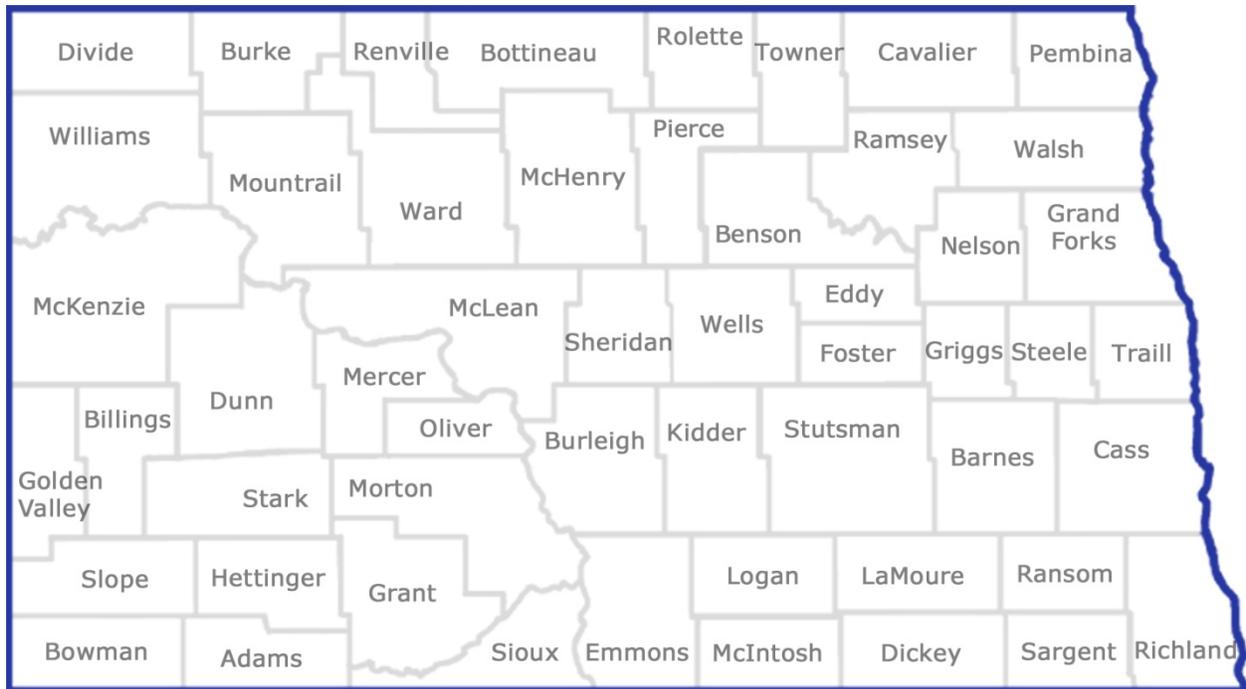


# **NORTH DAKOTA STATE PLAN ON AGING**

**OCTOBER 1, 2010 – SEPTEMBER 30, 2014**



## **STATE OF NORTH DAKOTA**

**JOHN HOEVEN, GOVERNOR**

## **DEPARTMENT OF HUMAN SERVICES**

**CAROL K. OLSON, EXECUTIVE DIRECTOR**

## **AGING SERVICES DIVISION**

**LINDA WRIGHT, DIRECTOR**



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

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary  
Administration on Aging

Washington D.C. 20201

SEP 24 2010

The Honorable John Hoeven  
Governor of North Dakota  
600 East Boulevard Avenue  
Bismarck, ND 58505-0001

Dear Governor Hoeven:

It is my pleasure to inform you that the four-year North Dakota State Plan on Aging, effective October 1, 2010 through September 30, 2014 under the Older Americans Act, as amended, is approved.

I am particularly pleased with the efforts of the North Dakota Department of Human Services, Aging Services Division to implement the Aging and Disability Resource Center (ADRC) pilot project in the Bismarck region. An ADRC will allow individuals to make informed choices about long-term care options and create ease of access to home and community based services.

The Regional Office staff of the U.S. Administration on Aging in Denver, CO and I look forward to working with you in the implementation of the State Plan. If you have questions or concerns, you may contact Percy Devine, Regional Administrator, at 303/844-2951.

I appreciate your dedication and commitment to improving the lives of older persons in North Dakota.

Sincerely,

Kathy Greenlee  
Assistant Secretary for Aging

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## VERIFICATION OF INTENT

The North Dakota Department of Human Services, Aging Services Division, hereby submits the North Dakota State Plan on Aging for the period of October 1, 2010 through September 30, 2014. 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 multipurpose 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.

6/21/10  
Date

Carol K. Olson  
Carol K. Olson, Executive Director  
Department of Human Services

6-21-2010  
Date

Linda Wright  
Linda Wright, Director  
Aging Services Division

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

6/23/10  
Date

John Hoeven  
John Hoeven, 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, 2010 through September 30, 2014, 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 allow 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 at the Regional Human Service Centers, performs the functions of an Area Agency on Aging. The Department provides direct service as well as 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 client needs.

The State Plan also references the partnerships and collaborative working relationships with the Division of Mental Health and Substance Abuse, the Department of Health, the Department of Insurance, and the Department of Transportation which are vital in providing services to older individuals.

The state of North Dakota faces challenges in planning for service delivery in the future. North Dakota's older population is growing – by the year 2020, it is projected that 170,117 (27 percent) of North Dakota residents will be age 60 and older. At the same time, the child population (age 0-14) and working age population (age 15-64) is projected to decline. In addition, shifting populations from the rural to urban areas leave greater gaps in the direct delivery of services to vulnerable individuals living outside the major cities.

Meeting these challenges will require transforming the existing service delivery system. In 2004, North Dakota received a Real Choice Systems Change Grant from the Administration on Aging and Centers for Medicare and Medicaid. The overall purpose of the grant was to consider how North Dakota could achieve systemic changes that support consumer choice in the least restrictive settings. The 2007 final report can be accessed at <http://www.nd.gov/dhs/info/pubs/docs/aging/real-choice-final-report.pdf>. In September 2009, the Department of Human Services received a grant from the Administration on Aging to implement that systems change through the development of

an Aging and Disability Resource Center (ADRC) pilot project in the Bismarck region. An ADRC will allow individuals to make informed choices about long-term care options and create ease of access to home and community based services. Enhanced collaboration with the public and private sectors, advocacy groups, and community-based organizations that make up North Dakota's aging network is imperative. Although the state has a strong economy, the increased numbers of individuals eligible for Medicaid, the growing number of older individuals, decreasing workforce, and shifting demographics will significantly impact resources. Each agency and organization must fulfill their responsibilities in providing resources and services so that the most comprehensive delivery system is available to meet current and future needs.

The State Plan was developed using input received from the Department of Human Services' stakeholder meetings, State Plan on Aging input hearings, a senior center survey, a Family Caregiver Support Program survey, and research for a forthcoming report to address changes in population and implications for use of the data in service provision. Information obtained from these sources was used to develop goals and objectives to enhance the current service delivery system.

The North Dakota State Plan on Aging was developed using the Administration on Aging's three required Focus Areas for State Plans developed for Federal Fiscal Year 2011. The plan sets forth five major goals to reshape the service delivery system to meet the needs of an aging population. The goals align with those identified in the Administration on Aging's Strategic Action Plan 2007-2012. State Plan Assurances, Required Activities and Information Requirements, including disaster preparedness are also included. The following provides an overview of the Focus Areas, Goals, and Objectives:

The first Focus Area, Home and Community-Based Services, includes the required Administration on Aging focus area 'Older Americans Act Core Programs'. Core Older Americans Act programs are the Nutrition Program that includes congregate and home-delivered meals, and nutrition education and counseling; Supportive Services Programs including Information & Assistance, Assistive Safety Devices Distribution, Health Maintenance, Outreach, Senior Companion, and Senior Community Service Employment; the Family Caregiver Support Program that provides support services and respite care; and the Elder Rights Programs that includes Legal Assistance, Long-Term Care Ombudsman, and Vulnerable Adult Protective Services. The section also addresses state-funded Supportive Services Programs administered by Aging Services Division including Guardianship Establishment, Telecommunications Equipment Distribution Service, Dementia Care Services, Qualified Service Provider Training, and licensure of adult family foster care homes. Other information required by the Administration on Aging addressing Title III/Title VI coordination and a description of how the state will carry out Title VII activities is also included in this section. Goals and objectives emphasize the need to enhance provision of services to enable older individuals to remain safe, active, and healthy in their own homes and communities.

The first goal addresses enabling seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. Objectives and strategies address continued provision/expansion of existing services, and ensuring quality, cost-effective services. Strengthening partnerships to address aging issues is also emphasized.

The second goal addresses empowering older individuals to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare. Objectives and strategies emphasize expanded health maintenance services, increased educational efforts on healthy aging, and strengthening partnerships to provide information regarding prevention benefits. Opportunities for providing an evidence-based disease prevention program will be explored.

The third goal addresses ensuring the rights of older individuals and preventing abuse, neglect, and exploitation. Objectives and strategies include monitoring legislation, increasing public awareness, education and training, expanding our current data collection system to include vulnerable adult services, and recruiting and retaining community volunteer ombudsmen. Funding opportunities to increase the capacity of the elder rights program will be explored.

The second Focus Area, AoA Discretionary Grants, addresses the ADRC pilot grant to develop an ADRC in the Bismarck region. The overall goal is the development of a statewide ADRC in North Dakota. Objectives and strategies address empowering older individuals, adults with disabilities, and their family members to make informed choices about long-term care and supportive services, and streamline access to services by realigning and optimizing existing infrastructure and resources. Technology will be enhanced so individuals can go online to identify needed services and programs they may be eligible to receive. The ADRC will be a resource for people who do not qualify for publicly funded case management and support services. This section also includes the Administration on Aging's required plan for statewide expansion and integration with core Older Americans Act programs.

The final Focus Area, Consumer Choice and Control, is interrelated with the previous focus areas. Consumer choice is a service model that empowers individuals and their families to expand their degree of choice and control over long-term care services and supports they need to remain at home. Consumers who are aware of long-term care and support options will be able to make informed choices about what services will best meet their needs. Allowing them to have a say in how, when, where, and by whom services are delivered will enable them to manage their own care. This section outlines existing programs that support this service model. Goals and objectives propose efforts to expand opportunities for consumer choice and control.

Performance measures are identified for each goal so that progress can be evaluated and ongoing improvements can be made to achieve the goals.

Implementation of these goals and objectives will support the aging network's overall mission to promote individual choice, foster independence, encourage healthy life styles, and protect those who are most vulnerable.

