



South Dakota State Plan on Aging

October 1, 2017 – September 30, 2021

Department of Human Services, Division of Long Term Services and Supports

A Message from Governor Daugaard

Dear Fellow South Dakotans,

It is my pleasure to present the South Dakota State Plan on Aging for the period of October 1, 2017 through September 30, 2021 as required by the Federal Older Americans Act. The State of South Dakota remains committed to rebalancing the long term services and supports system in South Dakota to allow older individuals and adults with disabilities to remain living at home and in the community for as long as possible.

In order to better serve our older citizens, I signed an Executive Order in January, 2017 to ensure a more integrated approach to long term services and supports delivery in South Dakota. The Order authorized the transfer of the Division of Adult Services and Aging from the Department of Social Services to the Department of Human Services as well as the renaming of the Division to Long Term Services and Supports (LTSS) to better reflect the mission of the Division. The purpose of the reorganization is to create a more integrated approach to the delivery of long term care in South Dakota and to ensure people get the services they need in their communities. This change shifts our focus away from measuring success on the number of services provided and consumers served to understanding how the programs and services impact our consumers. The ultimate goal is to create a better life and higher quality of care for our older citizens.

The Division of Long Term Services and Supports, formerly Adult Services and Aging, and its many partners have routinely gathered comments and ideas statewide about what is needed to best respond to our changing and growing older adult population. Seniors, caregivers, providers of services, Advisory Council on Aging members, workgroups and public officials from across the state responded to our invitation to share their thoughts on the status and future of ensuring seniors have the opportunity to age in place within their communities. They shared their challenges and hopes and we listened. The State Plan on Aging reflects this input and the desire of the Department to develop better ways for South Dakotans to age with dignity.

South Dakota is committed to assuring older citizens have access to a service system that provides for their individual needs and preferences and allows them to live longer, healthier and more fulfilled lives in their local communities.

Sincerely,

Dennis Daugaard

Governor of South Dakota

VERIFICATION OF INTENT

South Dakota State Plan on Aging October 1, 2017 – September 30, 2021

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

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

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

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

<hr/> (Date)	<hr/> Yvette Thomas, Director Division of Long Term Services and Supports
<hr/> (Date)	<hr/> Gloria Pearson, Cabinet Secretary South Dakota Department of Human Services
<hr/> (Date)	<hr/> Dennis Daugaard, Governor State of South Dakota

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EXECUTIVE SUMMARY

As the State Unit on Aging, the South Dakota Division of Long Term Services and Supports (LTSS) within the Department of Human Services (DHS) is responsible to develop, implement and administer a State Plan on Aging in accordance with all Federal statutory and regulatory requirements, including the Older Americans Act (OAA). The Division of LTSS is responsible for coordinating and carrying out all state activities related to the OAA (as amended and reauthorized in 2016) and serving as an effective and visible advocate for older citizens. This State Plan on Aging is effective October 1, 2017 through September 30, 2021, and reflects South Dakota's plan for responding to the continuum of care needs of older citizens and adults with disabilities.

In order to effectively create and design the State Plan on Aging, the Department and its partners have spent the past several years gathering comments and suggestions statewide about what is needed to best respond to our changing and growing older adult population. Seniors, caregivers, service providers, Advisory Council on Aging members, workgroups, and key stakeholders from across the state responded to our invitation to share their thoughts on the status and future of seniors including addressing and identifying the challenges our state is facing in meeting those needs.

During the 2017 Legislative Session, Governor Dugaard signed an Executive Order to ensure a more integrated approach to the long term services and supports delivery in South Dakota. The Order authorized a reorganization of the Department of Social Services' Division of Adult Services and Aging within the Department of Human Services' to create a more integrated approach for coordinating and providing home and community-based services.

Demographic changes in future years will result in significant increases to the populations we serve. This challenge inspired the Executive Order for reorganization to efficiently and effectively meet the growing needs. Previously, individuals with specific qualifying physical disabilities in need of state assistance with long term services and supports received those services through the Department of Human Services. Individuals with age-related or other qualifying disabilities received assistance from the Department of Social Services. Combining these services into one Department ensures people can best access long term services in their homes and communities, regardless of why they need the services or what type of disability they have. Additionally, this change aligned services available for individuals, and continued development of community-based services benefiting the citizens of South Dakota.

The Department of Human Services, Department of Social Services and Department of Health have been working closely together for several years leading the effort to enhance long term services and supports in South Dakota. Through a series of workgroups and other initiatives, South Dakota has identified challenges facing the state in upcoming years. We have taken, and continue to take steps toward the goal of meeting those challenges. The goals identified in the State Plan address the challenges that South Dakota's State Unit on Aging faces by promoting existing services, improving access to services, enhancing quality of services and empowering the workforce and local community supports. These goals, along with the objectives and strategies, align closely with the vision and expectations of the Older Americans Act and provide a roadmap for the future of South Dakota's older citizens and adults with disabilities.

Context

The South Dakota State Unit on Aging has created a plan to guide the operation of the organization over the course of the next four years. Our vision, values and goals illustrate our commitment to the aging population throughout the state.

Our Vision

The Division of Long Term Services and Supports' vision is to maximize the health, well-being, and quality of life of for South Dakotans who are aging or disabled and are in need of services and supports through a person-centered system which encourages and empowers them to live independently with dignity, make their own choices, and participate fully in society.

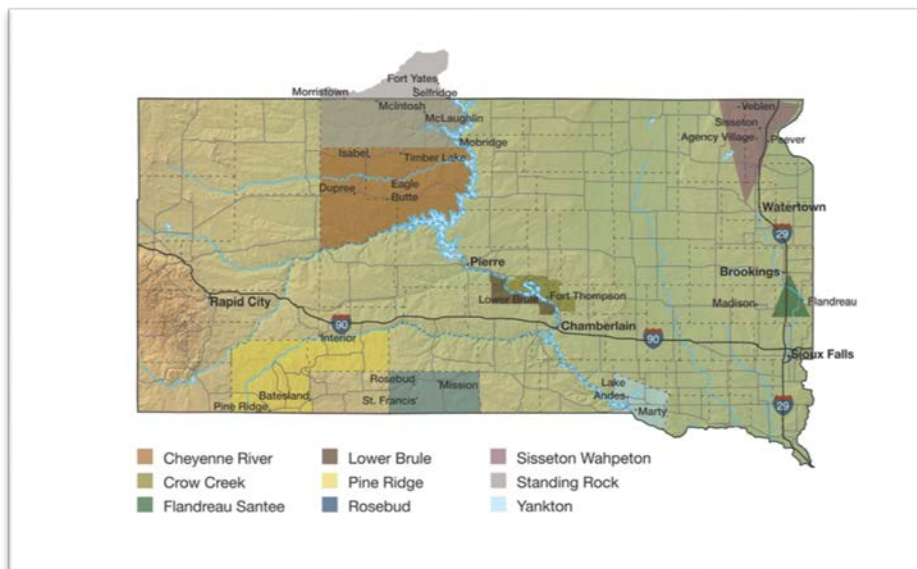
History and Current Status

As a State: South Dakota

South Dakota is designated as a frontier state by the Affordable Care Act. At least 50 percent of the counties in South Dakota are frontier counties where the population per square mile is less than six people. Frontier counties are best described as sparsely populated rural areas that are geographically isolated from population centers and services.

South Dakota has nine federally recognized Native American tribes within its boundaries, which have independent, sovereign relationships with the federal government. The majority of South Dakota's reservations are geographically isolated in frontier locations.

South Dakota's Native American Tribal Locations



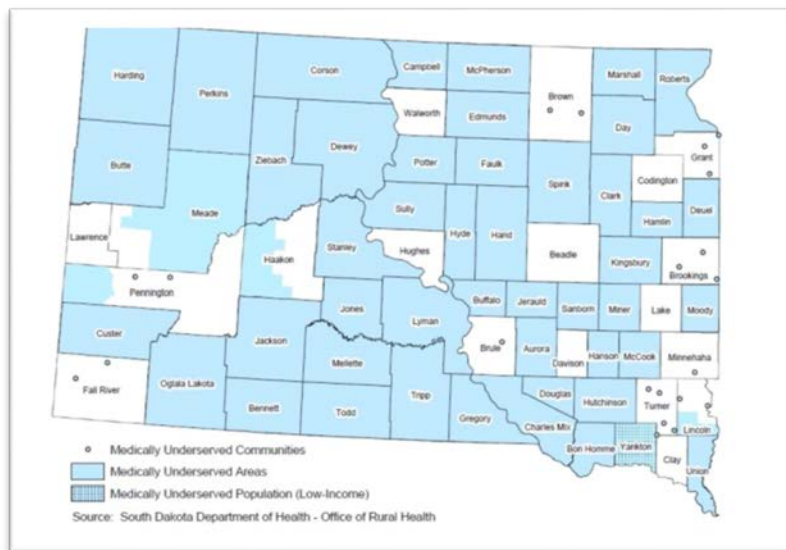
South Dakota's frontier landscape continues to present unique challenges for service delivery. Maintaining a healthcare workforce in rural and frontier communities throughout the state has

¹ <http://www.sdtribalrelations.com/maptribes.aspx>

proven to be difficult. As of January 2017, 47 of South Dakota's 66 counties were classified as a medically underserved area or population by the South Dakota Department of Health. As a result, healthcare services are often clustered within one community in a region, which can result in individuals traveling long distances to receive needed services. Public transportation is frequently limited or unavailable in rural and frontier areas, making access to healthcare providers even more difficult for individuals living in those areas.

