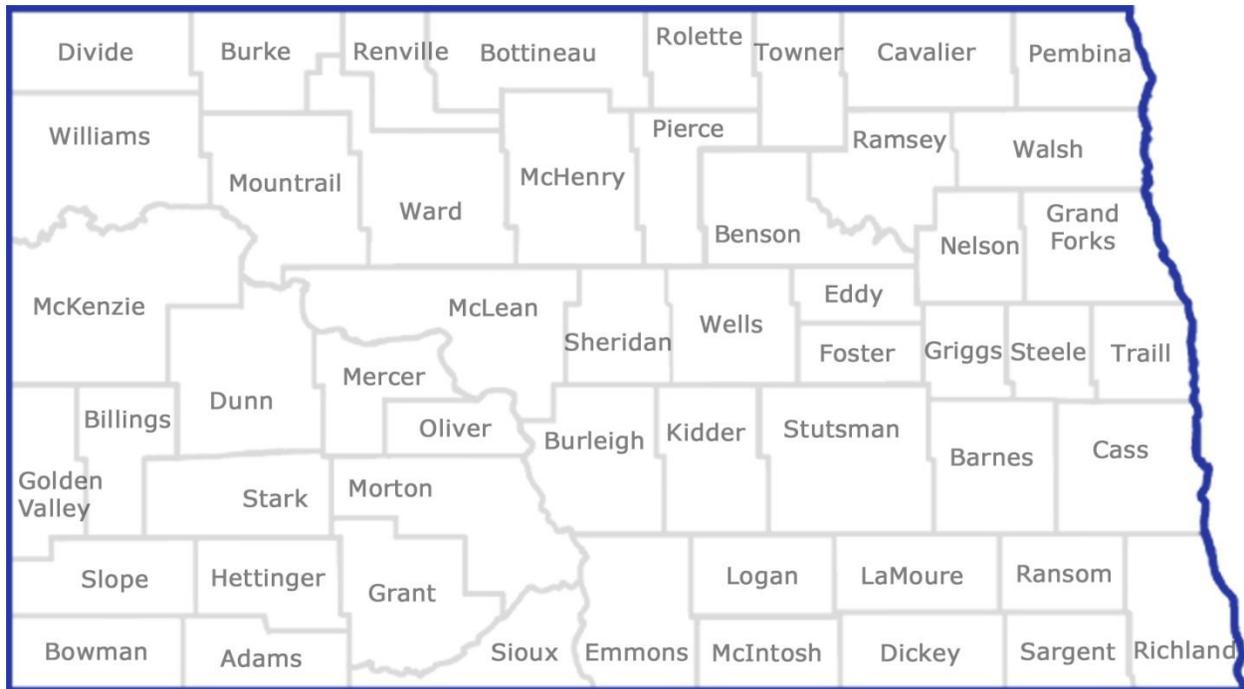


NORTH DAKOTA STATE PLAN ON AGING

OCTOBER 1, 2014 – SEPTEMBER 30, 2018



STATE OF NORTH DAKOTA

JACK DALRYMPLE, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

MAGGIE D. ANDERSON, EXECUTIVE DIRECTOR

AGING SERVICES DIVISION

JANET E. ENGAN, DIRECTOR





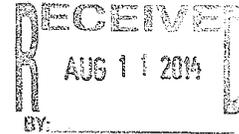
DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

August 5, 2014

The Honorable Jack Dalrymple
Governor of North Dakota
600 E Boulevard Ave.
Bismarck, ND 58505-0001



Dear Governor Dalrymple:

I am pleased to inform you that the North Dakota State Plan on Aging under the Older Americans Act for October 1, 2014 through September 30, 2018 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for North Dakota's aging service network during the next four years. Of particular note is your commitment to Elder Justice in North Dakota. The newly amended North Dakota Century Code that includes the mandatory reporting of abuse and neglect of a vulnerable adult and the increased penalties for exploitation will help to ensure the safety and well-being of North Dakota's elders. There was clearly an extensive effort placed on surveying the public and soliciting input, and the data is clearly reported.

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

Sincerely,

Kathy Greenlee
Administrator and Assistant Secretary for
Aging

The North Dakota State Plan on Aging provides direction for continued development of a comprehensive and coordinated system of home and community based services that enable older individuals and adults with physical disabilities to remain safe, active, and healthy in their own homes and communities. The plan serves as a planning and compliance document that allows the State to receive federal funds for service provision. This plan was developed by the Department of Human Services, Aging Services Division, in accordance with the Older Americans Act of 1965, as amended (Public Law 109-365).

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Comments: June 2014

VERIFICATION OF INTENT

The North Dakota Department of Human Services, Aging Services Division, hereby submits the North Dakota State Plan on Aging for the period of October 1, 2014 through September 30, 2018. Aging Services Division has been given the authority to develop and administer the State Plan on Aging in accordance with all the provisions of the Older Americans Act, as amended. The Plan, as submitted, establishes direction for the coordination of all State activities related to the Act, including the development of a comprehensive and coordinated system for the delivery of supportive services, including senior centers, and nutrition services, and to serve as an effective and visible advocate for older individuals in North Dakota.

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

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

6/27/2014
Date

Maggie D. Anderson
Maggie D. Anderson, Executive Director
Department of Human Services

6.27.2014
Date

Janet E. Engan
Janet E. Engan, Director
Aging Services Division

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

6/11/14
Date

Jack Dahymple
Jack Dahymple, Governor
State of North Dakota

EXECUTIVE SUMMARY

The Department of Human Services, Aging Services Division, develops a State Plan on Aging for North Dakota every four years, as required under the Older Americans Act. This plan covers the time period beginning October 1, 2014 through September 30, 2018, and serves as a planning and compliance document that allows the State of North Dakota to receive federal funds for service provision. The plan provides direction for continued development of a comprehensive and coordinated system of home and community based services that allows older individuals and adults with physical disabilities to remain independent, in the least restrictive environment, and in their own homes and communities.

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

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

Much has been written about the energy development in western North Dakota and the rapid growth in population. The 2000 Census reported the state's population at 642,200. The 2010 Census counted 672,591 residents. Estimates for 2012 show the population at 699,628. The 'graying of North Dakota' is also on the rise. In 2000, 118,985 or 18.5 percent of North Dakota's residents were age 60 and older. In 2010, this number grew to 133,350 or 19.8 percent. The 2012 estimates show the population of individuals age 60 and older at 140,050 or 20 percent.

This rapid population growth brings unique challenges in providing services to older individuals. Increases in the cost of living, including housing costs, and rental costs have created demographic shifts across the state. While we celebrate the end of the long trend of population decline and reversal of the out-migration of younger adults, it is critical that we recruit direct care workers to provide long-term services and supports so that older individuals can remain in or return to their own homes and communities. Providing a safe environment for people to live and protecting those who are most vulnerable is imperative.

North Dakota has been undergoing a delivery systems transformation to support consumer choice and foster independence in the least restrictive environment through rebalancing from institutional care to the provision of home and community-based

services. The state continues the systems change process through the Aging & Disability Resource-LINK (ADRL) initiative and the Money Follows the Person (MFP) initiative.

Although the state has a strong economy, the increased infrastructure needed to support the added population, the growing number of older individuals, and the increased number of individuals eligible for Medicaid services will have a significant impact on funding resources.

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

The State Plan was developed using the following: a congregate meal (senior center) survey, input received from the Department of Human Services' stakeholder meetings, a Family Caregiver Support Program survey, a State Plan input document, and State Plan input hearings. Information obtained from these sources was used to develop goals, objectives, and strategies to enhance the current service delivery system.

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

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

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

Older American Act Core Services are separated by funding titles:

Title III-B, Supportive Services includes ADRL Information and Assistance/Referral Services, Options Counseling and Local Contact Agency activities; Assistive Safety Devices Distribution Service; Health Maintenance Program; Senior Companion Program; Tribal Home Visits; and Transportation.

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

Title III-D, Disease Prevention and Health Promotion Services funds are used in the health maintenance service.

Title III-E, Family Caregiver Support Program provides support services and respite care for caregivers.

Title VII, Elder Rights Program includes Legal Assistance, Long-Term Care Ombudsman Services, and Vulnerable Adult Protective Services. Focus Area A also includes Title V, Senior Community Service Employment, and information on Title III/Title VI coordination. Also addressed in this section are state-funded programs including the Adult Family Foster Care, Dementia Care Services Program, Telecommunications Equipment Distribution Service, and other services and activities impacting older individuals including the Committee on Aging, volunteer activities, the Olmstead Commission, North Dakota Department of Insurance, and North Dakota Housing Finance Agency. Goals, objectives, and strategies outline plans for research-based solutions to increase participation in services and senior center activities and expand service options.

