



July 26, 2013

The Honorable Dennis Daugaard
Governor of South Dakota
State Capitol
500 East Capitol
Pierre, South Dakota 57501-5070

Dear Governor Daugaard:

I am pleased to inform you that the South Dakota State Plan on Aging under the Older Americans Act for October 1, 2013 through September 30, 2017, has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for South Dakota's aging service network during the next four years. Of particular note is the mission to provide opportunities to enable older adults and adults with disabilities to live independent lives by promoting services to delay or prevent institutionalization. As a result, the State Plan reflects a proactive strategy to deliver high quality, comprehensive services to meet the needs of older persons and their caregivers in South Dakota.

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

Sincerely,

A handwritten signature in cursive script that reads "Kathy Greenlee".

Kathy Greenlee
Administrator and Assistant Secretary for Aging

South Dakota State Plan on Aging

October 1, 2013 - September 30, 2017





STATE OF SOUTH DAKOTA
DENNIS DAUGAARD, GOVERNOR

A MESSAGE FROM GOVERNOR DAUGAARD

Dear Fellow South Dakotans,

It is my pleasure to present the South Dakota State Plan on Aging for fiscal years 2014 – 2017. This document reflects South Dakota's plan for responding to the needs of our elderly citizens.

The Division of Adult Services and Aging within the Department of Social Services, serves as South Dakota's State Unit on Aging and is designated as the Single Planning and Service Area (PSA) for purposes of administering funds under the Older Americans Act. The South Dakota State Plan on Aging has been developed in accordance with the guidance of all Federal statutory and regulatory requirements.

The goals, objectives, and strategies set forth in South Dakota's State Plan on Aging embrace the department's vision statement of "Strong Families – South Dakota's Foundation and Our Future." The Plan also supports the mission of the Division of Adult Services and Aging to provide opportunities to enable older South Dakotans and adults who are disabled to live independent, meaningful, and dignified lives by promoting in-home and community-based services to prevent or delay premature or inappropriate institutionalization. In addition, the Plan supports the mission of the Older Americans Act to help elderly individuals maintain independence and dignity in their homes and communities.

South Dakota, like other state Medicaid programs nationally, is facing unprecedented revenue challenges, escalating medical costs, and increased enrollment due to the ongoing economic downturn. During the 2011 Legislative Session, I established the Medicaid Solutions Workgroup and subcommittees (Pharmacy, Home and Community-Based Services, and Patient-Centered Care) with the goal to solicit key stakeholders to provide input and develop strategies to contain and control Medicaid costs. The workgroup and subcommittees met several times over a nine month period, evaluated data, heard presentations on numerous best practices in South Dakota and nationally, and developed recommendations to help contain costs. The objectives of the Home and Community-Based Services subcommittee was to develop recommendations on different models of service to meet the needs of individuals who require supports and services in the least restrictive and most appropriate environment, analyze future funding opportunities available through the federal government, and explore patient accountability and reimbursement models. From recommendations produced by this subcommittee, Adult Services and Aging is moving forward in re-designing South Dakota's system of long term care services with the input and involvement of stakeholders across the state.

The Department is committed to continue collaboration with key stakeholders to address the challenges our state is facing and to improve the long term care system in our great state.

Sincerely,


Dennis Daugaard

VERIFICATION OF INTENT
South Dakota State Plan on Aging
Fiscal Years 2014 – 2017

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

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

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

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

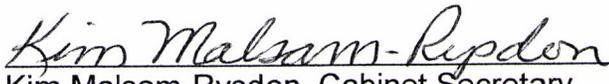
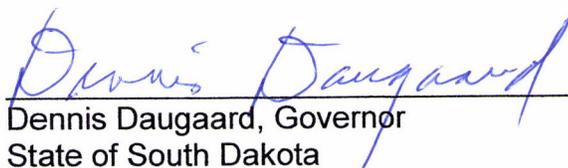
<u>6/27/13</u> (Date)	 Marilyn Kinsman, Division Director Adult Services and Aging
<u>6/27/13</u> (Date)	 Kim Malsam-Rysdon, Cabinet Secretary South Dakota Department of Social Services
<u>6/28/13</u> (Date)	 Dennis Daugaard, Governor State of South Dakota

Table of Contents

A Message from Governor Daugaard	
Verification of Intent	
Executive Summary	1
State Plan Vision and Purpose	4
Our Mission and Values	4
History	4
Who We Are	5
What We Do	6
Development and Planning for FY 2014 – 2017	8
Implementation of South Dakota’s ADRC	9
AoA On-Site Reivew	9
Advisory Council on Aging	9
State Plan Available on Website	9
Workgroups with Public Testimony	10
Outreach Events	10
ADRC Systems Change Group Meetings	10
Consumer Surveys	10
Focus Areas	11
Focus Area 1: Older Americans Act (OAA) Core Programs	11
Nutrition Services (Title III-C)	
Supportive Services (Title III- B)	
Disease Prevention/Health Promotion (Title III-D)	
Caregiver Program (Title III-E)	
Focus Area 2: Administration for Community Living/Administration on Aging Discretionary Grants	13
Aging and Disability Resource Center Discretionary Grant	
Money Follows the Person Discretionary Grant	
Focus Area 3: Person-Centered Planning	14
Focus Area 4: Elder Justice	15
Goals, Objectives, Strategies, Outcome and Performance Measures	17
Quality Management	21
Home and Community-Based Waiver Quality Management Process Summary	21
Quality of Life Surveys	22
Continuous Quality Improvement	22
Attachments	
A – FY 2014 State Plan Guidance for Assurances and Required Activities	
B – Response to Specific Assurances	
C – South Dakota Aging and Disability Connections Partners	
D – South Dakota Aging and Disability Connections Budget	
E – Department of Social Services and Adult Services and Aging Organizational Charts	

Executive Summary

This South Dakota State Plan on Aging, effective October 1, 2013 through September 30, 2017, reflects South Dakota's plan for responding to the continuum of care needs of elderly South Dakotans. This document is submitted to the Administration on Aging, a unit within the Administration for Community Living, in compliance with federal regulations, and as mandated by the Older Americans Act of 1965, as amended.

The Department has been actively working with key stakeholders across the state to address and identify the challenges our state is facing in meeting the continuum of care needs of our elderly population. In November 2007, the South Dakota Department of Social Services and its contractor, Abt Associates of Cambridge, Massachusetts, completed an assessment and evaluation of the state's long term care system. The study identified both challenges and opportunities in designing a system of long term care that promotes the health of South Dakota citizens, preserves independence, guards dignity and is financially responsible. Among the key findings were: 1) growth in the elderly population will fuel a rising demand for services; 2) South Dakota needs to rebalance and replace nursing facility capacity; 3) South Dakota needs to target assisted living capacity towards growing regions; 4) South Dakota needs to expand home health care services; and 5) South Dakota needs to expand home and community-based services.

Following the completion of the study, the Department of Social Services, as an umbrella agency to both the State Medicaid Agency and the State Unit on Aging, convened a large task force of stakeholders to develop recommendations to implement the findings identified in the long term care study. The resulting recommendations of the Long Term Care task force included, but were not limited to:

- 1) South Dakota needs to develop a single point of entry system to make access to information, assessment and referral to appropriate service providers easier;
- 2) South Dakota needs to expand existing home and community-based services in order to better meet the needs of seniors throughout the state and support them in their efforts to stay in their own homes and communities as long as possible;
- 3) South Dakota should enhance existing home and community-based services to ensure services are comprehensive and meet the needs of elderly citizens in South Dakota; and
- 4) South Dakota should right-size the nursing facility industry by realigning moratorium bed levels to reflect projected demand for nursing facility services.

Since the final report was released in November 2008, South Dakota has taken steps to complete some of the task force recommendations related to number 1 and 4 above. In 2011, South Dakota fully implemented its Aging and Disability Resource Connections (ADRC) model for South Dakotans over age 60 and adults who are physically disabled over the age of 18. Five single point call centers now conduct intake and screening, provide information and referrals, authorize basic services, and determine the need for an in-home assessment. Implementation of the ADRC model was part of a systems-change effort in the Division of Adult Services and Aging. Through this effort, the division was able to create standardized and comprehensive intake procedures, assessment protocols, and service delivery options to meet the needs of seniors and adults with disabilities across the state.

The state of South Dakota took steps to right-size the nursing home industry by filing Senate Bill 196 during the 2012 Legislative Session. A moratorium on nursing facility beds has been in place since 2005. Senate Bill 196, which has since been signed into law, states that the Department of Health

may authorize the increase in the number of beds in an existing nursing facility or may authorize the construction of a new nursing facility, so long as the total number of nursing facility beds statewide does not exceed the total number of beds in existence statewide on July 1, 2005. This law allows the state to continue to provide nursing facility care to those whose needs warrant that level of care, while simultaneously continuing to rebalance the long term supports and services system. The Department of Health, with assistance from the Department of Social Services, may annually consider the need for additional nursing facility beds or additional new nursing facilities or both in defined areas of the state.

The state of South Dakota is continually looking for ways to best serve consumers

Most recently, a Dementia Workgroup has been formed to look at the regulations for dementia care in the state. House Bill 1248 was introduced during the 2013 legislative session to allow assisted living centers to accept and retain residents with dementia. While there were concerns with the original bill as drafted, there was general consensus that this was an area that warranted further study and consideration. The Department of Health and the Department of Social Services committed to establishing a workgroup to look at current regulations and discuss potential options of care of patients with dementia in the least restrictive environment while ensuring the appropriate level of care and services are available to meet the physical and medical needs of the individual. The first meeting of this workgroup is scheduled on July 10, 2013. The public is invited to attend and provide comments and suggestions for balancing the long term system of care.

In July 2011, South Dakota state statutes were revised to include a mandatory reporting law regarding abuse and neglect of adults over age 65 and adults with disabilities. South Dakota law now requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities to report knowledge or reasonable suspicion of abuse or neglect to either local law enforcement, local state's attorney office, or the Department of Social Services within 24 hours either orally or in writing. Any person in this category who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

The state of South Dakota is continually looking for ways to best serve consumers and provide a wide array of choices and opportunities for long term supports and services. The Medicaid Solutions Workgroup, which was established by Governor Dennis Daugaard during the 2011 Legislative Session, was charged with examining the status of Medicaid in South Dakota and developing a series of recommendations for improvement and cost-efficiency. The workgroup and subcommittees met several times over a nine-month period, evaluated data, heard presentations on numerous best practices nationally, and developed recommendations to help contain costs.

The Medicaid Solutions Workgroup's Final Report was released in November 2011 and included eleven formal recommendations. Three of the Medicaid Solutions Workgroup's recommendations stemmed from the Home and Community-Based Services (HCBS) Subcommittee to:

- 1) evaluate implementation of the Community First Choice Option 1915 (k);
- 2) evaluate the Agency Model Domiciliary Care Initiative; and
- 3) evaluate the Money Follows the Person option.

