State Plan on Aging
2026-2030

NORTH Dakota | Health & Human Services
Be Legendary.

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of North Dakota by the North Dakota Department of Health and Human Services, Adult & Aging Services Section for the period of October 1, 2026, through September 30, 2030. As the authorized State Unit on Aging, Adult & Aging Services is responsible for developing and administering the plan in accordance with all the requirements of the Older Americans Act, as amended. In addition, Adult & Aging Services is responsible for coordinating all State activities related to the purpose of the Act.

The plan outlines a comprehensive, coordinated system for delivering supportive services, multipurpose senior center programs, nutrition services, home and community-based services, and evidence-based health promotion programs. It also advances elder rights protection activities and supports the development of effective, visible advocacy for older adults in North Dakota. The plan includes the goals, objectives, strategies, outcomes, and assurances required under the Act. Adult & Aging Services remains committed to advocating for older adults, at-risk individuals, individuals with physical disabilities, caregivers, and their families.

This plan is approved by the Adult & Aging Services Director, the Department of Health and Human Services Commissioner, and the Governor, and will be implemented upon approval of the U. S. Assistant Secretary for Aging. It also affirms that no individual will be subject to a conflict of interest prohibited under the Older Americans Act.

This State Plan on Aging has been developed in full compliance with all federal statutory and regulatory requirements.

Kelly Armstrong
Governor
State of North Dakota

6/16/2026
Date

J. Patrick Traynor
Commissioner
Department of Health & Human Services

6/16/26
Date

Nancy Nikolas Maier
Adult & Aging Services Director

06/16/2026
Date

Executive Summary

Adult & Aging Services (AAS) serves as North Dakota's State Unit on Aging (SUA) and the state's single Planning and Service Area (PSA) for the administration of Older Americans Act (OAA) programs and Administration for Community Living (ACL) discretionary grants. In this dual role, AAS plans, coordinates, and delivers a comprehensive system of services that support older adults, individuals with physical disabilities, caregivers, and their families.

North Dakota's State Plan on Aging serves as a four-year blueprint to address the needs of the state's rapidly growing older adult population. The plan recognizes the unique challenges and opportunities presented by North Dakota's demographics, geography, and socio-economic factors. AAS will focus on building capacity, promoting innovation and implementing best practices. The plan emphasizes the importance of data management and reporting, supports healthy living and active engagement, and embraces diversity while honoring individual choice. Additionally, the plan seeks to prevent and address elder abuse and to strengthen accountability through a person-centered approach. Together, these efforts empower older adults to age with dignity, remain independent, and stay actively engaged in their communities.

The State Plan on Aging provides AAS an opportunity to comprehensively review how services are delivered, identify gaps in services, guide future service delivery, and encourage innovation with the input received from the older North Dakotans, caregivers, and community partners. The plan also highlights the importance of financial support for the OAA initiatives and other AAS programs. AAS continues to build upon the strong foundation established by the OAA and seeks collaborative opportunities with stakeholders to improve the lives of North Dakotans.

North Dakota's State Plan centers on four of ACL's priority areas: OAA core programs; addressing the greatest social and economic need; expanding access to home and community-based services (HCBS); and strengthening caregiving supports to better meet the needs of older adults.

Fostering strong partnerships, investing in workforce development, and prioritizing community health, AAS is committed to building a sustainable, inclusive, and effective aging network that meets the evolving needs of North Dakota's older adults, especially those in greatest social and economic need.

This plan provides the foundation for future policy development and strategic planning and will guide the development of AA'S 10-year Multigenerational Plan on Aging (MPA). The MPA will build upon and align with the priorities of the State Plan on Aging, creating a coordinated framework to support North Dakotans across generations.

Together, these efforts will help ensure North Dakota remains a leader in aging services while promoting dignity, independence, and well-being.

AAS remains committed to maintaining a comprehensive, coordinated system of HCBS that empowers older adults and individuals with physical disabilities to live independently in their homes and communities.

Finally, the State Plan on Aging represents a commitment to a brighter future for older adults and individuals with physical disabilities in ND and will serve as a vital tool for AAS to ensure the delivery of high-quality services and guide efforts to build an age-friendly state where older adults can thrive.

Context/Introduction

North Dakota's older adults and individuals with physical disabilities face unique challenges shaped by the state's rural and frontier characteristics. Large geographic distances, small communities, and limited provider availability in certain areas create gaps in services. Workforce shortages in direct care roles are projected to continue through the 2026–2030 State Plan period. With only four urban centers, nearly half of North Dakotans (45.5%) live in rural communities, and nearly three in ten (29.1%) reside in frontier areas, the third highest in the nation. These factors highlight the need for strategic planning, targeted resource allocation, and innovative approaches to ensure that older adults, individuals with physical disabilities, and their caregivers have access to essential services, regardless of location.

