LTC services, including nursing homes, assisted living, home health, and home and community-based services (HCBS).

*Nursing Homes.* Nursing home capacity and utilization rates have continued to drop both in South Dakota and nationwide since the release of the final report. In 2006, the most recent data available for the prior report, South Dakota ranked tenth in the nation in terms of nursing home utilization, with 61 licensed beds per 1,000 elders. By 2011, that number had dropped substantially to 48 licensed beds per 1,000 elders, sixteenth nationwide. Though South Dakota’s utilization rates remain higher than national averages, the drop in utilization between 2006 and 2011 indicates that the gap is shrinking.

**Exhibit E-2. Number of Licensed Beds in Use per 100 Elderly Individuals, South Dakota, 2014**



Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data; South Dakota’s Nursing Facilities Data, and Nursing Home Compare.

The number of licensed nursing facility beds in use per 100 elderly individuals has declined slightly from 2003-2005 levels, with a minimum of 2.6 beds in use per 100 elderly individuals in Economic Assistance Region 1 and a maximum of 6.4 beds in use per 100 elderly individuals in Economic Assistance Region 7. As in the prior report, utilization rates are substantially higher in the East River regions (5 through 8) than in the West River regions (1 and 2).

**Assisted Living.** Relative to other states, South Dakota ranked 16<sup>th</sup> for available assisted living beds in 2010, at 3.4 available beds per 100 elderly individuals. This represents a slight increase in the number of available beds from roughly 3 per 100 elderly individuals in 2004, which placed South Dakota 15<sup>th</sup> among the states at that time. All regions of the State displayed growth in the total number of assisted living beds since the last report, but substantial geographic variation remains.

**Home Health Care.** South Dakota continues to have the 2<sup>nd</sup> fewest Medicare skilled home health episodes of the 50 states, with just over 5 episodes per 100 elderly individuals. There is little evidence of a shift in geographic patterns in Medicaid- and Medicare-certified home health agencies or visits since the prior report.

**Home and Community-Based Care.** Home and community based services are a critical support component to allow elders to remain in the community as long as possible. Since the prior report, we do not see evidence of perceptible shifts in availability of home and community based services in South Dakota: adult day facilities, senior centers, nutrition programs, homemaker services, and in-home service clients all remain at similar, relatively low levels.

## Projecting Future Demand for Long-Term Care Services

Based on the most recent available data, we estimate that, since the year 2000, nursing home utilization rates as a percentage of the elderly population in South Dakota have declined from 6.4 percent to 4.7 percent (2010-2014 average). This compares to a somewhat slower nationwide decline from 4.2 percent to 3.2 percent over approximately the same interval. Our projections of future demand for LTC services extrapolate from recent State trends to characterize demand under several different possible future scenarios for nursing home utilization.

- **Scenario A:** Our baseline projections assume that nursing home utilization rates persist at recent levels. In particular, we assume that the nursing home utilization rate will **remain at its 2010-2014 average level of 4.7 percent of the elderly population.**

This projection scenario methodology mirrors the baseline projections provided in the 2007 Final Report to enable direct comparison. However, we note that, given the recent sharp decline in nursing home utilization in South Dakota as described above, it appears unlikely that future utilization rates will in fact remain fixed at this level as assumed. The two alternative future scenarios considered below, which assume continued declines in utilization rates moving forward, may therefore more realistically depict actual future trends.

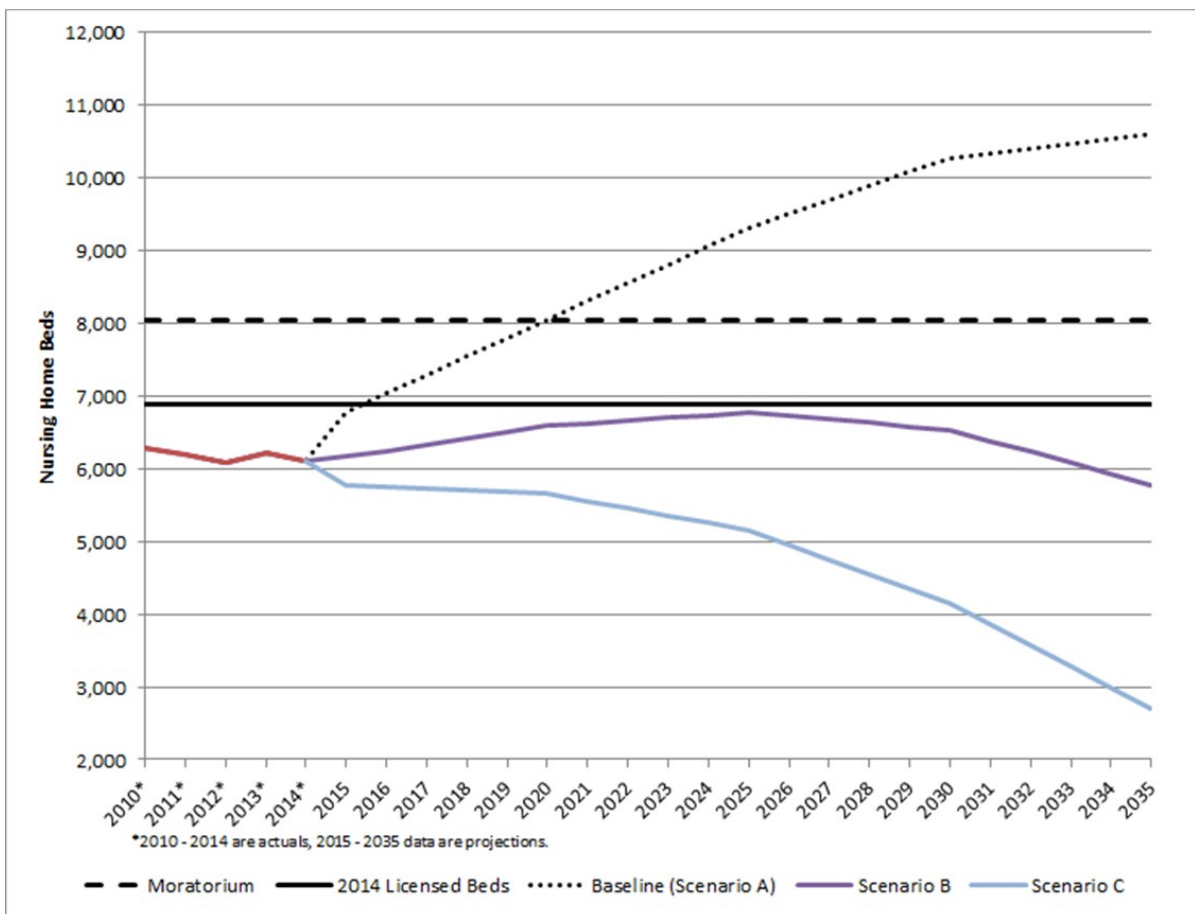
- **Scenario B:** Under the first alternative future scenario we consider, we assume that the recent steep decline in nursing home utilization rates in South Dakota relative to national trends will moderate somewhat in coming years. In particular, we assume that the nursing home utilization rate will **decline by 0.09 percentage points per year, or approximately one half the 2000-2014 rate of decline.**



- **Scenario C:** Under the second alternative future scenario we consider, we assume that nursing home utilization rates in South Dakota will continue to decline more steeply than recent national trends, ultimately converging to national average rates by 2035. In particular, we assume that the nursing home utilization rate will **decline by 0.14 percentage points per year, reaching a rate of 1.2 percent by 2035.**

**Nursing Homes.** Exhibit E-3 shows projections for total nursing home population for each scenario. Under the baseline scenario, the nursing home population continues to rise through 2035 with the increase in the elderly and elderly disabled populations, but under the two alternative scenarios the population is actually forecast to *decrease* by 2035. These projected decreases occur when the declining utilization rate falls far enough to compensate for the continued increase in the elderly and disabled elderly populations. In particular, under Scenario B, the projected nursing home population reaches a maximum of 6,776 in the year 2025 before declining to 5,776 in 2035; under Scenario C, the projected nursing home population declines continually from its current level to reach 2,709 in 2035.

**Exhibit E-3. Forecast Number of South Dakota Nursing Home Beds, 3 Scenarios, 2000 – 2035**



Source: Abt Associates’ analysis of South Dakota’s Nursing Facilities Data and South Dakota Department of Social Services’ Nursing Home Occupancy Report.

**Assisted Living.** Under our two alternative scenarios, the decline in nursing home utilization is partially offset by an increase in assisted living utilization. Under Scenario B, our mid-point forecast, assisted living utilization rates would rise from 2.6% in the year 2000 to 3.6% in 2035. Under the baseline Scenario A, projected demand for beds will only marginally exceed supply so long as capacity continues to increase in line with its recent 1.5% annual trend; from 2025 to 2030 projected demand is just slightly higher than projected capacity, but by 2035 the gap closes once more. However, if nursing home utilization rates decline consistent with our more reasonable assumptions under the two alternative scenarios, demand for assisted living beds will exceed supply well before 2020.

**Home and Community-Based Services.** As in our prior report, in all scenarios considered, the numbers of community-dwelling disabled seniors will increase, driven by population changes, higher projected health levels, individual preferences, or policy changes that could promote increases in home and community based care options. However, we see little evidence of substantial increases in provision of HCBS relative to levels observed in our 2007 report, and South Dakota continues to lag behind national averages. It is clear that further aggressive rebalancing efforts will be required to support increasing numbers of community-dwelling seniors in the future.

## Conclusions

It is clear that recent policy changes in South Dakota have successfully accelerated the decline in nursing home utilization, substantially reducing the gap relative to national utilization rates. Assisted living utilization has increased in parallel, but we do not observe concurrent increases in skilled Medicare home health or HCBS.

These results naturally lead to speculation on how the needs of individuals are being met in light of decreasing nursing home utilization without a correlating increase in the use of formal supports. Per the Department of Social Services, South Dakota ranked within the top five states nationwide in market penetration for private long term care insurance as of June 2013, potentially indicating one way in which residents are bridging the gap. Increased use of informal supports by family and friends may also play a role, though we cannot formally assess this possibility in the context of this report.

Under all hypothetical future scenarios considered, further efforts will be required to meet future demand for LTC services outside the nursing home setting. The State must clearly maintain its focus on rebalancing the long-term services and supports systems (LTSS), through:

- Continuing to utilize options counseling through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions;
- Continuing to expand and enhance the availability of HCBS and potentially State Plan-funded community-based care; and
- Exploration of the care preferences and knowledge base of elders and their caregivers, as well as gathering information on the informal support networks that people are currently utilizing in lieu of seeking assistance from state programs.

## 1. Introduction

In 2007, Abt Associates Inc. (“Abt”) was commissioned by South Dakota’s Department of Social Services (DSS) to assess and evaluate the State’s long-term care (LTC) system. Key findings from the Final Report from that study, “*Evaluation of Long-Term Care Options for South Dakota*,” were as follows:

- Rapid projected growth in the elderly and disabled elderly population was expected to drive a sharp increase in the demand for LTC services.
- Elderly population growth was anticipated to be higher in the West River than the East River region, with counties around the Sioux Falls and Rapid City metropolitan areas experiencing the most dramatic growth.
- Existing State LTC capacity was judged insufficient to meet the coming demand, with nursing homes needing to be replaced and rebalanced, and assisted living capacity, home health care services, and home and community based services (HCBS) additionally requiring expansion.
- LTC workforce growth was additionally failing to keep pace with anticipated demand.

Subsequently, in 2008, the Department of Social Services initiated a Task Force on Long Term Care Services and Supports in South Dakota to address the analysis and opportunities brought forth in the Long Term Care Report. The Task Force was charged with making recommendations towards expansion of HCBS, right-sizing the LTC system, and remedying financing issues. Stakeholders including government agencies, providers, legislators, and other interested parties met over a period of months to make recommendations for South Dakota to move forward in improving access to services. Since the Task Force released its “*Final Report - Meeting the Continuum of Care Needs of the Elderly in South Dakota*” in November 2008, the State has taken steps to complete some of the Task Force’s recommendations including:

- Implementation of a “no wrong door” Aging and Disability Resource Center (ADRC);
- Passage of legislation (Senate Bill (SB) 196) to amend the existing moratorium statute to allow for expansion of beds in areas of the state identified as being in high need for additional nursing facility services through a request for proposals (RFP) process, accompanied by an update to administrative rules to coincide with the moratorium statute change, following the Task Force’s criteria for access critical designations; and
- Implementation of the Money Follows the Person rebalancing demonstration.

Other initiatives also bear mentioning. A Medicaid Solutions Workgroup convened during the 2011 Legislative Session to engage stakeholders to provide input and develop strategies to manage Medicaid expenditures in South Dakota and to develop recommendations to enhance the Medicaid program. The workgroup focused specifically on HCBS to develop recommendations on different service models to meet the needs of individuals requiring supports and services in the least restrictive and most appropriate environment, analyze opportunities available through the federal government,

### Prior Report

*Evaluation of Long-Term Care Options for South Dakota – Final Report*

Released November 9, 2007

Available online at  
<http://dss.sd.gov/news/2007/Final%20Report%20SD%20LTC%2011-9-07%20.pdf>

and explore reimbursement models. The State has since implemented Money Follows the Person (as noted above) to help recipients of Medicaid transition from long-term care institutions to HCBS. Additionally, South Dakotans with chronic conditions or behavioral health conditions are now eligible to receive Health Home services through the creation of the Health Homes model.

In addition, the renewal of the Adult Services and Aging (ASA) Home and Community Based Services Waiver in October 2011 included an expansion to offer additional services of adult companionship and environmental accessibility adaptations. These services enable individuals to function with greater independence within their home.

Finally, a Dementia Care Workgroup convened following the 2013 Legislative Session to address concerns about Assisted Living regulations. The South Dakota Department of Health recently initiated the formal rules process to amend administrative rules regarding assisted living centers. The proposed changes would allow assisted living centers to admit and retain residents requiring dining assistance or needing additional staff for up to total assistance to complete activities of daily living or to turn or raise in bed and to transfer.

It is in this changing policy context that the Department of Social Services has commissioned Abt to perform an update of selected analyses from the 2007 report. In particular, using up-to-date data collected since the release of the prior report, we have updated forecasts of demographic trends in the elderly and disabled elderly population; descriptive findings on the current state of service delivery; and projected future demand for LTC services. In the remainder of this report, we first briefly describe study methods. We then summarize the results of these updated analyses, including a comparison with prior findings where relevant. We then conclude with a brief discussion of potential policy implications.

## 2. Methods

Abt Associates was contracted by the State to update analyses to assess and evaluate South Dakota's LTC system needs through the following three tasks.

**Task 1: Updating Demographic Trend Challenges.** Under this task, we updated projections of trends in the State elderly and disabled population over the next 20 years (through 2035), updating and extending the projections through the year 2025 appearing in Section 4.1.1 of the prior report.

**Task 2: Updating Service Delivery Challenges.** Under this task, we examined geographic variation in the distribution of LTC services across the State, including nursing homes, assisted living, home health, and HCBS. These analyses provide updated snapshots that may be directly compared to those appearing in Section 4.2 of the prior report.

**Task 3: Projecting Future Demand for Long-Term Care Services.** Finally, under this task we analyzed several alternative scenarios for future growth in demand for LTC services, particularly focused on identifying areas with the highest projected future unmet need. These analyses update parallel scenarios reported in Section 4.4 of the prior report.

In the remainder of this section, we describe the methodology and data sources for each of these three tasks in greater detail.

### 2.1 Task 1: Updating Demographic Trend Challenges

The elderly and the disabled are the two population cohorts most relevant for understanding South Dakota's future LTC needs. Our population projections include noninstitutionalized elderly and disabled individuals residing in the community or in assisted living facilities, as well as institutionalized elderly and disabled residing in nursing homes.

Noninstitutionalized Elderly Population Projections. Estimates of the 2010 noninstitutionalized elderly population come from the decennial U.S. Census. Our projections of growth in the noninstitutionalized elderly population through 2035 are based on data from the South Dakota State Data Center, as in the prior report.

In updating our analyses, we additionally reviewed population projections from the U.S. Census as a possible alternative data source; however, the Census program (Interim State Population Projections) to develop population projections at the county level was discontinued in 2005, so up-to-date county-level projections were not available. We therefore elected to continue using the South Dakota State Data Center projections.

We note, that, consistent with our review of data sources for the prior report, the State Data Center projections predict a higher rate of population growth in the elderly population for the state as a whole than do the Census projections. In particular, Census estimates project a 71 percent increase in the population aged 65 years or older between 2010 and 2035, as compared to a projected 89 percent increase in the State Data Center figures. For 2010, actual decennial Census elderly population totals for the State were approximately midway in between the older Census and State Data Center projections as cited in our prior report; while we cannot draw firm conclusions from this single data

point, it seems reasonable to consider the State Data Center projections as a likely upper bound on anticipated population growth.

Institutionalized Elderly Population Projections. 2008-2014 data on nursing home occupancy provided by South Dakota formed the base for our projections of the institutionalized elderly population. Trends in nursing home average daily census over that interval were extrapolated to produce estimates of the institutionalized population through 2035.

Disability Rates for Noninstitutionalized Population. We calculated the disability rate for the noninstitutionalized population by gathering disabilities data from 2008-2012 5-year American Community Survey (ACS) Summary File. The ACS provides estimates of disability rates separately for females 65-74, females 75+, males 65-74, and males 75+.

Note that disability estimates for our prior report were drawn from the 2000 decennial Census. The 2010 decennial Census no longer provides disability estimates at the county level. For this reason, we have turned to the ACS as an alternative data source for up-to-date disability estimates. Disability rates from the ACS for the noninstitutionalized elderly population range from 37-38 percent, as compared to the 43 percent rate from the 2000 Census as used in the prior report.

We applied the ACS disability rates to the population counts from corresponding age category and gender groups from the State Data Center projections to obtain projections of the total number of noninstitutionalized disabled by county. Note that this method implicitly assumes that disability rates within each age group and gender category will remain constant through 2035.

Our projections of the disabled population also include estimates of the assisted living population extrapolated from 2003-2005 Health Care Facilities reports and 2014 Assisted Living bed count survey data provided by South Dakota.

Disability Rates for Institutionalized Population. In the prior 2007 report, we assumed a 96 percent disability rate among nursing home residents, based on the 2004 National Nursing Home Survey (NNHS). Since the NNHS is no longer updated, for this report we have instead used data from the Center for Medicare & Medicaid Services (CMS) Nursing Home Compare website on disability rates in South Dakota nursing homes. In particular, we now assume a disability rate of 74 percent based on the average proportion of South Dakota nursing home residents requiring assistance with one or more activities of daily living (ADL) in 2011-2013. We applied this rate to the institutionalized population projections from the Nursing Home Facility data to obtain counts of the disabled institutionalized population by county.

Summary. For quick reference, the summary table below provides an overview of data for our population projections under this task.

Data Source	Description
South Dakota State Data Center	65+ noninstitutionalized population projections
American Community Survey	Noninstitutionalized population disability rates
Nursing Home Occupancy Reports (2008-2014)	Institutionalized population
CMS Nursing Home Compare (2009-2013)	Institutionalized population disability rates
South Dakota DSS Survey Data (2014)	Assisted Living Facilities population (2014)
South Dakota Facilities Reports (2003-2005)	Assisted Living Facilities population (2003-2005)

## 2.2 Task 2: Updating Service Delivery Challenges

To analyze service delivery challenges, we assessed the availability of and need for services in nursing homes, assisted living, home health, and home and community-based services.

Nursing Homes. To compare South Dakota nursing home utilization rates to national rates, we utilized 2011 (the most recent) data available from the Kaiser Family Foundation<sup>1</sup> to determine the number of nursing home beds in each state. We calculated the utilization rate by dividing by the elderly population – 65 and over – in each state from the American Community Survey 2011 1-year dataset.

We also relied upon 2008 – 2014 Nursing Home occupancy data and 2009 – 2012 Nursing Facility Patient Origin data provided by South Dakota to estimate licensed beds in use, maximum licensed beds, and nursing home travel patterns. South Dakota also provided data on nursing home case mix and current moratorium beds.

Assisted Living. We utilized Assisted Living Center survey data provided by South Dakota to identify licensed assisted living beds by county.

Home Health. To compare South Dakota’s home health episodes to national figures, we used summary administrative data on Medicare home health visits from the CMS Chronic Conditions Data Warehouse (CCW) as provided by the Centers for Disease Control and Prevention (CDC) Health Indicators Warehouse. Medicaid- and Medicare certified home health agencies serving each South Dakota county were identified using data from Home Health Compare.

Adult Day Services. We accessed South Dakota’s Department of Social Services website to identify adult day services available by county.

Senior Citizens Centers, Adult Nutrition Programs, and In-Home Providers. South Dakota provided us with a recent list (April 2014) of Senior Citizens Centers in South Dakota as well as data on Nutrition Programs and unduplicated In-Home Providers.

Summary. For quick reference, the summary table below provides an overview of data sources for our descriptive analysis of service delivery challenges.

Data Source	Description
CDC Health Indicators Warehouse	Medicare Home Health Episodes by State
Adult Day Services (DSS website)	Adult Day Services by County
American Community Survey	Elderly Population by State
South Dakota DSS Survey Data	Licensed Assisted Living Beds
Home Health Compare	Medicaid- and Medicare-Certified Home Health Agencies
Kaiser Family Foundation	Nursing Home Utilization Rates by State
Nursing Facility Patient Origins (provided by DSS)	Nursing Home Travel Patterns
Nursing Home Compare	Nursing Facility Case Mix

<sup>1</sup> Accessible at <http://kff.org/other/state-indicator/number-of-nursing-facility-beds/>.



Data Source	Description
Nursing Home Occupancy Reports (2008-2014)	Licensed beds in use, maximum licensed beds
Senior Citizens Centers, Adult Nutrition Programs, Homemaker Agencies, and In-Home Provider consumers (provided by DSS)	Home and community based services provider by county; listing of homemaker agencies is made up of those agencies with an established relationship with the State to provide home health services and is not an all-inclusive list.

### 2.3 Task 3: Projecting Future Demand for Long-Term Care Services

Under Task 3, we project future demand for LTC services based on projections of the elderly and disabled elderly population as produced under Task 1, and extrapolations from recent LTC service utilization levels and trends as described under Task 2.

Nursing Home Utilization. Based on the most recent available data, we estimate that, since the year 2000, nursing home utilization rates as a percentage of the elderly population in South Dakota have declined from 6.4 percent to 4.7 percent (2010-2014 average). This compares to a somewhat slower nationwide decline from 4.2 percent to 3.2 percent over approximately the same interval.<sup>2</sup> Our projections of future demand for LTC services extrapolate from recent State trends to characterize demand under several different possible future scenarios for nursing home utilization.<sup>3</sup>

- Scenario A: Our baseline projections assume that nursing home utilization rates persist at recent levels. In particular, we assume that the nursing home utilization rate will **remain at its 2010-2014 average level of 4.7 percent of the elderly population.**

This projection scenario methodology mirrors the baseline projections provided in the 2007 Final Report to enable direct comparison. However, we note that, given the recent sharp decline in nursing home utilization in South Dakota as described above, it appears unlikely that future utilization rates will in fact remain fixed at this level as assumed. The two alternative future scenarios considered below, which assume continued declines in utilization rates moving forward, may therefore more realistically depict actual future trends.

- Scenario B: Under the first alternative future scenario we consider, we assume that the recent steep decline in nursing home utilization rates in South Dakota relative to national trends will moderate somewhat in coming years. In particular, we assume that the nursing home utilization rate will **decline by 0.09 percentage points per year, or approximately one half the 2000-2014 rate of decline.**
- Scenario C: Under the second alternative future scenario we consider, we assume that nursing home utilization rates in South Dakota will continue to decline more steeply than recent national trends, ultimately converging to national average rates by 2035. In particular, we assume that the

<sup>2</sup> National utilization data are only available through the year 2012.

<sup>3</sup> Note that, unlike demand scenarios in the prior Final Report, these projections extrapolate from both recent State trends and national trends. In this sense, these projections represent an improvement over those from the prior report, for which data availability limited our ability to make use of more relevant State-level data.



nursing home utilization rate will **decline by 0.14 percentage points per year, reaching a rate of 1.2 percent by 2035.**

Assisted Living Utilization. Under the baseline scenario (Scenario A), utilization of assisted living is also assumed to continue at its current 2010-2014 average level, or 2.6 percent of the elderly population. Under the two alternative scenarios, in contrast, assisted living demand is assumed to rise as a greater proportion of elders and disabled elders seek alternative LTC services. In particular, we assume that one half of individuals residing in nursing homes under the baseline scenario who no longer reside in nursing homes under each alternative scenario instead seek assisted living services, while the other half remain in the community.

Disability Rates. Our estimates of disability rates rely on existing data on current disability rates in each setting. In particular, for nursing homes, we use data from 2011-2013 as reported by Nursing Home Compare to estimate the current distribution of limitations in activities of daily living (ADLs) in South Dakota nursing homes. For assisted living, we assume that the current distribution of ADL limitations in South Dakota assisted living facilities is consistent with national data from the Centers for Disease Control and Prevention (CDC) National Survey of Residential Care Facilities (NSRCF) for 2010, the most recent available data.

Under the baseline scenario, the distribution of ADL limitations in each setting is then assumed to remain constant over time. Under the two alternative scenarios, we assume that those individuals residing in nursing homes under the baseline scenario who no longer reside in nursing homes under the alternative scenarios will be comprised of individuals with the highest functional status. That is, individuals with 0 or 1 ADL limitations will be the first to exit nursing homes to seek alternative care, followed by those individuals with 2 ADL limitations, and so on.

Comparing Supply and Demand. Finally, under each scenario, we compare projected future demand to existing supply at the county level in order to characterize gaps and excesses. For nursing homes, we assume supply is limited at current moratorium levels in each county, though as noted above we are aware that, in practice, SB 196 permits the Department of Health to reallocate beds across nursing homes, and recent changes to administrative requirements allow the Department to solicit proposals from facilities to address unmet nursing home or nursing home bed needs in select areas. For assisted living, we assume that supply will increase by approximately 1.5 percentage points per year, consistent with our assumption in the prior report and in line with recently observed trends.