After careful evaluation of these three models, the Home and Community-Based Subcommittee recommendation was to move forward with applying for a Money Follows the Person planning grant and hold the other options for possible future consideration. The application for the Money Follows the Person planning grant was successful, and South Dakota is currently in the planning phase of

the demonstration project. Many, if not all, of the individuals transitioned out of facilities through the Money Follows the Person grant, will be transitioned to one of the existing waivers administered by the Division of Adult Services and Aging or the Department of Human Services at the end of the 365 day Money Follows the Person transition period. Utilization of the existing waivers will assure ongoing support for those individuals transitioning to a community setting.

Under the direction of Governor Dennis Daugaard, behavioral health services in South Dakota transitioned from the Department of Human Services to the Department of Social Services effective April 14, 2011. The purpose of the behavioral health reorganization was to create a more integrated approach to behavioral health services in South Dakota. A workgroup was formed to help guide the long term vision of the future behavioral health system which serves adults and seniors in South Dakota. Members of the workgroup included legislators, community mental health and substance abuse providers, inpatient behavioral health providers, advocacy groups, and county mental illness boards as well as representatives from the Office of the Governor and the Department of Social Services. The group was tasked with identifying systems-change initiatives important to realizing improvements in meeting the needs of those who seek behavioral health care services.

As part of the reorganization, a Geriatric Services Subcommittee was established. The Geriatric Services Subcommittee received input from numerous stakeholders that pointed to a growing trend of dementia-related healthcare needs among the state's senior population. This trend is leading to an increased need for behavioral health training among healthcare staff and additional capacity for patients with dementia and short-term behavioral health needs. Three of the seven recommendations of the Geriatric Services Subcommittee included:

- 1) reduce inappropriate admissions by developing the capacity for the state's psychiatric hospital, the Human Services Center, to provide psychiatric review/consultation to nursing facilities to assist them with challenging behaviors/behavioral health issues;
- 2) coordinate with the South Dakota Department of Health and others to provide education and training for nursing facilities regarding mental health issues including Alzheimer's and related dementias; and
- 3) develop the capacity to better serve individuals with dementia and challenging behaviors in community nursing homes. The Department of Social Services remains committed to partnering with South Dakota nursing facility providers to serve individuals with special behavioral needs and has recently reached out to providers to partner in developing methods to increase access to this service.

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

The goals, objectives and strategies identified in the 2014 – 2017 State Plan provide a roadmap for the future of South Dakota's elderly population and provide opportunities to enable older South Dakotans and adults who are disabled to live independent, meaningful and dignified lives while maintaining close family and community ties. In addition, our State Plan goals and objectives will align closely with the visions and expectations of the Older Americans Act.

State Plan Vision and Purpose

Our Mission and Values

The South Dakota Department of Social Services' vision statement is "Strong Families – South Dakota's Foundation and Our Future." The statement embodies the spirit of the department to support families as the strong foundation our state was built upon.

The South Dakota Department of Social Services' mission is "Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families."

The mission of Adult Services and Aging (ASA) is "To provide opportunities to enable older South Dakotans and adults who are disabled to live independent, meaningful, and dignified lives while maintaining close family and community ties by promoting in-home and community-based services to prevent or delay premature or inappropriate institutionalization." In accordance with the Older Americans Act and other applicable state and federal laws, Adult Services and Aging provides or purchases services for South Dakotans who meet program guidelines.

"To provide opportunities to enable older South Dakotans and adults who are disabled to live independent, meaningful, and dignified lives"

History

The first formal program on aging in South Dakota began with the creation of the Governor's Planning Commission for the White House Conference on Aging in 1961. Then Governor Ralph Herseeth appointed twelve South Dakotans to this newly established commission in 1959. This commission served as the foundation for building a Division within the Department of Social Services dedicated to the unique needs of the elderly population as well as serving adults with disabilities.

The first South Dakota Advisory Council on Aging was appointed in 1968 by Governor Nils Boe. The Advisory Council is an eleven member board appointed by the Governor whose members are geographically located throughout the state. By design, the majority of the membership of the council consists of actual or potential consumers of services eligible under the Older Americans Act. The Advisory Council on Aging reviews and evaluates programs and services available in South Dakota and makes recommendations to the Department of Social Services for improving or integrating such activities to benefit older South Dakotans. The Council also works with the department to address ways to meet the continuum of care needs of elderly South Dakota citizens and adults with disabilities and ensures representation of older South Dakotans regarding administrative and social concerns which would improve the status of older South Dakotans.

Who We Are

The Division of Adult Services and Aging (ASA) within the Department of Social Services is the designated single State Unit on Aging for South Dakota and, as such, is the lead agency for providing services for elderly adults and adults with disabilities in South Dakota. Adult Services and Aging is one of 9 divisions within the Department of Social Services.

In accordance with the Older American's Act, particular attention is focused on meeting the needs of low-income individuals, individuals belonging to minority groups, individuals with limited English language proficiency, and older individuals living in rural and frontier areas. South Dakota is a state made up predominantly of rural and frontier counties, making most of our state a preferential service area. In order to best serve the citizens of South Dakota, the Division will continue to seek input from consumers of services through the membership of the Advisory Council on Aging, through survey, through public comment, and through compilations of letters and comments received from consumers and their families, as well as the general public.

The Division of Adult Services and Aging, as the State Unit on Aging, will continue to be active in recommending and supporting proposed changes to South Dakota administrative rules, South Dakota Codified Law, and Tribal Government Laws, which improve the condition of elders and adults with physical disabilities in South Dakota, including tribal lands. The Division of Adult Services and Aging's Administrative Rules of South Dakota (ARSD) are currently being reviewed and updated.

The State Unit on Aging will continue advocacy services for individuals residing in facilities through the Ombudsman Program and will continue supporting the rights and protecting the welfare and property of individuals through prompt investigation of reports of abuse, neglect or exploitation. The Division of Adult Services and Aging works closely with the Division of Medical Services, which administers the Medicaid program, and the Division of Economic Assistance, which provides medical, nutritional, financial and case management services to improve the well being of lower income families, children, people with disabilities and the elderly, as well as determining eligibility for Medicaid long term care services.

Historically, the South Dakota State Unit on Aging and the Department of Social Services have worked to identify options for providing services in-state to individuals who require more intensive services of care to meet their treatment needs. An eight bed traumatic brain injury unit located in Irene, South Dakota, was made possible because of cooperative efforts between the



Department of Social Services and Sunset Manor Avera Health. This specialized unit opened August 18, 2008. This program serves individuals who sustained a traumatic brain injury after the age of 22. The services provided for individuals include physical therapy, occupational therapy, speech therapy, cognitive therapies, recreational therapy, vocational day programming, skilled nursing services, behavioral and psychological follow through, medication management, and restorative nursing therapy. The opening of this program made it possible to return South Dakotans being served out of state to South Dakota, closer to their loved ones.

Nursing facility services designed especially for individuals with special behavioral needs is available in Canistota, South Dakota as of June 2009. The focus of the behavioral needs program is to provide services in the least restrictive setting possible for those individuals who meet the criteria for the program:

- 1) eligible for and currently receiving Medicaid benefits;
- 2) meet Nursing Home Level of Care as determined by the Department of Social Services;
- 3) have an organic or psychiatric disorder of thought, mood, perception, orientation or memory which significantly affects behavior and is interfering with care and placement; and
- 4) failed care or placement in the community and/or referral from the Human Services Center for an individual that does not meet criteria for ongoing psychiatric hospitalization.

In November 2009, the development of a four bed ventilator unit was made possible through cooperative efforts between the Department of Social Services and Avera Prince of Peace. The ventilator unit is for individuals with complex medical problems or trauma who may need mechanical help to breathe and for individuals who may need the use of a ventilator on a long term or short term basis. The opening of this program made it possible to return South Dakotans being served out of state to South Dakota, closer to their loved ones, and allows more South Dakota residents with chronic ventilator needs to remain in South Dakota for their care.

What We Do

Within the Division of Adult Services and Aging, the state is divided into nine regions which encompass 24 local offices. Located in each Adult Services and Aging field office are Adult Services and Aging Specialists who provide information and referral services, needs assessments, case management, care plan development and adult protective services to consumers in their communities. Services provided by the Division of Adult Services and Aging include:

- Contracting with private providers for home and community-based services such as homemaker and nursing targeted toward older adults and adults with physical disabilities;
- Maintenance of 24 field offices where over 70 Adult Services and Aging professionals directly provide adult protective services, launching investigations into allegations of physical abuse or neglect and/or financial exploitation, involving local law enforcement, the Department of Health and the State Medicaid Fraud Control Unit as indicated;
- Provide Ombudsman services at long term care facilities across the state and provide information and presentations to facilities, individuals and the general public regarding resident's rights and other topics pertinent to the elderly citizens of the state;
- Administer the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Waiver program which empowers individuals to successfully remain at home or in a community-based non-facility setting;

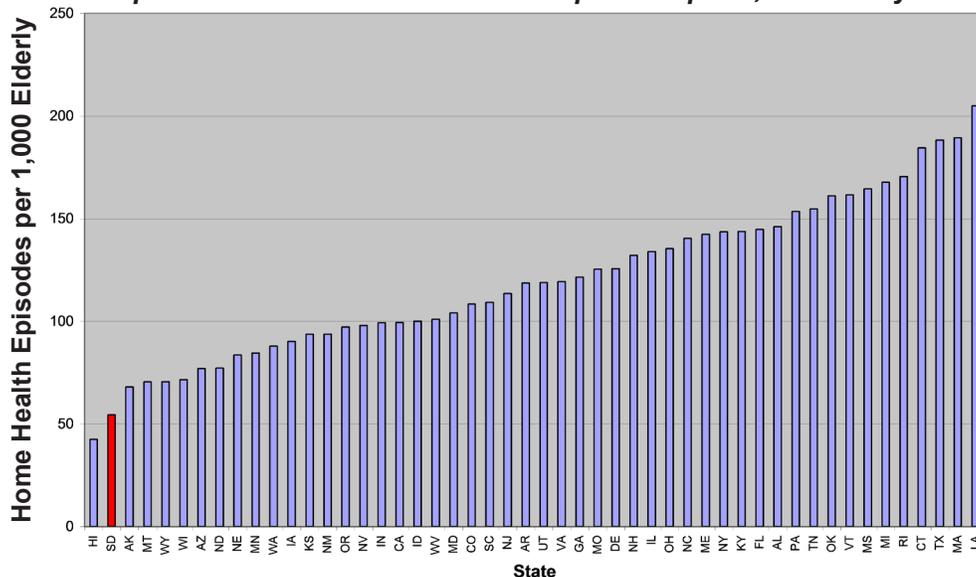
- Administer the State Health Insurance Assistance Program (SHIP) which educates citizens on basic Medicare with special emphasis on enrollment assistance for the Medicare Part D Prescription Assistance Benefit;
- Administer the Administration on Aging's Title III E Family Caregiver Program to benefit and support those individuals providing care, comfort and support to family members living at home;
- Administer the Administration on Aging's Title III B Support Services Program for benefits including transportation, adult day centers, legal services and chore services;
- Administer the Administration on Aging's Title III C Nutrition Program across South Dakota to provide nutritious meals to individuals over 60 years of age, particularly to individuals with low income and/or residing in rural or frontier areas;
- Provide onsite assessments and ongoing monitoring of nutrition, adult day services and transportation projects to ensure compliance with the Administration on Aging.
- Administer the Administration on Aging's Title VII Program for Ombudsman activities and Elder Abuse Prevention through direct advocacy and education to consumers and the general public;
- Administer the Administration on Aging's Title III D Program to provide preventive health services to elderly adults in South Dakota;
- Administer the Nutrition Services Incentive Program (NSIP) which rewards effective performance by states and tribal organizations in the efficient delivery of nutritious meals to older individuals. This program supports programs funded in whole or in part by Titles III and VI of the Older American's Act;
- Administer the portion of the Title XX Social Services Block Grant which is allotted to the Division of Adult Services and Aging to provide supportive services to the elderly;
- Administer other state funded programs which benefit older adults and adults with disabilities;
- Administer the South Dakota Aging and Disability Resource Center by providing information and referral, offering education and awareness to community organizations and the general public, conducting needs assessments, coordinating services, and case management;
- Maintain alliances with service organizations that work with older adults and adults with physical disabilities such as hospitals, senior centers, adult day services, contract service agencies, nutrition programs, advocacy groups, aging coalitions, and others;
- Develop and monitor contracts with providers to ensure financial accountability of federal and state funds.
- Participate in Emergency Preparedness programs by participating in prevention and awareness activities and responding during emergency situations in supportive roles as requested by the South Dakota Office of Emergency Management.