Focus Area B: Administration for Community Living Discretionary Grants

At this time, Aging Services Division does not administer any Administration for Community Living discretionary grants. This goal indicates that funding opportunities offered by the Administration for Community Living and other entities will continue to be reviewed and application made with Department approval.

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

This goal focuses on expansion of options for individuals to determine what mix of personal assistance services and supports will work best for them in maintaining their independence. Objectives and strategies outline the need to provide information on and expansion of service options and on-going skills development training for staff.

Focus Area D: Elder Justice

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

Implementation of the goals, objectives, and strategies outlined in the four focus areas will support the continued development of the state's long-term services and supports system for older adults and their caregivers.

CONTEXT

Demographics

Year	Total ND Population	Age 60 and Older
2000	642,200	118,985 (18.5%)
2010	672,591	133,350 (19.8%)
2012 Estimates	699,628	140,050 (20%)

Snapshot of North Dakotans Age 60 and Older	
Total Males: 45%	Total Females: 55%
Living Alone: 28%	In Poverty: 11%
Rural: 47%	Urban: 53%
In Labor Force: 30%	

Sources: U.S. Census Bureau and 2007-2011 American Community Survey, Special Tabulation on Aging - Population Characteristics, Prepared by the U.S. Census Bureau, 2013 AoA-AGID Website.

Critical Issues and Future Implications

The graying of North Dakota continues to have a significant impact on the service delivery system. Expectations of the baby boom generation are very different from those who accessed the system before them. At the same time, the older-old are living longer and are requiring services that help them live safely in their own homes and communities, rather than in institutions. Finally, the shifting of populations from the rural to urban areas will leave greater gaps in the direct delivery of services to vulnerable individuals living in sparsely populated areas outside the major cities.

To meet these significant challenges, the aging network must be proactive and innovative in bringing services to older individuals. Alternatives to institutional living must be expanded. Without cost-effective alternatives, the State's long-term care financial and service delivery capabilities will be overwhelmed.

North Dakota is addressing these challenges. Rebalancing of the long-term care system is continuing. The *North Dakota Department of Human Services 2009-2011 and 2011-2013 Biennial Reports* highlight accomplishments. The reports can be accessed at <http://www.nd.gov/dhs/info/pubs/docs/2009-2011-dhs-biennial-report.pdf> and <http://www.nd.gov/dhs/info/pubs/docs/11-13-biennial-report.pdf>. During the 2013 legislative session, an interim study to review and evaluate the long-term care continuum in North Dakota was approved. The study, conducted by Myers and Stauffer, focuses on the following programs and payment systems: Nursing Facilities, Basic Care Facilities, Assisted Living Facility Licensure, Home and Community-Based Services (HCBS), Money Follows the Person Program, Programs for All-Inclusive Care of the Elderly (PACE), Service Payments for the Elderly and Disabled (SPED) Program, and Expanded Service Payments for the Elderly and Disabled (Ex-SPED) Program. An

interim report can be accessed at <http://www.nd.gov/dhs/info/pubs/docs/medicaid/ltc-interim-report.pdf>. A final report is due to be released on July 1, 2014.

Organizational Structure

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

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

The Department of Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people. The mission statement of the Aging Services Division is: Aging Services Division will, in a leadership role, advocate for individual life choices and develop quality services in response to an aging society.

The Department of Human Services operates under the following Guiding Principles:

- The Department of Human Services has the responsibility to serve our state's most vulnerable people;
- Planning, evaluation, budgeting, and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented;
- Essential core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence;
- Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency; and
- Services will be designed to accommodate specific regional needs, with resources allocated in cost effective manner to create alternative solutions to reach rural and urban populations.

These guiding principles are the impetus for promoting quality, cost-effective, and comprehensive services that improve the lives of all North Dakotans.

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

Aging Services Division is responsible for the following:

- Development of the State Plan on Aging;
- Development and administration of the funding plan for statewide distribution of Older Americans Act program and Nutrition Services Incentive Program funds;
- Development and issuance of requests for proposals and/or project plans addressing requirements specific to each contract;
- Contract and program monitoring;
- Review/implementation of laws, regulations, and policies;
- Development/implementation of policies and procedures;
- Administration of Older Americans programs: Supportive Services Programs including ADRL Information and Assistance/Referral Services, Options Counseling and Local Contact Agency activities; Assistive Safety Devices Distribution Service; Health Maintenance Program; Senior Companion Program, and Tribal Home Visits; Nutrition Services Program; Family Caregiver Support Program; and Elder Rights Program including Legal Assistance, Long-Term Care Ombudsman Services, and Vulnerable Adult Protective Services;
- Administration of the Senior Community Service Employment Program (SCSEP) in accordance with the SCSEP State Plan and Assurances;
- Administration of licensure of adult family foster care homes;
- Administration of the state-funded Guardianship Establishment Program for specific populations;
- Administration of the state-funded North Dakota Telecommunications Equipment Distribution Service;
- Administration of the state-funded Dementia Care Services Program;
- Participation in the Department's strategic planning process;
- Participation in disaster preparedness, response, and recovery efforts as requested by the Department of Human Services and the Department of Emergency Services;
- Provision of technical assistance to contract entities and service providers;
- Provision of or arrangement for education and training;
- Advocating for and on behalf of older individuals; and
- Developing and maintaining working relationships with agencies and organizations that have an interest in aging issues.

For planning and development purposes, the state is divided into eight regions. Each region has a recognized Human Service Center that has been designated as a focal point. Regional staffs, located at the regional centers, are supervised by and work

directly with Aging Services Division to implement the State Plan. Staff includes the Regional Aging Services Program Administrators who assist in program planning, implementation, and contract monitoring, and are visible advocates for and on behalf of older individuals; Family Caregiver Coordinators who implement caregiver support services; Options Counselors who provide activities identified in the ADRL initiative; Regional Ombudsmen who carryout ombudsman activities; and Vulnerable Adult Protective Services staff who address issues of abuse, neglect, and/or exploitation. Service provision by staff generally follows the human service center boundaries. A listing of the regions, counties, centers, and staff is included as Attachment F.

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

Since January 2006, the responsibility for administering state-funded home and community-based services and Medicaid waivers services has been assigned to the Medical Services Division. Significant service coordination between the Aging Services Division and Medical Services Division continues as evidenced in the implementation of the ADRL and Money Follows the Person initiatives through marketing of a common toll-free number, coordination of messaging, education and training opportunities, the housing initiative, and Local Contact Agency activities.

The Medical Services Division administers programs that reduce reliance on institutional care by offering quality services in an alternative setting. The programs focus on individual needs, choice of services, choice of who provides care, and maintaining as much independence as possible. Services are provided by individuals and/or agencies that have demonstrated competency in all of the standards for enrollment as a provider and are designated by the Department of Human Services as Qualified Service Providers (QSPs). Programs include:

- Service Payments for the Elderly and Disabled (SPED) – A state-funded program that pays for services for older individuals and/or individuals with a physical disability who have difficulty completing tasks that enable them to live independently. Services are accessed through county social service agencies.
- Expanded Services for the Elderly and Disabled (Ex-SPED) – A state-funded program that pays for services for older individuals and/or individuals with a physical disability who without in-home and community-based services would

have to receive care in a licensed basic care facility. Services are accessed through county social service agencies and/or independent case managers.

- Medicaid State Plan – This provides personal care services to individuals who are eligible for Medicaid and meet functional eligibility requirements. Services are accessed through county social service agencies.
- Medicaid Waiver Programs – Programs that assist qualifying individuals who require skilled nursing level of care to receive in-home and community-based services that allow them to remain at home. Services are accessed through county social service agencies.
- Money Follows the Person (MFP) Initiative – A grant that assists Medicaid-eligible individuals with physical disabilities and/or older individuals who reside in a nursing facility, or individuals with a developmental disability who reside in an intermediate care facility transition from the institution to the community by coordinating services and resources to support their independent living goals. The grant includes: Center for Independent Living Transition Coordinators, Direct Workforce Coordinator, Housing Coordinators, and a Tribal Transition grant. Services are accessed through the Department of Human Services.
- Program of All-Inclusive Care for the Elderly (PACE) – A program that serves individuals who are able to live safely in a community but are at risk for nursing home placement and in need of a range of services. Northland Health Care Alliance provides services in Bismarck, Dickinson, and in the near future, Minot.
- Community of Care – A state-supported program that provides supportive services in rural Cass County to older individuals, individuals with disabilities, and family members and friends.