## CONTEXT

### Demographic Trends

Note: The following demographic data is summarized from the forthcoming 2010 report, *Aging is Everyone's Business! Changes in Population: Implications for Data Use and Service Delivery* [working title], Mariah J. Tenamoc, Decision Support Services, North Dakota Department of Human Services. Upon finalization, the document will be available on the Department's website at <http://www.nd.gov/dhs/info/pubs/aging.html>.

North Dakota is graying. The first members of the baby boom generation – those born between 1946 and 1964 – began turning 60 years old in 2006. This population will increase rapidly during the next several decades. As a point of comparison, in the year 2000, 118,985 or 18.5 percent of North Dakota's residents were age 60 and older. In 2020, it is projected that 170,117 or 27 percent of North Dakota's residents will be age 60 and older. By the year 2030, the projected number increases to 183,897 or 30.3 percent of North Dakota's population.

North Dakota's 'oldest-old' – those 85 years of age and older – are also growing. In the year 2000, there were 14,726 or 2.3 percent of residents age 85 and older. In comparison, the United States percentage of residents in that age category was 1.5 percent. The projection for the year 2020 is 20,106 or 3.2 percent; the United States percentage is projected to be 1.9 percent. The projection for the year 2030 is 23,302 or 3.8 percent.

In 2000, there were 19,776 (16.6 percent) individuals age 60 and older below poverty. That number is projected to increase to 31,601 (18.6 percent) by 2020 and increase to 36,058 (19.6 percent) by 2030. Of those individuals age 60 and older, the percent below poverty in urban areas (24 percent) was double that of rural areas (12 percent) in 2000. The rural poverty percentage is projected to increase to 17 percent by 2030.

Gender gaps in life expectancy are decreasing. In 2000, for every 100 males in the 85 and older age group, there were 222 females. By 2020 the number of females for every 100 males is projected to decline to 197. For the 65-84 age group, in 2000 there were 126 females for every 100 males; by 2030 this number is projected to gradually decrease to 114 females.

American Indians comprise the largest minority group in North Dakota. In 2000, there were 2,016 American Indians age 60 and older; this number increased to 2,694 in 2008. Black or African American individuals age 60 and older totaled 104 in 2000 and increased to 187 in 2008. "Other Americans" – Asian Alone, Native Hawaiian & Other Pacific Islander Alone – totaled 238 in 2000 and nearly doubled to 468 in 2008. Two or More Races totaled 306 in 2000 and increased to 449 in 2008. Individuals who identify themselves as Hispanic totaled 373 in 2000 and increased to 662 in 2008.

In 2000, about 11,337(12 percent) individuals age 65 and older spoke another language. Of those 12 percent, about 475 (4.2 percent) did not speak English well or at all.

In that same year, about 29,487 (39 percent) of single householders were age 65 and older. There were 1,147 households where grandparents age 60 and older were responsible for a grandchild living in the same household.

Based on 2005-2007 estimates, there are 28,739 individuals age 60 and older who are veterans.

Individuals age 65 and older with a disability totaled 34,598 based on 2005-2007 estimates. This number is projected to increase to 50,342 by 2020. Based on the same estimates, individuals age 65 and older with a disability and below poverty totaled 5,336. This number is expected to increase to 7,764 by 2020.

North Dakota is experiencing a shift from the rural areas to the urban areas. In the year 2000, the number of individuals age 60 and older living in rural areas was 74,706 – about 40 percent higher than the 44,279 living in urban areas. By the year 2030, it is projected that those living in rural areas (82,754) will be about 18 percent lower than those living in urban areas (101,143). [Based on Older Americans Act definitions, an urbanized area is 1) a central place and its adjacent densely settled territories with a combined minimum population of 50,000 and 2) an incorporated place or a census designated place with 20,000 or more inhabitants. Rural is defined as any area not defined as urban.]

An added factor to consider in the rural urban shift is the population density. The State's population density is 9.3 persons per square mile compared to the United States density of 83.4 persons per square mile. Density varies greatly by region and county within the state. The least dense region is the Dickinson region with 3.8 persons per square mile. The Fargo region is the most dense region with 25 persons per square mile. There are 36 counties in the state that meet the criterion of a frontier county – fewer than 7 persons per square mile. Of the 36 frontier counties, 22 have less than three persons per square mile.

The growth of the aging population is contrasted by a decline in the 0 to 14 age category. In 2000, there were 129,846 individuals with a projected decrease to 112,511(-13.4 percent) by 2020. The projection for 2030 reflects another decrease to 103,799 (-7.7 percent). The same holds true for the working age category of 15-64. In 2000, there were 417,876 individuals with a projected decrease to 392,578 (-6.1 percent) by 2020. The projection for 2030 reflects another decrease to 350,409 (-10.7 percent).

## Critical Issues and Future Implications

The graying of North Dakota will continue to have a significant impact on the service delivery system. As the baby boomers begin to use this system, their expectations will be 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. Decreases in the child population and the number of working age individuals creates the need to recruit and retain workers to provide services. 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 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.

The State of North Dakota has shown initiative in addressing these challenges. Re-balancing of the long-term care system has begun. During the past legislative session, funding for home and community-based services for the 2009-2011 biennium was increased by \$22.6 million, a 55 percent increase over the previous biennium. The *North Dakota Department of Human Services 2007-2009 Biennial Report* highlights accomplishments that begin to address the challenges. The document is available on the Department's website at <http://www.nd.gov/dhs/info/pubs/docs/2007-2009-dhs-biennial-report.pdf>.

Legislation approved during the past session that provides alternatives to allow more individuals to remain in their homes and avoid institutional care as long as possible includes:

- additional funding for the provision of Older Americans Act meals and expansion of meals for Medicaid Waiver clients;
- funding to address gaps in charitable food distribution programs;
- increased reimbursement for qualified service providers plus an annual inflationary increase for them and in the State Funds to Providers allocation;
- increased funding for training of qualified service providers;
- adding a third tier to Personal Care under the Medicaid State Plan;
- added payment for non-medical transportation in the state-funded home and community-based service programs, Service Payments to Elderly and Disabled (SPED), and Expanded Service Payments to Elderly and Disabled( Ex-SPED);
- increased sliding fee scale for SPED to lower fees for in-home care;

- increased medically needy eligibility;
- increased monthly personal needs allowance for SSI clients, Basic Care residents, and Developmentally Disabled;
- expanded funding for Program of All-inclusive Care of the Elderly (PACE) and allowed private pay individuals to enroll in PACE by maintaining a surety bond;
- funding for a Community of Care program in rural Cass County;
- funding for the development of a statewide Dementia Care Services Program;
- increased tax exemptions (under the Homestead Tax Credit) for individuals age 65 and older or who are permanently and totally disabled; and
- extending the basic care and nursing home bed capacity moratoria to July 31, 2011.

More protections for individuals were also enacted including requiring a 30-day written advance notice of any transfer or discharge of a resident from a nursing home, swing-bed hospital, basic care facility, or assisted living facility; outlining duties of assisted living facilities that provide protections for tenants; enacting Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act that clarifies who has jurisdiction when the ward, guardian, and property may all be in different states; and implementing a health care registry for individuals who have an advance directive.

The interim legislative committees continue to address long-term care services utilization, capacity, and spending along with other health and human services issues. Workforce development continues to be a high priority. Transformation of the long-term care system will also continue through the development of an Aging and Disability Resource Center.

## Organizational Structure

The United States Department of Health and Human Services, Administration on Aging, is the federal agency responsible for leadership, funding, technical support, and oversight for promoting the development of a comprehensive and coordinated system of home and community-based services for older individuals and their family caregivers. The Administration on Aging has been instrumental in modernizing the long-term care system to be more consumer-focused and supportive of community-living.

The goals outlined in the North Dakota State Plan on Aging mirror the goals in the Administration's Strategic Action Plan for 2007-2012 as outlined below:

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;

- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare; and
- Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

These shared goals continue to implement a systems change approach to better meet the diverse needs of an aging population.

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 [Older Americans Act Section 305(b)(5)(A)] (Appendix A). As required under the Older Americans Act, the signed State Plan Assurances, Required Activities, and Information Requirements are included as Appendix B. Appendix C addresses required information for specific assurances.

The North Dakota Department of Human Services is an umbrella agency consisting of the following divisions: Medical Services, Economic Assistance, Child Support Enforcement, Aging Services, Decision Support Services, Mental Health and Substance Abuse, Children and Family Services, Developmental Disabilities, Vocational Rehabilitation, Human Service Centers, Institutions, and Administration. An organizational chart for the Department of Human Services is included as Appendix 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. An organizational chart for the Aging Services Division is included as Appendix 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 funds 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 Act Nutrition Program, Supportive Services Programs, Family Caregiver Support Program, Long-Term Care Ombudsman Program, and Vulnerable Adult Protective Services Program;
- administration of the Senior Community Service Employment Program (SCSEP) in accordance with the SCSEP State Plan and Assurances;
- administration of the federally-funded Aging and Disability Resource Center grant;
- administration of licensure of adult family foster care homes;
- administration of the state-funded Qualified Service Provider Training Program;
- 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 was divided into eight regions. Each region has a recognized Human Service Center that has been designated as a focal point. Regional staff are supervised at the regional level but 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, assessment, supervision and are visible advocates for and on behalf of older individuals; Regional Ombudsmen who carryout ombudsman activities; Adult Protective Services staff who address issues of abuse, neglect, and/or exploitation; and Family Caregiver Coordinators who implement caregiver support services. A listing of the regions, counties served, human service centers, and regional staff is included as Appendix F.

The Governor's 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 [Older Americans Act Section 306(a)(6)(D)]. Membership consists of 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 of the committee 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 Governor's Forums on Aging that provide for a mutual exchange of ideas and information on national, state, and local levels relating to aging to improve upon the lives of North Dakotans as they age. A listing of the members is included as Appendix G.

In January 2006, the responsibility for administering the state-funded home and community-based services and services provided under the Medicaid waivers was assigned to the Medical Services Division. Staff from Aging Services Division continues active participation in the home and community-based services team meetings and activities. All Divisions 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 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 & 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 the county social service agencies.
- Expanded Services for the Elderly & 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 the county social service agencies.
- Medicaid State Plan – Provides personal care services to individuals who are eligible for Medicaid and meet functional eligibility requirements. Services are accessed through the county social service agencies.
- Medicaid Waiver Programs – A program that assists individuals who require skilled nursing services to receive in-home and community-based services that allow them to remain at home. Services are accessed through the county social service agencies.
- Money Follows the Person (MFP) – 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 providing coordination of services and resources to support their independent living goals. 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 and Dickinson.
- 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.

