

South Dakota

State Plan on Aging Fiscal Years 2006-2009

*Submitted Under Title III and Title VII
of the
Older Americans Act*



South Dakota

*Department of Social Services
Division of Adult Services and Aging*

South Dakota Office of Adult Services and Aging 2006 – 2009 State Plan on Aging

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of SOUTH DAKOTA for the period October 1, 2005 through September 30, 2009. It includes all assurances and plans to be conducted by the DEPARTMENT OF SOCIAL SERVICES, DIVISION OF ADULT SERVICES AND AGING under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

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

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

_____	(Signed) _____
(Date)	Gail Ferris, Division Director Adult Services and Aging
_____	(Signed) _____
(Date)	Deborah K. Bowman, Secretary South Dakota Department of Social Services
_____	(Signed) _____
(Date)	M. Michael Rounds, Governor State of South Dakota



MISSION STATEMENT

Adult Services and Aging (ASA) provides opportunities which enable older South Dakotans to live independent, meaningful, and dignified lives while maintaining close family and community ties. ASA provides leadership in identifying gaps and weaknesses in service delivery. ASA promotes community-based and in-home services to prevent or delay premature or inappropriate institutionalization.

ASA continues to provide leadership as effective and visible advocates for the elderly.



INTRODUCTION

This document reflects South Dakota's plan for responding to the needs of South Dakota's older population.

The State Plan on Aging is submitted to the Federal government in compliance with Federal regulations. Once approved, the State of South Dakota receives Federal funds to administer the state plan, which are matched with State and local funds.

An extensive effort was made to obtain input from a variety of individuals and organizations. Adult Services and Aging was able to partner with the National AARP research staff on developing three scientific surveys. These surveys were distributed statewide to AARP members and by staff and organizations working directly with older South Dakotans. (See page 47)

Other methods of receiving information included active participation at the Center for Active Generations Senior Expo, the annual Native American Summit, the South Dakota Department of Health Public Health Conference and the statewide Caregivers Conference. Recommendations were also made through the Governor's Advisory Council on Aging, the Alzheimer's Demonstration Grants to State's Advisory Committee and the South Dakota Association of Retired Teachers.

Recommendations and goals were incorporated into 5 "focus areas" including (1) Advocacy, (2) Elder Rights, (3) Community-Based Systems of Care, (4) Caregiver Assistance, and (5) Program Management. The plan also addresses Federal OAA provisions and information requirements.

The South Dakota State Plan on Aging reflects goals and objectives for a 4 year period: October 1, 2005 through September 30, 2009.

The plan serves as the primary document at the State level to monitor statewide goals and objectives.

Planning and Service Delivery

Planning for the development and delivery of services to older South Dakotans involves agencies and organizations at the federal, state and local levels acting in a coordinated fashion to establish and maintain a comprehensive delivery system. The end result is an “Aging Services Network” whose elements each have clearly defined roles and responsibilities.

The network includes:

U.S. Administration on Aging

The Administration on Aging, within the Department of Health and Human Services, heads the Aging Network on the federal level. Directed by the Assistant Secretary for Aging, it is the agency that awards Title III and Title VII funds to the states and monitors and assesses state agencies which administer these funds.

In keeping with Administration on Aging Guidelines, the South Dakota State Plan on Aging addresses the program goals included in the United States Administration on Aging 2003-2008 Strategic Plan. The Strategic Plan program goals are:

- Increase the number of older people who have access to an integrated array of health and social supports.
- Increase the number of older people who stay active and healthy.
- Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.
- Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

State Unit on Aging

The Department of Social Services, Division of Adult Services and Aging is the designated State Unit on Aging, and is therefore, the lead agency in the network at the state level. It is responsible for:

- Coordinating all state activities related to the purposes of Title III and VII;
- Developing a State Plan on Aging;
- Serving as an effective and visible advocate for older persons by:
 - reviewing and commenting upon all State plans, budgets and policies which affect elders;
 - providing technical assistance to any agency, organization, association or individual representing the needs of elders;
 - assuring that preferences for services will be given to older individuals with greatest economic or social needs;
 - assuring that preference for services will be given to low-income minority and rural older adults.

In addition to its Title III and VII mandate, the Division of Adult Services and Aging administers the Title XIX Home and Community Based Waiver, Respite Care Services, Homemaker/Nursing Services, Personal Care Program, Protective Services, Long-Term Care Ombudsman, the State's SHIP, Senior Health Information and Insurance Counseling (SHIINE) program, Assistive Devices Program, specialized Medical equipment/supplies, purchased meals, nutritional supplements and RxAccess.

State Advisory Council

Title III and VII requires the Division of Adult Services and Aging to take into account views of recipients on the state level to advise and help in:

- the development and administration of the State Plan;
- conducting public hearings on the State Plan;
- representing the interests of older persons;
- reviewing and commenting on other State Plans, budgets and policies which affect older persons.

The South Dakota Advisory Council on Aging members are appointed by the Governor. Eleven members who serve on this council are geographically located throughout the state. Consideration is given to requirements of state and federal programs to which the council relates. A majority of the membership of the council shall consist of actual or potential consumers of services under the Older Americans Act.

Adult Services and Aging Local Offices

South Dakota is a single Planning and Service Area. Within this single area the state is divided into four districts which include twenty-four local offices. Located in the local offices are seventy-five social workers and supervisors who provide information and referral, case management, community involvement efforts, and determine program eligibility. These social workers are also the adult protective services workers and the ombudsmen.

This structure allows ASA to provide a one-stop service center integrating a comprehensive array of information, intake referral and counseling services. Staff continues to manage information systems supporting the functions of the program, including client intake, need assessment, care plans, utilization and costs. Performance objectives related to program visibility, consumer trust, easy access, consumer needs efficiencies and effectiveness of all programs have been established.

Service Providers

Under the Title III and VII strategy, service providers include those within the existing service delivery system. Service providers contracted by the State Unit on Aging to provide needed services include the Nutrition Providers, Adult Day Services Providers, Transportation Providers, and Legal Services Agencies. These provider agencies and their respective services are an important component of the Aging Network.

Due to the rural nature of our state services are very limited in all communities across South Dakota. Competition is not a factor when it comes to providing the needed services to the elderly population. The work force in rural areas is very limited, once a provider quits, in some cases it is literally impossible to find a replacement.

SOUTH DAKOTA

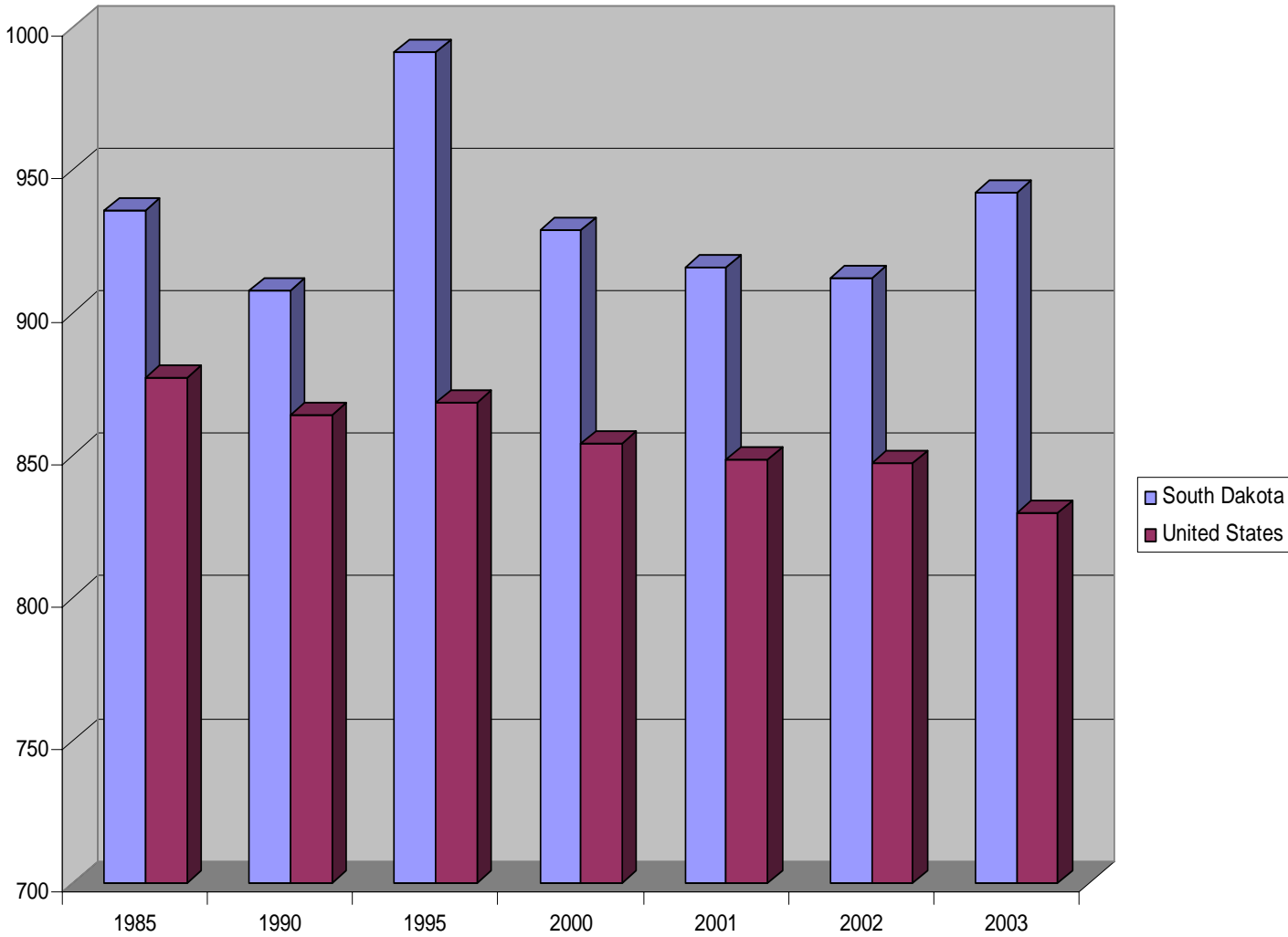
Demographics

Distribution of Population by Age, 2000 & 2020 (Projected)

		50-64	65-74	75-84	85+	Total Population
2000 (%)	State	14.1	7.0	5.2	2.1	754,844
	US	14.9	6.5	4.4	1.5	281,421,906
2020 (%)	State	18.0	9.7	5.0	2.8	831,102
	US	18.7	9.7	4.7	1.9	327,909,900
% Change in Population	State	41.3	52.0	7.4	43.5	10.1
	US	46.6	72.3	25.5	48.9	16.5

Select Population Characteristics	State	Rank	US
Minority/Ethnic Population Age 65+ (%), 2000	3.6	43	16.4
Minority/Ethnic Population Age 65+ (% change, 1999-2000)	38.5	29	39.2
Rural Population Age 65+ (%), 2000	51.6	4	21.7
Family Income Age 65+ (median), 2000	\$33,436	37	\$38,155
Poverty Status Age 65+ (%), 1999			
At/Below Poverty Level	13.6	10	10.9
101-200% of Poverty Level	21.5	32	23.7