Development of the State Plan

A variety of information was considered in the development of the State Plan on Aging.

In September 2012, Aging Services Division completed a Congregate Meal Consumer Survey to seek solutions for the decrease in meal participation and to begin to look at ways to promote participation. The State Plan incorporates a research-based option for addressing this issue as well as other senior center activities.

In the fall of 2013, the Department of Human Services conducted statewide public stakeholder meetings at 20 sites to gather input, give support for programs, address service provision issues, and identify service gaps. Input received is being used in the development of the Department's Strategic Plan and in budget preparations for the next biennium. Input specific to aging was incorporated in the development of the State Plan. A summary report of the meetings can be accessed at <http://www.nd.gov/dhs/info/pubs/docs/2013-summary-stakeholders.pdf>.

In the fall of 2013, the Department of Human Services conducted the North Dakota Family Caregiver Support Program Caregiver Survey to solicit information regarding the extended length of time the care recipient was able to remain at home because of the services provided by the program, challenges faced as a full-time caregiver, and

demographic data regarding the care giver/care recipient. Survey results indicate the program has a positive impact for the caregivers.

In February 2014, an input document was distributed by Older Americans Act nutrition service providers and county social services home and community-based case managers to congregate and home-delivered meal participants and HCBS clients. The input document was also available on the Department's website. A total of 1,802 input documents were received.

In March-May 2014, Aging Services Division conducted 12 input hearings in each of the state's eight regions and four American Indian Reservations. A total of 438 individuals attended the hearings. Information was presented on core Older Americans Act programs, state-funded programs, and consumer choice and control. Staff from the Medical Services Division provided information on federal and state-funded programs and services administered by their Division. Opportunity for verbal and additional written input was also provided. The report, *2015-2018 North Dakota State Plan on Aging Compilation and Analysis of Data from Convenience Sample Survey and Public Input Hearing Comments: June 2014*, is included as Appendix 1.

The Department's Decision Support Unit provided guidance on the development of survey instruments, compilation and analysis of the survey results, and census data.

Consideration of Implementing Cost Sharing

The 2000 amendments to the Older Americans Act allow states to implement cost sharing by clients for certain services funded under the Act. Since cost sharing is not permitted for the majority of services that are currently provided and development and implementation of a system to address cost sharing would result in an unreasonable administrative and fiscal burden for both Aging Services Division and the contract entities, cost sharing will not be implemented at this time.

Quality Management

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

For Title-III services, monitoring tools have been developed for on-site monitoring visits, which are conducted on an annual basis at a minimum. Areas of concern are identified, written plans of correction obtained, and follow-up visits made to review progress. Current service satisfaction surveys are being revised to include questions that will measure the impact the service has had on the client.

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

Home and community-based services administered by Aging Services Division are presented in the following categories: Older Americans Act Core Programs, State-Funded Programs, and Other Services/Activities. These programs interface with services administered by the Medical Services Division including the Medicaid Waiver and Money Follows the Person programs, and state-funded programs including Service Payments for the Elderly and Disabled (SPED) and the Expanded Service Payment for the Elderly and Disabled (Ex-SPED) administered by the Medical Services Division to provide a continuum of services.

1. Older Americans Act Core Programs

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

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

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

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

- 1) Aging & Disability Resource-LINK (ADRL): Aging Services Division received a demonstration grant (completed in June 2013) from the Administration on Aging to develop and implement Aging and Disability Resource Center (ADRC). In North Dakota, the ADRC is known as the Aging & Disability Resource-LINK (ADRL). The ADRL provides information and assistance through a nationwide toll-free number and website, public education, marketing, assessment, and assistance through options counseling so consumers can consider a range of possibilities when making decisions about long-term services and supports, referral, and

planning for future needs. The ADRL Policies and Procedures Manual can be accessed at: <http://www.nd.gov/dhs/policymanuals/65050/65050.htm>

Information and Assistance/Referral Services: A one-on-one service that provides requested information and links the consumer with available resources. The service is provided as a direct service by Aging Services Division [Older Americans Act Section 307(a)(8)(C)] through the North Dakota Aging and Disability Resource-LINK, a nationwide toll-free number (1.800.451.8693). Contact can also be made on-line at www.carechoice.nd.gov or through e-mail at carechoice@nd.gov.

Options Counseling: A person-centered interactive decision support process where consumers, family, and significant others are supported in determining appropriate long-term care choices based on the consumer's needs, preferences, values, and individual circumstances. The service is available statewide and provided through staff at the regional human service centers or through contracts with local providers.

Local Contact Agency (LCA) Activities: Provides assistance in the required review of nursing home residents through the Minimum Data Set (MDS) – Section Q to inform the residents of available services and supports for potential transition to community living. Activities are provided in conjunction with the Medical Services Division and the Money Follows the Person grant.

The Aging Services Division and Medical Services Division recently co-sponsored a Symposium on Home and Community-Based Services that provided education and training for 137 options counselors, county case managers, and other professionals. The symposium is held every other year.

- 2) **Assistive Safety Devices Distribution Service:** Provides adaptive and preventive health aids that assist individuals in their activities of safe daily living. Services are provided statewide through a statewide contract.
- 3) **Health Maintenance Program:** Provides services to assess and maintain the health and well-being of older individuals. Services currently funded include: blood pressure/pulse/rapid inspection; foot care; home visits; and medication set-up. Services are provided through regional competitively bid contracts. Services are provided at 134 sites, primarily senior centers and district health units.

Aging Services Division represents aging issues in the *Healthy North Dakota* initiative through representation on the Coordinating Committee and the Healthy Eating and Physical Activity Partnership Committee. The Division also participates in the Department of Health's Chronic Disease Committee and is assisting in the development of the North Dakota State Plan to Prevent and Manage Chronic Disease. Staff members serve in an advisory capacity on local

district health unit boards. The Division is also represented on the North Dakota Health Care Review, Inc. North Dakota Quality and Safety Advisory Council. Community elder service networks continue to promote health and wellness activities through 'wellness adventures'. The networks also provide a forum for service providers to collaborate with non-traditional partners to raise awareness on health issues, prevention, services, service needs, and other aging issues.

The Committee on Aging used the recent Forums on Aging as a venue to focus on nutrition and healthy lifestyles.

Aging Services Division continues to partner with the Department of Health, local district health units, the Senior Health Insurance Counseling Program, Senior Medicare Patrol, Older Americans Act providers, and other local eldercare programs to inform individuals of the benefits available through Medicare, the Affordable Care Act, and other programs. Information will continue to be disseminated through newsletters, at health fairs, conferences, etc.

Aging Services Division has partnered with the Division of Mental Health and Substance Abuse to improve mental health services for older individuals through staff training on mental health issues. Staff from Medical Services Division and Aging Services Division participated in the Substance Abuse and Mental Health Services Administration (SAMHSA) planning sessions to better address needs of the older population. The recent Symposium featured training on "Mental Health and Substance Abuse Issues in Later Life". The annual Clinical Forum on Mental Health is another venue for education and training.

Also in partnership with the Division of Mental Health and Substance Abuse, the Director of Aging Services Division serves on the Traumatic Brain Injury Advisory Group. The Elder Rights Administrator was appointed by the Governor to serve on the Mental Health and Substance Abuse Planning Council.

- 4) Senior Companion Program: Provides periodic companionship and non-medical support by volunteers (who receive a stipend) to adults that require assistance. The Department contracts with Lutheran Social Services to provide this service on each of the American Indian Reservations and the Tribal Service Area.
- 5) Tribal Home Visits: Provides periodic visits to isolated older individuals residing on a reservation to monitor their health and well-being, and to identify service needs with an emphasis on referral and linkage to available services.
- 6) Transportation: In any service delivery system, access to services is critical. Due to the ruralness of our state, transportation continues to be an on-going challenge. Since January 1, 2007, transit services previously provided with Older Americans Act funds have been provided by the Department of Transportation. This systems change leveraged resources for additional funding for other Older Americans Act services. The Department of Human Services and the Department of

Transportation have a cooperative agreement regarding the development and implementation of an integrated transit system that acknowledges the needs of special populations including older individuals, people with disabilities, low-income, rural, and minorities. Assurances are in place to maintain or increase the amount of funding for services to older individuals with annual reporting to Aging Services Division.

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

- b) Title III-C Nutrition Services Program:** Through a competitive bid process, Aging Services Division contracts with eight entities that provide services at 178 congregate sites and home-delivered meals in 215 communities. Three tribal entities coordinate service provision with their Title VI funded programs.

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

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

Nutrition providers who enroll as qualified service providers may also provide up to seven home-delivered meals per week to eligible younger disabled persons through the Medicaid Waiver for the Aged and Disabled.

