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North Dakota State Plan on Aging 2022-2026

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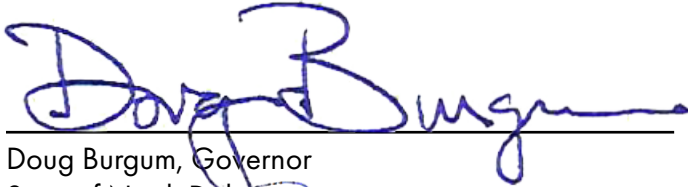
Verification of Intent

The State Plan on Aging is hereby submitted for the State of North Dakota by the North Dakota Department of Human Services, Aging Services Division for the period of October 1, 2022 through September 30, 2026. Aging Services is the authorized and designated State Unit on Aging and has been given the authority to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all State activities related to the purpose of the Act.

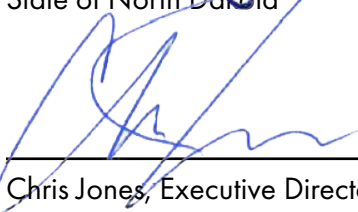
The plan includes but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services along with all the goals, objectives, and assurances to be implemented by Aging Services under provisions of the Older Americans Act. Aging Services is committed to serve as an effective and visible advocate for older individuals, at-risk older individuals, and individuals with physical disabilities including their families and caregivers in the State.

The plan is hereby approved by the Aging Services Director, Department of Human Services Executive Director, and the Governor along with authorization to proceed with activities under the plan upon approval by the Administrator for Administration for Community Living/United States Assistant Secretary for Aging. The plan assures that no individual is subject to a conflict of interest prohibited under the Older Americans Act.

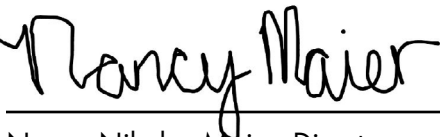
The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.



Doug Burgum, Governor
State of North Dakota



Chris Jones, Executive Director
Department of Human Services



Nancy Nikolas Maier, Director
Aging Services Division

Executive Summary

In accordance with the Older Americans Act (OAA) of 1965, as amended in 2020, the North Dakota (ND) Department of Human Services (DHS), Aging Services Division (ASD) is mandated to submit a “State Plan on Aging” every four years to the U.S. Administration on Aging (AoA) with the Administration for Community Living (ACL) in order for the state to receive federal funds.

North Dakota’s State Plan on Aging covers the period beginning October 1, 2022, through September 30, 2026. This plan will serve as a blue print over the next four years to build capacity, promote innovation, implement best practices, improve data management and reporting, support healthy living and active engagement, embrace diversity, honor individual choice, advocate and protect against elder abuse, and strengthen accountability.

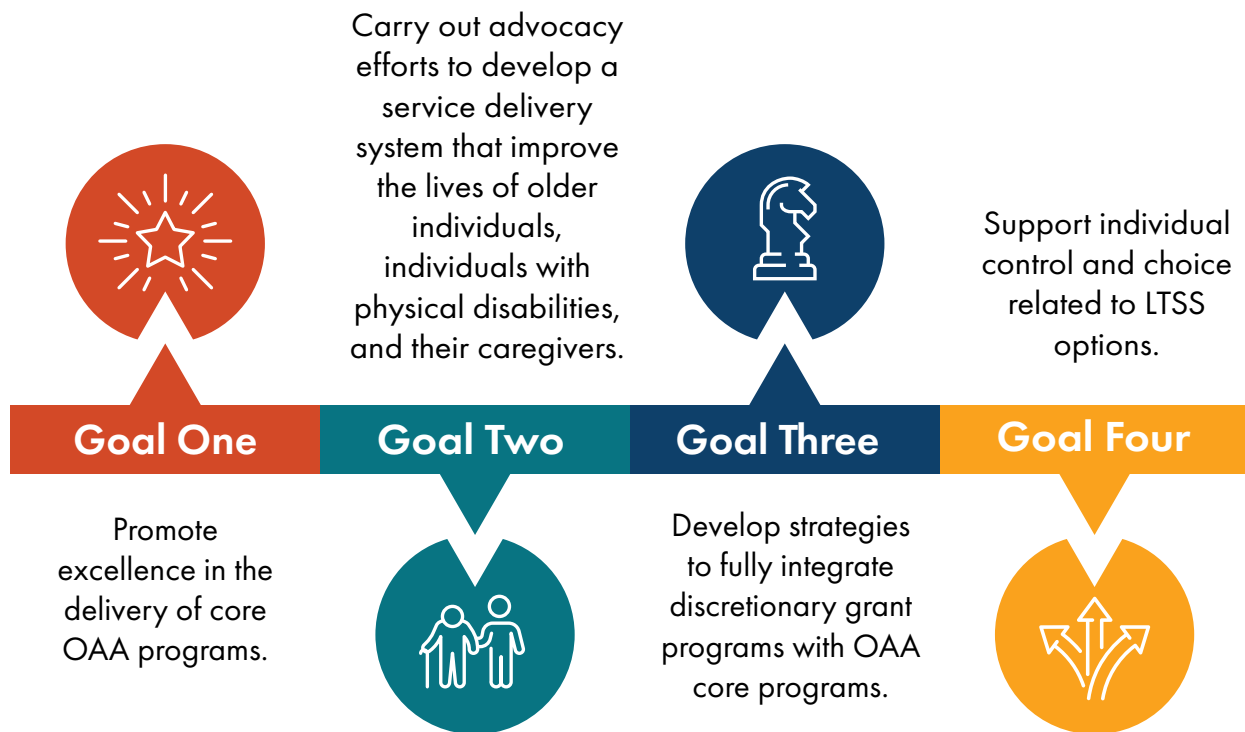
Aging Services plans to provide an innovative approach to programming, advocacy, and services for older individuals in ND now and in the future. The state and federal funds Aging Services receives make it possible to continue the development of a comprehensive and coordinated system of home and community-based services (HCBS) that allows older individuals and individuals with physical disabilities to remain independent, in their own homes and communities. To accomplish this, Aging Services will continue to help individuals who reside in long-term care (LTC) facilities or are at risk of being placed in a LTC facility to learn about HCBS, so they can make an informed decision not only about their care, but the setting in which they choose to receive their care.

Additionally, Aging Services will promote inclusion to foster meaningful engagement of older individuals and individuals with physical disabilities within ND. We aim to provide welcoming environments for those isolated and stigmatized within the older adult population, including those with mental health and substance use disorders and those with Alzheimer’s Disease or related dementias. To achieve this, Aging Services will utilize best practices in case management, addressing the needs of caregivers, seeking more efficient delivery of services, and supporting programs that protect the rights of North Dakotans who have disabilities or are aging. To support this change, Aging Services will enhance collaboration with public and private stakeholders, tribal nations, advocacy groups, and faith-based organizations that are a part of North Dakota’s aging network.



The OAA supports a wide range of services and programs for individuals aged 60 and older. Title III services are available to all individuals aged 60 and older but are targeted to those with the greatest economic and/or social need, who are low-income, live-in rural areas, have limited English proficiency and/or are members of minority groups. While this State Plan on Aging also addresses needs of, and services for individuals with physical disabilities who are under age 60, Aging Services acknowledges that the OAA contains limitations on the use of OAA funds for individuals under age 60 and will comply with those limitations.

North Dakota’s State Plan will focus on five key priorities that guide ACL’s work: OAA core programs, COVID-19, equity, expanding access to HCBS, and caregiving (paid and unpaid). The plan includes the following four overarching goals to position ND to meet the needs of, and enhance services for, older individuals. The plan will have an emphasis on addressing the impacts of social isolation, caregiving, and malnutrition.



Implementation of the goals, objectives, and strategies outlined will support the outcome of continued development of the state’s LTSS for older individuals and their caregivers, allowing them to live as independently as possible in their own homes and communities. The State Plan on Aging will also provide performance measures so progress can be evaluated, and continual improvement can be made to reach these goals.

Under Title VII of the OAA, the State Unit on Aging (SUA) is required to be a leader in programs for the prevention of abuse, neglect, and exploitation. A major element of this is education and outreach to the public, older individuals, health care professionals, and other stakeholders about abuse detection, reporting, and prosecution. Aging Services will continue to develop and disseminate relevant materials, provide presentations, and participate in statewide committees related to elder justice. Some of the additional federal funds Aging Services received during the pandemic were used by Vulnerable Adult Protective Services (VAPS) staff to receive official certification through the National Adult Protective Services Association (NAPSA) and to enhance the program to better meet the needs of the population.



Context/Introduction

The ND State Plan on Aging, which is created by Aging Services, provides the opportunity to comprehensively review how services are delivered to older individuals and individuals with physical disabilities. The review sought to identify gaps in services, determine how services should be provided in the future, and to creatively make improvements with input from the aging network, older North Dakotans, caregivers, and aging advocates. The plan highlights the necessity for sustaining financial support for the OAA initiatives and other programs within Aging Services. Aging Services strives to build upon the strong foundation set by OAA and continuously seek collaborative opportunities with stakeholders to improve the lives of North Dakotans.

Aging Services serves as both the SUA and the Area Agency on Aging (AAAs). Aging Services staff perform the functions of the AAAs by providing direct services and serving as the focal point for the aging network. Aging Services coordinates the distribution of state and federal funds along with administering all the contracts and grants to local providers. In addition, Aging Services provides training and technical assistance (TA) and ensures statewide oversight and coordination for programs under the Act. OAA resources provide many services for older North Dakotans, including access to in-home services, congregate and home-delivered nutritious meals, caregiver support, tribal home visits, and legal assistance.

On December 14, 2020, ND entered into an eight-year Settlement Agreement (SA) with the United States Department of Justice (USDOJ). The SA is designed to ensure that the state will meet the requirements of Title II of the Americans with Disabilities Act (ADA) as it relates to older individuals and individuals with physical disabilities accessing care in the most integrated setting appropriate to meet their needs. The SA requires Aging Services to develop an implementation plan (IP). The IP identifies the assigned agency and/or division who is responsible for the benchmarks, timelines, and initial performance metrics, along with establishing strategies to address challenges.

Since the start of the COVID-19 pandemic in March 2020, Aging Services and the aging and disability community have aimed to provide adaptable and relevant services to individuals. When the state identified its first active COVID-19 case, Aging Services collaboratively worked with the ND Service Provider Association (SPA) network to meet the guidelines set forth by Centers for Disease Control & Prevention (CDC), the ND Department of Health (NDDoH) and its Food and Lodging Division. For example, congregate meal programs were replaced with alternative meal delivery methods such as take out, grab-n-go, or delivery to individuals' homes while sites were closed. The majority of the congregate meal sites have reopened with guidelines in place set forth by CDC, NDDoH and its Food and Lodging Division, and they are still offering take out, grab-n-go, or home-delivered meals for individuals who are still concerned about the pandemic. Innovative strategies were used by the services providers, such as including educational and therapeutic materials and crafts with every meal served. They also provided wellness check-ins to prevent social isolation.