Summary. For quick reference, the summary table below provides an overview of data sources for our projections of future demand for LTC services

Data Source	Description
South Dakota State Data Center	65+ noninstitutionalized population projections
American Community Survey	Noninstitutionalized population disability rates
Nursing Home Facilities Files (provided by DSS)	Licensed nursing home beds in use (2000-2014)
Assisted Living Facilities Files (provided by DSS)	Licensed assisted living beds in use (2000-2014)
Nursing Home Compare	ADL limitations in South Dakota nursing homes
National Survey of Residential Care Facilities	ADL limitations in assisted living facilities

### 3. Demographic Trend Challenges

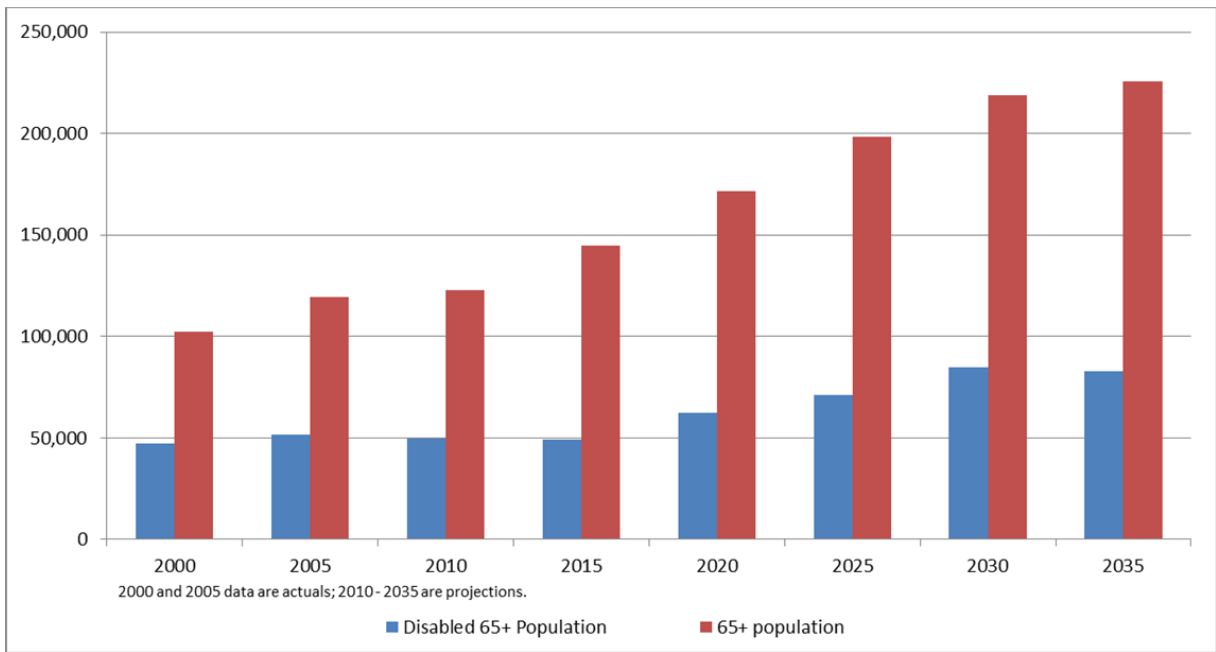
In this section, we describe updated projections of the elderly and elderly disabled populations in South Dakota through 2035, including a comparison to projections through 2025 as appearing in our prior 2007 report.

#### 3.1 Statewide Population and Disability Rates

In the 2007 report, we projected a sharp increase in the demand for LTC services in South Dakota, driven by an increase in the number of individuals and disabled individuals over age 65. In particular, based on South Dakota State Data Center population projections, we previously anticipated an increase of roughly 100,000 elders between 2000 and 2025, paired with an increase of 50,000 or slightly fewer disabled elders over the same time period.

Exhibit 1 shows actual population totals for 2000-2010 accompanied by updated population projections through the year 2035.

**Exhibit 1. Projections of South Dakota’s Elderly and Disabled Population (2000-2035)**



Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data, and American Community Survey.

Through the 2010 decennial Census, actual growth in the elderly and elderly disabled populations was somewhat lower than projections in the prior report. Accordingly, the South Dakota State Data Center has revised projected growth rates modestly downward since that time. Based on these revised estimates, we now project that:

- The number of elders (over age 65) will increase by about 84 percent in the year 2035 relative to decennial Census totals in the year 2010, increasing by approximately 103,000 to 226,000.

- The number of disabled elders will peak in 2030, increasing by about 33,000 to 85,000, or 71 percent higher than the decennial Census year 2010 total; by 2035, this number will fall slightly as the relative proportion of younger elderly individuals (aged 65-74) increases in relation to the proportion of older elderly individuals (aged 75+).

### 3.2 Geographic Variation in Population Growth

Although projected growth in the elderly population overall has slowed relative to past projections, it remains the case that growth rates and associated demand for LTC services are not evenly balanced across the State.

As in the prior report, we have used DSS Economic Assistance Regions in our analyses of geographic differences in population growth, since they are large enough to capture significant economic and demographic trends but small enough so that they capture the significant diversity in LTC services and utilization across the State.<sup>4</sup> Exhibits 2 through 8 show projections of the numbers of elders (over age 65) in each of the eight DSS Economic Assistance Regions for the years 2010, 2015, 2020, 2025, 2030, and 2035, respectively. Projections are aggregated from county-level estimates produced by the South Dakota Data Center and the U.S. Census, and reflect projected in-migration, out-migration, and death rates for the population.

Local LTC services will be stressed both by growth in the numbers of seniors as well as by high rates of growth in demand for care: Exhibit 9 highlights counties where the population of seniors is expected to more than double between 2010 and 2035. Exhibits 10 through 16 describe growth in the numbers of disabled elders from 2010 to 2035, again by region. Exhibit 17 highlights counties where the population of disabled elders is expected to more than double between 2010 and 2035. Finally, Exhibits 18 and 19 summarize the population projections by Economic Assistance Region in tabular form.

Overall, the geographic variation in growth rates across Economic Assistance Regions in this updated report is similar to that seen in the prior report. In particular:

- Growth rates for the elderly and disabled elderly population are again projected to be greater in West River (Regions 1 and 2) than East River (Regions 5 through 8).
- The regions including the Sioux Falls metropolitan area (Region 8) and the Rapid City/Northwest counties (Region 1) continue to exhibit the fastest rates of anticipated growth, as well as the largest growth in the overall numbers of elders. However, as with total projected Statewide growth, overall growth rates from 2010 to 2035 are now projected to be more moderate previously projected for Regions 1 and 8 for the years 2000 to 2025 in the prior report.
  - Specifically, the Region 1 elderly population was previously projected to grow by 250 percent from 2000 to 2025; updated projections now indicate a 110 percent increase from 2010 to 2035.

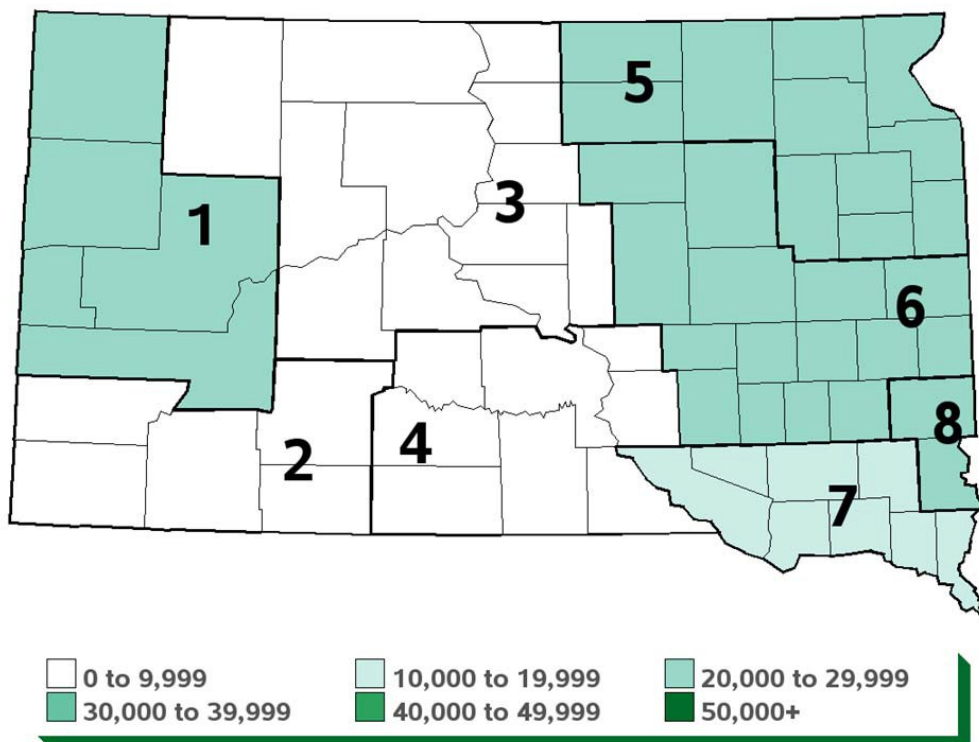
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<sup>4</sup> Note that since the previous report, Turner County has moved from Economic Assistance Region 8 to Economic Assistance Region 7. This change does not substantively influence our findings, but should be noted when comparing figures for these two Economic Assistance Regions across the earlier 2007 report and these updated analyses.

## DEMOGRAPHIC TREND CHALLENGES

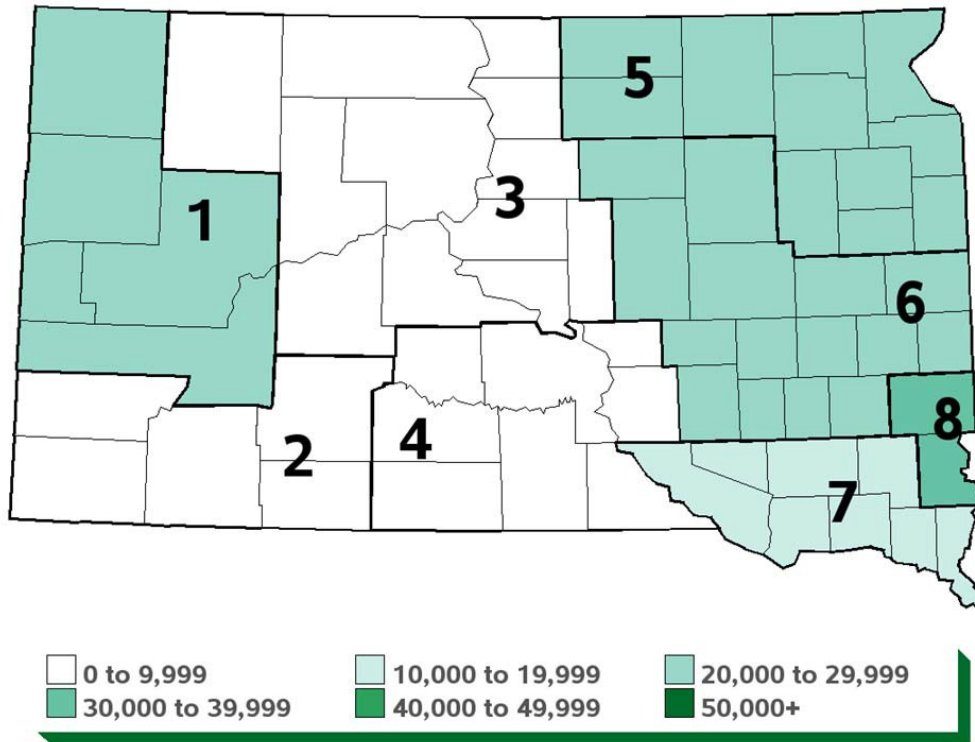
- For Region 8, the elderly population was projected to increase 235 percent from 2000 to 2025, as compared to a 170 percent increase from 2010 to 2035 in the updated projections.
- Growth in both Region 1 and Region 8 continues to be fueled by the migration of seniors from frontier areas towards urban areas and medical centers.
- In 2000, there were 22 counties where the elderly population exceeded 20 percent of total residents in the county. By 2010, there were 42 counties where the elderly population exceeded 20 percent of total residents.
- By 2035, in all but 10 South Dakota counties elders will make up over 20 percent of the population. In 27 counties, elders will be over 40 percent of the local population. Even in the growing population centers, around Sioux Falls and Rapid City, elders will make up 29-30 percent of residents.

**Exhibit 2. Number of Elderly Residents 65+, South Dakota, 2010**



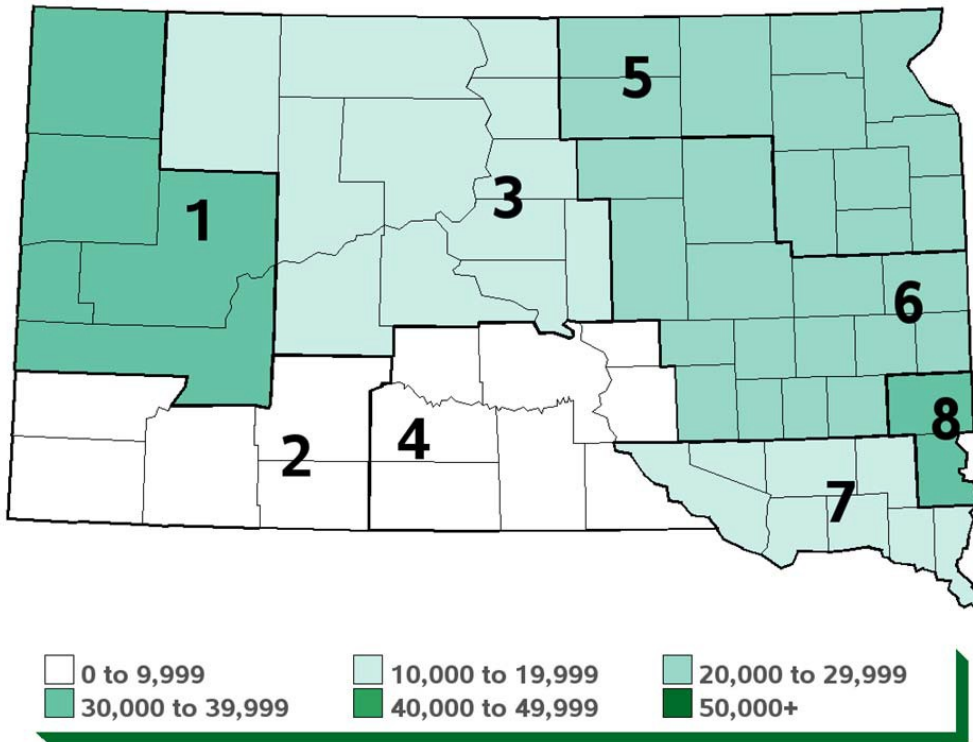
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 3. Number of Elderly Residents 65+, South Dakota, 2015



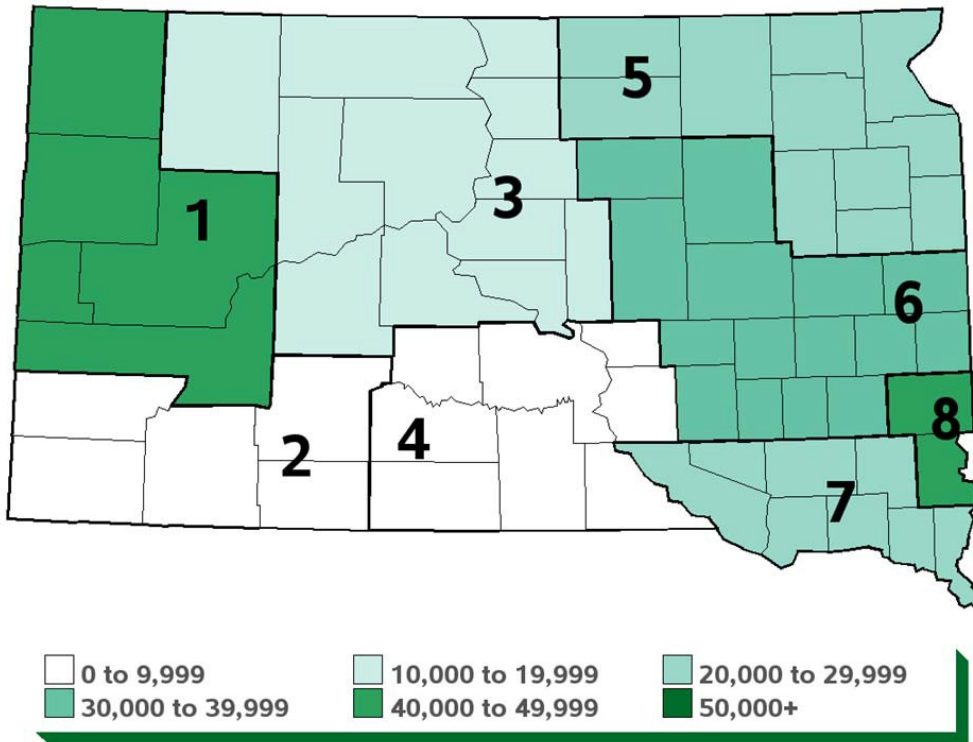
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 4. Number of Elderly Residents 65+, South Dakota, 2020



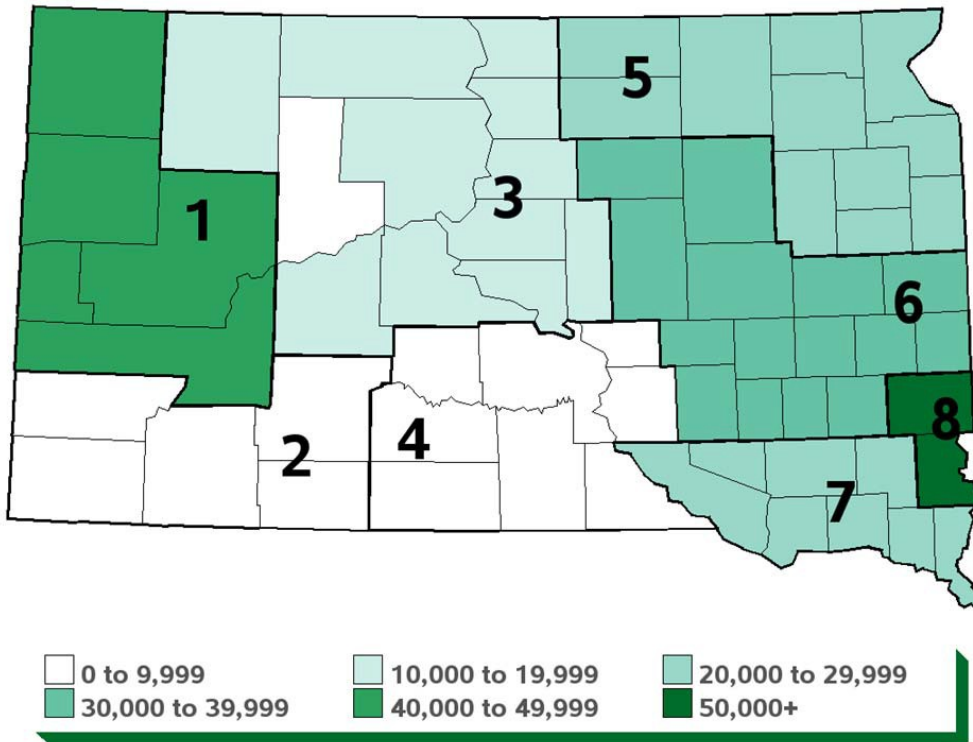
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 5. Number of Elderly Residents 65+, South Dakota, 2025



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

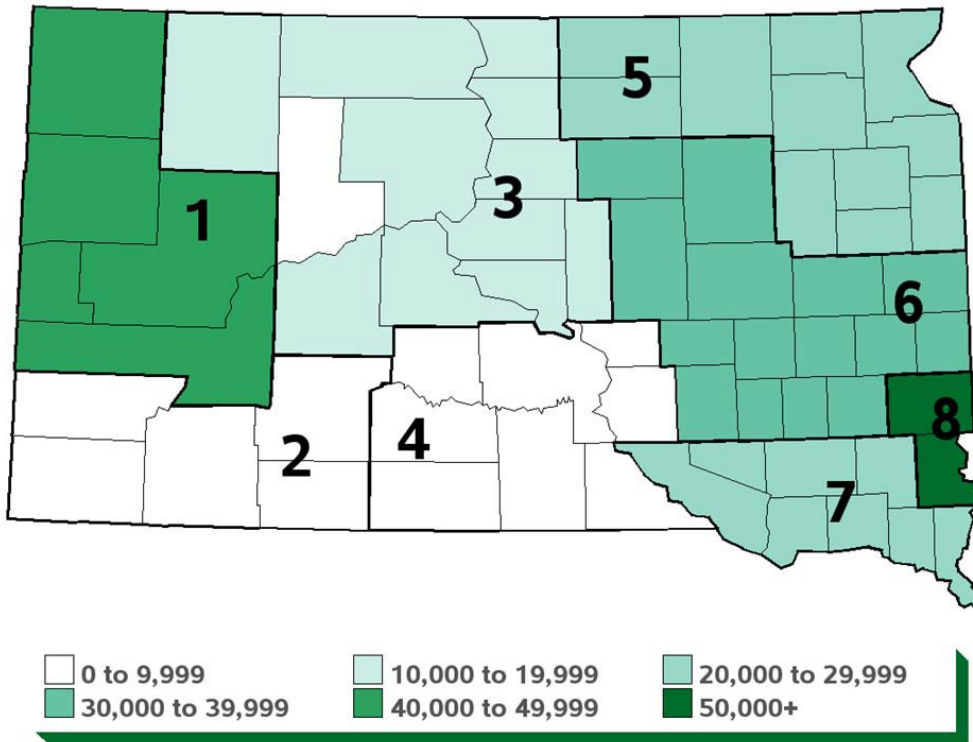
Exhibit 6. Number of Elderly Residents 65+, South Dakota, 2030



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

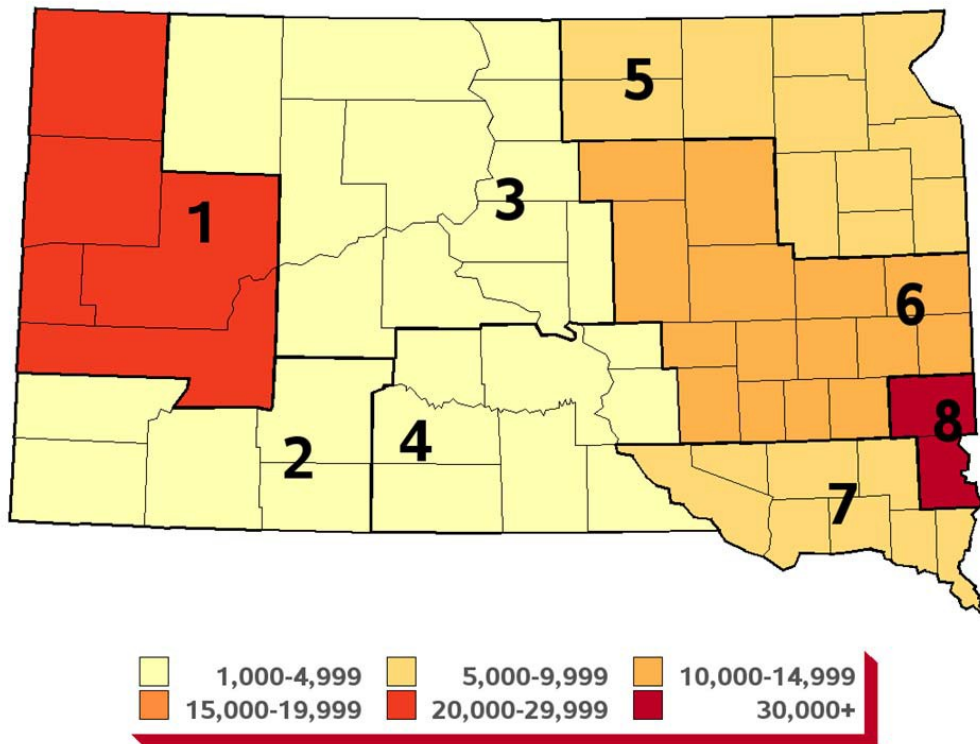


Exhibit 7. Number of Elderly Residents 65+, South Dakota, 2035



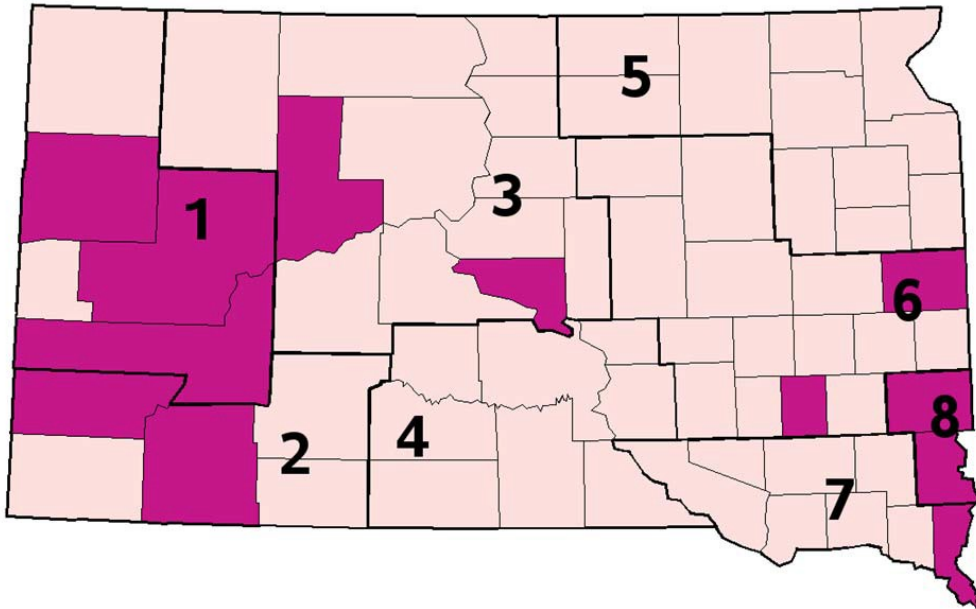
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 8. Increase in Number of Elderly 65+ Residents, South Dakota, 2010 – 2035



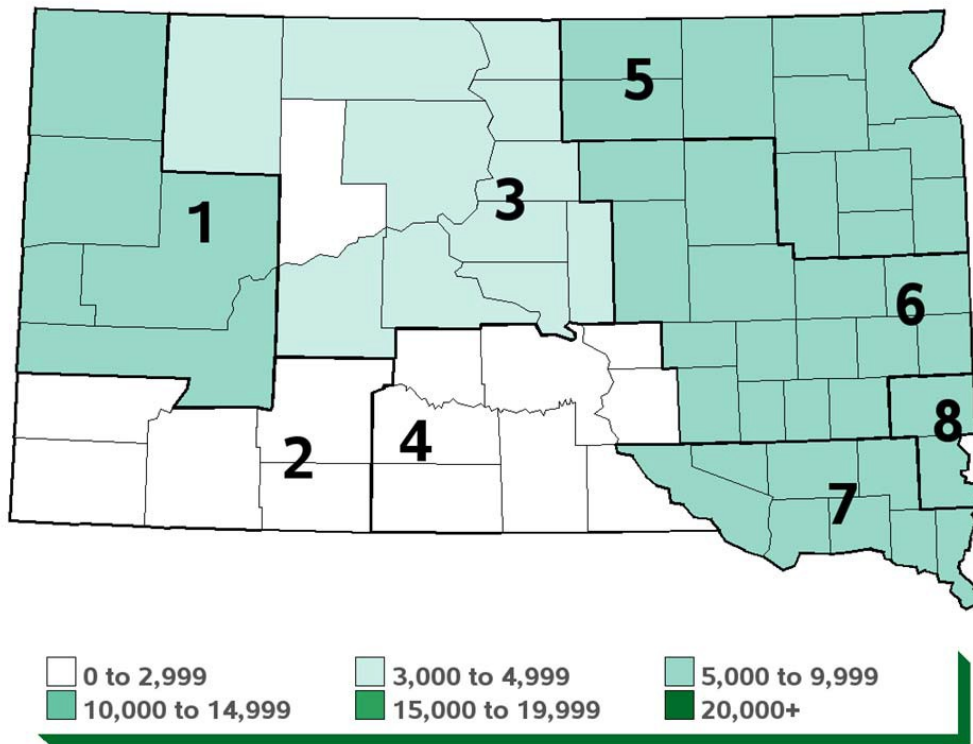
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 9. South Dakota Counties Where Elderly Population Is Expected to Double from 2010 to 2035 (in Dark Pink)



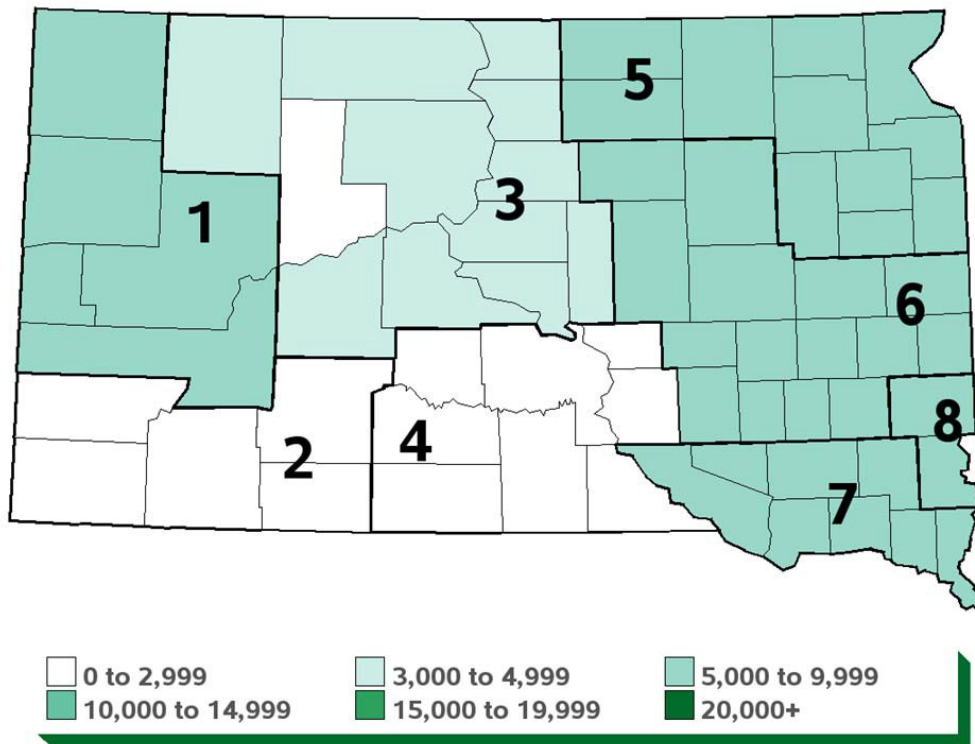
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.