In September 2012, the Department completed a Congregate Meal Consumer Survey to seek solutions for the decrease in meal participation and to begin to look at ways to promote participation. Data from the survey will be used to assist in the “revitalization” of senior centers and promotion of meaningful social activities for each generation of older adults. The current decline of utilization of nutrition and senior center programs presents a need for new business practices. Aging Services

Division plans to research the needs and desires of the 'boomer' population and other older adults not using the system. Pilot sites and testing of business practices will be completed prior to implementation statewide to assure a better overall outcome. Opportunities to develop and implement a nutrition voucher program will also be explored.

Aging Services Division is an active participant in the Creating a Hunger Free North Dakota Coalition. A strategic plan has been developed that addresses awareness of available food resources and gaps in services, expands the recovery and distribution of surplus food supplies, and strengthens the capacity of the North Dakota charitable emergency feeding network. The Division partnered with the Supplemental Nutrition Assistance Program (SNAP) and the Great Plains Food Bank to distribute information to encourage eligible older individuals to access SNAP benefits and food bank services.

- c) Title III-D Disease Prevention and Health Promotion Services:** Title III-D funding is used to complement Title III-B funding in providing health maintenance services in medically underserved areas.

Aging Services Division collaborated with the Department of Health to develop and implement the falls prevention program "Stepping On." The program was started with Older Americans Act funds and continues with funding from the Department of Health and the North Dakota State University Extension Service. The program is very successful with 64 trained leaders providing classes in 24 counties throughout the state. Aging Services Division is exploring the possibility of expansion to all counties of the state.

- d) Title III-E Family Caregiver Support Program:** The North Dakota Family Caregiver Support Program (FCSP) offers support and services to family caregivers who informally provide care to individuals 60 years of age and older, to individuals caring for a person with Alzheimer's or related dementia regardless of the age of the individual with dementia, to grandparents or relative caregivers age 55 and older who provide care for children age 18 and younger, and grandparents or relative caregivers age 55 and older who provide care for an adult child (ages 19-59) with a disability. Services include information about local services and supports; assistance from a trained caregiver coordinator to help caregivers assess needs and access support services; individual and family counseling, and support groups; training; respite care for caregivers; and supplemental services to assist with the cost of incontinence supplies and assistive devices. The program is accessed through the caregiver coordinators at the regional human service centers.

Caregiver coordinators schedule training for family caregivers of individuals with dementia through the North Dakota Dementia Care Services Program, which is administered by Aging Services Division.

In the fall of 2013, the Department of Human Services conducted the North Dakota Family Caregiver Support Program Caregiver Survey to solicit information regarding the extended length of time the care recipient was able to remain at home because of the caregiver support services provided by the program, challenges facing a full-time caregivers, and demographic data regarding caregivers and care recipients. Survey responses are similar to the survey conducted in 2009 in that caregivers using the services indicated the length of time they provided care was extended an average of 24 months. Respite care was the number one challenge caregivers faced when providing care in the home. Based on survey responses, respite care allowed the caregiver a positive way to cope with the challenges of caring for someone in the home.

Aging Services Division is working with the Department's public information office to develop updated messaging for the Family Caregiver Support Program.

The Family Caregiver Support Program interfaces with other divisions in the Department including Developmental Disabilities; Medical Services; Children and Family Services; and Mental Health and Substance Abuse. Other service delivery systems include hospitals; eldercare programs; faith-based organizations; tribal family caregiver support programs; and the Dementia Care Services Program.

- e) **Title V Senior Community Service Employment Program (SCSEP):** This program provides part-time employment and training opportunities for low-income adults age 55 and older with the goal of transitioning them into permanent employment. The Department contracts with Experience Works, the national grantee, to operate the state portion of the program. In North Dakota there are 280 positions. Experience Works has 209 positions. The National Indian Council on Aging has 17 positions, and Aging Services Division has 54 positions.
- f) **Title III/Title VI Coordination:** Title III provides funding for state and community programs on aging; Title VI provides funding for Native American aging programs. States are required to pursue activities that increase access by Native American elders to all aging programs and benefits, including Title III programs [Older Americans Act Section 307(a)(21)]. Title III/VI coordination is accomplished through the following efforts: funding for tribal entities is set aside for services provided on the reservations; a minority funding factor is included in the funding plan; programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication; Title VI projects are included in informational mailings; staff are invited to serve on planning committees; and staff are invited to participate in Aging Services Division sponsored trainings. In Region III there are Adult Protective Services Cooperative Agreements between the human service center and both tribal entities. Throughout the state, the Title VI Director is also the Title III Director.

In addition to these efforts, there is provision for representation of each Reservation and Indian Service Area on the Committee on Aging. Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues

affecting elders and maintains contact with the University of North Dakota Center for Rural Health National Resource Center on Native American Aging. Aging Services Division has attended the interim Legislative Tribal and State Relations Committee meetings.

Aging Services Division participated in the development of the Money Follows the Person Tribal Initiative Grant to assist tribal organizations in transitioning tribal members out of institutions or inpatient facilities to home and community-based long-term services and supports. The grant was awarded in April 2014; the Division will continue involvement as requested.

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

2. State-Funded Programs

There are several state-funded programs/services administered by Aging Services Division that enhance the continuum of care.

a) Adult Family Foster Care Program: The administration of adult family foster care is a joint effort by the Medical Services and the Aging Services divisions, county social services agencies, and regional human service centers. Aging Services, county social services, and the regional human service centers each have a role in the home study and licensure process. Medical Services is responsible for the program and payment portion. Adult family foster care provides a safe, supervised family living environment 24 hours per day. The service is accessed through county social services. The Adult Family Foster Care Policies and Procedures Manual can be accessed at: <http://www.nd.gov/dhs/policymanuals/66005/66005.htm>.

b) Dementia Care Services Program (DCSP): The 2009 Legislature passed legislation [North Dakota Century Code Chapter 50-06.33] establishing the Dementia Care Services Program. The program provides care consultation and training to caregivers to address the unique and individual needs that arise throughout the various stages of dementia. The program also provides education on dementia to medical professionals, law enforcement, caregivers, and the general public regarding the symptoms of dementia, the benefits of early detection, and treatment. For the purposes of this program, dementia means the condition of an individual involving loss of memory and impairment of cognitive functions severe enough to interfere with the individual's daily life. Anyone who has a need is eligible to receive services. Eligibility is not based on diagnosis (although a diagnosis is encouraged), age, or income level. The Department, through competitive bid, contracts with the Alzheimer's Association to provide services.

c) Telecommunications Equipment Distribution Service: The service provides specialized telecommunications equipment to communication-impaired individuals [North Dakota Century Code Chapter 54-44.8] to develop and implement the service. For the purposes of this service, communication-impaired means the

condition of an individual who is deaf, hearing impaired, speech impaired or mobility impaired so as to be unable to use a telephone readily purchased from a retail store. Specialized telecommunications equipment means a dedicated telecommunications device that, when connected to a telephone enables or assists a person who is communication-impaired to communicate with another person using the telephone network. The term may include telecommunications devices for the deaf, amplifiers, and signaling devices. The Department contracts with the Interagency Program for Assistive Technology (IPAT) to provide this service.

3. Other Services/Activities

a) Committee on Aging: The Committee on Aging is partnering with AARP and the North Dakota State University Extension Service in the development of a Statewide Senior Coalition to facilitate the exchange of ideas and information on issues impacting the quality of life of older North Dakotans. An organizational meeting will be held in late summer, and partners hope to have the coalition operational by late fall.

b) Volunteer Activities: The Aging Network provides many opportunities for volunteer activities. State and regional staff members continue to coordinate efforts with local agencies including faith-based organizations to promote volunteerism. Staff members serve in an advisory capacity for the Corporation of National and Community Service programs including the Retired and Senior Volunteer Program and the Foster Grandparent Program. Aging Services Division provides an opportunity for volunteerism as community long-term care volunteer ombudsmen.

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

c) Olmstead Commission: The Olmstead Commission works to protect and support the ability for individuals with disabilities of all ages to live in the most integrated setting appropriate to their needs. The Commission is in the process of reformatting the State's Comprehensive Working Plan to Enhance Community Services in Response to Olmstead. The Olmstead State Plan provides direction for continued work with the Aging & Disability Resource-Link initiative activities and the Money Follows the Person initiative activities. The Olmstead Policy Academy Strategy Framework addresses three major priorities: employment, housing, and peer support. Aging Services Division participates in the housing strategy.