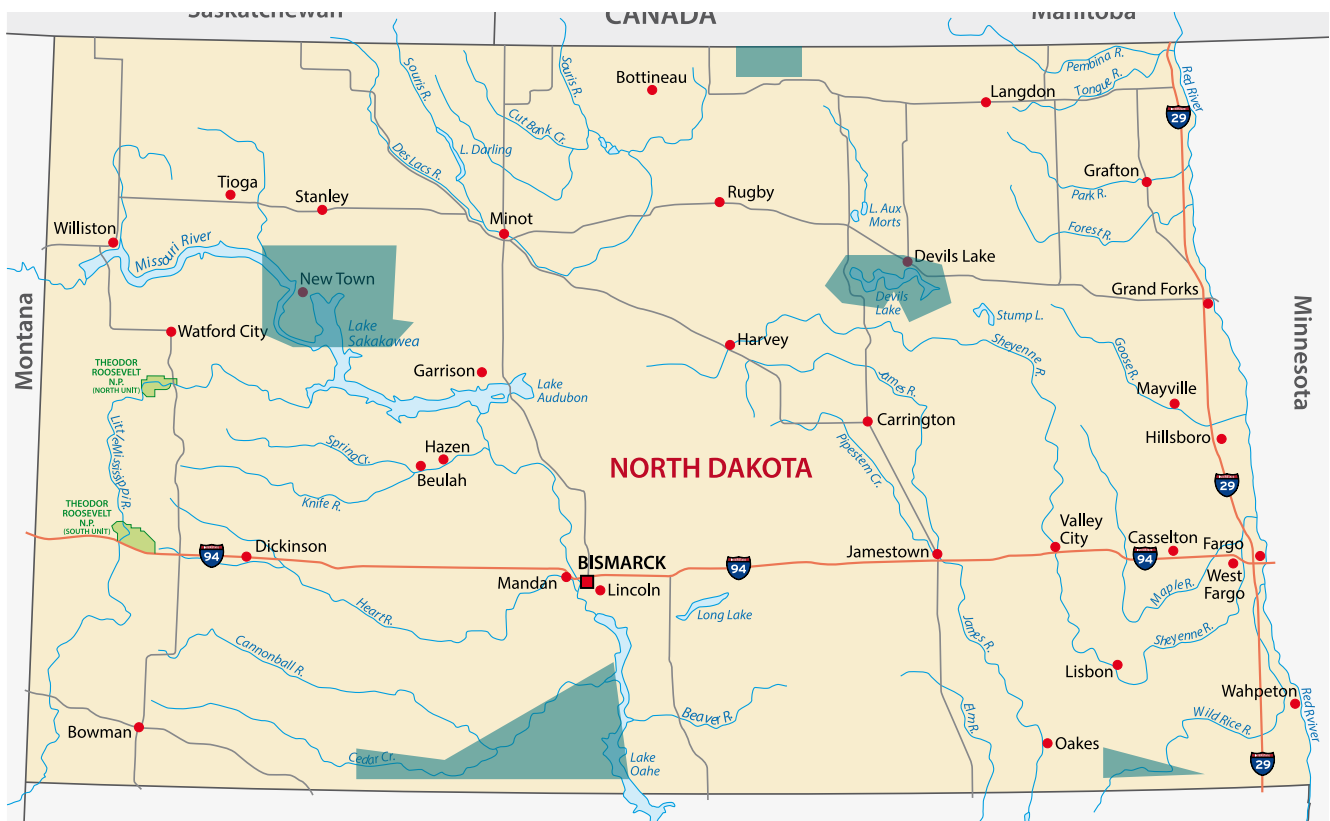
Aging Services developed and implemented strategies to connect more older individuals to the Internet, so they could stay connected to family, social supports, and behavioral health services. In-home qualified service providers (QSPs) provided critical support during the height of the pandemic and adapted to the protocols developed by the state. The federal relief funds received by Aging Services were used to prevent social isolation by providing companionship services which included non-medical transportation, to purchase personal protective equipment (PPE) for staff and direct care workers so in-home services could safely continue, and to provide tablet computers to individuals residing in nursing facilities or at home, so they could stay connected to loved ones and service providers.

Throughout the pandemic, Aging Services adapted to meet the needs of older individuals and individuals with physical disabilities to meet their current needs. Utilizing technology and traditional methods of communication, Aging Services continued to inform North Dakotans of services they may qualify for and how to access them. In many ways, the pandemic response has encouraged Aging Services and the aging network to modernize and innovate services.

North Dakota's History and Current Status

North Dakota is designated as frontier state with at least 38 of the 53 counties where the population is less than seven people per square mile. Frontier areas are the most remote and sparsely populated rural areas which are isolated from healthcare, schools, grocery stores, and other necessities. According to the Frontier Education Center 2002, there are 302,106 people that are residing in areas designated as frontier.

North Dakota has five federally recognized American Indian Tribes: Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes), Spirit Lake Nation, Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewas Indians, Sisseton-Wahpeton Oyate Nation, and Trenton Indian Service Area within its boundaries, which have independent, sovereign relationships with the federal government. All of North Dakota's reservations are geographically isolated in frontier locations.



North Dakota’s aging population continues to increase from 2010 when 97,477 people were aged 65 and older. Of the 97,477, 16,688 were aged 85 and older. The Census Bureau’s Evaluation Estimates, Vintage 2020 placed the number of individuals aged 65 and older at 129,836. Of the 129,836, 18,805 were aged 85 and older, an increase of nearly 26 percent and 12 percent respectively. (As of the time of this publication, Census 2020 age and gender data has not been released.) The high growth of the number of individuals aged 65 and older is driven by the baby boom generation.

The ND State Data Center projections prepared in 2018 show expected continual growth of the aged 65 plus and 85 plus cohorts with the number of individuals ages 65 plus leveling off after 2035, while the number of individuals aged 85 plus continues to grow through 2040.

	2010	2015	2020	2025	2030	2035	2040
Ages 65+	97,477	107,022	129,836	148,105	160,222	161,816	158,592
Ages 85+	16,688	18,280	18,805	19,536	20,127	23,601	29,064

Aging Services will continue to work towards Governor Doug Burgum’s goals of empower individuals, improve lives, inspire success.

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

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

Five strategic initiatives have been identified and include:

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



Overview of North Dakota Department of Human Services

The NDDHS was created in 1981 (S.L. 1981, Ch. 486) for administration purposes and is the umbrella agency that consists of the following divisions: Medical Services; Field Service, including Life Skills and Transition Center, State Hospital, and Human Service Center (HSC); Behavioral Health; Administration and Support including Fiscal Administration, Human Resources, and legal Advisory; and Program & Policy including Aging Services, Child Support, Children and Family, Developmental Disabilities, Developmental Disabilities Council, Economic Assistance, Information Technology, Vocational Rehabilitation/Disability Determination, and Public Information.

The Division of Aging Services was created to promote efficient and effective operations consistent with fulfilling the statutory duties and administrative functions as funded under the OAA of 1965. All divisions within DHS work together, along with other state agencies, LTC facilities, and community partners to ensure development of a continuum of care.

In the 2021 Legislative Session, lawmakers passed House Bill No. 1247, requiring NDDHS and NDDoH to become one department called the ND Department of Health and Human Services (DHHS), effective September 1, 2022. This integration will not affect the responsibilities Aging Services has for the development, coordination and administration of all the State activities and requirements related to the purpose of the Act. This merger will help strengthen and enhance collaboration between the agencies' teams, and most importantly, will deliver programs and services more efficiently and effectively to older individuals in ND.



Overview of Aging Services Division

Aging Services is the designated SUA and has been designated the Single Planning and Service Area (PSA) for the purpose of administering funds under the OAA.

In conjunction with administering the OAA and ACL discretionary grants, Aging Services coordinates a comprehensive array of services that benefit older North Dakotans and individuals with physical disabilities,

their families, caregivers, and the aging network. An important aspect of ND's State Plan is that it must address the requirements, questions, planning, and development of goals and objectives in a way that is reasonable and appropriate for a very rural, frontier state that covers a huge geographical area. Most of North Dakota's communities are small and far away from a city of notable size. The entire state needs more service providers, with some locations having entire gaps in services such as home health agencies, hospice agencies, and QSPs. A QSP can be either an individual, family member and/or agency that has met the standards for enrollment designated by NDDHS. It's projected that workforce issues will continue to negatively impact services over the next four years, as it is difficult to find enough appropriately trained, qualified individuals for critical jobs such as QSPs, nurses, and other direct care workers.

The factors above present significant challenges but also present great opportunities to think differently and create innovation, advancement, and improvement. Being a small state fosters close communications with partners, the ability to create great relationships with stakeholders, and the opportunity to try something new. Aging Services is gradually growing in number of staff but has limitations on the number of classified full-time employees (FTE) available due to budget constraints. As a result, the number of strategies, types of goals, and implementation of objectives need to be based on the ability of current staff to carry out current and future initiatives. The strategies, goals, and objectives included in the plan focus on new and/or expanded activities that can be implemented during this State Plan on Aging reporting period.

For planning and development purposes, the state is divided into eight regions and each region has a Human Service Center (HSC) that has been designated as a focal point for service delivery. Aging Services staff are located across the state. Some Aging staff work at the HSCs and are supervised by central office staff to implement the State Plan. Staff include: Community Service Coordinators (CSCs) who assist in program implementation, contract monitoring, advocating for and on behalf of older individuals, provide direct service for the family caregiver support program (FCSP), and community options counseling (OC); Local Ombudsmen carry out ombudsman activities; VAPS staff address issues of abuse, neglect, and/or exploitation; Aging and Disability Resource Link (ADRL) staff who provide information and assistance (I &A) and centralized intake for individuals interested in accessing HCBS; and HCBS Case Managers provide case management and direct services for state and federal funded programs like Service Payments for the Elderly and Disabled (SPED) Program, Expanded Service Payments for the Elderly and Disabled (Ex-SPED) Program, Medicaid State Plan (MSP), and Medicaid Waiver. In addition, Community Outreach Specialists provide OC to older individuals and individuals with physical disabilities in hospitals and LTC facilities to ensure they understand their right to live in the most integrated setting along with service options.

Services are made available through the ADRL, Aging Services staff, senior community centers, contracts, direct care workers, and other providers. These partners are crucial to service delivery and the well-being of older North Dakotans and individuals with physical disabilities. By recognizing the importance of internal and external partnerships and leveraging resources through discretionary grants and other funding sources, Aging Services is continually striving to expand capacity within the division to serve individuals in new and innovative ways. Some of Aging Services staff members' primary responsibilities are detailed throughout the Plan but also include:

- Serving as the state's planning agency to improve community services to older individuals and individuals with physical disabilities along with promoting PCC;
- Developing coalitions and networks of support for older individuals and individuals with physical disabilities and their caregivers to avoid or reduce the need for publicly funded services;
- Helping older individuals and individuals with physical disabilities live well through prevention and intervention;
- Administrating and coordinating OAA programs/services statewide; and
- Developing, reviewing and implementing laws, regulations, policies and procedures.

Aging Services Division Vision and Mission

Aging Services' goal is to provide services closer to home by expanding choice through increased access to services that will allow an individual to age, live, and recover from health issues. Aging Services will achieve that vision through DHS's mission, which is to provide quality, efficient and effective human services, which improve the lives of individuals through programs such as HCBS, LTSS, LTC facilities, behavioral health services, the state hospital, and nutritional services, and by fostering an environment that promotes security, dignity, and independence for North Dakota's aging and physically disabled population, along with the prevention of abuse, neglect, and exploitation. Aging Services wants older individuals and individuals with physical disabilities to feel empowered and to be an active partner in their PCC.