Exhibit 10. Number of Disabled Elderly Residents 65+, South Dakota, 2010



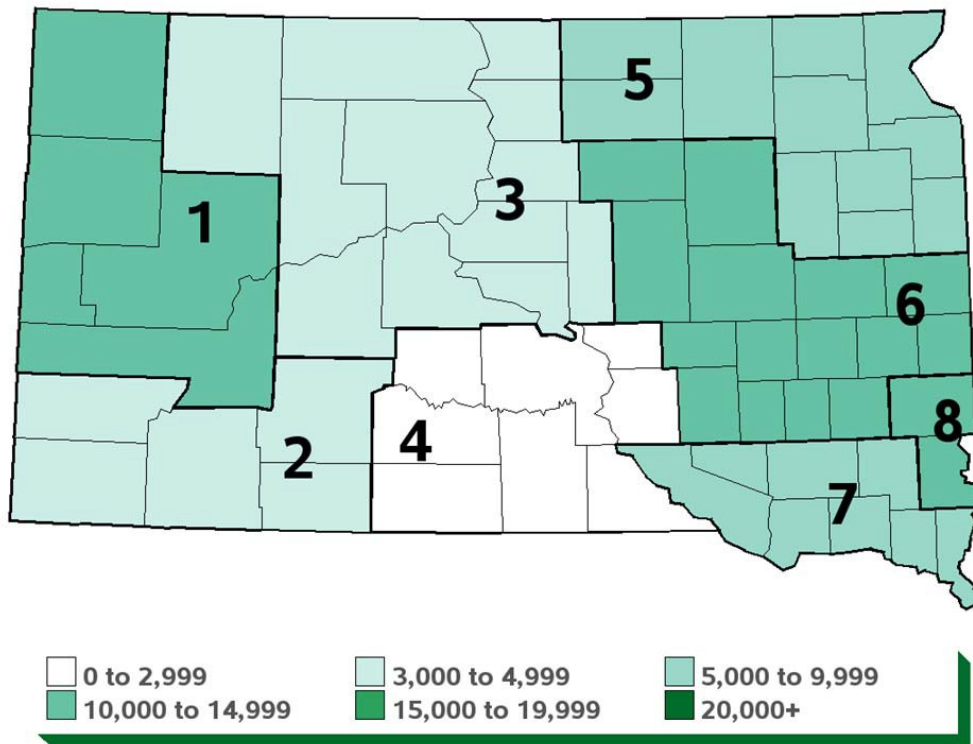
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

Exhibit 11. Number of Disabled Elderly Residents 65+, South Dakota, 2015



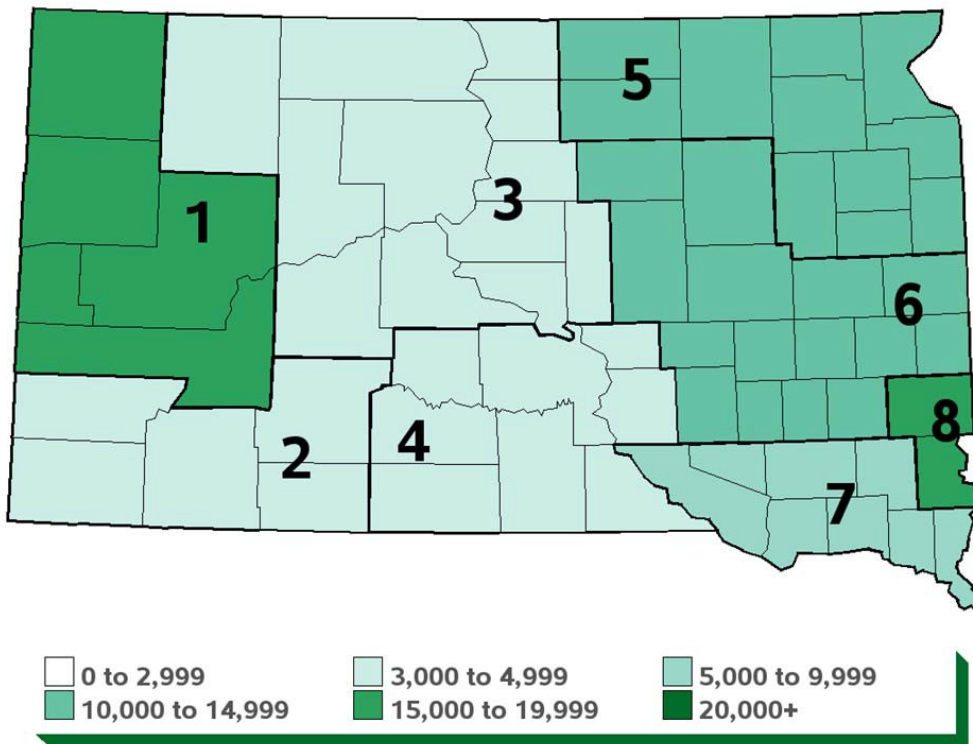
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

Exhibit 12. Number of Disabled Elderly Residents 65+, South Dakota, 2020



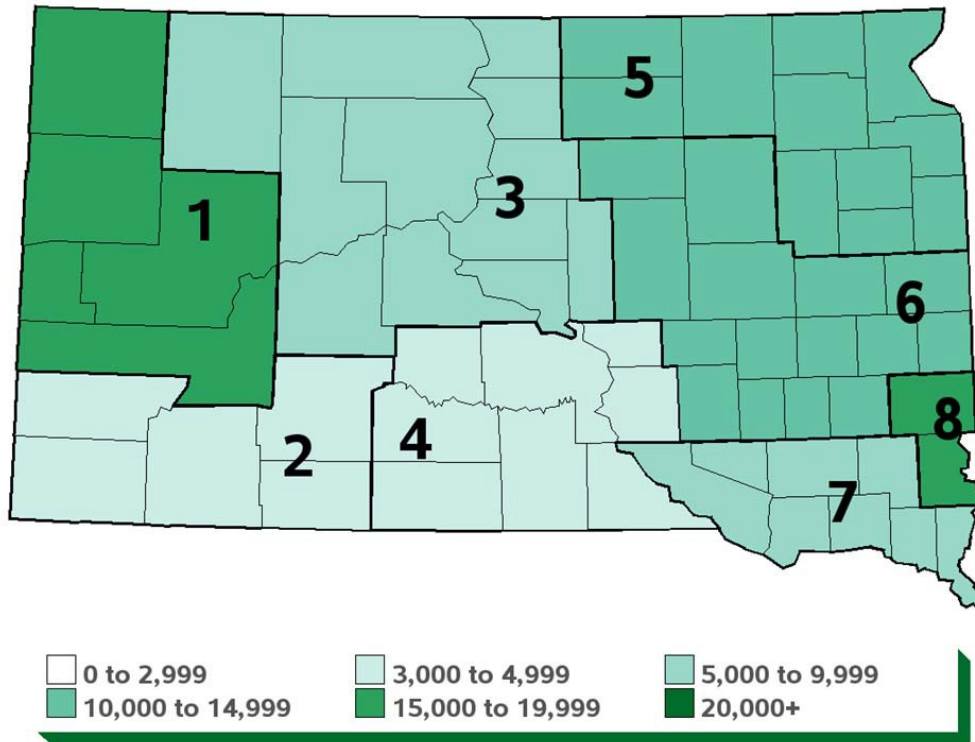
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

Exhibit 13. Number of Disabled Elderly Residents 65+, South Dakota, 2025



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

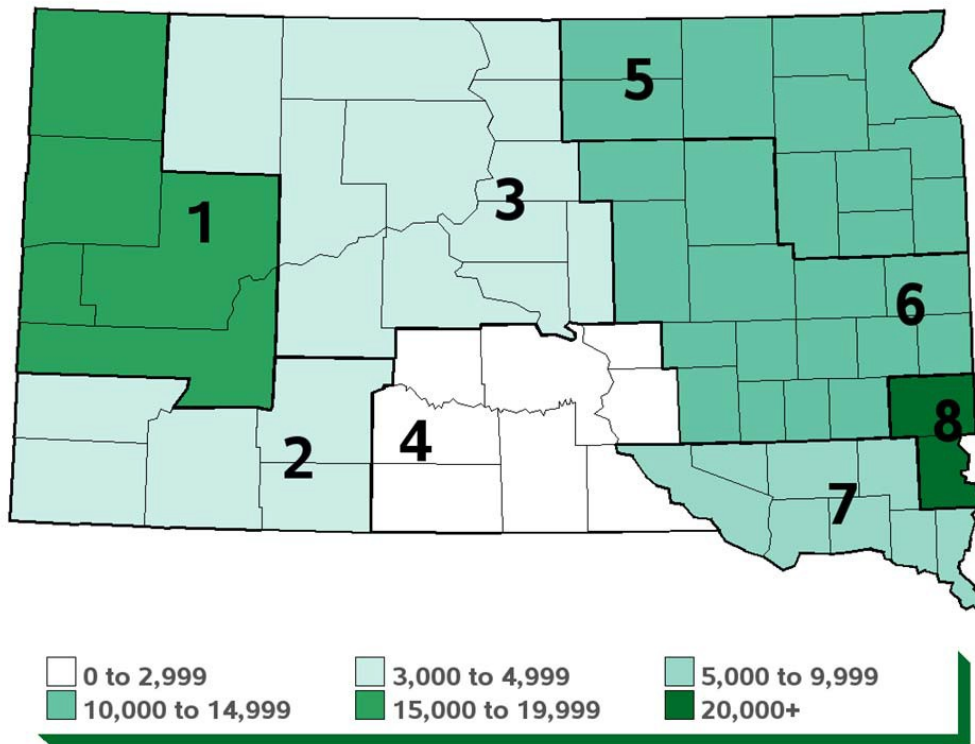
Exhibit 14. Number of Disabled Elderly Residents 65+, South Dakota, 2030



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

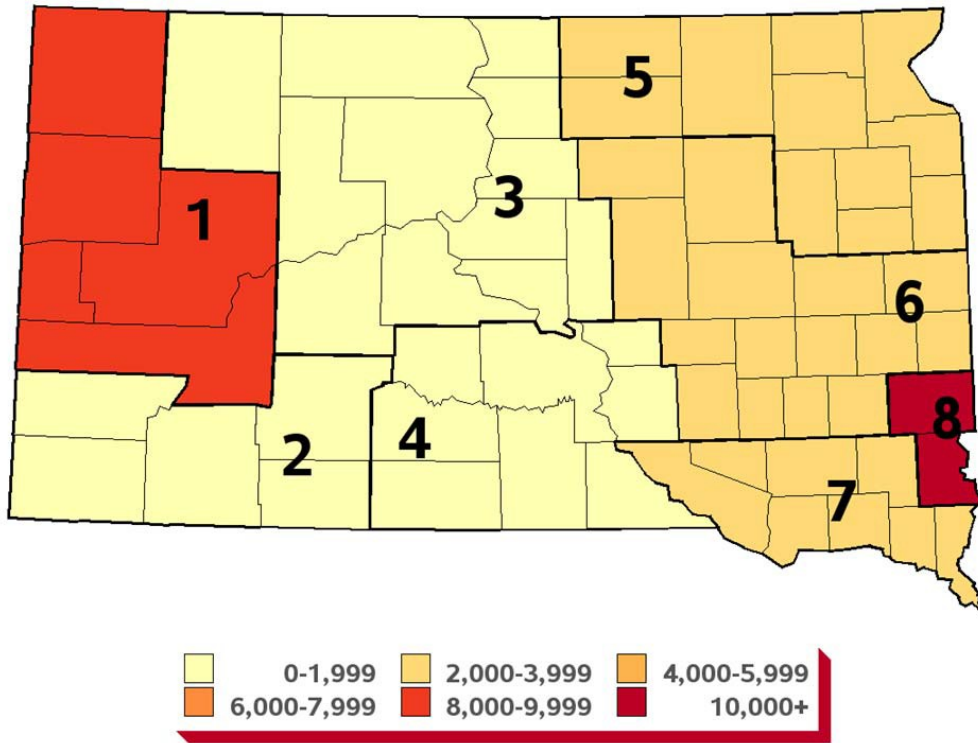


Exhibit 15. Number of Disabled Elderly Residents 65+, South Dakota, 2035



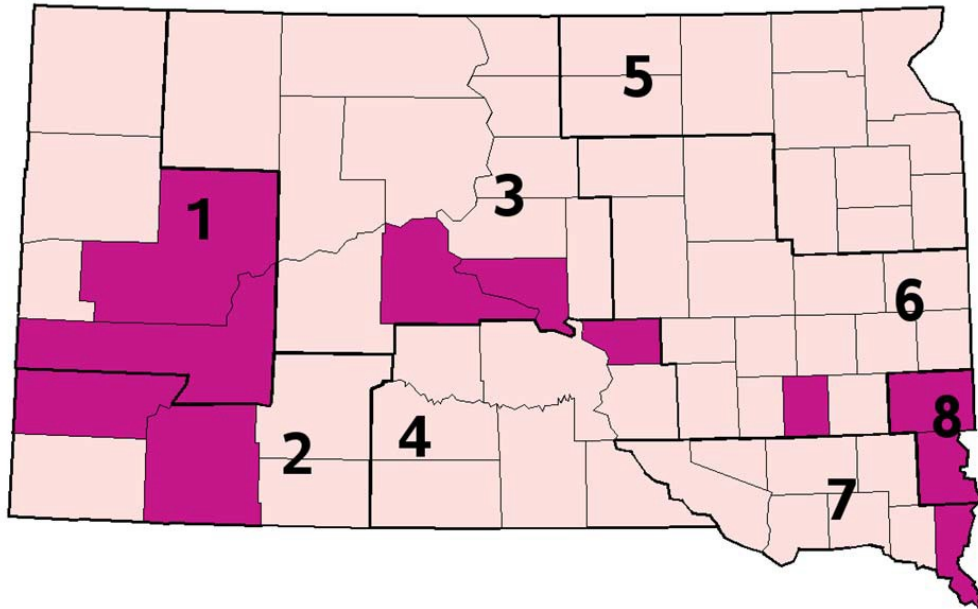
Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

Exhibit 16. Increase in Number of Disabled Elderly 65+ Residents, South Dakota, 2010 – 2035



Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data, and American Community Survey data.

**Exhibit 17. South Dakota Counties where the Elderly Disabled Population is expected to double from 2010 to 2035 (in Dark Pink)**



Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data, and American Community Survey data.

**Exhibit 18. Projections of Elderly 65+ Population, South Dakota, by Economic Assistance Region, 2010-2035**

EAR	2010	2015	2020	2025	2030	2035
1	23,156	28,770	35,615	42,176	46,797	48,258
2	5,173	6,474	7,805	8,870	9,500	9,566
3	8,310	9,419	10,595	11,716	12,198	11,792
4	5,071	5,569	6,116	6,591	6,642	6,179
5	20,838	23,130	25,908	28,518	30,164	29,634
6	21,096	23,450	26,919	30,193	32,022	31,620
7	15,301	17,222	19,586	22,010	23,645	23,950
8	23,917	30,541	38,981	48,467	57,917	64,746
Total	122,862	144,575	171,527	198,542	218,886	225,744

Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data.

**Exhibit 19. Projections of Disabled Elderly 65+ Population, South Dakota, by Economic Assistance Region, 2010-2035**

<b>EAR</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
1	9,155	9,938	12,739	15,409	18,298	18,563
2	2,065	2,335	3,005	3,357	3,879	3,763
3	3,404	3,392	4,111	4,439	5,094	4,809
4	2,511	2,472	2,845	3,124	3,386	2,999
5	8,508	7,898	9,725	10,353	12,061	10,963
6	8,633	8,070	10,055	10,747	12,631	11,629
7	6,307	5,666	7,160	7,670	9,253	8,531
8	9,187	9,358	12,571	16,021	20,255	21,556
<b>Total</b>	<b>49,770</b>	<b>49,129</b>	<b>62,211</b>	<b>71,120</b>	<b>84,857</b>	<b>82,812</b>

Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, and American Community Survey data.

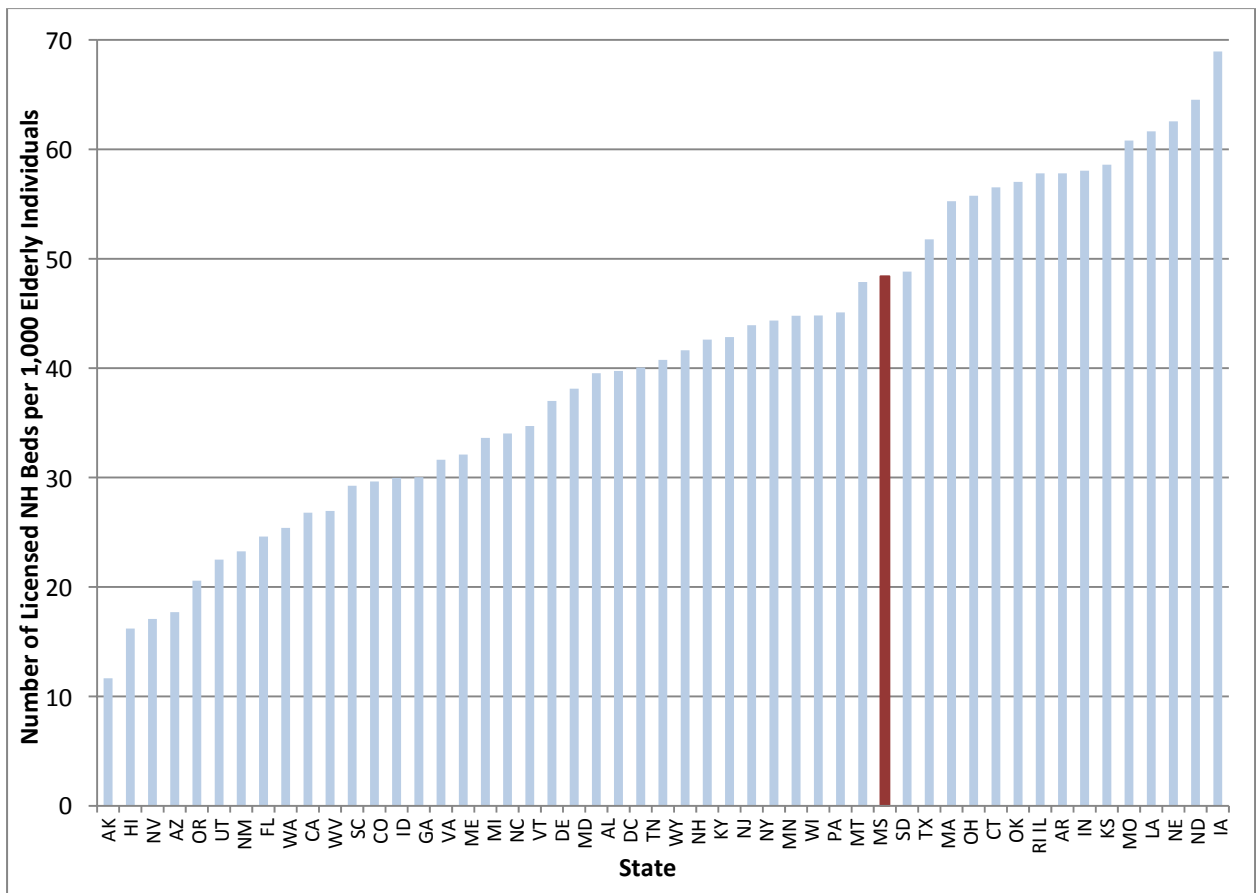
## 4. Service Delivery Challenges

This section provides evidence on the distribution of existing LTC services across South Dakota, and considers that service distribution in relation to projected future demands on the LTC system. As in the prior report, we discuss services at the State level and also examine geographic variation, making use of the DSS Economic Assistance Regions for most analyses. In particular, we focus on variation in service availability, gaps in coverage and mismatches between where services are and where the growth in the population of elders is the greatest.

### 4.1 Nursing Homes

Nursing home capacity and utilization rates have continued to drop both in South Dakota and nationwide since the release of the prior final report. In 2006, the most recent data available for the prior report, South Dakota ranked tenth in the nation in terms of nursing home capacity, with 61 licensed beds per 1,000 elders. By 2011, that number had dropped substantially to 48 licensed beds per 1,000 elders, sixteenth nationwide (Exhibit 20). Though South Dakota’s capacity remains higher than national averages, the drop between 2006 and 2011 indicates that the gap is shrinking.

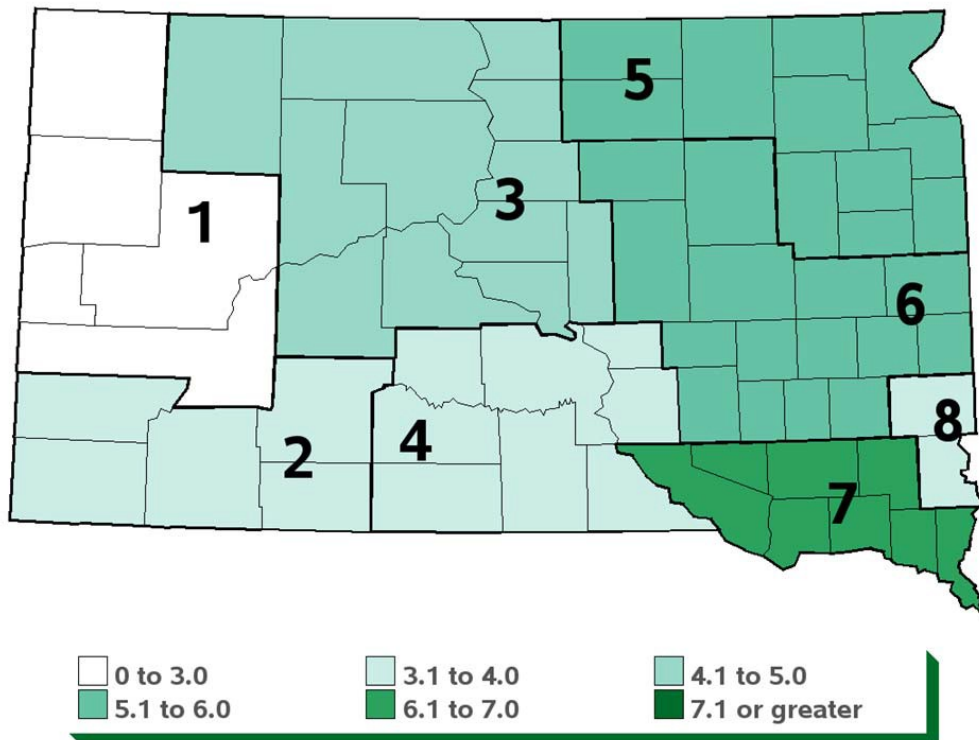
**Exhibit 20. National Comparison of State Nursing Home Capacity, 2011**



Source: Abt Associates’ analysis of Henry J. Kaiser Family Foundation’s Nursing Home Beds data and American Community Survey data. South Dakota utilization rates appear in red.