## Aging Services Division and Medical Services Division Coordination

Staff members from Aging Services Division and Medical Services Division work cooperatively to ensure the shared goal of delivering quality services to keep individuals independent and in the least restrictive environment.

The Director of Aging Services Division participates in the bi-monthly Home and Community-Based Services team meetings to keep abreast of key issues, trends, changes, etc. A staff member from Medical Services Division participates in Aging Services Division meetings.

The Director of Aging Services Division also participates in the quarterly Medicaid Waiver meetings. Staff from both divisions worked cooperatively to include Older Americans Act nutrition entities as providers of Medicaid waiver meals for younger eligible clients.

An informational brochure that promotes services administered by both divisions has been developed. The divisions co-sponsor the Symposium on Home and Community-Based Services that provides information and training to county social services case managers and Older Americans Act outreach workers.

Collaborative efforts have also occurred through the Money Follows the Person Grant. The Director of Aging Services Division and a regional aging staff person are members of the Stakeholders Committee. Aging staff also serve on the In-home Services Public/Professional Education Committee, designated to increase awareness, generate more referrals, increase utilization, and increase/retain providers of home and community-based services. A Communication Plan has been developed addressing core messages; resource development including brochures, fact sheets, posters, power points, and display boards; and press releases. County case managers and Older Americans Act outreach workers were requested to make formal contact with one another to learn more about each other's programs and services which resulted in better services to the clients.

Additional coordination is taking place through the implementation of the MDS – Section Q requirement. Plans are to have regional aging staff assist with the effort.

A joint effort is also evidenced through training of qualified service providers (QSPs). State-funded programs administered through Medical Services Division require documentation of competency prior to enrollment as a QSP. Aging Services Division administers the state-funded grant to provide training to individuals seeking to become QSPs.

The Adult Family Foster Care Program is another example of shared responsibility. Aging Services Division is responsible for licensure; Medical Services Division is responsible for the program and payment portion.

Both divisions attend the Olmstead Commission meetings and co-chaired an Assisted Living Workgroup that reviewed landlord/tenant statutes.

Medical Services Division staff members serve on the Aging and Disability Resource Center (ADRC) Advisory Committee and will assist in the development of intake documents, coordination with county social services eligibility workers and case managers, and implementing the ADRC.

Both divisions continue to meet with the Department of Transportation to explore opportunities to include Medicaid rides as a part of a statewide coordinated transit system.

## Development of the State Plan

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

In the fall of 2009, the Department of Human Services conducted public stakeholder meetings in each of the eight regions of the state to gather input, give support for programs, address service provision issues, and identify service gaps. The general public, clients, advocates, and providers were invited to participate. 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 also used 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/2009-exec-summary-public-stakeholder-mtg-report.pdf>.

In the summer of 2009, the Department of Human Services conducted the North Dakota Family Caregiver's Survey to solicit information regarding extended length of time the caregiver provided care in the home because of the services provided by the program; relationship of caregiver to care recipient, age and gender of caregivers and care recipients; and challenges to providing care in the home. Results are addressed in the Family Caregiver Support Program section.

In March-May 2010, Aging Services Division conducted 13 input hearings in each of the state's eight regions, four American Indian Reservations and one Indian Service Area. A total of 573 individuals attended the hearings. Information was presented on the Governor's Committee on Aging, the 'graying' of North Dakota, core Older Americans Act programs, state-funded programs, the Aging and Disabilities Resource Center grant, 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. Input documents were used to solicit comments from participants. Opportunity for verbal and additional written input was also provided. Older Americans Act nutrition service providers and county social services home and community-based case managers distributed the input documents to homebound clients. A total of 2,256

State Plan input documents were received. The report, *Compilation and Analysis of Data from 2010 North Dakota State Plan on Aging Public Input Hearings Surveys*, is included as Attachment A at the end of this document. The report will be shared with appropriate departments of state government and other agencies and organizations.

Information was also considered from a forthcoming report by Department of Human Services: *"Aging is Everyone's Business! Changes in Population: Implications for Data Use and Human Service Delivery* [working title], and the forthcoming report on the *2009 Profile of Senior Centers in North Dakota*.

## FOCUS AREAS: PROGRAM INFORMATION, GOALS, OBJECTIVES, STRATEGIES, AND PERFORMANCE MEASURES

### Focus Area I: Home & Community-Based Services (includes Older Americans Act Core Services requirement)

Home and community-based services administered by Aging Services Division are presented in the following categories: Older Americans Act Core Programs and State-Funded Programs. These programs interface with the Medicaid Waiver programs and other state-funded programs administered by the Medical Services Division to provide a continuum of services.

#### **A. 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.

Aging Services Division contracts with local providers for provision of services. Providers are required to give priority for services 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 at 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 & Community Programs Funded under the Older Americans Act Policies and Procedures Manual* outlines minimum standards that must be met in the provision of each service. The manual can be accessed at: <http://www.nd.gov/dhs/policymanuals/home/aging.htm>.

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; funding factors of minority and low-income are 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. Throughout the state, the Title VI Director is also the Title III Director. Aging Services Division and United Tribes Technical College are spearheading an effort to conduct a Tribal Forum on Aging to be held in 2011. Additional coordination with tribal entities to develop an ADRC on each reservation

is outlined in Focus Area II, AoA Discretionary Grants – Aging and Disability Resource Center Grant.

In addition to these efforts, all American Indian Reservations and the Indian Service Area are represented on the Governor’s 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 participated in the interim Legislative Tribal and State Relations Committee meetings. The Department of Human Services has made training available for staff on cultural competency. Since 2006 the Department has had a Limited English Proficiency Implementation Plan that provides a framework for the provision of timely and reasonable language assistance. The plan is reviewed and updated periodically.

Information on Older Americans Act Core Services is addressed in the following categories: Nutrition Program; Support Services Programs; Family Caregiver Support Program; and Elder Rights Program.

### **1. Nutrition Program**

Through a competitive bid process, Aging Services Division contracts with eight contract entities that provide services at 180 congregate sites and home-delivered meals in 197 communities. 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. Three tribal entities coordinate service provision with their Title VI funded programs. 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 a client who is 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 through the Medicaid Waiver for the Aged and Disabled.

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, gaps in services, expands the recovery and distribution of

surplus food supplies, and strengthens the capacity of the North Dakota charitable emergency feeding network.

## **2. Supportive Services Programs**

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, disabled, 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. The 2009 Legislature authorized two transit coordination pilot projects to test the possibilities of coordinating various transit programs to expand travel options for all North Dakotans and provide efficiencies within the system. 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.

Other access services that are administered by Aging Services Division include information and assistance and outreach.

Information and Assistance Services are 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](http://www.carechoice.nd.gov) or through e-mail at [carechoice@nd.gov](mailto:carechoice@nd.gov). Information and Assistance Services will be expanded through the development of the Aging and Disability Resource Center as outlined in Focus Area II, AoA Discretionary Grants – Aging and Disability Resource Center Grant.

The Outreach Program uses a personalized approach to seek out older individuals, identify their needs, and make appropriate referrals and linkages to needed services. Services are provided through regional competitively bid contracts in seven regions of the state; outreach is provided as a direct service in Region II. The Medical Services Division and Aging Services Division partner to provide joint training events for county case managers and outreach workers. The scope of outreach services will be transitioned to Options Counseling as outlined in Focus Area II, AoA Discretionary Grants – Aging and Disability Resource Center Grant.

Aging Services Division contracts for a number of supportive services that address health promotion and disease prevention activities to help ensure active, healthy lives for older individuals. Healthy aging involves focusing on the importance of staying mentally and physically active, socializing, and making smart nutritional choices.

The 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 147 sites, primarily senior centers and district health units.

The Assistive Safety Devices Distribution Program provides adaptive and preventive health aids that assist individuals in their activities of safe daily living. Services are provided statewide through a competitively bid contract.

Senior centers continue to play a vital role in addressing healthy aging. The forthcoming report, *2009 Profile of Senior Centers in North Dakota*, indicated that 65 percent of the 124 responding centers had health and wellness activities, and 19 percent had exercise programs.

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 Governor's Committee on Aging used the recent Governor's Forums on Aging as a venue to provide education on health promotion and disease prevention.

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

Aging Services Division also partners with the Department of Health in promoting the importance of vaccination for influenza, H1N1, pneumonia, and shingles. In addition, staff members serve in an advisory capacity on the Heart Disease and Stroke Advisory Council, the Dakota Diabetes Coalition, local district health unit boards, and as the liaison for the National Association of Chronic Disease Directors' Healthy Aging Council.

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.

Aging Services Division partners with the Division of Mental Health and Substance Abuse to improve mental health services for older individuals through staff training on mental health issues. The Clinical Forum on Mental Health, now in its sixth year, featured a separate track on elderly and mental health issues. A regional aging staff person continues to serve on the Mental Health Planning Council.

Also in partnership with the Division on Mental Health and Substance Abuse, the Director of Aging Services Division serves on the Traumatic Brain Injury Advisory Group.

Healthy aging also involves emotional well-being and self-worth. Providing services through paid or volunteer activities provides opportunity for both.

The Senior Community Service Employment Program (SCSEP) is a program that provides part-time employment and training opportunities for low-income adults age 55 and older with the goal of transitioning into permanent employment. The Department contracts with Experience Works, the federal grantee, to operate the state portion of the program. Additional slots were made available through stimulus funds. In North Dakota there are 347 positions (Experience Works has 276 positions; Aging Services Division has 71 positions).

The Senior Companion Program offers 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.

The Aging Network provides many opportunities for volunteer activities. State and regional staff continues 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 opportunity for volunteerism as community long-term care volunteer ombudsmen (see #4 - Elder Rights Program).

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.

The Director of Aging Services Division is also a member of the Housing Alliance of North Dakota, a statewide network established to identify and address the diverse unmet housing needs in North Dakota.

### **3. Family Caregiver Support Program**

The North Dakota Family Caregiver Support Program offers support and services to family caregivers who informally provide care to individuals 60 years of age and older, to grandparents or relative caregivers age 55 and older who care for children age 18

and younger, relative caregivers for an adult child (ages 19-59) with a disability, and individuals who care for a person with Alzheimer's disease or a related dementia, regardless of age. 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, support groups, and 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 work with the Alzheimer's Association to provide training for family caregivers of individuals with dementia through the North Dakota Dementia Care Services Program.

In the summer of 2009, the Department of Human Services conducted a family caregiver survey to solicit information regarding the impact of the caregiver program as it related to the length of time caregivers provided care. On average, 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.

