

**Older Americans Act Programs (OAA)/State-Funded Programs
North Dakota Department of Human Services – Aging Services Division**

Nutrition Services Program	Supportive Services Program	Family Caregiver Support Program	Long-Term Care Ombudsman Program	Vulnerable Adult Protective Services Program
<p>Services</p> <ul style="list-style-type: none"> ▪ Congregate Meals ▪ Home-Delivered Meals ▪ Nutrition Screening ▪ Nutrition Education ▪ Nutrition Counseling 	<p>Services</p> <ul style="list-style-type: none"> ▪ ADRL Options Counseling ▪ Assistive Safety Devices ▪ Health Maintenance (foot care; home visits; medication set-up; blood pressure/pulse/rapid inspection) ▪ Legal Assistance ▪ Senior Companion* 	<p>Services</p> <ul style="list-style-type: none"> ▪ Information ▪ Assistance ▪ Individual Counseling ▪ Support Groups ▪ Training ▪ Respite Care ▪ Supplemental Services 	<p>Services</p> <ul style="list-style-type: none"> ▪ Receive, investigate, and resolve complaints made by or on behalf of residents of long-term care and assisted living facilities ▪ Community Volunteer Ombudsmen* assist regional ombudsmen and provide on-going presence in assigned facilities 	<p>Services</p> <ul style="list-style-type: none"> ▪ Assessment & evaluation of alleged abuse, neglect, self-neglect, or exploitation ▪ Referral or arrangement for provision of services if the vulnerable adult accepts/consents to services and follow-up ▪ Public education
<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 60 and older and spouse, regardless of age ▪ Volunteers under age 60 providing meal services during meal hours ▪ Individuals with a disability under age 60 in a housing facility primarily occupied by older individuals may receive a congregate meal if the facility has an OAA congregate meal site ▪ Individuals with a disability under age 60 who reside with an individual age 60 and older 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 60 and older <p>*Senior Companion</p> <ul style="list-style-type: none"> ▪ Volunteers - Individuals age 60 and older meeting income requirements of up to 200 percent of poverty ▪ Recipients – Individuals age 60 and older who are homebound; not living in a long-term care facility 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Family caregivers of individuals age 60 and older ▪ Individuals caring for a person with Alzheimer's or related dementia, regardless of age of the person with dementia ▪ Grandparents or relative caregivers age 55 and older who care for children not more than 18 years of age ▪ Grandparents or relative caregivers age 55 and older providing care for adult children with a disability (age 19 and 59); caregiver cannot be the child's parent 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Residents of nursing facilities, basic care facilities, hospital swing beds, sub-acute and transitional settings, and assisted living facilities <p>*Community Volunteer Ombudsmen must be 18 years of age or older and complete initial and on-going training</p>	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 18 and older or a minor emancipated by marriage who has a substantial mental or functional impairment that compromises health safety, or independent life style; does not include individuals residing in a long-term care facility or a group home for an identified population
<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients given the opportunity to contribute to the cost of the service ▪ No client is denied service due to inability or unwillingness to contribute ▪ Means test may not be used ▪ Suggested contribution schedule that considers income ranges may be developed 	<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients/recipients given the opportunity to contribute to the cost of the service ▪ No client/recipient is denied service due to inability or unwillingness to contribute ▪ Means test may not be used ▪ Suggested contribution schedule that considers income ranges may be developed 	<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients given the opportunity to contribute to the cost of the service ▪ No client is denied service due to inability or unwillingness to contribute ▪ Means test may not be used 	<p>Program Income Not applicable</p>	<p>Program Income Not applicable</p>
<p>Information & Assistance: North Dakota Aging & Disability Resource-LINK 1.855.GO2LINK (1.855.462.5465) www.carechoice.nd.gov carechoice@nd.gov</p>				

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Senior Community Service Employment Program (SCSEP)	Dementia Care Services Program (State-funded)	Telecommunications Equipment Distribution Program (State-funded)	Guardianship Services for Vulnerable Adults (State-funded)
<p>Services</p> <ul style="list-style-type: none"> ▪ Job training ▪ Subsidized employment 	<p>Services</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Care Consultation ▪ Referrals ▪ Caregiver Training ▪ Education on dementia to medical professionals, law enforcement, caregivers, and the general public 	<p>Services</p> <ul style="list-style-type: none"> ▪ Specialized telecommunications equipment 	<p>Services</p> <ul style="list-style-type: none"> ▪ Establishment of guardianships for specific populations ▪ Set payment for court appointed guardian
<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 55 and older with income not more than 125 percent of poverty 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals with dementia and their caregivers ▪ Eligibility is not based on diagnosis, age, or income level 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Have difficulty using the telephone because of a severe hearing loss, speech impairment or physical disability, and ▪ Have applied for or have phone service in their home, and ▪ North Dakota resident age five or over, and ▪ Meet income limits (based on the estimated median income for North Dakota), and ▪ Certified by a physician, audiologist, hearing instrument specialist, or speech language pathologist as unable to use a telephone readily purchased from a retail store 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individual must be impaired by reason of mental illness, mental deficiency, physical illness or disability, or chemical dependency to the extent that the person lacks capacity to make or communicate responsible decisions concerning that person's matters of residence, education, medical treatment, legal affairs, vocation, finance, or other matters, or which incapacity endangers the person's health or safety; and ▪ have an income at or below 100% of the federal poverty level; or ▪ be Medicaid eligible. ▪ Individual with developmental disabilities must be ineligible for developmental disabilities case management ▪ Guardian must be court-appointed
<p>Program Income Not Applicable</p>	<p>Program Income Not applicable</p>	<p>Program Income Not applicable</p>	<p>Program Income Not Applicable</p>