The number of licensed nursing facility beds in use per 100 elderly individuals has declined slightly from 2003-2005 levels, with a minimum of 2.6 beds in use per 100 elderly individuals in Economic Assistance Region 1 and a maximum of 6.4 beds in use per 100 elderly individuals in Economic Assistance Region 7. As in the prior report, utilization rates are substantially higher in the East River regions (5 through 8) than in the West River regions (1 and 2).

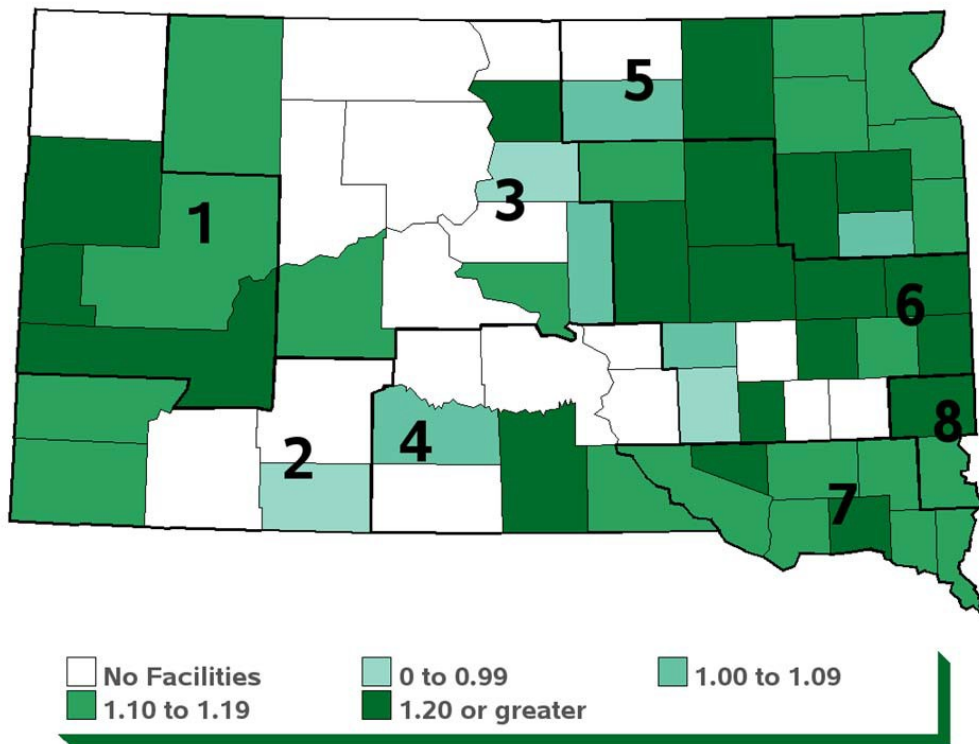
**Exhibit 21. Number of Licensed Beds in Use per 100 Elderly Individuals, South Dakota, 2014**



Source: Abt Associates' analysis of South Dakota's Nursing Facilities Data and Nursing Home Compare data.

Medicaid case mix weights reflect the severity or complexity of care needs among nursing home residents. In 2013, case mix weights have risen somewhat from the 2005 values as documented in our prior report; however, the geographic distribution remains similar, with the highest case mix weights in the same counties (Exhibit 22). This suggests that constraints on service delivery remain in the same geographic regions as in the prior report; it could additionally suggest that less-impaired individuals are differentially moving to less intensive LTC settings, such as assisted living.

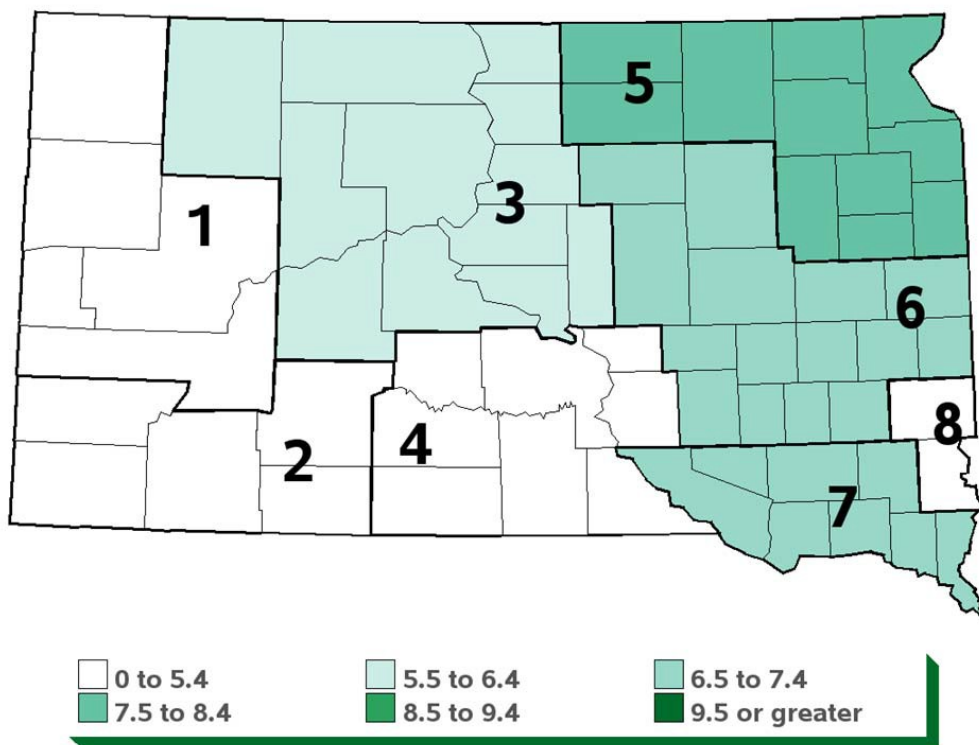
**Exhibit 22. Nursing Facility Medicaid Case Mix Variation by County, South Dakota, 2013**



Source: Abt Associates' analysis of South Dakota's Nursing Facilities Case Mix Data.

Although the passage of SB196 in 2012 has facilitated some geographic shifts in moratorium beds, the overall distribution of moratorium beds per 100 elderly residents (Exhibit 23) has remained similar since the prior report. It is therefore unsurprising that the East River region of the State (Regions 5 through 8) continues to have the greatest moratorium bed capacity and the greatest difference between moratorium bed capacity and the number of licensed beds that have recently been in use (Exhibit 24), with lower capacity and a smaller difference in West River. As growth of the elderly population is still projected to be largest in urban areas around Sioux Falls and Rapid City, additional shifting of beds may be required to appropriately accommodate the growing number of seniors.

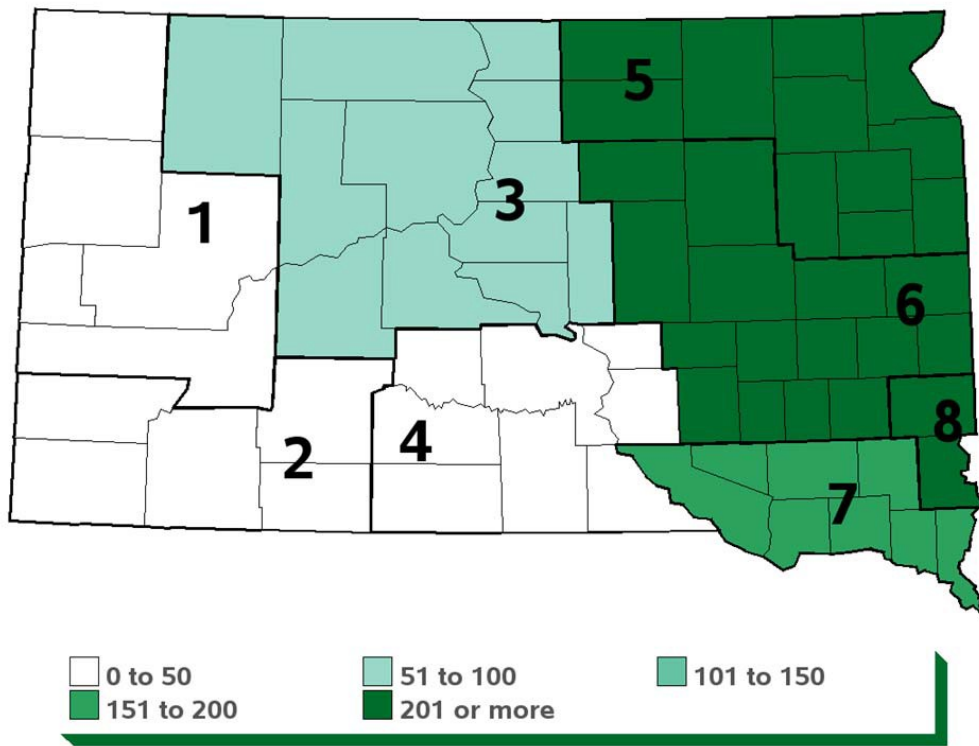
**Exhibit 23. Number of Nursing Facility Moratorium Beds per 100 Elderly Individuals, South Dakota, 2014**



Source: Abt Associates’ analysis of South Dakota’s Nursing Facilities Data, South Dakota Department of Social Services’ Occupancy Report, and Nursing Home Compare data.



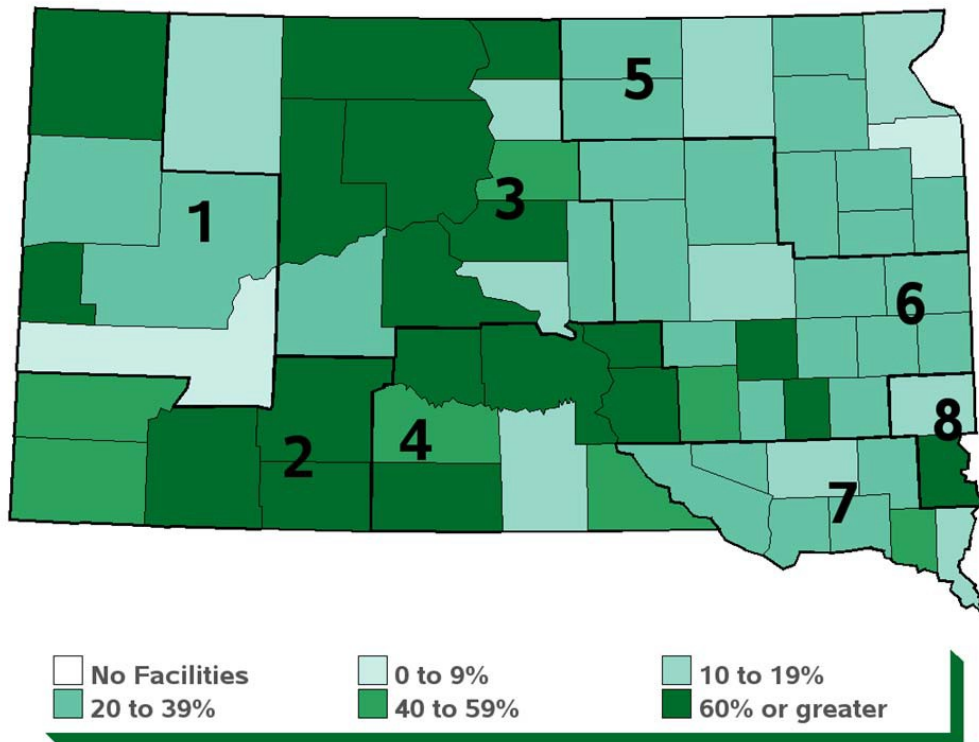
Exhibit 24. Difference between Moratorium and Maximum Licensed Nursing Facility Beds, South Dakota, 2014



Source: Abt Associates' analysis of South Dakota's Nursing Facilities Data, South Dakota Department of Social Services' Occupancy Report, and Nursing Home Compare data.

Finally, in general, nursing home travel patterns in 2012 (Exhibit 25) remained similar to patterns in the 2007 report, with relatively few South Dakotans leaving their home counties overall. Those that did leave their counties tended to reside in higher-occupancy counties and/or counties with older nursing homes, indicating a continued preference for newer facilities.

**Exhibit 25. Nursing Home Travel Patterns, South Dakota, 2012**



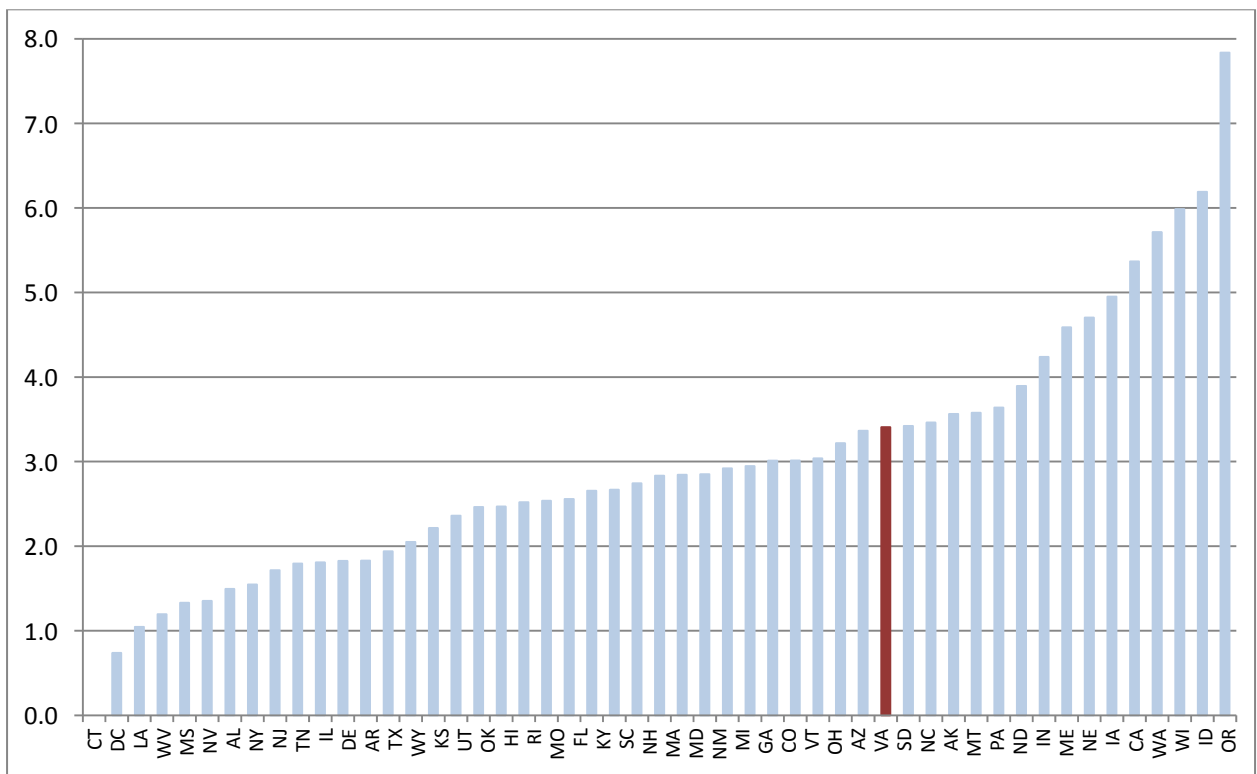
Source: Abt Associates' analysis of South Dakota's Nursing Facility Patient Origin Data.

**4.2 Assisted Living**

Relative to other states, South Dakota ranked 16<sup>th</sup> for available assisted living beds in 2010, at 3.4 available beds per 100 elderly individuals (Exhibit 26). This represents a slight increase in the number of available beds from roughly 3 per 100 elderly individuals in 2004, which placed South Dakota 15<sup>th</sup> among the states at that time.

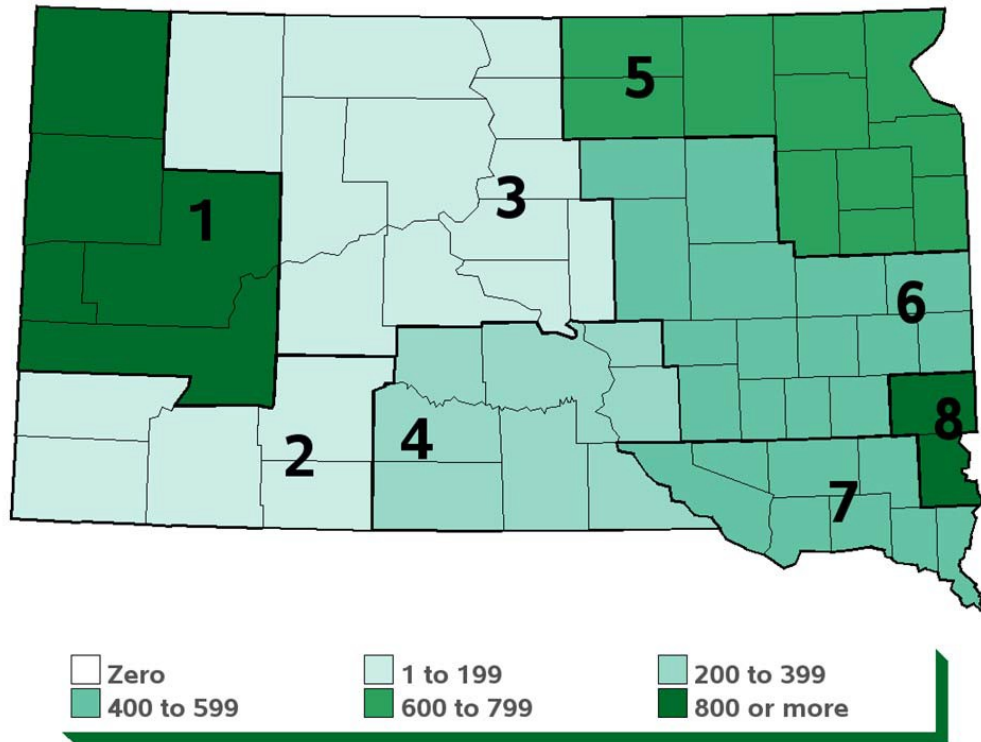
All regions of the State displayed growth in the total number of licensed assisted living beds since the last report, but substantial geographic variation remains (Exhibits 27 and 28).

**Exhibit 26. National Comparison of Available Assisted Living Beds per 100 Elderly Individuals by State, 2010**



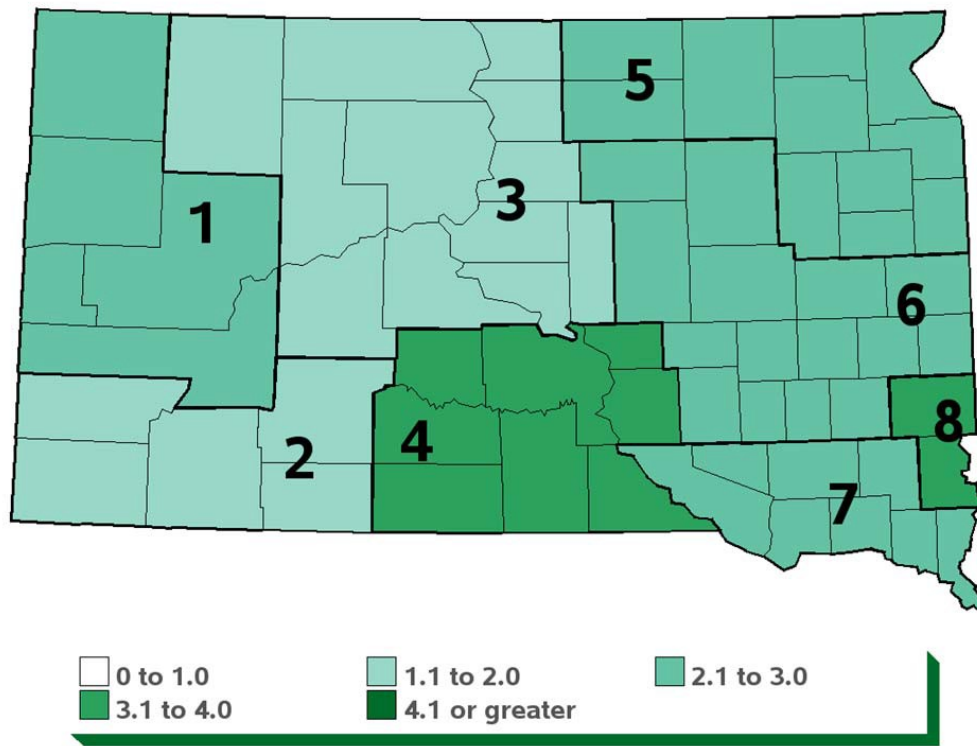
Source: Abt Associates’ analysis of AARP’s Assisted Living and Residential Care in the United States data, 2010. South Dakota beds per 100 elderly individuals shown in red.

Exhibit 27. Number of Licensed Assisted Living Beds, South Dakota, 2014



Source: Abt Associates' analysis of South Dakota's Assisted Living Data.

Exhibit 28. Number of Licensed Assisted Living Beds per 100 Elderly Individuals, South Dakota, 2014

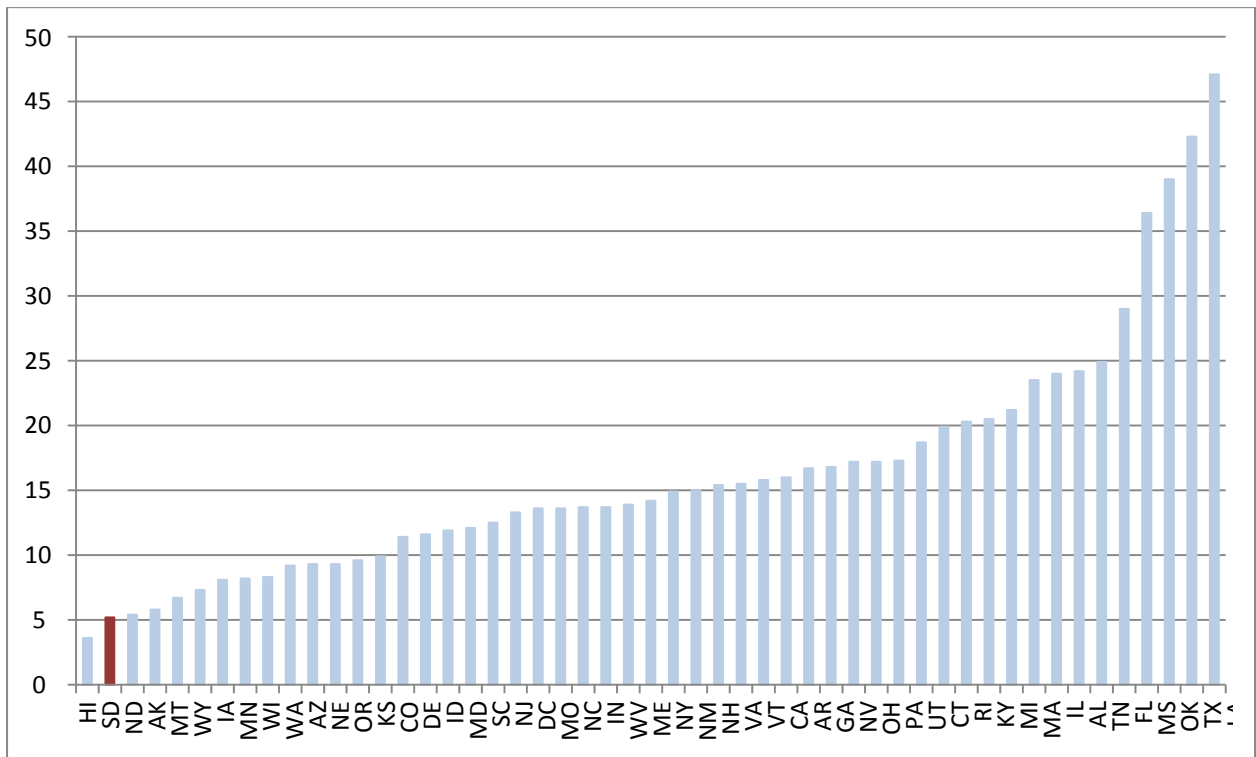


Source: Abt Associates' analysis of South Dakota's Assisted Living Data, and South Dakota Data Center's Population Projections data.

**4.3 Home Health Care**

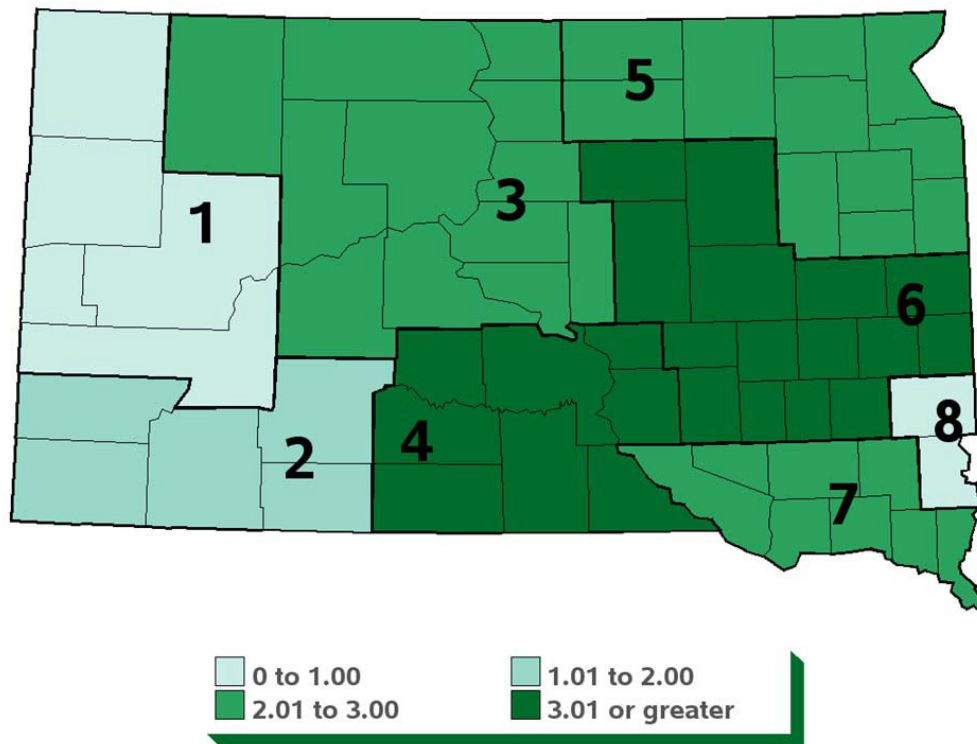
South Dakota continues to have the 2<sup>nd</sup> fewest Medicare skilled home health episodes of the 50 states, with just over 5 episodes per 100 elderly individuals, compared to a national average of 16 (Exhibit 29). There is little evidence of a shift in geographic patterns in Medicaid- and Medicare-certified home health agencies (Exhibit 30) or visits (Exhibit 31) since the prior report.