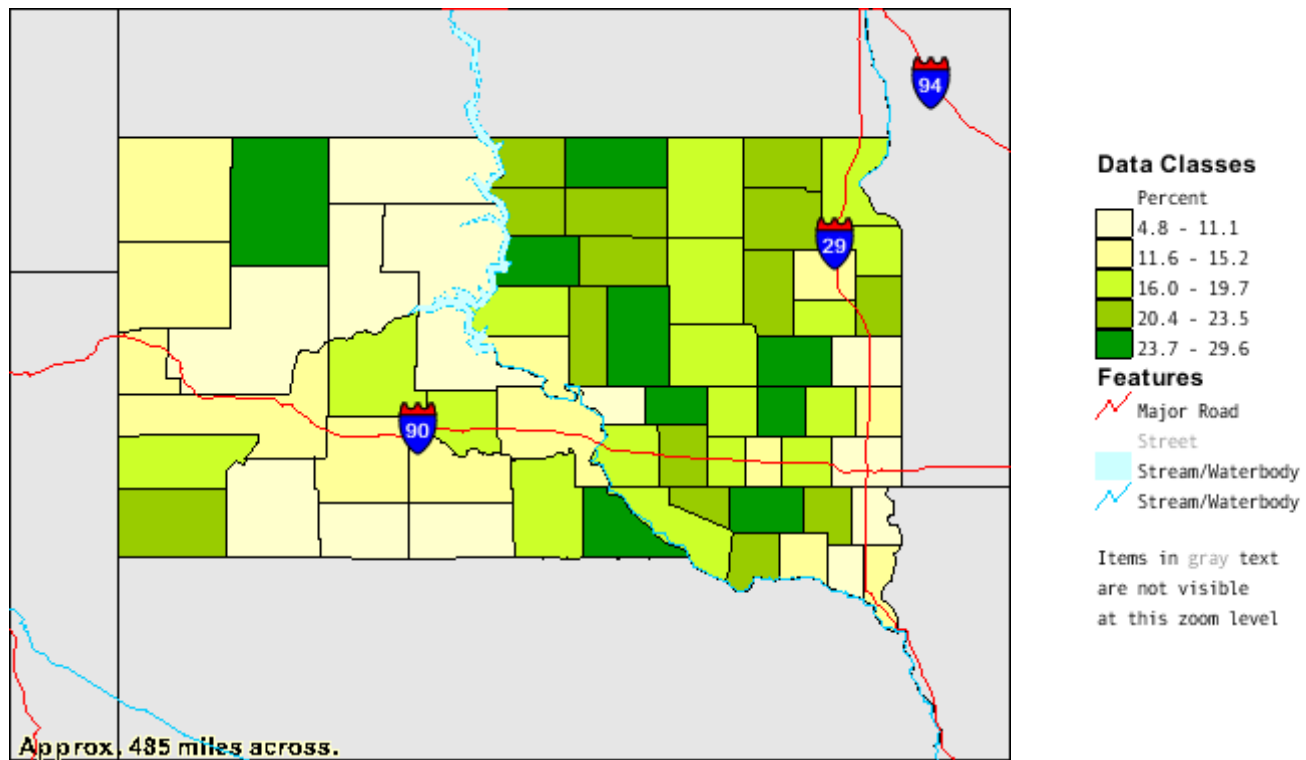
Resident Crude Death Rates for South Dakota and United States



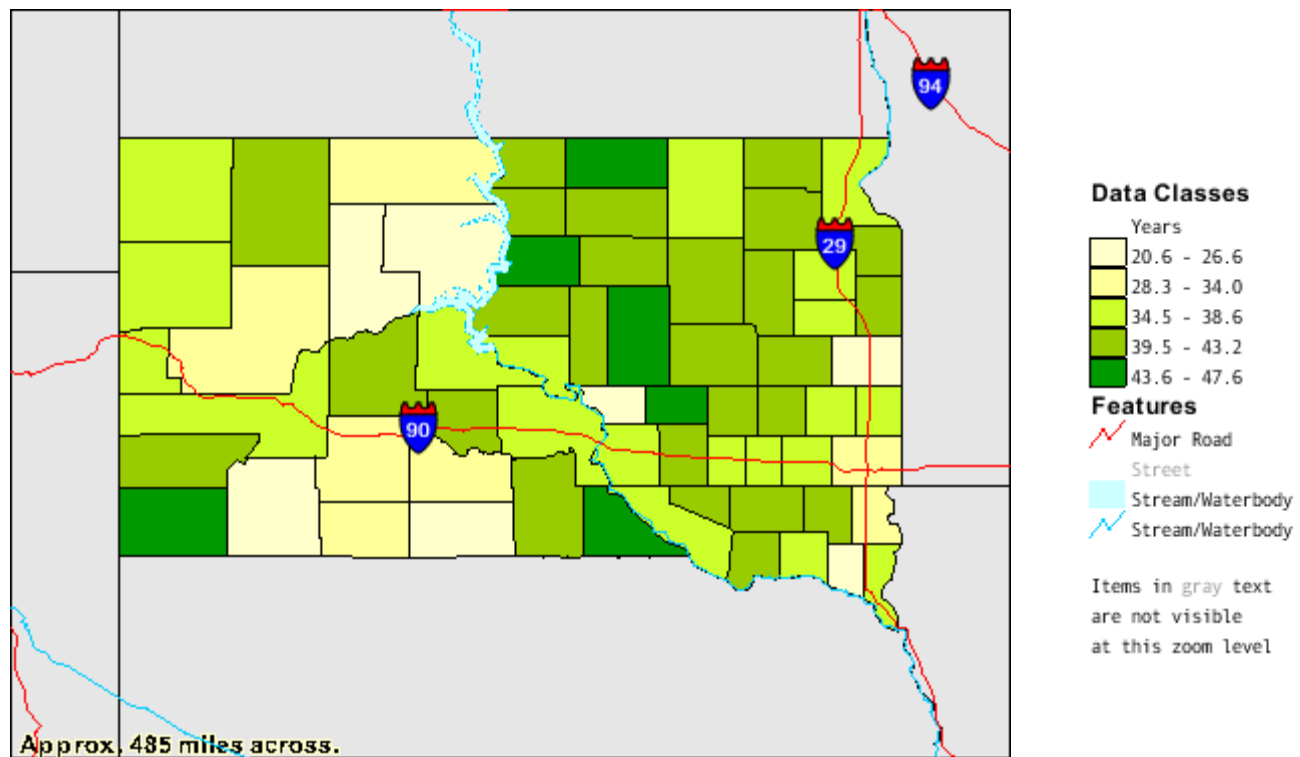
Note: Crude Death Rates are per 100,000 population
Source: National Center for Health Statistics, South Dakota Department of Health