Efforts to rebalance the long term services and supports in South Dakota have been initiated in phases over many years, the most recent dating a study by Abt and associates in 2007, followed by a Long Term Care Taskforce described in more detail in Attachment K, an updated Abt and associates study in 2015 and most recently a LTSS internal workgroup composed of key State staff dedicated to re-energizing the rebalancing efforts.

South Dakota's Medically Underserved Areas/Populations as of January 2017



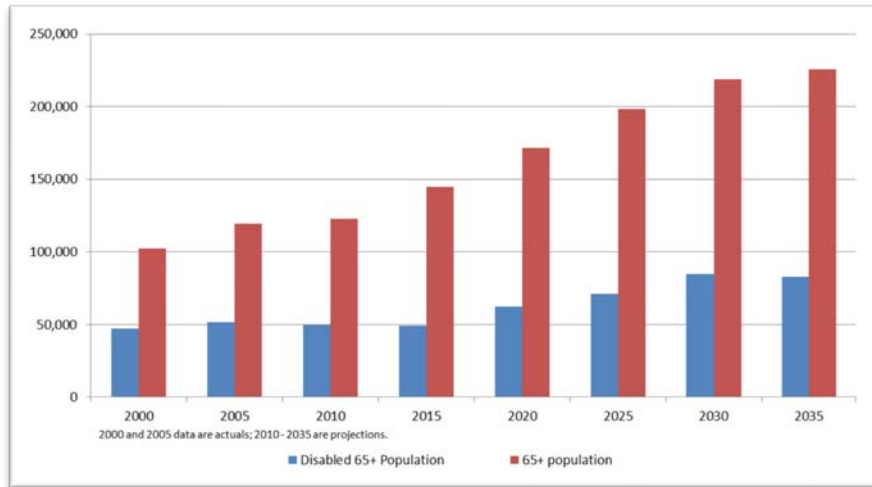
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According to the Abt Associates' analysis³, see Attachment G, our state will experience demographic changes in the coming years, which will require enhanced long term services and supports to meet the needs of South Dakota citizens. In 2035, it's estimated the number of elders will increase in South Dakota by 84 percent, compared to 2010. The number of elders with disabilities will be 71 percent higher than the 2010 Census total. The following illustrations show the projected population growth of South Dakotans who are elderly and disabled and specific counties where the population is expected to double by 2035.

² <https://doh.sd.gov/documents/Providers/RuralHealth/MUA.pdf>

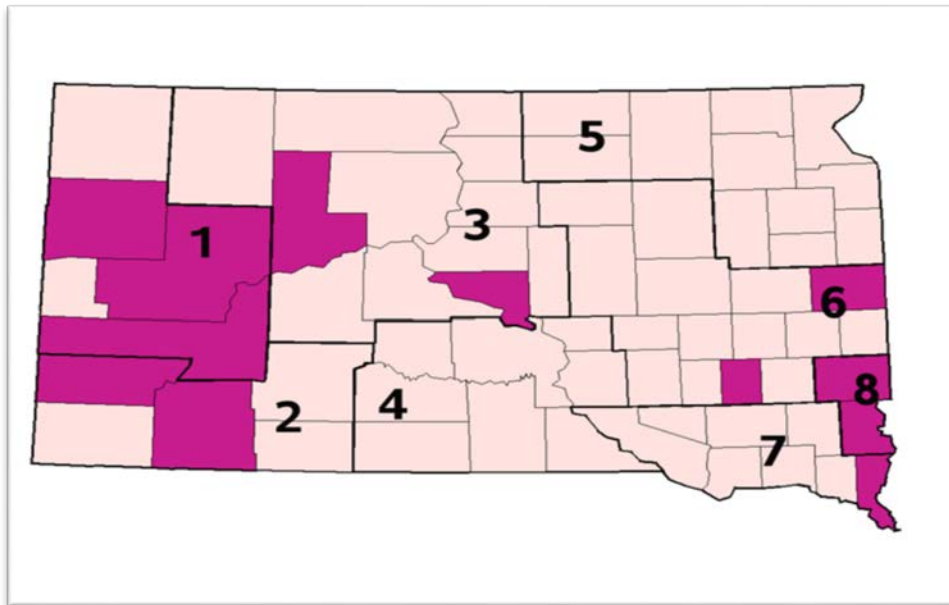
³ Abt Associates' analysis of South Dakota Data Center's Population Projections data, 2010 and American Community Survey (revised in 2015)

Projections of South Dakota's Elderly and Disabled Population (2000-2035)



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South Dakota Counties Where Elderly Population is Expected to Double from 2010 to 2035 (in Dark Pink)



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As an Agency: South Dakota Department of Human Services' Division of Long Term Services and Supports

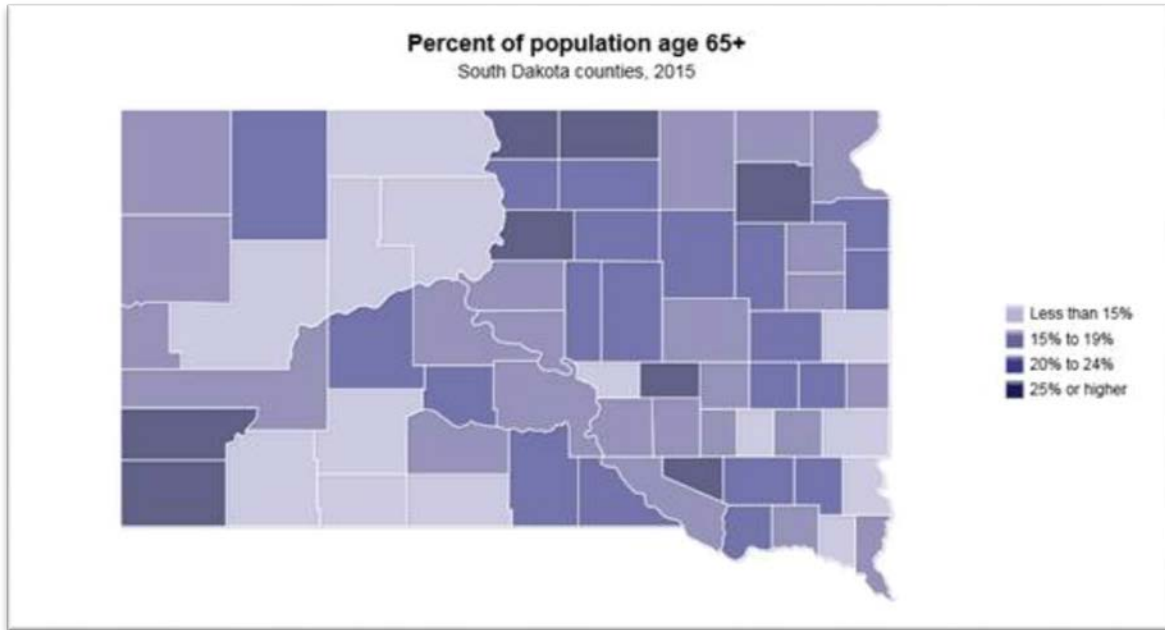
The Division of Long Term Services and Supports within the South Dakota Department of Human Services is the designated single State Unit on Aging providing long term services and support options for elderly South Dakotans and adults with disabilities.

Within the Division of Long Term Services and Supports, the state is divided into 9 regions which encompass 23 fully staffed and 3 itinerate local field offices, 5 Aging and Disability Resource Connections (ADRC) Call Centers, 5 Medical Review Team Nurses and 6 Local Long Term Care Ombudsmen which strategically provide statewide coverage. To staff this major statewide operation, there is a Division Director, Deputy Division Director, 11 Program Specialists and 2 support staff located in the State Office who manage the various programs listed in the Focus Areas of the State Plan. Additionally, local field offices house 57 Specialists, 10 Supervisors, 2 Regional Managers and 4 designated support staff who provide information, assistance and referral services, options planning, needs assessments, case management, care plan development and adult protective services to consumers in their communities.