Aging Services seeks to provide the necessary leadership to develop and administer programs and services to meet the many unique needs of older individuals, individuals with physical disabilities, and their caregivers. In addition to administering the contracts and grants for state and federal funds, Aging Services also provides policy guidance, programmatic structure, data collection systems management, TA, quality assurance (QA), and training to the LTSS network in ND.

Aging Services will achieve this mission and vision by providing a variety of programs and services through multiple funding sources. OAA resources provide many of these services for older North Dakotans including creating access to in-home services, congregate and home-delivered nutritional meals, caregiver support, tribal home visits, and legal assistance. Complementary programs expand available services to more older individuals. For example, SPED, Ex-SPED, MSP and Medicaid Waiver for HCBS programs funded by either state general or federal funds. These programs provide services in the individual's home and are designed to delay nursing home placement, thereby promoting independence and the right to live and receive care in the community. Additionally, the Program of All-Inclusive Care for the Elderly (PACE) is a Medicare Program and Medicaid state option that provides community-based care and services to those who meet a nursing home level of care and can live safely in the community with the help of PACE services.



North Dakota Aging Programs Older Americans Act

The Act establishes the Aging Network to provide in-home, social, and nutrition services for older individuals and individuals with disabilities, and their caregivers. The OAA is the most comprehensive legislation serving older individuals in ND that provides a foundation for services that enable them to remain safe, active, and healthy in their own homes and communities.

OAA Title III-B offer access to services like I & A, OC, and legal assistance. In addition, Aging Services provides Title III-C nutrition service programs through purchase of service agreements (PSAs) to local providers, who provide

congregate and home-delivered meals (HDMs), evidence-based health promotion and disease prevention (HPDP) programs for older North Dakotans. Lastly, Aging Services FCSP provides counseling, education, respite care, and other supports to caregivers.

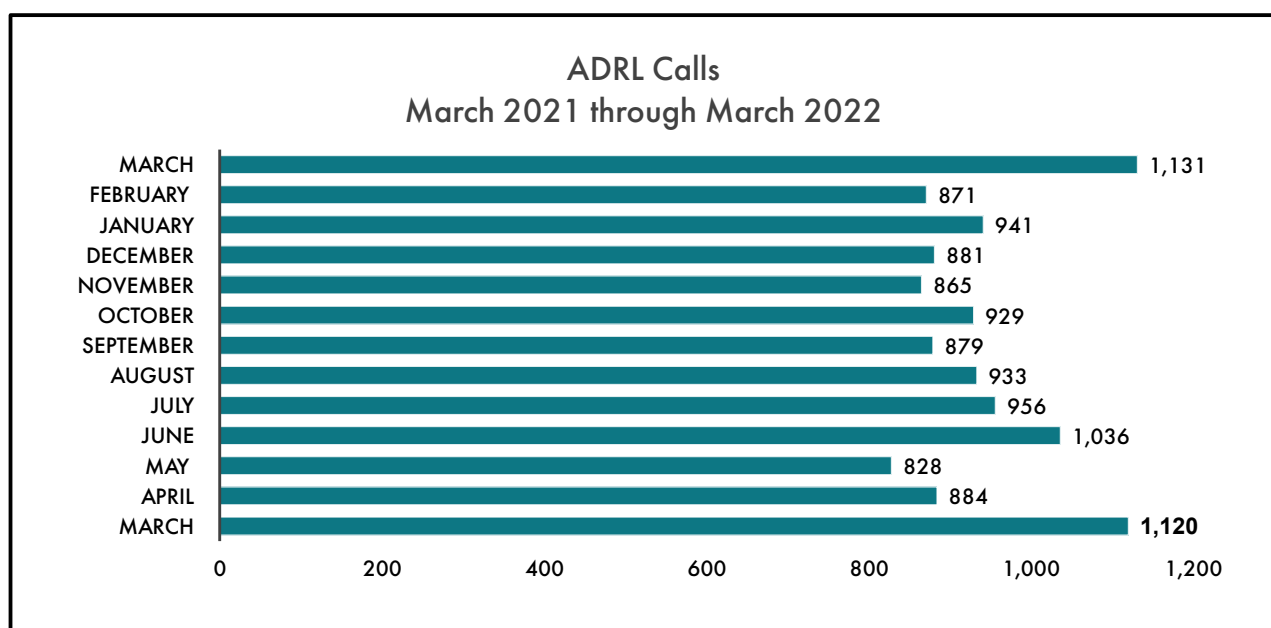
Aging Services also acknowledges the importance of preventing, identifying, and addressing the negative impact of social isolation. Aging Services supports the aging network by generating innovative ways to offer more older individuals' choice, independence, and quality of care. Aging Services, in collaboration with internal and external partners, look forward to continuing the facilitation of OAA services to older individuals in need.

Aging & Disability Resource Link

Aging Services has administered the ADRL, a statewide call center, since 2012. The ADRL is a trusted source of I & A for individuals of all ages, abilities, income levels, and their caregivers to obtain assistance in planning for their LTSS needs. The ADRL is designed to empower individuals to make informed decisions, have options for their LTC needs, and to achieve their personal goals and preferences.

In 2019, Aging Services received additional state general funds to make the ADRL more robust by hiring additional intake staff thereby creating a statewide single point of entry for I & A and creating a centralized intake "no wrong door" approach for HCBS and Aging programs. Through a standardized assessment process, the intake staff gather information and provide appropriate referrals to statewide and nationwide services. Intake staff help connect older individuals, individuals with physical disabilities, and their families to private/public information and services to help them maintain and/or improve quality of life. The chart titled *ADRL Calls* show the number of unduplicated individuals that have utilized the ADRL for I & A.

The ADRL is free of charge and can be accessed in multiple ways such as calling the toll-free number 855.462.5465, online at carechoice.nd.assistguide.net/, or via email at carechoice@nd.gov. The services offered and/or provided through the ADRL might have a fee associated with it for example if an individual is looking for private pay services such as a QSP.



Assistive Safety Devices Distribution Service

Provides adaptive and preventive health aids that safely assist individuals in daily activities of living. For planning and development purposes, Services are provided through a statewide contract which is administered by Aging Services.

Abuse, Neglect, and Exploitation Prevention Program

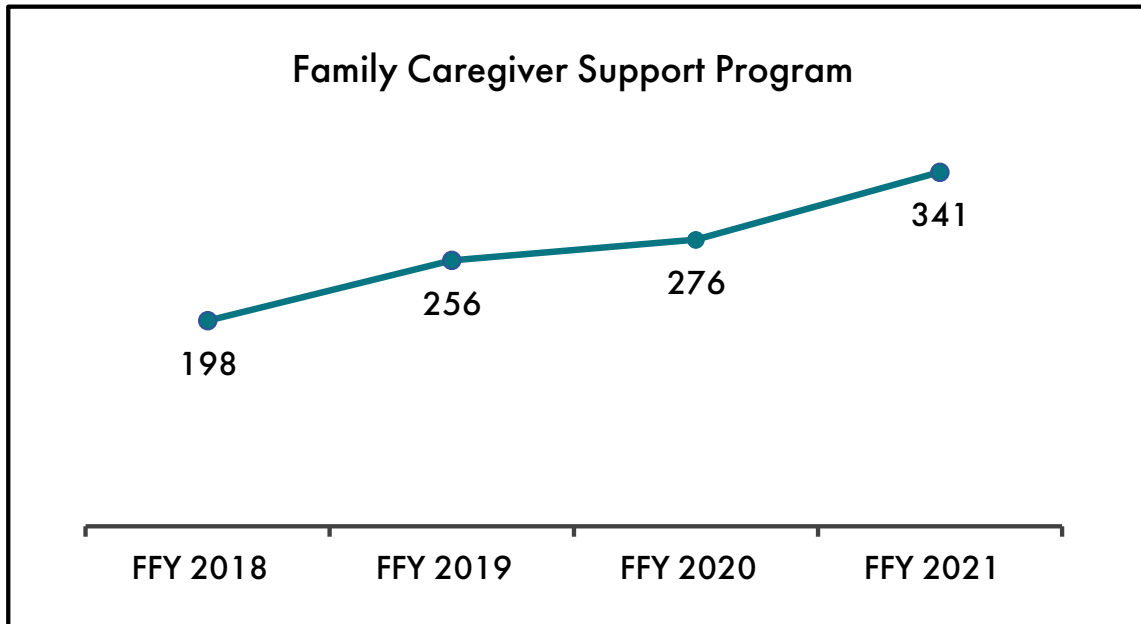
The VAPS Program is offered statewide to protect vulnerable North Dakotans from abuse, neglect, and/or exploitation. VAPS staff provide education and resources to professionals (law enforcement, healthcare, LTC, etc.), families, colleges, and any other organization seeking education. Vulnerable adult abuse is an umbrella term referring to any knowing, intentional, and/or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. This can include physical abuse, sexual abuse, emotional abuse, financial and/or material exploitation, neglect, self-neglect, and abandonment. The goals of the VAPS program include but are not limited to: protect vulnerable adults from abuse, neglect, and/or exploitation; prevent abuse, neglect, and/or exploitation of vulnerable adults through education and community partnerships; help vulnerable adults continue to live in their own homes and communities as long as possible through connections with in-home and community-based services; and educate and advocate for the right of self-determination for vulnerable adults and help them connect to services of choice, connections with in-home and community-based services; and educate and advocate for the right of self-determination for vulnerable adults and help them connect to services of choice.

Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) was established in 2000. This program is funded under OAA Title III-E to provide support services to family members and informal caregivers who are caring for a family member aged 60 and older, any age individual with Alzheimer's disease or related dementia, grandparents providing care to children under the age of 18, and older relatives providing care to adults ages 19-59 with disabilities. The goal of the program is to create best practices that reduce caregiver stress and burden through service benefits such as: information about local services and supports; assistance from the Aging Services staff to help caregivers access support services; individual and family counseling, support groups, and training; respite care for caregivers; and supplemental services to assist with incontinence supplies and assistive devices. Aging Services will continue to collaborate with KINSHIPND to coordinate services, and maximize the use of funds. In addition, Aging Services will collaborate with the National TA Center on Grandfamilies and Kinship families to increase capacity to serve and support grandfamilies and kinship families where deemed appropriate.



The chart titled *Family Caregiver Support Program* shows the number of unduplicated North Dakotans that have utilized the program.



Health Maintenance Program

The health maintenance program provides a small scope of services to assess and maintain the health and well-being of older individuals. Health maintenance services include blood pressure/pulse/rapid inspection, foot care, home visits, and medication set-up. Aging Services will collaborate with health maintenance service providers to ensure a screening of TBI, immunization status, infectious diseases, and vaccine preventable diseases are part of the individuals record. Services are provided through a statewide contract which is administered by Aging Services.

Health Promotion and Disease Prevention

HPDP are evidence-based programs to help improve the mental and physical health along with reducing disease and injury among older North Dakotans. The OAA Title III-D programs have a positive impact on individuals and their family's health by providing educational opportunities that empower them to make healthy, sustainable lifestyle changes that are supported by research. The following evidence-base programs Stepping On, Powerful Tools for Caregivers, and Tai Ji Quan: Moving for Better Balance; Fit & Strong are offered statewide through a contract which is administered by Aging Services.