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Attachment E

Family Caregiver Support Program	Dementia Care Services Program	Vulnerable Adult Protective Services Program
<p>Staffing</p> <ul style="list-style-type: none"> • Administrator(dedicated .55 FTE) to oversee the caregiver program. • Staff based at the Department’s eight regional human service centers coordinate caregiver program services. • Located at each human service center, all NDFCSP coordinators have other program responsibilities at the center in addition to the caregiver program. There are eight coordinators with an equivalent of 4.75 FTEs statewide for the coordination of NDFCSP . 	<p>Staffing</p> <ul style="list-style-type: none"> • The program is administered by the Aging Services Division with funding provided by state general fund, through a contract with the MN/ND Alzheimer’s Association • The Alzheimer’s Association employs a program director, two regional directors, a data specialist and five care consultants. Services are provided statewide 	<p>Staffing</p> <ul style="list-style-type: none"> • The Department contracts with Cass County Social Services to provide VAPS services in Region V in Cass county and surrounding counties is in the process of finalizing a contract with Mountrail county Social Services to provide VAPS services in Region II (Minot and surrounding Counties); and has issued a Letter of Interest to each county social service entity in Region VI (Jamestown and surrounding counties, followed by issuance of an RFI). The Department, through Aging Services, continues to provide VAPS coverage in the remaining counties of the state by 3 FTE direct service workers.
<p>Location of Services</p> <ul style="list-style-type: none"> • Respite care is provided in the home of the caregiver by QSPs or family members • Institutional Respite is provided in a nursing home or swing bed for longer breaks from caregiving • License Adult and Child Day Care center respite • Licensed Adult or Child Foster Care home respite 	<p>Location of Services</p> <ul style="list-style-type: none"> • Services are provided statewide. • Individuals with dementia and their caregivers are eligible to receive care consultation, education and training, and referral services. Eligibility is not based on diagnosis, age or income. Anyone is eligible to participate in the educational sessions on dementia. 	<p>Location of Services</p> <ul style="list-style-type: none"> • Statewide
<p>Number of clients served</p> <ul style="list-style-type: none"> • As of October 9, 2013, the number of caregivers enrolled is 353. 	<p>Number of clients served.</p> <ul style="list-style-type: none"> • A total of 951 persons with the disease have been served in the time period of January 2010 through June 30, 2013. 	<p>Number of clients served and cost per client</p> <ul style="list-style-type: none"> • Data collected from October 2012 through June 2013, 992 intake calls were received.

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<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • Lack of increase of funding appropriations at the federal level for Older Americans Act programs, the following impact occurred: • Unable to increase NDFCSP service cap to match 2013 Legislative increase to providers resulting in a decrease in amount of respite services available to caregivers. • Decreased number of caregivers enrolled in the NDFCSP • Waiting lists for caregiver services in most regions 	<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • The Dementia Care Services Program began implementation in January 2010. A total of 951 persons with the disease have been served in the time period of January 2010 through June 30, 2013. Facts and Figures, a publication of the Alzheimer's Association, estimated the number of individuals with Alzheimer's Disease or related dementias to be approximately 19,000 in the state of North Dakota. The Dementia Care Services Program has served approximately 5% of the total number of individuals in ND with the disease at this time. Therefore, the estimated unmet need for dementia services could impact 18,000 individuals with Alzheimer's or related dementia. These individuals remain un-served, growing older, and one in four resides in remote rural locations of the state. At the same time, new families are being diagnosed every week, as the base population of the state of ND continues to age 	<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • October 2012, Aging Services Division implemented a new data collection system providing a uniform method of collecting and reviewing the contacts made regarding elder abuse, neglect and exploitation. Based on the data collected from October 2012 through June 2013, 992 intake calls were received of which 439, calls were moved to the investigation status. At the investigation stage, a face-to-face assessment is completed by the APS worker. Once an assessment is completed a determination is made as to whether the report is substantiated or unsubstantiated. Of the 439 cases that were moved to investigative status, 234 were classified as substantiated, 141 were unsubstantiated, and 64 contacts were not able to be determined due to the cases still open and being worked on, or closed because the APS worker was unable to determine if abuse actually occurred. All assessed cases are classified by allegation type to include: 220 self-neglect, 84 exploitation, 76 neglect, 45 abuses, and 11 other. Reviewing data from the years 2009 through 2012 there were an average of 561 intakes annually as compared to 992 intakes taken during October 2012 and June 2013 which could be annualized to 1,323.
<p>Outcome Data</p> <ul style="list-style-type: none"> • In the summer of 2009, a survey was sent to all individuals who received NDFCSP services between 2002 and 2009. With 54% return on caregiver surveys, caregivers reported NDFCSP services allowed them to keep the care recipient at home an average of 2 additional years. 	<p>Outcome Data</p> <ul style="list-style-type: none"> • The evidence based research of Dr. Mary Mittelman at NYU Medical Center was used to determine the design of the Dementia Care Services Program. Her research clearly demonstrates the theory that investing care and support in the caregiver of an individual with Alzheimer's disease or a related dementia results in decreased caregiver burden leading to delayed placement into a nursing home. The Clinical Services team of the Alzheimer's Association MN-ND has worked with Dr. Mittelman, and has received training on her approach. 	<p>Outcome Data</p> <ul style="list-style-type: none"> • A 2010 study published in the American Journal of Public Health reports approximately 11 percent of elders experienced some type of abuse. This study did not include elders with dementia; however, it reported this population to be at an even greater risk of mistreatment