The first formal program on aging in South Dakota began with the creation of the Governor's Planning Commission for the White House Conference on Aging in 1961. This commission served as the foundation for building a Division within the Department of Social Services dedicated to the unique needs of the elderly population as well as serving adults with disabilities. The Governor's 2017 Executive Order moved this Division to the Department of Human Services.

The first South Dakota Advisory Council on Aging was established in 1968. The Advisory Council is a board of members appointed by the Governor who provide geographical representation throughout the state. The Advisory Council on Aging reviews and evaluates programs and services available in South Dakota and makes recommendations for improving or integrating such activities to benefit older South Dakotans. The Council addresses ways to meet the continuum of care needs and ensures comprehensive representation of South Dakota citizens.

The State Unit on Aging will, in accordance with the Older American's Act, continue to focus on meeting the needs of individuals targeted in the Older Americans Act: individuals with low incomes, individuals with greatest economic need, individuals from minority populations, individuals living in rural areas, individuals with limited English language proficiency and individuals at risk of institutional care.



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Collaboration with Other State Programs

The Department of Human Services is comprised of six services and program areas including the Office of the Secretary, the Division of Developmental Disabilities, the South Dakota Developmental Center, the Division of Rehabilitation Services, the Division of Long Term Services and Supports, and the Division of Service to the Blind and Visually Impaired. The Department of Human Services works collaboratively with the Department of Social Services, including the Division of Medical Services and the Division of Economic Assistance. The Division of Medical Services administers the Medicaid program while the Division of Economic Assistance provides medical, nutritional, financial and case management services to improve the well-being of lower income families, children, people with disabilities and the elderly, as well as determining eligibility for Medicaid long term care services.

Focus Areas and Programs

The South Dakota State Unit on Aging has created a plan to guide the operation of the organization over the course of the next four years. Our vision, values and goals illustrate our commitment to the aging population throughout the state.

Focus Area A: Older Americans Act (OAA) Core Programs

Supportive Services (Title III-B)

⁴ U.S. Census Bureau, Decennial Census and Population Estimates

<http://factfinder.census.gov>

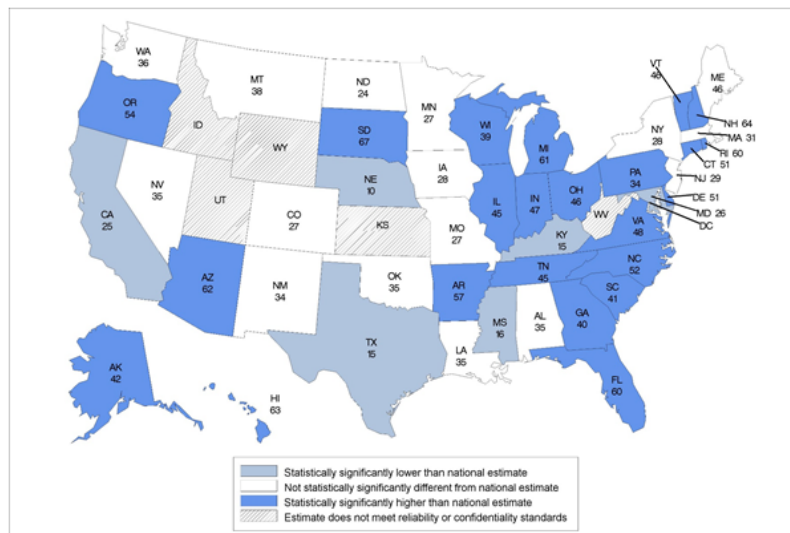
Transportation

The Division of Long Term Services and Supports works collaboratively with 23 transportation projects either directly or through a partnership with the South Dakota Department of Transportation. Provision of funding for transportation continues to be a cost-effective and valuable service. South Dakota Transportation Services have provided on average 327,121 trips in each of the last four years at a relative cost of \$1.71 per ride.

Adult Day

LTSS contracts with 6 Adult Day programs across the state providing an average of 395 hours of service per consumer. The State recognizes the value of adult day services and is committed to working with providers throughout the state to offer this service statewide. As recommended by the LTSS Workgroup, the focus area for the Division of Long Term Services and Supports is to increase the availability and utilization of adult day services across the state. This is recognized as a critically important option to allow caregivers to continue working while also allowing individuals the opportunity to remain living safely in the community. As the elderly population continues to grow, compounded by the increasing rates of Alzheimer's disease, Adult Day services will remain a crucial component of South Dakota's long term services and supports. The following illustrations provide information from the National Study of Long-Term Care Providers of 2014⁵ to support our focus on increasing the availability of adult day services statewide to those who need them most.

Percentage of adult day services center participants diagnosed with Alzheimer's disease or other dementias: United States, 2014



Statistical significance tested at $p < 0.05$.
Note: The national percentage is 30%.

Source: CDC/NCHS, National Study of Long-Term Care Providers, 2014

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⁵ Centers for Disease Control and Prevention (CDC) and National Center for Health Statistics' (NCHS) National Study of Long-Term Care Providers of 2014

Nutrition Services (Title III-C)

The Division of Long Term Services and Supports administers the Title III-C Elderly Nutrition Program for the state, distributing funds provided by the Administration on Aging to contracted nutrition providers. These funds continue to be supplemented by state general funds, program income (donations), and required cash match. Through a contractual relationship, nutrition providers are required to give priority for services to rural areas and individuals with greatest economic and social need. Providers also offer nutrition counseling and education related to the improvement of health and nutritional well-being.

LTSS contracts with a registered dietician to prepare menus in compliance with the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science's required minimum of one-third of the recommended daily allowance. Providers may either use the menus provided or contract independently with a dietician to meet the requirements. South Dakota's menus are prepared in a four week cycle and available on the LTSS website.

There are 16 Nutrition Providers located throughout South Dakota. The Division of LTSS contracts with 16 Nutrition Providers operating 200+ meal sites across the state, including sites in counties with some of the lowest income per capita in the nation and sites located on American Indian Reservations. These providers offer both congregate and home delivered meals within their service area. Individuals who are homebound are eligible for home delivered meals. Currently, the number of meals being provided statewide is trending up.

Title VI (Native American Programs)

Tribal governments within South Dakota receive Title VI funding directly from the Administration for Community Living (ACL) to provide meals at sites throughout South Dakota's tribal areas. Additionally, Long Term Services and Supports provides Title III funding to nutrition programs operated by four tribal programs operated by Cheyenne River, Rosebud, Sisseton-Wahpeton and Standing Rock Elderly Nutrition programs to supplement access for individuals living within tribal areas.

LTSS funded programs work collaboratively with tribal programs to provide meals at locations across the state. In many instances, both tribal and LTSS supported programs are operating within the same reservation boundaries, but at different community locations to increase the availability of meals to residents of the reservation lands. LTSS supports the tribal operated programs by listing their meal sites and contact information on the Department website along with the meals programs operated by contracted nutrition programs. LTSS coordinates with ACL as is necessary regarding questions about Title VI funded programs, and continues to seek opportunities to improve coordination. LTSS representatives have accompanied ACL staff on site visits to Title VI funded sites to answer questions and provide information on other services provided by LTSS; a practice that will be continued in future years.

Disease Prevention/Health Promotion (Title III-D)

The impact of chronic disease in South Dakota is a significant focus for LTSS in South Dakota. Chronic disease accounts for decreased quality of life, an increased need for health care services, and consequently an substantial economic impact. The Department of Human Services has a contractual relationship with the South Dakota Department of Health to support Better Choices, Better Health®, a community-led evidence-based program modeled after

Stanford University's chronic disease self-management program. The program is supported by the South Dakota Department of Human Services, Department of Health and the South Dakota State University Extension Services.

Research has shown the program is effective based on participant outcomes, such as, individuals will be able to better manage their symptoms; communicate more easily with doctors and their loved ones; be less limited by an illness; spend less time at the doctor or in the hospital; and generally feel better after participating in the six-week workshop. In an effort to increase participation and better reach the rural areas of South Dakota, Better Choices, Better Health® will begin offering an online version of the workshop in 2017.

Better Choices, Better Health® workshops held in community settings such as senior centers, churches, and libraries. Topics include: techniques to deal with frustration, fatigue, isolation, and poor sleep; appropriate exercise for maintaining and improving strength, flexibility, and endurance; medication management; communicating effectively with family, friends, and health professionals; learning how to pace activity and rest; eating well and fun ways to get active. Better Choices, Better Health® currently has 20 active Master Trainers, 52 Lay Leaders, 4 Master Trainer Outreach Ambassadors, and 8 Regional Contacts (North, East, South, West, Central, and Tribal). From October 1, 2015 – September 30, 2016, 31 workshops were offered in 15 different communities statewide and reached 331 South Dakotans who learned tools and strategies to help them manage their chronic conditions. Going forward, LTSS is committed to continue this partnership in order to allow individuals we serve to continue living within their communities and have an enhanced quality of life.