The maintenance and development of new partnerships with other service delivery systems that provide support services to caregivers is on-going. The 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 Alzheimer's Association.

Regional caregiver coordinators will play a key role in the development and implementation of the Aging and Disability Resource Center as outlined in Focus Area II, AoA Discretionary Grants – Aging and Disability Resource Center Grant. Additional responsibilities regarding MDS – Section Q are outlined in Focus Area III, Consumer Choice and Control.

#### **4. Elder Rights Program**

The Elder Rights Program is another core Older Americans Act program. As required in Section 705(a) of the Older Americans Act, Aging Services 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, 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 and 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:

**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.

**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 State Long-Term Care Ombudsman, along with four 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 three times per year. At the invitation of the Department of Health, ombudsmen participate in the licensure review exit conferences. Recruitment of community volunteer ombudsmen and training is ongoing. Currently there are 55 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. Statistical data is reported to and maintained by 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. 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>.

**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. Aging Services Division has designated the eight regional human service centers to provide services to respond to complaints of adult abuse, neglect, and exploitation. Statistical data is reported to and maintained by Aging Services Division. Plans are to convert reporting to the existing database through the use of SAMS. 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. Aging Services Division has developed a reporting system for receipt of reports of elder abuse;

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 outreach, 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 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.

Legal Assistance: Legal assistance is provided through a statewide, competitively bid 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) implemented during the Model Approaches to Statewide Legal Assistance System grant, has live coverage Monday through Friday between 8 a.m. and 5 p.m. Aging Services Division monitors the fiscal and programmatic requirements of the contract.

The Vulnerable Adult Protective Services Policies and Procedures Manual is available on the Department's website at: <http://www.nd.gov/dhs/policymanuals/home/aging.htm>.

In 2009, Aging Services Division partnered with Legal Assistance of North Dakota to present 15 Surrogate Decision Making Trainings. Approximately 290 individuals participated in the trainings.

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 Department of Human Services and the Department of Insurance have worked collaboratively on the Long-term Care Partnership Project, the SHIC Program, the Prescription Connection Program, and the "Own Your Future" campaign that urged North Dakotans age 50-65 to plan ahead for future care needs. Information on the Senior Health Insurance Counseling, Prescription Connection, and Medicare benefits are distributed through regional aging services newsletters, health fairs, conferences, etc. The North Dakota Insurance Department has signed a memorandum of understanding to work collaboratively with the Department of Human Services in the development and implementation of the Aging and Disability Resource Center.

Staff members from Aging Services Division central office continue to serve on the advisory committee for the North Dakota Senior Medicare Patrol. Staff participated in

the recent “Get the Scoop” event in Region II that included presentations on Health Care Reform, Medicare fraud, identity theft, mail and telemarketing fraud, internet scams, and consumer awareness. Regional aging services newsletters are used to assist in getting information on how to prevent healthcare fraud to seniors.

Region IV – Northeast Human Service Center partnered with the Community Violence Intervention Center, the Grand Forks Police Department, the Grand Forks Sheriff’s Office, and the States Attorney’s office to implement a ‘Later in Life’ project in Grand Forks. One of six grants awarded in the United States for 2008-2011, funding was received from the United States Department of Justice, Office of Violence Against Women, “to further understand the nature and extent of abuse, neglect, financial exploitation, domestic violence, and sexual assault against the elderly, and resources and assets available in Grand Forks”. The Needs Assessment and Resource Report was completed in November 2009. To date, training has been provided to 45 law enforcement officers in the dynamics of later in life abuse. Two local prosecutors have been trained in effective prosecution of later in life abuse cases. Trainings will be scheduled with county judges and magistrates. ‘Later in Life’ training will also be available to professionals who work specifically with individuals age 50 and over.

Region VII – West Central Human Service Center applied for/received grant funding from the National Center on Elder Abuse to develop 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 project. The coalition 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.

As a part of the North Dakota Olmstead Commission guardianship workgroup, Aging Services Division partnered with the North Dakota Protection and Advocacy Project and other agencies and organizations, to develop a Guardianship Fact Sheet and a Guardianship Handbook that was given to each district judge in the state for distribution to new court appointed guardians. The documents were also distributed to State Legislators in January 2009.

## **B. State-Funded Programs**

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

Aging Services Division administers the Guardianship Establishment Program, a state-funded program that provides a unified system for guardianship services to vulnerable adults who are ineligible for developmental disabilities case management. Services are

targeted to individuals who have a diagnosed mental illness, traumatic brain injury or are over age 60. Services can be accessed through the regional human service centers.

The Telecommunications Equipment Distribution Service Program provides specialized telecommunications equipment to communications impaired individuals [North Dakota Century Code Chapter 54-44.8]. For the purposes of the program, communications 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 communications 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, through competitive bid, contracts with the Interagency Program for Assistive Technology (IPAT) to provide this service.

The 2009 Legislature passed legislation to implement the North Dakota Dementia Care Services Program throughout the state [North Dakota Century Code Chapter 50-06.33]. 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 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. Since it is landmark legislation, it is hoped that the program can be a "precedent-setting model for other states looking to tackle the health care epidemic of the 21<sup>st</sup> century". The Department, through competitive bid, contracts with the Alzheimer's Association to develop and implement the program.

Aging Services Division also administers a state-funded grant to provide training to individuals to become Qualified Service Providers. As referenced in North Dakota Century Code 50.06.2-02(6), training is provided to meet required standards for competency in performing specific tasks in the delivery of in-home care. State-funded programs administered by the Medical Services Division require this documentation of competency prior to enrollment as a Qualified Service Provider. The training must be provided by a registered nurse and is available at various locations throughout the state. The Department contracts with Lake Region State College to provide the training.

Aging Services Division attends meetings of the Olmstead Commission and co-chairs the Commission's Workforce Development Committee. In partnership with the Department of Commerce and other community organizations, the committee is working on mapping of direct care service providers. Through the Money Follows the Person effort, a video is being developed to recruit/retain qualified service providers.

The administration of adult family foster care is a joint effort by the Medical Services and the Aging Services divisions. Aging Services is responsible for the licensure; 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 is available on the Department's website at: <http://www.nd.gov/dhs/policymanuals/home/aging.htm>.

## Focus Area I: Goals, Objectives, Strategies, and Performance Measures

### **Goal 1: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.**

#### **Objective 1.1: Provide quality, cost effective, service options through funding of annual competitive contracts or program allocations.**

Strategy 1.1.1: Issue contracts for the provision of congregate and home-delivered meals, outreach, legal assistance, assistive safety devices, qualified service provider training, and telecommunication equipment distribution services.

Strategy 1.1.2: Allocate funds to regional human service centers for provision of family caregiver support services.

Strategy 1.1.3: Monitor the development and implementation of the Dementia Care Services Program.

Strategy 1.1.4: Issue policies and procedures to assure effective program management as necessary with minimum review annually.

Strategy 1.1.5: Provide technical assistance, on-site assessments, and contract monitoring to assure the provision of quality services.

Strategy 1.1.6: Provide opportunities for program and data collection training.

#### **Objective 1.2: On an on-going basis, continue to partner with other agencies and organizations to assure aging activities are effectively coordinated and addressed.**

Strategy 1.2.1: Continue collaboration with Medical Services Division to provide comprehensive service options.

Strategy 1.2.2: Continue collaborative effort with the Department of Transportation to provide statewide transit services for all North Dakotans.

Strategy 1.2.3: Continue participation in the Department's Olmstead workgroup to address workforce issues and other issues as assigned.

- Strategy 1.2.4: Continue participation in the Housing Alliance of North Dakota to address unmet housing needs in North Dakota.
- Strategy 1.2.5: Continue partnership with the Division of Mental Health and Substance Abuse to conduct an annual Clinical Forum on Mental Health.
- Strategy 1.2.6: Continue participation on the Creating a Hunger-Free North Dakota Coalition to address hunger issues.
- Strategy 1.2.7: Continue participation at regional and county council on aging meetings.
- Strategy 1.2.8: Assist the Governor's Committee on Aging in identifying and addressing priority issues.

**Objective 1.3: On an on-going basis, expand cooperative relationships with tribal organizations to improve the quality of life for American Indian elders.**

- Strategy 1.3.1: Issue annual contracts for the provision of Older American Act services.
- Strategy 1.3.2: Provide technical assistance, on-site assessments, and contract monitoring to assure the provision of quality services.
- Strategy 1.3.3: Provide opportunities for program and data collection training.
- Strategy 1.3.4: In conjunction with United Tribes Technical College and the Governor's Committee on Aging, conduct a Tribal Conference on Aging in the summer of 2011.

**Goal 2: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.**

**Objective 2.1: Provide quality, cost effective, service options through annual competitive contracts that address healthy and active aging.**

- Strategy 2.1.1: Issue contracts for the provision of health maintenance services, senior companion services, and senior community employment services.
- Strategy 2.1.2: Issue policies and procedures to assure effective program management as necessary with minimum review annually.
- Strategy 2.1.3: Provide on-going technical assistance, on-site assessments, and contract monitoring to assure the provision of quality services.
- Strategy 2.1.4: Provide opportunities for program and data collection training.

**Objective 2.2: Explore opportunities to expand medication management services throughout the state by 2012.**

Strategy 2.2.1: Meet with district health units to identify medication management as a priority service.

Strategy 2.2.2: Work collaboratively with district health units to seek additional funding sources.

**Objective 2.3: Explore opportunities to implement evidenced-based disease prevention and health promotion programming by 2014.**

Strategy 2.3.1: Collaborate with the Department of Health to identify needed program(s).

Strategy 2.3.2: Identify and seek grant funding.

**Objective 2.4: On an on-going basis, strengthen partnerships with the Department of Insurance and the Department of Health to assure information regarding prevention benefits is disseminated.**

Strategy 2.4.1: Distribute information regarding prevention benefits through regional newsletters, health fairs, and conferences.

**Objective 2.5: On an on-going basis, continue to partner with other agencies and organizations to assure efforts to expand healthy and active aging activities.**

Strategy 2.5.1: Continue collaboration with community aging coalitions to promote healthy and active aging through health fairs, wellness events, and publications.

Strategy 2.5.2: Continue participation in the *Healthy North Dakota* initiative.

Strategy 2.5.3: Continue partnerships with the Corporation for National Service and participation on the North Dakota Commission on National and Community Service to address volunteerism.

**Goal 3: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.**

**Objective 3.1: On an on-going basis, explore options to increase the capacity of the Long-Term Care Ombudsman Program.**

Strategy 3.1.1: Assemble documentation of need for an additional regional ombudsman for informed planning for budgeting purposes.