Legal Services of North Dakota

LSND is a non-profit organization, providing free legal assistance and information statewide to low income and older North Dakotans. Individuals can access this service by calling a toll-free number or submitting an online application through their website legalassist.org. LSND provides legal advice and representation to older individuals in the legal assistance casework areas of abuse, age discrimination, defending guardianships, health care, housing, income, LTC, neglect, nutrition, protective services (including American Indian Probate Reform Act (AIPRA)), wills, and utilities.

LSND was awarded a contract through Aging Services which utilizes OAA Title III-B funds and other funds in efforts to meet the legal assistance needs of North Dakotans. These services are provided to older North Dakotans at greatest economic or social need to ensure their rights are protected.

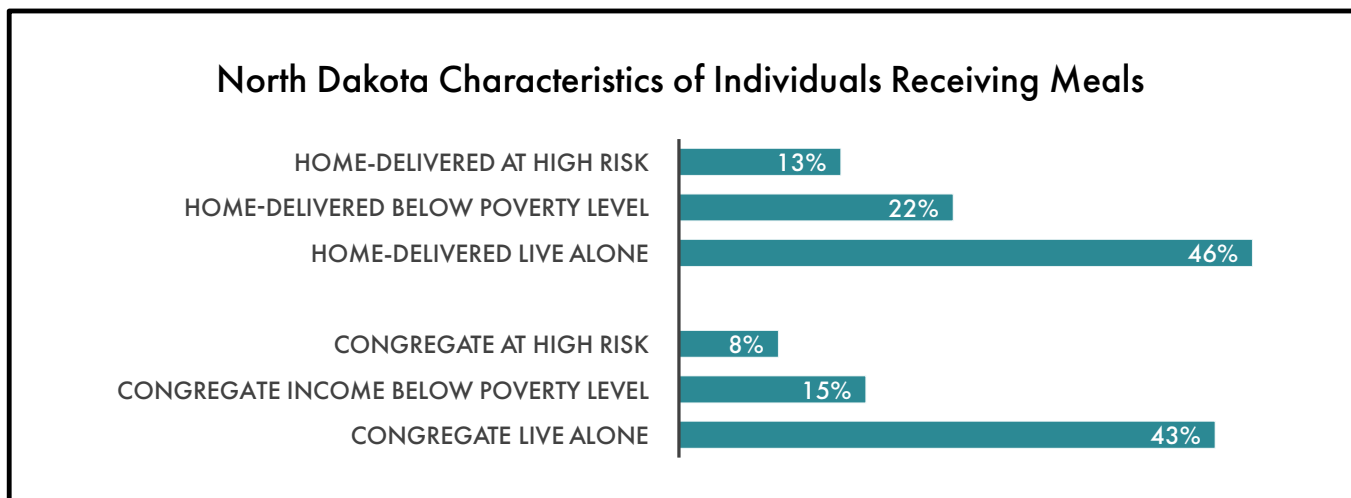
North Dakota Long-Term Care Ombudsman Program

The LTC ombudsman serves as an advocate for all individuals who reside in one of North Dakota’s assisted living facilities, basic care homes, hospital swing beds, and/or transitional care units, or skilled nursing facilities that may have concerns about their quality of care, quality of life and/or resident rights. Responsibilities of the ombudsman are to receive, examine, and advocate resolve concerns; answer questions and provide information and referral; promote resident, family, and community involvement; promote education about LTC issues; coordinate efforts with other agencies and organizations; and identify issues and recommend changes through systems advocacy.

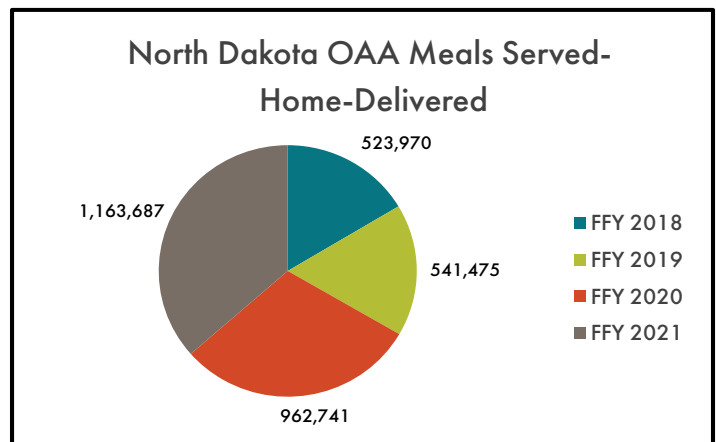
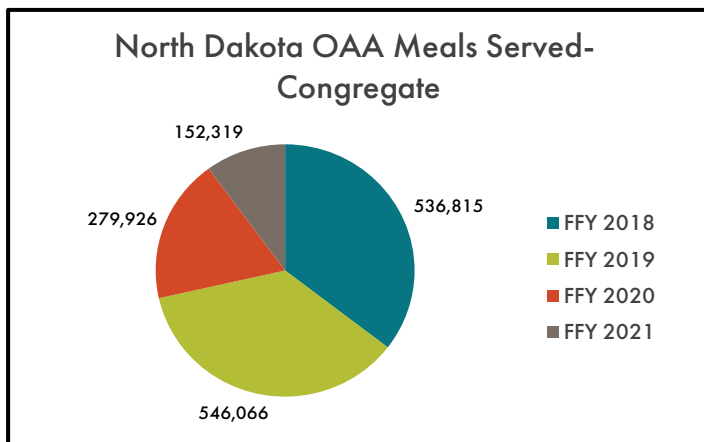
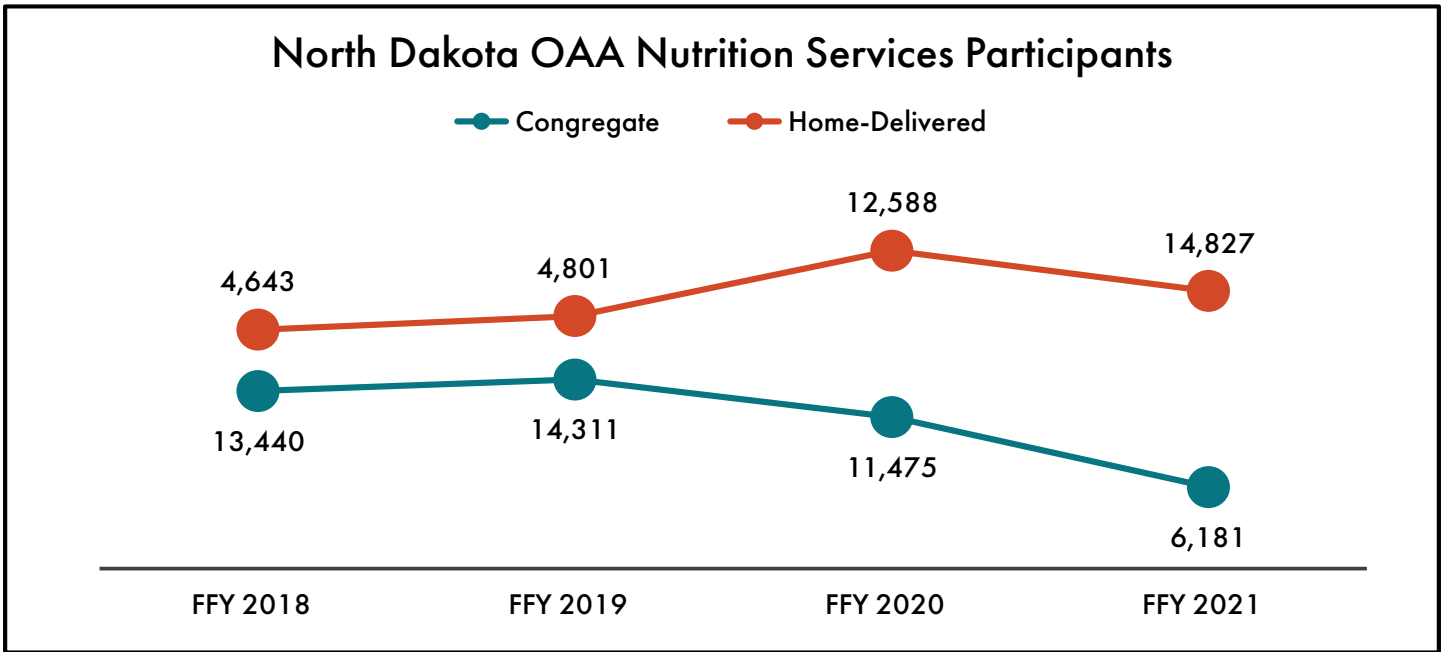
Nutrition Programs and Services

The OAA Title III-C nutrition program provides congregate (subpart 1) and HDM (subpart 2) services to reduce hunger, food insecurity, and malnutrition among older North Dakotans. Aging Services contracts with eight local entities to provide services statewide, along with three tribal entities to coordinate with their Title VI funded programs. Nutrition services play a vital role in maintaining the independence of older North Dakotans and enabling them to age in place, remaining in their homes and communities even as functional abilities decline. These services also provide meaningful socialization opportunities and promote health and wellbeing by delaying the onset of adverse health conditions resulting from poor nutritional health, sedentary behavior, social isolation, and loneliness.

The goal of the program is to provide nutritious meals, three or more days per week for congregate and five or more days per week for HDMs, to individuals aged 60 and older, the spouse of an eligible individual, and others described in the OAA. Meals provide one-third of the Dietary Reference Intakes (DRIs), adhere to the current Dietary Guidelines for Americans (DGA), and meet the ND State Food & Lodging safety and sanitation requirements. In addition to the nutritious meals, the nutrition providers deliver education to improve knowledge of healthy eating for older individuals. Nutrition providers who enroll as QSPs may also provide up to seven HDMs per week to eligible younger physically disabled individuals through the Medicaid HCBS waiver and state-funded SPED and Ex-SPED programs.



The chart titled *ND Characteristics of Individuals Receiving Meals* provides details on the percentage of individuals receiving meals that live below the poverty level, the percentage of individuals that live alone, and the percentage of individuals that are at high nutritional risk. More than 2,050 HDM participants are at high risk, which emphasizes the importance of community-based efforts to address nutritional needs among older North Dakotans. The number of meals and individuals served in both programs have rapidly increased over the past couple of years due to the pandemic.



The charts titled *ND OAA Nutrition Services Participants* and *ND OAA Meals Served* show the number of unduplicated individuals that utilized the program and the number of meals (congregate and home-delivered) served. The OAA nutrition services for ND aim to target those of highest economic and social need. These programs make a positive impact through provision of nutritious meals, socialization opportunities, wellness checks, and much more.

Aging Services and the contracted nutrition providers work together to share resources and provide TA. The aging network has been resilient throughout the COVID-19 pandemic. The providers adapted to serving meals through alternative means, such as take outs, grab and go's, drive throughs, etc. at the congregate sites during the height

of the pandemic. The providers are now working towards the “new normal,” which has allowed them to reopen congregate sites, as this is crucial to prevent social isolation by providing the opportunity for older individuals to enjoy nutritious meals, socialize, and participate in activities together.

Options Counseling

A person-centered approach to determining appropriate LTC choices based on an individual’s needs, values, and preferences. The service is available statewide and provided through Aging Services CSC and Community Outreach Specialist staff.

Senior Community Service Employment Program (SCSEP)

SCSEP is a paid part-time training program for low-income adults aged 55 and older with the goal of transitioning into permanent employment. ND has 254 authorized positions; 50 are state grantees’ positions and 204 are the national grantees’ positions. The 50 state grantee positions available are set forth by the U. S. Department of Labor and is administered by Vocational Rehabilitation (VR). Aging Services will continue to collaborate with VR to promote SCSEP to eligible individuals.