North Dakota's aging population continues to grow. In 2010, 97,477 individuals were aged 65 and older, including 16,688 age 85 and older. According to the U.S. Census Bureau's Evaluation Estimates, Vintage 2025 population estimates, the number of individuals age 65 and older increased to 120,272, with 17,974 age 85 and older, representing an increase of nearly 27 percent and 9 percent, respectively. This growth is largely driven by the aging of the baby boom generation. While detailed 2025 age and gender data are not yet available, projections from ND State Data Center (2025) indicate continued long-term growth. Although the 65 and older population may experience periods of fluctuation, it is expected to increase significantly after 2045. Meanwhile, the population age 85 and older is projected to continue steady growth through 2055.

	2025	2030	2035	2040	2045	2050	2055
Ages 65+	120,272	126,906	126,489	121,380	118,454	129,720	144,056
Ages 85+	17,974	17,320	19,448	23,304	27,281	33,840	46,192

Rural ND is aging faster than its urban areas. Rural communities have significantly higher proportions of residents aged 45-64 (25.2% vs 21%), 65-84 (17.5% vs 12.4%), and 85+ (3.3% vs 1.9%) leading to an overall age gap of nearly five years. At the same time, the state is seeing growth in its youth population, creating a dual challenge: supporting older adults while preparing for the next generation. This demographic shift places pressure on workforce and infrastructure, especially in rural areas where resources are already limited.

In ND, health is more than just health care it's about investing in the everyday habits that build lasting health, improve outcomes, and address chronic disease. Behavioral health, physical activity, and nutrition are interconnected foundations of well-being. When older adults have access to mental health support, opportunities for movement, and reliable

access to nutritious food, they are more independent, productive, and socially connected to their communities. Isolation, chronic disease, and food insecurity often go hand in hand; addressing them requires an integrated approach that promotes connection, movement, and healthy eating while restoring hope, dignity, and strength within communities.

AAS recognizes that strong communities begin with access to nutritious meals, quality health care, and opportunities for social engagement. Yet many rural older adults and individuals with physical disabilities face barriers including distance, cost, limited availability, and lack of information. Through initiatives such as Eat Well North Dakota in the Rural Health Transformation Plan (RHTP), AAS will collaborate with North Dakota Department of Health and Human Services (DHHS) and stakeholders to expand nutrition education, improve access to food, and support innovation so that health begins at the kitchen table.

As food security improves, physical activity and social connections must also be strengthened. AAS will expand evidence-based health promotion and disease prevention (HPDP) programs that reduce isolation and support long-term well-being. Priority will be given to individuals with the greatest social and economic need, particularly those experiencing social isolation, geographic barriers, disability, or limited access to services.

ND is also home to five federally recognized tribes and one Indian community: the Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes), the Spirit Lake Nation, the Standing Rock Sioux Tribe, the Turtle Mountain Band of Chippewas Indians, the Sisseton-Wahpeton Oyate Nation, and the Trenton Indian Service Area. Nearly 60 percent of American Indians in ND live on reservations, many located in some of the state's most rural and frontier areas. American Indians represent 4.9 percent of the state's population well above the national average making tribal partnerships essential to advancing equitable health outcomes. AAS will continue to work collaboratively with tribal leadership to support culturally responsive, community-driven approaches that respect sovereignty and strengthen communities.

To address these needs, AAS will prioritize targeted outreach to rural and frontier communities and to racial and ethnic populations across the state. Through coordinated OAA programs, strengthened partnerships, and data-informed planning, ND will continue to enhance access, expand choice, and support independence for older adults and caregivers statewide.

To ensure AAS is prioritizing greatest social and economic needs, AAS section has defined "greatest social need" are individuals who face barriers related to language, culture, disability (physical or mental), geographic isolation, or limited access to services, including isolation related to racial or ethnic status "Greatest economic need" are individuals with incomes at or below the federal poverty level established by the U.S. Department of Health and Human Services.

Overview of North Dakota Department of Health and Human Services

ND DHHS vision is to be the healthiest state in the nation by fostering positive, comprehensive outcomes by promoting economic, behavioral, and physical health and ensuring a holistic approach to individual and community well-being.

To achieve this vision, ND DHHS has established strategic priorities to guide action and measure success:

1. Support the advancement of strong, stable, healthy families and communities.
2. Advance the foundations of well-being through access to high-quality services and support closer to home.
3. Optimize disaster and epidemic response and recovery.
4. Advance excellence in agency infrastructure and operations.
5. Deliver best-in-the class customer-centered experiences.
6. Foster a culture of excellence where every team member has a voice, adds value, and is empowered to make a difference.

ND DHHS guiding principles further shape decision-making, strengthen service delivery and define agency culture:

1. Continuous improvement and innovation: Embrace continuous improvement and innovation to streamline the delivery of services, drive efficiencies and promote customer-centered experiences.
2. Responsible stewardship: Organizational effectiveness and impact is enhanced by the strategic and efficient management of agency funding, assets, and resources.
3. Transparent and open communication: Facilitate trust, organizational and stakeholder awareness, collaboration and unity.
4. Engaged collaboration: Teamwork and accountability to every interaction, using the combined strengths to drive solutions and success.
5. Data-centered decisions: Utilizing facts and metrics to inform and guide the actions and evaluate outcomes.