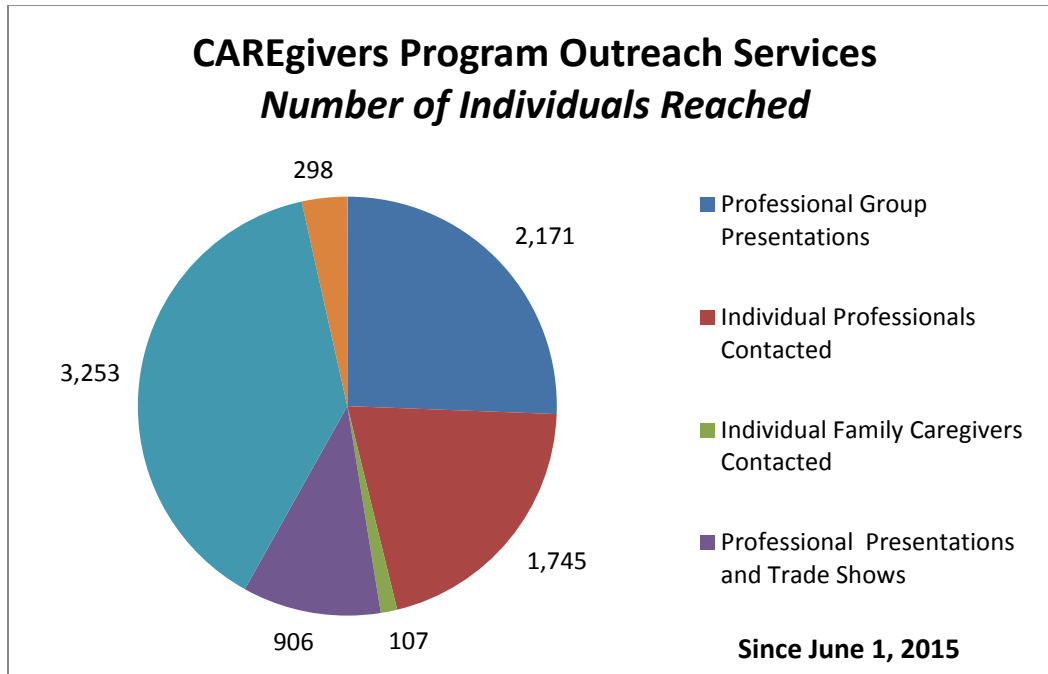
Caregiver Program (Title III-E)

The Caregiver Program in South Dakota provides information and referral, case management, respite, supplemental services, counseling, education, and training to caregivers in support of their efforts to care for family members. The program is uniquely poised to provide services critical to the well-being of caregivers and flexible enough to meet the needs in rural and frontier areas. Integration of the Caregiver Program into the information and referral process implemented under the Aging and Disability Resource Connections (ADRC) has allowed the State Unit on Aging to provide the most appropriate services based on assessed needs.

The State Unit on Aging continues its partnership with the Division of Child Protection Services within the Department of Social Services to assist grandparents or relative caregivers age 55 and older who are caring for a child under the age of 18. Child Protection Services can access funding from the South Dakota Caregiver Program through the Division of Long Term Services and Supports to support items and programs that are of benefit to the child and to them as a caregiver.

The Department of Human Services has a contractual relationship with Active Generations, a senior center located in Sioux Falls, to continue its implementation and administration of a statewide public awareness campaign and series of workshops focused on providing caregiving support, stress management and educational resources in communities across South Dakota. This program is called CAREgivers. While caregiving is often rewarding, family caregivers typically experience stress in a multitude of ways: financial, emotional, social and physical. This is exacerbated due to the lack of acceptance of their situation, a loved one's diagnosis and lack of education about available resources. The CAREgivers program has observed a pattern of preventive resources not being readily accepted by caregivers and most caregivers only act when faced with a crisis.

In June 2015, the CAREgivers program began a focused campaign to educate caregivers. Since that date they have educated 500 individual caregivers at workshops and 2,390 others through a public marketing campaign and 162 presentations that focus on reducing caregiver fears of asking for help and available resources.



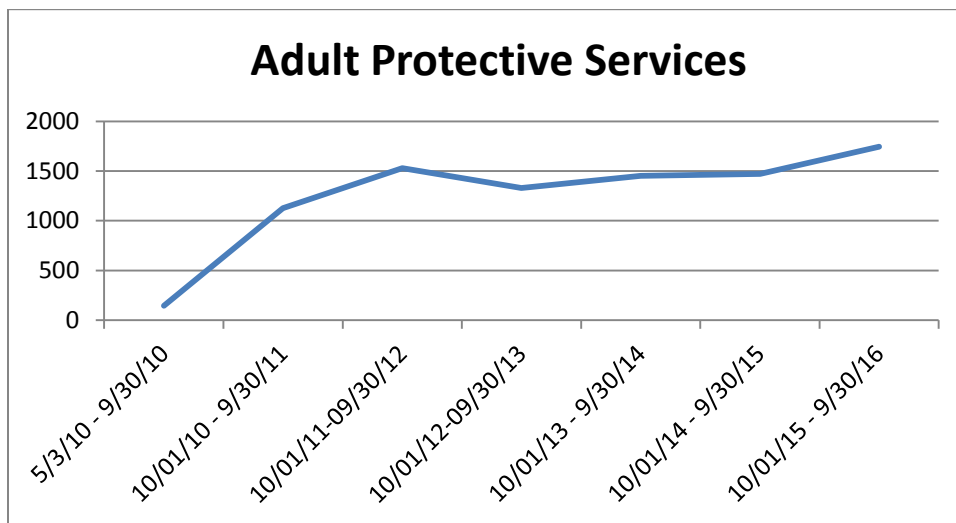
Title VII (Elder Rights Programs)

Adult Protective Services

South Dakota Codified Law 22-46 addresses abuse, neglect or exploitation of elders or adults with disabilities and includes a mandatory reporting component which requires individuals, professionals, employees and entities who have contact with elders and adults with disabilities to report knowledge or reasonable suspicion of abuse, neglect, or exploitation. To report abuse, neglect, or exploitation, these individuals can contact their local law enforcement agency, local state’s attorney’s office or the nearest LTSS office. A mandatory reporter who knowingly fails to make the required report is guilty of a Class 1 misdemeanor. In addition, any individual who knows or has reason to suspect an elder or an adult with a disability has been or is being abused, neglected, or exploited may voluntarily report that information. Individuals who, in good faith, make a report of abuse, neglect, or exploitation of an elder or an adult with a disability are immune from liability.

LTSS Specialists in local field offices function as Adult Protective Services Specialists, responding to and investigating reports of elder abuse, neglect or exploitation in the community. Reports are received from sources, including but not limited to the following: financial institutions, family members, concerned citizens, medical professionals, and community support providers. Depending on the situation, the Specialists involve others, including: family members, law enforcement, Department of Health, Social Security Administration, and/or the Medicaid Fraud Control Unit of the South Dakota Attorney General’s Office. Complaints are documented with the nature of the complaint, results of the investigation and resolution in a centrally maintained database. Adult protective services records are confidential per state statute.

Complainants are offered a letter of acknowledgment regarding their report, but are not advised on whether an investigation occurred or on the results of the investigation.



Long Term Care Ombudsman

Pursuant to requirements detailed in the Ombudsman Final Rule of 2015, LTSS underwent a major reorganization of the Long Term Care Ombudsman program in South Dakota. Previously, in addition to the State Long Term Care Ombudsman and two designated local ombudsman, the remainder of LTSS field staff served as local ombudsman on a part time basis. Recognizing the benefits of creating separation in duties and increased focus for staff, six Local Long Term Care Ombudsman regions were created across the state and staff positions were created to serve the designated areas. Staff positions were opened for interview and hire in each area; ultimately all positions were filled by existing LTSS staff who had expressed a special interest in providing this service. The reorganization effort has greatly improved the continuity of services and documentation within the program.

Currently, the Long Term Care Ombudsman Program operates in South Dakota utilizing a centralized network approach which includes the State Long Term Care Ombudsman (SLTCO) and six Local Long Term Care Ombudsmen (LLTCO) located throughout the state. The Ombudsmen advocate for and protect the rights of individuals residing in nursing facilities, assisted living centers, registered residential living centers, and adult foster care homes. The SLTCO and the Legal Services Developer collaborate on Elder Rights concerns throughout the state.

The reorganization of the Ombudsman Program has enhanced the ability of the program to maintain a presence in long term care facilities through routine on site visits to facilities as well as unscheduled visits prompted by complaint investigations. This is a crucial service as Ombudsmen may be the only connection many residents have to an individual who is not a paid care provider. They work to make sure the rights of residents are upheld. The Ombudsmen use a person-centered approach and work to empower individuals and families to expect excellence.