State Legal Services Developer (SLSD)

ASD has designated a SLSD who is responsible for all elder rights programs. The SLSD provides and/or arranges for training on legal issues at the state and local level. TA and program monitoring is ongoing. The position is also responsible for administering the state-funded Guardianship Establishment Funds Program (GEFP).

Transportation

In any service delivery system, access to services is critical. With ND being a largely rural state, transportation continues to be an ongoing challenge. Since January 1, 2007, a cooperative agreement between DHS and the ND Department of Transportation (DOT) has been in place, which allows Aging Services to leverage resources for additional funding for other OAA services. The cooperative agreement required DOT to develop and implement an integrated transit system that acknowledges the needs of special populations, including older individuals, individuals who have a disability, low-income, or live in a rural setting, and minority groups. ASD assists in the transportation grant review process annually for distribution of federal and state funds.

Tribal Home Visits

This service provides periodic visits to isolated elders residing on an American Indian Reservation to monitor their health and well-being, and to identify service needs with an emphasis on referral and linkage to available services. The service is provided on two of the four reservations in ND.





State-Funded Programs

Adult Foster Care and Agency Foster Home for Adults Programs

The administration of adult foster care (AFC) and agency foster homes (AFH) for adults is a joint effort by DHS Medical Services and ASD. ASD is responsible for the home study and licensure process. In addition, ASD is responsible for the enrollment process for Residential Habilitation and Community Supports (RHCS) programs in AFH once the agency has enrolled as a QSP. Medical Services is responsible for enrollment of the QSPs and payment.

Dementia Care Services Program (DCSP)

ND is ranked number four in the nation for individuals passing away due to Alzheimer's Disease. In 2009, the Legislatures passed ND Century Code Chapter 50-06-33, establishing the DCSP. Aging Services administers the contract that was awarded to the Minnesota/ND Chapter of the Alzheimer's Association to implement the DCSP. It is estimated that 15,000 individuals aged 65 and older in ND are living with Alzheimer's Disease. By 2025, this number is expected to increase to 16,000. Alzheimer's Disease and related dementias touch nearly every family in some way. For caregivers, the burden can be extreme. In ND, 19,000 family caregivers provide 29 million hours of unpaid care valued at \$526 million. Aging Services and the DCSP focus on services for individuals with dementia or who are suspecting dementia and need assistance to remain in the most integrated setting and also provide support to their caregiver(s). The help and support of unpaid informal caregivers for those living with Alzheimer's and other dementias is indispensable.

The DCSP provides care consultation and training to caregivers, health professionals, law enforcement, and the public. North Dakotans have access to the 24/7 helpline and support groups for caregivers and individuals living with dementias. Any individual who has a need is eligible to receive services. Eligibility is not based on diagnosis, age, or income level.

In addition, the DCSP collaborates with the FCSP and VAPS to provide enhanced education and training opportunities for caregivers, law enforcement, and the public.

Telecommunications Equipment Distribution Service (TEDS)

TEDS provides specialized telecommunications equipment to communication-impaired individuals [ND Century Code Chapter 54-44.8]. For the purposes of this service, communication-impaired means the condition of an individual who is deaf, hearing impaired, speech impaired, or mobility impaired 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 and/or assists an individual who is

communication-impaired to communicate with another individual using the telephone network. The specialized equipment may include telecommunications devices for the deaf, amplifiers, and signaling devices. Services are provided through a statewide contract administered by Aging Services.



Home and Community-Based Services

Aging Services administers the state and federal funded HCBS programs which are designed to prevent or delay institutionalization. With the implementation of the USDOJ SA, Aging Services is actively working to transform HCBS by streamlining policies, procedures, and services and creating a person-centered and culturally informed delivery system. Services offer viable alternatives to institutional living and enable individuals with physical disabilities and older North Dakotans to live independent, meaningful, and dignified lives, while maintaining close family and community connections. The programs focus on individual needs, choice of services, choice of care provider, and maintaining as much independence as possible.

Aging Services employs HCBS case managers who determine eligibility based on program requirements, provide on-going case management services to assess service needs and develop a person-centered plan (PCP), locate QSPs, and determine all other services necessary to meet the individuals' needs. The case manager provides the individual with information regarding the types of services available through the different funding sources. The case manager holds a person-centered conversation with the individual about their goals and needs. The individual chooses the service they feel will most appropriately meet their needs. Individuals may consult with family, friends, and advocacy organizations prior to making any decisions. Individuals and/or their legal representatives may choose from a list of individual or agency QSPs and may also recruit an individual who is willing to seek designation as a QSP. Individuals can choose family, friends, or neighbors to provide the care.

Service Payments for the Elderly and Disabled

SPED is a program for individuals with a physical disability who have difficulty completing tasks that enable them to live independently. SPED provides the following services: adult day care, adult and agency foster care, case management, chore, emergency response system (ERS), environmental modification, family home care, HDMs, homemaker, non-medical transportation, personal care, respite, specialized equipment, and extended personal care/nurse education.

Expanded Services for the Elderly and Disabled

Ex-SPED is a program for individuals with a physical disability who, without HCBS, would have to receive care in a licensed basic care facility because they have a need for a safe and supervised structured environment. Ex-SPED provides the same services as SPED, except for personal care and extended personal care/nurse education, which is only available under SPED.

Medicaid State Plan – Personal Care

MSP provides personal care services to individuals who are eligible for Medicaid and meet functional eligibility requirements. MSP provides the following services to assist individuals with daily living activities including bathing, dressing, transferring, toileting, preparing meals, housework, and laundry.

Medicaid Waiver Program

Medicaid Waiver Program assist qualifying individuals who require a skilled nursing level of care to receive HCBS services that allow them to remain at home. Waiver programs:

- 1915 (c) HCBS Waiver includes adult day care, adult and agency foster care, adult residential, case management, chore, companionship, community support services, ERS, environmental modification, HDMs, homemaker, non-medical transportation, residential habilitation, respite, specialized equipment, supervision, supported employment, transitional living, family personal care, and extended personal care/nurse education.



Federally-Funded Programs

Money Follows the Person (MFP)

In late 2019, the administration of the MFP grant changed from Medical Services to Aging Services. The grant assists Medicaid-eligible individuals with physical disabilities and/or older individuals who reside in a nursing facility to transition back into the community by coordinating services and resources to support their independent living goals. Individuals transitioning from an institutional setting are assigned a transition team that includes an MFP transition coordinator, HCBS case manager or a CSC, and a housing facilitator if the PCP indicates housing is a barrier to community living.

To address the overwhelming need for affordable, accessible housing for older individuals and individuals with physical disabilities, the MFP housing initiative continues to collaborate and coordinate meetings between the ND Housing Finance Agency, Housing and Urban Development (HUD), the four largest public housing authorities, tribal partners, Center for Independent Living (CIL), and representatives from DHS (MFP-Minot State University (MSU), Aging Services, Medical Services, Developmental Disabilities, Behavioral Health, State Hospital, and Life Skills and Transition Center). MFP has stakeholder meetings quarterly to provide updates, collaborate on resources, review transitions, and other related topics along with educational webinars on available services.

Program of All-Inclusive Care for the Elderly

PACE provides community-based care and services to individuals who are aged 55 and older who meet a nursing home level of care to live safely in the community with PACE services. The PACE program provides all medical and social services for enrolled individuals including primary care physician, nursing home level of care, emergency

health services, in-home care, physical therapy, occupational therapy, adult daycare, prescriptions drugs, and meals. To be eligible for PACE, individuals may be enrolled in Medicare or Medicaid, or both and live in a PACE service area (Bismarck, Dickinson and/or Fargo, ND). PACE is also available to individuals who are able to privately pay for the care. PACE is focused on helping older individuals live in the community as long as possible.

American Rescue Plan (ARP) Funding

Aging Services will be utilizing some of the ARP funding to implement three pilot programs.

1. Nutrition - Aging Services will enter into a contract with a ND licensed dietician that will create menus and provide the recipes to the nutrition service providers, develop educational materials, along with providing webinars. In addition, the dietician will work closely with the nutrition service providers to ensure that individuals who screen for high nutrition risk are referred for a free dietary consult.
2. HCBS Provider Navigator - This is a temporary position that will assist the OC and HCBS staff in finding QSP's to provide in-home LTSS.
3. OAA/HCBS Case Manager - This is a temporary position within Aging Services that will have the knowledge of both the OAA core and HCBS programs. The goal is to be more efficient with the services being offered and not having to refer the individual to another Aging Services staff.



Discretionary Grants

Lifespan Respite

In 2017, Aging Services was awarded a Lifespan Respite Grant to develop a statewide program for families providing care to individuals with special needs of all ages. The goal for this grant was to improve the well-being of families by coordinating the existing respite systems, providing education, training opportunities, and expanding services to include emergency respite and to develop a Statewide Respite Coalition. The coalition represents individuals with disabilities or chronic conditions of all ages, family caregivers, community and faith-based organizations, Aging Services staff, health professionals, and social services. The purpose of the coalition is to develop frameworks based on 'lessons learned,' create awareness through education and training, along with reviewing and/or revising policies to better serve North Dakotans.

Aging Services, in partnership with the ND State Respite Coalition and key stakeholders, was awarded a Lifespan Respite Care Integration & Sustainability State Enhancement Grant in 2021. The grant provides Aging Services the opportunity to build on advancements made under the 2017 ND Lifespan Respite Grant to further expand and enhance respite care services to family caregivers across the lifespan.



Other Activities

Committee on Aging (CoA)

The Governor's Council on Human Resources (CHR) which included the CoA was established in 1965 to further the mission of developing and coordinating community-based systems of care for older individuals and individuals with physical disabilities (S.L. 1965, Ch. 328). The GCHR came under the newly created DHS (S.L. 1981, Ch. 486) effective in January 1982. In 1989 the CHR was placed back in the governor's office. In 1995, legislation created a separate entity for the CoA. The committee acts as an advisory body for the ASD meets on a quarterly basis, and is comprised of 14 members appointed by the Governor who service a three-year term. The 14 members preferably one from each region in the state, one from each of the four American Indian Reservations, and one Indian Service Area represent diverse geographical and social groups, and the majority of members must be 60 years of age or older. The committee focuses on issues and services impacting older North Dakotans, sponsors community educational forums, and works to fulfill the needs of older individuals.

Guardianship

The division's Assistant Director who also acts as the Legal Services Developer administers the state funded GEF that provides financial assistance in petitioning for guardianship for eligible individuals. In addition, the Assistant Director participates on a Guardianship Standards Workgroup, which continues to identify needed changes to state law clarifying guardianship and conservatorship responsibilities.

North Dakota Senior Medicare Patrol (ND SMP)

ND SMP is based out of MSU and provides education to Medicare beneficiaries to prevent, detect, and report health care fraud. This program not only protects beneficiaries, but also helps to preserve the integrity of the Medicare programs. Aging Services serves on the advisory committee and assists in disseminating information on how to prevent healthcare fraud to older individuals through newsletters, conferences, and health fairs.