Development and Planning for FY 2014 – 2017

Currently South Dakota spends nearly 156 million dollars on institutional care and less than 13 million dollars on home and community-based services. In comparison, South Dakota expended 5.9 million in community support services during FY2012.

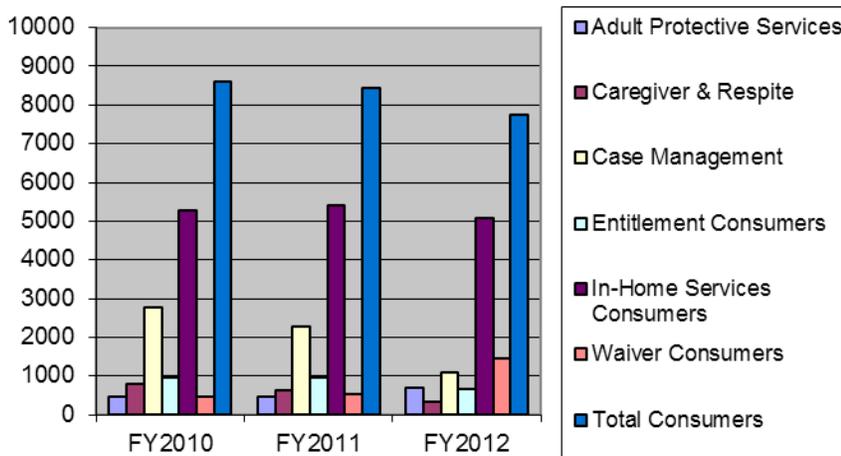
South Dakota ranks second lowest in the U.S. in terms of utilization of skilled home health episodes, reporting only 5 Medicare and Medicaid home health episodes per 100 elders, compared to a national average of 12 episodes per 100 elders. In 2006, 19 counties were served by no, or at most one, home health agency. Moving to national norms for home health use would require doubling capacity in 2008 and increasing capacity 3-4 fold by 2025 to meet population growth.

Graph 3.1: Number of Home Health Episodes per 1,000 Elderly Residents



The below chart reflects the number of unduplicated consumers served by the Division of Adult Services and Aging from FY2010 through FY2012 as collected from the Social Assistance Management System database.

Adult Services & Aging Unduplicated Consumers



South Dakota's State Plan on Aging outlines the state's goals and strategies to improve the lives of persons living throughout South Dakota, especially older persons, adults with disabilities, and their families. The new goals and objectives will be realized through this four-year strategic plan which provides a roadmap for the future of South Dakota's elderly population. The goals and subsequent objectives focus on the department's commitment to meet the continuum of care needs of the elderly citizens in South Dakota and provide supports to individuals to allow them to access services through an individualized person-centered approach.

Implementation of South Dakota's ADRC

The implementation of South Dakota's Aging and Disability Resource Connections (ADRC) was the driving force of systems-change in the State Unit on Aging. Two workgroups, a local ADRC workgroup in the Sioux Falls pilot area and a statewide ADRC workgroup, convened for the purpose of obtaining both consumer and provider input relative to the availability and delivery of services. Protocols were piloted with changes and adjustments made according to the results. Input from consumers and providers proved valuable in modifying processes and protocols to provide positive outcomes to consumers. Between November 2009 and December 2011, the local ADRC workgroup each met quarterly to review and discuss progress towards goals. Since the ADRC was implemented statewide, the statewide workgroup continues to meet on an annual basis.

AoA On-Site Review

In the fall of 2012, South Dakota participated in an on-site review by the regional office of the Administration on Aging, a unit of the Administration for Community Living, to discuss the current status of progress towards accomplishing goals and objectives in the 2009 – 2013 State Plan on Aging. This review helped shape South Dakota's vision for the next four years. The Department of Social Services' Strategic Plan goals and objectives have been integrated into the State Plan on Aging for the 2014 – 2017 period.

Advisory Council on Aging

Additionally, the recommendations of various workgroups and the State Plan goals, objectives and strategies were shared in detail with members of the Advisory Council on Aging. Progress toward goals of the current Plan was the focus of one meeting of the Advisory Council in order to make sure all members were up to date with progress accomplished and allow opportunity to provide comments for future planning. Recommendations received from members were incorporated into the State Plan. The Council on Aging unanimously approved and expressed appreciation for the direction the state is taking in order to best meet the needs of South Dakota's elderly population. Information about the meetings is posted in locations where meetings are held prior to each meeting and the public is welcome to attend and provide comments and recommendations for future planning.

State Plan Available on Website

In preparation for the FY2014 – FY2017 State Plan on Aging, the Division of Adult Services and Aging sought comments to the State Plan on Aging which ends September 30, 2013 by posting the FY2009 – FY2013 version on the website following approval by the US Department of Health and Human Services Office of the Assistant Secretary, Administration on Aging. The State Plan on Aging is available on the Department of Social Services website and the public has been encouraged to provide comments and suggestions for future planning. Several comments were received and were utilized to frame the FY2014 – FY2017 version of the State Plan on Aging.

The Division of Adult Services and Aging met with South Dakota State University Extension Office staff to discuss the current progress towards goals of the State Plan on Aging, encouraged further input, and discussed collaborative efforts to best meet the needs of our states' growing population.

Input was integrated into the Plan as appropriate and was in line with the recommendations of the state and local ADRC workgroups which includes consumer input.

Workgroups with Public Testimony

Recommendations from the Medicaid Solutions Workgroup, Geriatric Services Subcommittee, Behavioral Health Services Subcommittee, Home and Community-Based Services Subcommittee and the Long Term Care Task Force were also appropriately incorporated into the State Plan on Aging for FY2014 – FY2017. These meetings are all open to the public and advertised via news tips and on the Department's webpage. Members of the audience are provided an opportunity to comment and provide suggestions for future planning.

Outreach Events

In 2010, the Division of Adult Services and Aging implemented outreach events as a novel approach to reaching rural individuals to discuss resident rights, elder protection, and services and programs available through the Aging and Disability Resource Connections, including core services of the Title III program. Additionally, representatives from the Senior Health Information and Insurance Education (SHIINE) program were available to discuss benefits related to Medicare services. Outreach event locations were targeted at congregate nutrition sites in rural areas of South Dakota, including sites on Native American reservations. These outreach events have been well-received and instrumental in raising awareness and education to South Dakota citizens of all ages. During FY2012, 12 events were held in rural areas of the state including Lemmon, Edgemont, Mobridge, Gettysburg, Miller, Parkston, Gregory, Eagle Butte, Lennox, Milbank, Sisseton, and Kadoka. Approximately 1000 people attended these outreach events to learn more about the programs and services provided by the State Unit on Aging. Registration cards were created to get input from participants about their future needs. At one of the events, a lady credited Senior Health Information and Insurance Education (SHIINE) volunteers with saving her life by recommending she participate in the Medicare preventive health benefit of a breast exam.

ADRC Systems-Change Focus Group Meetings

ADRC Systems-Change Focus group meetings were held in six communities including Sioux Falls, Yankton, Redfield, Aberdeen, Rapid City and Eagle Butte. Input and feedback from consumers was solicited to ensure that consumer satisfaction remains the primary focus of systems change efforts.

Consumer Surveys

As part of the system changes initiatives an interRAI Community Living Quality of Life Survey in the Sioux Falls pilot area including the counties of Lincoln, Minnehaha, Turner and McCook counties. On March 26, 2012, the survey was implemented statewide. The survey is a mechanism to measure consumer satisfaction in the subject areas of privacy, food/meals, safety/security, comfort and environment, autonomy, respect, worker responsiveness, activities and community integration, and personal relationships of the consumer. The survey allows tracking of data to ensure the consumer's needs are being met and that they are either maintaining status quo or improving satisfaction with their life. The Quality of Life surveys are administered to consumers of ASA services, both waiver and non-waiver. The results are tabulated and shared with interRAI on a de-identified basis to identify statewide trends. Future goals include further development to allow tracking of individual results to show improvements or decline on an individual basis.

Focus Areas

Focus Area 1: Older American Act (OAA) Core Programs

Nutrition Services (Title III-C)

The Division of Adult Services and Aging, as the State Unit on Aging for the state of South Dakota, administers the Title III C Elderly Nutrition Program for the state, distributing funds provided by the Administration on Aging to contracted nutrition projects. These funds are supplemented by state general funds, program income (donations), and required match. Providers are required to give priority for services using the targeting factors of most rural and greatest economic and social need. Providers also provide nutrition counseling and nutrition education related to the improvement of health and nutritional well-being.

There are 12 Nutrition Projects located throughout South Dakota. The Nutrition Projects operate 203 meal sites across South Dakota, including sites in counties with some of the lowest per capita income in the nation, and sites located on American Indian Reservations. These projects provide both congregate and home delivered meals within their service area. Individuals who are homebound due to physical incapacity, mental or social conditions or isolation are eligible for home delivered meals. South Dakota contracts with a registered dietician to prepare cycle menus in compliance with the required minimum of one-third of the recommended daily allowance as required by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. Providers may either use the cycle menus provided or contract independently with a dietician to meet the requirements. South Dakota is a source of nutritionally approved menus for tribes and other states.

Tribal governments within South Dakota receive direct Title VI funding to provide meals at an additional 24 tribal locations. Adult Services and Aging provides additional funds from Title III to four tribal nutrition programs based on need demonstrated to the state in meeting the needs of elderly and low-income citizens in these areas. The tribal nutrition projects that receive Title III funds from Adult Services and Aging include the Cheyenne River Elderly Nutrition Program, the Rosebud Elderly Nutrition Program, the Sisseton-Wahpeton Elderly Nutrition Program, and the Standing Rock Elderly Nutrition Program. Care has been taken to avoid duplication of efforts between Title III and Title VI nutrition projects. In many instances, both Title III and Title VI funds are utilized at meal sites within the same reservation boundaries, but at different communities within the reservation. Although some tribal nutrition programs do not receive Title III funds directly from Adult Services and Aging, tribal members may access a meal site operated by one of the Title III Nutrition projects within the boundaries of the reservation.