Strategy 3.1.2: Increase the number of community volunteer ombudsmen by 10% by 2014.

Strategy 3.1.3: Provide initial volunteer training and on-going training to recruit and retain existing volunteers.

Strategy 3.1.4: Provide on-going training to the community and long-term care staff regarding the ombudsman program, resident's rights, and other long-term care issues.

**Objective 3.2: On an on-going basis, explore opportunities to increase the capacity of the Vulnerable Adult Protective Services Program.**

Strategy 3.2.1: Explore opportunities to increase funding for the establishment of guardianships as directed by the State Legislature.

Strategy 3.2.2: Provide or arrange for information and training on elder rights issues for the community, and skills development training for law enforcement, states attorneys, members of the judicial system, and vulnerable adult protective service workers on issues of elder abuse, neglect, and exploitation.

Strategy 3.2.3: In 2011, provide mediation training for vulnerable adult protective service workers; state and regional aging staff including program administrators, family caregiver coordinators, ombudsmen; and dementia care services staff to address and reduce all types of exploitation.

Strategy 3.2.4: On an on-going basis, review and comment, as appropriate on the funding and implementation of the Elder Justice Act.

**Objective 3.3: By 2014, integrate data collection of vulnerable adult protective services with the existing SAMS client tracking system.**

Strategy 3.3.1: Review available SAMS products for data collection.

Strategy 3.3.2: Coordinate activities, including budgeting, with the Department of Human Services Information Technology Services.

**Performance Measures:**

- 1) Utilization: Track the number of unduplicated individuals using services that provide supports to keep individuals as independent as possible for on-going analysis.
- 2) Quality:
  - a) Conduct a minimum of two on-site program assessments annually to assure service standards are met.
  - b) Conduct a minimum of three visits to long-term care facilities annually.

## Focus Area II: AoA Discretionary Grants – Aging and Disability Resource Center Grant

In 2004, the Department of Human Services, Aging Services Division, received a three-year demonstration Real Choice Systems Rebalancing Initiative Change Grant, funded by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. The overall purpose of the grant was to consider how North Dakota could achieve systemic changes that support consumer choice in the least restrictive settings. The project facilitated efforts to build consensus on ways to increase access to and utilization of home and community-based services for older individuals and individuals with disabilities, provide a finance mechanism for home and community-based services, increase choice and self direction, decrease reliance on institutional forms of care, and develop a quality management mechanism for service delivery. Based on these discussions, a systems change plan was developed that included goals related to the development of an Aging and Disability Resource Center and to balance resources for the continuum of care system.

In September 2009, the Department Human Services received a three-year grant from the Administration on Aging to pilot an Aging and Disability Resource Center (ADRC) in the Bismarck region. Using a “no wrong door” model, the pilot project offers a ‘virtual’ single point of entry for accessing public and private health and human services on-line, by phone, or through face-to-face contact.

The ADRC will make it easier for older individuals, adults with disabilities, and their family members to learn about the choices they have if they need long-term care and supportive services. The service will also help connect individuals and families to needed services and supports, and be a resource for people who do not qualify for publicly funded case management and support services.

Using a person centered approach, the ADRC will provide three main functions: 1) information and awareness through public education and information on long-term support options; 2) assistance through long-term support options counseling, referral, crisis intervention, and planning for future needs; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services.

The North Dakota Aging & Disability Resource-LINK staff will be trained to identify callers who may benefit from options counseling and link them to options counselors. The North Dakota Aging & Disability Resource-LINK web site will be enhanced so people can go online to identify needed services and programs they may be eligible to receive. Intake/assessment documents will be developed that are compatible with the existing SAMS information and tracking system.

Partnerships are key to the success of an ADRC. State and local organizations must work together in a coordinated manner, so consumers can access information, make informed decisions, and obtain referrals to needed services. The Department has

entered into formal Memorandums of Understanding with ADRC partners that outline responsibilities of each organization required for a fully functioning ADRC.

The grant will work to realign the existing infrastructure and services to optimize consumer options and choice. To accomplish a statewide ADRC system, the infrastructure for providing regional outreach services will be transitioned to options counseling. The Regional Aging Services Program Administrator will oversee the regional ADRCs. The Family Caregiver Coordinator (or another staff person from the regional aging unit) will assume the duties of the lead options counselor. To create ease of access and minimize travel costs, the Human Service Center will enter into provider agreements with local agencies or individual providers throughout the region to provide options counseling.

The Department will work with tribal entities to develop the 'no wrong door' concept. One reservation currently has funding through a grant to 'strengthen home and community-based services for elders'. "Community navigators" go door to door to assist elders in accessing available services. Staff from Aging Services Division and Medical Services Division have provided training for them on existing home and community-based services. Discussions will be held to expand the role of community navigators to include options counseling, as well as replicate the community navigator model in other tribal areas.

## Focus Area II: Goals, Objectives, Strategies, and Performance Measures

### **Goal 4: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care supports.**

#### **Objective 4.1: In coordination with the ADRC pilot project in Region VII, implement ADRCs statewide by 2013.**

Strategy 4.1.1: Develop and maintain partnerships necessary to achieve a fully functioning statewide ADRC.

Strategy 4.1.2: Formalize partnerships with Memorandums of Understanding.

Strategy 4.1.3: Enter into provider agreements with local agencies/individuals.

Strategy 4.1.4: Provide a consistent message regarding ADRCs through the marketing plan.

Strategy 4.1.5: Provide training for options counselors and other project partners.

Strategy 4.1.6: Implement changes based on results of quality assurance and continuous improvement/evaluation plan findings.

**Objective 4.2: Enhance the existing technology to support the development of a statewide ADRC.**

Strategy 4.2.1: In conjunction with ADRC project partners, develop and implement common intake/assessment forms compatible with the SAMS data collection system by 2011.

Strategy 4.2.2: Develop and implement required data collection by 2011.

Strategy 4.2.3: Develop and implement on-line tools as an option for informing individuals and their caregivers about benefits and programs for which they may be eligible by 2013.

**Objective 4.3: Provide efficient and effective management of the pilot project and statewide ADRC.**

Strategy 4.3.1: On an annual basis, allocate funds to regional human service centers for the provision of options counseling.

Strategy 4.3.2: On an on-going basis, monitor utilization, service provision, and expenditures.

Strategy 4.3.3: Submit performance reports to the Administration on Aging as required.

**Performance Measures:**

Implementation of statewide ADRC system based on timeline as indicated:

Pilot Grant Year 1: 9/30/2009 to 9/29/2010	ADRC implemented in Burleigh County
Pilot Grant Year 2: 9/30/2010 to 9/29/2011	ADRC implemented in Burleigh, Emmons, Kidder, and Morton Counties
Transition to Options Counseling: 1/1/2011	ADRC implemented in Region II
Pilot Grant Year 3: 9/30/2011 to 9/29/2012	ADRC implemented in all counties in Region VII and in Region II
Transition to Options Counseling: 1/1/2012	ADRC implemented in Regions I and VIII
Transition from Pilot Grant: 9/30/2012	ADRC in Region VII
Transition to Options Counseling: 1/1/2013	ADRC implemented in Regions III, IV, V, and VI
Fully Functioning ADRC Statewide: 2013-2015	ADRCs implemented in all regions of the state

Following is the required ADRC Statewide Plan Development that outlines statewide expansion and integration with core Older Americans Act programs.

## ADRC Statewide Plan Template

### Contact Information

<b>State Name</b>	
Grantee contact person	Linda Wright
Contact telephone	701.328.4601
Contact email	<a href="mailto:lwright@nd.gov">lwright@nd.gov</a>

### Participants in ADRC Statewide Plan Development\*

<b>Name &amp; Title</b>	<b>Organization</b>
Carol K. Olson, Director	Department of Human Services
Maggie Anderson, Director	State Medicaid Agency (required)
Linda Wright, Director	State Unit on Aging (required)
JoAnne Hoesel, Director	State Disability Agency (required)
Brenda M. Weisz, Chief Financial Officer	Department of Human Services Fiscal Administration
John Hoeven, Governor	Governor's Office
	State Legislature
Tim Sauter, Director	Regions VII & VIII Human Service Center
	Dakota Center for Independent Living
	Department of Insurance
	Older American Act Providers
Partners in the ADRC pilot project (see Section II. Partner Involvement) are aware of plans to expand statewide but have not seen the proposed plan in its entirety. The proposed ADRC Statewide Development Plan will be shared with partner organizations at a scheduled July meeting.	

**\* The above participants have indicated that they have actively participated with the planning of the ADRC Statewide Plan and agree with its content. Letters of support are also acceptable for documenting active participation and support.**

## **Section I: Vision and Goals**

### **AoA Project Vision Statement:**

To have ADRCs in every community serving as highly visible and trusted places where all persons regardless of age, income and disability can find information on the full range of long-term support options and can access a single point of entry to public long-term support programs and benefits.

### **AoA Project Goal #1:**

Fully functional ADRCs operating statewide.<sup>1</sup>

Description of Approach
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The statewide Aging and Disability Resource Center (ADRC) will be administered by Aging Services Division. The statewide ADRC will be developed in coordination with the ADRC pilot project in Region VII.

In year one of the Region VII pilot project, an ADRC will be established in Burleigh County. The Regional Aging Services Program Administrator will oversee the project. An ADRC project director has been hired to implement the project including public awareness, networking, program reporting, and providing training to partner agencies. An ADRC options counselor will be hired by 7/15/2010 to provide direct client services throughout the region. A contract is in place with the Older Americans Act (OAA) outreach provider to provide options counseling. Intake/assessment documents and reporting tools compatible with the State's existing data collection system (SAMS) are being developed. The quality assurance and continuous improvement/evaluation plan and a marketing plan are also being developed.

In year two of the Region VII pilot project, the ADRC will expand to include Emmons, Kidder, and Morton counties. The implementation of an ADRC will also take place in Region II. Existing outreach services currently provided by the Region II Human Service Center will be transitioned to options counseling. The current infrastructure for providing outreach services will remain the same and transition into options counseling. The Regional Aging Services Program Administrator will oversee the program. The Family Caregiver Coordinator (or another staff person from the regional aging unit) will assume the duties of the lead options counselor. To create ease of access and minimize travel costs, the Human Service Center will enter into provide agreements with local agencies or individual providers throughout the region to provide options counseling.

In year three of the Region VII pilot project, the ADRC will expand to include the remaining counties in Region VII (Grant, McLean, Mercer, Oliver, Sheridan, and Sioux). Using the Human Service Center infrastructure model, an ADRC will be implemented in Regions I and VIII.