Percent of Persons 65 Years and Over: 2000

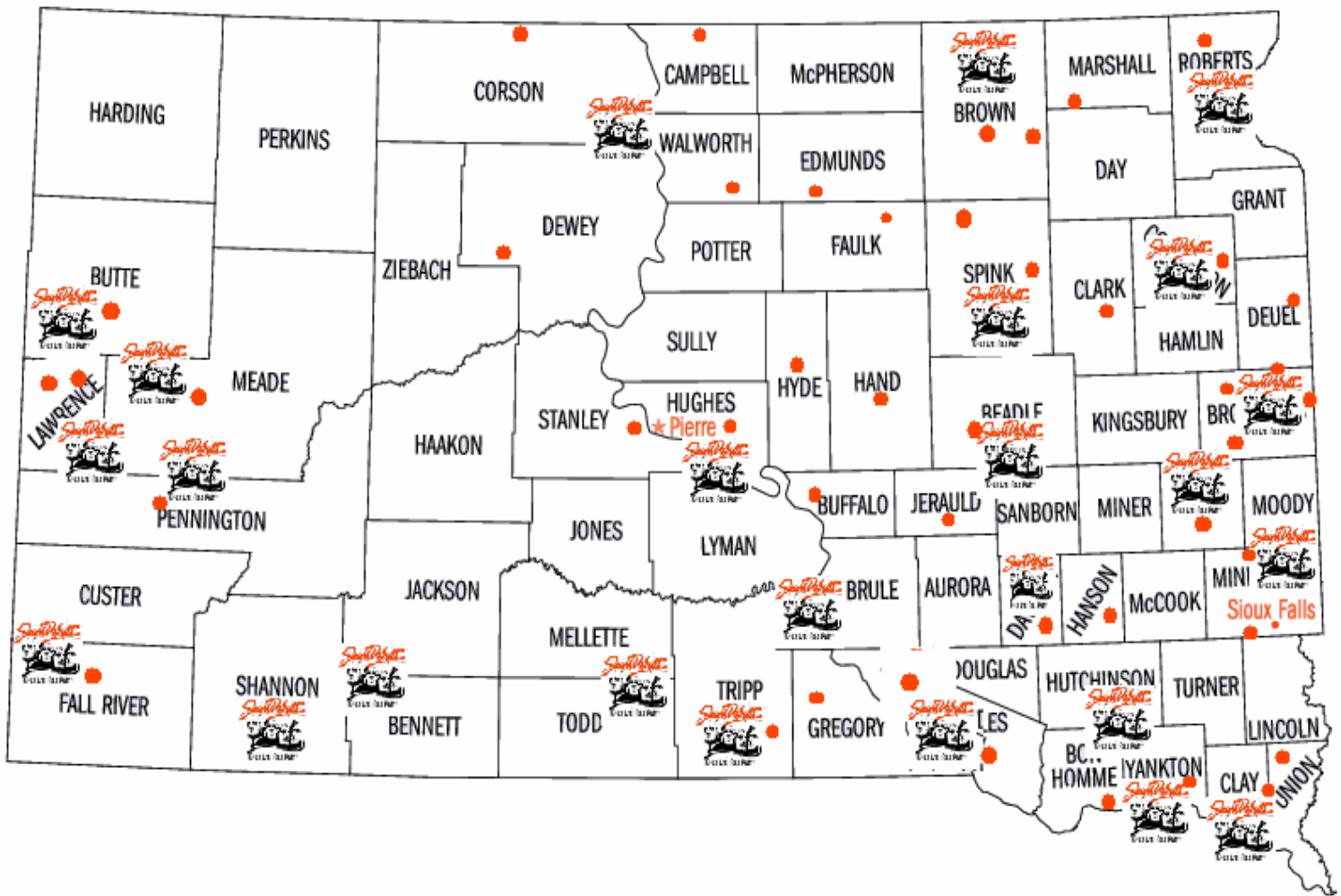


Median Age: 2000



Source: United States Census 2000 Fact Finder

SOUTH DAKOTA



Adult Services and Aging Local Offices

● Location of Alzheimer's or Dementia Caregiver from ASA 2005 Survey

Alzheimer's/Dementia Caregivers by County

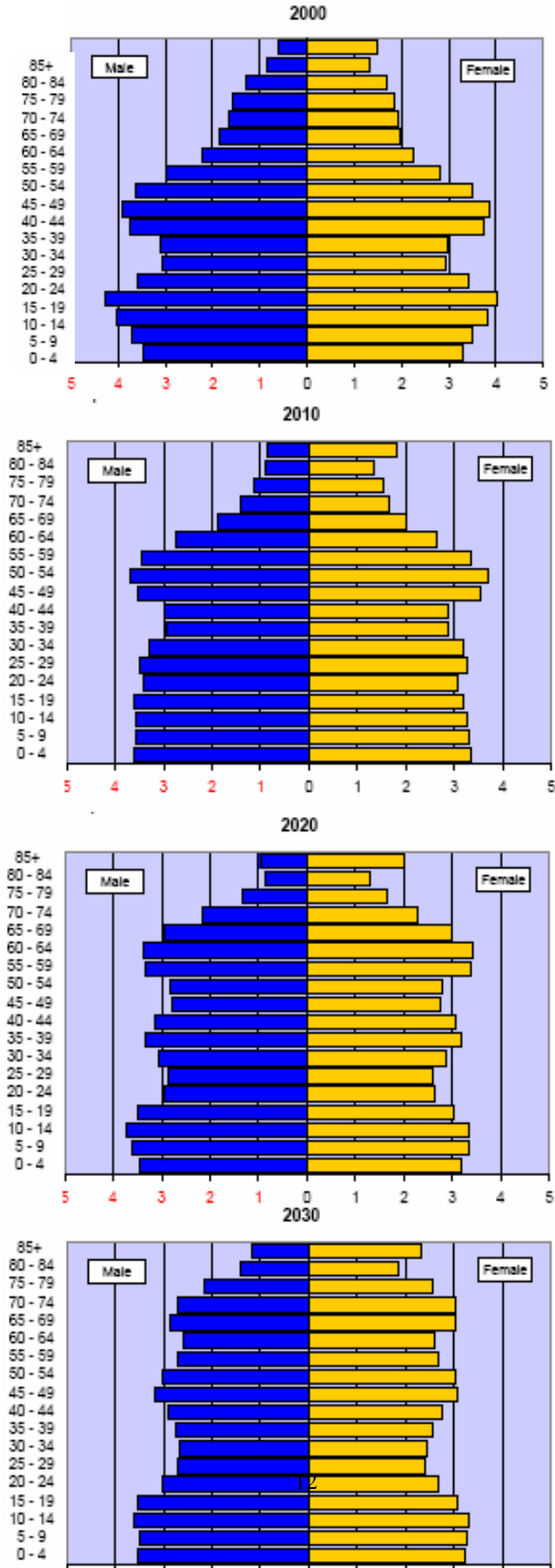
County	Number of Alzheimer's/Dementia Caregivers
Beadle	5
Bon Homme	3
Brookings	6
Brown	10
Buffalo	2
Butte	3
Campbell	1
Charles Mix	3
Clark	1
Clay	1
Codington	1
Corson	1
Davison	1
Day	1
Deuel	2
Dewey	1
Edmunds	5
Fall River	1
Faulk	1
Grant	1
Gregory	4
Hand	1
Hanson	1
Hughes	10
Hyde	2
Jerauld	1
Lake	3
Lawrence	7
Marshall	2
Meade	5
Minnehaha	3
Pennington	6
Roberts	1
Spink	2
Stanley	1
Tripp	1
Union	1
Walworth	1
Yankton	2

* Results based on 2005 ASA Caregiver Survey

Population Pyramids of South Dakota

Percent of Total Population

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005



FOCUS AREA: ADVOCACY

“Actions to enact and/or implement public or private policies or laws which ensure access and improve responsiveness to the needs and concerns of older people.”

Focus 1.1 Develop a statewide advocacy system to identify and promote the needs of older South Dakotans.

1.1.1. Support the development of a network of senior citizen groups, community leaders and service providers to plan and carry out advocacy activities relating to elderly issues.

1.1.2. Continue to participate on community eldercare coalitions to focus public awareness on service and resource needs of older persons and to develop strategies to mobilize the resources necessary to meet these needs.

1.1.3. Advisory Council on Aging will continue to recommend a minimum percentage of Older Americans Act Part B funds for access services, in-home services and legal assistance.

Focus 1.2. Address the growing needs of South Dakota elderly through efforts to empower and educate community members.

1.2.1. Social workers will assist communities to identify programs and resources to address the needs of vulnerable elderly. Emphasis will focus on empowerment of community members to identify these needs for individuals who have the greatest economic needs. This includes low income minority individuals and communities where few services are available.

1.2.2. Initiate efforts to educate and coordinate with the South Dakota Rural Development Council, the South Dakota Municipal League, local state agencies, and other city, county and tribal government agencies.

Focus 1.3. Increase respect and understanding between generations.

1.3.1. Promote opportunities which provide intergenerational activities which foster increased understanding and relationships between the generations.

FOCUS AREA: ELDER RIGHTS

“The emerging new interest area in aging services is that in which older persons assert their rights in pursuit of their own interests and well-being.”

Focus 2.1. Disseminate information on legislative issues affecting the quality of life for Older South Dakotans.

Focus 2.2. Ensure that Medicare and Medicaid beneficiaries have a competent, committed, compassionate, and consumer-focused network through staff and volunteers who provide accurate and objective information and solutions to health benefit problems under Medicare, Medicaid, or other private health insurance programs.

2.2.1 The Department of Social Services will continue to fund the SHIP services of the Senior Health Information and Insurance Education program (SHIINE) in cooperation with Cooperative Extension Service, AARP, Experience Works, Corporation for National and Community Service and other identified partners.

2.2.2. Long-Term Care Insurance Rate Comparison information will become available through the Internet and ASA's home page as well as a printed copy.

2.2.3. Maintain access to SHIINE services through a toll-free number.

2.2.4. Issue/distribute brochures/public service announcements relating to Medicare, Medicaid, Long-Term Care Insurance, Medicare Supplemental insurance and Medicare Part D.

2.2.5 Coordinate services, where feasible, with Blue Cross/Blue Shield of North Dakota, the South Dakota Foundation for Medical Care, CIGNA, Cahaba Health Benefits Administration, the South Dakota Division of Insurance, the South Dakota Department of Health, the Social Security Administration, South Dakota Anti-Fraud Education Project, and the Department of Social Services' Division of Economic Assistance.

Focus 2.3. Ensure that older individuals and other concerned individuals have knowledge of and access to a voluntary or court ordered involuntary adult protective service program that has the ability to investigate and resolve, in a timely manner, issues of physical abuse, psychological abuse, neglect, exploitation, sexual-abuse, self abuse, and self-neglect involving vulnerable adults.

2.3.1. Continue to publish the annual Adult Protective Services report whereby South Dakotans may learn about the frequency of reporting and outcomes of Adult Protective Services investigations.

2.3.2. Discuss elder abuse issues in quarterly interagency meetings with Medicaid Fraud Control Unit.

2.3.3. Convene an annual Adult Protective Services statewide conference as authorized by the State.

2.3.4. Exercise court-appointed powers as guardian and conservator as authorized by the Secretary of Social Services and by the Circuit Court.

2.3.5. Conduct office reviews regarding the delivery of Adult Protective Services.

2.3.6. The Division Director will advise the Secretary of Social Services on proposed changes in state law necessary to improve the delivery of Adult Protective Services.

Focus 2.4. Encourage efforts to reach and assist eligible elderly who are not currently receiving SSI, Medicaid, QMB, SLMB, or Food Stamp Benefits.

2.4.1. Issue and distribute brochures, public service announcements, fact sheets, and posters that relate to public entitlement programs.

2.4.2. Participate in regular interagency meetings with the Division of Economic Assistance, Division of Medical Services, SHIINE, and the Social Security Administration.

2.4.3. Explore methods of providing information through the Internet, such as BenefitsCheckUp Program.

Focus 2.5. Participate in collaborative efforts, such as TRIAD and the South Dakota Anti-Fraud Education Project, to enhance crime prevention resources.

- Focus 2.6. Participate in collaborative efforts with the Domestic Abuse program to address the needs of the older battered persons.
- Focus 2.7. Provide training, technical assistance, and resources to local Ombudsman Programs and to the residents and families of long term care facilities.
- Focus 2.8. The Long Term Care Ombudsman Program will provide training, technical assistance and resources to the staff of long term care facilities.
- Focus 2.9. Ensure that residents of long term care facilities, assisted living centers, adult foster care homes, and other concerned individuals have knowledge of and access to an Ombudsman Program that has the ability to investigate and attempt to resolve, in a timely manner, issues of abuse, neglect, exploitation and any other complaint.
- Focus 2.10. Coordinate efforts with appropriate State, Federal, and local agencies, Medicaid Fraud Control Unit, and the South Dakota Protection and Advocacy Project for the Developmentally Disabled and the Mentally Ill, and other interest groups.
- Focus 2.11. Encourage and assist, through start up grants, long-term care facilities to implement the Culture Change in Long Term Care (refer to page 53). A collaborative effort with the South Dakota Health Care Association and the South Dakota Association of Health Care Organizations has been developed to promote this opportunity.
- Focus 2.12. **Continue partnerships with the Legal Services Corporation projects in South Dakota to educate South Dakotans on the importance of Advanced Directives and to assist in drafting and implementing Advanced Directives for those who want to establish an Advanced Directive.**
- 2.12.1 Contract and monitor the provision of Legal Services for the Elderly in South Dakota.
- 2.12.2 Use data to improve planning for allocation of staff and program resources in determining grants for legal assistance.

Focus 2.13. Provide outreach, education and enrollment activities to maximize The understanding, and participation, of older persons in the Medicare prescription drug benefit.

- 2.13.1 Increase awareness of Medicare Part D and assist people with the application process for “extra help”.
- 2.13.2 Maintain levels of satisfaction with Medicare Part D counseling.
- 2.13.3 Promote increased education and counseling for Medicare beneficiaries by participating in the Medicare Partners workgroup.
- 2.13.4 Conduct outreach activities to underserved population as well as the general public.
- 2.13.5 Promote computer use and Internet access among seniors as a medium for education and information about Medicare Part D.
- 2.13.6 Explore effective ways to educate the disabled population on Medicare Part D.

FOCUS AREA: COMMUNITY-BASED SYSTEMS OF CARE

“Community-based systems of care are at the heart of the Aging Network. Their development guarantees sustained independence for older persons within a community setting.”

Focus 3.1. Continue to provide, strengthen, and expand where needed, community-based services which are currently provided.

- 3.1.1. Evaluate the current Adult Day Care program and identify changes which need to be made in recognition of changing needs and services of program participants.
- 3.1.2. Continue to provide congregate and home-delivered meals which comply with the dietary guidelines to provide the 1/3 RDA. Provide ethnic menus as appropriate.
- 3.1.3. Continue the partnership development with the SD Department of Transportation which is the lead state agency for the statewide transportation coordination initiative. Assess the needs of elderly, evaluate the current transportation systems, identify changing service delivery methods and assist communities in developing and maintaining coordinating transportation systems across the state.
- 3.1.4. Provide case management services for the elderly targeting those with the greatest economic and social needs and those older persons at risk of entering nursing facilities.
- 3.1.5. ASA social workers will assess, coordinate, and case manage services for the elderly and disabled adults about the range and appropriateness of services available to meet their needs.
- 3.1.6. Expand income and asset guidelines for the Rx Access program to assist low income individuals in obtaining medications at low or not cost through pharmaceutical manufacturer sponsored patient assistance programs.
- 3.1.7. Create and maintain a comprehensive drug information website containing information and links to an array of services.

Focus 3.2. Identify new community-based programs and initiatives which will provide cost-effective alternatives to nursing home care and prevent institutionalization.

- 3.2.1 Encourage volunteer programs to utilize volunteers for the provision of services for the frail elderly at risk of institutionalization. Services may include chore maintenance, in-home services, transportation, and nursing services provided by a licensed nurse.
- 3.2.2. Promote the use of community facilities such as assisted living for multiple purposes and activities and as focal points which encourage independence and foster intergenerational opportunities.
- 3.2.3. Expand on the current Health Screening Initiative which utilizes the nutrition screening tool and the Minimum Data Set. This effort will address existing and potential problems, and provide intervention to older adults identified as at risk of malnutrition or other health risks. This includes one-on-one counseling by a contracted registered dietitian, dietetic students, and/or a medical student, in coordination with the University of South Dakota School of Medicine.
- 3.2.4. Develop an initiative to evaluate the causes and problems associated with poly-pharmacy and promote the need for and use of Drug Utilization Reviews. This should include the evaluation of prescription medication as well as over the counter medications, herbal and vitamins.
- 3.2.5. By collaborating with Easter Seals South Dakota Recycle for Life program, durable medical equipment is easily obtained for ASA Clients for a minimal fee or at no cost. This program provides the Care Receiver and the Caregiver the appropriate equipment needed to allow the individuals to keep their independence and stay in their homes.
- 3.2.6. On an ongoing basis, evaluate and review the services provided on the continuum of care and redefine and develop new programs that provide prevention and earlier intervention.