AAS's aligns with ND DHHS mission by providing high-quality, efficient, and effective services that allow individuals to age, live, and remain in their own homes or communities. AAS mission is to promote security, dignity, and independence, while preventing abuse, neglect, and exploitation, empowering older adults and individuals with physical disabilities to be active partners in their person-centered care (PCC).

In addition, AAS supports Governor Armstrong's key priorities of "Making North Dakota the best place to live, work and raise a family." To support this effort, six aspirations will guide work in state government:

1. Government Efficiency: Be the state government with the most efficient and effective delivery of services and best use of taxpayer dollars.
2. Workforce and Housing: Align North Dakotans with opportunities and attainable housing to support families, communities, and a high quality of life.
3. Recreation: Creating opportunities and access to four-season outdoor recreation for all ages.
4. Public Safety: Prevent. Partner. Protect. Restore.
5. Recovery and Reentry: Provide hope, healing, and opportunity for every North Dakotan seeking a second chance.
6. Tribal Engagement: To strengthen intergovernmental collaboration by coordinating active initiatives between ND state agencies and the five Sovereign Tribal Nations, ensuring alignment, accountability, and engagement that respects sovereignty.

Stewardship and Oversight

AAS is responsible, as the SUA, to provide comprehensive stewardship and oversight of all OAA programs and contracts that integrate programmatic, fiscal, data, evaluation, training, and communication. These components are aligned to ensure compliance with federal requirements through integrity, effective, and efficient program management throughout the State Plan cycle.

A central element of stewardship and oversight is the systematic collection and analysis of information on the frequency and types of services provided, as well as the number individuals served across demographic groups. AAS collects data related to age, race, ethnicity, geographic location, and other priority characteristics identified under the OAA. This demographic data enables AAS to evaluate whether services are equitably reaching individuals with greatest social or economic need and those at risk of institutionalization. Programmatic and fiscal data are reviewed and analyzed on a monthly basis to monitor trends, inform decision-making, and identify areas requiring further support or corrective action.

To ensure uniform and complaint data collection, the AAS utilizes WellSky Aging and Disability for Title-III services; WellSky Ombuds Manager for LTC ombudsman activities; and WellSky Harmony for Adult Protective Services (HAPS). Standardized registration and assessment tools have been developed and implemented to maintain consistency in collecting core data elements across the aging network.

Oversight activities include regularly scheduled monitoring and quality assurance (QA) reviews of all the OAA funded programs. For Title III services, standardized monitoring tools are used during on-site monitoring visits, which occur at least every 24 months. During these visits, areas of concern are identified, written corrective plans are requested, and follow-up occurs to ensure satisfactory resolution. In addition to these reviews conducted either on-site or through desk audits ensure that funds are expended in accordance with federal, state, and contract requirements. Site visits also offer opportunities for technical assistance (TA), relationship building with service providers, and gathering information on program successes, challenges, and emerging needs.

AAS develops all policies and procedures with input from the service providers to ensure consistency and uniform administration of the OAA programs statewide. Policies and procedures are reviewed and updated regularly to maintain compliance with ACL regulations, including the 2024 final rule. Implementation guidance is communicated to service providers and contractors through a combination of formal and informal TA, written guidance, and statewide training to support effective and consistent program delivery.

Through these coordinated activities, including collecting data, ongoing oversight, service provider-informed policy development, and continuous TA, AAS ensures strong stewardship and accountability while promoting the delivery of high-quality services statewide.

North Dakota Adult & Aging Services Section

As the SUA, AAS is responsible for developing, administering, and overseeing programs that support older adults, individuals with physical disabilities, caregivers and their families across ND. These community-based services form the foundation of state's long-term services and supports (LTSS) system promoting safety, independence, healthy aging, and person-centered care for the individuals and families.

Through OAA funded programs, AAS delivers essential services to adults age 60 and older. These include supportive services such as information and assistance (I&A), options counseling (OC), and legal services (Title III-B); congregate and home-delivered meals (HDMs) and evidence-based health promotion programs (Titles III-C and III-D); caregiver counseling, education, and respite services through the Family Caregiver Support Program (FCSP) (Title III-E); and elder rights protections under Title VII, including Adult Protective Services (APS) and the State Long-Term Care (LTC) Ombudsman Program.

ND is organized into eight service regions, each supported by the Behavioral Health Centers (formerly known as the Human Service Centers), which serve as focal points for service delivery. AAS operates through a coordinated statewide network of state staff,

senior centers, contracted providers, direct care workers, and community partners. This network is further strengthened through strategic partnerships and other funding sources.

AAS field staff provide direct support and oversight across the state. The community service coordinators (CSC) manage programs and contracts across the state while offering advocacy and caregiver support. The ombudsmen advocate for residents in LTC, basic care, swing bed, and assisted living settings to protect quality of care and resident rights. APS staff respond to reports of abuse, neglect, and exploitation. The Aging and Disability Link (ADRL) staff provide I&A and serve as the centralized intake for HCBS. The HCBS case managers and qualified services provider (QSP) navigators coordinate and arrange services under state and federally funded programs, while LTSS OCs help individuals make informed decisions about community living options.