State Health Insurance Counseling (SHIC) and Medicare Improvements for Patients and Providers Act (MIPPA)

The ND Department of Insurance has trained SHIC counselors who offer free help to individuals with Medicare and other health insurance. The counselors, who work through local sponsoring organizations, are trained in all aspects of senior insurance, such as Medicare, Medicare Part D, and Medicare Advantage plans.



Quality Management/Assurance

ASD uses the following: WellSky Aging and Disability for Title-III services; WellSky Ombuds Manager for LTC ombudsman activities; and WellSky Harmony for Adult Protective Services (HAPS) for adult protective services activities. ASD uses core data collection elements that include targeted at-risk populations, and has developed registration and/or assessment documents to provide uniformity in data collection. Program and fiscal data are reviewed and analyzed monthly.

For Title-III services, monitoring tools have been developed for on-site monitoring visits that are conducted a minimum of every 24 months. Areas of concern are identified, written plans of correction obtained, and follow-up is completed to assure resolution.

In addition, Aging Services program administrators conducts annual QA reviews on all contracts. The reviews are scheduled throughout the year and may be conducted on site or through a desk audit format. These reviews are conducted to ensure funds are expended in accordance with the guidelines outlined in the contracts. Sites visits allow the opportunity for TA, establishing relationships with the contractors and/or providers, and gathering information on successes and challenges.



Emergency/Disaster Preparedness

On October 6, 2017, Gov. Doug Burgum, signed [Executive Order 2017-17](#) directing state entities to implement continuity of operations plans (COOP) in compliance with the Emergency Management Accreditation Program (EMAP). The development of the COOPs will assist state entities to prepare for any type of incident or event that may occur. The State of ND utilizes Assurance Continuity Manager (Assurance CM) and the Assurance Notification Manager (Assurance NM) to aid state entities in their planning efforts.

DHS has an obligation to state residents to perform its essential functions/processes efficiently during disruptions. When emergencies or other situations arise that disrupt DHS operations, DHS must have a plan to continue essential functions/processes under any circumstance. The purpose of the COOP is to: enable the DHS Executive Office

to maintain daily operations and execute disaster response measures as necessary in meeting mission objectives; ensure critical mission operations continue during times of man-made or natural disasters; ensure communication is retained within department chain of command; provide accurate and timely information to the public pertaining to programs, services, and DHS operations; provide consistent and accurate situation reports on the status of DHS disaster response activities; coordinate disaster response activities and provide critical services to the affected community/area; coordinate Human Resources to execute mission critical service response operation; and coordinate with stakeholders to determine appropriate response.

All Aging Services contractors and grantees are required to establish an emergency response plan, including procedures as part of their policy manual in the event of a disaster. Aging Services will provide TA if requested by the provider.



Critical Issues, Trends, and Challenges

COVID-19 and Future of Service Delivery

The COVID-19 Pandemic has had an adverse impact on everyone, but older individuals were impacted the most. Throughout the pandemic Aging Services had to shift how we administered key services such as the nutrition program, in-home LTSS, and protective services while trying to mitigate impact of increased social isolation on older individuals. Social isolation is still a concern with the older individuals in ND as the nation progresses to the “new normal.” The pandemic created awareness on how “we” need to function differently, prompting Aging Services and other public/private organizations to adapt, be innovative with service delivery, and continue to support those at greatest risk such as older individuals and individuals with physical disabilities. Leveraging new partnerships and connecting individuals to technology were some of the key strategies to better support and empower older individuals in ways that more than likely would not have occurred if not for needs that arose during the pandemic.

Addressing ND Health Disparities and Social Determinants of Health

As ND’s older adult population continues to grow and become more diverse, it is important to consider the implications of health disparities and social determinants of health, racism, LGBTQ+, older individuals living with HIV, cultural discrimination, and systemic inequities have on the individuals Aging Services serve. Aging Services is currently working on issues like unconscious bias, diversity and inclusion, and cultural competence to become more effective when providing services. Aging Services has completed training on PCC and is currently undergoing cultural competence training on Native Americans and adverse childhood experiences. Aging Services is working with the National Center on Advancing Person-Centered Practices and System (NCAPPS) on creating more ways to actively engage Native American and new American stakeholders across the State. In addition, Aging Services

will collaborate with the ND DoH, Health Equity Office and the Division of Sexually Transmitted and Bloodborne Diseases to disseminate information and to ensure LGBTQ+ and older individuals living with HIV are aware of the services Aging Services has to offer.

Direct Care Workforce Shortage

Direct care workers in ND are critically important to provide in-home LTSS to help older individuals and individuals with physical disabilities to remain at home and stay connected with their communities to live their best life. ND is facing a growing crisis in workforce shortage especially direct care workers, due to low wages, high turnover rate, and complexity of direct care work.

The State used MFP capacity rebuilding funds to establish a QSP Resource Hub. The QSP Hub will be implementing QSP agency and individual recruitment and retention strategies as well as providing enrollment and training assistance. The goal is to increase the number of individual and agency QSPs available to provide direct care. These efforts are intended to support both new providers and long-term provider retention. In particular, this network of service providers is the framework that provides services for the FCSP Title III-E.

Hunger and Food Insecurity

According to the American's Health Rankings 2021, food insecurity among older individuals has decreased 16 percent between 2014 and 2018, from 15.8 percent to 13.3 percent. Despite this decrease, older individuals are experiencing an increase (58.8%) in food insecurity, with 13.5 percent of this due to COVID-19 per the Food Research & Action Center (FRAC). Older individuals report missing meals due to a variety of reasons such as functional limitations affecting their ability to prepare meals, lack of transportation, and limited finances to meet all their needs like food, medications, and housing. Facing food insecurity can have negative impacts on an older individual's overall physical and mental health and increase the risk of chronic diseases.

ND is ranked 19th in the nation for food insecurity. Although there is a Supplemental Nutrition Assistance Program (SNAP) for qualifying older individuals the program is underutilized which creates an opportunity to be creative in how to execute nutrition services provided through the OAA. Aging Services will continue to collaborate with the nutrition providers to better reach and serve individuals at greatest risk for food insecurity including those residing on ND American Indian Reservations, and those who live in very isolated geographical areas, who live alone and/or are raising their grandchildren, who are living in poverty, or who live in a food desert.

Financial Exploitation

Financial Exploitation is a rapidly growing form of vulnerable adult abuse which can have catastrophic impacts. Due to COVID-19, many adults experienced negative effects of social isolation and continued to experience other forms of abuse, neglect, self-neglect, and/or exploitation. Financial exploitation is on the rise as a result of mandatory reporting, the oil boom, and COVID-19. Since 2013, when mandated reporting went into effect the substantiated reports of financial exploitation have increased by over 200 percent.

Through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, ND received funding to enhance and improve the VAPS Program and the ability to respond to reports. Aging Services has contracted with an agency to complete forensic accounting activities in specific financial exploitation cases. This enhancement will aid VAPS in addressing incidents of financial fraud and exploitation, and to assist in developing reports to send to law enforcement and state's attorneys for criminal charges.

Social Isolation

According to America's Health Rankings 2021, the most common risk factors for social isolation were being divorced, separated, or widowed, followed by having a disability. COVID-19 has negatively affected the mental and physical health of older individuals due to the impacts of isolation from social distancing. However, the increase in technology and high-speed internet access may have mitigated some of the negative effects.

Social isolation is always a concern in ND since it is considered a rural and frontier state. Aging Services continues to think of innovative projects and partnerships to address this concern. For example, throughout the pandemic Aging Services partnered with ND Assistive to provide tablets to nursing facilities to increase the opportunity to allow residents virtual interaction with loved ones. In addition, Aging Services implemented the Companionship Program to help reduce social isolation by providing in-home and/or in the community socialization activities such as going shopping, going to a sporting event, going to church, playing cards, and other activities tied to identified goals.

Technology

Access to technology in modern society is something that most older individuals are not familiar with and can be very intimidating. Increasing access to and knowledge of technology was a positive impact resulting from the pandemic. Many older North Dakotans became more tech savvy, as they had to remain in their homes but could still virtually connect with family and friends, obtain food and medications, access telehealth appointments, and participate in virtual forms of entertainment.

Suicide, Mental Health & Substance Use

Suicide is a public health crisis that affects individuals of all ages, income levels, races and ethnicities and that is increasing in older individuals. Suicide is 6.1 times higher among males (31.9 deaths per 100,000) than females (5.2). Suicide is 1.3 times higher among those ages 85 and older (19.8 deaths per 100,000) than those ages 65-74 (15.8) and note the rate significantly increases with increase in age. According to the AoA and the Substance Abuse and Mental Health Services Administration, recorded suicide attempts among older individuals are usually more lethal than those among younger age groups. Older individuals are nearly twice as likely to use firearms as a means of suicide compared to younger adults. A lack of connection with family, friends, and neighbors can put older North Dakotans at risk for social isolation, which could lead into depression, loneliness, lack of self-care, substance use, and more.

According to the CDC, one out of four older individuals who attempts suicide dies. While the exact reasons for that figure remain unknown, researchers suggest aging individuals are frailer and therefore more vulnerable to self-inflicted injury. Unfortunately, most communities in ND have been affected by suicide with many communities lacking a system of supports for the treatment of mental health and substance use disorder.

Substance use has been a priority issue for North Dakota's First Lady Kathryn Burgum since she became first lady in 2016. The Governor and First Lady created the Office of Recovery Reinvented, which supports and develops initiatives to eliminate the shame and stigma of the chronic disease of addiction in ND.

Aging Services continues to collaborate with the DHS Behavioral Health Division (BHD) on training opportunities, resources, and programs. In addition, Aging Services will collaborate and disseminate information to older individuals and individuals with physical disabilities on the new 988 Suicide & Crisis Lifeline, which goes into effect July 16, 2022. The ND Suicide Prevention Coalition also provides training, education, statewide resources, and connection to support groups.



North Dakota State Plan on Aging Planning and Development

Public Input Hearings

In 2021, Aging Services utilized innovation and technology to hold two virtual public input hearings. The purpose of the virtual hearings was to provide information on OAA core programs, state and federally funded programs, and promote individual choice and control along with gathering input from older North Dakotans, family caregivers, professionals, stakeholders and others to identify needs and goals for the State Plan. Individuals could join either via video or the call-in phone number associated with the invitation. The virtual public input hearings were promoted through a press release and on the department's social media pages (Facebook and Twitter). Session notes for each hearing were also documented by Aging Services staff.

Aging Services also held five in-person public input hearings in various parts of the state (Casselton, Dunseith, Glen Ullin, Hettinger, and Napoleon). Aging Services took a new approach for the in-person hearings by holding them in rural communities that lack the same services found in larger communities. The hearings were promoted through a press release, flyers, and on the department's social media pages (Facebook and Twitter). Verbal input was documented at all of the five in-person public hearings.

The virtual and in-person hearings were attended by 146 various members of the public including stakeholders, aging advocates, family caregivers, older North Dakotans, healthcare professionals, LTC facilities, and enrolled tribal members. Many individuals expressed concern regarding the lack of workforce, as well as barriers to transportation. The hearing largely discussed how to access information and knowing what services are available, along with challenges caused by the COVID-19 pandemic and on nutrition services regarding the food quality and options available, specifically for individuals with needs for medically tailored or culturally appropriate meals.

Individuals that were unable to attend any of the hearings still had an opportunity to provide public input either through telephone and/or email until May 31, 2022.