Focus 3.3. Coordinate with other agencies and organizations to maximize services and avoid duplication.

- 3.3.1. Coordinate with Corporation for National Service programs (RSVP, Senior Companion), Volunteer Service Banks, Senior Centers, AARP and other organizations to provide meaningful volunteer opportunities and services.
- 3.3.2. Coordinate services of ASA, Indian Health Services, Bureau of Indian Affairs, Title VI providers and other service providers on each of the Native American reservations.
- 3.3.3. Expand and continue cooperative relationships with Native American organizations to improve the quality of life for Native American elders.
- 3.3.4. Facilitate coordination between ASA, South Dakota Housing Development Authority, and the Rural Development Program to enhance public awareness of housing needs of older persons and provide housing opportunities and services to meet those needs.
- 3.3.5. Facilitate coordination with the Division of Mental Health, Community Mental Health Centers, Adult Day Care Association, AARP, South Dakota Alzheimer's Association and other interested organizations to develop short term goals and a long range vision regarding the mental health needs of the elderly.
- 3.3.6. Explore coordination with Child Care Services to promote intergenerational day care programs.
- 3.3.7. Participate in the South Dakota Food and Nutrition Coordinating Committee.
- 3.3.8. Encourage public schools and state institutions to prepare meals and provide transportation for the elderly wherever feasible.
- 3.3.9. Facilitate the continuation of the South Dakota Interagency Coalition on Aging.
- 3.3.10. Continue to partner with Easter Seals South Dakota to implement and expand the Recycle for Life Program (refer to page 56).
- 3.3.11. Coordinate with Experience Works, Workforce Investment Act, and other programs that work with older workers.

- 3.3.12. Coordinate services with in-home service providers, such as home health agencies, emergency response providers, nutrition program, durable medical equipment providers and other community resources.
- 3.3.13. Coordinate with the University of South Dakota School of Medicine to continue an initiative to include in-home assessments of high risk elderly as a part of the training curriculum for second-year preceptorships and fourth-year clerkships. (See chart on page 59)

Focus 3.4. Ensure access to community-based systems of care.

- 3.4.1. Nutrition projects will establish outreach activities which insure the maximum number of eligible individuals have an opportunity to participate, including expansion of sites where needed as funding allows.
- 3.4.2. Promote the nation-wide Eldercare Locator program through the Adult Services and Aging website and the Statewide Resource Directory.
- 3.4.3. Identify and use new technology to provide information about ASA services. This includes ongoing updates to the Adult Services and Aging Internet Site.
- 3.4.4. ASA social workers will complete assessments to determine the need and/or eligibility for services and will develop and monitor a case service plan to meet the needs of persons who are eligible for services. This includes assessment of caregivers.
- 3.4.5. Increase minority participation in aging programs and design program changes to address barriers encountered by aged minorities.
- 3.4.6. Explore the development of a standardized assessment tool to be utilized by service providers. This tool should result in better access to appropriate in-home services and more efficient coordination.
- 3.4.7. Interpreter services will be made available to translate oral and written communication as deemed appropriate.

Focus 3.5. Maintain and develop new methods to target participation in aging programs by minorities, individuals with the greatest economic and social needs, and those older persons at risk of entering nursing facilities.

- 3.5.1 Develop focused information and referral efforts by coordinating with nutrition providers, DSS Economic Assistance, Housing, Experience Works and other agencies that reach seniors with lower incomes and minorities.
- 3.5.2 Enhance coordination efforts with hospitals and home health agencies to reach those who may need assistance in maintaining their independence.
- 3.5.3 Collaborate with the University of South Dakota School of Medicine, Department of Family Medicine and Internal Medicine to develop the South Dakota Institute of Geriatrics (page 57-58).
 - Communicate the latest, most cost effective geriatric-care techniques to providers in rural areas.
 - Focus on research, education, and service
- 3.5.4 Participate in the development of Healthy South Dakota (state planning for nutrition and physical activity to prevent obesity and other chronic diseases) by collaborating with the Department of Health and other state agencies.

3.6 Coordinate with the South Dakota Emergency Management services to implement a Disaster Preparedness Plan for older persons.

- 3.6.1 Provide South Dakota State Emergency Plan Responsibilities Matrix to all statewide ASA staff.
- 3.6.2 Provide and coordinate appropriate services to elderly disaster victims, e.g., transportation, heater meals, assistance with placement or relocation, home repairs and clean up.

3.7 Coordination and Collaboration with South Dakota Department of Health to coordinate and influence vaccination of seniors.

- 3.7.1 Work directly with the Department of Health to promote health and disease prevention programs to the elderly. It is assured through a coordinated effort of the ASA statewide network, that vaccination of seniors, particularly for influenza and pneumonia, will be accomplished.

FOCUS AREA: CAREGIVER SUPPORT

“Identify, develop and implement programs supporting caregivers. These programs should include services which meet the needs of caregivers in all 5 service categories.”

- Focus 4.1. Determine how objectives in each service category will be provided or expanded to create a multi-faceted caregiver program.**
- 4.1.1 Information will be provided for programs available through the Division of Adult Services and Aging (ASA). This publicity may include multimedia resources and the maintenance and enhancement of the ASA website and the Statewide Resource Directory.
 - 4.1.2 Assistance to caregivers will be provided through an expansion of existing I&R and Case Management Services.
 - 4.1.3 Counseling, Training and Support Groups for caregivers will be created and expanded.
 - 4.1.3.1 Ongoing monetary assistance and participation in planning the South Dakota Statewide Caregiving Conference. Assistance will also be provided to regional caregiving conferences.
 - 4.1.3.2 Work with agencies and organizations to develop support groups and assist existing support groups for caregivers.
 - 4.1.3.3 Explore the Caregiver in the Workplace Initiative. As a result of this information, the anticipated goal is that businesses will develop programs and benefits which assist their employees who are caregivers.
 - 4.1.3.4 Maintain and continue to refine to meet changing needs of family caregivers a Respite Care program which assists caregivers to provide care to individuals who have high care needs.
 - 4.1.3.5 Caregiver Support Services for caregivers may include OT and PT evaluations of the home in order to identify

assistive devices which could benefit the caregiver; evaluations to determine techniques for behavior management; transportation when there is no formal transportation provider, etc.

4.2 The National Family Caregiver Support Program has been integrated into the current system of services available through the Division of Adult Services and Aging.

- 4.2.1 Case management and information and referral services have been directed toward the care receiver to include the recognition of caregivers as the client.
- 4.2.2 The ASA website will be expanded to include a section for Caregivers.
- 4.2.3 Current brochures and publicity will be expanded to include information for caregivers.
- 4.2.4 Continued use of a caregiver assessment used by Adult Services and Aging social workers to include specific sections for caregivers.

4.3 Administer the Alzheimer's Disease Demonstration Grants to State's (ADDGS) program if continued funding. The South Dakota Division of Adult Services and Aging will identify the needs of individuals with Alzheimer's disease and related dementia and their paid and unpaid family caregivers.

- 4.3.1 Partner with the South Dakota Alzheimer's Association, Easter Seals South Dakota, the Adult Day Care Association, and Home Health Care groups.
- 4.3.2 Identify statistics which are critical to having a better understanding of the number of people in South Dakota who have Alzheimer's or provide care for people with Alzheimer's. Examples include:
 - How many people who live in South Dakota are diagnosed with Alzheimer's?
 - Where are they located?
 - How many live in rural areas of the state?
 - What is the length of time a caregiver provides care before placement in an institutional setting?

- Identify and gather information from existing databases and programs which collect information that could pertain to the target population.
 - Case Mix Minimum Data Set
 - ASA databases
 - Adult Day Care programs
 - support groups
- 4.3.3 Measure the effectiveness of the current support system and identify gaps in services.
- 4.3.4 Once needs have been identified, create a program offering direct supportive services for caregivers of individuals with Alzheimer's or related dementias.
 - 4.3.4.1 Identify needed services such as counseling, respite care, or assistance with homemaker and personal care tasks.
 - 4.3.4.2 Provide training for paid and unpaid caregivers.
- 4.3.5 Utilize outcome measurements and scales to evaluate effectiveness of program.
 - Document # assisted in rural areas
 - Document satisfaction of training for caregivers with outcomes documented through various methods such as a survey at the end of the training.
 - Share information as requested with special sub-committee on SD Health Care Commission
- 4.4 Strengthen working relationships with Tribal Government.**
 - 4.4.1 Work closely with the Caregivers Programs located at Rosebud, Pine Ridge, Eagle Butte and Fort Thompson.
 - 4.4.2 Encourage partnership between Caregivers Program and Easter Seals' Recycle for Life Program. Excess donated equipment will be distributed to Indian Reservations.

FOCUS AREA: PROGRAM MANAGEMENT

“Economy, efficiency, and creativity are essential in the delivery of services to older persons because of diminishing resources and a rapidly exploding consumer group.”

Adult Services and Aging (ASA) provides opportunities that enable disabled adults and older South Dakotans to live independent, meaningful and dignified lives while maintaining close family and community ties. Through various programs, ASA provides or purchases services for disabled adults and older persons who are determined to be financially eligible for the programs.

ASA promotes in-home and community-based services to prevent or delay premature or inappropriate institutionalization. In-home services are available to those who need assistance with routine household tasks. Recipients of these services may be recovering from an illness or have physical limitations.

ASA field staff directly provide assessment and case management services to evaluate the needs of the individual. Based on the assessment, appropriate services are authorized and an Individual Care Plan is developed with the needs of the client specifically identified. Social workers may also work with community groups and organizations to identify needs of older citizens.

The following services are provided:

Homemaker Services

Homemaker services may include housekeeping, laundry, floor care, assistance with personal hygiene and other household tasks.

Nursing Services

Nursing services may include monitoring health, medication and nutritional status.

Personal Care

Personal care services are available to Medicaid-eligible people who have a medical-related need for assistance with bathing, grooming, dressing, and other tasks.

Respite Care

Respite care services provide a temporary break for the primary caregiver of an elderly or dependent adult. Usually a neighbor, friend or community setting is identified to relieve the primary caregiver for short periods of time.

Case Management Services

Case management services are provided by a social worker to those who receive any in-home service. A comprehensive assessment is completed, eligibility for services is determined and a care plan is developed for the services needed.

Caregiver Program

The South Dakota Caregiver Program provides support and training to family members and friends who assist an older person with the normal tasks of daily living. A caregiver must be a family member or friend who is an informal unpaid provider of care to a person over the age of 60.

Adult Day Care

Adult day care is designed to provide supportive services such as recreational activities, supervision, health monitoring and meals to participants.

Community Assistance

A social worker may assist with placement or relocation of eligible individuals to improve their current living arrangement.

Rx Access

Rx Access helps people gain access to drug company assistance programs which supply prescription medications at low or no cost. In addition, a pharmacist will review all medications a person is taking and may consult with a person's doctor if necessary.