Supportive Services (Title III-B)

The Division of Adult Services and Aging continues to support 24 transportation projects either directly or through a partnership with the South Dakota Department of Transportation. Provision of funding for this service continues to be a cost-effective and valuable service. Providers in South Dakota have provided over 400,000 trips in each of the last four years at a relative cost of \$1.00 per ride.

In October 2012, River Cities Public Transit's Pierre and Fort Pierre communities were honored by the presence of United States Senator Tim Johnson and the United States Secretary of the Department of Transportation Ray LaHood at their River Cities Public Transit's open house to celebrate the completion of its new building addition, and its success and growth in ridership. Many central South

Dakota residents enjoy the transportation services provided by River Cities Public Transit. River Cities Public Transit helps people commute to work, get to medical appointments, attend social events, travel out of town via connection with Jefferson bus lines, and provides free travel for Veterans families when a Veteran is serving on active duty. Ronald Baumgart, Director of River Cities Public Transit, was the recipient of the 2013 Community Transportation Manager of the Year award presented by Community Transportation of America. Ronald was recognized as a community transportation leader for displaying leadership while providing transportation service that is integral to the community and creating a vision for the system that has the support from both within and outside the organization. The State Unit on Aging staff work collaboratively with River Cities Public Transit and is currently partnering with the South Dakota Department of Transportation to conduct a statewide rural transportation evaluation of rural public transit systems.

Adult day services in South Dakota continue to be an additional valuable service and an area of growth for our state. Since the last State Plan on Aging, we have added contracted services for adult day centers in two additional communities in South Dakota, as well as a second center in the state's second largest community. Coupled with the continued stability of six existing centers and availability on a limited basis in nursing facilities across the state depending on space availability, adult day services in South Dakota are available in many communities across the state.

Disease Prevention/Health Promotion (Title III-D)

The State Unit on Aging currently administers contracts with 8 agencies to provide telehealth monitoring in individual's homes. Evidence shows these services to be beneficial to maintaining the health of consumers. Our goal is to increase awareness of the benefits of this service in order to increase utilization.

The State Unit on Aging has recently entered into a contractual arrangement with the Evangelical Good Samaritan Society to evaluate the effectiveness of combining telehealth services and wellness coaching in proactive senior health management. In the pilot project, people age 60 and older with one or more chronic health conditions living in the pilot project location are given remote wellness coaching integrated with LivingWell@Home technologies. This service is currently being piloted at the Good Samaritan Society affiliated affordable housing unit in Sioux Falls, South Dakota. Results of the pilot study will drive the further development of this service.

Caregiver Program (Title III-E)

While caregiving is often rewarding, it can also be financially, physically and emotionally stressful. The caregiver program in South Dakota is available to provide information and referral, case management, respite, supplemental services, counseling, education, and training to caregivers in support of their efforts to care for family. The program is uniquely poised to provide the type of unique services that are critical to the well-being of caregivers and flexible enough to meet needs in rural and frontier areas. Integration of the caregiver program into the overall assessment scheme implemented under the Aging and Disability Resource Connections (ADRC) project has allowed the State Unit on Aging to have a clearer picture of caregiver needs and provide the most appropriate services. Staff trainings held in 2013 regarding the integrated approach have been important in this effort.

The State Unit on Aging has a partnership with the Division of Child Protection Services to assist grandparents or relative caregivers age 55 and older. When the grandparents are over age 55, and are legally responsible for their grandchildren, Child Protection Services can access funding from the South Dakota Caregiver Program through the Division of Adult Services and Aging to pay for items such as bunk beds, dressers, camp fees, school supplies and back packs.

Focus Area 2: Administration for Community Living/Administration on Aging Discretionary Grants

The Department of Social Services has been successful at applying for, and receiving, federal funding through the Aging and Disability Resource Center grant opportunity and the Money Follows the Person planning grant and demonstration project.

Aging and Disability Resource Center Discretionary Grant

The South Dakota Department of Social Services has as one of its guiding principles, “We believe in providing quality, timely customer service through the ‘no wrong door’ approach.” The department is in partnership with key stakeholders, (i.e., hospitals, nursing facilities, Centers for Independent Living, Veterans Administration, etc.). Utilizing the one year ADRC Options Counseling discretionary grant, the State Unit on Aging will strengthen the capacity of the Aging and Disability Resource Connections (ADRC) through development of an Options Counseling Program.

An options counseling process for all individuals regardless of income, who contact the ADRC, is being developed with an emphasis on supporting consumers in decision making on long term planning by providing information on available public and nonpublic services and supports. A Critical Pathways Workgroup, which includes department staff and local providers, is finalizing an options counseling hospital discharge referral protocol and an options counseling brochure. In addition, resource folders have been created which provide information regarding a variety of services to assist the target population of adults over age 60 and adults over age 18 with disabilities to make informed decisions about their long term services and supports.

We believe in providing quality, timely customer service through the ‘no wrong door’ approach.

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

The goals, objectives and strategies of South Dakota’s ADRC are listed in the “Goals, Objectives, Strategies, and Outcomes” area of this document. The South Dakota Aging and Disability Connections Partners listing can be found in Attachment C. In addition, the budget leading to the statewide expansion of the ADRC and full integration with OAA core programs is located in Attachment D.

Money Follows the Person Discretionary Grant

The state of South Dakota is continually looking for ways to best serve consumers and provide a wide array of choices and opportunities for long term supports and services. During the 2011 Legislative session, Governor Dugaard established the Medicaid Solutions Workgroup, which was charged with examining the status of Medicaid in South Dakota and developing a series of recommendations for improvement and cost-efficiency. A subcommittee, referred to as the Home and Community-Based Services Subcommittee, developed recommendations on different models of service to meet the needs of individuals who require supports and services in the least restrictive and most appropriate environment, analyze future funding opportunities available through the federal government, and ex-

plore patient accountability and reimbursement models.

The Medicaid Solutions Workgroup's Final Report was released in November 2011 and included eleven formal recommendations. One of the recommendations of the Home and Community-Based Services (HCBS) Subcommittee was to evaluate the Money Follows the Person option. At the recommendation of the HCBS Subcommittee, the department applied for a Money Follows the Person planning grant. The application for the Money Follows the Person planning grant was successful and South Dakota is currently in the planning phase of the Demonstration project. Many, if not all, of the individuals transitioned out of facilities through the Money Follows the Person grant will be transitioned to one of the existing waivers administered by the Division of Adult Services and Aging or the Department of Human Services at the end of the 365 day Money Follows the Person transition period. Utilization of the existing waivers will assure ongoing support for those individuals transitioning to a community setting.

Focus Area 3: Person-Centered Planning

With the implementation of the Aging and Disability Resource Connections (ADRC), the Division of Adult Services and Aging initiated a systems change effort including development of enhanced person-centered tools. A person-centered approach will continue to be used to provide three main functions: 1) information and awareness through education and information on long-term services and support options; 2) assistance through long term support options counseling, referral, crisis intervention, and planning for future needs; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services. Several variations of person-centered decision-making tools have been implemented to assist consumers with making important life decisions.

As part of the movement towards a more person-centered delivery system, the Care Plan utilized for services administered through the Division of Adult Services and Aging has been updated to reflect the consumer's personal goals. Consumers and Adult Services and Aging Specialists work together to create a picture of the consumer's life which includes a brief summary of self, home, family, medical, social/community, informal and formal services. Sections of the Care Plan also identify the service need areas triggered during the assessment process such as cognition and mental health, functional performance, clinical issues, and social life. Overall goals and strategies are discussed with the consumer to help the consumer remain living independent for as long as possible, and in the manner they choose. The consumer has the right to accept or to refuse all or part of the services contained in the Care Plan.

Ongoing education and training is provided to Adult Services and Aging Specialists to help them identify consumers who may benefit from person-centered options counseling and to link them to additional resources and information. In addition, self-assessment tools will remain available to the public via the department's website.

Consumers and Adult Services and Aging Specialists work together to create a picture of the consumer's life which includes a brief summary of self, home, family, medical, social/community, informal and formal services.

The Department of Social Services (DSS) also convened a stakeholder workgroup in April 2012 to develop the Health Home model for South Dakota's Medicaid program. Health Homes provide enhanced health care services to individuals with high cost chronic conditions or serious mental illnesses. Health Homes must provide core services such as comprehensive care management, health promotion, patient and family support, and referral to community services. Clinical outcomes, patient satisfaction and health care service utilization and cost information will be tracked and reported. Providers will be paid a per-member per-month fee for health home enhanced services depending on the level of need of the individual. DSS will submit Medicaid state plan amendments in early 2013 and anticipates a July 2013 implementation date. For more information on South Dakota's Medicaid Health Homes, visit <http://dss.sd.gov/healthhome/>. Adult Services and Aging Specialists will serve as a resource to Health Homes ensuring access to care through care transitions, options counseling and referral to providers. The State Unit on Aging will develop partnerships at the statewide and local levels to integrate services.

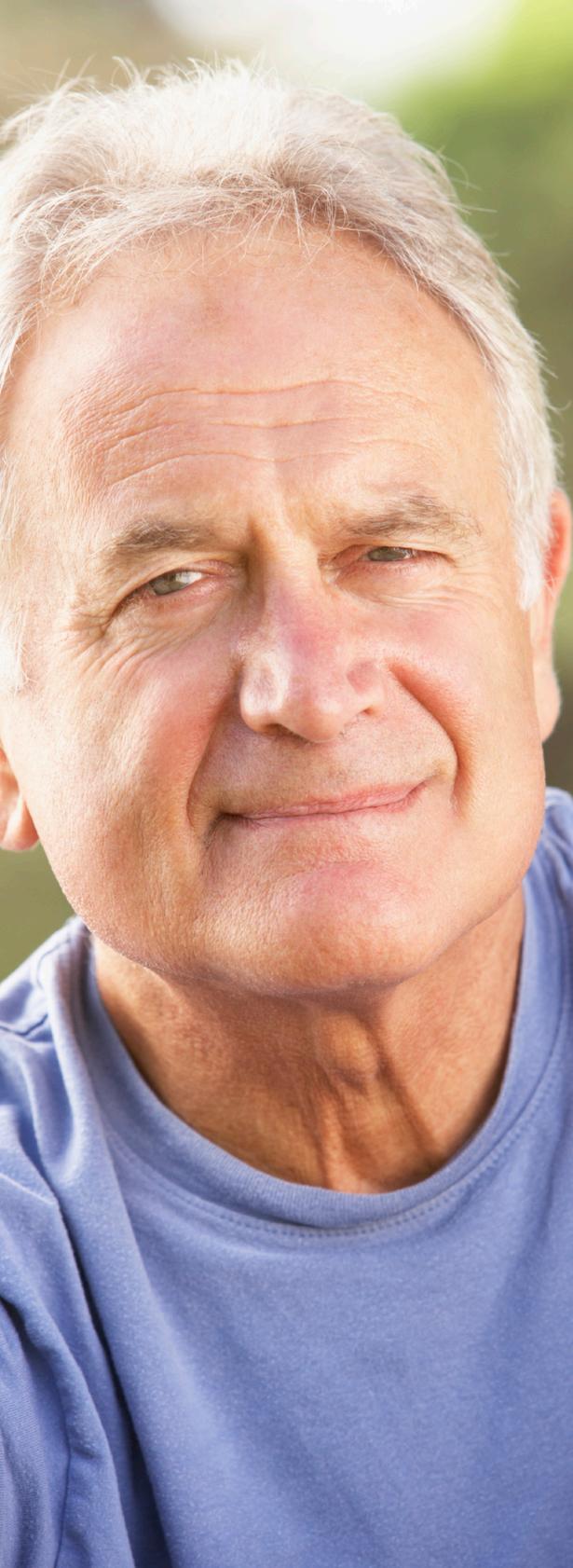
Focus Area 4: Elder Justice

One of the goals within the Department of Social Services' Strategic Plan is to protect individuals from abuse, neglect and exploitation. One of the strategies includes providing preventative services and supports for individuals to be safe by raising awareness of exploitation of elders and adults with disabilities, including financial exploitation and by implementing evidence based interventions for individuals at risk of abuse. A presentation regarding exploitation of vulnerable adults is available to the public through the Department of Social Services website and is intended to help raise awareness within the community.