At the central office level, AAS provides statewide leadership, planning, oversight, and QA. Responsibilities include administering and monitoring OAA programs, strengthening community support, advancing prevention and early intervention strategies, managing data systems, and providing TA, along with developing policies and procedures to ensure compliance and service quality.

Together, AAS ensures that older adults, individuals with physical disabilities, caregivers, and their families across ND have access to coordinated, high quality services that promote independence, health, dignity, and resilience.

North Dakota's Older Americans Act Core Programs

Aging & Disability Resource Link

The ADRL serves as a trusted, statewide single point of entry for I&A, supporting individuals of all ages, abilities, and income levels as well as caregivers and their families in connecting them to public and private services. It assists individuals in planning for their LTSS needs by providing clear, unbiased information that empowers them to make informed decisions, understand their options, and align services with their goals and preferences. As a centralized "no wrong door" access point for HCBS, the ADRL utilizes a standardized assessment process in which intake staff gather information, identify needs, and make referrals to appropriate statewide and national resources.

The ADRL is offered at no cost and is accessible by calling the toll-free number at 855.462.5465, visiting the CareChoice website at ndcarechoice.hhs.nd.gov or sending an email to carechoice@nd.gov. While the ADRL assistance is free, some referral services such as private pay in-home services may have associated costs.

Assistive Safety Devices Distribution Service

Provides adaptive equipment that supports individuals' safety, independence, and functional ability to complete activities of daily living. These supports help reduce risk, prevent injury, and promote long-term well-being. These services are provided through a statewide contract with the State's designated assistive technology agency and administered by AAS, ensuring consistent access and quality support across the state, with priority given to individuals with the greatest social or economic need.

Abuse, Neglect, and Exploitation Prevention Program

The APS Program is available statewide through state and contracted staff to protect vulnerable North Dakotans from abuse, neglect, and exploitation. APS staff provide education and resources to professionals including financial institutions, law enforcement, healthcare providers, and LTC facilities as well as to families, colleges, and other community organizations seeking information on recognizing and responding to possible abuse, neglect, and exploitation.

Vulnerable adult abuse is defined as a knowing, intentional, or negligent act by a caregiver or other person that causes harm or poses a serious risk of harm.

The goals of the APS program include but are not limited to:

1. Protecting vulnerable adults from abuse, neglect, and exploitation.
2. Preventing maltreatment through education, outreach, and community partnerships.
3. Supporting vulnerable adults in remaining safely in their own homes and communities for as long as possible through connections to HCBS.
4. Promoting and advocating for the right of self-determination and assisting individuals in accessing the services of their choice.

Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP), established in 2000 under Title III-E of the OAA, provides supportive services to family members and informal caregivers. Eligible caregivers include those caring for:

1. For a family member aged 60 and older;
2. An individual of any age with Alzheimer's disease or related dementia;
3. Children under the age 18 where the grandparents are the primary caregivers; and

4. Individuals ages 19-59 with disabilities where older relatives are the primary caregivers.

The program's goal is to reduce caregiver stress and burden by implementing best practices. The ND FCSP includes information about available supports; assistance from AAS staff in accessing services; individual and family counseling, available support groups, and caregiver training; respite care; and supplemental services such as reimbursement for incontinent supplies and assistive devices.

AAS will continue to collaborate with KINSHIP ND to coordinate services and maximize the use of program funds. AAS will collaborate with the National TA Center on Grandfamilies and Kinship families, as well as the National Academy for State Health Policy (NASHP) state collaborative, to strengthen capacity to support grandfamilies and kinship families.

AAS is also implementing a learning management platform that incorporates Direct Careers (DCC) standardized respite training, supported through the CARES Act.

Health Maintenance

The health maintenance program provides targeted services to assess and support the health and well-being of individuals aged 60 and older adults. Services are provided by a licensed nurse and include blood pressure/pulse/rapid inspection, foot care, home visits, and medication set-up. These services are delivered through a statewide contract administered by AAS.

Health Promotion and Disease Prevention

HPDP programs are evidence-based initiatives designed to improve the mental and physical health of individuals aged 60 and older to reduce the risk of disease and injury.

OAA Title III-D programs positively impact both individuals and their families by providing education and tools that empower them to make healthy, sustainable lifestyle changes supported by research.

North Dakota State University (NDSU) Extension administers the following HPDP programs Stepping On, Powerful Tools for Caregivers, Tai Ji Quan: Moving for Better Balance; and Fit & Strong through a statewide contract that is administered by AAS.

Legal Services of North Dakota

Legal Services of ND (LSND) is a nonprofit organization that provides free legal assistance and information statewide to low-income and older North Dakotans. Individuals may access services by calling LSND's toll-free number or submitting an online application through its

website lsnd.org. LSND offers legal advice and representation to older individuals in a range of casework, including abuse, age discrimination, defending guardianships, health care, housing, income, LTC, neglect, nutrition, protective services (including American Indian Probate Reform Act (AIPRA)), wills, and utilities.