**Exhibit 29. Number of Medicare Skilled Home Health Episodes per 100 Elderly Individuals by State, 2012**



Source: Abt Associates’ analysis of Center for Medicare and Medicaid Service’s CCW Administrative Claims summary data as provided by the Centers for Disease Control and Prevention Health Indicators Warehouse (healthindicators.gov). South Dakota episodes per 100 elderly individuals shown in red.

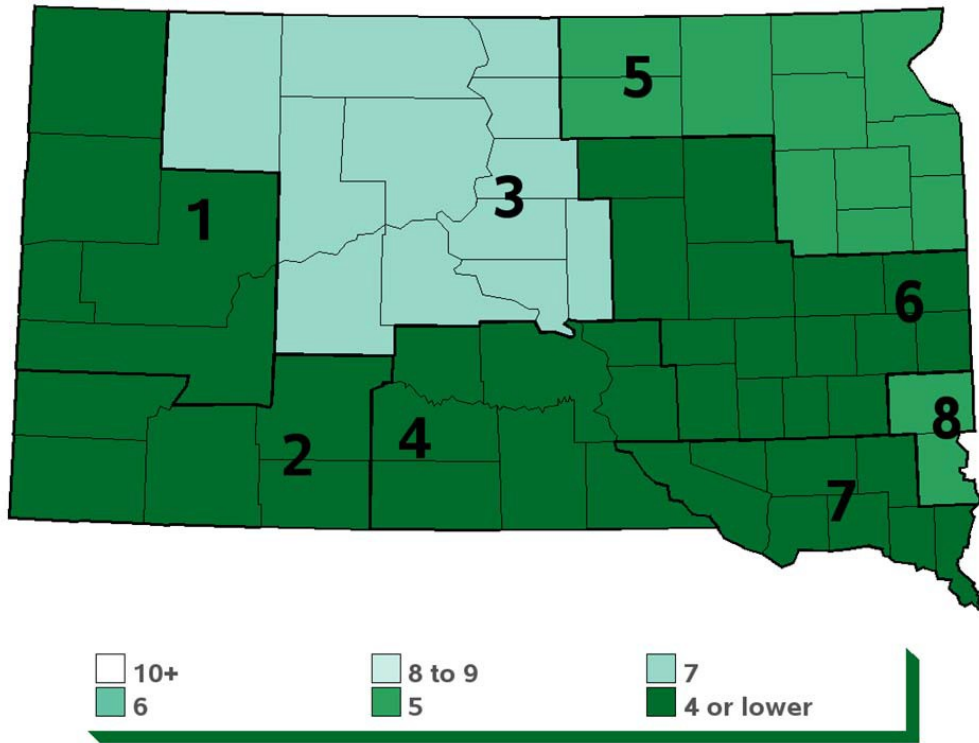
**Exhibit 30. Number of Medicaid- and Medicare-Certified Home Health Agencies per 1,000 Elderly Individuals, South Dakota, 2014**



Source: Abt Associates' analysis of Home Health Compare data.

Notes: The map shows the number of Medicaid- and Medicare-Certified Home Health Agencies that serve each county. Many Home Health Agencies serve more than one county; therefore, adding up agencies serving each county will not result in the total number of agencies in South Dakota. This map also includes agencies that are headquartered outside the state of South Dakota, but are listed as serving certain counties in South Dakota.

Exhibit 31. Number of Medicaid and Medicare Home Health Episodes per 100 Medicare Beneficiaries, South Dakota, 2014



Source: Abt Associates’ analysis of Center for Medicare and Medicaid Service’s CCW Administrative Claims summary data as provided by the Centers for Disease Control and Prevention Health Indicators Warehouse ([healthindicators.gov](http://healthindicators.gov)).



#### **4.4 Home and Community Based Services**

Home and community based services are a critical support component to allow elders to remain in the community as long as possible. Since the prior report, we do not see evidence of perceptible shifts in availability of home and community based services in South Dakota: adult day facilities (Exhibit 32), senior centers (Exhibits 33 and 34), nutrition programs (Exhibit 35), homemaker services (Exhibit 36), and in-home service clients (Exhibit 37) all remain at similar, relatively low levels.

In short, across the State, and particularly in rural and frontier areas, there is limited availability of home and community based care. Clearly, a major barrier to providing community based care is the lack of a sufficiently sized community in many parts of the state. Briefly, in 2014:

- 43 counties have no adult day facilities with an established relationship with the State<sup>5</sup>,
- 6 counties have 0 senior centers and 20 have just 1 senior center<sup>6</sup>,
- 1 county has 0 nutrition programs and 25 have just 1 nutrition program<sup>7</sup>, and
- Although every county in South Dakota is served by a DSS-affiliated homemaker agency, 36 counties have no DSS-affiliated homemaker agencies located in their borders.<sup>8</sup>

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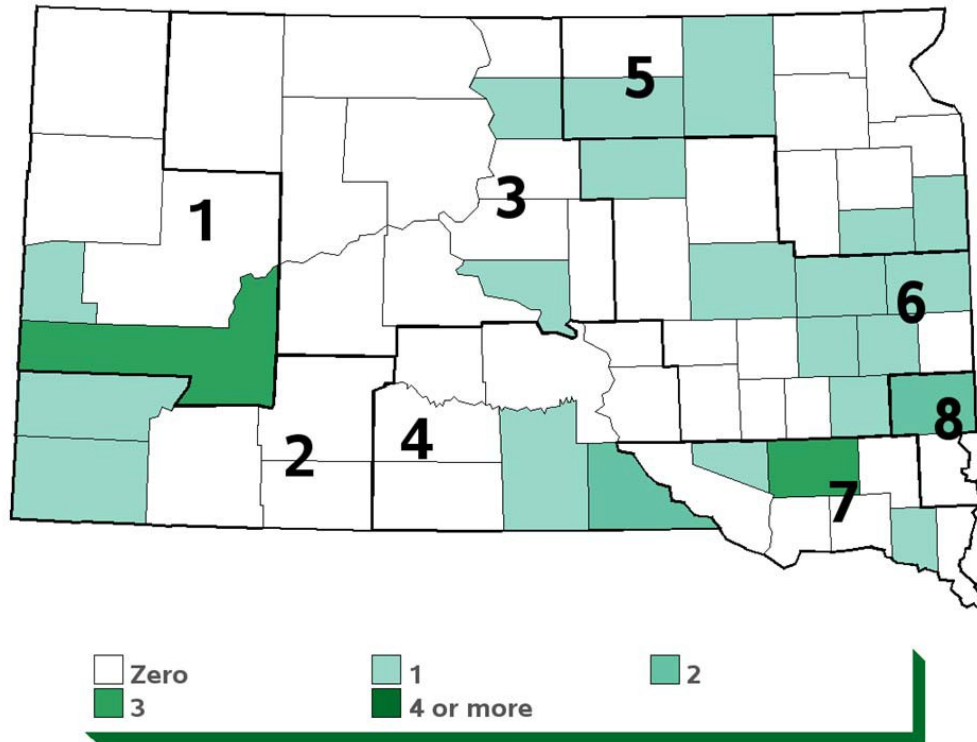
<sup>5</sup> Includes Adult Day Services Programs that have an established relationship with the State to provide adult day services; not an all-inclusive list.

<sup>6</sup> Includes centers appearing in listing of senior centers maintained by DSS; these senior centers do not receive state funding.

<sup>7</sup> Senior nutrition programs funded by Title III-C and/or Title VI (Older Americans Act direct funding to the tribes).

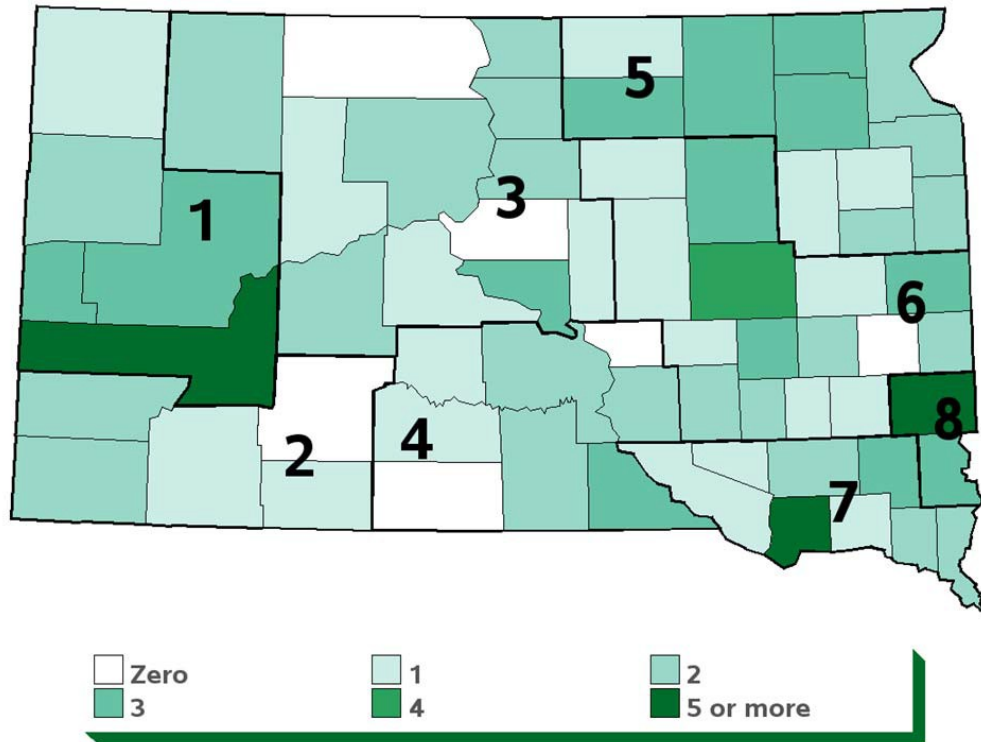
<sup>8</sup> Includes only homemaker agencies with existing relationship with DSS.

Exhibit 32. Number of Adult Day Facilities by County, South Dakota, 2014



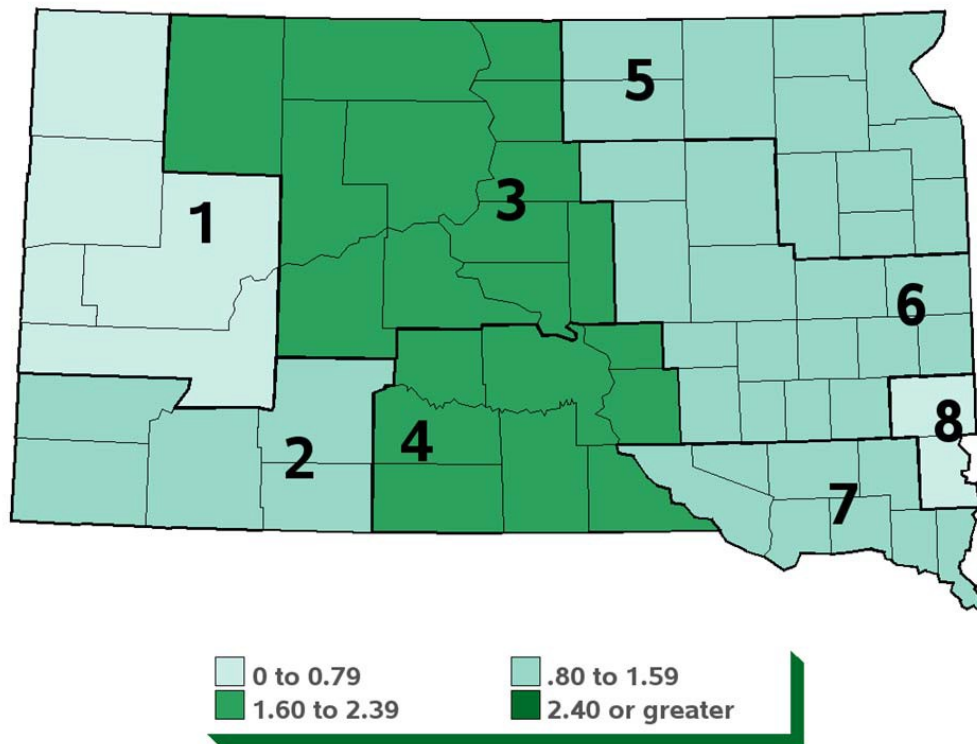
Source: Abt Associates' analysis of South Dakota's Adult Day Services Listing; includes Adult Day Services Programs that have an established relationship with the State to provide adult day services, and is not an all-inclusive list.

Exhibit 33. Number of Senior Citizens Centers by County, South Dakota, 2014



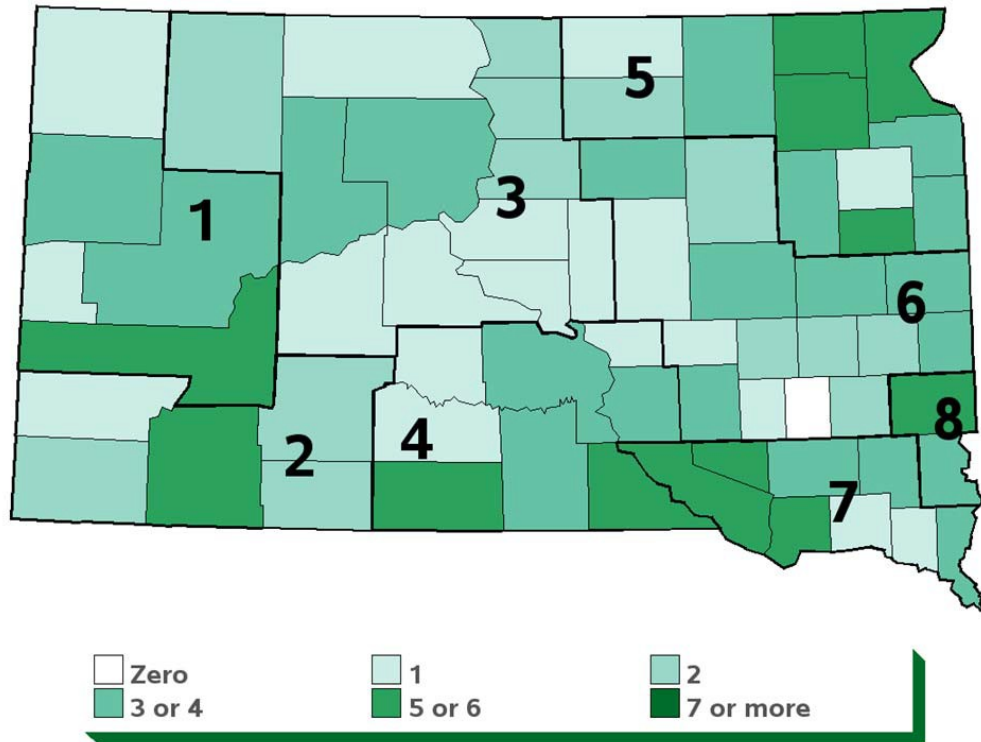
Source: Abt Associates' analysis of South Dakota's List of Senior Citizens Centers, 4/30/2014; listing maintained by DSS, but Senior Centers do not receive state funding.

Exhibit 34. Number of Senior Citizens Centers per 1,000 Elderly Individuals, South Dakota, 2014



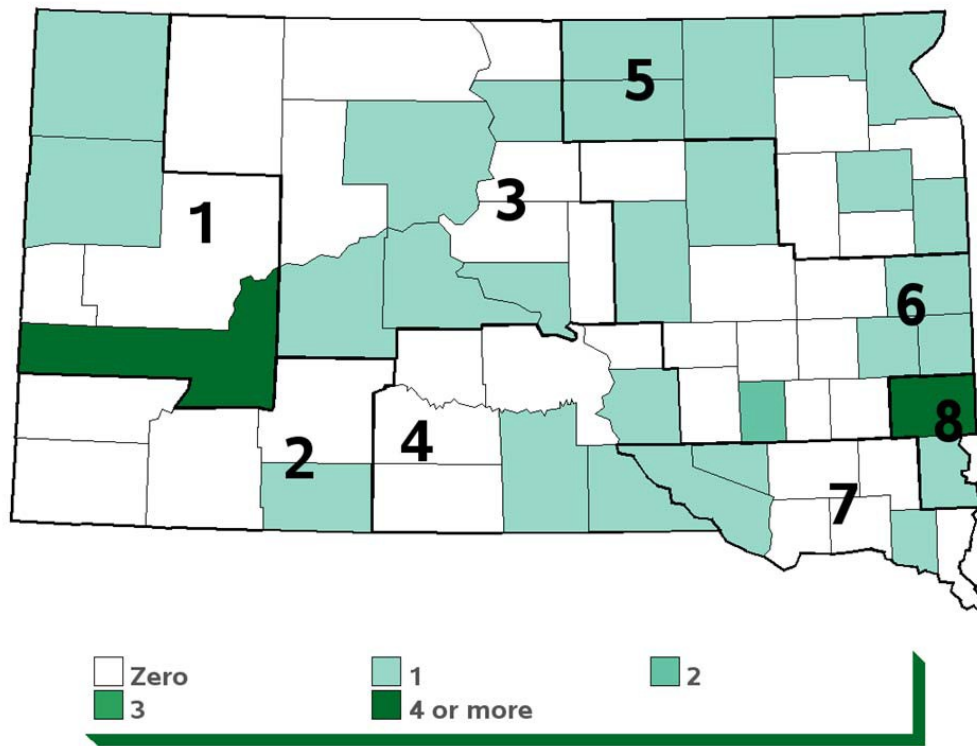
Source: Abt Associates' analysis of South Dakota's List of Senior Citizens Centers, 4/30/2014 and South Dakota Data Center's Population Projections data; listing maintained by DSS, but Senior Centers do not receive state funding.

Exhibit 35. Number of Nutrition Projects Serving Each County, South Dakota, 2014



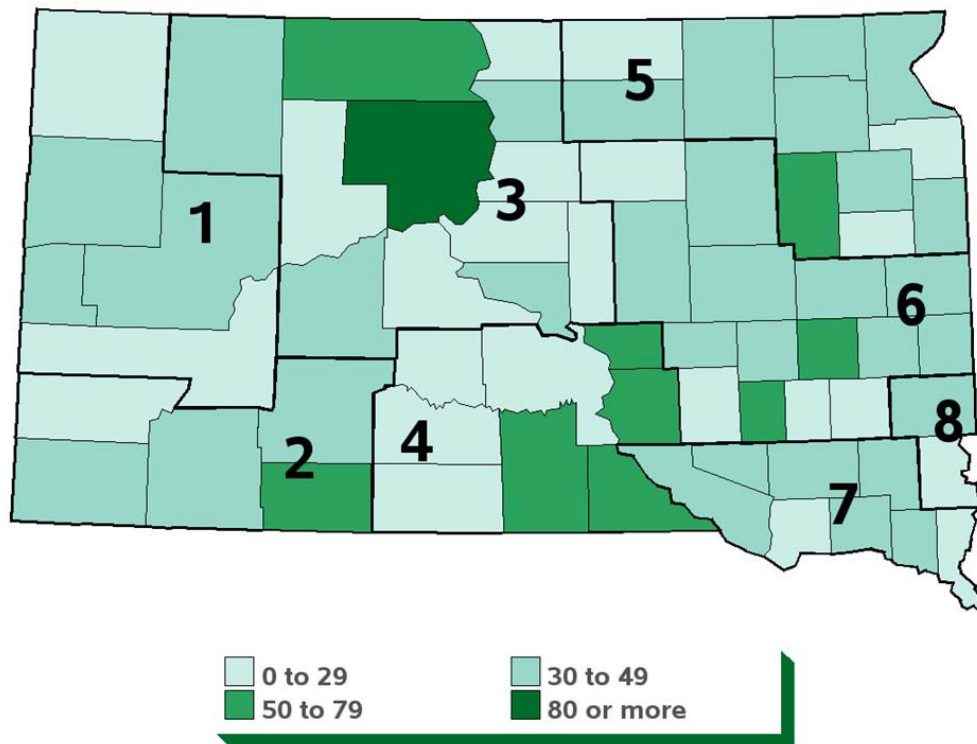
Source: Abt Associates' analysis of South Dakota's III-C sites data; includes senior nutrition projects funded by Title III-C and/or Title VI (Older Americans Act direct funding to the tribes).

Exhibit 36. Number of DSS-Affiliated Homemaker Agencies Located in Each County, South Dakota, 2014



Source: Abt Associates’ analysis of South Dakota’s In-home provider agencies data; includes only homemaker agencies with existing relationship with DSS. While every county is served by at least one DSS-affiliated homemaker agency, 36 counties have no DSS-affiliated homemaker agencies located within their borders.

Exhibit 37. In-Home Service Clients per 1,000 Elderly Individuals by County, South Dakota, 2014



Source: Abt Associates' analysis of South Dakota's HCBS Consumers data; includes only consumers served by DSS-affiliated providers.

## 5. Projecting Future Demand for Long-Term Care Services

As described in greater detail in the methods section, we developed several forecast scenarios to describe projected future demand for LTC services under a variety of assumptions about future utilization rates. Unlike the projections in the prior 2007 report, these updated projections are based on actual State-level trends from 2010 through the present; in the prior report, historical trend data were unavailable at the State level, so our forecasts necessarily relied on national trend data only. In this sense, these updated projections represent an improvement on our prior forecast methodology, as they are based on more complete local knowledge.

In particular, we developed three alternative forecast scenarios, described in greater detail in Section 2.3:

**Scenario A: Baseline/Status Quo.** Under this baseline scenario, we assume that nursing home and assisted living utilization rates hold fixed at average 2010-2014 levels as described under Task 3<sup>9</sup>:

- Nursing home utilization as percent of elderly population = 4.7 percent
- Assisted living utilization as percent of elderly population = 2.6 percent

**Scenario B: Nursing home utilization continues to decline at a moderated rate.** Under this alternative scenario, a decline in disability and substitution to assisted living and HCBS contribute to a continued decline in nursing home utilization at approximately half the rate of recent declines.

- Nursing home utilization falls at a rate of 0.09 percentage points per year, or approximately one half the 2000-2014 rate of decline.
- The decline in nursing home utilization is partially offset by a rise in the assisted living utilization rate, with the lowest functional status individuals who would otherwise have resided in nursing homes instead entering assisted living, and the remainder remaining in the community.

**Scenario C: Nursing home utilization continues to decline at a rapid pace, converging to national average rates by 2035.** Under this alternative scenario, aggressive state policy encouraging further substitution of assisted living and HCBS continues to drive nursing home utilization rates down at a rapid pace.

- Nursing home utilization falls at a rate of 0.14 percentage points per year, reaching a rate of 1.2 percent by 2035.
- The decline in nursing home utilization is partially offset by a rise in the assisted living utilization rate, with the lowest functional status individuals who would otherwise have resided in nursing homes instead entering assisted living, and the remainder remaining in the community.

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<sup>9</sup> This projection scenario methodology mirrors the baseline projections provided in the 2007 Final Report to enable direct comparison. However, we note that, given the recent sharp decline in nursing home utilization in South Dakota as described above, it appears unlikely that future nursing home utilization rates will in fact remain fixed at this level as assumed. The two alternative future scenarios, which assume continued declines in utilization rates moving forward, may therefore more realistically depict actual future trends.



## 5.1 Projected Demand for Nursing Home Care

Exhibit 38 provides estimates of projected growth in nursing home utilization through the year 2035 under the baseline scenario, which as noted above assumes utilization rates hold constant at 2010-2014 levels. As noted above, this simple assumption may be unrealistic given the continued sharp decline in utilization rates we have seen in recent years across the state; however, we present the results of the baseline model to enable direct comparison with the prior report.

Note that because utilization rates are assumed to be unchanged, these baseline forecasts are driven entirely by growth in the elderly population over time and do not take into account the state's current nursing home bed moratorium, or possible future changes in disability rates, family composition, income, or other factors potentially influencing utilization. Under this simple projection methodology, the nursing home population is projected to rise to 10,595 by the year 2035, a 72% increase from average 2010-2014 levels.

### Exhibit 38. Projected South Dakota Nursing Home Utilization Rates under Scenario A (Baseline) – Utilization Rates Hold Constant at 2010-2014 Average

	Elderly Population	Elderly Disabled Population	Nursing Home Population	As % of Elderly Population	As % of Disabled Elderly Population
<b>Actual Nursing Home Utilization:</b>					
2000	108,131	46,957	6,974	6.4%	14.9%
2005	119,313	51,783	6,732	5.6%	13.0%
2010 - 2014	131,526	49,514	6,173	4.7%	12.5%
<b>Projected Nursing Home Utilization:</b>					
2015	144,575	49,129	6,785	4.7%	13.8%
2020	171,527	62,211	8,050	4.7%	12.9%
2025	198,542	71,120	9,318	4.7%	13.1%
2030	218,886	84,857	10,273	4.7%	12.1%
2035	225,744	82,812	10,595	4.7%	12.8%

Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, American Community Survey data, and Nursing Home Compare data.

The baseline scenario assumes that nursing home utilization rates will remain unchanged. In contrast, recent years have seen a relatively steep decline in nursing home utilization rates in South Dakota (a drop from 6.4 percent to 4.7 percent between 2000 and average 2010-14 levels), and it seems reasonable to expect that this decline will continue. The two alternative projection scenarios we consider therefore incorporate more realistic assumptions, and assume a continued future decrease in utilization rates.

However, it is unclear whether or not the current rate of decline is sustainable: at some point, only individuals with fairly extensive functional limitations will remain in nursing homes, and such individuals may not be able to receive appropriate care in alternative settings. We therefore consider two alternative scenarios for the projected rate of decline: Scenario B assumes that the rate of decline

will moderate over the coming decades to one half the current rate, while Scenario C assumes a continued rapid pace of decline, with South Dakota ultimately converging to national utilization rates in the year 2035.