South Dakota law now requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities to report knowledge or reasonable suspicion of abuse or neglect of elders and adults with disabilities. Professional employees by facilities licensed by the South Dakota Department of Health or the Department of Human Services follow established licensing protocols regarding reporting. To report abuse, neglect, or exploitation of an elder or an adult with disabilities, these individuals can contact their local law enforcement agency, local state's attorney's office or the nearest Department of Social Services' office. In addition to the mandatory reporting requirement, people can make reports on a voluntary basis. Any person who knows or has reason to suspect that an elder or an adult who is disabled has been abused or neglected may report that information. Persons who in good faith make a report of abuse or neglect of an elder or disabled adult are immune from liability. A mandatory reporter who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

Staff members of Adult Services and Aging function as Adult Protection Investigators, responding to and investigating reports of elder abuse, neglect or exploitation in the community. Reports are received from such sources as financial institutions, family members, concerned citizens and local law enforcement. The investigators involve other parties as appropriate, which may include family members, law enforcement and the Medicaid Fraud Control Unit of the South Dakota Attorney General's Office, depending on the situation. Complaints are documented with the nature of the complaint, results of the investigation and resolution in a centrally maintained database. By statute, adult protective services records are confidential in South Dakota. Callers with concerns are offered a letter of acknowledgment regarding their referral, but are not advised as to the results of the investigation.

The Division of Adult Services and Aging contracts with two agencies to provide legal assistance to South Dakota elderly citizens at locations throughout the state, including several locations on tribal reservation lands. These agencies have agreed to provide services in accordance with the rules of



the Older Americans Act. The Division also employs an individual to serve as the Legal Assistance Developer. This position oversees the legal services contracts and works to build the full functionality of the legal services, including coordination of provision of legal assistance, working with the Ombudsman Program on elder rights issues, promoting state capacity to offer financial management information to elders, assisting older individuals in understanding their rights and maintain the rights of elder citizens in guardianship.

The state of South Dakota operates the Ombudsman Program by utilizing a network approach, including the State Ombudsman, located in the State Office, who oversees the program, maintains records of complaints and concerns in the Ombudsmanager database, and is responsible for completing the National Ombudsman Report and utilizing the National Ombudsman Resource Center to maximize the efforts of the program. This position is also responsible for preparation, coordination, oversight and delivery of educational programs regarding Ombudsman issues, elder rights and culture change in long term care facilities to residents, staff, and the general public. This position is augmented by local Ombudsman situated across the state, who serve as direct advocates for residents of long term care facilities in both general terms and in situations where a complaint arises with facility management or staff. The state maintains a presence in long term care facilities, making routine visits to facilities as well as visits prompted by complaint investigations.

The State Ombudsman and Adult Protective Services Specialist (Legal Developer) provide direction to staff regarding their roles. If both services are needed, two Adult Services and Aging Specialists respond – one in the role as the Ombudsman and the other in the role of adult protective services to ensure there is no conflict of interest.

The Ombudsman program works closely with the Department of Health in the investigation of complaints involving life safety issues and in the routine survey process by the State Licensing Agency within the Department of Health. Open communication between the two departments allows for information sharing and prompt response to concerns.

The Division of Adult Services and Aging partners with the South Dakota Senior Medicare Patrol to teach Medicare beneficiaries to protect, detect and report Medicare, Medicaid and other types of health-care fraud. During the annual enrollment period each fall, the Senior Health Information and Insurance Education (SHIINE) program works collaboratively with the Senior Medicare Patrol to educate beneficiaries about their Medicare benefits.

Goals, Objectives, Strategies, Outcome and Performance Measures

Outcome: Through the implementation of this Plan, the Division of Adult Services and Aging seeks to provide an environment that promotes a quality of life in the health of its elderly citizens and adults who are disabled, preserves independence, guards dignity and is financially responsible.

Goal 1: Ensure access to services for our customers.

Objective A: Provide opportunities to access services.

Strategy 1: Identify and develop integrated opportunities to access services and supports within the department.

Action Steps:

- Enhance access to available services to help individuals live as independently as possible within their local communities through Aging and Disability Resource Connections (ADRC) by January 2015.
- Implement ADRC resource website by January 2014.
- Develop options counseling services as part of the ADRC
 - Pilot in Sioux Falls – by January 2014
 - Statewide – by July 2015
- Develop referral protocol with hospital discharge planners by January 2014.
- Develop or enhance an integrated referral process between divisions for targeted populations by January 2014.

Objective B: Services and programs are needs driven, customer responsive and culturally relevant.

Strategy 1: Utilize customer and stakeholder input to enhance services and supports.

Action Steps:

- Measure external customer satisfaction of individuals who contact the ADRC and use these results to impact future implementation by January 2014.

Strategy 2: Evaluate and enhance geographic access to services.

Action Steps:

- Utilize the results and recommendations of the Home and Community-Based Services Workgroup to develop community-based services instead of institutional services by July 2013.
 - Implement the Money Follows the Person operational protocol in conjunction with the Department of Human Services by July 2013.
- Utilize recommendations of the Behavioral Health Services Workgroup to develop essential services consistent with the principle of keeping individuals in their community in the least restrictive environment by January 2014.

Strategy 3: Develop new service delivery models for specific populations.

Action Steps:

- Utilize the recommendations of the Behavioral Health Services Workgroup to develop or enhance services delivery models for individuals with behavioral health needs by January 2014.
- Develop Health Homes for individuals with chronic conditions or behavioral health needs by January 2014.
- Develop and implement alternative care models for high-cost, high need individuals who are eligible for Medicaid as recommended by the Medicaid Solutions Workgroup by January 2014.
- Develop a sustainable Assistive Technology Re-Use program within the Medicaid program by January 2014.
- Enhance services for individuals with dementia and related illnesses by January 2015.

Goal 2: Protect individuals from abuse, neglect and exploitation.

Objective A: Provide preventative services and supports for individuals to be safe.

Strategy 1: Raise awareness of exploitation of elders and adults with disabilities including financial exploitation.

Action Steps:

- Develop a plan to work with banks and financial institutions to raise awareness of financial exploitation of elders and adults with disabilities by January 2014.
- Ensure state laws help protect individuals from exploitation by January 2015.
- Continue to provide education to individuals, families and providers on the prevention, identification and elimination of exploitation by January 2014.
- Provide training to law enforcement, health care professionals and postal workers by January 2015.

Objective B: Prevent abuse, neglect and exploitation of South Dakota's elderly citizens living in the community.

Strategy 1: Continue to provide, support and increase trainings to internal and external customers on issues surrounding the detection, reduction, correction and elimination of abuse, neglect and exploitation.

Action Steps:

- Enhance monitoring of the adult protective services program to ensure compliance with the Older Adult Protective Services Act by July 2015.
- Continue support of legal services to the elderly and adults with disabilities by July 2013.
- Utilize federal and state funds for elder abuse prevention and awareness activities by January 2014.

Objective C: Strengthen and protect the rights of elderly citizens residing in facilities.

Strategy 1: Continue to work cooperatively with the Department of Health to monitor resident's rights violations in facilities.

Strategy 2: Review and strengthen the Ombudsman program to further advocate for resident rights by providing ongoing education and information on resident rights to residents and families.

Action Steps:

- Ensure that brochures and presentations are updated and readily available for internal and external customers by January 2014.

Strategy 3: Continue to partner with the Department of Health Licensure office, local law enforcement, and the Medicaid Fraud Control Unit of the South Dakota Office of the Attorney General to protect the rights of individuals to be free from financial exploitation.

Action Steps:

- Attend quarterly liaison meetings with all partners by July 2013.

Goal 3: Foster partnerships to leverage resources for our customers.

Objective A: Encourage and support partnerships to provide cost effective services.

Strategy 1: Collaborate with other state and community agencies to expand and enhance available services.

Action Steps:

- Collaborate with community agencies to develop additional capacity to provide behavioral health/dementia services in long term care facilities by January 2014.
- Create and implement a public awareness campaign.
 - o Partner with advocacy education groups to provide education and awareness to the public about dementia care and related illnesses by July 2014.
 - o Target the general public, health care workers and caregivers to increase knowledge about dementia care and related illnesses by January 2015.

Goal 4: Improve outcomes through continuous quality improvement.

Objective A: Ensure the Department helps individuals and families achieve meaningful outcomes.

Strategy 1: Identify and measure key outcomes that are stakeholder driven.

Action Steps:

- Solicit stakeholder feedback to identify meaningful outcomes by January 2014.
- Identify specific indicators to measure outcomes within each division by January 2014.
- Set measurable performance goals to achieve outcomes by July 2014.
- Develop reporting tools and communicate outcome measures to stakeholders by July 2014.
- Align appropriate outcome data with budget performance indicators by July 2014.

Objective B: Implement continuous quality improvements to achieve desired outcomes.

Strategy 1: Develop quality improvement action plan outlining measurable changes at department, divisional and local levels.

Action Steps:

- Implement division specific training and ongoing awareness of quality improvement processes by January 2014.
- Identify and develop division specific implementation plans to meet department outcomes by January 2014.
- Engage staff to implement the formal continuous quality improvement process by July 2013.
- Analyze data and stakeholder feedback to evaluate and monitor progress towards achieving desired outcomes by July 2015.

Strategy 2: Develop quality assurance system for options counseling.

Action Steps:

- Develop consumer survey to measure effectiveness of providing options counseling to individuals by January 2014.
- Conduct random sample of consumer records to assure options counseling is provided and policy and procedure is followed by January 2015.
- Develop provider survey to measure effectiveness of options counseling by January 2015.