In year four, an ADRC will be implemented in each of the remaining regions of the state (Regions III, IV, V, and VI) using the Human Service Center infrastructure model.

The Department will work with tribal entities to identify individuals/organizations on each American Indian Reservation and Indian Service Area to assist in developing the no wrong door model. One reservation currently has individuals called "community navigators" who assist

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<sup>1</sup> A definition of "statewide" is included in Attachment A of this template. Fully functioning criteria are available at <http://www.adrc-tae.org/tiki-index.php?page=NewSite>

elders in accessing available services. Discussions will be held to expand their roles to include options counseling and replicate it in other tribal areas.

Coordination with key partners, education, training, and evaluation will take place throughout the proposed implementation plan.

**How will you measure progress toward your goal?**

The Department of Human Services research unit will develop a quality assurance and continuous improvement/evaluation plan to include data collection, analysis of progress towards goals, objectives, and desired outcomes. The Department will use the data set and data collection processes developed by AoA and CMS with their technical assistance partners. “Lessons learned” will be collected from ADRC staff and key partners, summarized, and used to adjust the project.

**What are your anticipated barriers? How will you address these challenges?**

**Information and Awareness:** Previous surveys and information gathered from input hearings indicate that there is a lack of awareness about the array of support services that are currently available. Some are unaware of the existing North Dakota Aging and Disability Resource-LINK helpline and web site. To address these barriers, the Region VII pilot project will develop a marketing plan to inform individuals about the ADRC and how it can help them identify their needs, understand their options, and access services, as well as plan ahead for their long-term needs. Messaging will be directed to older adults, adults with physical disabilities, their family members, and referral sources including hospital discharge planners and nursing homes, and other partners such as public health units in rural areas. Relationship building and cross training will be used throughout the ADRC *No Wrong Door* Network to help ensure that individuals receive uniform, accurate information, and that referrals are seamless and done in a way that connects people to services. Follow-up must be provided. The North Dakota Aging and Disability Resource-LINK and CareChoice web site will work within its existing budget to become more visible in ND. The service is a prime referral source to the ADRC Network. Since the Resource-LINK is staffed Monday through Friday (8 a.m. – 5 p.m.), Department staff will work with the 211 provider to ensure after-hours access.

**Options Counseling:** Options counseling is generally not available to help individuals identify and understand their needs, make informed choices about appropriate long-term support services, and access desired services. Some are unaware of the outreach service. In addition, many long-term support services are only available to income eligible persons - not private pay individuals. To address these barriers, the current outreach service will be transitioned to options counseling. A person centered approach will be used to provide three main functions: 1) information and awareness through public education and information on long-term support options; 2) assistance through long-term support options counseling, referral, crisis intervention, and planning for future needs; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services. The Resource-LINK staff will be trained to identify callers who may benefit from options counseling and to link them to options counselors. The existing Resource-LINK web site will be enhanced to include a self assessment tool that both partners and consumers can use.

**Streamlining Access:** North Dakota’s application to determine if individuals qualify financially for Medicaid, state-funded home and community-based services and public assistance is an 18-

page document that many individuals need help to complete, or they are confused about which documents are needed to prove income, expenses, or other criteria. This can delay eligibility decisions, which delays access to services. The Department is working to implement an on-line application. The existing infrastructure of long-term support services is fragmented along 'disability type' and the client's ability to pay. Expertise may not be shared and referrals may not occur if the individual requesting help does not fit the criteria of the access point. Locating needed services on weekends and evenings is also a challenge. A limited workforce further impacts access to support services. To address these barriers, the ADRC will establish and maintain strong partner relationships, developing memorandums of understanding with partners throughout the state. Partnerships are essential in order for the network to connect consumers with needed services such as State Health Insurance Counseling Program volunteers, vocational rehabilitation, assistive technology providers, supported employment programs, and other services. The Department and county social service staff will provide training to options counselors and other partners to assist in completing program application processes. Trained options counselors and other partners will also help people gather documents needed to prove applicant information and may help consumers submit their applications by arranging transportation, a phone interview, or addressing other barriers that delay financial eligibility. In an effort to increase the availability of in-home service workers, the Department will continue to offer competency training for qualified service providers.

**What are your overall timeline and key dates?**

Pilot Grant Year 1: 9/30/2009 to 9/29/2010	ADRC implemented in Burleigh County
Pilot Grant Year 2: 9/30/2010 to 9/29/2011	ADRC implemented in Burleigh, Emmons, Kidder, and Morton Counties
Transition to Options Counseling: 1/1/2011	ADRC implemented in Region II
Pilot Grant Year 3: 9/30/2011 to 9/29/2012	ADRC implemented in all counties in Region VII and in Region II
Transition to Options Counseling: 1/1/2012	ADRC implemented in Regions I and VIII
Transition from Pilot Grant: 9/30/2012	ADRC in Region VII
Transition to Options Counseling: 1/1/2013	ADRC implemented in Regions III, IV, V, and VI
Fully Functioning ADRC Statewide: 2013-2015	ADRCs implemented in all regions of the state

**Section II: Partner Involvement**

**Who are the key players and responsible parties?**

**Letters of support have been received from the following members of the ADRC Network:**

- Governor, State of North Dakota
- Congressional Delegation
- Chair, ND Legislature's Senate Human Services Committee
- Director, Department of Human Services
- Director, Aging Services Division

Director, Medical Services Division (includes Money Follows the Person Program)  
Director, Disability Services Division: Developmental Disabilities  
Director, Regional Human Service Centers  
Insurance Commissioner, Department of Insurance  
Director, Burleigh County Social Services  
Director, Burleigh County Senior Adults Program (OAA Provider)  
Chair, Community Elder Service Network  
Executive Director, Protection and Advocacy Project  
State Director, AARP  
President, North Dakota Long-term Care Association  
Executive Director, Dakota Center for Independent Living  
Executive Director, 211

**Memorandums of Understanding have been signed between the Department of Human Services and the following:**

Insurance Commissioner, Department of Insurance  
Director, Burleigh County Social Services  
Director, Burleigh County Senior Adults Program (OAA Provider)  
Executive Director, Dakota Center for Independent Living  
Executive Director, 211

### **Section III: Financial Plan – Resources to Sustain Efforts**

**What existing funds/programs are currently being used to carry out ADRC activities?**

Funding from the Demonstration Grant (Award No. 90DR0046/01) from the Administration on Aging is currently being used to carry out existing ADRC activities.

The Department of Human Services' Aging Services Division, North Dakota Aging & Disability Resource-LINK, and West Central Human Service Center Aging Unit along with Burleigh County Social Services, Burleigh County Senior Adults Program, and the Dakota Center for Independent Living are currently involved in carrying out ADRC activities.

**What additional programs and service offerings are necessary to operate fully functional ADRCs across the state?**

All Regional Human Service Center aging units, all County Social Services agencies, all Centers for Independent Living, and regional contracted options counselors.

**What is your estimated cost to expand statewide (e.g., new MIS purchase)?**

The Department is able to expand statewide within current funding levels.

**How will you access the resources and create the revenue opportunities necessary for sustainable ADRC implementation on a statewide basis?**

Older Americans Act Title III-B funding is currently used to provide outreach services. As outreach services are transitioned to options counseling, the Title III-B funding will be used for options counseling.

**What are the estimated projected cost savings/offsets of having fully functional ADRCs statewide?**

Since the ADRC is in the development stage, it is difficult to estimate a projected cost savings. Cost saving analyses will be included in the evaluation plan. Funding currently used for outreach services will offset costs for options counseling.

<b>Project Goal Checklist</b>	<b>Yes</b>	<b>No</b>
Is this goal reflected in the State Plan on Aging?	x	
Is this goal reflected in the State Plan for Independent Living?	x	
Does this goal require changes that must be proposed through the current budget cycle?		x
Does implementing this goal require regulatory, legislative, or statutory changes?		x
Does your plan seek private funding to augment public resources to support sustainability?		x
Have the necessary stakeholders been identified and contacted?	x	
Are your data systems prepared to track progress towards this goal?	x	

### Focus Area III: Consumer Choice and Control

Consumer choice and control is a service model that empowers individuals and their families to expand their degree of choice and control over long-term care services and supports they need to remain at home.

Clients and/or their legal representatives receiving home and community-based services through Medical Services Division are active participants in choosing the type of care they want to receive. Case management is responsible to provide 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 they feel will most appropriately meet their 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 (QSP) or may recruit an individual who is willing to seek designation as a QSP. The client decides how and when services are utilized. Clients receive a “Client’s Rights and Responsibilities” brochure that clarifies that they have the right to choose a QSP, change a QSP, and voice their complaints and concerns. The brochure includes contact information for the case manager, the appeals supervisor, and the Executive Director of the Department of Human Services. The Department does client follow-up to assure the client was aware of their right to choose their service provider as well as change their service provider.

Consumer choice and control is similar for clients receiving family caregiver support services. The caregiver coordinator, rather than the case manager provides the client with information. Aging Services Division and Medical Services Division partnered to develop a brochure, “Selecting a Non-Agency Provider”, that provides information on interviewing techniques, responsibilities as an employer, and management of services arranged/received.

In conjunction with Medical Services Division and the Money Follows the Person grant, regional aging services staff (as the Local Contact Agency) will assist 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.

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.

The Vulnerable Adult Protective Services Program adheres to client choice – a competent vulnerable adult has the right to refuse visitation and intervention. The worker has a responsibility to inform the client of available services and supports and, if the client chooses, link them to those services and resources.

## Focus Area III: Goals, Objectives, Strategies, and Performance Measures

### **Goal 5: Expand options for consumer choice and control.**

**Objective 5.1: By 2013, clients will have the information, tools, and resources to make choices and direct their own care.**

Strategy 5.1.1: Enhance the existing Aging and Disability Resource-LINK web site to include a self assessment tool to determine needed services and available options.

Strategy 5.1.2: Coordinate activities, including budgeting, with the Department of Human Services Information Technology Services.

**Objective 5.2: On an on-going basis, provide consumer choice for nursing home residents through review of the Minimum Data Set –Section Q, Discharge to Community.**

Strategy 5.2.1: As the Local Contact Agency, provide information on long-term care community options for identified residents.