The Long Term Care Ombudsman Program is further addressed in Focus Area D.

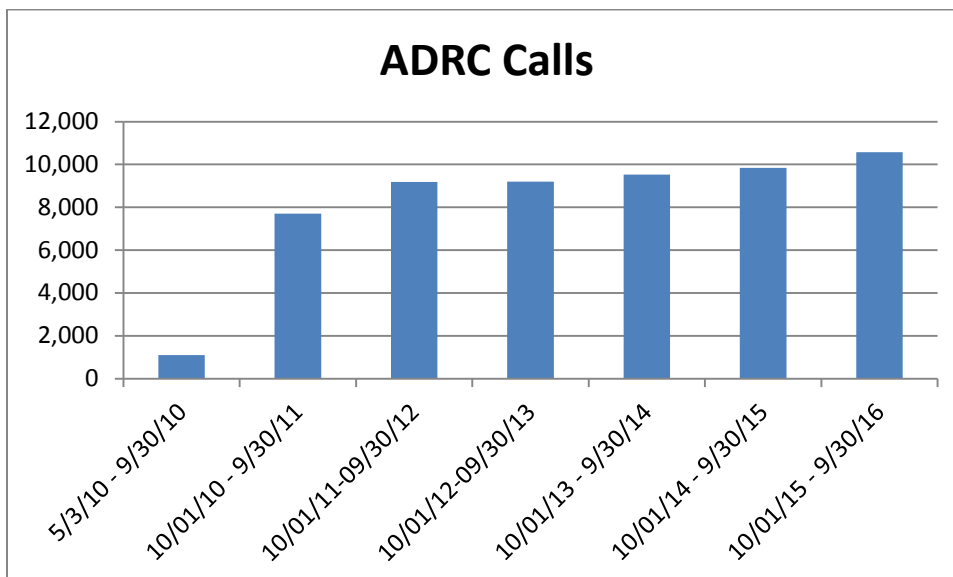
Focus Area B: ACL Discretionary Grants

Aging and Disability Resource Center Discretionary Grant

In South Dakota, the Aging and Disability Resource Connections (ADRC) is the single point of entry for older adults, adults with disabilities, caregivers, family members and friends to learn about the long term services and supports available in the state. Through the ADRC, individuals can access both public and nonpublic services and supports that are available as well as plan for the future. By accessing these long term services and supports, individuals can continue to live at home and in the community as long as possible, and as an alternative to moving into facility-based care. In 2013, the State of South Dakota was awarded a one year ADRC Options Counseling discretionary grant. In utilizing this grant, the State Unit on Aging strengthened the capacity of the Aging and Disability Resource Connections (ADRC) by offering Options Planning as a free service, offering information and decision support to all individuals, regardless of age, disability, or income.

A Critical Pathways Workgroup, which included state staff and local providers, finalized an Options Planning Hospital Discharge Referral Protocol and an Options Planning brochure. In addition, ADRC Resource Folders were created and distributed to hospital discharge planners, nursing facilities and providers across the state. The folders contain information on a variety of home and community-based services available to adults over age 60 and adults over age 18 with disabilities.

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



In February 2017, the Department issued a Request for Proposal for a Long Term Services and Supports awareness campaign. This will be used to develop print materials, a social media campaign and other marketing strategies. The purpose of this campaign is to improve public education and awareness of the State Long-Term Services & Supports and to rebrand the services South Dakotans can access through the ADRC.

The target audiences are older adults and adults with physical disabilities and their family member and other caregivers. The message will include the availability and benefits of services available now and information on how to plan for the future, living at home and in the community with services and supports for as long as possible and as an alternative to moving into facility based care.

The successful offeror will produce materials highlighting the availability of a continuum of services including home and community based services with the goal of serving people in the most integrated setting available to meet their need. The successful offeror will work collaboratively with the State staff on creative development of advertising concepts, messages, themes, slogans and social and digital media using a high quality photo collection which is South Dakota specific.

Money Follows the Person Discretionary Grant

Money Follows the Person (MFP), located within the Department of Social Services, Division of Medical Services, coordinates with the ADRC to help people living in nursing homes, hospitals, or intermediate care facilities and those with intellectual and developmental disabilities successfully return to their communities. The program helps people identify barriers to living on their own and provides one-time transition support helping people find a place to live that meets their needs as well as ongoing service support to help them find the services they need to keep living there. The State of South Dakota continues to integrate activities between MFP and ADRC to best serve consumers and provide a wide array of choices and opportunities for long term services and supports. MFP will be an important partner in transitioning individuals from long term care settings into their communities as a part of the overall rebalancing efforts.

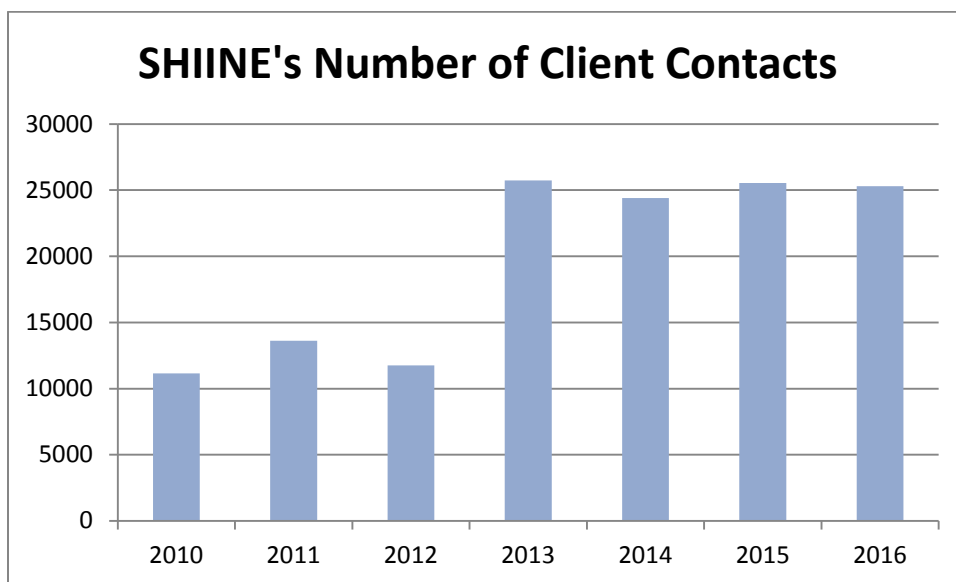
State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) Discretionary Grant

South Dakota's Senior Health Information and Insurance Education (SHIINE) program is a volunteer program comprised of three regional offices funded collectively by the Administration for Community Living with the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) grants. SHIINE's mission is to empower and assist Medicare beneficiaries, their families, and caregivers by providing free, in depth, one-on-one insurance counseling and assistance and educating them on how to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

The SMP grant was applied for and awarded in June 2015. The addition of this grant opportunity has served to strengthen the SHIINE presence and credibility. SHIINE has a statewide network of 430 volunteers and program partners who are trained to provide free, objective, and local one-on-one health insurance counseling and assistance to Medicare beneficiaries and their families.

The primary role of the SHIINE program is to provide outreach and education to people with Medicare and others regarding health insurance options, benefits, choices and avoiding, detecting, and preventing health care fraud. In doing so, SHIINE helps educate and protect individuals with disabilities and the aging population, promoting integrity of the Medicare program and helping low-income Medicare beneficiaries apply for programs that make Medicare affordable. A comprehensive set of risk and program management policies guide the operation of the SHIINE volunteer program focusing on program growth, accountability, adaptability and awareness of volunteer program risks.

Over the past three years the South Dakota SHIINE program's performance measures score ranked within the top 3 out of 54 states and territories in the nation. In 2016, SHIINE served 25,309 individuals and saved those individuals \$3.4 million. Most of the credit for SHIINE's success rests with its core of committed volunteer counselors throughout the state.



Focus Area C: Participant-Directed/Person-Centered Planning

The State Unit on Aging is committed to the further development of person centered programming. A person-centered approach will continue to be used to provide three main functions through the Aging and Disability Resource Connections: 1) information and awareness through education and information on long-term services and supports options; 2) assistance through long term support options planning, referral, crisis intervention, and planning for future needs; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services. Several variations of person-centered decision-making tools have been implemented to assist consumers with making important life decisions.

In 2016, the care plan utilized for consumer services was revised and is described as a written person-centered plan developed by the Long Term Services and Supports Specialist along with the consumer, the provider, as well as any individuals the consumer chooses. The Care Plan reflects the services and supports that are important for the individual to meet the needs identified through an assessment of need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

A recognized benefit of the departmental reorganization is that in moving LTSS to the Department of Human Services (DHS) not only will similar services be located within the same agency, the Division of LTSS will also benefit from the staff and agency experience of other DHS Divisions which have been working under a person-centered approach for a number of years. All staff will participate in a two day person-centered thinking training within the first few months of the transition and will continue to incorporate person-centered thinking into their daily work as a part of the movement to becoming a person centered organization.