Senior Meals

Congregate meal sites serve nutritionally balanced noon meals in senior centers, housing projects, schools and community buildings. Home-delivered meals may be available to individuals who are confined to their home.

Transportation

Transportation is provided in buses or vans, some equipped with wheelchair lifts. Volunteers using their own cars may provide other services. Funds may be awarded to senior centers and other community organizations to provide transportation for elderly people.

Information and Referral

Information and referral provides information about other community resources and services. Social workers can provide information to link families with local community service providers or refer them to an agency that can help.

Legal Services

Legal services are provided through legal corporation to assist individuals 60 and old with legal questions. Eligible persons can receive help with wills, landlord disputes, rights to public benefits and other legal issues.

Protective Services

Protective services provide assistance to adults who are at risk of abuse, neglect or exploitation and are unable to protect their own interests.

Ombudsman Program

The Ombudsman Program receives, investigates and resolves complaints that are made by, or on behalf of, individuals who are residents of long-term care facilities.

SHIINE

Senior Health Information and Insurance Education (SHIINE) volunteers are trained to provide insurance counseling to help Medicare recipients with questions regarding Medicare coverage.

Crime Victims' Compensation

Crime Victims' Compensation was created to provide monetary assistance to victims of violent crimes. Up to \$15,000 may be paid for certain expenses incurred as a direct result of personal injury to or death of the victim from a crime committed after July 1, 1999.

Domestic Abuse Program

Domestic Abuse Program provides funding for shelters for abused women and children. Shelter programs offer a wide range of services including those that help older battered women.

Focus 5.1. Improve the efficiency and effectiveness in planning and implementing a system of comprehensive integrated services for older adults and their families.

5.1.1. Enhance resource management and planning functions by improved collection and use of program relevant data through the implementation and maintenance of an improved client tracking system.

Focus 5.2. Strengthen services provided by Adult Services and Aging staff.

5.2.1. Conduct local office reviews to evaluate the effectiveness of services to elderly and their families and to determine the extent of coordination of resources at the local level. Through these reviews, identify strengths and weaknesses of the local office in written reports and make recommendations for improving or expanding services.

5.2.2. Provide opportunities for local ASA staff to give input and recommendations about service needs for their coverage areas.

Focus 5.3. Assure effective and efficient program and fiscal management at all levels of the service delivery system.

- 5.3.1. Conduct on-site visits and assessments of providers.
- 5.3.2. Analyze the appropriate use of funds of provider services monthly.
- 5.3.3. Establish guidelines for the distribution of funds and monitor implementation.
- 5.3.4. Revise, maintain and apply necessary policies and procedures that help improve management at all levels.

Focus 5.4. Enhance managerial efficiency through the development and utilization of comprehensive information/management systems.

- 5.4.1. Employ appropriate procedures for compiling and transmitting statewide data on an annual basis as requested by the US Assistant Secretary for Aging.
- 5.4.2. Provide technical assistance in regard to Title III and other program data collection and reporting, site visits, guidelines on waiting lists, and assistance on computerization.
- 5.4.3. Continue the implementation and maintenance of a client tracking system for Title III programs.

Focus 5.5. Provide training opportunities for ASA staff and providers.

- 5.5.1. Develop a standard orientation program for new employees and institute in-service training programs, to include SAMS on an on-going basis.
- 5.5.2. Develop and support a social worker training plan.
- 5.5.3. Assist nutrition, transportation, adult day care, and other service providers in planning and conducting training.
- 5.5.4. Coordinate education programs with private, public, governmental and educational organizations and institutions.
- 5.5.5. Explore the use of new technology and alternative training methods.
- 5.5.6. Coordinate training between Title III and Title VI.

Focus 5.6. Provide an avenue for recipients of service to express views and ideas for delivery of services.

5.6.1. Providers will conduct periodic evaluations of services provided.

5.6.2. Opportunities will be provided for the public to express recommendations and concerns.

5.6.3. Surveys may be conducted in selected communities to determine needs of the elderly.

5.6.4. Members of the Advisory Council on Aging and special task forces will include elderly consumers.

ASSURANCES

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

This attachment, along with requirements listed in the State Plan Guidance Program Instruction (PI) and attachment B State Plan Provisions and Information Requirements, make up the package of instructions for development of State Plans.

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 minority individuals 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, outreach, information and assistance, 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) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

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

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(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, with agencies that develop or provide services for individuals with disabilities.

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

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure

proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

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

pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(14) The plan shall 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 identify individuals eligible for assistance under this Act, with special emphasis on--

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) 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.

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

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

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

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals 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

Date

SECTION 307 (a) (15)

METHODS USED TO SATISFY THE SERVICE NEEDS OF LOW-INCOME MINORITY OLDER INDIVIDUALS

I. FY 2000 low-income individuals.

According to the United States Census Bureau American Factfinder, for individuals below poverty level in 1999 in South Dakota ages 65 and older are as follows:

Ethnicity	Number of Individuals
White	10,239
Native American	889
Other	19

II. Title VI- Unduplicated Number of Eligible Native Americans Receiving Supportive Services

Tribe Name	Number of Individuals
Cheyenne River Sioux Tribe	520
Lower Brule Sioux Tribe	70
Oglala Sioux Tribe	2,500
Rosebud Sioux Tribe	610
Sisseton-Wahpeton Sioux Tribe	245
Yankton Sioux Tribe	1,281
Total	<u>5,226</u>

III. Method to Address Service Needs

Minority individuals in South Dakota are primarily Native Americans. Native American elderly residing on Indian Reservations or Nations make up approximately 2.1% of South Dakota's total elderly population. An additional estimated 664 elderly Native Americans reside off the reservations. The majority, 398 or 60%, live in Rapid City, South Dakota.

At the present time, nutrition and some supportive services are available on all Native American Reservations through either Title III or Title VI, or both.

During Federal FY 2000, ending September 30, 2000, Title III statistics show the percent of Native American elderly receive the following percent of services:

Service	% of Total Service
Congregate Meals	1.6%
Home-delivered meals	3.5%
Transportation	2.7%
Case Management	4.8%

- A. **Minority representation on the South Dakota Advisory Council on Aging.** Charged with the duty to evaluate, review, and recommend policies affecting the state's elderly, the Advisory Council will include an effective and visible advocate for the state's minority elderly.
- B. **Provide a funding mechanism for serving needs in Title VI areas in the state.** The 1987 Older Americans Act Amendments deleted prohibitions against the receipt of Title III and Title VI funding simultaneously. These amendments placed greater attention on the inadequacy of federal funding for Title VI projects. Although recent federal supplementation has helped, it is clear that Title VI programs will continue to view the State agency's Title III funding as a resource.
- C. **Continue community involvement efforts.** Reservation communities are included in the state's community initiatives. Several significant efforts have already occurred. In Pine Ridge and Mission the "Sicangu Elderly Concerns, Inc.," an advocacy group and the Quad Squad both developed from community involvement initiatives.
- D. **Continue to include Title VI project staff in ASA sponsored Nutrition Workshops.** ASA includes Title VI projects in all informational mailings and extends invitations to participate in all ASA sponsored training and workshops. State office staff are available for technical assistance upon request.
- E. **Continue to participate in the annual Native American Disability Summit hosted by the Native American Advocacy Program for Persons with Disabilities.** The mission of the summit is to increase awareness and education of prevention issues related to Native Americans.
- F. **Continue to invite and encourage Native Americans to attend the Annual Caregiver's Conference and other training.** Scholarships are provided for transportation, respite, day care, lodging and meals and registration fees.

SECTION 307 (a) (3); 307 (a)(10) METHODS USED TO SATISFY THE SERVICE NEEDS OF OLDER INDIVIDUALS WHO RESIDE IN RURAL AREAS

The State of South Dakota has only two standard Metropolitan areas, i.e., Sioux Falls and Rapid City, South Dakota. The majority of the state's elderly live in rural areas and are life-long residents of rural communities, even though many have chosen to relocate to urban areas. Those who make the choice to not relocate live in small communities struggling to maintain essential services to a low number of elderly. Thus, South Dakota faces a tremendous challenge in creating an effective community-based program in small communities. During FY 2004 84% of the Title III clients lived in rural areas of the state.

According to the Frontier Education Center, over one-third of South Dakota's population lives in a frontier area. There are 66,233 sq. miles (3.12%) of frontier land and 299,493 (42.1%) of South Dakotans live on the frontier.

In 1983 the Division of Adult Services and Aging devised a method to meet this challenge: The "Community Development" initiative. Two axioms comprise the initiative, 1) State and federal resources are finite and 2) an increasing number of elderly problems can be resolved by local community efforts.

During recent years, the focus of Community Development has evolved into Community Involvement. Although Division of Adult Services and Aging Social Workers continue to assist communities with surveys, the most important contribution has been through the ongoing assistance and development of coalitions, support groups, caregiving conferences, public speaking, and resource directories. Social Workers continue to assist communities by assisting community organizations by promoting an awareness of elderly concerns, determining elderly priorities within a community, and developing programs and services to address the priorities selected.

The majority of these efforts are in rural South Dakota communities.

SECTION 305 (a) (2) (E)
METHODS OF CARRYING OUT SERVICE PREFERENCES OF OLDER
INDIVIDUALS WITH THE GREATEST ECONOMIC OR SOCIAL NEEDS,
WITH PARTICULAR ATTENTION TO
LOW INCOME MINORITY INDIVIDUALS

The following methods will be utilized in order to carry out the OAA preference of serving older individuals with the greatest economic or social needs, with particular attention to low-income minority individuals:

- 1. Maintain the preference in provider agreements and policies.**
This will insure that Adult Services and Aging has the criteria in provider assessments.
- 2. Reports and assessments.** Adult Services and Aging will receive periodic reports on the performance of its programs. A client profile often demonstrates performance in serving low-income minority persons with greatest economic or social needs.
- 3. Provide a funding mechanism for serving needs in Title VI areas in the state.** Many low-income minority individuals with greatest economic or social needs reside on Indian Reservations. To the extent that needs are not met by Title VI funding, there will be consideration for Title III supplementation. This funding will be reviewed annually by the Advisory Council.