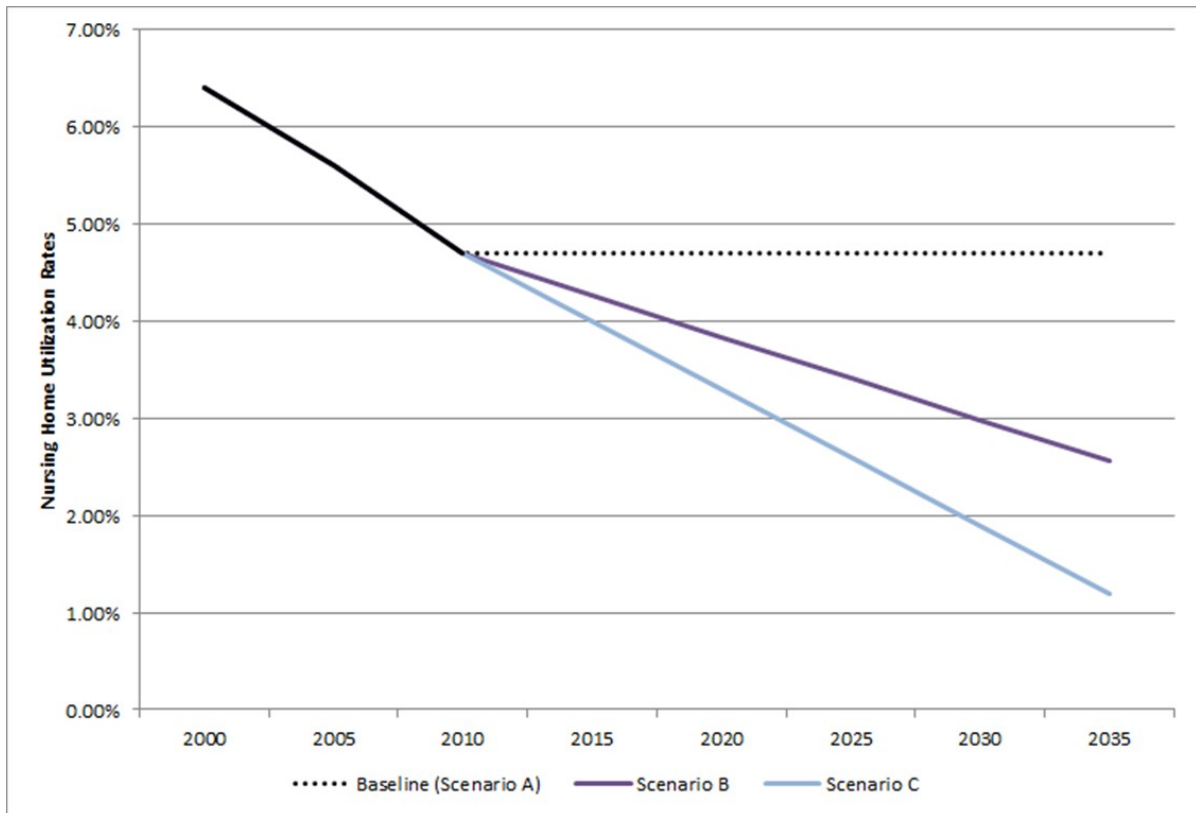
Exhibit 39 summarizes projected nursing home utilization rates for the year 2035 under the three scenarios, and Exhibit 40 graphically depicts time trends in nursing home utilization rates under each scenario from 2000 through 2035. Under the baseline scenario, the nursing home utilization rate stays fixed at its current rate of 4.7 percent through 2035, while under Scenarios B and C, it falls to 2.6 percent and 1.2 percent, respectively.

**Exhibit 39. Projected South Dakota Nursing Home Utilization Rates, 2035**

As % of Disabled Estimated Nursing Home Population		As % of Elderly Population	Elderly Population
Baseline Scenario A: Flat Utilization Rates	10,595	4.69%	12.79%
Alternative Scenario B: Nursing home utilization falls at a rate equal to recent trends	5,776	2.56%	6.98%
Alternative Scenario C: Nursing home utilization falls to the national average by 2035	2,709	1.20%	3.27%

Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data, American Community Survey data, and Nursing Home Compare data.

**Exhibit 40. Projected South Dakota Nursing Home Utilization Rates; 3 Scenarios, 2000 – 2035**

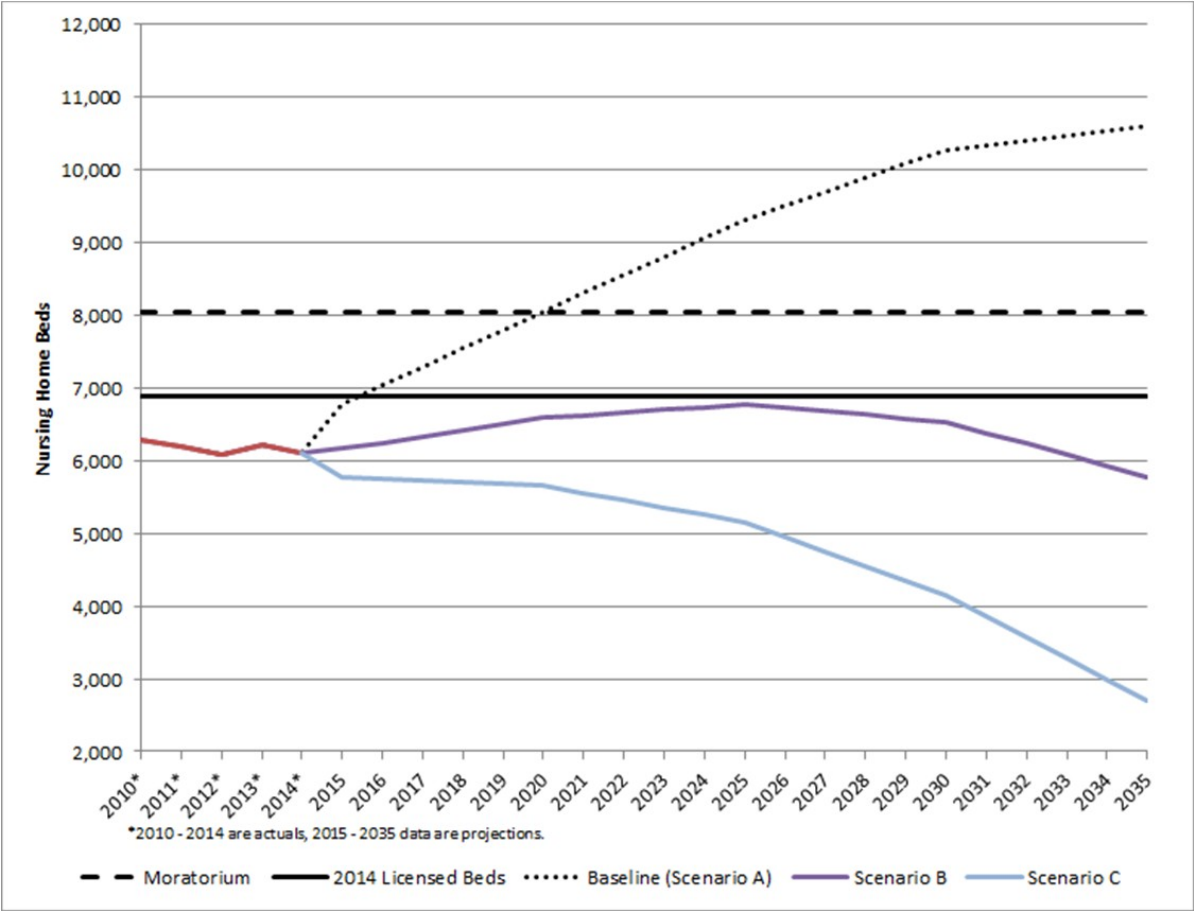


Source: Abt Associates’ analysis of South Dakota Data Center’s Population Projections data, American Community Survey data, and Nursing Home Compare data.

Exhibit 41 shows projections for total nursing home population for each scenario consistent with these projected utilization rates. Notice that while under the baseline scenario, the nursing home population continues to rise through 2035 with the increase in the elderly and elderly disabled populations, under the two alternative scenarios the population is actually forecast to *decrease* by 2035. These projected decreases occur when the declining utilization rate falls far enough to compensate for the continued increase in the elderly and disabled elderly populations. In particular, under Scenario B, the projected nursing home population reaches a maximum of 6,776 in the year 2025 before declining to 5,776 in 2035; under Scenario C, the projected nursing home population declines continually from its current level to reach 2,709 in 2035.

Finally, note that while demand for nursing home beds will soon exceed available moratorium beds under Scenario A, in contrast, if utilization rates continue to decline as projected under Scenarios B and C, demand will remain well below moratorium levels.

**Exhibit 41. Forecast Demand for South Dakota Nursing Home Beds, 3 Scenarios, 2000 – 2035**



Source: Abt Associates’ analysis of South Dakota’s Nursing Facilities data and South Dakota Department of Social Services’ Nursing Home Occupancy Report.

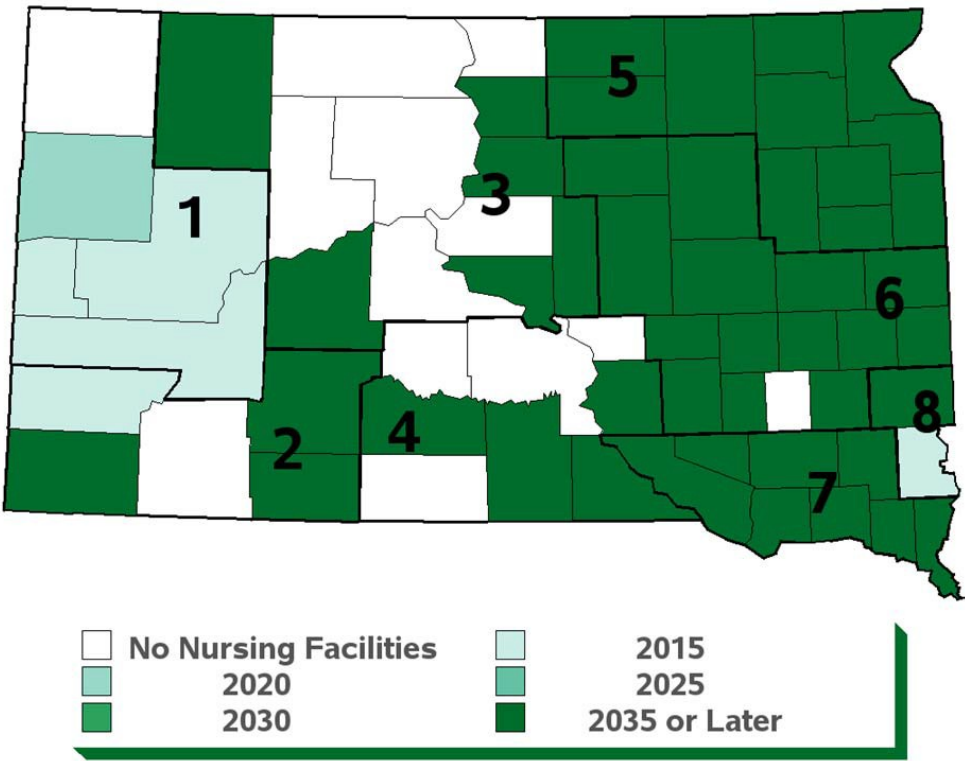
In the remainder of this section, we focus primarily on future projections under Scenario B, which makes more conservative assumptions about the future rate of decline in nursing home utilization than Scenario C, while still assuming that decline will continue as seems most likely, unlike the assumption of fixed utilization rates under Scenario A.

As Exhibit 42 illustrates, there is substantial geographic variation in the projected gap between supply and demand across the State, and even across closely-adjacent counties.

Counties in the Rapid City area, which as noted above is projected to experience high growth in elderly and disabled elderly populations, face a particularly acute need, with demand projected to exceed supply of moratorium beds in surrounding counties as soon as 2015 under both Scenarios A and B, and by 2020 under Scenario C, which assumes a more rapid decline in utilization rates. In the Sioux Falls area, also expected to face rapid growth in elderly and disabled elderly populations, Lincoln County also faces acute supply constraints, with demand exceeding moratorium beds in 2015 under all three scenarios, although demand in neighboring Minnehaha County is slightly less acute, with demand exceeding moratorium beds in 2015 under Scenario A only, but not until 2020 under Scenario B and not until 2025 under Scenario C.

A substantial number of counties in the eastern and central parts of the state are not expected to become supply-constrained before 2035.

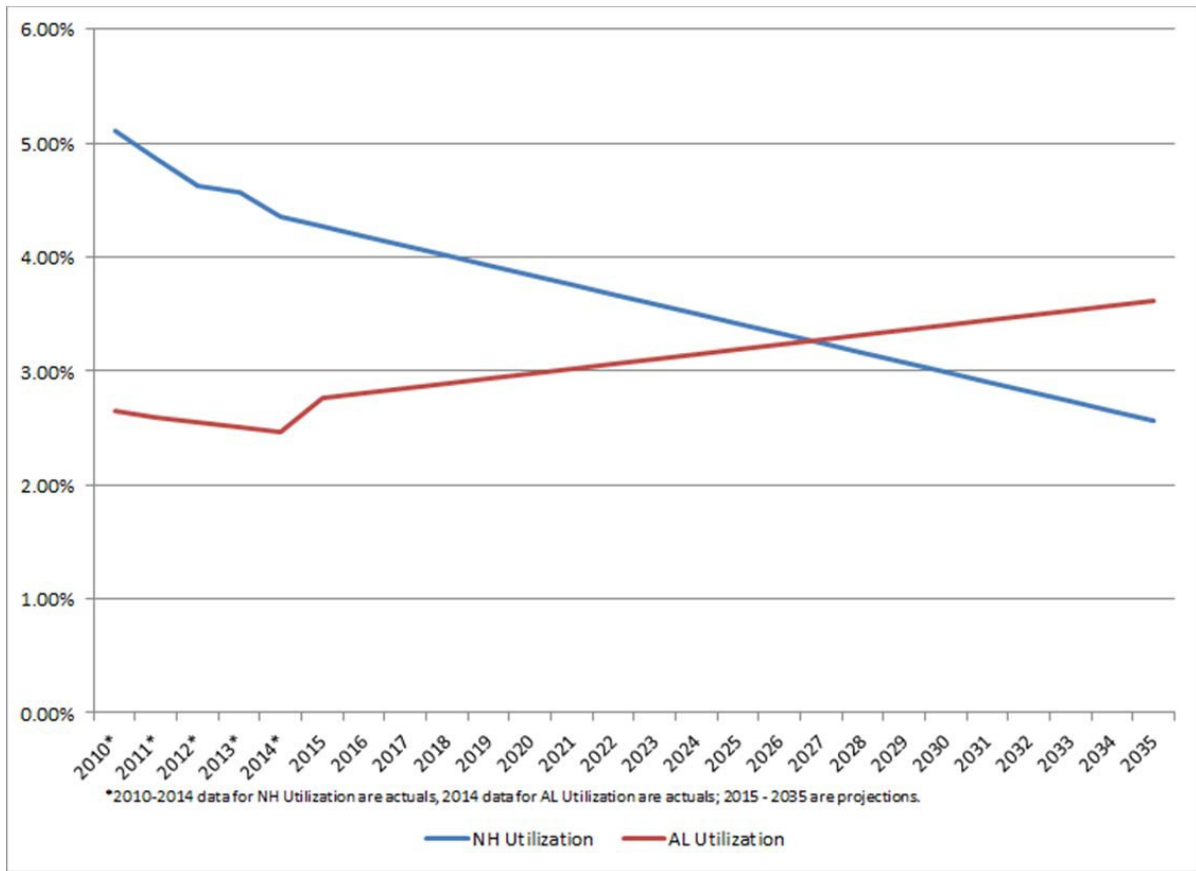
**Exhibit 42. Under Scenario B, When Does South Dakota County-Level Demand Exceed Supply of Moratorium Beds?**



## 5.2 Projected Demand for Assisted Living

Under our two alternative scenarios, the decline in nursing home utilization is assumed to be partially offset by an increase in assisted living utilization. Exhibit 43 shows how use of assisted living services must rise as nursing home utilization is reduced. We present results for Scenario B, since it is a mid-point forecast; under this scenario, assisted living utilization rates would rise from 2.6% in the year 2000 to 3.6% in 2035.

### Exhibit 43. Substitution between Assisted Living and Nursing Home Care in South Dakota: Scenario B

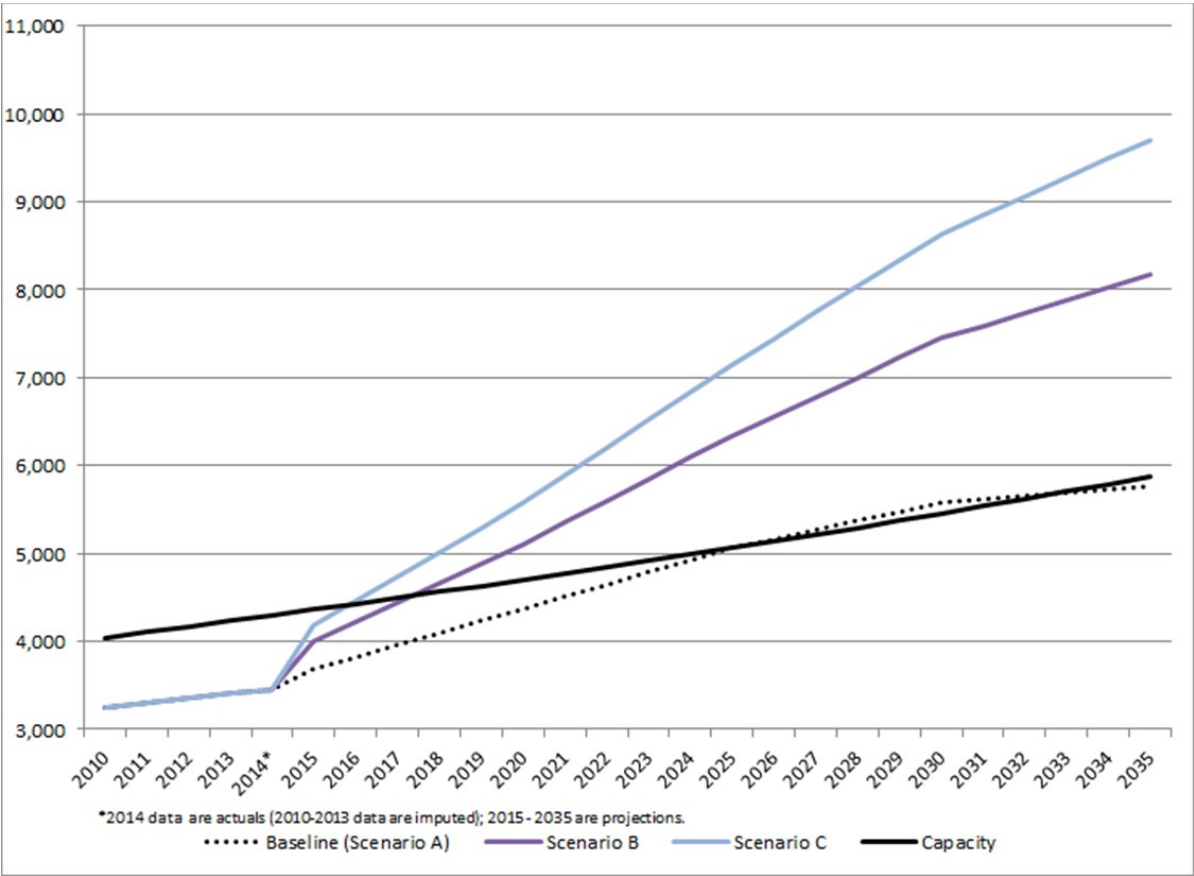


\*2010 – 2014 represents the average utilization over that time period.

Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, South Dakota's Nursing Facilities data, Nursing Home Compare data, and South Dakota's Assisted Living Facilities data.

Exhibit 44 shows how projected assisted living utilization rates under each scenario translate to demand for assisted living beds. Under the baseline Scenario A, projected demand for beds will only marginally exceed supply so long as capacity continues to increase in line with its recent 1.5% annual trend; from 2025 to 2030 projected demand is just slightly higher than projected capacity, but by 2035 the gap closes once more. However, if nursing home utilization rates decline consistent with our more reasonable assumptions under the two alternative scenarios, demand for assisted living beds will exceed supply well before 2020.

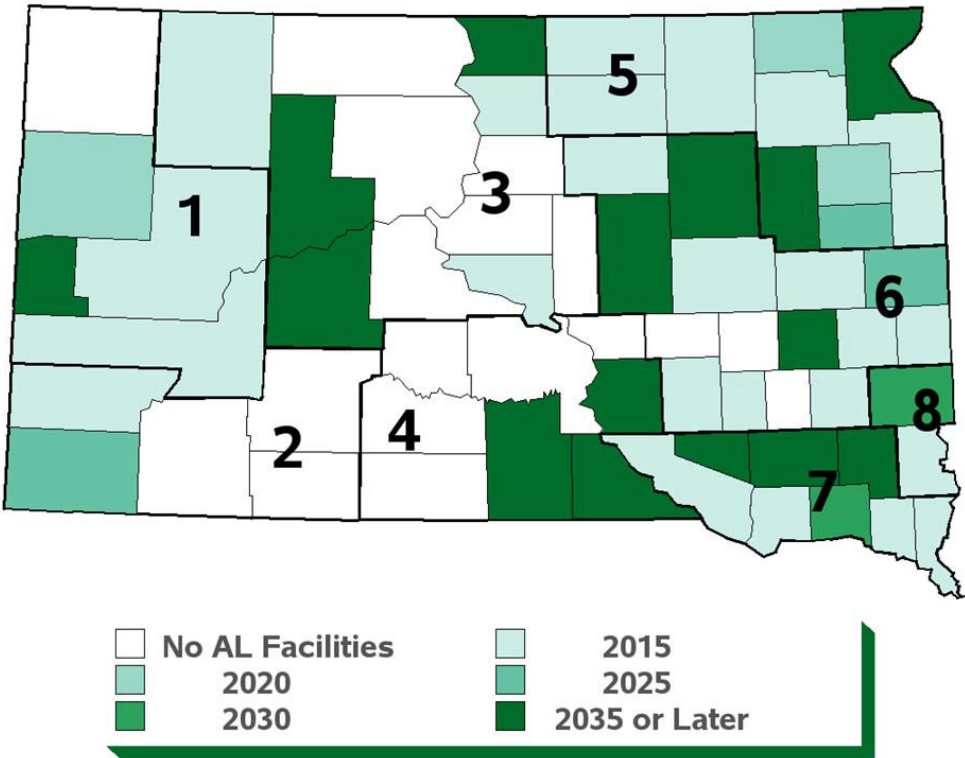
**Exhibit 44. Projected Supply and Demand of Assisted Living Beds, South Dakota, 2000 – 2035**



Source: Abt Associates’ analysis of South Dakota’s Assisted Living Facilities data.

Exhibit 45 shows geographic variation in the projected gap between supply of and demand for assisted living beds by county. As with nursing homes, supply constraints appear to be somewhat more acute in the western and central part of the State.

**Exhibit 45. Under Scenario B, When Does South Dakota County-Level Demand Exceed Supply of Assisted Living Beds?**

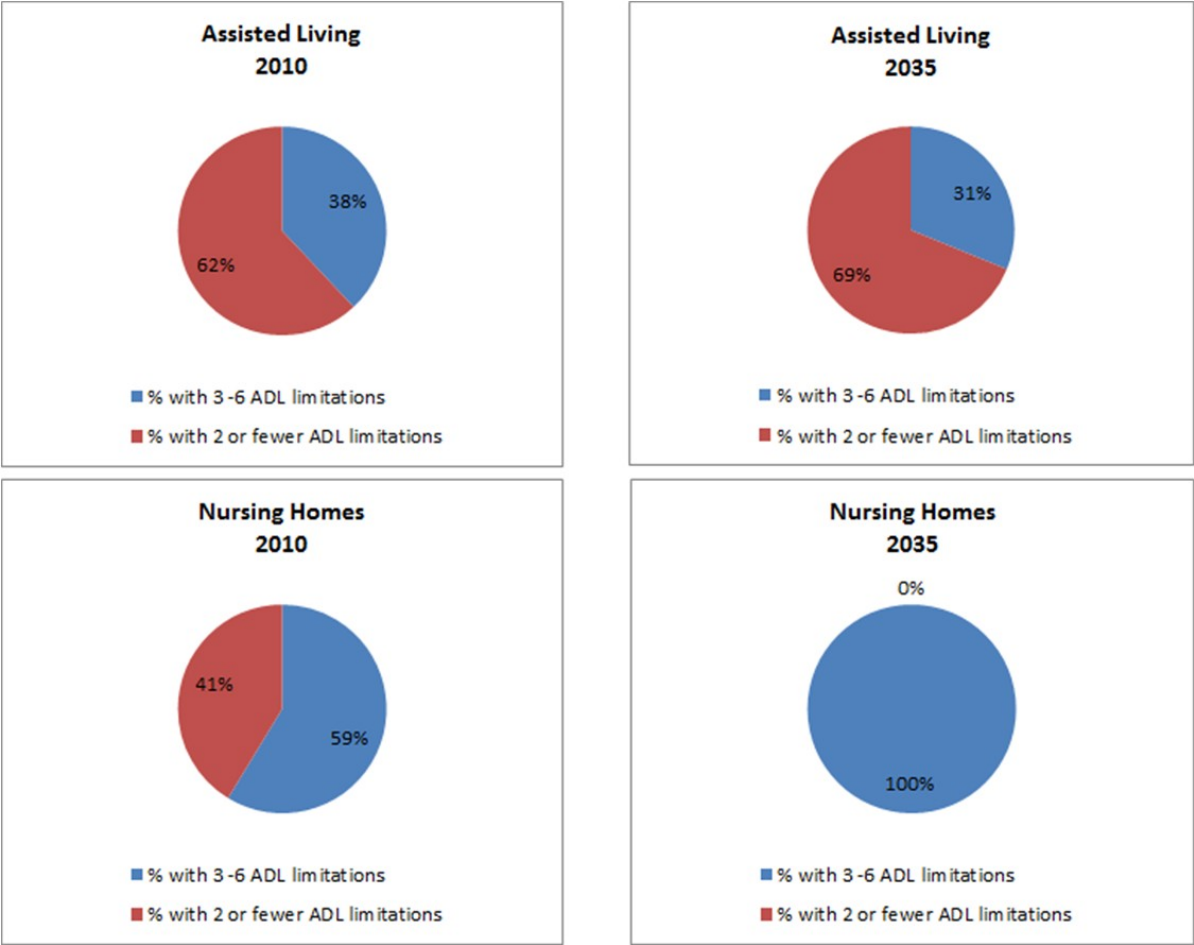


Source: Abt Associates' analysis of South Dakota's Assisted Living Facilities data.