This service is delivered through a statewide contract utilizing Title III-B and other available funds administered by AAS to address the needs of North Dakotans. Services are targeted to individuals with the greatest social or economic need.

North Dakota Long-Term Care Ombudsman Program

The LTC ombudsman serves as an advocate for residents residing in assisted living, basic care, swing bed, and skilled nursing facilities (SNFs). The program assists older adults who have concerns about their quality of care and their resident rights.

Key responsibilities of the LTC Ombudsman include:

1. Receiving, reviewing, and advocating to resolve resident concerns.
2. Providing information, referrals, and answer questions.
3. Promoting residents, family, and community involvement.
4. Educating stakeholders about LTC issues.
5. Coordinating efforts with other agencies and organizations.
6. Identifying systemic issues and recommending policy or practice changes through advocacy.

Nutrition Programs and Services

The OAA Title III-C nutrition program provides both congregate (subpart 1) and HDM (subpart 2) services to reduce hunger, food insecurity, and malnutrition among older North Dakotans. AAS contracts with eight local organizations and three tribal entities to provide statewide services, coordinating closely with Title VI funded programs.

Nutrition services help older adults maintain independence, supporting their ability to age in place as functional abilities decline. They also provide meaningful socialization opportunities and promote overall health and well-being by mitigating risks associated with poor nutrition, sedentary behavior, social isolation, and loneliness.

The program's goal is to provide nutritious meals that meet at least one-third of the Dietary Meals are planned to meet the Dietary Reference Intakes (DRIs), align with the current Dietary Guidelines for Americans (DGA), and comply with ND Food and Lodging safety and sanitation standards. Congregate meals are offered at least three days per week, while home-delivered meals (HDMs), including grab-and-go options, are provided a minimum of

five days per week to individuals aged 60 and older, their spouses, and others eligible under the OAA. In addition, culturally responsive and medically tailored meal options are available upon request to accommodate individual dietary needs and preferences.

Nutrition assessments completed by the older adults receiving meals allow the service providers and AAS to track service delivery and identify older adults with the greatest need, including those living alone, at or below the poverty level, or at high nutritional risk.

In addition to providing meal services, nutrition providers distribute educational materials on healthy eating to improve dietary knowledge and help prevent malnutrition among older adults. They also make referrals for individuals that have been identified through a nutrition screening as being at high nutritional risk or showing signs of malnutrition to a contracted vendor for a free dietitian consultation to receive individualized nutrition planning.

According to AAS FFY 25 OAAPS State Performance Report, 4,620 congregate and HDM older adults are considered to be high nutritional risk. This underscores the critical role of community-based nutrition programs in addressing malnutrition early, reducing health complications, and addressing the ongoing nutritional needs of older North Dakotans.

Providers enrolled as a QSP may also provide up to seven HDMs per week to eligible younger individuals with physical disabilities through Medicaid (MA) HCBS Waiver programs and state-funded Service Payments for the Elderly and Disabled (SPED) and Expanded Services for the Elderly and Disabled (Ex-SPED) programs helping to reduce food insecurity and risk of malnutrition.

Additionally, AAS FFY 25 OAAPS State Performance Report shows that 11,759 congregate meals and 12,704 HDMs were provided to older adults. The program prioritizes individuals with the highest social and economic need, including 25,506 older adults who reside in rural areas or live alone, and 5,548 who are living at or below federal poverty level.

Beyond the nutritious meals, these programs positively impact older adults by reducing the risk of malnutrition and food insecurity, fostering social connection, offering regular wellness checks, and linking them to additional supportive services that promote health, independence, and overall well-being.

Options Counseling

A person-centered approach is used to identify appropriate LTSS options based on each individual's unique needs, values, goals, and preferences. This approach emphasizes informed-choice, self-direction, and respect, ensuring services are tailored to support independence and quality of life. These services are available statewide and are delivered by AAS CSC and LTSS OC staff.

Senior Community Service Employment Program

Senior Community Service Employment Program (SCSEP) is a paid, part-time training program designed for low-income adults aged 55 and older, with the goal of supporting their transition into permanent employment. ND currently has 241 authorized positions: 49 administered by the state and 192 administered by the national grantee. The 49 state positions are allocated by the U.S. Department of Labor (DOL) and is administered by ND Vocational Rehab (VR). AAS continues to work collaboratively to strengthen coordination with VR in order to better promote SCSEP opportunities to eligible individuals.

State Legal Services Developer

AAS designates a State Legal Services Developer (SLSD) who is responsible for all elder rights programs. The SLSD provides and/or arranges for training on legal issues at the state and local level. TA and program monitoring is ongoing.

Transportation

Access to services is essential in any service delivery system, and transportation continues to be a significant challenge in ND. To address this, a cooperative agreement is in place between DHHS and the ND Department of Transportation (DOT), allowing AAS to leverage resources and secure additional funding for other OAA services.