STATE AGENCY OPERATING BUDGET FOR FY 2006

TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION

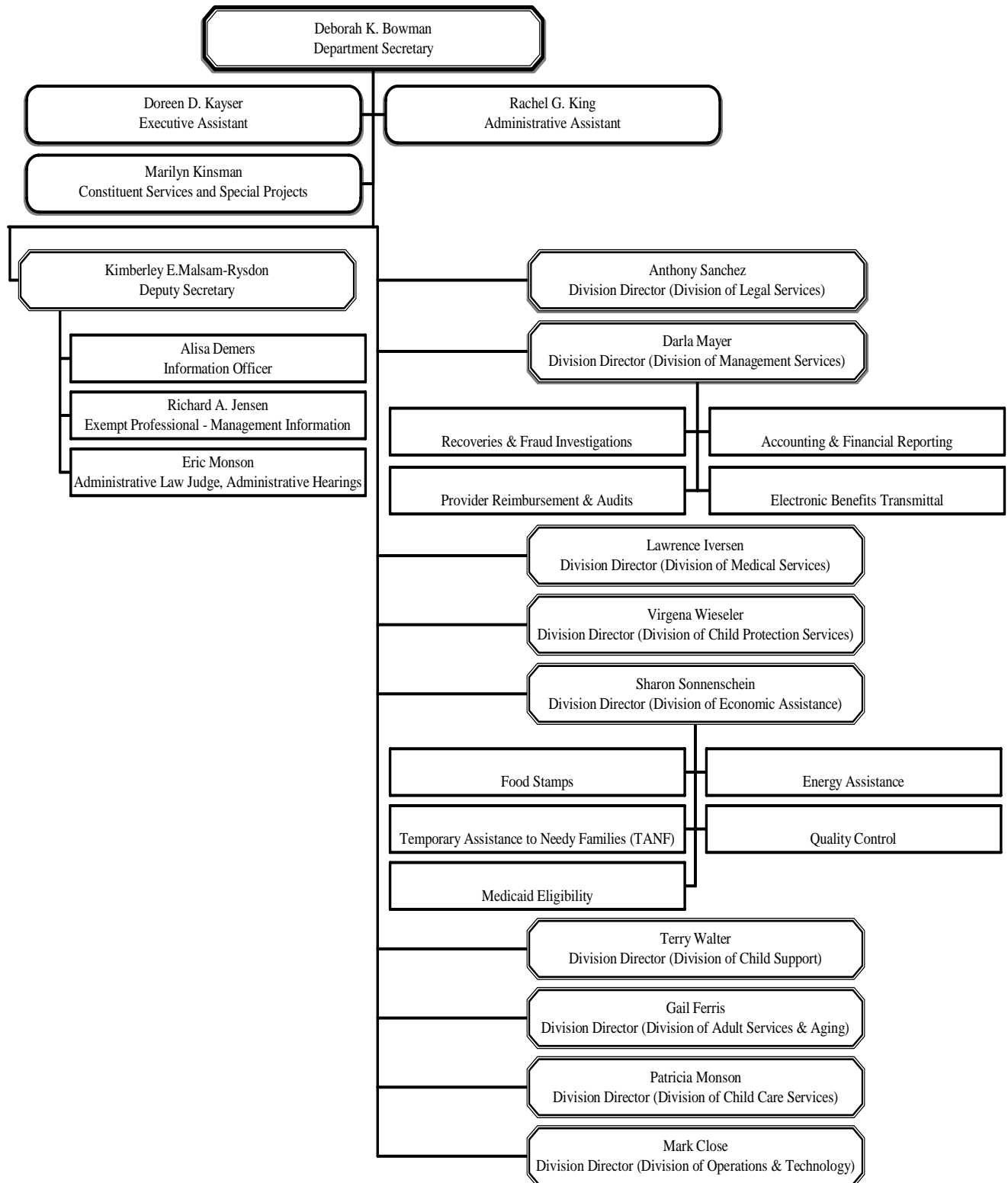
	Federal Funds	State General Funds	Total
Title III: State Agency Administration	\$343,058	\$78,751	\$421,809
Long Term Care Ombudsman	\$106,481	\$18,791	\$125,272
Other Funds	<u>\$208,255</u>	<u>\$202,463</u>	<u>\$410,718</u>
Total	<u>\$657,794</u>	<u>\$300,005</u>	<u>\$957,799</u>

FINANCIAL PLAN FOR PROGRAM FUNDS - FY 2006

FEDERAL FUNDS AVAILABLE (PROJECTED)

<u>Supportive Services - Title III B</u>	<u>Minimum</u> <u>%</u>		
Access to Services:			
Case Management	50%	\$929,395	
Transportation	12%	\$311,466	
In-home Services:			
Community Based Services	2%	\$62,000	
Legal Assistance:			
Legal Services	2%	\$89,680	
Community Aging:			
		<u>\$369,758</u>	
Total Supportive Services - Title III B			\$1,762,299
Congregate Meals - Title III C1			\$1,923,965
Home Delivered Meals - Title III C2			\$895,954
Preventive Health - Title III D			\$108,508
NFCSP - Title III E			\$760,609
NSIP			\$961,726
Ombudsman - Title VII			\$70,668
Elder Abuse - Title VII			\$25,578
Total			<u>\$6,509,307</u>

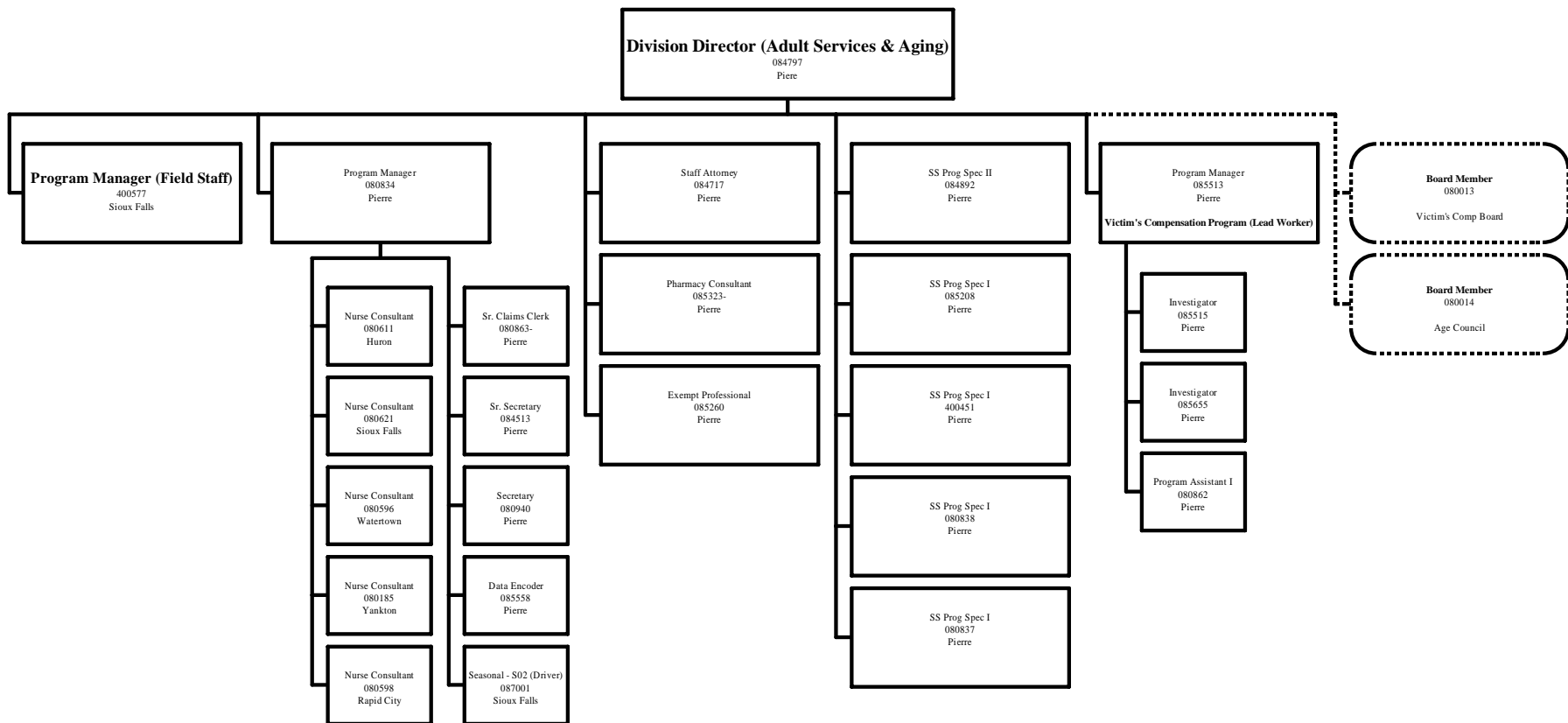
DEPARTMENT OF SOCIAL SERVICES



DEPARTMENT OF SOCIAL SERVICES

Division of Adult Services & Aging

08/08/05



STATEWIDE INPUT

An extensive effort was made to obtain input for the South Dakota State Plan on Aging. These efforts include a statewide survey, presentations at the 2005 South Dakota Caregivers Conference, Advisory Council on Aging quarterly meeting, the Native American Disabilities Summit annual meeting, the Retired Teachers Association, the Center for Active Generations Senior Expo, and the South Dakota Public Health Conference.

Statewide Survey

Adult Services and Aging was able to partner with the National AARP research staff. AARP used three survey tools to collect data. The first survey targeted AARP members ages 50-65 and concentrated on caregiving with specific emphasis on Alzheimer's disease and dementia. The second survey targets 75+ for the prevalence of receiving caregiving services that are not limited to just individuals with Alzheimer's disease or dementia. The third survey was the "snowball" survey combining all of the questions. A survey was disseminated across South Dakota by Adult Services and Aging social workers.

The survey was distributed to Senior Centers, all Nutrition sites, Adult Day Care Centers, statewide Alzheimer's support groups, RSVP volunteers and clients, Veteran's Administration, and Senior Companion volunteers and clients.

The AARP research team incorporated as many questions as possible onto the surveys to maintain the scientific return of the final results.

The following areas were addressed in the survey:

- Caregiving General
- Health and Wellbeing
- Insurance Coverage
- Nutrition
- Prescription Drugs
- Transportation
- Demographics

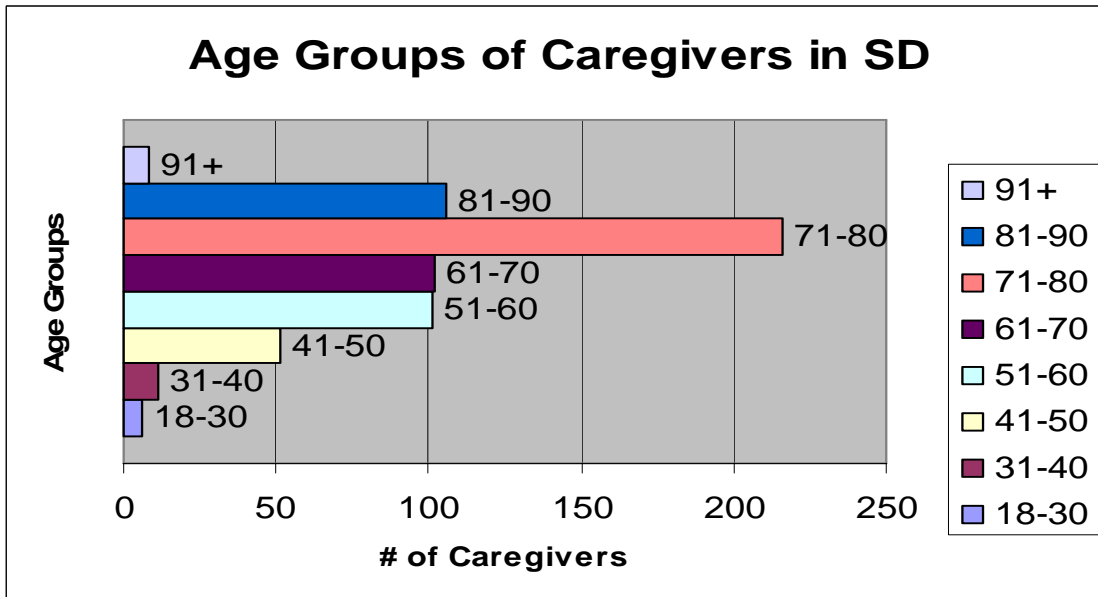
The AARP surveys were mailed to 4,000 AARP members with a return rate of 75%. The "snowball" survey was distributed to 6,000 individuals across South Dakota with a return rate of 46%.

The survey provided insight to the kinds of services and concerns that caregivers in South Dakota have. The survey allowed staff to better recognize the needs of the elderly and disabled population. Some of the information from the survey will be used to better serve the needs of caregivers of Alzheimer's and Dementia patients.