As nursing home utilization rates fall, only those with the greatest functional limitations will remain in the nursing home setting, with individuals of higher functional status moving to other forms of care such as assisted living or HCBS. Exhibit 46 compares patient complexity in terms of ADL limitations within assisted living and nursing home settings between 2010 (actual) and 2035 (projected). Under Scenario B, we project that the great majority of individuals with 2 or fewer ADL limitations will exit nursing home settings by the year 2035, along with a sizable number of individuals with 3 or more functional limitations as nursing home capacity becomes too constrained to serve their needs. While actual differences in functional status across settings may not be as stark as our projections suggest, the fact remains that, if nursing home utilization continues to decline, even at a moderated rate as under Scenario B, by 2035 the number of individuals with 3 or more functional limitations will exceed the number of individuals accommodated in nursing homes. Future efforts to continue reduction of nursing home utilization should include protections to ensure those in greatest need of clinical and functional support can still access appropriate care in nursing home settings.

**Exhibit 46. Changing Complexity of Residents in South Dakota Nursing Homes and Assisted Living, 2010 – 2035**



Source: Abt Associates’ analysis of South Dakota’s Assisted Living Facilities data, Nursing Facilities data, and Nursing Home Compare data.

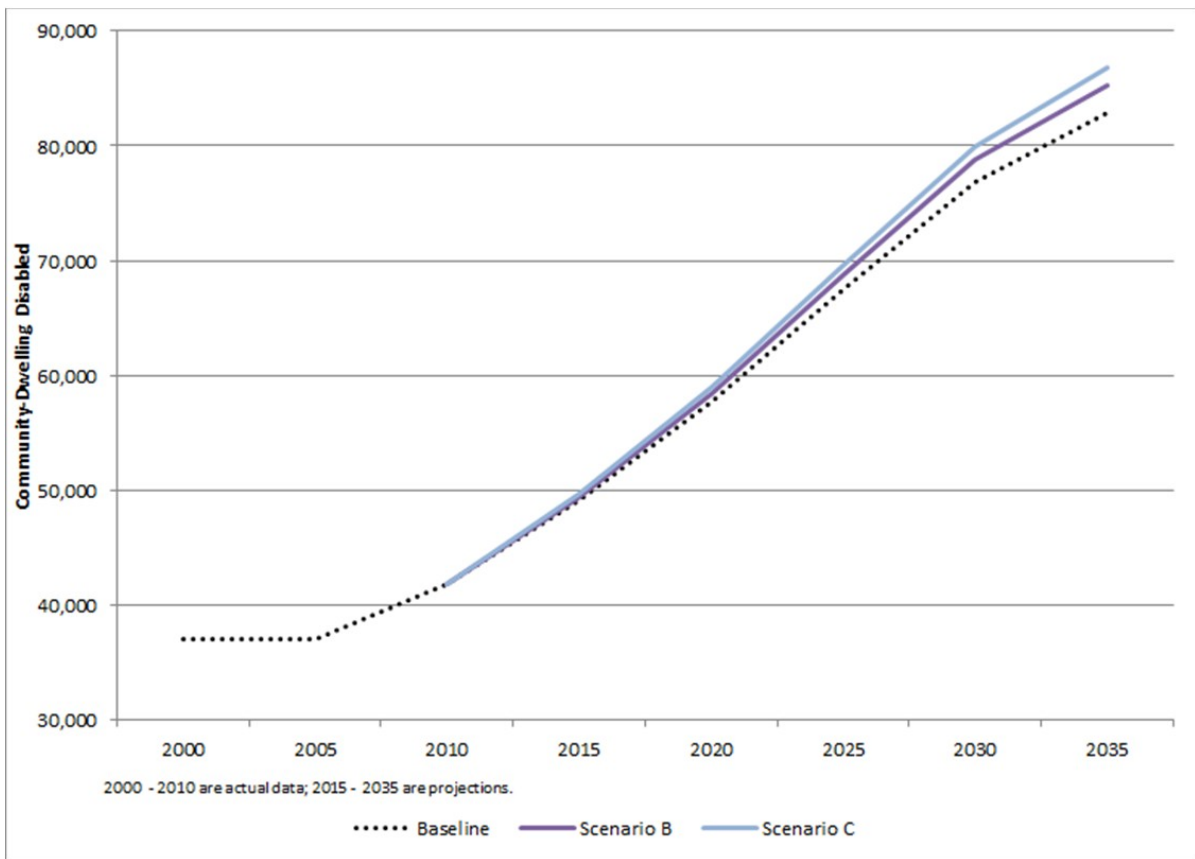
### 5.3 Home and Community Based Services

As in our prior report, in all scenarios considered, the numbers of community-dwelling disabled seniors will increase, driven by population changes, higher projected health levels, individual preferences, or policy changes that could promote increases in home and community based care options.

Exhibit 47 depicts the increase in community-based disabled seniors under the baseline forecast and the two alternative scenarios, which assume aggressive efforts to rebalance care will continue. Under all scenarios, the community-dwelling senior population will rise by approximately 40,000-45,000 by the year 2035.

As seen in Sections 4.3 and 4.4, we see little evidence of substantial increases in provision of HCBS relative to levels observed in our 2007 report, and South Dakota continues to lag behind national averages. It is clear that further aggressive rebalancing efforts will be required to support increasing numbers of community-dwelling seniors in the future.

**Exhibit 47. Numbers of Community-Dwelling Seniors in South Dakota Will Rise, 2000 – 2035**



Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data and American Community Survey data.

## 6. Conclusions

It is clear that recent policy changes in South Dakota as described in the introduction have successfully accelerated the decline in nursing home utilization, substantially reducing the gap relative to national utilization rates. Assisted living utilization has increased in parallel, but we do not observe concurrent increases in skilled Medicare home health or HCBS.

These results naturally lead to speculation on how the needs of individuals are being met in light of decreasing nursing home utilization without a correlating increase in the use of formal supports. Per the Department of Social Services, South Dakota ranked within the top five states nationwide in market penetration for private long term care insurance as of June 2013, potentially indicating one way in which residents are bridging the gap. Increased use of informal supports by family and friends may also play a role, though we cannot formally assess this possibility in the context of this report.

Under all hypothetical future scenarios considered, further efforts will be required to meet future demand for LTC services outside the nursing home setting. The State must clearly maintain its focus on rebalancing the long-term services and supports systems (LTSS), through:

- Continuing to utilize options counseling through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions;
- Continuing to expand and enhance the availability of HCBS and potentially State Plan-funded community-based care; and
- Exploration of the care preferences and knowledge base of elders and their caregivers, as well as gathering information on the informal support networks that people are currently utilizing in lieu of seeking assistance from state programs.



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## ***South Dakota: 2014 State Long-Term Services and Supports Scorecard Results***

***Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*** takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

**Purpose:** The *Scorecard* measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

**Results:** The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 26. It also measures changes in performance since the first *Scorecard* (2011), wherever possible (on 19 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

Dimension	Rank	Number of indicators with trend *	Number of indicators showing: **		
			Substantial improvement	Little or no change	Substantial decline
<b>OVERALL</b>	<b>24</b>	<b>19</b>	<b>6</b>	<b>11</b>	<b>2</b>
Affordability & Access	40	6	2	3	1
Choice of Setting & Provider	43	4	2	1	1
Quality of Care & Quality of Life	5	4	1	3	0
Support for Family Caregivers	13	3	1	2	0
Effective Transitions	24	2	0	2	0

\* Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 16 to 19 indicators have enough data to calculate a trend. \*\* See full report for how change is defined.

**Impact of Improved Performance:** If South Dakota improved its performance to the level of the highest performing state:

- 5,992 more low/moderate-income adults with ADL disabilities would be covered by Medicaid.
- 933 more new users of Medicaid LTSS would first receive services in the community.
- 1,032 nursing home residents with low care needs would instead receive LTSS in the community.
- 289 more people entering nursing homes would be able to return to the community within 100 days.
- 705 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

## South Dakota: 2014 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
<b>OVERALL RANK</b>			<b>24</b>			
<b>Affordability and Access</b>			<b>40</b>			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2013)	223%	<b>215%</b>	<b>18</b>	↑	234%	168%
Median annual home care private pay cost as a percentage of median household income age 65+ (2013)	100%	<b>95%</b>	<b>42</b>	↑	84%	47%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2011)	110	<b>112</b>	<b>2</b>	↑	44	130
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2011-12)	45.7%	<b>42.3%</b>	<b>51</b>	✘	51.4%	78.1%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2009)	28.1	<b>36.5</b>	<b>28</b>	✓	42.3	85.2
ADRC functions (composite indicator, scale 0-70) (2012)	**	<b>50</b>	<b>33</b>	✓	54	67
<b>Choice of Setting and Provider</b>			<b>43</b>			
Percent of Medicaid and state LTSS spending going to HCBS for older people & adults w/ physical disabilities (2011)	14.0%	<b>17.0%</b>	<b>49</b>	✓	31.4%	65.4%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2009)	24.9%	<b>26.8%</b>	<b>42</b>	✓	50.7%	81.9%
Number of people participant-directing services per 1,000 adults age 18+ with disabilities (2013)	*	<b>10.2</b>	<b>25</b>	*	8.8	127.3
Home health and personal care aides per 1,000 population age 65+ (2010-12)	18	<b>13</b>	<b>51</b>	✘	33	76
Assisted living and residential care units per 1,000 population age 65+ (2012-13)	34	<b>34</b>	<b>13</b>	↑	27	125
<b>Quality of Life and Quality of Care</b>			<b>5</b>			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2010)	76.2%	<b>75.3%</b>	<b>8</b>	↑	71.8%	79.1%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2010)	92.4%	<b>92.1%</b>	<b>1</b>	↑	86.7%	92.1%
Rate of employment for adults with ADL disability ages 18-64 relative to rate of employment for adults without ADL disability ages 18-64 (2011-12)	31.5%	<b>37.2%</b>	<b>1</b>	✓	23.4%	37.2%
Percent of high-risk nursing home residents with pressure sores (2013)	*	<b>4.8%</b>	<b>10</b>	*	5.9%	3.0%
Nursing home staffing turnover: ratio of employee terminations to the average number of active employees (2010)	46.4%	<b>42.8%</b>	<b>30</b>	↑	38.1%	15.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2013)	*	<b>19.0%</b>	<b>18</b>	*	20.2%	11.9%
<b>Support for Family Caregivers</b>			<b>13</b>			
Legal and system supports for family caregivers (composite indicator, scale 0-14.5) (2012-13)	**	<b>2.70</b>	<b>28</b>	↑	3.00	8.00
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2013)	11	<b>11</b>	<b>20</b>	↑	9.5	16
Family caregivers without much worry or stress, with enough time, well-rested (2011-12)	60.6%	<b>64.5%</b>	<b>4</b>	✓	61.6%	72.8%
<b>Effective Transitions</b>			<b>24</b>			
Percent of nursing home residents with low care needs (2010)	17.0%	<b>16.7%</b>	<b>40</b>	↑	11.7%	1.1%
Percent of home health patients with a hospital admission (2012)	*	<b>22.9%</b>	<b>6</b>	*	25.5%	18.9%
Percent of long-stay nursing home residents hospitalized within a six-month period (2010)	15.8%	<b>15.6%</b>	<b>17</b>	↑	18.9%	7.3%
Percent of nursing home residents with moderate to severe dementia with one or more potentially burdensome transitions at end of life (2009)	*	<b>14.3%</b>	<b>10</b>	*	20.3%	7.1%
Percent of new nursing home stays lasting 100 days or more (2009)	*	<b>19.5%</b>	<b>25</b>	*	19.8%	10.3%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2009)	*	<b>5.2%</b>	<b>49</b>	*	7.9%	15.8%

\* Comparable data not available for baseline and/or current year. Change in performance cannot be calculated without baseline and current data.

\*\* Composite measure. Baseline rate is not shown as some components of the measure are only available for the current year. Change in performance is based only on those components with comparable prior data. See page 73 and page 83 in *Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for more detail. Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Please refer to Appendix B2 on page 97 in the report for full indicator descriptions, data sources, and other notes about methodology; for baseline data years, please see Exhibit 2 on page 11. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

Key for Change:	
✓	Performance improvement
1	Little or no change in performance
✗	Performance decline

Attachment I  
Aging and Disability Resource Connections

Partners

<b>Partner</b>	<b>Partner Focus</b>	<b>Partner Type</b>	<b>Collaborative Working Relationship</b>
South Dakota Department of Social Services (DSS), Division of Behavioral Health	Ensure children and adults with mental health disorders and chemical dependency issues have the opportunity to choose and receive effective services and recovery (Community Behavioral Health).	Core Partner	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.
South Dakota DSS, Division of Medical Services	Assistance to individuals who qualify for Medicaid by providing health insurance and payment of medical services.	Core Partner	Collaboration on referrals for long-term care and information sharing on Health Homes, Money Follows the Person, and ASA Programs on long-term services and supports.
South Dakota DSS, Division of Economic Assistance	Provides medical, nutritional, financial and case management services to lower income families, people with disabilities, children and the elderly. Assistance programs include: Community Action Programs, Supplemental Nutrition Assistance Program (SNAP), Energy and Weatherization Assistance, Medical Eligibility, Temporary Assistance for Needy Families (TANF) and Quality	Core Partner	Collaboration on referrals for long-term care and financial eligibility determinations. Referrals for services available through Community Action Programs, SNAP, Energy and Weatherization Assistance, Medical Eligibility and TANF.

SD Department of Transportation	Provides close coordination in matters pertaining to transportation services for the elderly and individuals with disabilities.	Core Partner	Disseminate information on transportation programs to agencies providing or interested in providing special transportation services and/or public transportation. Reciprocal referrals of consumers and information sharing on processes to include intake, eligibility determination, service
South Dakota Department of Human Services (DHS), Division of Rehabilitation	Provides services to individuals with disabilities to obtain and maintain employment.	Core Partner	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.
South Dakota DHS, Division of Developmental Disabilities	Provides community based services to individuals with an intellectual/developmental disability and their families.	Core Partner	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.



Senior Health Information and Insurance Education (SHIINE)	Free, confidential and unbiased assistance to Medicare beneficiaries and their families through education, counseling, and outreach to better understand, identify programs and plans and utilize Medicare benefits.	Core Partner	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.
Statewide Independent Living Council	Serves as an advocate for individuals with significant disabilities needing independent living services.	Community Partner	Information sharing on ADRC processes to include intake, assessment, eligibility determination, case management, and ASA Programs on long-term services and supports.
South Dakota Coalition of Citizens with Disabilities	Advocates for the full inclusion of all individuals with disabilities and provides resources and advocacy and is a single point of contact on disability issues.	Community Partner	Information sharing on disability issues.

Mental Health Centers	Provides community based services to adults with severe and persistent mental illness (medical, social, education, vocational, crisis intervention).	Community Partners	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.
Centers for Independent Living	Provides services to individuals with disabilities living in the community.	Community Partners	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, eligibility determination, and ASA Programs on long-term
In-Home Service Providers	Provides in-home services including homemaker, personal care, nursing services, assistive devices, specialized medical equipment and supplies, emergency response systems, meals, nutritional supplements to individuals living at home.	Community Partners	Information sharing on ADRC process to include intake, assessment, eligibility determination, case management, and ASA Programs on long-term services and supports. Reciprocal referrals of consumers.

<p>Nursing Facilities</p>	<p>Provides institutional long-term care services.</p>	<p>Critical Pathway Partners</p>	<p>Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, eligibility determination, service provision, provided information/training on Section Q. Informal linkages/collaborative working relationships.</p>
<p>Hospital/ Discharge Planners</p>	<p>Provides discharge planning to individuals discharging from a hospital.</p>	<p>Critical Pathway Partners</p>	<p>Referrals of consumers and information sharing on ADRC processes, i.e., intake, eligibility determination. Informal linkages/collaborative working relationships established. ADRC brochure and DSS/ASA Program brochures.</p>

County Human Services/Welfare	Provides assistance to individuals in the community.	Community Partners	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, eligibility determination, assessment and ASA Programs on long-term services and supports.
211 Helpline Center	Provides information on South Dakota community resources via website and 211 Helpline to "strengthen individuals, families, and community by bridging people with resources and support".	Community Partner	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, case management, and ASA Programs on long-term services and supports.
Indian Health Services	Provides inpatient and outpatient health care and preventive and curative clinics to Indians on South Dakota reservations and operates service units that include hospitals, health centers, school health stations, and smaller health stations and satellite clinics.	Community Partners	Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, assessment, eligibility determination, and ASA Programs on long-term services and supports.

Tribal Offices	Cheyenne River Sioux, Crow Creek Sioux, Flandreau Santee Sioux, Lower Brule Sioux, Oglala Sioux, Rosebud Sioux, Sisseton-Wahpeton Sioux, Standing Rock Sioux and Yankton Sioux Tribes provide various levels and types of assistance to tribal members ranging from tribal social services, mental health, vocational rehabilitation, personal care services, homemaker services, etc.	Community Partners	Reciprocal referrals of consumers and information sharing on ASA Programs on long-term services and supports.
SD State Advisory Council on Aging	Reviews and evaluates Programs and Services and makes recommendations to the South Dakota Department of Social Services, Division of Adult Services and Aging on improving services provided to older South Dakotans.	Community Partner	ASA staff provides informational updates on ADRC process and ASA Programs on long-term services and supports to members at Council meetings.
South Dakota AARP	Provides information from health issues, identity theft and fraud to community events targeting adults over 50	Community Partner	Referral of individuals to ASA Programs and services.

SD Association of Healthcare Organizations (SDAHO)	Represents and serves health care organizations through advocacy, information, education and networking with a diverse range of membership, i.e., and nursing facilities, home health agencies, assisted living, and hospice.	Community Partner	ASA staff provides informational updates on the ADRC and ASA Programs on long-term services and supports to members at quarterly Council on Home Care meetings and annual SDAHO conventions.
SD Health Care Association (SDHCA)	Represents long-term care organizations including skilled nursing care, assisted living in SD to improve the quality of long- term care through advocacy, communication, professional education.	Community Partner	ASA staff provides informational updates on the ADRC and ASA Programs on long-term services and supports to members at annual SDHCA conventions.
South Dakota Nutrition Association	Represents nutrition programs by advocating for nutritious meals for disabled and elderly adults.	Community Partner	ASA staff provides informational updates on the ADRC and ASA Programs on long-term services and supports to members. Reciprocal referrals of
Assisted Living Association of South Dakota (ALASD)	Represents assisted living centers to improve community-based health care throughout South Dakota.	Community Partner	ASA staff provides informational updates on the ADRC and ASA Programs on long-term services and supports to members.

Senior Centers	Non-profit organizations that offer adults of all ages with opportunities to support independence and encourage community involvement. Individuals receive information, education, and services in the areas of education, physical and mental health, nutrition, and social and recreational activities to positively affect quality of life.	Community Partner	<p>Collaboration between Senior Centers and ASA to hold informational and educational presentations on the ADRC and ASA Programs and Services at Senior Centers in various cities and towns across the state.</p> <p>Partnered with one senior center during the South Dakota State Fair to provide information and education on the ADRC and ASA Programs and Services in the Senior Center's building on the grounds of the State Fair.</p>
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## Attachment K

### History and Development

#### **Creating and Designing the State Plan on Aging**

In order to effectively create and design this State Plan on Aging, the Department sought comments and requested input and feedback from a multitude of sources including internal and external customers and key stakeholders such as government agencies, long term care providers, home and community-based services providers, legislators, consumers, Tribal offices, the Advisory Council on Aging, the South Dakota Health Care Association, the South Dakota Association of Healthcare Organizations, the Assisted Living Association of South Dakota, the American Association of Retired Persons, and the South Dakota Nutrition Association. The input and feedback described below was instrumental in formulating the State Plan on Aging.

#### **Long Term Care Task Force**

The Department convened an Long Term Care Task Force consisting of the Director and Deputy Director of the Division of Long Term Services and Supports, as well as, Program Specialists who are responsible for providing technical assistance to regional staff to ensure programs within Division of Long Term Services and Supports operate within set standards and that services are delivered effectively and efficiently across the state. Additionally, regional Long Term Services and Supports' Specialists across the state, who work closely with elderly South Dakotans and adults with disabilities providing intake, information and assistance, options planning, and case management services. Supervisors and Regional Managers who provide leadership and oversee the work of the Specialists also provided input and feedback regarding ways the State of South Dakota can fulfill the needs of older South Dakotans and adults with disabilities.

#### **Advisory Council on Aging**

Recommendations from various workgroups, the State Plan goals, objectives and strategies and the guidelines for use in developing and submitting the State Plan requirements were shared in detail with members of the Advisory Council on Aging. Recommendations received from Council members have been incorporated into the State Plan on Aging. The Advisory Council on Aging unanimously approved and expressed appreciation for the direction the State is taking in order to best meet the needs of South Dakota's elderly population. Information about the meetings is posted online as well as in locations where meetings are held prior to each meeting and the public is welcome to attend and provide comments and recommendations for future planning. Advisory Council on Aging members represents the Council as workgroup members of other key stakeholder initiatives.

#### **AoA On-Site Review**

South Dakota continues to participate in on-site reviews conducted by the regional office of the Administration on Aging, a unit within the Administration for Community Living, to discuss ongoing status of progress towards accomplishing goals and objectives in the State Plan on Aging. This review helps shape South Dakota's vision for the four year period of October 1, 2017 through September 30, 2021.



## **Outreach Events**

The Division of Long Term Services and Supports continues to utilize outreach events as a novel approach to reaching rural individuals to discuss resident rights, elder protection, and services and programs available through the Aging and Disability Resource Connections, including core services of the Title III program. Additionally, representatives from the Senior Health Information and Insurance Education (SHIINE) program were available to discuss benefits related to Medicare services including information regarding Medicare fraud through the Senior Medicare Patrol (SMP). Outreach event locations are targeted at congregate nutrition sites in rural areas of South Dakota, including sites on Native American reservations. These outreach events continue to be well-received and instrumental in raising awareness and education to South Dakota citizens of all ages. Registration cards were provided at each event to get input from participants about their future needs.

## **Medicaid Solutions Workgroup**

The Medicaid Solutions Workgroup, established by Governor Daugaard during the 2011 Legislative Session, solicited key stakeholder input to develop strategies to contain and control Medicaid costs while maintaining quality services for recipients. Since the release of the final report, the State of South Dakota has made significant progress towards completing the recommendations. One of the workgroups recommendations was to implement a “Health Home” initiative for Medicaid enrollees. The Health Home program was implemented in July 2013, and has demonstrated that person centered case management is an effective care management tool. Over 6,000 recipients have enrolled. Health Home providers have expressed that they are providing their person centered case management practices to other patients within their practice. Another recommendation of the Medicaid Solutions Workgroup was to evaluate the Money Follows the Person (MFP) option. MFP was implemented in July 2014, and has received 34 referrals of which nine individuals have transitioned from either a nursing facility or from the South Dakota Developmental Center in Redfield. Of those, nine individuals were eligible and transitioned into the community. Referrals continue to be received and evaluated by the MFP Coordinator. Additionally, the Medicaid Solutions Workgroup recommended the State implement a Durable Medical Equipment Recycling Program. A Request for Proposals was published in January 2015 to secure a vendor to warehouse, refurbish, clean and distribute the used durable medical equipment for Medicaid recipient use. In addition, a software package was identified to be utilized by the vendor for inventory tracking purposes, and program reporting.

## **HCBS Statewide Transition Plan**

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released a final rule regarding Home and Community-Based Services (HCBS) Setting requirements. The intent of the final rule is to ensure individuals in Medicaid's HCBS waiver programs receive services and supports in the most integrated setting and have full access to the benefits of community living. The Department of Social Services and the Department of Human Services worked collaboratively to review the final rule. Per the requirements of the final rule, South Dakota Medicaid developed a transition plan for HCBS settings in South Dakota to be approved by the Centers for Medicare and Medicaid Services (CMS). South Dakota's original Home and Community Based Statewide Transition Plan was submitted to CMS on March 12, 2015. A Revised Statewide Transition Plan was submitted to CMS on April 6, 2016. The State of South Dakota continues to build a strong partnership with providers and is working closely with CMS and key stakeholders to ensure a smooth transition and continued compliance with the HCBS Settings Final Rule. The State of South Dakota continues to host webinars to educate assisted

living providers about expectations and compliance with the final rule to ensure individuals served by Medicaid receive services in the most integrated setting and have full access to the benefits of the community. The State of South Dakota's "*HCBS Statewide Transition Plan*" is located at [https://dss.sd.gov/docs/medicaid/hcbs\\_revised\\_stp.pdf](https://dss.sd.gov/docs/medicaid/hcbs_revised_stp.pdf).

### **AARP Scorecard**

In June 2014, the American Association of Retired People (AARP) released a state-by-state Long-Term Services and Supports Scorecard in follow-up to the initial scorecard AARP released in 2011. South Dakota's ranking was slightly higher than the previous scorecard. The AARP Scorecard showed that the percent of adults with disabilities in South Dakota communities are satisfied or very satisfied with life and as such, the state of South Dakota ranked very high in the areas of Quality of Life and Quality of Care. South Dakota's rate of employment for adults with disabilities was also rated very high. Additionally, 64.5% of family caregivers in South Dakota reported they were without much worry or stress, with enough time and well-rested, ranking South Dakota fourth in the U.S. South Dakota ranks second in the U.S. for private long-term care insurance policies in effect per 1,000 population age 40+. The report stated, "Our state has always prided itself in taking care of others and these scores prove that commitment yet again." According to the 2014 AARP Long-Term Services and Supports Scorecard, the State of South Dakota ranked low in the areas of Affordability and Access which in part is a challenge because of our geographically big state with a small population. The areas the Scorecard highlighted for improvement include:

- More low/moderate income adults with ADL disabilities would be covered by Medicaid;
- More new users of Medicaid Long-Term Services and Supports would first receive services in the community;
- More nursing home residents with low care needs would instead receive Long-Term Services and Supports in the community;
- More people entering nursing homes would be able to return to the community within 100 days; and
- More people who have been in a nursing home for 90 days or more would be able to move back to the community.