Under this agreement, the DOT is responsible for developing and implementing an integrated transit system that addresses the needs of special populations, including older adults, individuals with disabilities, low-income individuals, those living in a rural setting, and minority populations. AAS participates annually in the transportation grant review process to support the distribution of federal and state transit funds.

In addition, AAS is part of the DOT Vision Zero initiative, which focuses on education and strategies to improve older driver safety and prevent vehicle crashes involving older adults.

State-Funded Programs

Adult Foster Care and Residential Habilitation and Community Support services provided in a licensed Agency Foster Home for Adults Programs

The administration of adult foster care (AFC) and residential habilitation and community support services provided in an agency foster home (AFH) for adults is a joint effort between medical services and AAS. AAS is responsible for the home study and licensure process for both settings. In addition, AAS is responsible for administering these state and Medicaid funded services. Medical Services is responsible for enrollment of the QSPs and payment.

Dementia Care Services Program

According to Alzheimer's and Public Health Action in ND 2025 statistics (Alzheimer's and Public Health Action in North Dakota | alz.org), ND ranks fourth nationally in deaths attributed to Alzheimer's Disease. There are 13,700 North Dakotans age 65 and older in ND who are living with Alzheimer's Disease (2020). Alzheimer's Disease and related dementias affect nearly every family in some way, and the burden on caregivers can be significant. In ND, approximately 19,000 family caregivers provide an estimated 26 million hours of unpaid care each year, valued at $502 million. In response, the state, established the Dementia Care Service Program (DCSP) under Century Code Chapter 50-06-33.

AAS through a statewide contract awarded to the Minnesota (MN)/ND Chapter of the Alzheimer's Association focus on supporting individuals living with dementia or those experiencing memory concerns, so they can remain in the most integrated setting possible, while also providing essential support to their caregiver(s). The contributions of unpaid, informal caregivers are indispensable to individuals living with Alzheimer's and other dementias.

The DCSP offers care consultation and training for caregivers, health professionals, law enforcement, and the public. In addition, North Dakotans have access to the 24/7 helpline, caregiver support groups for individuals living with dementias and their families. DCSP collaborates with the FCSP and APS to expand education and training opportunities. These services are available to anyone in need, with no eligibility requirements related to diagnosis, age, or income.

Telecommunications Equipment Distribution Service

The Telecommunications Equipment Distribution Service (TEDS) provides specialized telecommunications equipment to individuals with communication-impaired, as authorized under ND Century Code Chapter 54-44.8. For the purposes of this program, a communication impairment is defined as a condition in which an individual who is deaf, hearing impaired, speech impaired, or mobility impaired is unable to effectively use a standard telephone readily available from a retail store. Specialized telecommunications equipment refers to dedicated devices that, when connected to a telephone, enable or assist individuals with communication impairments to communicate with another individual using the telephone network. This equipment may include telecommunications devices for the deaf (TDD/TTY), telephone amplifiers, and signaling devices. TEDS services are provided statewide with the contract administered by AAS.

Community of Care & Aging in Community

Community of Care (CoC) is a rural program that receives some state funding and is administered by AAS. It provides a range of services and supports to address the unique needs of older adults with the goal of improving quality of life for those who wish to remain in their homes and communities.

Aging in Community (AIC), launched by NDSU Extension and modeled after CoC, is an innovative initiative currently operating in two rural communities and their surrounding counties. The program provides a range of services and supports tailored to the needs of older adults in rural areas, based on a comprehensive professional needs assessment that is conducted within each community. Depending on the results of the assessment, a designated program administrator works with the community to develop services such as volunteer transportation assistance, food and nutrition education and classes, falls prevention education and classes, and provide ongoing support and TA.

The project was initially started with the support of American Rescue Plan (ARP) funds and a four-year grant from Margaret A. Cargill Philanthropies and has since received additional state funding through a contract administered by AAS. The long-term goal is to replicate this model statewide.

Transition and Diversion Program

Across the country, states are grappling with a common set of challenges: growing HCBS waitlists, workforce shortages, rising long-term care costs, and increasing demand from both older adults and individuals with disabilities who want to live in the community. ND's

Transition and Diversion Program (TDP) offers an innovative and practical solution, helping the state shift away from institutional reliance to proactive community stabilization—before crisis occurs.

The TDP supports individuals transitioning from provider-operated residential facilities to community-based residences, as well as those seeking to maintain independent community living. The program focuses on supporting individuals' health, safety, and well-being by providing essential support that promote stability and independence. TDP utilizes braided funding, emphasizes PCP, and works closely with ND housing partners and case managers to develop timely, community-based solutions. The TDP is administered through a contract by AAS that aligns with Money Follows the Person (MFP) program, ensuring coordinated efforts to support eligible individuals.