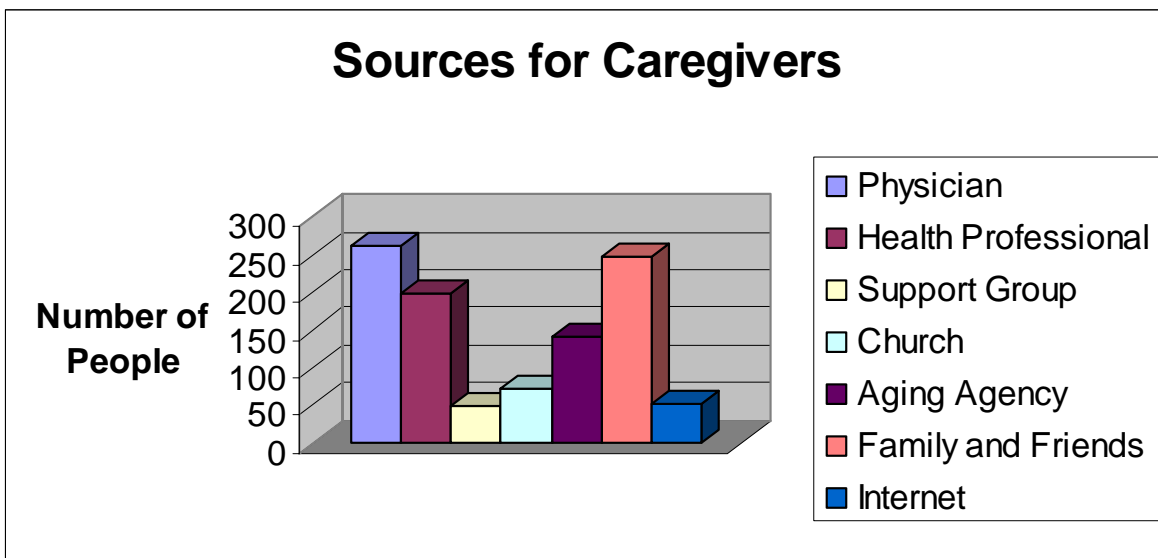
Results of 2005 Statewide Caregiver Survey

The following graphs are a compilation of the data received from the 2005 South Dakota Caregiving survey. The graphs analyze information that will be used to address the needs and demographics of both Adult Services and Aging Clients and Caregivers.

Caregiving Results

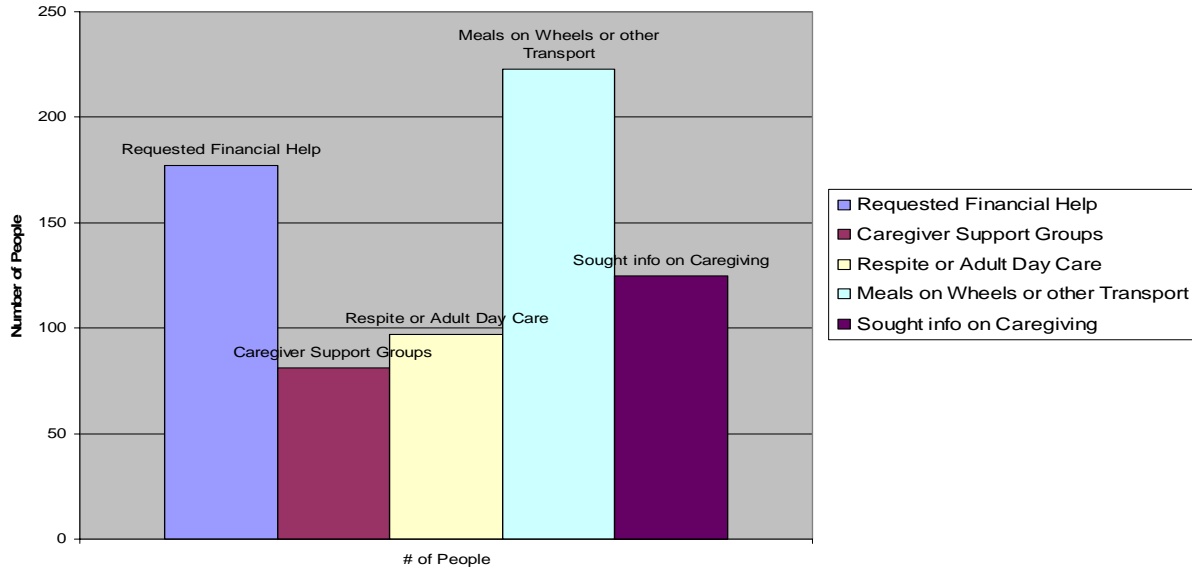


The data from our survey shows that a majority of the caregivers in South Dakota are in the seventy to ninety year-old age group. The other set of caregivers in our state would be the adult children in their forties and fifties who are caring for their older parents.



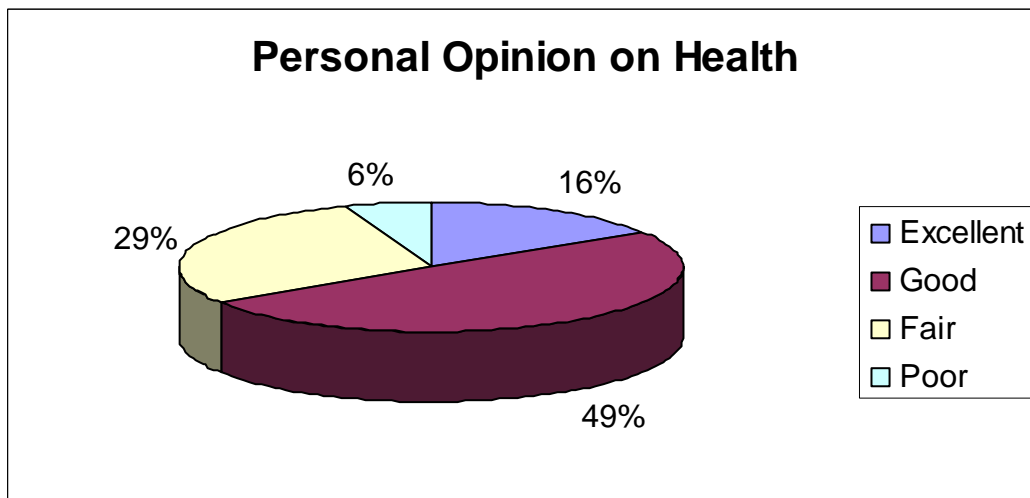
Our survey shows that most caregivers rely on information from their physicians and health professionals. This data focuses on the importance of maintaining a strong relationship with our rural medical clinics and hospitals. Family and friends are another source of information for these individuals. Many of our respondents did use information and services from a local Adult Services and Aging office.

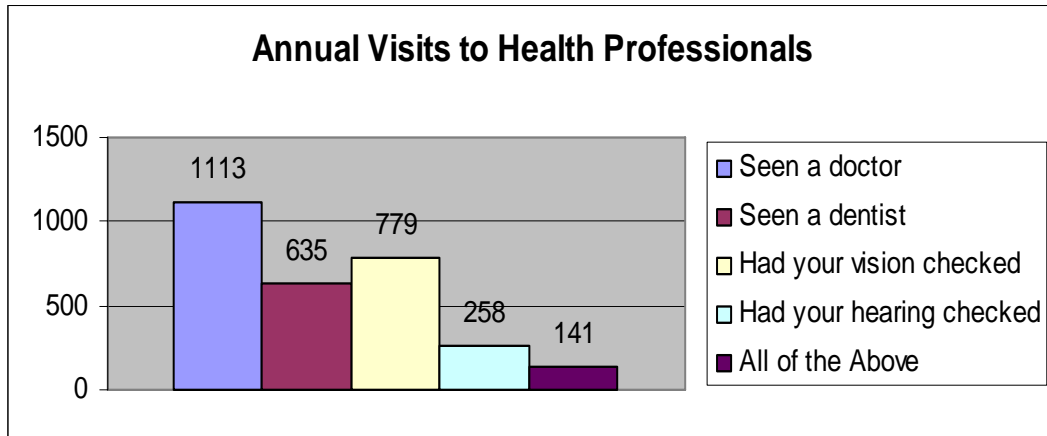
Services Utilized by Caregivers



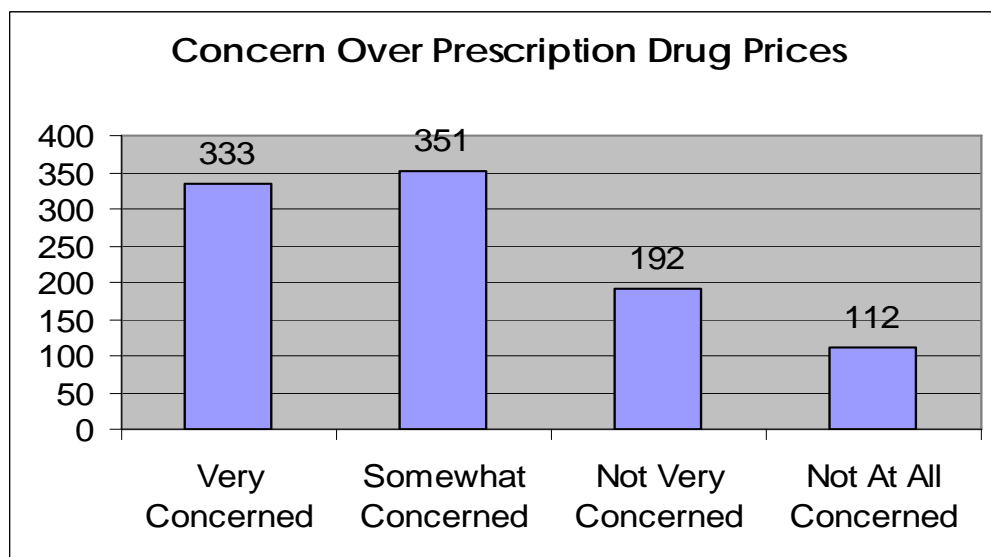
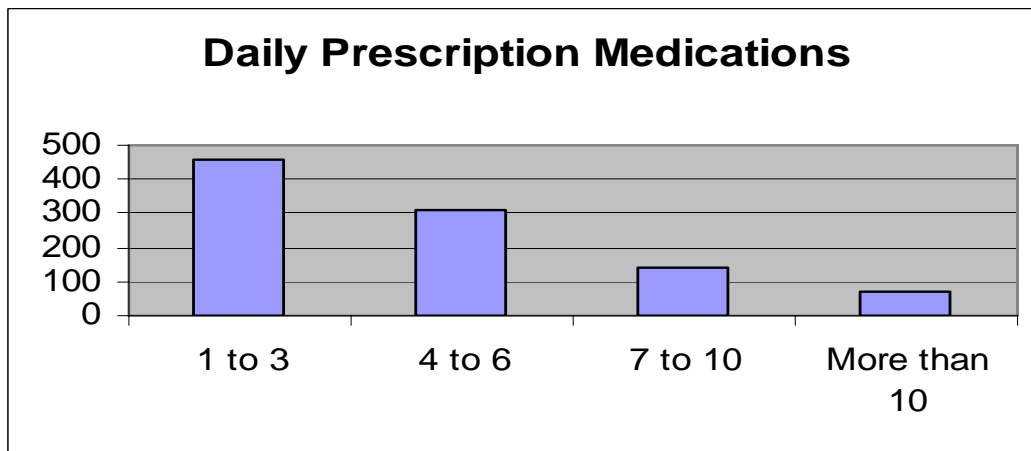
The above information shows that many of our Caregivers utilize Meals on Wheels. Caregivers are also utilizing many services such as Respite or Adult Day Care, Support Groups and information on financial help to alleviate the stress of caregiving duties.