The Olmstead Commission was instrumental in mapping of direct care service providers, and efforts to recruit and retain qualified service providers. Through the Money Follows the Person initiative, videos were developed to learn about becoming a qualified service provider or a direct support professional. The videos are posted on the Department's website at <http://www.nd.gov/dhs/info/pubs/mfp.html>.

- d) North Dakota Department of Insurance:** The North Dakota Department of Insurance administers the Senior Health Insurance Counseling (SHIC) Program and the Prescription Connection Program. Aging Services Division continues to work cooperatively with the Department of Insurance to strengthen protections for older individuals in the areas of health, insurance, and benefits. The Division arranged for a presentation on changes in Medicare at a recent forum on aging. The Department of Human Services and the Department of Insurance have worked collaboratively on the Long-term Care Partnership Project, the SHIC Program, and the Prescription Connection Program. Information on the Senior Health Insurance Counseling, Prescription Connection, and Medicare benefits are distributed through newsletters, health fairs, conferences, etc.
- e) Housing:** To address the overwhelming need for affordable, accessible housing for individuals served by the North Dakota Department of Human Services, Medical Services Division through the Money Follows the Person initiative is coordinating meetings between the following: the North Dakota Housing Finance Agency, Housing and Urban Development (HUD), North Dakota Department of Commerce-Community Services, the four largest public housing authorities, and representatives from Department of Human Services (Money Follows the Person-Minot State, Aging Services, Medical Services, Developmental Disabilities, Mental Health, State Hospital, Life Skills and Transition Center). The Supportive Housing Development Collaborative has outlined goals and action steps to address concerns. Plans are underway to develop educational webinars. Members of the Supportive Housing Collaboration conducted a panel presentation of their activities at the recent Symposium on Home and Community-Based Services.

Focus Area A: Goals, Objectives, and Strategies

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

Objective 1.1: By July 2015, explore opportunities to re-invent the traditional senior center to attract a new generation of older adults.

Strategy 1.1.1: Following the Older Americans Act requirements, develop a project plan.

Strategy 1.1.2: Follow the Department of Human Services' procurement policies to secure one or more service providers.

Strategy 1.1.3: Use data from the State Plan Input Document and Congregate Meal Consumer Survey as baseline to guide discussion and development of activities.

- Strategy 1.1.4: Using a focus group approach, research the needs/desires of the baby boomers and other older adults not participating in the nutrition program or other senior center activities.
- Strategy 1.1.5: Implement test sites to determine best practices.
- Strategy 1.1.6: Develop a list of suggested changes that senior centers can make to shift to a new business model.
- Strategy 1.1.7: Document outcomes for statewide implementation.

Objective 1.2: Using FFY 2013 as a baseline, target to increase by one percent the number of unduplicated clients receiving services funded under Title III-B Supportive Services and Title III-D Disease Prevention/Health Promotion: ADRL Options Counseling – 713; Assistive Safety Devices – 1,229; Health Maintenance – 4,108; Senior Companion Services – 62; Tribal Home Visits – 105.

- Strategy 1.2.1: Using the SAMS data system, track the unduplicated number of clients receiving supportive services on a monthly basis.
- Strategy 1.2.2: Conduct on-site program monitoring visits with supportive services providers annually to assure service standards are met.
- Strategy 1.2.3: Implement an annual consumer survey process to measure service satisfaction and the impact the service has in maintaining living in the community.

Objective 1.3: Using FFY 2013 as a baseline, target to increase by one percent the number of unduplicated clients receiving services funded under Title III-C Nutrition Services: congregate meals – 13,644; home-delivered meals – 5,215.

- Strategy 1.3.1: Using the SAMS data system, track the unduplicated number of clients receiving supportive services on a monthly basis.
- Strategy 1.3.2: Conduct on-site program monitoring visits with nutrition services providers annually to assure service standards are met.
- Strategy 1.3.3: Implement an annual consumer survey process to measure service satisfaction and the impact the service has in maintaining living in the community.

Objective 1.4: Using FFY 2013 as a baseline, target to increase by one percent the number of unduplicated caregivers and grandparent caregivers receiving services funded under Title III-E Family Caregiver Support Program: Family Caregivers – 285; Grandparent Caregivers – 3.

- Strategy 1.4.1: Using the SAMS data system, track the unduplicated number of clients receiving caregiver and grandparent caregiver services on an on-going basis.
- Strategy 1.4.2: Conduct on-site program monitoring visits with family caregiver coordinators annually to assure service standards are met.

Strategy 1.4.3: Implement an annual consumer survey process to measure service satisfaction and the impact the service has in maintaining living in the community.

Objective 1.5: On an ongoing basis, provide or arrange for opportunities for Older Americans Act program training to enhance skills and data collection training to reduce missing data for more accurate reporting.

Strategy 1.5.1: Solicit input and provide or arrange for training annually and as needed, or requested.

Strategy 1.5.2: Determine through participant evaluations if training needs were met.

Strategy 1.5.3: Using a train-the-trainer approach, implement a SAMS Key User Group to conduct training activities statewide.

Objective 1.6: On an on-going basis, monitor statewide contracts to assure contract compliance.

Strategy 1.6.1: Review program narratives and fiscal data on a monthly basis.

Strategy 1.6.2: Conduct annual on-site monitoring visits with the legal entity to assure program requirements are met.

Strategy 1.6.3: Implement an annual consumer survey process to measure service satisfaction and the impact the service has in maintaining living in the community.

Objective 1.7: By July 2015, explore the feasibility of establishing new services to address service gaps (including chores services, hearing aid program, and volunteer activities) identified at the State Plan hearings and other stakeholder meetings.

Strategy 1.7.1: Following the Older Americans Act requirements, develop a project plan, including eligibility requirements.

Strategy 1.7.2: Follow the Department of Human Services' procurement policies to secure service providers.

Strategy 1.7.3: Review program narratives and fiscal data on a monthly basis.

Strategy 1.7.4: Conduct annual on-site monitoring visits to assure program requirements are met.

Strategy 1.7.5: Implement an annual consumer survey process to measure service satisfaction and the impact the service has in maintaining living in the community.

Objective 1.8: On an on-going basis, continue collaboration with other agencies and organizations to assure effective coordination of aging activities and encourage healthy aging.

Strategy 1.8.1: Continue to collaborate with the Department's Medical Services Division to coordinate service provision and service options.

- Strategy 1.8.2: Continue participation in the North Dakota Olmstead Commission and assist in activities as assigned.
- Strategy 1.8.3: Continue partnership with the Department's Division of Mental Health and Substance Abuse to address mental health and substance abuse need of older individuals.
- Strategy 1.8.4: Maintain cooperative relationships with tribal organizations and continue to coordinate services to improve the quality of life for American Indians.
- Strategy 1.8.5: Continue collaboration with the Department of Health, Healthy North Dakota, the Supplemental Nutrition Assistance Program, North Dakota Health Care Review, Inc., Department of Insurance and others to address healthy aging, healthy eating, healthy lifestyles and benefits available through the Affordable Care Act.
- Strategy 1.8.6: Continue collaborative efforts with the Department of Transportation to improve access to transit services statewide.
- Strategy 1.8.7: Continue participation at regional and local aging events to provide information on aging issues and participate in community aging events.
- Strategy 1.8.8: Assist the Committee on Aging in identifying and addressing priority issues to improve the quality of life for older North Dakotans.

Focus Area B: Administration for Community Living Discretionary Grants

The Department Human Services' Aging Services Division recently completed a discretionary grant to establish an ADRC in North Dakota. Focus Area A and Focus Area C highlight how the Aging & Disability Resource-LINK initiative has been integrated into core programs and further a systems change in North Dakota through realigning the existing infrastructure and services to optimize consumer options and choice.

Aging Services Division will continue to partner with the Medical Services Division in implementing the Money Follows the Person initiative. The most recent systems change involved combining the tasks of the local contact agency and options counseling services.

Focus Area B: Goals, Objectives, and Strategies

Goal 2: Review funding opportunities offered by the Administration for Community Living and other entities, and make application as approved by the Department.

Objective 2.1: On an ongoing basis, review funding announcements to determine if application will contribute to the systems change process.

Strategy 2.1.1: Convene an internal workgroup to review funding announcements, as applicable.

Strategy 2.1.2: Make recommendation to the Department of Human Services' Executive Director and the Executive Management Team for consideration and approval.

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

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

Participant-directed/person-centered planning is meant to give the individual flexibility, control, and responsibility over the goods and services he or she needs to remain home and in the community. The individual and/or family member takes on the role of managing the services and supports.