State Survey

In 2020, Aging Services worked collaboratively with DHS's Decision Support Unit on a survey (electronic via Survey Monkey and scannable paper survey via Teleform) to gather additional feedback from older North Dakotans. The survey consisted of 34 multiple choice and open-ended questions, which focused on OAA core and state/federally funded HCBS services currently offered, PCC, and COVID-19. Individuals were randomly selected from a list generated from the divisions' web-based data collection system. There were 382 individuals selected per the recommendation of the ND Information Technology research analyst as that was a statistically valid number.

The surveys were mailed and/or emailed out on October 2, 2020, with a return date of October 23, 2020. The individuals that received a paper survey were provided a pre-paid envelope to return the survey once completed. Of the 382 surveys sent out, 89 individuals (27.5%) from all over the state (29 of 53 counties), including one tribal member, completed it. DHS's Decision Support Unit compiled and analyzed all the surveys. The survey provided valuable information on what issues need to be addressed for the years to come.

The survey results indicate that the programs have had a positive impact for the individuals utilizing the FCSP, but it really pointed out the lack of awareness for the programs Aging Services has to offer based on the feedback such as:

- Only know of the meal program and nothing more.
- Mail information out or have it available at clinics and pharmacies.
- Make information more available and easily accessible.
- Not aware of any of these programs.

Based on these results, Aging Services is now more aware about the lack of awareness and will be more innovative with disseminating information such as collaborating with different organizations (public and private) like state agencies/divisions and healthcare. Regional and county councils on aging, trainings, seminars, health fairs and other informational settings also provide an opportunity to provide input on service development and service delivery on an ongoing basis.

State of North Dakota Goals and Objectives



Goal One

Goal 1: Promote excellence in the delivery of core OAA Programs

Objective 1: Identify and implement best practices for OAA programs and services.

- **Strategy 1:** Train all Aging Services staff in specialized areas such as trauma informed care, suicide prevention, LGBTQ+, HIV, ND Health Disparities and Social Determinants of Health, and cultural diversity.
- **Strategy 2:** Create protocols to promote consistency in the delivery of services statewide.
- **Strategy 3:** Develop capacity within Aging Services to rebalance caseloads along with developing caseload projections to ensure that staffing meets anticipated future service demands.
- **Strategy 4:** Explore options for utilizing new technologies to improve the efficiency of service delivery in the field.

Performance Measures for Objective 1

- Rebalance in caseload among Aging Services staff.
- Number of staff who receive specialized training.

Objective 2: Develop new strategies to target priority populations (as defined in the OAA) in the delivery of core services.

- **Strategy 1:** Partner with organizations that serve priority populations to coordinate outreach opportunities and improve targeting efforts including rural, poverty, and minorities.
- **Strategy 2:** Continue to build and strengthen relationships and host strategic planning meetings with the Tribal Nations in ND.

- **Strategy 3:** Review Aging Services brochures, correspondence, and electronic communication to ensure that language is person-centered and culturally appropriate.
- **Strategy 4:** Develop cultural competencies among Aging Services staff to promote responsiveness to the needs of minority populations.
- **Strategy 5:** Train all Aging Services staff on how to use the Language Link to better communicate with non-English speaking individuals.

Performance Measures for Objective 2

- Number of Aging Services outreach tools that have been updated.
- Number of staff who receive training on the Language Link.
- Increase the number of American Indian Elders utilizing OAA Title III programs and services.

Objective 3: Increase social engagement for older individuals.

- **Strategy 1:** Support programming aimed at identifying older individuals who are socially isolated to decrease the effects of social isolation.
- **Strategy 2:** Develop and utilize strategies to address social isolation in rural and urban settings, along with providing cultural experiences, activities, and services.
- **Strategy 3:** Educate older individuals on the benefits of virtual engagement.

Performance Measures for Objective 3

- Increase the number of older individuals utilizing technology to engage in virtual socialization and/or activities.
- Increase the number of older individuals utilizing evidence-based programs for health prevention and reduction of social isolation.

Objective 4: Promote the development, expansion, and/or improvement of programs which address nutritional needs of older individuals.

- **Strategy 1:** Develop nutritional educational content for brochures, flyers, webinars, and other areas as identified.
- **Strategy 2:** Provide nutrition webinars for nutrition participants and service providers.
- **Strategy 3:** Enhance the nutrition enrollment form to include a malnutrition screening.
- **Strategy 4:** Develop a pilot program to provide free consults with a dietician for older individuals that are at high nutrition screening risk.
- **Strategy 5:** Develop and implement a pilot program to offer meal selections for individuals living with dietary restrictions and/or who culturally desired choices.

Performance Measures for Objective 4

- Number of individuals that attended the webinars.
- Number of individuals referred to a dietician for nutrition counseling.
- Number of individuals that received a nutrition counseling.

Objective 5: Promote the development, expansion, and/or improvement of programs which address the needs of caregivers.

- **Strategy 1:** Perform a caregiver needs assessment.
- **Strategy 2:** Collaborate with existing providers and organizations to explore options to develop, deliver, and promote in-person or virtual training for caregivers.

- **Strategy 3:** Provide ongoing training to the ADRL call center intake staff on services available for caregivers, including older relative caregivers.
- **Strategy 4:** Educate the public on the role of informal caregivers and help individuals self-identify as a caregiver.
- **Strategy 5:** Increase availability of caregiver services.
- **Strategy 6:** Review recommendations of the RAISE Family Caregiver Advisory Council and implement as deemed appropriate.
- **Strategy 7:** Develop a document for best practices related to caregiver support.

Performance Measures for Objective 5

- Increase the number of caregivers who receive caregiver training.
- Number of ADRL calls requesting resources for caregivers.
- Increase in number of caregivers receiving training.
- Increase in the number of individuals enrolling in the FCSP Title III-E.

Goal Two



Goal 2: Carry out advocacy efforts to develop a service delivery system that improves the lives of older individuals and their caregivers

Objective 1: Support the delivery of services that promote and protect the rights of older individuals.

- **Strategy 1:** Promote awareness of the availability of the LTC Ombudsman Program.
- **Strategy 2:** Ongoing monitoring of the residents' ability to access ombudsman services through posters and brochures within LTC facilities.
- **Strategy 3:** Create awareness of resident rights through promotional materials, trainings, and one-on-one conversations.
- **Strategy 4:** Provide ADRL information to residents and individuals of LTC facilities seeking information about HCBS.
- **Strategy 5:** Develop and implement an outreach campaign to create awareness on vulnerable adult abuse.
- **Strategy 6:** Promote vulnerable adult abuse awareness through trainings, conferences, health providers, multidisciplinary teams (MDTs) and community partners.
- **Strategy 7:** Advocate and educate for the right of self-determination for vulnerable adults and help them to connect to services of choice in location of preference.

Performance Measures for Objective 1

- Increase the number of outreach, awareness, and reporting activities for the LTC Ombudsman Program.
- Increase the number of outreach, awareness, and reporting activities related to vulnerable adult abuse.
- Increase the number of organizations with vulnerable adult abuse prevention training.

Objective 2: Improve access and coordination of services for individuals with mental illness and substance use disorder.

- **Strategy 1:** Collaborate with the ND BHD to identify and address barriers to service access for individuals with

mental illness and substance use disorders.

- **Strategy 2:** Collaborate with the ND BHD to raise awareness of, and reduce stigma around, mental illness and substance use disorder and seeking treatment.
- **Strategy 3:** Collaborate and disseminate information on 988 Suicide & Crisis Lifeline.
- **Strategy 4:** Provide training to the ADRL call center intake staff on 988 Suicide & Crisis Lifeline.

Performance Measures for Objective 2

- Number of older individuals reaching out to the 988 Suicide & Crisis Lifeline.

Objective 3: Promote economic security for underutilized services.

- **Strategy 1:** Collaborate with partners to increase participation in benefit programs such as the SNAP among eligible older individuals.

Performance Measures for Objective 3

- Number of individuals aged 60 and older enrolled in the SNAP program.



Goal 3: Develop strategies to fully integrate discretionary grant programs with OAA core programs

Goal Three

Objective 1: Promote and expand Lifespan Respite

- **Strategy 1:** Increase awareness of Lifespan Respite through existing respite services and resources for caregivers.
- **Strategy 2:** Explore opportunities through the OAA core programs and work to expand and strengthen the respite care workforce.
- **Strategy 3:** Explore opportunities through the OAA core programs and work to provide education and training on caregiving and respite care for all ages, particularly in rural and underserved areas.
- **Strategy 4:** Expand the utilization of the voucher program through the OAA core programs to provide respite to more family caregivers across the lifespan.

Performance Measures for Objective 1

- Increase the number of outreach, awareness, and reporting activities for Lifespan Respite.
- Increase the number of respite care workforce.
- Increase the number of individuals that utilize the Lifespan respite voucher program.

Goal Four

Goal 4: Support individual choice related to LTSS options



Objective 1: Expand the availability of resources and service options for individuals who choose to receive LTC supports in home and community-based settings.

- **Strategy 1:** Build staffing capacity within Aging Services to meet the increased demands for in-home LTSS
- **Strategy 2:** Increase awareness campaign for LTSS offered through Aging Services.
- **Strategy 3:** Promote and empower person-centered choices on LTSS in the location of preference.

Performance Measures for Objective 1

- Increase number of Aging Services staff.
- Increase the number of older individuals utilizing HCBS.
- Increase the number of older individuals residing in a LTC facility who are aware of HCBS.
- Increase the number of outreach, awareness, and reporting activities for HCBS.

Objective 2: Help individuals residing in a nursing home or who are at risk of institutionalization to learn about their service options and access community-based services.

- **Strategy 1:** Increase outreach efforts to promote awareness, individual choice, and understanding of available services to promote aging in place.
- **Strategy 2:** Expand options counseling services for individuals transitioning from medical settings to prevent readmissions and unnecessary institutionalization.
- **Strategy 3:** Collaborate and coordinate with Medical Services Division, MFP, and when available, the PACE Program and other partners to support individuals who opt to transition from nursing home to community-based settings.

Performance Measures for Objective 2

- Increase enrollment for services.
- Increase transitions from LTC facilities back into the community.



Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general-purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

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

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

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

(G)

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency;

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

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for

institutional placement residing in such area, and the the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

(B) in-home services, including supportive services for families of older individuals with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)
(i)

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

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

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

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters

relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided

under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

(ii) the nature of such contract or such relationship;

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

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

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

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

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range

emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

and actually meet such need; and

(B) 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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(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 intrastate distribution of funds); and

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

- (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(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).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

(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.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of

legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

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

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

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (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.

(28) 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 31 emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...



Director ND DHS Aging Services Division

June 25, 2022

Date

Attachment B

INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

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

Response:

Aging Services assures that such preference will be given, as required.

- *There are factors included in the allocation plan to target funds to low income, minority, and rural individuals;*
- *All contractors and their subcontract entities are required (by policy) to give priority for services to the targeted groups;*
- *All contractors are required to identify specific targeting methods in their policies and procedures manual; and*
- *Partnerships with national and state minority organizations will be maintained.*
- *ASD has access to the CTS Language Link service when working with individuals who speak little or no English. CTS Language Link provides professional interpreters that are available seven days a week, 24-hours per day.*
- *Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.*

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

Response:

ND is a single PSA. Aging Services collaborates and holds a contract with ND Assistive Safety to access assistive technology options for older adults and individuals with physical disabilities. Aging Services routinely disseminates information regarding options for accessing assistive technology through the ADRL, OC, and HCBS.