Goal 5: Develop a financially sustainable ADRC model that includes revenue from multiple public programs (Medicaid, the Older Americans Act and other programs) to cover expenses associated with Options Counseling and completing follow-up with individuals.

Objective A: Submit amendments to revise the State Plan and HCBS Waiver to include Options Counseling as a funded service.

Strategy 1: Meet with Division of Medical Services staff to discuss available avenues to structure rate for options counseling as a State Plan and Waiver service.

Action Steps:

- Develop/sign formal agreement to include options counseling tasks eligible for Federal Medicaid Reimbursement by January 2014.
- Amend the State Plan to include options counseling as a State Plan service.
- Submit HCBS Waiver amendment including options counseling as a waiver service by July 2015.

Goal 6: Empower older people, including those from diverse communities, to stay active and healthy through Older American Act core services and Medicare prevention benefits.

Objective A: Promote health and safety in the senior population.

Strategy 1: Coordinate with partner agencies to provide education on health and safety issues.

Action Steps:

- Continue to hold public education forums on the long term care partnership program by July 2013.
- Support Department of Health's Healthy South Dakota initiative by January 2015.
- Continue to promote the Family Caregiver Support program to reduce caregiver stress and assist the family in providing home support for elderly relatives by January 2014.

- Continue to promote the Family Caregiver Support program, with an emphasis on caregivers caring for individuals with dementia and related illnesses, to reduce caregiver stress and assist the family in providing home support by January 2015.

Strategy 2: Educate ASA Specialists on the availability and benefits of telehealth services.

Action Steps:

- Conduct Live meetings for staff regarding telehealth services by January 2014
- Include telehealth providers in the resource directory by January 2014.

Objective B: Educate the public on Medicare prevention benefits.

Strategy 1: Coordinate efforts of the Senior Health Insurance and Information Program (SHIINE) to communicate information regarding Medicare benefits to seniors.

Action Steps:

- Utilize Medicare publications and information in trainings by January 2014.
- Schedule Outreach events in rural areas of the state by January 2014.

Objective C: Support continuation of nutrition program.

Strategy 1: Support providers in updating their business model.

Action Steps:

- Explore different approaches for providing nutrition services by July 2014.
- Work with the Administration on Community Living to evaluate the best way to deliver nutrition services by January 2014.

Strategy 2: Continue promotion of senior meal sites.

Action Steps:

- Create press releases regarding the benefits of nutrition services for senior health by January 2014.
- Survey consumers statewide by July 2014.

Objective D: Continue utilization of Title III B supportive services funding to help individuals remain in their community.

Strategy 1: Continue support of developing adult day centers within the community.

Action Steps:

- Evaluate community need for adult day services by January 2015.
- Survey consumers by July 2015.

Strategy 2: Continue support of transportation services.

Action Steps:

- Evaluate community need for transportation services by January 2015.
- Survey consumers by July 2015.

Goal 7: Continue to ensure access to home and community-based services to enable older adults and adults with disabilities, including those from diverse communities, to have access to quality services in order to remain in their own homes and communities.

Objective A: Continue to work with key stakeholders to identify essential home and community-based services.

Strategy 1: Continue to link people to resources that allow them to remain in the setting of their choice and improve their quality of life.

Action Steps:

- Identify factors that precipitate institutionalization for individuals by January 2015.
- Work with physicians and mid-level practitioners to increase referrals to home health services by January 2015.
- Utilize funding through the Money Follows the Person demonstration grant to transition older adults and adults with disabilities to the least restrictive environment by January 2014.
- Develop formal linkages between providers of long term care services by January 2015.
- Continue to partner with the South Dakota Department of Health to enable individuals to reside in the least restrictive environment for as long as possible, encouraging the aging in place concept.

Quality Management

The Department of Social Services (DSS), including the Division of Adult Services and Aging also referred to as the State Unit on Aging, has made a commitment to Continuous Quality Improvement (CQI) throughout the organization as demonstrated by inclusion of the concept in ongoing management team and leadership meetings to educate employees and encourage expansion of the practice. Each Division within DSS has an active CQI process and is continually searching for areas to implement CQI.

Adult Services and Aging (ASA) submitted a Home and Community Based Services (HCBS) waiver renewal application effective October 1, 2011 which included a comprehensive quality management process as required by the Centers for Medicare and Medicaid Services (CMS). The renewal application was approved and is currently in process.

Home and Community-Based Waiver Quality Management Process Summary

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

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

- Regulatory requirements – required by law or funding source;
- High risk – likelihood of adverse effects or outcomes;
- High volume – affects many individuals;
- High cost – causes a financial drain on the system;
- High impact – potential to make significant change;
- High likelihood of success – easy to implement and provides a successful outcome;
- Problem prone – causes major problems if it occurs;
- Feasibility of time and resources – cost and staff commitment required;
- Measurability – data and resources can capture necessary information; and
- Readiness to address issue – the time, situation, and climate are right.

After the Waiver Workgroup has identified a need for system improvement and decided action is needed, the design and development of the processes for implementing the system improvement is accomplished in coordination with other entities impacted, primarily services providers where warranted.

Implementation of system improvement activities will be managed by the HCBS Program Manager with involvement of ASA Specialists, Regional Supervisors, Regional Managers, and other administrative staff as needed. Guidance and training will be provided in person, through policy and manual edits, or via web conference as needed.

If over time, a trend is identified that an individual or groups of ASA staff members are not following the waiver processes or policies as specified, the Waiver Workgroup will design and implement staff development activities in an attempt to remediate those issues.

Quality of Life Consumer Surveys

As part of the system changes initiatives implemented in the Division, in October 1, 2011, the Division of Adult Services and Aging implemented an interRAI Community Living Quality of Life Survey in the Sioux Falls pilot area including the counties of Lincoln, Minnehaha, Turner and McCook counties. On March 26, 2012, the survey was implemented statewide. The survey is a mechanism to measure consumer satisfaction in the subject areas of privacy, food/meals, safety/security, comfort and environment, autonomy, respect, worker responsiveness, activities and community integration, and personal relationships of the consumer. The survey allows tracking of data to ensure the consumer's needs are being met and that they are either maintaining status quo or improving satisfaction with their life. The Quality of Life surveys are administered to consumers of ASA services, both waiver and non-waiver. The results are tabulated and shared with interRAI on a de-identified basis to identify statewide trends. Future goals include further development to allow tracking of individual results to show improvements or decline on an individual basis.

Continuous Quality Improvement

As part of the Department driven CQI initiative, ASA established a CQI process for review of case management for consumers who are not participants in the waiver program. The process is designed to match closely with the waiver process in order to identify areas for improvement and provide quality case management to ASA consumers across the Division. A summary of the ASA CQI process is as follows: ASA seeks to establish a method of assuring quality case management for consumers. Analysis of current practices showed a need to establish standard tools to ensure consistent reviews of case management. A four part solution was established; first to develop a standard review process at the ASA Specialist level; second to compile the results of the reviews by ASA Regions; third, to develop appropriate corrective action as necessary; and fourth, to re-evaluate identified problem areas to see if change was effected by the corrective action. The legitimacy of the solution will be evaluated by looking for improvement in the areas that brought attention to the problem, that we will achieve positive outcomes for the people we serve, regardless of payor source. ASA will utilize the Quality of Life surveys to indicate the level of satisfaction with consumers personal life situation and progress to improvement. ASA remains vigilant for other opportunities to implement quality improvement initiatives across programs.

**FY 2014 State Plan Guidance
Attachment A**

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

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

ASSURANCES

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

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

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

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

Sec. 306(a), AREA PLANS

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

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

(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

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

(ll) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (l);

(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—

(l) 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;

(ll) 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

(lll) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall

(l) identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;

(ll) describe the methods used to satisfy the service needs of such minority older individuals; and

(lll) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(l) older individuals residing in rural areas;

(ll) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(lll) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(lV) older individuals with severe disabilities;

(v) older individuals with limited English proficiency;

(vl) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(vll) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including —

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

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

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that

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

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--

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

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for —

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-

income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall -

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made -

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

FY 2014 State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

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

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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



Signature and Title of Authorized Official

6/28/2013
Date

Attachment B: Response to Specific Assurances

305(a)(2)(E)...307(a)(10)...307(a)(14)...307(a)(21)

With a land mass of 75,885 square miles and a total population of 814,180 according to the 2010 US Census, South Dakota supports an average of 10.7 persons per square mile. The State of South Dakota has only two standard Metropolitan communities (Sioux Falls and Rapid City). The remainder of the state is classified as either rural or frontier. According to the Frontier Education Center, over one-third of South Dakota's population lives in a frontier area. Native Americans live in higher concentrations in the counties including or closely located to tribal lands.

South Dakota's minority population is predominantly Native American, with Native Americans representing 8.9 % of the population. All other minority populations together represent just over two percent of the population as reported in the 2010 US Census: 1.4% are black persons; 0.1% are Native Hawaiian and Other Pacific Islander persons. In addition, persons reporting two or more races represents 2.0% of the population and persons of Hispanic or Latino Origin represent 2.9% of the population. Data from the 2010 census also indicates that 14.4% of the population is persons 65 years and older, 86.6% of the population is white persons, 84.4% of the population is reported as white persons not Hispanic, and 13.8% of South Dakota's population is reported as living below poverty level.

Methods of carrying out service preference of older individuals with the greatest economic or social needs, with particular attention to low income individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas includes:

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

Tribal Nutrition Site	2011 Title III C Meals Served	2011 Title VI Meals Served	2012 Title III C Meals Served	2012 Title VI Meals Served
Cheyenne River	5,720	13,042	5,720	11,199
Rosebud	29,328	43,209	29,333	44,176
Sisseton-Wahpeton	4,176	44,842	4,180	39,482
Standing Rock	4,176	43,802	4,180	47,820

**As reported by the tribal nutrition sites on the State Fiscal Year*

- The Division of Adult Services and Aging works through 24 field offices located throughout the state, providing services to individuals in all counties. Screening methodologies are employed to ascertain that the individuals receiving preference for assistance are either elderly or adults with disabilities and in most need. Service is provided in all counties, including all tribal lands. Special circumstances are in place on the Pine Ridge Indian Reservation in Shannon County. Shannon County is entirely within the Pine Ridge Indian Reservation and contains part of Badlands National Park. The Shannon County's median household income makes it the forty-eighth poorest county in the United States. According to the US 2010 Census Bureau, 2007 – 2011, Shannon County is home to a population of which 53.5% are below poverty level. No homemaker services provider could be located to provide contract services in this remote area. In this area only, the Department of Social Services, Division of Adult Services and Aging employs two part-time homemaker aides to assure homemaker services are delivered to the residents in need.
- Lutheran Social Services of South Dakota, with whom the Department of Social Services enjoys a good working relationship, provides interpreter services for a variety of different languages as needed.
- InterpretTalk services are available for telephonic interpreting.

307(a)(2) Demonstration of funds expended for priority services:

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

Title III Funds	FFY 2010	FFY 2011	FFY 2012
Transportation	\$298,712	\$300,839	\$294,330
Case Management	\$1,322,796	\$1,265,240	\$1,338,221
Legal Assistance	\$120,187	\$93,433	\$68,518

307(a)(3)...