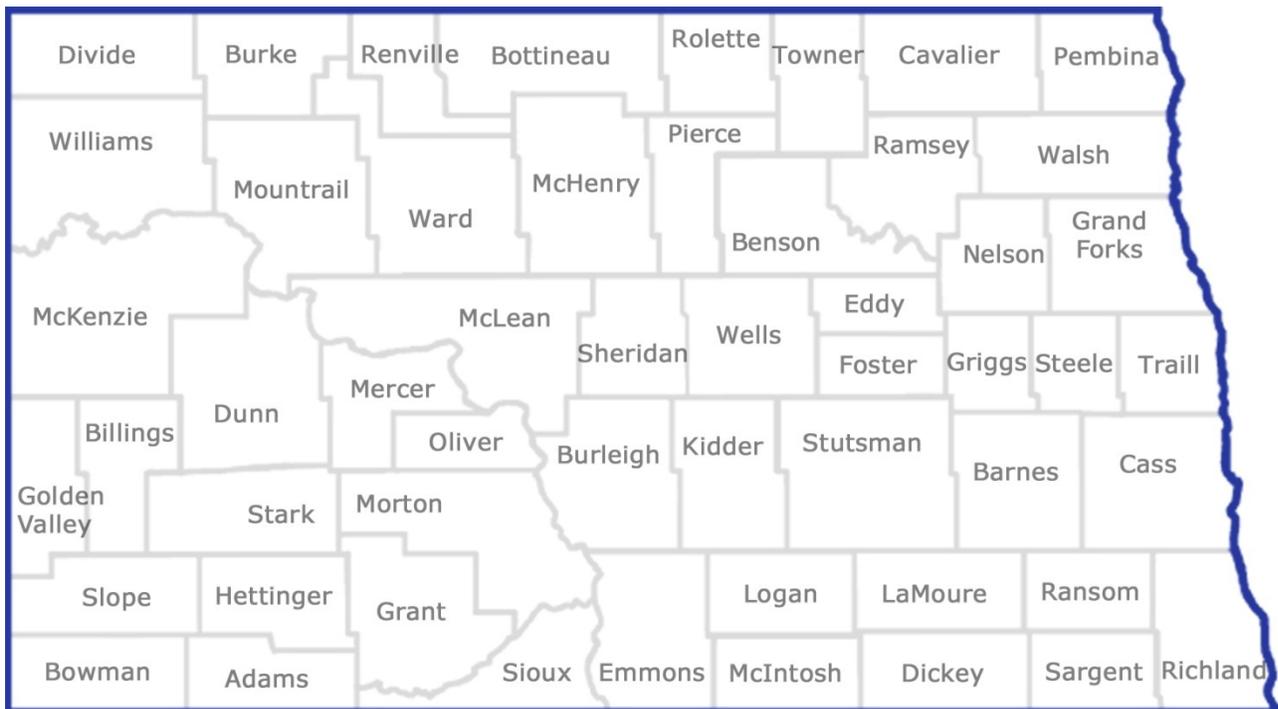
### **Performance Measures:**

- 1) Implementation of the web-based self assessment tool.
- 2) Submission of required MDS – Section Q documentation as directed by the Medical Services Division.

## STATE/AREA AGENCY DESIGNATION

### Older Americans Act Section 305(b)(5)(A)

The State of North Dakota is designated as a single planning and service area covering all older individuals in the State. The State Agency will perform the functions of the State Agency and the Area Agency on Aging.



STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND  
INFORMATION REQUIREMENTS  
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;

### **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.

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

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

(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.

## INFORMATION REQUIREMENTS

### **Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))**

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

### **Section 305(a)(2)(E)**

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

### **Section 306(a)(17)**

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.

### **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*).

### **Section (307(a)(3)**

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

(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.

**Section 307(a)(8) (Include in plan if applicable)**

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

**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.

**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 .

**Section 307(a)(28)**

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

(B) Such assessment may include—

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

**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.

### **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.

### **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--*

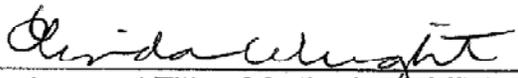
*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*

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

  
\_\_\_\_\_  
Signature and Title of Authorized Official

*6-21-2010*  
\_\_\_\_\_  
Date

## Information Addressing Specific Older Americans Act Assurances

### **Older Americans Act Section 306(a)(2):** Minimum Proportion – III B

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 - 27%; In-Home - 15%; and Legal Assistance - 13%. The basis for the funding levels is historic need and available funding. The 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.

### **Older Americans Act Section 307(a)(3) and Section 307(a)(10):** Rural Areas

Special needs of older individuals residing in rural areas are addressed as follows:

- State Plan input hearings were held in 13 locations – 10 of the hearings were held in rural communities.
- 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 - \$2,530,705).
- 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 \$3,097,125. 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 2011 award.
- 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 funding plan to assure additional funds were available to provide services in rural areas;
  - 2) Contract 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;
  - 3) State-funded programs, administered through the Medical Services Division, provided services through independent contractors and agency providers enrolled as Qualified Service Providers located in both rural and urban areas of the state; and
  - 4) Collaboration with the Department of Transportation was continued to assure a coordinated transit system throughout the state with access in rural areas.

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

**Older Americans Act Section 307(a)(8)(B)(C):** Case Management , Information & Assistance, and Outreach

- (B) State-funded case management services are provided by county social service agencies.
- (C) Information & assistance is provided as a direct service through Aging Services Division. Outreach is provided as both a direct service and through competitive provider agreements.

**Older Americans Act Section 307(a)(14):** Poverty, Race, Limited English Proficiency

The 2005-2007 American Community Survey 3 Year Estimates of Poverty Status by Race/Hispanic Origin indicates the following:

<b>Population Age 65 and Older – Poverty Status by Race/Hispanic Origin</b>	<b>Totals Ages 65 and older below poverty</b>	<b>Ages 65 - 74 below poverty</b>	<b>Ages 75 and older below poverty</b>
<b>Totals</b>	<b>10,183</b>	<b>3,373</b>	<b>6,810</b>
White Alone	9,688	3,088	6,600
Black Alone	0	0	0
American Indian & Alaska Native	384	263	121
Asian, Native Hawaiian & Other Pacific Islander	12	0	12
Some Other Race Alone	13	13	0
Persons Reporting Two or More Races	86	9	77
<i>Hispanic Origin</i>	36	13	23
Source: 2005-2007 American Community Survey 3 Year Estimates			

In 2000, about 11,337 (12 percent) individuals age 65 and older spoke another language. Of those 12 percent, about 475 (4.2 percent) did not speak English well or at all.

U.S. Census gathers data on English proficiency by Spanish, Indo-European languages, Asian and Pacific Island languages, and ‘other.’ One out of five individuals age 65 and older who speak Asian and Pacific Island languages do not speak English well or not at all. The ratio drops for the other categories to one out of 12 for those who speak Spanish, one out of 25 for those who speak Indo-European languages, and one out of 20 for those who speak other languages.

Methods used to address service needs of minority older individuals/individuals with limited English proficiency include:

- Funding factors to target services to low-income minorities are included in the funding plan.

- The Department of Human Services has made training available for staff on cultural competency.
- Since 2006, the Department has had a Limited English Proficiency Implementation Plan. The plan provides a framework for the provision of timely and reasonable language assistance. The plan is reviewed and updated periodically.
- 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.
- Aging Services Division has participated in the interim Legislative Tribal and State Relations Committee meetings.
- All American Indian Reservations and the Indian Service Area are represented on the Governor's Committee on Aging.
- Aging Services Division maintains on-going contact with the University of North Dakota Center for Rural Health National Resource Center. The Center continues to be a resource on issues affecting Native American elders.

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.

**Older Americans Act Section 307(a)(21): Title III/Title VI Coordination**

See Focus Area I: Home and Community Based Services, A. Older Americans Act Programs.

**Older Americans Act Section 307(a)(29)(30): Disaster Preparedness**

For the past several years, North Dakota has experienced a number of challenges from 'mother nature'. Department employees and partners assisted many North Dakotans who were impacted by tornados, flooding, and power outages. Activities included staffing the State Emergency Operations Center, assisting in evacuation and temporary relocation efforts, home visits/safety checks to vulnerable populations, replacing food assistance benefits, offering mental health and crisis counseling, working with Older Americans Act providers to supply additional meals and transportation, sand bagging, and clean-up efforts.

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

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

In July 2009, the Department of Human Services hired a Disaster Preparedness Coordinator to represent the Department at the State Emergency Operation Center and to coordinate 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.

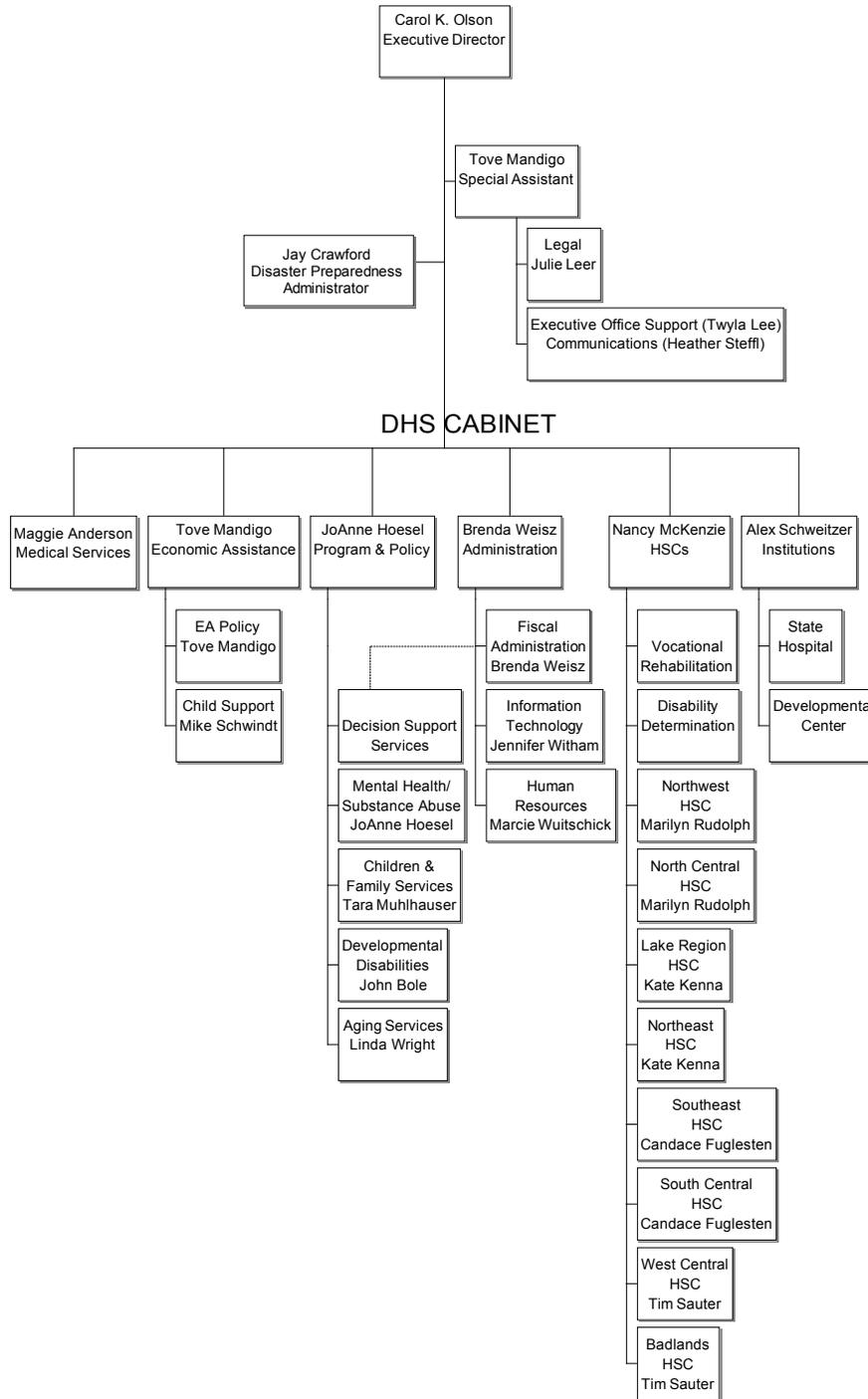
In cooperation with the Department of Emergency Management, staff continues to develop the Vulnerable Population Registry.