With the implementation of the ADRL and options counseling, upgrades were made to the North Dakota Aging Services webpage to include easy to use click buttons to "Contact Us", "Find a Service" (access the ADRL database), "Calendar of Events", and "Useful Links". The webpage can be accessed at: <https://carechoice.nd.assistguide.net/>. The page also has click buttons for Personal Assessments for Benefits and Services, Go4Life; the Administration for Community Living, Medicare Open Enrollment, the Affordable Care Act, and Long Term Care Needs Assessment.

Through a partnership with the North Dakota Health Care Review and the Health Resources and Services Administration, the Division is working to enhance the care transition from the hospital to the community and prevent unnecessary readmissions.

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

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

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

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

Nutrition Program: At some meal sites, participants have a choice of entrée or a choice of participating in Breakfast/Lunch/Dinner. In communities with more than one meal site, participants may dine at the site of their choice.

Home and Community-Based Services: Clients receiving home and community-based services through the Medical Services Division, and/or their legal representatives are active participants in choosing the type of care they want to receive. Case management provides the client with information regarding the types of services available through the

different funding sources. Client goals and needs are discussed; the client chooses the service he or she feels will most appropriately meet needs. Clients may consult with family, friends, and advocacy organizations prior to making any decisions. Individuals or their legal representatives may choose from a list of qualified service providers (QSPs) or may recruit an individual who is willing to seek designation as a QSP.

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

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

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

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

Focus Area C: Goals, Objectives, and Strategies

Goal 3: Expand options for participant-directed/person-centered planning to optimize self-sufficiency and independence.

Objective 3.1: On an on-going basis, provide consumers with information, tools, and resources to make choices and direct their own care.

Strategy 3.1.1: Continue to review and update the ADRL resource database and website.

Strategy 3.1.2: To raise awareness of the Aging & Disability Resource-LINK initiative and available service options, explore the feasibility of developing and distributing a statewide monthly newsletter.

Strategy 3.1.3: Continue collaborations with the North Dakota Health Care Review, the Health Resources and Services Administration, and hospitals to enhance and expand care transitions from hospital to community settings throughout the state and improve health care outcomes.

Strategy 3.1.4: By October 2015, explore the feasibility of developing a nutrition voucher program to provide additional choices for nutrition program participants.

Strategy 3.1.5: Continue to provide staff training for on-going skills development in motivational interviewing and care transitions.

Strategy 3.1.6: Survey clients receiving family caregiver services and options counseling to determine if the consumer had involvement in planning and directing his or her care.

Focus Area D: Elder Justice

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

Prior to the development of this plan, the Department of Human Services conducted stakeholder meetings, and public input hearings were held to receive comment regarding programs carried out under Title VII. Specific questions regarding elder rights were included in the input document, and the opportunity for verbal and written comment was also provided. Additional opportunities for input and comment occur through workshops and training sessions, informational booths at conferences, and through the North Dakota Aging & Disability Resource-LINK.

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

Program areas include:

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

The State Long-Term Care Ombudsman, along with regional ombudsmen, assists in protecting the health, safety, welfare, and personal rights of residents/tenants. On-site visits to facilities are made a minimum of four times per year. At the invitation of the Department of Health, ombudsmen participate in the licensure review exit conferences. Staffing continues to be monitored; reports are forwarded to the Executive Office for review on a quarterly basis.

Recruitment of community volunteer ombudsmen and training is ongoing. Currently there are 52 certified community volunteer ombudsmen. No restrictions, other than those specified in Section 712(a)(5)(C) of the Older Americans Act, are placed on

eligibility for designation as local ombudsmen. Recruitment efforts are on-going. Through realignment of staff duties within the Division, additional coverage of ombudsman services was added to better meet resident/tenant needs. Statistical data is reported to and maintained by the Aging Services Division. State and federal reporting is accomplished through the use of OmbudsManager and NORS. Title III, Title VII, and state funds are used to carry out the program.

- 3) Programs for the Prevention of Abuse, Neglect and Exploitation:** North Dakota Century Code Chapter 50-25.2 gives authority to implement a program of protective services for vulnerable adults. During the 2013 legislative session, significant changes were made to strengthen elder rights and vulnerable adult protective services. The North Dakota Century Code was amended to include mandatory reporting of abuse and neglect of a vulnerable adult, penalties for exploitation of a disabled adult or vulnerable elderly adult were increased, and guardianship services were enhanced. Funding was added for additional contracted adult protective service workers. Currently adult protective services are provided in three regions of the state through contracts with local providers. Coverage for the remaining five regions is provided by staff located at the state office and the regional human service centers. Staffing continues to be monitored; reports are forwarded to the Executive Office for review on a quarterly basis. State and federal reporting is accomplished through the use of Harmony for Adult Protective Services (HAPS). To expedite the reporting process, staff with access to the HAPS system can make online referrals; a web-based referral is also being developed. Title III, Title VII, and state funds are used to carry out the program.

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

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

Aging Services Division continues to collaborate with the North Dakota Office of the Attorney General and the North Dakota Bar Association to educate individuals on elder rights issues in communities and institutional settings and to pursue prosecution of individuals who violate elder rights laws. State and local law enforcement, faith-

based organizations, states' attorneys, and staff from the judicial system have participated in the trainings.

Numerous educational trainings have been conducted for professionals and the community regarding mandatory reporting and other changes to the law. Vulnerable adult protective services workers are also collaborating with the North Dakota Dementia Care Services Program to provide training on dementia and adult protective services to law enforcement personnel throughout the state.

The Elder Rights Administrator serves on the National Adult Protective Services Association Education Committee and Certification Sub-Committee whose focus is providing standardized education for the certification of adult protective service workers.

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

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

During the 2013 legislative session, funding was also appropriated for statewide guardianship services. The funding appropriated for statewide guardianship services is administered through the Office of Management and Budget. To be eligible for funding, a ward must be found to be an incapacitated adult and have income at or below 100 percent of poverty, or be eligible for Medicaid. For the period of July 2013 – June 2015, counties will pay for 50 percent of the monthly rate for guardians. After that date, the state will assume 100 percent of that cost. The North Dakota Supreme Court was awarded funding for the purpose of delivering guardianship training for guardians and public administrators. The Elder Rights Administrator participates on a Guardianship Standards workgroup that will make recommendations to the 2015 North Dakota Legislature. The Executive Director of the Department of Human Services convenes regular meetings with all partners involved in public guardianship to review the status of implementation.

Staff from Aging Services Division central office continues to serve on the advisory committee for the North Dakota Senior Medicare Patrol (NDSMP). NDSMP educates Medicare and Medicaid beneficiaries to prevent, detect and report health care fraud. This program not only protects beneficiaries, but helps to preserve the integrity of the Medicare and Medicaid programs. Aging Services Division assists in disseminating information on how to prevent healthcare fraud to seniors through newsletters, conferences, health fairs, etc.

Regional activities include:

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

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

Region VII – West Central Human Service Center developed an elder abuse prevention coalition in the Bismarck region. The coalition, Prevent Abuse of Vulnerable and Elderly (PAVE), promotes community partnerships committed to preventing abuse of vulnerable adults through awareness, education, advocacy, intervention, and program development. Over 40 agencies are partners in the coalition that has sponsored numerous 'Shred-a-thon' events to prevent identity theft and financial exploitation. In partnership with the Attorney General's office, training has been provided to financial personnel, law enforcement officers, and the general public to identify and report potential abuse, neglect, or exploitation. The group organizes Elder Abuse Awareness Day activities.

Region VIII – Badlands Human Service Center is in the process of implementing a vulnerable adult coalition using the model implemented in Region VII.

Focus Area D: Goals, Objectives, and Strategies

Goal 4: Continue the development and implementation of a strong elder rights program to prevent elder abuse, neglect, and exploitation of the vulnerable adult population.

Objective 4.1: On an ongoing basis, continue to explore options to increase the capacity of the Long-Term Care Ombudsman Program.

Strategy 4.1.1: Monitor staffing needs for statewide ombudsman coverage and complete and submit quarterly reports as requested by the Department of Human Services Executive Office.

Strategy 4.1.2: Continue recruitment and training efforts for community volunteers to include an annual training and recognition.

Objective 4.2: Continue to raise awareness of the long-term care ombudsman activities through on-going training to the community and long-term care staff regarding the ombudsman program, resident's rights, and other long-term care issues to reduce problem and complaints in the long-term care population.

Strategy 4.2.1: Conduct a minimum of four visits to each long-term care facility annually.

Strategy 4.2.2: Conduct a minimum of one resident's rights training at each long-term care facility annually.

Objective 4.3: On an ongoing basis, continue to explore opportunities to increase the capacity of the Vulnerable Adults Protective Services Program.