South Dakota’s projected spending for FY2014 – FY2017 includes the following data:

Services	2000 Base	FY2013	FY2014	FY2015	FY2016	FY2017
Transportation	\$297,958	\$347,909	\$353,128	\$353,128	\$353,128	\$353,128
Case Mgmt	\$901,060	\$1,378,368	\$1,392,152	\$1,406,074	\$1,420,135	\$1,434,336
Legal Assistance	\$84,203	\$86,623	\$120,549	\$122,357	\$124,192	\$126,055

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

In FY2012, South Dakota met the needs by utilization of contracts with transportation and legal service providers and by the existence of local Adult Services and Aging offices across the rural counties of South Dakota.

306(a)(17) and 307(a)(29-30)

The Department of Social Services and Division of Adult Services and Aging as the Single Unit on Aging for South Dakota partners with the Office of Emergency Management within the South Dakota Department of Public Safety to prepare for unforeseen emergencies, provide information to the elderly citizens of South Dakota regarding preparing for emergent situations and to take action when emergent situations arise.

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

The Office of Emergency Management maintains a Duty Officer Program which provides assistance to county emergency managers with the location and acquisition of resources and provides state agencies with information regarding current events as they relate to the agency mission requirements. The Duty Officer is on call 24 hours a day, seven days a week. The Duty Officer can be contacted by county emergency managers or by assigned state agency representatives whenever there is a need for state resources or assistance, including the National Guard.

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

Examples of the system at work are:

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

705(a)(7)

The state of South Dakota assures:

- 1)the state will, in carrying out any chapter of this subtitle for which the state receives funding under this subtitle, establish programs in accordance with the requirements of the chapter and this chapter.
- 2)the state will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- 3)the state will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- 4)the state will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- 5)the state 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 to local Ombudsman entities under section 712(a)(5).
- 6)See Focus Area 4 Elder Justice of the State Plan on Aging with respect to programs for the prevention of elder abuse, neglect, and exploitation. South Dakota enacted specific elder abuse law Chapter 22:46 regarding abuse, neglect, or exploitation of elders or adults with disabilities and holds records confidential as specified in South Dakota Codified Statutes including SDCL 28-1-45.5 and 28-1-45.1.

315

The state of South Dakota assures that it does not permit cost sharing for the following:

- information and assistance, outreach, benefits counseling, or case management services.
- ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
- congregate and home delivered meals.
- any services delivered through tribal organizations.

The state of South Dakota does not permit cost sharing by a low-income older individual if the income of such individual is at or below the Federal poverty line.

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

Attachment C: South Dakota Aging and Disability Resource Connections Partners

Partner	Partner Focus	Partner Type	Collaborative Working Relationship
South Dakota Department of Social Services (DSS), Division of Behavioral Health Services	Ensure children and adults with mental health disorders and chemical dependency issues have the opportunity to choose and receive effective services and recovery (Community Behavioral Health).	Core Partner	<p>Provided Training to ADRC staff through a LIVE meeting.</p> <p>Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.</p> <p>Cross training on various topics is offered to core partners to include communication, team building, working with negative and difficult people, and conflict resolution.</p>
South Dakota DSS, Division of Medical Services	Assistance to individuals who qualify for Medicaid by providing health insurance and payment of medical services.	Core Partner	Cross training on various topics is offered to core partners to include communication, team building, working with negative and difficult people, and conflict resolution.
SHIP – South Dakota DSS administered Health Insurance Assistance Program	Assistance to Medicare beneficiaries and their families by providing education and resources to better understand, identify programs and plans to utilize Medicare benefits.	Core Partner	Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.
South Dakota DSS, Division of Economic Assistance	Provides medical, nutritional, financial and case management services to lower income families, people with disabilities, children and the elderly (Community Action, SNAP, Energy and Weatherization Assistance, TANF).	Core Partner	<p>State ADRC Workgroup member.</p> <p>Cross training on various topics is offered to core partners to include communication, team building, working with negative and difficult people, and conflict resolution.</p>
SD Department of Human Services (DHS), Division of Services to the Blind & Visually Impaired	Provides rehabilitation services to individuals who have a significant visual impairment.	Core Partner	<p>Provided Training to ADRC staff through LIVE meeting.</p> <p>Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.</p>
South Dakota DHS, Division of Rehabilitation Services	Provides services to individuals with disabilities to obtain and maintain employment.	Core Partner	<p>Member representatives on Local and State ADRC Workgroups.</p> <p>Provided training to ADRC staff through LIVE meeting.</p> <p>Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.</p>
South Dakota DHS, Division of Developmental Disabilities	Provides community based services to individuals with a developmental disability and their families.	Core Partner	<p>In the future will provide training to ADRC staff through LIVE meeting.</p> <p>Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.</p>

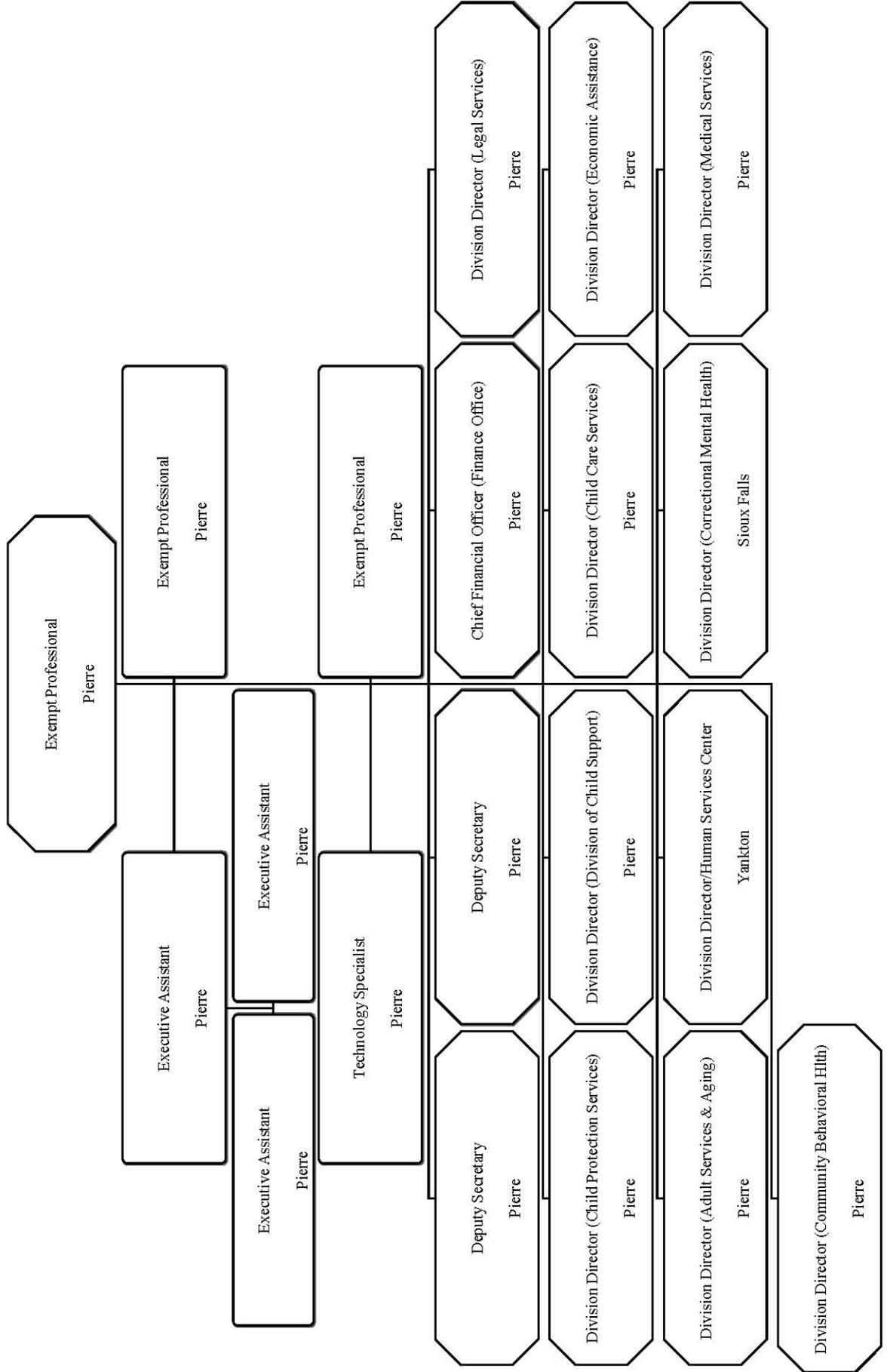
Partner	Partner Focus	Partner Type	Collaborative Working Relationship
Statewide Independent Living Council	Serves as an advocate for individuals with significant disabilities needing independent living services.	Community Partner	Member representative on Local ADRC Workgroup. Information sharing on ADRC processes to include intake, eligibility determination, service provision, etc.
South Dakota Coalition of Citizens with Disabilities	Advocates for the full inclusion of all individuals with disabilities and provides resources and advocacy and is a single point of contact on disability issues.	Core Partner	Member representative on State ADRC Workgroup. Information sharing on disability issues.
Independent Living Centers	Provides services to individuals with disabilities living in the community.	Core Partner	Member representative on Local ADRC Workgroup. Provided training to ADRC staff through LIVE meeting. Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc.
Mental Health Centers	Provides community based services to adults with severe and persistent mental illness (medical, social, education, vocational, crisis intervention).	Core Partner	Reciprocal referrals of consumers and information sharing on consumers and processes to include intake, eligibility determination, service provision, etc
In-Home Service Providers	Provides in-home services including homemaker, personal care, nursing services, assistive devices, specialized medical equipment and supplies, emergency response systems, meals, nutritional supplements to individuals living in their own homes.	Core Partner	Member representatives on Local and State ADRC Workgroup. Through LIVE Meetings, receive information on the ADRC implementation, functions and processes for intake, assessment, case management, etc. Trainings on the intake process provided and will be scheduled as appropriate to the statewide ADRC implementation. Reciprocal referrals of consumers and information sharing on consumer information.
Nursing Homes	Provides institutional long term care services.	Critical Pathway Partner	Member representatives on State ADRC Workgroup. Reciprocal referrals of consumers and information sharing on consumers and ADRC processes to include intake, eligibility determination, service provision, provided information/training on Section Q. Informal linkages/collaborative working relationships established.
Hospital/ Discharge Planners	Provides discharge planning to individuals discharging from a hospital.	Critical Pathway Partner	Member representative on Local ADRC Workgroup. Referrals of consumers and information sharing on consumers and ADRC processes, i.e., intake, eligibility determination. Informal linkages/collaborative working relationships established.
County Human Services/ Welfare	Provides assistance to individuals in the community.	Community Partner	Member representative on Local ADRC Workgroup. Reciprocal referrals of consumers and information sharing on consumers and ADRC processes to include intake, eligibility determination, case management, service provision, etc.