The AARP "*South Dakota: 2014 State Long-Term Services and Supports Scorecard Results*" Fact Sheet can be found in Attachment H

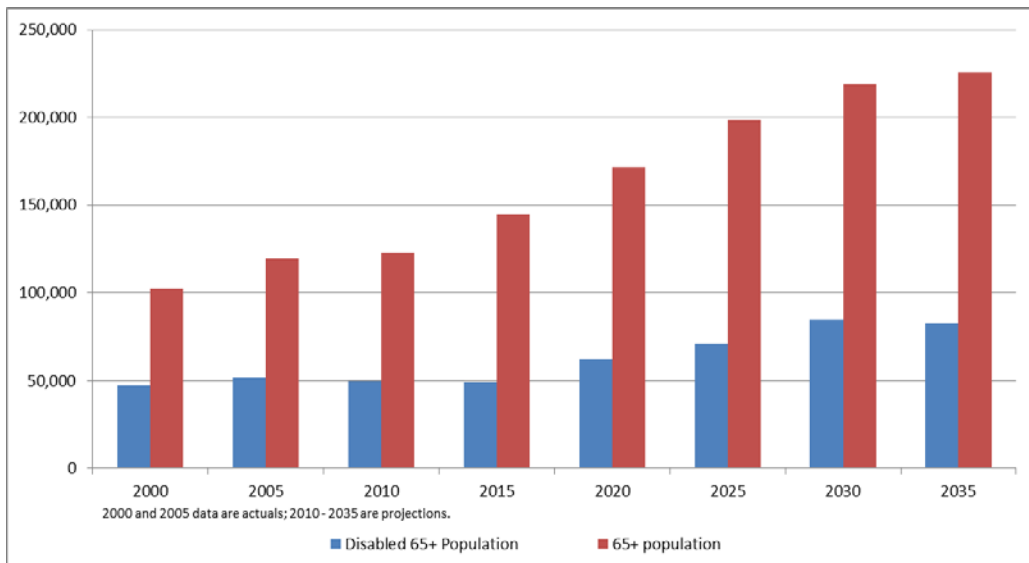
### **Updated Long Term Care Study 2015**

In 2015, Abt Associates of Cambridge, Massachusetts was contracted by the State of South Dakota to update the findings of their original 2007 evaluation of long term care options for South Dakota. The 2015 report includes up-to-date data collected since the release of the 2007 report when Abt Associates was originally commissioned by the Department of Social Services to assess and evaluate the State's long term care system. The following tasks were performed using up-to-date data collected since the release of the prior report: 1) updating demographic trend challenges; 2) updating service delivery challenges; and 3) projecting future demand for long term care services.

In the 2007 report, Abt Associates projected a sharp increase in the demand for long term care services in South Dakota, driven by an increase in the number of individuals and disabled

individuals over age 65. In particular, Abt Associates had previously anticipated an increase of roughly 100,000 elders between 2000 and 2025, paired with an increase of 50,000 or slightly fewer disabled elders over the same time period. The below graph shows actual population totals for 2000-2010 accompanied by updated population projections through the year 2035.

### Projections of South Dakota's Elderly and Disabled Population (2000-2035)

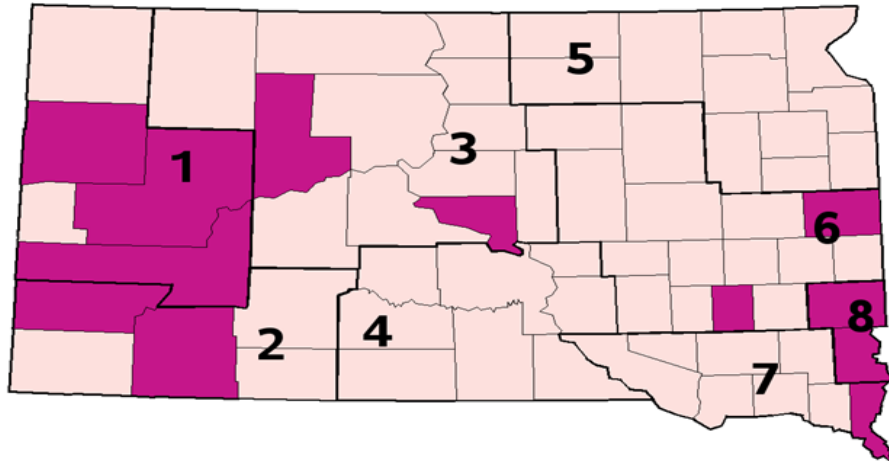


*Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data, 2010 and American Community Survey.*

Through the 2010 decennial Census, actual growth in the elderly and elderly disabled populations was somewhat lower than projections in the prior report. Accordingly, the South Dakota State Data Center has revised projected growth rates modestly downward since that time. Based on the 2015 report's revised estimates, Abt now projects that:

- The number of elders (over age 65) will increase by about 84 percent in the year 2035 relative to decennial Census totals in the year 2010, increasing by approximately 103,000 to 226,000.
- The number of disabled elders will peak in 2030, increasing by about 33,000 to 85,000, or 71 percent higher than the decennial Census year 2010 total; by 2035, this number will fall slightly as the relative proportion of younger elderly individuals (aged 65-74) increases in relation to the proportion of older elderly individuals (aged 75+).

**South Dakota Counties Where Elderly Population is Expected to Double from 2010 to 2035 (in Dark Pink)**

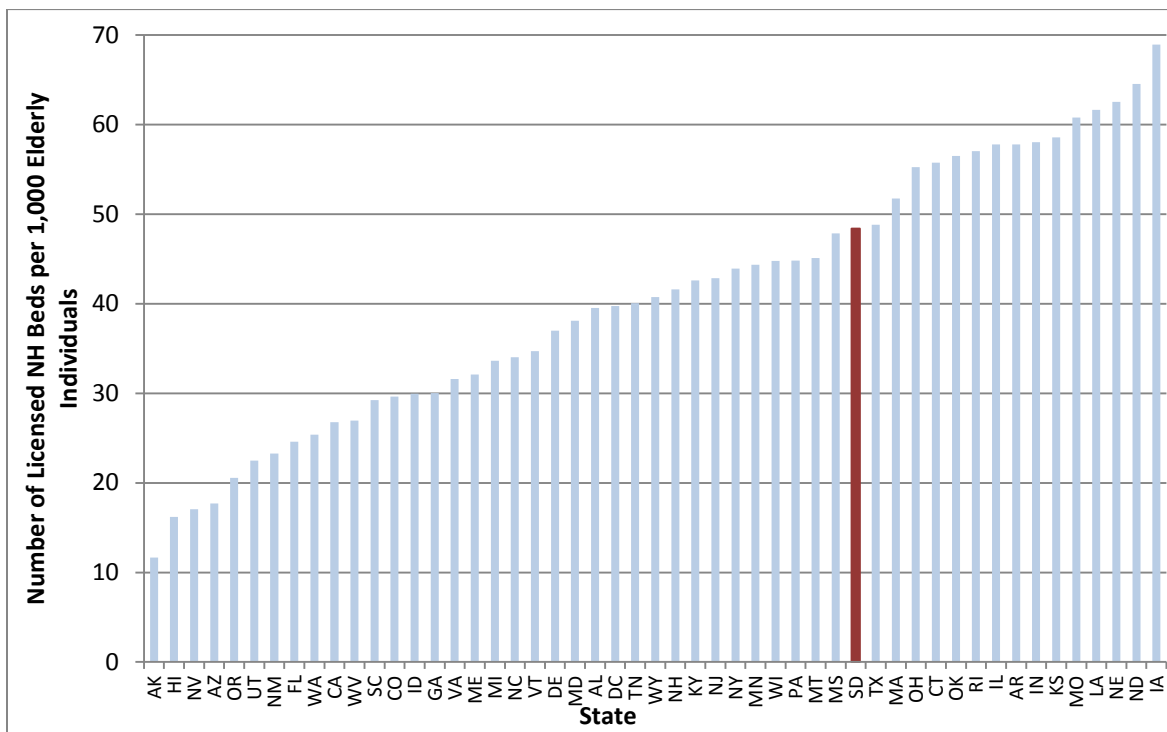


*Source: Abt Associates' analysis of South Dakota Data Center's Population Projections data.*

Local long term care services will be stressed both by growth in the numbers of seniors as well as by high rates of growth in demand for care. The above map highlights counties where the population of seniors is expected to more than double between 2010 and 2035. Overall, the geographic variation in growth rates across Economic Assistance Regions in this updated report is similar to that seen in the prior report.

Nursing home capacity and utilization rates have continued to drop both in South Dakota and nationwide since the release of the prior final report. In 2006, the most recent data available for the prior report, South Dakota ranked tenth in the nation in terms of nursing home capacity, with 61 licensed beds per 1,000 elders. By 2011, that number had dropped substantially to 48 licensed beds per 1,000 elders, sixteenth nationwide. Though South Dakota's capacity remains higher than national averages, the drop between 2006 and 2011 indicates that the gap is shrinking.

## National Comparison of State Nursing Home Capacity, 2011



**Source: Abt Associates' analysis of Henry J. Kaiser Family Foundation's Nursing Home Beds data and American Community Survey data. South Dakota utilization rates appear in red.**

The updated study identified that further efforts would be required to meet future demand for long term care services outside the nursing home setting. The report concluded that recent policy changes have successfully accelerated the decline in nursing home utilization, reducing the gap relative to national utilization rates. Assisted living utilization has increased in parallel; however, skilled Medicare home health and home and community-based services remain at similar, relatively low levels as noted in the 2007 report.

These results naturally lead to speculation on how the needs of individuals are being met in light of decreasing nursing home utilization without a correlating increase in the use of formal supports. South Dakota has done well in market penetration for private long term care insurance, potentially indicating one way in which South Dakotans are bridging the gap, and an increased use of informal supports by family and friends may also play a role.

The 2015 Updated Long Term Care Study concluded that the State must maintain its focus on rebalancing the long term services and supports system through: 1) continuing to utilize options counseling through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions; 2) continuing to expand and enhance the availability of home and community-based services and potentially State Plan-funded community-based care; and 3) exploration of the care preferences and knowledge base of elders and their caregivers, as well as gathering more information on the informal support networks that people are utilizing in lieu of seeking assistance from state programs.

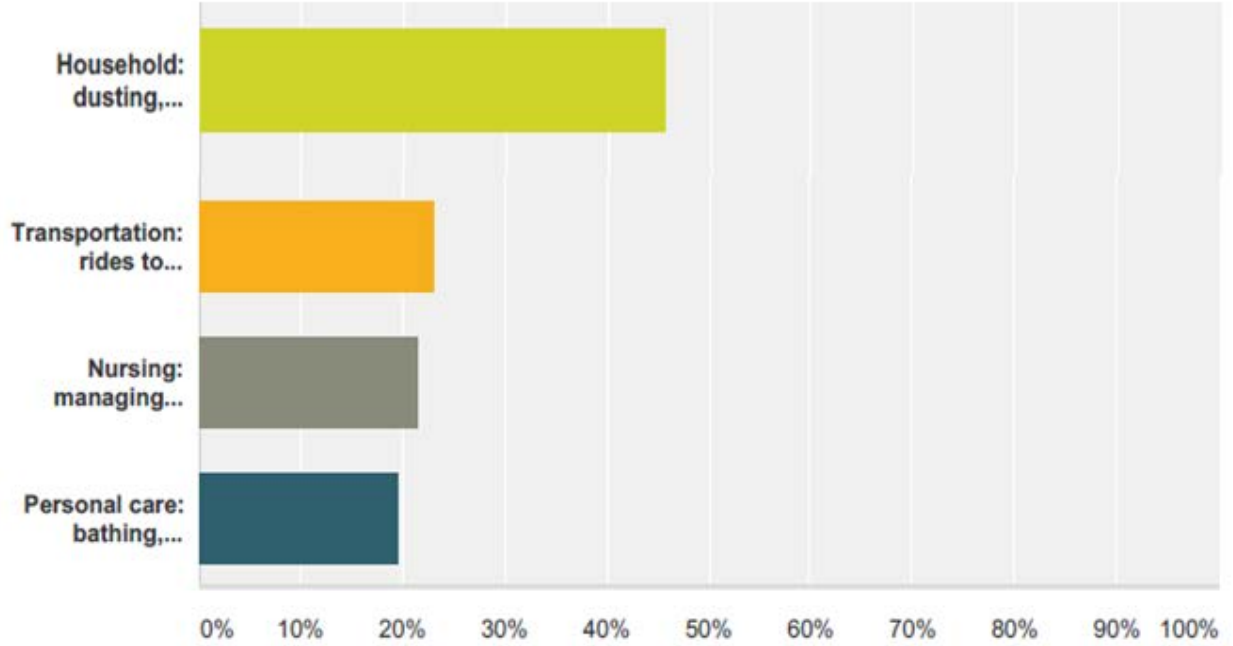
To review the *“Final Report 2015 Evaluating Long-Term Care Options for South Dakota: Update”*, refer to Attachment G

### **Consumer Survey**

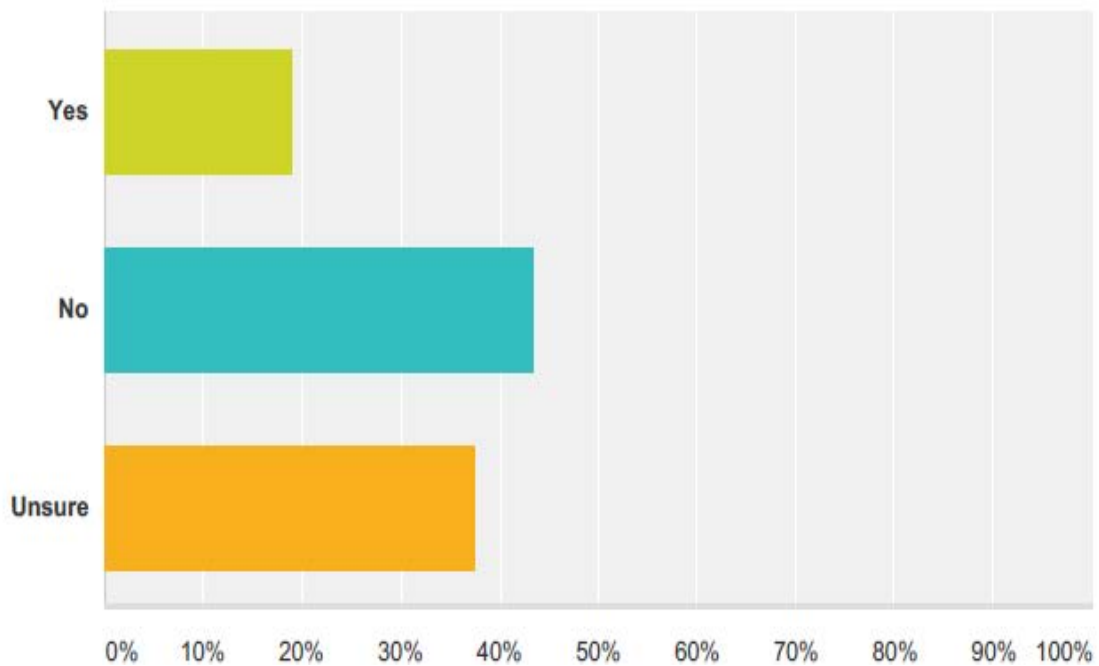
Based on the conclusions of the 2015 study, a Consumer Survey was developed to identify service needs, awareness of services, and to determine what supports consumers were utilizing. 7,500 surveys were distributed via website, mailed to consumers, provided at outreach events and Senior Health Information and Insurance Education (SHIINE) meetings, nutrition sites and senior centers and sent to key stakeholders for distribution. Approximately 1000 responses were received.

The consumer survey took place in July 2015 and revealed that 39% of respondents reported they were not currently receiving services to complete daily living activities. This response could be due to a number of reasons including but not limited to; truly not needing services to remain at home, lacking awareness of services available to support them staying home and increasing their health and safety, and some may not want or feel they need to access public services at this time. Almost 28% of these individuals indicated that at least one service listed would help them remain in their home. For the other 61% of survey respondents, the results showed that 51% receive household assistance such as vacuuming, doing dishes, cooking, laundry, and shopping; 24% get rides they need to appointments and community events; 24% receive nursing services for managing medications, monitoring health statuses, conducting physical assessments and providing routine care; and 20% benefit from personal care services such as bathing or dressing. Services provided were supported through Department programs, paid privately, or by informal supports through family and friends. When individuals receiving services were asked if they could remain at home without their current services, the majority (79%) responded no or that they were unsure. The results of the consumer survey response reflect a need for enhanced awareness of the supports that enable a person to remain safely and happily in their own home long term.

### **Current In Home Assistance Received**



**Without Services, I could Remain at Home**



**ASA Home and Community Based Services Workgroup**

The results of the Consumer Survey were used to inform next steps relative to the Adult Services and Aging Home and Community-Based Services (ASA HCBS) Workgroup that convened as a result of the Medicaid Solutions Workgroup and the 2015 updated study conclusions and the recommendation to expand and enhance home and community-based

care. The ASA HCBS Workgroup's focus was on rebalancing the long term services and supports system across the continuum of care. Identified goals of this workgroup were to evaluate barriers to Medicare skilled home health utilization and increase availability of home and community-based services and supports. Stakeholders including in-home providers, long term care providers, government agencies, representatives of South Dakota Association of Healthcare Organizations, South Dakota Health Care Association, Advisory Council on Aging, legislators, and other interested parties met three times from May through August, 2015.

The ASA HCBS Workgroup had four recommendations. One recommendation was to provide education and training to health care practitioners regarding reimbursement availability for physician oversight of Medicare skilled home health services and support and education on the reimbursement request process.

A second recommendation of the Workgroup was to conduct additional research, including fiscal impact of expanding Home and Community-Based waiver services to include day habilitation, vehicle modifications, non-medical transportation, assistive technology, community transition services, chore services, and training and counseling services related to live in caregivers. The workgroup recommended that once the analysis was complete, the Department of Social Services should initiate the waiver application/approval process which must be approved by the Centers for Medicare and Medicaid Services (CMS). Additionally, an expansion of the waiver services would require an appropriation which must be approved by the legislature. In order to further analyze these services and determine how to prioritize implementation of the services, in-home providers and state department staff completed a survey.

This recommendation and follow up surveys of staff and providers resulted in proposed changes to the Home and Community-Based Services Waiver operated by the Division of Adult Services and Aging, now Long Term Services and Supports. The changes in the waiver renewal application included the addition of chore services; expansion of the specialized medical equipment definition to include assistive technology; increased maintenance needs allowance for in-home consumers to ensure consumers can meet their financial obligations and remain at home i.e. rent, utilities, etc.; and increased earned income allowance for consumers residing in an assisted living center by an additional \$75. The Department anticipates adding non-medical transportation services, vehicle modifications and community transition services through a waiver amendment in the future but further analysis will need to be completed.

The third recommendation of the Workgroup was to enhance awareness and understanding of the Aging and Disability Resource Connections (ADRC) process through presentations and education. Staff members continue to present information on ADRC Call Centers, information and referral, options planning services available, and assistance to access home and community-based services.

The final recommendation of the Workgroup was to review the current ADRC process, and work with home health providers and targeted consumer groups to ensure smooth transitions for individuals between hospital and home by enhancing the Hospital Discharge Referral Protocols that were developed by Adult Services and Aging (now Long Term Services and Supports) staff and the ADRC Workgroup Partners. As a result of this Workgroup recommendation, the ADRC Hospital Discharge Referral Protocol document was updated and shared with hospital and clinic staff to assist with the transition process. Additionally, effective FY 2017 in-home providers are



required to communicate any hospitalization that they are aware of regarding an ASA consumer, to the Division of Long Term Services and Supports.

### **Long Term Services and Supports Enhancement Workgroup**

During the spring of 2016, the State of South Dakota convened a Long-Term Services and Supports Enhancement Workgroup to focus on the need to re-evaluate its Long-Term Services and Supports system. Staff in the Departments of Human Services, Social Services and Health held regular meetings to enhance and expand home and community-based services options, which will reduce the need for institutional services. South Dakota will continue its efforts to rebalance long term services and supports through providing the necessary services to serve individuals where they want to live and in the least restrictive environment possible. The State of South Dakota is prioritizing its efforts to implement a coordinated diversion effort to minimize new long term care resident admissions and transition current residents to the home and community.

### **Waiver Renewal**

In November, 2016, the Home and Community-Based Services Waiver Renewal Application was approved with a retroactive date of October 1, 2016. With the Waiver approval, several additional services including adult day services, adult companion services, specialized medical equipment, specialized medical supplies, nutritional supplements and nursing services became available to consumers who reside in an assisted living center. Additionally, consumers residing in an assisted living center who work are allowed to keep up to \$75 in addition to their personal needs allowance. Consumers who live at home are able to access assistive technology equipment and chore services such as lawn mowing and snow and ice removal from sidewalks and driveways. These services are based on assessed need and must be authorized by an Adult Services and Aging Specialist.

### **Workgroups with Public Testimony**

Recommendations from the Medicaid Solutions Workgroup, Adult Services and Aging Home and Community-Based Services Workgroup, Elder Abuse Task Force, and the 2017 Legislative Committees were also appropriately incorporated into the State Plan on Aging for FY2017 – FY2021. These meetings are all open to the public and advertised via news tips and on the Department's webpage. Members of the audience are provided an opportunity to comment and provide suggestions for future planning.

### **Legislative Interim Committees**

A 2016 Legislative Interim Committee convened to study payment methodologies for Medicaid providers. The scope of this Interim Committee was to assess existing payment methodologies for Medicaid providers to determine adequacy of payments that will provide for long term continuation of services and conclude with recommendations for any changes. The Payment Methodologies for Medicaid Providers Interim Study Committee did not adopt any legislation, but did make the following recommendations to report to the Legislature's Executive Board. For the 2017 Legislative Session, the Joint Committee on Appropriations should: 1) Identify dollars needed to sustain providers to continue to provide services; 2) Find potential funding for sustainability of programs; and 3) Realign expenditures to meet the short-term and long-term needs of the Medicaid population. In addition, when executive branch departments determine reimbursement rates for Medicaid, they should use 2015 cost reports and factor in the updated rule from the Fair Labor Standards Act.

Another 2016 Legislative Interim Committee convened to study regulation of nursing and assisted living beds. The scope of this Interim Committee was to study the benefits, merits, and negative impacts of regulating the number of nursing and assisted living beds in South Dakota and further recommend action that may include elimination of or revisions to regulations for the betterment of the South Dakota populace. The Committee reviewed and received public testimony on seven legislative drafts and voted to introduce five drafts. Legislation adopted by the Committee includes: 1) An Act to require the Department of Health and Department of Social Services to make an annual report to the Legislature regarding the condition of long-term health care in South Dakota. The proposed legislation would require both the Department of Health and Department of Social Services to provide a written report and testimony to the House and Senate Health and Human Services standing committees. 2) An Act to allow nursing facilities to transfer or sell nursing bed capacity. The proposed legislation would allow for a nursing facility to transfer nursing bed capacity to another facility. A licensed facility may also sell nursing bed capacity to another facility. The legislation also provides that any transferred or purchased beds must be licensed within twenty-four months of the transfer or sale by the receiving facility, have a minimum level of Medicaid census and be involved in home and community-based care. 3) An Act to revise the review for additional nursing facilities or nursing facility beds and to require a report to the Legislature. The proposed legislation requires the Department of Health and Department of Social Services to annually consider the need for additional nursing facilities and beds. The legislation also provides for the Department of Health and Department of Social Services to report to the standing committees of Health and Human Services and report on the additional redistribution of health facility beds and additional new nursing facilities. 4) An Act to allow for the redistribution of unused nursing facility bed capacity. The proposed legislation allows any nursing facility to use any unused bed capacity by July 1, 2018 or the unused bed capacity reverts back to the Department of Health. A nursing facility has until July 1, 2023 to submit a proposal to use all or a portion of the unused bed capacity previously held by the nursing facility. 5) An Act to establish a program to assist nursing facilities and assisted living facilities in recruiting certain health care personnel. The proposed legislation provides for a program to assist nursing and assisted living facilities in recruiting registered nurses, licensed nurses, nurse aides, and medication aides. No more than sixty registered nurses, licensed nurses, nurse aides, and medication aides can participate in the program each year. The legislation also provides for an incentive payment which would give ten thousand dollars to licensed and registered nurses, five thousand dollars to nurse aides and two thousand-five hundred dollars to medication aides.

### **Provider Capacity Workgroup**

The Departments of Social Services, Human Services and Health have worked together leading the effort to enhance long term services and supports in South Dakota. As part of this effort, a Provider Capacity Workgroup convened in February, 2017 to look at provider capacity challenges in South Dakota. The purpose of the workgroup is to find solutions that will ensure South Dakotans who are elderly or disabled receive services in the most integrated and least restrictive community setting and have a choice of providers and services that provide meaningful outcomes.

### **Reorganization and Creation of the Division of Long Term Services and Supports**

During the 2017 Legislative Session, Governor Dugaard signed an Executive Order to create the Division of Long Term Services and Supports within the Department of Human Services. The Division of Adult Services and Aging, the State Unit on Aging, within the Department of Social Services and Assistive Daily Living Services Program within the Division of Vocational

Rehabilitation in the Department of Human Services were combined into the new Division of Long Term Services and Supports. This reorganization was effective April, 2017. This transition created a more integrated approach to long term services and supports delivery in South Dakota. Demographic changes in future years will result in significant increases to the elder and disabled elder populations. Today, people with physical disabilities who need state assistance with long term services and supports receive services through the Department of Human Services. People with age-related or other qualifying disabilities get assistance from the Department of Social Services. Combining these services into one Department helps ensure that people can best access long term services in their homes and communities, regardless of why they need the services or what type of disability they have. Additionally, this change aligns services available for individuals, and helps facilitate continued development of community-based services for people in our state, benefiting the citizens of South Dakota.

Through a series of workgroups and other initiatives, South Dakota has identified challenges facing the state in upcoming years. We have taken, and continue to take steps toward the goal of meeting those challenges. South Dakota will continue to work with providers to enhance available services for individuals in community settings. Monitoring of numbers related to consumers on waived services, Money Follows the Person initiative, state-funded assistance programs, and nursing facility utilization, will provide evidence of the state's commitment to meeting the identified goals. South Dakota will continue the effort to expand and enhance existing home and community-based services to ensure services are comprehensive and meet the needs of elderly citizens in South Dakota.

The State of South Dakota is committed to assuring older South Dakotans receive a seamless, comprehensive service system, responsive to their individual needs and preferences. This State Plan on Aging will serve as a roadmap and guide for the State of South Dakota to embrace a long term services and supports system that ensures elders and adults with disabilities are provided with the necessary services and supports to allow them to live where they choose and in the least restrictive environment possible. These services and supports will be provided throughout the continuum of care to assist older South Dakotans and adults with disabilities to live to their full potential.

#### **State Plan Available on Website**

In preparation for the 2017 –2021 State Plan on Aging, the Division of Long Term Services and Supports sought comments to the State Plan on Aging which ends September 30, 2017 by posting the 2013 –2017 version on the website following approval by the US Department of Health and Human Services Office of the Assistant Secretary, Administration on Aging. The State Plan on Aging is available on the Department's website and the public has been encouraged to provide comments and suggestions for future planning. A draft of the 2017 – 2021 State Plan on Aging was also made available on the Department's website and the public was again encouraged to provide comments and suggestions to help frame the State Plan on Aging.