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

**Older Americans Act Section 705(a): Elder Rights Program**

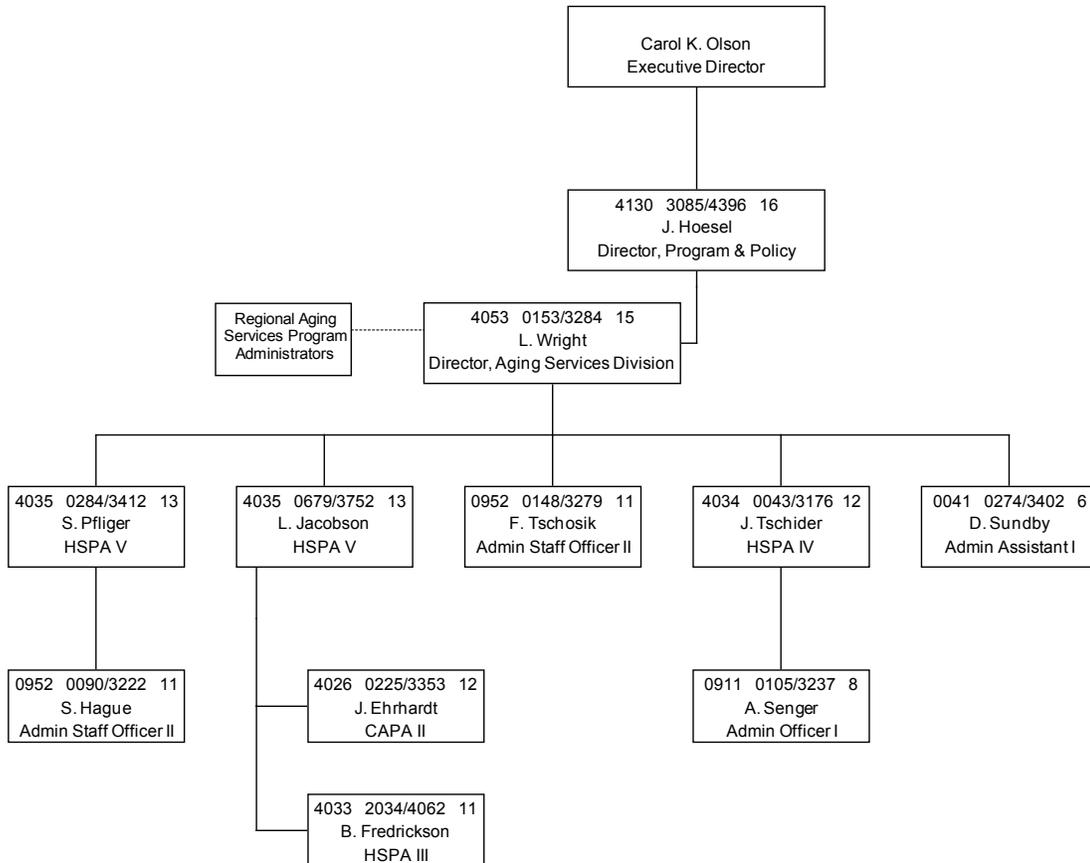
See Focus Area I. Home and Community-Based Services, A. Older Americans Act Core Programs, 4. Elder Rights Program.

Department of Human Services – Organizational Chart



Effective 10/20/2009

Aging Services Division – Organizational Chart



Revised 6/10/2010

<b>REGIONAL HUMAN SERVICE CENTERS</b> <b>Regional Directors</b> <b>Regional Aging Services Program Administrators (RASPA)</b> <b>Regional Ombudsmen</b> <b>Caregiver Coordinators</b> <b>Vulnerable Adult Protective Services Workers (VAPS)</b>	
<b>Region I – Divide, McKenzie, Williams Counties</b> Northwest Human Service Center Marilyn Rudolph 316 2 <sup>nd</sup> Avenue W Williston, ND 58802 701.774.4600 or 1.800.231.7724 Karen Quick, RASPA & Caregiver Coordinator Deb Kraft, Regional Ombudsman/VAPS	<b>Region V – Cass, Ransom, Richland, Sargent, Steele, Traill Counties</b> Southeast Human Service Center Candace Fugelsten, Director 2624 9 <sup>th</sup> Avenue SW Fargo, ND 58103 701.298.4500 or 1.888.342.4900 Sandy Arends, RASPA/VAPS Bryan Fredrickson, Regional Ombudsman Laura Fischer, Caregiver Coordinator
<b>Region II – Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward Counties</b> North Central Human Service Center Marilyn Rudolph, Director 400 22 <sup>nd</sup> Avenue NW Minot, ND 58703 701.857.8500 or 1.888.470.6968 MariDon Sorum, RASPA Theresa Flagstad, Caregiver Coordinator Deb Kraft, Regional Ombudsman/VAPS	<b>Region VI – Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells Counties</b> South Central Human Service Center Candace Fugelsten, Director 520 3 <sup>rd</sup> Street NW Jamestown, ND 58402 701.253.6300 or 1.800.260.1310 Carrie Thompson-Widmer, RASPA/VAPS Susan Galloway, Caregiver Coordinator Bryan Fredrickson, Regional Ombudsman
<b>Region III – Benson, Cavalier, Eddy, Ramsey, Rolette, Towner Counties</b> Lake Region Human Service Center Kate Kenna, Director PO Box 650 Devils Lake, ND 58301 701.665.2200 or 1.888.607.8610 Donna Olson, RASPA/VAPS Kim Helten, Regional Ombudsman & Caregiver Coordinator	<b>Region VII – Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux Counties</b> West Central Human Service Center Tim Sauter, Director 1237 West Divide Avenue, Suite 5 Bismarck, ND 58501 701.328.8888 or 1.888.328.2662 Cherry Schmidt, RASPA Tammie Johnson, Caregiver Coordinator Karla Backman, VAPS Joan Ehrhardt, State Ombudsman
<b>Region IV – Grand Forks, Nelson, Pembina, Walsh Counties</b> Northeast Human Service Center Kate Kenna, Director 151 S 4 <sup>th</sup> Street Grand Forks, ND 58201 701.795.3000 or 1.888.256.6742 Patricia Soli, RASPA/VAPS RaeAnn Johnson, Caregiver Coordinator Kim Helten, Regional Ombudsman	<b>Region VIII – Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark Counties</b> Badlands Human Service Center Tim Sauter, Director 300 13 <sup>th</sup> Avenue West, Suite 1 Dickinson, ND 58601 701.227.7500 or 1.888.227.7525 Mark Jesser, RASPA/Regional Ombudsman/VAPS Rene Schmidt, Caregiver Coordinator

6/15/2010

<b>North Dakota Governor's Committee on Aging John Hoeven, Governor</b>	
Larry Wagner, Chairperson Region VII – Bismarck	Bonnie Bieber Region VIII – Dickinson
Ray Siver, Vice Chairperson Region IV – Grand Forks	Dallas Knutson Region II – Towner
Marty Heller, Secretary Region VII – Bismarck	Delores Rath Region VI – Jamestown
Frederick Baker, Historian Region VII – Bismarck	Bruce Davidson Region V – Fargo
Shirley Blake Region V – Fargo	Peter Belgarde Spirit Lake Reservation – St. Michael
Betty Keegan Region III – Rolla Turtle Mountain Band of Chippewa	Pat Marmon Region I – Williston Trenton Indian Service Area
Elaine Keepseagle Standing Rock Reservation – Ft. Yates	Tami Wahl (Ex-Officio) Governor's Office
Doreen Yellow Bird Three Affiliated Tribes – New Town	Linda Wright, Director (Ex-Officio) Aging Services Division

05/2010

## Funding Formula

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 the following funding factors to allocate federal funds for services provided in each region:

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

**OLDER AMERICANS ACT  
PROJECTED FUNDING PLAN  
FFY 2011**

<b>PROGRAM</b>	<b>FEDERAL PROJECTED AWARDS</b>	<b>STATE PROJECTED FUNDING</b>	<b>TOTAL FUNDS PROJECTED</b>
<b>Title III-B</b> Supportive Services	\$1,823,323		\$1,823,323
<b>Title III-C-1</b> Congregate Meals	\$2,181,876	\$475,000	\$2,656,876
<b>Title III-C-2</b> Home-Delivered Meals	\$1,077,496	\$536,800	\$1,614,296
<b>Title III-D</b> Preventive Health	\$105,130		\$105,130
<b>Title III-E</b> Family Caregiver Support	\$763,389		\$763,389
<b>Title VII</b> Elder Abuse Prevention	\$25,027		\$25,027
<b>Title VII</b> Ombudsman Activity	\$83,294		\$83,294
<b>NSIP</b> Nutrition Service Incentive Program	\$806,133		\$806,133
<b>Title V</b> Senior Community Service Employment Program	\$721,184		\$721,184
<b>Totals</b>	<b>\$7,586,852</b>	<b>\$1,011,800</b>	<b>\$8,598,652</b>

**Attachment A**

*Compilation and Analysis of Data from 2010 North Dakota State Plan on Aging Public Input Hearing Surveys, Mariah J. Tenamoc, Ph.D., Lead Research Analyst, Decision Support Services, North Dakota Department of Human Services*