Ongoing education and training is provided to LTSS Specialists to help them identify consumers who may benefit from options planning and to link them to additional resources and information. In addition, self-assessment tools will remain available to the public via the Department's website.

Focus Area D: Elder Justice

Elder Abuse Task Force

An Elder Abuse Task Force was created during the 2015 legislative session in response to the recommendation of South Dakota Chief Justice David Gilbertson. The Task Force was created to study the prevalence and impact of elder abuse in South Dakota and to make recommendations on policies and legislation to effectively address the issue. In December 2015, the Elder Abuse Task Force Final Report and Recommendations, Attachment J, was released with sixteen recommendations for strengthening state law and policy to combat elder abuse, neglect, and exploitation. Specifically, the Task Force recommended, and the Legislature appropriated funds for an attorney-specialist within the Office of the Attorney General to prosecute, or to assist state's attorneys in prosecuting, the abuse, neglect, and financial exploitation of elders or adults with disabilities. The attorney-specialist also serves as an educational resource and liaison for local and tribal law enforcement. The Task Force also recommended, and the Legislature appropriated funds for an investigator specializing in these cases to assist the attorney in bringing criminal charges and providing education on this topic.

When an Adult Protective Service referral is received intake staff make a preliminary assessment resulting in either follow-up being provided by LTSS specialists or a referral to the Office of the Attorney General or both. The structure created by the Elder Abuse Task Force has resulted in several successful prosecutions of individuals involved in abuse, neglect or exploitation targeted at individuals who are elderly or are adults with disabilities.

Legal Assistance

The Division of Long Term Services and Supports contracts with two agencies to provide legal assistance to South Dakota's elderly citizens at locations throughout the state, including several locations on tribal lands. These agencies have agreed to provide services in accordance with the rules of the Older Americans Act. The Division also employs an individual to serve as the Legal Assistance Developer. This position oversees the legal services contracts and works to build the full functionality of legal services by coordinating provision of legal assistance, working with the Long Term Care Ombudsman Program on elder rights issues, promoting state capacity to offer financial management information to elders, assisting older individuals to understand their rights and maintaining the rights of elderly citizens in the state.

Long Term Care Ombudsman

As previously mentioned in Focus Area A, the State of South Dakota operates the Long Term Care Ombudsman Program by utilizing a centralized network approach which includes the State Long Term Care Ombudsman (SLTCO) and six Local Long Term Care Ombudsmen (LLTCO) located throughout the State. The Local Long Term Care Ombudsman Program (LTCOP) advocates for and protects the rights of individuals residing in nursing facilities, assisted living centers, registered residential living centers, and adult foster care homes.

The SLTCO, located in the State Office, oversees the program. The SLTCO maintains records of complaints and concerns in the OmbudsManager database and is responsible for completing the National Ombudsman Report. The SLTCO utilizes the National Ombudsman Resource Center to maximize efforts of the program. This position is also responsible for preparation, coordination, oversight and delivery of educational programs to residents, staff, and the general public regarding Ombudsman issues, elder rights, and culture change in long term care facilities. The six LLTCO are located across the state serving as direct advocates for residents of long term care facilities in both general terms and in situations where a complaint arises with facility administration or staff. The LLTCO utilize the OmbudsManager data base to document their daily activities including but not limited to cases, community education, complaint and non-complaint visitations, consultations to facilities, information to individuals and survey participation.

The Ombudsman Program maintains a presence in long term care facilities through routine on site visits to facilities as well as unscheduled visits prompted by complaint investigations, attendance at the Department of Health's Office of Licensure and Certification compliance surveys, community and staff education, care conferences, and participation in resident and family council meetings when invited to attend. The Ombudsman Program is crucial as Ombudsmen may be the only connection many residents have to an individual who is not a paid care provider; they work to make sure the rights of residents are upheld. The LTCOP routinely visit with individuals about their short and long term goals including their desires to return to the community. The LTCOP assists individuals in making referrals to the appropriate ADRC Call Centers when it is identified that the individual is interested in returning to the community. The Ombudsmen are focused on person-centered care and work to empower individuals and families to expect excellence while in facilities.

Assessing Our Needs

The South Dakota State Unit on Aging is devoted to providing citizens with the services needed to remain in the community. To ensure service availability, the requests of our consumers and stakeholders were considered. Based on consumer and stakeholder suggestions, Improvements to current available services were made in 2016, while plans are currently being developed to implement additional home and community based supports and services in 2018.

Seeking Input, Conclusions and Adjustments

In order to effectively create and design this State Plan on Aging, the Department sought comments and requested input and feedback from a multitude of sources. Input sources included consumers and key stakeholders such as government agencies, long term care providers, home and community-based services providers, legislators, Tribal offices, the

Advisory Council on Aging members, the South Dakota Health Care Association, the South Dakota Association of Healthcare Organizations, the Assisted Living Association of South Dakota, the American Association of Retired Persons, and the South Dakota Nutrition Association.

In 2015, Abt Associates of Cambridge, Massachusetts updated the Long Term Care Study, Attachment G, originally completed in 2007, and concluded that the State must maintain its focus on rebalancing the long term services and supports system through: 1) continuing to utilize options planning through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions; 2) continuing to expand and enhance the availability of home and community-based services and potentially State Plan-funded community-based care; and 3) exploration of the care preferences and knowledge base of elders and their caregivers, as well as gathering more information on the informal support networks people are utilizing in lieu of seeking assistance from state programs.

To further explore the needs of South Dakota's citizens, LTSS surveyed and sought input from the public during outreach events and through a statewide distribution of a consumer survey. The consumer survey took place in July 2015 and revealed that 39% of respondents reported they were not currently receiving services designed to assist with the completion of daily living activities. This response could be due to a number of reasons including but not limited to; truly not needing services to remain at home, lacking awareness of services available to support them in staying home and increasing their health and safety, and reluctance to access public services at this time. Almost 28% of these individuals indicated that at least one service listed would help them remain in their home. For the 61% of survey respondents who indicated they were receiving services, the results showed that 51% receive household assistance such as vacuuming, doing dishes, cooking, laundry, and shopping; 24% get rides they need to appointments and community events; 24% receive nursing services for managing medications, monitoring health statuses, conducting physical assessments and providing routine care; and 20% benefit from personal care services such as bathing or dressing. Services provided were supported through Department programs, paid privately, or by informal supports through family and friends. When individuals receiving services were asked if they could remain at home without their current services, the majority (79%) responded they could not, or that they were unsure. The results of the consumer survey response reflect a need for enhanced awareness of the supports that enable a person to remain safely and happily in their own home long term.

The results of this survey were utilized to develop the next steps for the Long Term Services and Supports Home and Community-Based Services (LTSS HCBS) Workgroup. This Workgroup focused on rebalancing the long term services and supports system across the continuum of care. Identified goals of this workgroup were to evaluate barriers to Medicare skilled home health utilization and increase availability of home and community-based services and supports. Stakeholders including in-home providers, long term care providers, government agencies, representatives of South Dakota Association of Healthcare Organizations, South Dakota Health Care Association, Advisory Council on Aging, legislators, and other interested parties met multiple times to provide input. All of the input gathered was considered while developing the State Plan on Aging including; identifying service needs, determining awareness of services offered, and verifying what supports consumers were currently utilizing. Additionally, LTSS providers were surveyed to determine additional services that would be the most helpful for the individuals they support to remain in the least restrictive environment possible.

The LTSS HCBS Workgroup resulted in four recommendations. One recommendation was to provide education and training to health care practitioners regarding reimbursement availability

for physician oversight of Medicare skilled home health services and support and education on the reimbursement request process. A second recommendation of the Workgroup was to conduct additional research, including fiscal impact of expanding Home and Community-Based waiver services to include day habilitation, vehicle modifications, non-medical transportation, assistive technology, community transition services, chore services, and training and counseling services related to live in caregivers. In order to further analyze these suggested services and determine how to prioritize implementation, in-home providers and state staff completed a survey. The surveys resulted in many of those services being added to the HCBS Waiver in 2016 and are focuses of South Dakota's State Plan on Aging. The third recommendation of the Workgroup was to enhance awareness and understanding of the ADRC process through additional presentations, education and a public awareness campaign. The final recommendation of the Workgroup was to review the current ADRC process, and work with home health providers and targeted consumer groups to ensure smooth transitions for individuals between hospital and home using the ADRC Hospital Discharge Referral Protocol document and communicating hospitalizations of LTSS consumers to LTSS. As a result of an internal LTSS workgroup initiated in 2016 a Request for Proposals was issued for an entity to conduct a public awareness campaign and rebranding of ADRC.