Partner	Partner Focus	Partner Type	Collaborative Working Relationship
211 Helpline Center	Provides information on South Dakota community resources via website and 211 Helpline to “strengthen individuals, families, and community by bridging people with resources and support”. Includes a volunteer Helpline, Child Care Helpline, and Suicide Prevention Helpline.	Community Partner	Member representative on Local ADRC Workgroup. Reciprocal referrals of consumers and information sharing on ADRC processes to include intake, eligibility determination, service provision, etc.
Indian Health Services	Provides inpatient and outpatient health care and preventive and curative clinics to Indians on South Dakota reservations and operates service units that include hospitals, health centers, school health stations, and smaller health stations and satellite clinics.	Community Partner	Reciprocal referrals of consumers and information sharing on consumer and ADRC processes to include intake, eligibility determination, service provision, etc.
Tribal Offices	Cheyenne River Sioux, Crow Creek Sioux, Flandreau Santee Sioux, Lower Brule Sioux, Oglala Sioux, Rosebud Sioux, Sisseton-Wahpeton Sioux and Yankton Sioux Tribes provide various levels and types of assistance to tribal members ranging from tribal social services, mental health, vocational rehabilitation, personal care services, homemaker services, etc.	Community Partner	Reciprocal referrals of consumers and information sharing on consumer and ADRC processes to include intake, eligibility determination, service provision, etc.
South Dakota AARP	Provides information on health issues to seniors.	Community Partner	Member representative on State ADRC Workgroup. Refers individuals and markets and promotes the ADRC to its membership.
SD State Advisory Council on Aging	Reviews and evaluates Programs and Services and makes recommendations to the South Dakota Department of Social Services, Division of Adult Services and Aging on improving services provided to the elderly.	Community Partner	Member representative on State ADRC Workgroup. ADRC updates Council on ADRC state-wide implementation. ADRC Project Director provides updates to members at regularly scheduled Council meetings.
SD Association of Healthcare Organizations (SDAHO)	Represents and serves health care organizations through advocacy, information, education and networking with a diverse range of membership, i.e., acute care and nursing facilities, home health agencies, assisted living centers, hospice.	Community Partner	Member representatives on State ADRC and Local ADRC Workgroups. Markets and promotes the ADRC to its membership. ADRC Director provides updates to members at annual SDAHO conference on ADRC implementation progress and processes.
SD Health Care Association (SDHCA)	Represents long term care organizations including skilled nursing care, assisted living and congregate living in South Dakota to improve the quality of long term care through advocacy, communication, professional education and innovation.	Community Partner	Member representative on State ADRC Workgroup. Markets and promotes the ADRC to its membership.
Consumers	Represent the ADRC target population of adults age 60 and older and age 18 and older with physical disabilities.	Community Partner	Member representatives on Local and State ADRC Workgroups. Participation in regional focus groups.

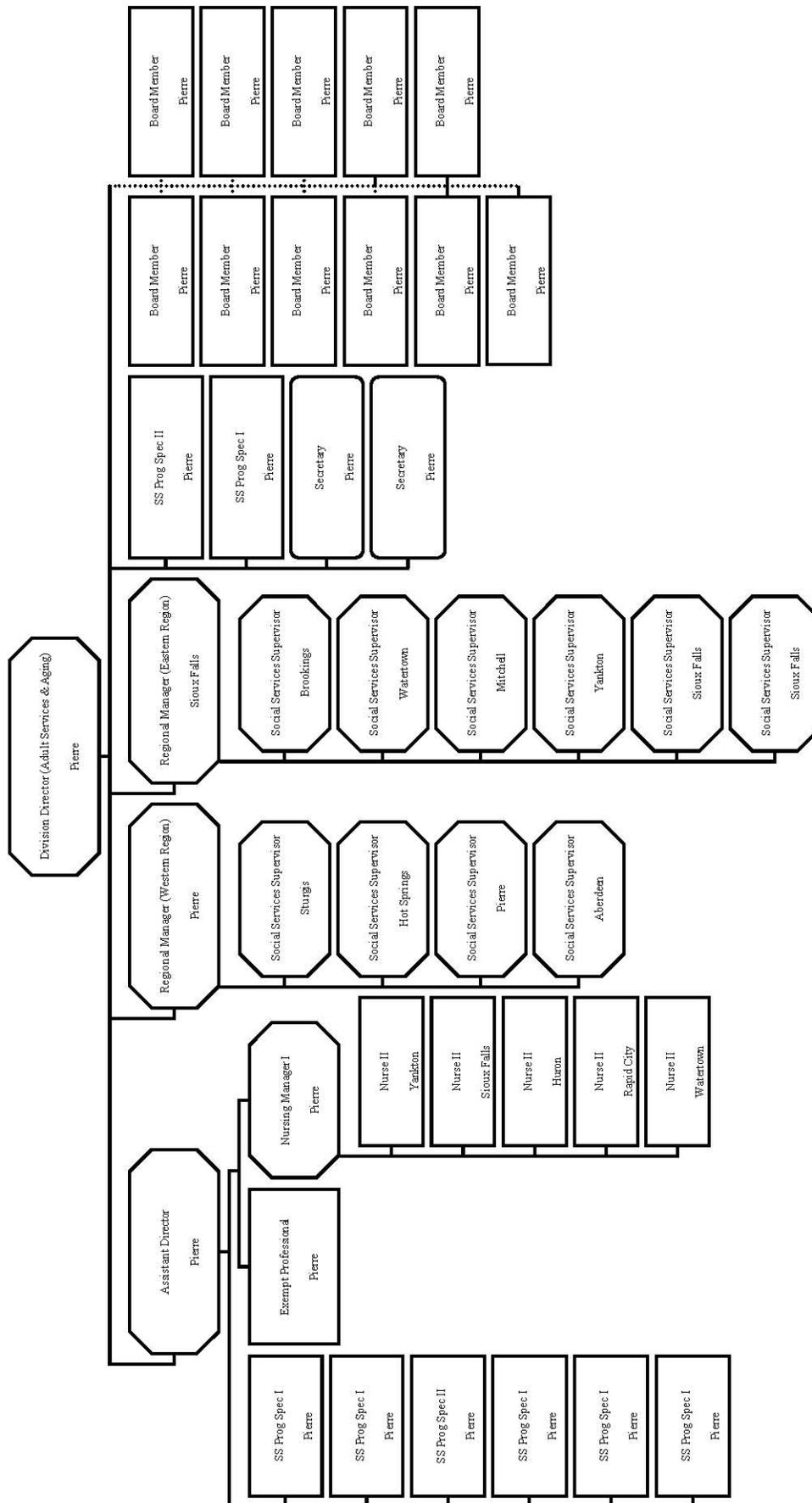
Attachment D - South Dakota Aging and Disability Resource Connections Budget

Total Annual Budget	\$5,163,567.00
ADRC Grant	\$279,957.00
Medicaid for direct services, such as waiver case management	\$1,082,058.00
Older Americans Act (other than NFCSP)	\$1,291,959.00
Other federal funding	\$1,180,285.00
State general revenue funding	\$994,126.00
Other 1 - Caregiver state and federal	\$313,142.00
Other 2 - State general funds	\$22,040.00

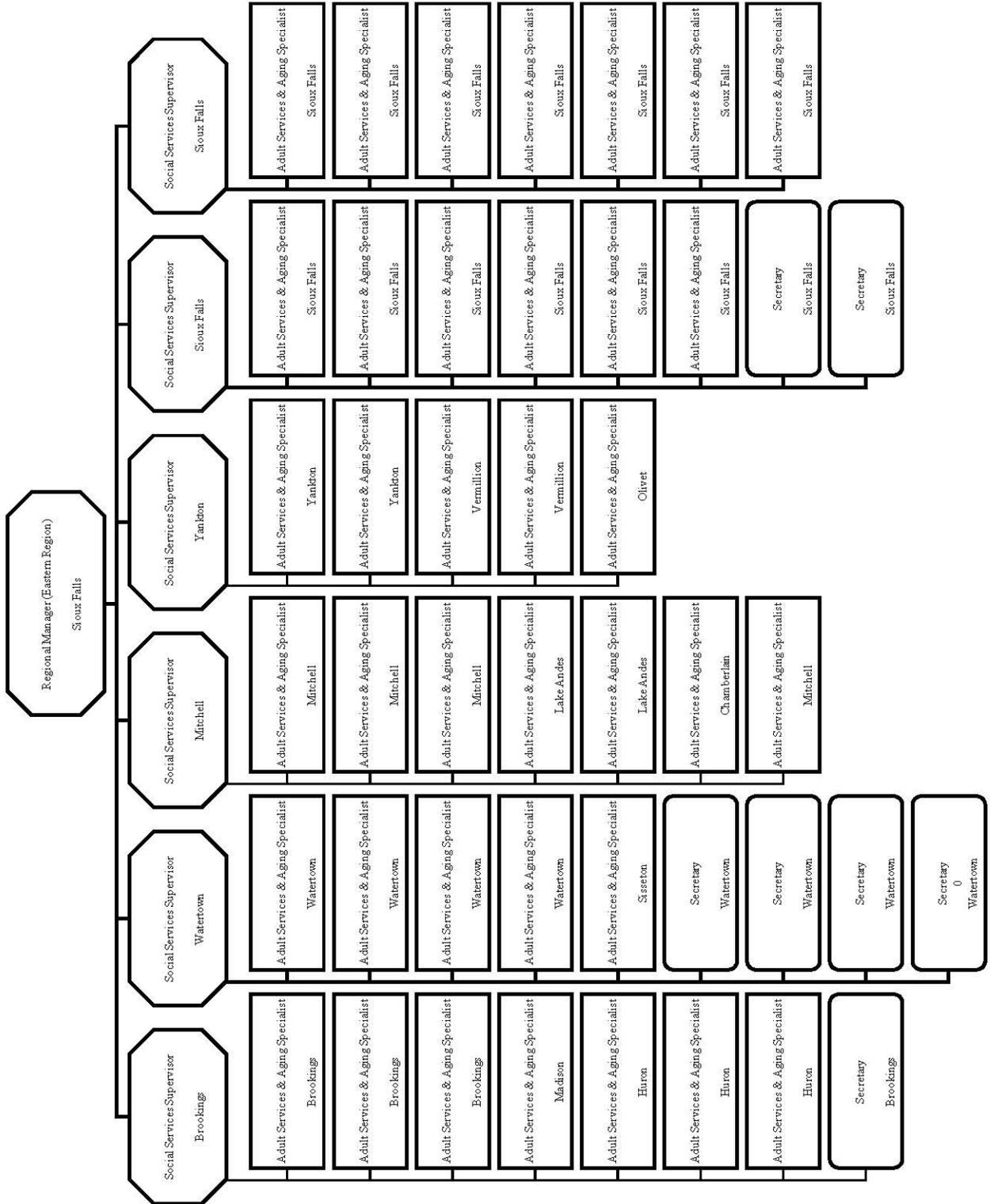
Office of the Secretary



Division of Adult Services and Aging State Office - Pierre



Division of Adult Services and Aging Eastern Region



Division of Adult Services and Aging Western Region