Home and Community-Based Services

AAS administers the state and federal funded HCBS programs designed to prevent or delay institutionalization. Following the implementation of the U.S. Department of Justice (DOJ) Settlement Agreement (SA), AAS has transformed its HCBS system by streamlining policies, procedures, and service delivery, while establishing a person-centered and culturally informed approach. These services provide viable alternatives to institutional living and enable older North Dakotans and individuals with physical disabilities to live independently, meaningfully, and with dignity, while maintaining strong family and community connections. The programs focus on individual needs, choice of services and care providers, and maximizing as much independence as possible.

Since December 14, 2020, when the DOJ settlement agreement was signed, 1,621 older adults and adults with physical disabilities were diverted from a skilled nursing facility by receiving necessary care in their home or community. In addition, another 547 individuals were transitioned home from a skilled nursing facility with necessary care and support. The number of individuals receiving HCBS has also grown substantially. Individuals receiving care under the 1915(c) HCBS Medicaid waiver has grown by 74 percent and SPED cases have grown by 26 percent.

AAS employs HCBS case managers who determine program eligibility and provide ongoing case management. Case managers develop comprehensive assessments, provide information about services available through the various funding sources, and engage individuals in person-centered planning to identify goals, preferences, and support needs. The individuals select the services they believe will best meet their needs and may consult with family, friends, or advocacy organizations before making any decisions.

Individuals and/or their legal representatives may choose from a list of approved individual or agency QSPs or recruit someone willing to pursue QSP designation. This allows for

flexibility and personal choice, enabling individuals to select family members, friends, orneighbors to provide care. If the individual is unsure of whom to select, the HCBS case manager can submit a referral to the QSP Navigators, who will assist in finding them with an appropriate provider.

Service Payments for the Elderly and Disabled

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

Expanded Services for the Elderly and Disabled

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

Federally Funded Programs

Medicaid State Plan – Personal Care

Medicaid State Plan (MSP) provides personal care services to individuals who are eligible for MA and meet functional eligibility requirements. MSP provides the following services to

assist individuals with daily living activities including bathing, dressing, transferring, toileting, preparing meals, housework, and laundry.

Medicaid Waiver Program

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

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

Money Follows the Person

The MFP grant supports MA eligible individuals with disabilities or individuals who reside for 60 consecutive days in a nursing facility, hospital, swing bed, intermediate care, or psychiatric residential treatment facilities and wish to transition back into the community living. MFP facilitates these transitions by coordinating the services, support, and resources necessary to achieve each individual's independent living goals.

Individuals transitioning from an institutional setting are assigned to a dedicated transition team. This team typically includes an MFP transition coordinator, HCBS case manager or Developmental Disabilities (DD) Program Manager and when indicated in the person center plan (PCP), a housing facilitator addressing housing related barriers to community placement.

To meet the significant demand for affordable and accessible housing, the MFP housing initiative continues to strengthen collaboration among key housing partners, including the ND Housing Finance Agency (HFA), the U.S. Department of Housing and Urban Development (DHUD), the four largest public housing authorities, tribal partners, ND Centers for Independent Living (CIL), and multiple sections within the DHHS (MFP- Minot State University (MSU), AAS, Medical Services, DD, Behavioral Health, the State Hospital, and Life Skills and Transition Center (LSTC)).

MFP convenes quarterly stakeholder meetings to share program updates, coordinate resources, review transition activity, and discuss emerging issues. In addition, educational webinars are offered to promote awareness of available services and to support ongoing collaboration across systems.

Program of All-Inclusive Care for the Elderly

Program of All-Inclusive Care for the Elderly (PACE) delivers comprehensive, community-based health and social services to individuals aged 55 and older who meet the nursing home level of care criteria. PACE enables individuals to continue living safely in their homes and communities by providing a full range of coordinated services.

PACE covers all Medicare and MA services, as well as additional medically necessary care. Covered services include, but are not limited to primary care, nursing home level services, emergency and urgent care, in-home care, physical and occupational therapy, adult day services, prescription medications, and meal support.

To qualify for PACE, individuals must be 55 or older, meet the state's nursing home level of care, and reside within a PACE service area (Bismarck, Dickinson, Fargo, and/or Minot). Individuals may be enrolled in Medicare, MA, both or may privately pay for services.

The overarching goal of PACE is to help older adults remain in the community safely and independently for as long as possible.

Discretionary Grants

Lifespan Respite

AAS was awarded a Lifespan Respite Grant to develop a statewide program that supports families providing care to individuals with special needs of all ages. The goal for this grant was to improve the well-being of families by strengthening and coordinating existing respite systems, expanding access to services including emergency respite along with providing education and training opportunities. It also supports the Statewide Respite Coalition that was developed under this grant.

The coalition represents individuals with disabilities or chronic conditions of all ages, family caregivers, community and faith-based organizations, Aging Services staff, health professionals, and social services. The purpose of the coalition is to develop frameworks based on 'lessons learned,' create awareness through education and training, along with reviewing and/or revising policies to better serve North Dakotans.

In addition, the grant provides flexibility to address gaps in existing services by allowing Lifespan funds to be used for respite care when other resources are limited. Lifespan funds to support respite care with limited resources. This is especially important as the FCSP currently has a waitlist, ensuring caregivers can have access to temporary relief while continuing to support their loved ones.