Health and Wellbeing Results

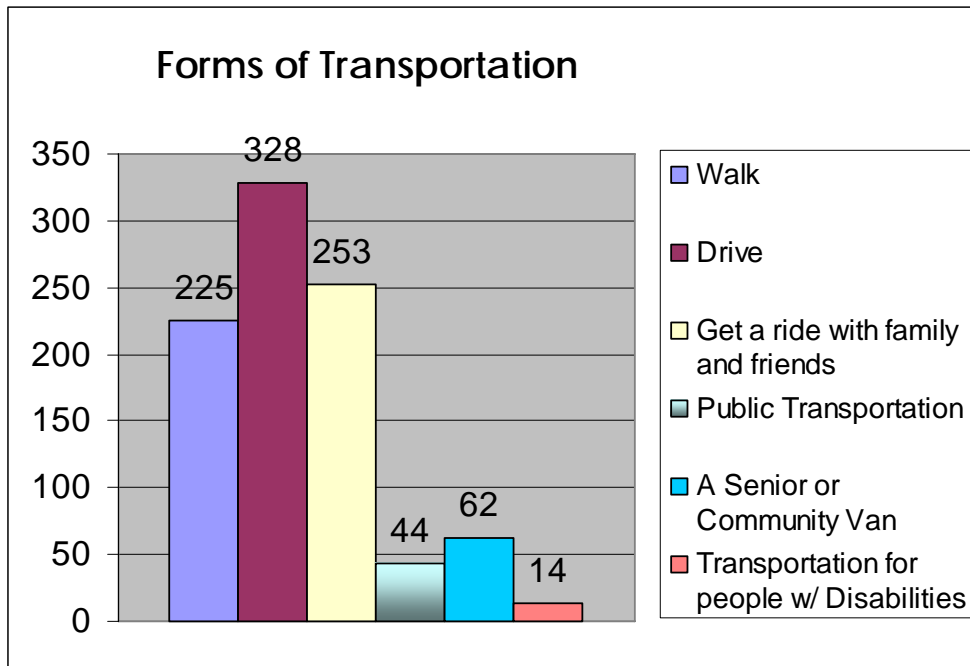




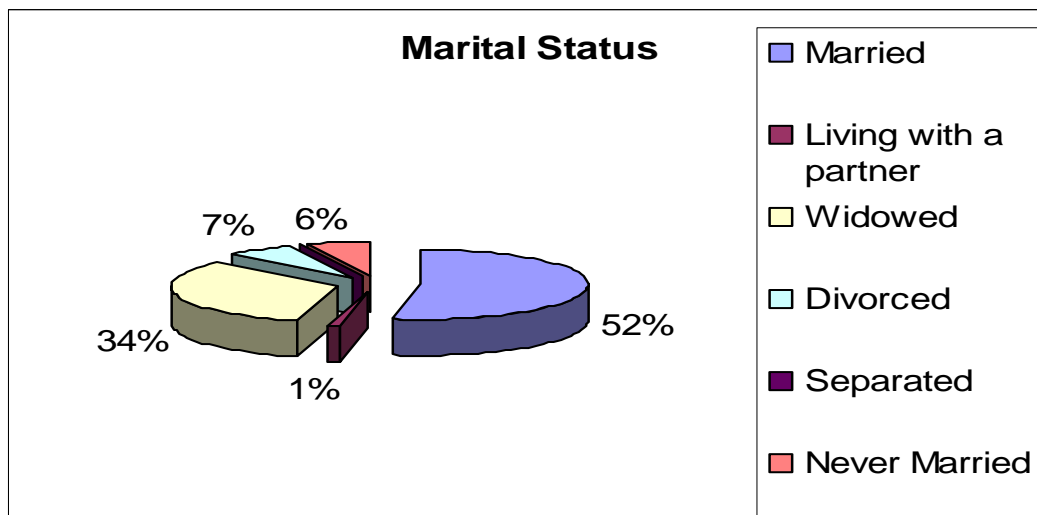
Prescription Drugs



Transportation



Demographics



2005 South Dakota Caregivers Conference

Adult Services and Aging Program Specialists provided information regarding the State Plan on Aging and then gave the audience time to provide input. This annual conference was held in Pierre. Over 100 individuals, mostly caregivers, attended from across the state. This conference provided an excellent opportunity to learn about the needs of caregivers.

South Dakota Interagency Coalition on Aging

During the Interagency Coalition on Aging meeting, participants were provided information about the State Plan on Aging and were then given an opportunity to provide input and suggestions.

South Dakota Advisory Council on Aging

The South Dakota Advisory Council on Aging was presented information about the State Plan on Aging as well as input that had been received from the above mentioned sources. From these recommendations, the Advisory Council identified issues and ideas that were important to them as well as additional suggestions.

PROGRAM DESCRIPTIONS

Culture Change in Long Term Care

ASA’s long term care Ombudsman Program will be assisting in a movement to transform the long term care culture of nursing homes by creating holistic, person centered home environments. These environments will renew the spirit for living through opportunities for relationships, compassion, hospitality and empowered choices.

This will be accomplished through two initiatives:

Initiative I. The Division of Adult Services and Aging, Ombudsman Program will enter into a contractual arrangement with the South Dakota Foundation for Medical Care. This arrangement will provide for a collaborative effort by both entities in implementing the Centers for Medicaid and Medicare’s (CMS) Eighth Scope of Work in thirty (30) of South Dakota’s long term care facilities. The overall goal of the Eighth Scope of Work is to improve clinical performance in the areas of restraints, pressure ulcers, and management of depressive symptoms and to increase resident and staff satisfaction by transforming organizational culture.

Initiative II. The Ombudsman Program is one of many current stakeholders of the South Dakota Culture Change Coalition. A mission of our coalition is to encourage the development of collaborative partnerships between the consumers and staff of our State’s long term care facilities. Our coalition also will provide a framework for education and the exchange of resources, best practice ideas, support and networking related to culture change innovations.

It is through this network, the Ombudsman Program and the South Dakota Culture Change Coalition will assist long term care facilities not participating in the Eighth Scope of Work to be transformed into holistic, person centered home environment.

Recycle for Life

Easter Seals South Dakota has been awarded a Rural Outreach Grant through the Department of Health and Human Services in the amount of \$581,988.

Easter Seals South Dakota has partnered with the Division of ASA and Northland Rehab Supply in an effort to address the problems of unused or underutilized durable medical equipment and people without funding for these items. Easter Seals, with the assistance of these partners and volunteers statewide, has developed the Easter Seals Recycle For Life program.

The program's goals are to create a network by which previously owned, good quality durable medical equipment and assistive devices can be solicited for donation, stored, cleaned, transported, and redistributed to individuals in need.

Donated items are currently being refurbished by the prisoners at the Springfield Prison, Yankton Trustee Unit. A trained staff person supervises inmates who completely take apart each piece of equipment, cleaning all parts, and repairing and replacing parts as needed. A transportation system is being developed. This system includes partnering with the Department of Transportation who has a truck which has a fixed route it travels weekly.

Services to be offered through Recycle for Life:

- **Equipment Loan:** Provides short-term use of durable medical equipment for an affordable fee (\$5.00 for most items, \$10.00/mo. For wheelchairs and larger items).
- **Hearing Aid Lending:** Donations of used hearing aids are matched to individuals 60 years and older that have no funding source.
- **Medical Equipment Drives:** Community equipment drives organized by volunteers to supplement Recycle for Life equipment inventory.
- **Wheelchair Clinics:** Cleaning, safety inspection and repair of wheelchairs during one-day events in various communities statewide.
- **Durable Medical Equipment Refurbishing:** Medical equipment is refurbished through the Springfield prison by the Yankton Trustee Unit, at the Sioux Falls Penitentiary through the Hope Haven/Trinity Christian Ministries Program, and through independent contractors. All equipment is checked by medical technicians to make sure it is patient-ready before it is made available for redistribution.
- **Medical Equipment Matches:** Durable medical equipment is matched to individuals in need through organizations and agencies that serve individuals with disabilities.

Priority is given to individuals that have no other funding source for the equipment. A fee structure for this service, based on program costs and a percentage of the original purchase price, is in development.

- **Vendor Resale and Consignment Showroom:** Participating Durable Medical Equipment Suppliers will have the opportunity to buy refurbished durable medical equipment at wholesale prices for resale to the public. The public will be able to showcase medical equipment for consignment in Sioux Falls, with 25% of the sale price going to Recycle for Life.
- **The Recycle Program Database:** Easter Seals and DakotaLink have collaborated to create The Recycling Program, an interactive database on the web that allows individuals to search what is available through the DakotaLink Equipment Connection and ES Recycle for Life programs.

South Dakota Institute of Geriatrics

The University of South Dakota School of Medicine, Department of Family Medicine and Internal Medicine have jointly developed the South Dakota Institute of Geriatrics. Representative from the Office of the Governor, Department of Health and the Division of Adult Services and Aging are also serving on the Advisory Board.

Geriatrics is a medical specialty focus on illnesses and other conditions related to aging. South Dakota has a population of 14.3% of individuals 65 or older, compared to 12.6% nationwide. Some of the counties with the highest percentage of elderly also are the most isolated. Four of the states so-called “Frontier counties”, defined as having 6 or fewer people per square mile, have populations with at least 25% of citizens age 65 or older.

The Institute, under the headings of research and education, will be devising ways to communicate the latest, most cost effective geriatric-care techniques to providers in rural areas. The Institute will use internet “web casts” and the state’s video conferencing system for training to isolated areas. The Institute will also train medical students, physicians taking advanced training, practicing physicians, and health-care workers, such as nurses and nursing assistants who care for the elderly. In addition, a one-year fellowship in geriatrics for doctors who have completed residencies in internal medicine or family medicine will be offered.

The mission of the Institute of Geriatrics is three fold: **research, education and service.**

(1) Research

- i. Bacterial resistance in Rapid City nursing home residents
- ii. Protocols for behavior modification nursing homes
- iii. Survey Process
- iv. Cost-effectiveness of nursing home processes

(2) Education

- i. Reestablishment of geriatric teaching in Internal Medicine residency
- ii. Formal medical school geriatric education development
 1. Geriatric lectures and testing
 2. Palliative care courses
 3. Fellowship
- iii. Evaluation of communication capabilities of rural nursing homes
- iv. Placement of Geriatric Forum recordings on Department of Social Services website
- v. Annual Geriatric education meeting

(3) Service

- i. Consideration of telemedicine support to rural nursing homes for difficult medical management situations. Behavioral problems and mental health are major concerns in nursing homes across South Dakota. Many nursing homes are a distance from psychiatric providers and local physicians are not trained to take care of the behavioral problems. Setting up a telemedicine call schedule for behavioral problems would address the issues of isolation, as well as cost savings to the system by keeping residents in their own facilities, and provide good quality care for residents with Alzheimer's disease.

USD School of Medicine Home Visits

CLASS	STUDENTS	VISITS	COMMUNITIES
2007 MSII (46)	34	54	24
2006 MSII (49)	33	55	24
2005 MS II (51)	30	59	23
2005 MS IV (48)	46	50	19
2004 MS II (49)	37	56	26
2004 MS IV (50)	41	74	26
2003 MS II (50)	35	35	16
2003 MS IV (50)	42	62	23
2002 MS II (58)	9	15	8
2002 MS (56)	9	12	8

<p>Note: 2001 program was set-up: Started Spring 2002. MSII: second-year preceptorships MSIV: fourth-year clerkships</p>
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