Strategy 4.3.1: Monitor staffing needs for vulnerable adult protective services coverage and complete and submit quarterly reports as requested by the Department of Human Services Executive Office.

Strategy 4.3.2: Provide or arrange for ten information and training sessions on elder rights issues for the community annually.

Strategy 4.3.3: Provide or arrange for annual skills development training for vulnerable adult protective services workers on elder rights issues.

Strategy 4.3.4: By October 2015, explore the feasibility of implementing a centralized intake process for adult protective services.

STATE PLAN ASSURANCES and REQUIRED ACTIVITIES Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

States must assure 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

(2) Each area agency on aging shall 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 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 subclause (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
- (4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
 - (I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).
- (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will 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
- (4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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.
- (6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental 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;

(9) Each area agency on aging shall provide 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) Each area agency on aging shall 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)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging 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 area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency disaster 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.

Sec. 307 STATE PLANS

(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.

(7)(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)(A) The plan shall provide 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 (A) 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.

(11)(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.

(11)(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;

(11)(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, 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--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) 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.

(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).

(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 (b)(3)(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)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires 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) The State plan is 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 State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) 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 45 CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords 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 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) No supportive services, nutrition services, or in-home services are 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.


Signature and Title of Authorized Official

6.26.14
Date

INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

Response:

- Factors are included in the allocation plan to target funds to low income, minority, and rural individuals;
- Legal entities are required to identify specific targeting methods in their request for proposal and/or their policies and procedures manual; and
- Legal entities and their subcontract entities are required (by contract) to give priority for services to the targeted groups.

Section 306(a)(17)

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

Response:

See Section 307(a)(29). North Dakota is a single planning and service area.

Section 307(a)(2)

The plan shall provide that the State agency will:

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

Response:

The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows: Access - 26%; In-Home - 14%; and Legal Assistance - 14%. The basis for the funding levels is historic need and available

funding. The North Dakota Department of Transportation provides transportation services. The Medicaid State Plan allows for medical transportation for eligible clients; the Medicaid waivers allow for non-medical transportation for eligible clients.

Section (307(a)(3)

The plan shall:

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

- (i) provide assurances the State agency will spend for each fiscal year of the plan, 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).*
- (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Response:

- (i) The State/Area Agency assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000 (amount spent in FY 2000 was \$2,530,705).
- (ii) It is projected that for each fiscal year of this State Plan, the projected cost of providing services for older individuals residing in rural areas will be \$3,244,916. This projection is based on funding factors that address the number of individuals age 60 and over, a factor for minorities, a factor for low-income, and a factor for rural. The amount may vary based on the final Federal Fiscal Year 2014 award.
- (iii) In the fiscal year preceding this plan, the following methods were used to meet the need for services for older individuals residing in rural areas:
 - 1) A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
 - 2) Legal entities were required to outline methods to reach the rural population and deliver services in rural areas. Aging Services Division was informed through a formal process of any change in service delivery;
 - 3) State-funded programs administered through the Medical Services Division provided services through independent contractors and agency providers enrolled as Qualified Service Providers (QSPs) located in both rural and urban areas of the state; a rural differential rate was created to provide greater access by offering a higher rate to QSPs who travel at least 21 miles round trip in rural areas; and
 - 4) Collaboration with the Department of Transportation was on-going to assure a coordinated transit system throughout the state with access in rural areas.

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

Section 307(a)(10)

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

Response:

- State Plan input hearings were held in 12 locations – nine of the hearings were held in rural communities, four of them on Reservations;
- A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
- Legal entities were required to outline methods to reach the rural population and deliver services in rural areas. Aging Services Division was informed of any change in location or delivery of the service;
- Medical Services Division state-funded programs provided services through independent contractors and agency providers enrolled as Qualified Service Providers in both rural and urban areas of the state; and
- Collaboration with the Department of Transportation was continued to assure a coordinated transit system throughout the state with access in rural areas.

Section 307(a)(14)

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

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

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

Response:

The 2007-2011 American Community Survey Special Tabulation on Aging estimates there are 125,315 adults age 60 and older; of that number, 124,610 are Not Hispanic or Latino, and 710 are Hispanic or Latino. Further breakout of race/Hispanic origin and poverty status is presented in the following chart:

North Dakotans Age 60 and Older – Poverty Status by Race/Hispanic Origin		
Race/Hispanic Origin	Total	Below poverty
Not Hispanic or Latino	124,610	13,260
White Alone	120,780	12,250
Black Alone	195	50
American Indian & Alaska Native Alone	2,625	805
Asian Alone	450	15
Native Hawaiian & Other Pacific Islander Alone	10	0
Some Other Race Alone or Persons Reporting Two or More Races	550	140
Hispanic or Latino	710	65

Source: 2007-2011 American Community Survey, Special Tabulation on Aging - Population Characteristics
Prepared by the U.S. Census Bureau, 2013 AoA-AGID Website

The 2007-2011 American Community Survey, Special Tabulation on Aging - Population Characteristics prepared by the U.S. Census Bureau, 2013 (AoA-AGID Website) estimates that 122,525 North Dakotans age 60 and older speak only English. An estimated 9,275 speak a language other than English. Of that number, 7,040 speak English “very well”; 1,460 speak English “well”; 675 speak English “not well”; and 100 do not speak English at all.

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

- Funding factors to target services to low-income minorities are included in the allocation plan;
- The Department of Human Services has made training available for staff on cultural competency;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;
- Title VI projects are included in informational mailings and invited to participate in Aging Services Division sponsored trainings;
- Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues affecting elders;
- American Indian Reservations and the Indian Service Area are represented on the Committee on Aging;
- Aging Services Division participated in the development of the Money Follows the Person Tribal Initiative Grant to assist tribal organizations in transitioning tribal members out of institutions or inpatient facilities to home and community-based long-term services and supports. The grant was funded in April 2014; the Division will continue involvement as requested; and
- The Department of Human Services has access to the CTS Language Link service when working with clients who speak little or no English. Professional interpreters are available seven days a week, 24-hours per day.
- The Department of Human Service can access Lutheran Social Services New Americans program expertise when working with older refugees with limited English proficiency.

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

Section 307(a)(21)

The plan shall:

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

Response:

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

- Funding for tribal entities is set aside for services provided on the reservations;
- Funding factors of minority and low-income are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;
- Title VI projects are included in informational mailings; staff are invited to serve on planning committees; and staff are invited to participate in Aging Services Division sponsored trainings;
- Adult Protective Services Cooperative Agreements are in place between Region III Lake Region Human Service Center and the two tribal entities;
- American Indian Reservations and the Indian Service Area are represented on the Committee on Aging; and
- Aging Services Division continues to work collaboratively with the Indian Affairs Commission on issues affecting elders and maintains contact with the University of North Dakota Center for Rural Health National Resource Center on Native American Aging.

Section 307(a)(29)

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

Response:

Executive Order 2000-11 established the State Emergency Operations Plan that assigns tasks and responsibilities to state departments and agencies and establishes broad concepts for conducting response and recovery operations if an emergency or disaster threatens or occurs anywhere in the state. The North Dakota Department of Human Services (DHS) is the lead agency for planning and coordinating evacuation, sheltering, and mass care activities for the state when the scope of the disaster exceeds or is expected to exceed local resources, and a state response is requested.

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

In February 2014, staff from Aging Services Division participated in the Governor's Emergency Table-Top Exercise that brought together state agencies, federal officials, and non-governmental organizations to review and test the state's emergency preparedness.