All information collected on current and potential services were shared with the LTSS Advisory Council on Aging members. Information about the meetings is posted online as well as in locations where meetings are held prior to each meeting. The public is welcome to attend and provide comments and recommendations for future planning. The Advisory Council expressed appreciation for the direction the state is taking to best meet the needs of South Dakota's elderly population.

The Department convened an internal State Plan on Aging workgroup consisting of the Director, Deputy Director, and Program Specialists of Long Term Services and Supports. The Program Specialists are located in Pierre and are responsible for providing technical assistance to regional staff to ensure programs operate within set standards and services are delivered effectively and efficiently across the state. Additionally, local Long Term Services and Supports Specialists, Supervisors and Regional Managers provided input and feedback regarding ways the State of South Dakota can fulfill the needs of older adults and adults with physical disabilities.

During the spring of 2016, the State of South Dakota convened an internal Long-Term Services and Supports Enhancement Workgroup to focus on the need to re-evaluate South Dakota's long-term services and supports system. Staff in the Department of Human Services, Department of Social Services and Department of Health held regular meetings to enhance and expand home and community-based services options, which will reduce the need for institutional services. The workgroup included leadership, program specialists, supervisors, and regional managers to provide input. The outcome of the internal workgroup was the creation of eight focus areas of concentration toward the goal of rebalancing long term services and supports. Those goal areas are: 1) Expand access to home and community based services by removing barriers created by service limitation in a manner consistent with beneficiary needs and state budget requirements; 2) Transition: Identify and assist people interested in transitioning out from facility based care to community living; 3) Diversion: Implement coordinated diversion efforts to identify individuals at risk for premature admission to facility based care and offer alternative strategies and supports; 4) Establishment of person-centered, conflict-free case management for Medicaid waiver recipients; 5) Expand access to self-directed services for Medicaid waiver recipients; 6) Improve supports to family Caregivers; 7) Develop a

new, small family-based residential model as a alternate option for all populations; and 8) Create and implement a public awareness campaign to increase public knowledge of home and community based options for long term services and supports and strengthen the awareness of the Aging and Disability Resource Connections resources.

In preparation for this State Plan on Aging, the Division of Long Term Services and Supports also sought public comment by posting the State Plan on Aging on the Department's website and the public was encouraged to provide comments and suggestions for future planning. A formal public hearing was held on April 24, 2017 followed by an opportunity for public comment until May 24, 2017. All comments were responded to and the State Plan on Aging was submitted to ACL. All recommendations received from the various entities listed above were taken into consideration and incorporated into the State Plan on Aging as appropriate.

Attachment K of the Plan provides detailed information regarding the research and development of the Plan to gather a wide variety of input to discover solutions that ensure older or disabled South Dakotans have choices, receive services in the most integrated and least restrictive community setting and see meaningful outcomes.

Both nationally reported studies and the Abt and Associates study commissioned by the State indicates that nursing facility utilization in South Dakota is trending down but still remains above the national average. More importantly, HCBS services have not increased at the level necessary to indicate the infrastructure is sufficient to support future growth and needs of the aging population. Consequently, the Division of Long Term Services and Supports will continue its efforts to enhance home and community based services in the coming years, specifically by increasing the amount of services available as well as enhancing provider capacity to allow more individuals the opportunity to receive comprehensive services in the community of their choosing. These efforts will continue through both the internal LTSS workgroup established in 2016 and the implementation of a LTSS Stakeholder work group. LTSS has developed a timeline and invited participants to a stakeholder workgroup intended to help guide a more integrated approach to long term services and supports delivery in South Dakota and develop goals and outcome measurements to evaluate progress. The task force will meet quarterly over the course of a year and is tasked with developing goals for the long term services and supports system in the state. They may also help identify gaps in services and solutions to fill those gaps. The stakeholder work group will consist of members from provider groups to include homemaker and nursing services providers, nursing home providers, assisted living providers, independent living center providers, an Aging Council representative, representatives from advocacy and provider organizations such as South Dakota Association of Healthcare Organizations (SDAHO) and South Dakota Healthcare Association (SDHCA), as well as State Legislators and South Dakota government agency staff.

All of the aforementioned information was considered while developing the following Goals, Objectives and Strategies for South Dakota's State Plan on Aging.

Planning for the Future

After reflecting on the LTSS assessments, surveys, and workgroup findings we have identified challenges as we look ahead as a Division. The adaptations we have made and the commitment to our staff, consumers, partners, and service providers is

illustrated through four goals, each supported by objectives, strategies, and performance measures.

GOAL 1: PROMOTE EXISTING SERVICES

South Dakota's State Unit on Aging (SUA) works to ensure services reach individuals who need them most; many are unaware of the services they qualify for and would benefit from. The SUA will expand promotion and outreach efforts to reach more consumers, especially those in the greatest need or in under-served populations.

OBJECTIVE 1.1

Increase education and awareness of long-term services and supports available to older adults and adults with physical disabilities.

STRATEGIES

Promote long term services and supports across South Dakota, concentrating efforts toward low income older individuals, those with limited English proficiency and residents living in rural areas, including individuals on tribal reservations, to better serve all populations.

Rebrand the ADRC and create a public awareness campaign to improve public education and awareness of available long term services and supports.

Collaborate with organizations representing diverse communities to promote long term services and supports.

Develop and update publications to reach public and nonpublic populations.

Redefine and rebrand services to enhance consumer understanding.

Expand ADRC partner collaboration.

Initiate conversations with nursing facility residents within 90 days of admission to discuss the possibility of returning to the community with services and supports

Enhance collaboration with hospital discharge planners to provide education and awareness of home and community based services and supports with a goal of increasing hospital discharges into the community, whenever possible.

OBJECTIVE 1.2

Increase awareness of SHIINE's health insurance counseling, services and education on fraud, waste and abuse available to all Medicare beneficiaries.

STRATEGIES

Ensure SHIINE is aligned with the lifestyle and technology use of newly eligible Medicare beneficiaries.

Increase the number of trained SHIINE volunteers and partners through recruitment and training to serve targeted populations.

Expand SHIINE services across rural, ethnic, culturally diverse and low income communities.

OBJECTIVE 1.3

Target outreach to increase enrollment in Medicare Part D and the Low Income Subsidy benefit to eligible individuals.

STRATEGIES

Evaluate Centers for Medicare and Medicaid Services (CMS) data to focus outreach on the Medicare Part D and Low Income Subsidy benefit-eligible but unenrolled individuals.

Provide outreach on the Low Income Subsidy benefit to low income older individuals, those with limited English proficiency and residents in rural areas including individuals on tribal reservations.

OBJECTIVE 1.4

Increase awareness of protective services and referral procedures by enhancing collaborations with federal, state, and local agencies.

STRATEGIES

Expand and improve collaborations with local law enforcement, financial institutions and community partners to better protect South Dakota's elderly population.

Develop and implement protective services education and materials for LTSS staff based on national standards and minimum recommendations.

Provide community education through outreach events.

Collaborate with the Long-Term Care Ombudsman Program to provide abuse, neglect and exploitation training and education to Long-Term Care facility staff.

OBJECTIVE 1.5

Increase awareness of the Senior Meals program.

STRATEGIES

Provide outreach to rural, ethnic, culturally diverse and low income communities to increase the number of meal participants.

Expand the areas of service by creating or expanding sites to reach low income older individuals, those with limited English proficiency and residents in rural areas including individuals on tribal reservations.

Develop a customer-centered approach to foster growth at sites by focusing on the community atmosphere, updating menu options and incorporating community events.

GOAL 1: PERFORMANCE MEASURES

Increase number of outreach activities and individuals reached.

Increase in trained SHIINE volunteers and partners.

Increase number of SHIINE Ambassadors in rural, ethnic, culturally diverse and low income communities.

Percent increase in SHIINE client contacts to beneficiaries and their caregivers.

Percent increase in Low Income Subsidy benefit enrollment through the SHIINE program.

Increase in referrals to the Federal Office of Inspector General for cases of fraud, waste and abuse from SHIINE staff, volunteers and partners.

Increase presentations about abuse, neglect and exploitation to Long-Term Care facility staff.

Percent increase in number of participants in the Senior Meals program.

GOAL 2: IMPROVE ACCESS TO SERVICES

Consumers often encounter barriers which prevent them from obtaining the services they need. South Dakota's SUA will make services more accessible by expanding utilization of the ADRC Call Centers, improving access to the Long-Term Care Ombudsman Program, Caregiver Services, Adult Day Services, transportation and collaborating with key stakeholders.

OBJECTIVE 2.1

Promote the ADRC Call Centers as the single point of entry for all aging and disability services at the state and local level.

STRATEGIES

Engage with local and state community partners to promote the ADRC as the single point of entry to access person-centered long term services and supports in South Dakota.