Section 306(a)(17)

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

Response:

ND is a PSA. Section 307(a)(28) details information on development of long-range emergency preparedness plans and coordination activities.

Section 307(a)(2)

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Response:

ND is a PSA, and therefore, does not allocate funds to area agencies on aging (AAA's). 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 – 15 percent; in-home – 33 percent; and legal assistance – 20 percent. The basis for the funding levels is historic need and available funding. DOT provides transportation services. The MSP allows for medical transportation for eligible clients; the Medicaid waivers and state-funded SPED and Ex-SPED allow for non-medical transportation for eligible clients.

Section 307(a)(3)

The plan shall--

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

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

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

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

Response:

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

The State/Area Agency assures that it will spend for each fiscal year (FY) of the plan, not less than the amount expended for such services for FY 2000.

(i) It is projected that for each FY of this State Plan, the projected cost of providing services for older individuals

residing in rural areas will be \$4,493,427. This projection is based on funding factors that address the number of individuals aged 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 2022 award.

In the FY preceding this plan, the following methods were used to meet the need for services for older individuals residing in rural areas:

- A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
- State-funded programs provide services through individual and/or agency QSPs located in both rural and urban areas of the state; a rural differential rate is in place to provide greater access to rural communities by offering a higher rate to QSPs who travel at least 21 miles round trip to provide services; and
- Ongoing collaboration with DOT to assure a coordinated transit system throughout the state with access in rural areas.

Section 307(a)(10)

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

Response:

Aging Services assures that the special needs of older individuals residing in rural areas are taken into consideration in the planning and provision of services. Aging Services allocates resources so that services are provided throughout the state. In addition, Aging Services staff are located throughout the state. The contracts in place through Aging Services ensures that provision of service covers all geographic areas of the state.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency.

Response:

The 2014-2018 American Community Survey; Special Tabulation on Aging estimates there are 148,640 adults aged 60 and older; of that number, 147,625* are Not Hispanic or Latino, and 1,010 are Hispanic or Latino. (Note, the total does not add up to 148,640 due to errors in the source file.) Further breakout of race/Hispanic origin and poverty status is presented in the following chart:

North Dakotans Age 60 and Older – Poverty Status by Race/Hispanic Origin

Race/Hispanic Origin	Total	Below poverty
Not Hispanic or Latino	147,625*	12,314
White Alone	142,020	11,215
Black Alone	595	140
American Indian & Alaska Native Alone (or in combination with other races)	3,995	810
Asian Alone	755	120
Native Hawaiian & Other Pacific Islander Alone	4	4
Some Other Race Alone or Persons Reporting Two or More Races	255	25
Hispanic or Latino	1,010	90

Source: Administration for Community Living, agid.acl.gov. 2014-2018 ACS Special Tabulation – Table S21040.

The 2014-2018 American Community Survey; Special Tabulation on Aging – Table S21014B estimates that 147,780 North Dakotans aged 60 and older speak only English. An estimated 7,190 speak a language other than English. Of that number 5,335 speak English “very well”; 1,010 speak English “well”; 625 speak English “not well”; and 220 do not speak English at all.

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

Response:

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

- Funding factors to target services to low-income minorities are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;
- ASD continues to partner with ND American Indian Reservations to strengthen relationships;
- ASD continues to collaborate with ND American Indian Reservations to provide services to avoid duplication;
- ND American Indian Reservations and the Indian Service Area are represented on the CoA;
- ASD has provided technical assistance to all four tribal entities to become QSPs;
- The MSP was modified to allow Community Health Representative (CHR) Programs to enroll as long-term care targeted case management providers for tribal members; and
- ASD has access to the CTS Language Link service when working with individuals who speak little or no English. CTS Language Link provides professional interpreters that are available seven days a week, 24-hours per day.

Section 307(a)(21)

The plan shall --

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

Response:

Aging Services assures the following activities will be pursued to increase access to all supports and services to the Elders on ND American Indian Reservations. Title III and Title VI coordination will be accomplished through the following efforts:

- Funding for tribal entities is set aside in the Aging budget for services provided on the reservations;
- Funding factors of minority and low-income are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;
- Title VI staff are invited to serve on planning committees; and staff are invited to participate in ASD sponsored trainings;
- VAPS has memorandum of understanding (MOUs) with two tribal entities in Region III;
- American Indian Reservations and the Indian Service Area are represented on the CoA;
- ASD assisted all four tribal entities to become QSP; the entities will be able to provide direct care services on their respective reservations.
- ASD is working with NCAPPS to have more robust stakeholder engagements with tribal entities to learn more about the needs for tribal elders.

Section 307(a)(27)

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Response:

Aging Services will utilize ND's population data to project changes in the number of older individuals and older individuals over the age of 85, as well as the needs of those individuals with economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency. Aging Services will adjust services and allocation of resources based on the population data in ND.

Section 307(a)(28)

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

Response:

The ND State Emergency Operational Plan (SEOP) assigns tasks and responsibilities to state departments and agencies along with establishing broad concepts for conducting response and recovery operations if an emergency or disaster occurs in the state. DHS is the lead agency for planning and coordinating evacuation, sheltering, and mass care activities for the state when the scope of the disaster exceeds or is expected to exceed local resources, and a state response is requested.

The DHS Disaster Preparedness Administrator/Risk Manager represents the Department at the State Emergency Operation Center (SEOC) and coordinates efforts with the ND Department of Emergency Services and FEMA. Other responsibilities include liaison to the ND 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.

The OAA contracted entities are required to develop and coordinate emergency disaster plans with their local emergency management offices.

Section 307(a)(29)

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

Response:

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

Section 705(a) ELIGIBILITY –

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

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

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

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

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

Response:

ND has established programs and services in accordance with this chapter. Some of the services are provided under contracts and/or grants to local providers with others being administered directly by Aging Services. Those programs include VAPS, FCSP, OC, and the LTC Ombudsman Program.

(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;

Response:

In developing this plan, and for other planning purposes, Aging Services gathers information from stakeholders, community members, health professionals, and other organizations to hear what other service options should be explored. As described in the State Plan, Aging Services held public input meetings in various ways to gather input in preparation for the development of State Plan goals and objectives.

(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;

Response:

The State assures that it will identify and prioritize statewide activities related to securing and maintaining benefits and rights, as described above. Some specific activities include:

- The provision of the ADRL for information and assistance services.
- The provision of options counseling, both through VAPS and the CSC's and Community Outreach Specialists.
- The LTC Ombudsman Program.
- Coordination with state agencies, such as the ND Insurance Department and Protection and Advocacy.
- Coordination with organizations such as the ND Social Security Administration Office to maintain current information.

(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;

Response:

ND assures that it 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 adults rights protection activities described in the chapter. Each of the vulnerable adult rights protection activities is described briefly:

- Aging Services has oversight of the LTC Ombudsman Program. The program responds to complaints, advocates for residents and/or family, and provides training.
- VAPS assists vulnerable adults who are subject to abuse, neglect, and/or exploitation. The VAPS staff receive and investigate reports of abuse, neglect, and/or exploitation and provide necessary intervention.
- VAPS provides a range of services including information and assistance, training, and advocacy.
- Aging Services contracts with LSND to assist older and vulnerable adults with legal issues.

(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);

Response:

ND assures that it will operate within the guidelines outlined above regarding the designation of local Ombudsman. ND is a single, statewide Ombudsman Program.

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

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

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

(ii) receipt of reports of elder abuse;

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

- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

Response:

ND assures that it will continue to operate the VAPS Program in accordance with the above detailed provisions. The VAPS Program complies with all provisions of the OAA regarding vulnerable adult abuse prevention as well as relevant state laws and regulations. Outreach, information, and assistance, along with referral activities occur as part of the ongoing operation of the program. VAPS provides education, training, on vulnerable adult abuse, neglect, and/or exploitation to stakeholders, colleges, law enforcement, and healthcare professionals throughout the state. All information that is collected during the intake is confidential and is only shared with outside entities such as law enforcement when it is required and will maintain professional guidelines.

VAPS has policies and procedures in place to ensure that individual needs are met.

Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Requirements Applicable to IFF Revisions:

OAA, Sec. 305(a)(2)(C)

“States shall,

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

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

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

Response:

The State of ND is a PSA and is not required to have an intrastate funding formula.

However, ASD utilizes the best available data, including county-specific demographic information from the U.S. Census to identify where the need for services is greatest.

Federal funds are allocated for services that best address the needs of the following targets demographic groups. This includes:

- Weighted funding factors for rural, minority, and low income for services provided in each region
- Population age 60 and older
- Rural
- Minority
- Low-Income

Attachment D

Acronyms

Acronym	Description
AAA	Area Agencies on Aging
ACL	Administration on Community Living
ADA	Americans with Disabilities Act
ADRL	Aging & Disability Resource Link
AFC	Adult Foster Care
AFH	Agency Foster Home and System
AoA	Administration on Aging
ASD	Aging Services Division
BHD	Behavioral Health Division
CDC	Centers for Disease Control & Prevention
CHR	Council on Human Resources
CIL	Centers for Independent Living
CM	Continuity Manager
CoA	Committee on Aging
COOP	Continuity of Operations Plans
CSC	Community Service Coordinator
DCSP	Dementia Care Services Program
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DoH	Department of Health
DOT	Department of Transportation
DRIs	Dietary Reference Intakes
EMAP	Emergency Management Accreditation Program
ERS	Emergency Response System
Ex-SPED	Expanded Service Payments for the Elderly and Disabled
FCSP	Family Caregiver Support Program
FRAC	Food Research & Action Center
FTE	Full-Time Employees
GEFP	Guardianship Establishment Funds Program
HAPS	Harmony for Adult Protective Services
HCBS	Home and Community-Based Services
HDM	Home-Delivered Meals
HPDP	Health Promotion & Disease Prevention
HSC	Human Service Center
HUD	Housing and Urban Development
I & A	Information & Assistance
IP	Implementation Plan
LSND	Legal Services of North Dakota
LTC	Long-Term Care
LTSS	Long Term Services and Supports
MFP	Money Follows the Person
MIPPA	Medicare Improvements for Patients and Providers Act

MSP	Medicaid State Plan
MSU	Minot State University
NAPSA	National Adult Protective Services Association
NCAPPS	National Center on Advancing Person-Centered Practices and System
ND	North Dakota
NFCSP	National Family Caregiver Support Program
NM	Notification Manager
OAA	Older Americans Act
OC	Options Counseling
PACE	Program of All-Inclusive Care for the Elderly
PCC	Person-Centered Care
PCP	Person-Centered Plan
PPE	Personal Protective Equipment
PSA	Planning and Service Area
PSA	Purchase of Service Agreement
QA	Quality Assurance
QSP	Qualified Service Provider
RHCS	Residential Habilitation and Community Supports
SA	Settlement Agreement
SCSEP	Senior Community Service Employment Program
SHIC	State Health Insurance Counseling
SLDS	State Legal Services Developer
SMP	Senior Medicare Patrol
SNAP	Supplemental Nutrition Assistance Program
SPA	Service Provider Association
SPED	Service Payments for the Elderly and Disabled
SUA	State Unit on Aging
TA	Technical Assistance
TEDS	Telecommunication Equipment Distribution Service
USDOJ	United States Department of Justice
VAPS	Vulnerable Adult Protective Services
VR	Vocational Rehabilitation