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

Section 307(a)(30)

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

Response:

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

Section 705(a)(7)

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 protective advocacy system; or*
- (iii) upon court order.*

Response: [See Focus Area D: Elder Justice](#)

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

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

OAA, Sec. 305(a)(2)

“States shall,

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

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

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

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

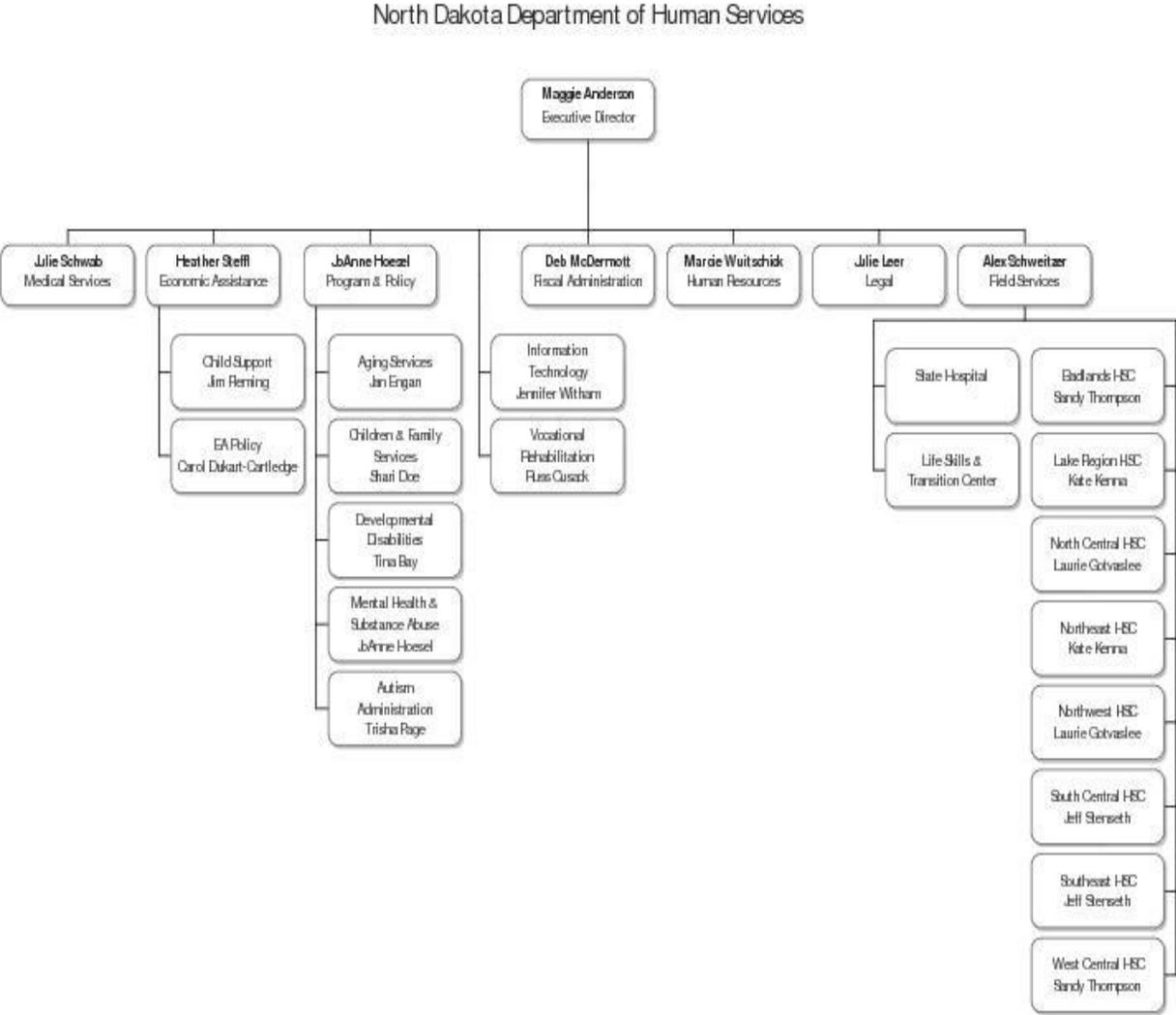
Response:

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

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

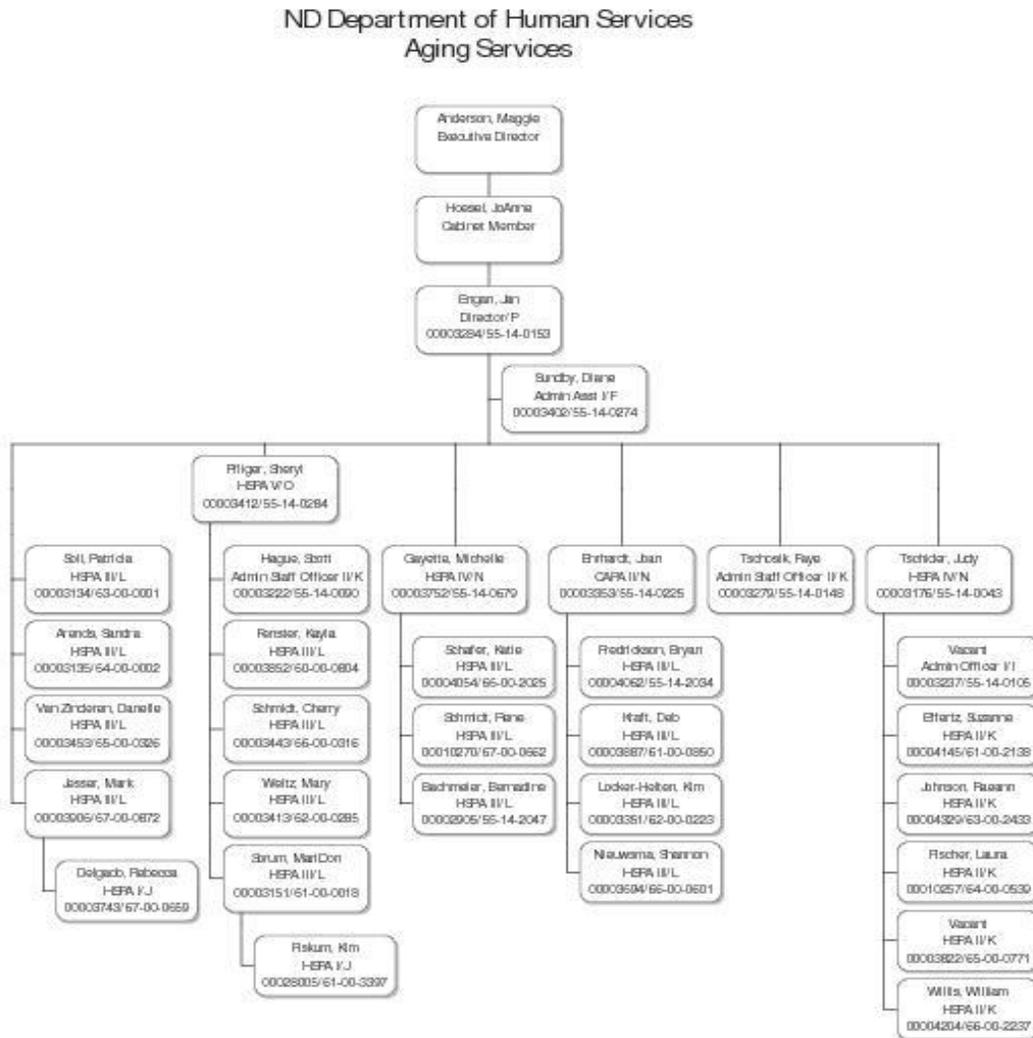
- Population age 60 and older
- Rural
- Minority
- Low-Income

Department of Human Services – Organizational Chart



Revised 9/6/13

Aging Services Division - Organizational Chart



Revised 3/13/14

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

Committee on Aging	
Gene Hysjulien, Chairperson Region VII – Bismarck	Vacant Three Affiliated Tribes – New Town
Ray Siver, Vice Chairperson Region IV – Grand Forks	Bruce Davidson Region V – Fargo
Marty Heller, Secretary Region VII – Bismarck	Delores Rath Region VI – Jamestown
Vacant Region I – Williston Trenton Indian Service Area	Elaine Keepseagle Standing Rock Reservation – Ft. Yates
Dallas Knutson Region II – Minot	Marsha Lembke Region VII – Bismarck
Merry Green Region II - Minot	Bonnie Bieber Region VIII – Dickinson
Betty Keegan Region III – Devils Lake Turtle Mountain Band of Chippewa	Tami Ternes (Ex-Officio) Governor's Office
Peter Belgarde Spirit Lake Reservation – St. Michael	Janet E. Engan, Director (Ex-Officio) Aging Services Division

6/2014

**Federal Funding For Older Americans Act Services
FFY 2014**

PROGRAM	FEDERAL AWARD
Title III-B Supportive Services	\$1,721,234
Title III-C-1 Congregate Meals	\$2,169,045
Title III-C-2 Home-Delivered Meals	\$1,071,165
Title III-D Preventive Health	\$98,248
Title III-E Family Caregiver Support Program	\$720,651
Title VII Elder Abuse Prevention	\$23,660
Title VII Ombudsman Activity	\$78,631
NSIP Nutrition Service Incentive Program	\$801,266
Title V Senior Community Service Employment Program	\$521,420
Totals	\$7,205,320

FFY 2015-2018 North Dakota State Plan on Aging Compilation and Analysis of Data from Convenience Sample Survey and Public Input Hearing Comments: June 2014, Mariah J. Tenamoc, Ph.D., Lead Research Analyst, Decision Support Services, North Dakota Department of Human Services