Promote the ADRC Resource Directory as an access point for information on available long term services and supports, providers and resources.

OBJECTIVE 2.2

Improve access to Long-Term Care (LTC) Ombudsman services for residents and their families.

STRATEGIES

Continue regular advocacy visits in nursing homes and increase the rate of regular Long-Term Care Ombudsman visitation to assisted living facilities.

Provide enhanced training and tools to local LTC Ombudsman to ease documentation and data collection requirements and improve the consistency of data captured at facility visits.

Encourage resident and family participation in their respective council meetings.

Collaborate with other LTC Ombudsman stakeholders to identify facilities in need of increased visits.

OBJECTIVE 2.3

Improve access to adult day service providers.

STRATEGIES

Foster development of additional adult day service providers across the state.

Promote the services and benefits of adult day service providers.

Collaborate with local organizations to support the growth in capacity of adult day service providers.

OBJECTIVE 2.4

Enhance person-centered planning to enable individuals to age in place.

STRATEGIES

Educate hospital discharge planners on long term services and supports available within the state and in their local communities.

Provide training to partners on person-centered thinking to integrate long-term services and supports into the person-centered planning process.

OBJECTIVE 2.5

Improve transportation resources by collaborating with state and local government entities.

STRATEGIES

Advocate on behalf of the older adults and adults with physical disabilities most likely to have limited access to transportation.

Collaborate with state and local governments to facilitate the exchange of information regarding transportation resources.

Further explore adding transportation as a Waiver covered service.

OBJECTIVE 2.6

Enhance relationships with LTSS home health providers to increase access to services for LTSS consumers.

STRATEGIES

Provide education and training to home health providers.

Foster expansion of home health provider staffing and capacity across the state, especially in rural and tribal areas.

Invite home health providers to participate in a stakeholder workgroup to develop strategies for enhancing provider capacity.

GOAL 2: PERFORMANCE MEASURES

Increase utilization of ADRC Resource Directory.

Increase in calls received by the ADRC Call Center.

Increase LTC Ombudsman participation in community education activities.

Increase LTC Ombudsman visitations to facilities.

Percent increase in number of adult day enrollees.

Increase number of trainings to discharge planners and partners on the person-centered planning process and long term services and supports available.

Increase in number of rides utilized under the Transportation Program.

GOAL 3: ENHANCE QUALITY OF SERVICES

South Dakota's SUA will expand and improve services, collaborate with partners, provide training, define key measures, and utilize data to become more efficient and consistent. Only through continuous improvement can we meet the needs of the future.

OBJECTIVE 3.1

Review, update and educate all LTSS staff on policies and procedures to enhance aging services.

STRATEGIES

The Policy Workgroup and the LTSS Internal Workgroup will collaborate to identify procedural inconsistencies and potential policy updates seeking statewide consistency among staff.

Provide policy education and updates in-person, via technology or in a written format to all LTSS staff.

OBJECTIVE 3.2

Expand and enhance evidence-based preventive health promotion efforts through Title III-D funding.

STRATEGIES

Continue to support Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) through Better Choices, Better Health® .

Provide outreach and technical assistance to expand and promote Better Choices, Better Health® .

OBJECTIVE 3.3

Enhance collaboration with entities responsible for various components of long-term care services.

STRATEGIES

Enhance collaboration with South Dakota's Department of Social Services, Medicaid Fraud Control Unit, Department of Health and various statewide associations.

Engage entities in cross-training and information exchanges to ensure consumer needs are met by Long-Term Care Ombudsmen, providers, regulators, and protective services.

Engage with entities and meet with them throughout the year to discuss scope, limitations, and systems improvement.

Collaborate via the LTSS Enhancement Workgroup to implement and coordinate diversion efforts to minimize new Long Term Care resident admissions and transition current residents to home and community.

OBJECTIVE 3.4

Enhance senior legal service delivery systems.

STRATEGIES

Conduct outreach and educate the public about available legal services.

Educate individuals and consumers on programs available with the South Dakota Bar Association.

Continue to collaborate with the two contracted legal services programs in the state to enhance service delivery.

OBJECTIVE 3.5

Expand and enhance caregiver support efforts through the Administration on Aging's Title III E Family Caregiver Program.

STRATEGIES

Explore development of statewide supports and services for caregivers.

Support education and training targeted toward volunteer and family caregivers.

Provide outreach and technical assistance to expand and promote caregiver services.

Collaborate with partners to educate LTSS staff and caregivers on Alzheimer's disease and related disorders.

OBJECTIVE 3.6

Develop and implement a continuous quality improvement strategy within the Division of Long Term Services and Supports.

STRATEGIES

Define key measures, quality targets and minimum standards of compliance.

Conduct reviews with LTSS Regional Managers, Supervisors and Program Specialists to ensure alignment with the direction of the division.

Provide training to LTSS staff aligned to continuous quality improvement efforts in-person, via technology or in a written format.

In collaboration with the ADRC, implement consumer surveys for key programs and services.

OBJECTIVE 3.7

Improve data collection and integrity to better measure activity, performance, and quality.

STRATEGIES

Develop definitions, key data elements, processes for collection and submission of data and information, establish measures for all programs and funding sources to provide clear, comparable and accurate assessments of progress.

Update and maintain the LTSS Policy Manual.

Develop and deliver training, educational materials, and technical assistance to all LTSS staff.

OBJECTIVE 3.8

Protect the rights of residents living in nursing homes and assisted living centers, registered residential facilities and adult foster care.

STRATEGIES

Educate and empower residents regarding the LTC Ombudsman program, resident rights and provider responsibilities.

Collaborate with residents during resident council meetings to promote the rights of all residents in the facility.

Provide Ombudsman, residents rights, and other educational materials to residents, families, and staff in facilities.

GOAL 3: PERFORMANCE MEASURES

Increase number of policy trainings by LTSS Supervisors to the LTSS Specialists they manage.

Increase in the number of case audits to ensure quality and consistency among all LTSS staff.

Increase number of LTSS staff trained on referral process and programs available through Better Choices, Better Health®.

Increase number of units authorized for respite care services.

Increase number of LTSS staff trained on referral process and programs available through the CAREgiver Program.

Increase in number of consumers reporting satisfaction with LTSS services on the Quality of Life Survey.

Increase number of trainings provided to long term care residents and facility staff.

GOAL 4: EMPOWER THE WORKFORCE AND LOCAL COMMUNITY SUPPORTS

In recognizing the challenges that exist while providing aging services, the SUA must empower the workforce and community supports to ensure South Dakota's aging population has the ability to age in place with the quality of life they deserve.

OBJECTIVE 4.1

Foster career development and support for the workforce that serves older adults.

STRATEGIES

Improve recruitment, orientation, training and recognition efforts to encourage LTSS staff retention.

Facilitate internship opportunities for college students as a path to a career in aging services.

Collaborate with the South Dakota Department of Labor to form prospective partnerships with senior employment programs.

Collaborate with the Department of Health's Health Occupations for Today and Tomorrow (HOTT) program to form prospective partnerships.

Take an active part in exploring and identifying barriers to entering the direct care workforce.

OBJECTIVE 4.2

Support the success of local senior centers and the quality of services they provide.

STRATEGIES

Encourage LTSS staff engagement with senior centers and expansion of services and activities.

Hold forums for senior centers to share best practices.

Offer to have LTSS staff present during local senior center functions.

LTSS staff will provide local senior center information to consumers.

GOAL 4: PERFORMANCE MEASURES

Percent increase of LTSS staff retention.

Number of outreach events held at local senior centers.

Assuring Quality

All data aggregation and analysis is completed by LTSS staff who begin the process of trend identification as aggregation and analysis is being conducted. Data and trends are then presented to a quality management workgroup, consisting of staff members of DHS at different levels. The workgroup meets to discuss identified trends and related issues to set priorities for system-wide quality improvement. As a result of an analysis of the discovery and remediation information presented, system improvements are identified and design changes are made. The backbone of support for effective compilation of data for continuous quality improvement across LTSS consists of internal databases and their associated subsystems, and effective and objective reviews of case management and documentation as completed by designated staff within LTSS. Comparative data gleaned from these databases and case reviews are evaluated by the program staff and quality management workgroup to determine if system changes are

warranted. Review of these reports may also lead to initiation of new improvement projects to benefit applicable individuals. The quality management work group prioritizes quality improvement activities and projects from those opportunities that provide the most benefit to the consumer, the community, providers, the organization and funding entities at the same time maximizing use of quality improvement resources.

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

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

After the quality management workgroup has identified a need for system improvement and decided action is needed, the design and development of the processes for implementing the system improvement is accomplished in coordination with other entities impacted.

Implementation of system improvement activities will be managed by the LTSS staff. Remediation, guidance and training to applicable individuals will be provided in person, through policy and manual edits, or via web conference as needed.