AAS will continue to pursue discretionary funding opportunities, including future Lifespan Respite grants, to sustain and expand these efforts.

Other Activities

Committee on Aging

Under the OAA and its regulations, AAS is required to have an advisory committee. The Committee on Aging (CoA) serves in an advisory capacity to AAS and meets quarterly to address issues and services affecting older North Dakotans. The committee is composed of 14 volunteer members appointed by the Board of Directors on Aging to serve three-year terms. Membership is intended to reflect geographic and cultural diversity, with a preference for representation from each region in the state, including at least one member from each of the four American Indian Reservations and one member representing the Indian Service Area. A majority of the members must be 60 years of age or older. The advisory committee focuses on identifying and addressing issues impacting older North Dakotans, sponsors community educational forums, and supports efforts to meet the needs of older individuals across the state.

Guardianship

During the 2025 ND Legislative Assembly, SB 2029 was passed to establish an Office of Guardianship and Conservatorship by adding a new subsection to ND Century Code § 30.1-28-07 and Chapter 54-68-02. The office will consist of an operations committee, office staff, and a review board.

The Office of Guardianship and Conservatorship will operate independently from any state agency that provides services to individuals under guardianship or conservatorship. APS will work closely with the new office to maintain a strong and collaborative partnership.

North Dakota Senior Medicare Patrol

ND Senior Medicare Patrol (SMP), based at MSU, empowers and assists Medicare beneficiaries in preventing, detecting, and reporting health care fraud, errors, and abuse through outreach, counseling, and education. The program is funded through federal grants from the U.S. DHHS, ACL. The work focuses on three main areas: conducting outreach and education, engaging volunteers and receiving beneficiary complaints.

State Health Insurance Assistance Program and Medicare Improvements for Patients and Providers Act (MIPPA)

The ND Department of Insurance (DoI) provides free assistance through trained State Health Insurance Program (SHIP) counselors to individuals with Medicare and other health insurance. Working through local sponsoring organizations, these trained counselors are knowledgeable in all aspects of senior insurance, such as Medicare, Medicare Part D, Medicare Advantage plans, and LTC insurance.

Emergency/Disaster Preparedness

The State of ND Emergency/Disaster Preparedness Section provides support to local, tribal, and state government agencies and others in establishing emergency management programs to effectively prevent, protect against, respond to, and recover from threats and hazards. Emergency Operations Plans (EOPs) are established for a systematic, coordinated approach to preparedness for, response to and recovery from emergencies and disasters occurring within the state. ND's policies and procedures for coordinating support are designed to be consistent with the National Incident Management System (NIMS).

ND DHHS has an obligation to North Dakotans to perform its essential functions efficiently, even during disruptions. When emergencies or other situations arise that disrupt ND DHHS operations, the department must have a plan to continue critical functions under any circumstance. The purpose of the Continuity of Operations Plan (COOP) is to:

- Enable the ND DHHS Executive Office to maintain daily operations and implement disaster responses to meet the mission's objective.
- Ensure critical operations continue during man-made or natural disasters.
- Maintain communication within the department chain of command.
- Provide accurate and timely information to the public regarding programs, services, and ND DHHS operations.
- Deliver consistent and accurate reports on ND DHHS disaster response activities.
- Coordinate disaster response efforts and provide critical services to affected communities.
- Coordinate resources to support mission-critical service operations.
- Collaborate with stakeholders to determine appropriate response actions.

All AAS contractors and grantees are required to establish an emergency response plan, including procedures within their policy manuals, in the event of a disaster. AAS will provide TA upon request.

Critical Issues, Trends, and Challenges

Addressing ND Health Disparities and Social Determinants of Health

As ND's older adult population continues to grow and become more diverse, it is important to address the impact of health disparities and social determinants of health. Factors such as racism, cultural discrimination, systemic inequities, and the unique challenges faced by LGBTQ+ individuals and older adults living with human immunodeficiency virus (HIV) can significantly influence access to services and overall well-being.

AAS is actively working to address these issues by strengthening efforts related to unconscious bias, diversity and inclusion, and cultural competence to ensure more equitable and effective service delivery. The section has completed training in PCC and cultural competence with a focus on Native Americans, and adverse childhood experiences.

AAS participates in the Tribal MA Consultation and Health Directors meetings, where representatives from all five federally recognized tribes are present. These meetings provide an opportunity for meaningful engagement and open dialogue regarding community needs, service gaps, and opportunities for improved collaboration.

In addition, AAS continues to partner with the ND Human Rights Coalition, ND DHHS Community Engagement Unit (CEU) and the Public Health Divisions of Sexually Transmitted and Bloodborne Diseases Unit to disseminate information and increase awareness of available services. These collaborative efforts help ensure LGBTQ+ individuals, new Americans, and older adults living with HIV are informed about and able to access the supports offered by AAS.

Direct Care Workforce Shortage

Direct care workers in ND are a critical part of providing in-home LTSS, enabling older adults and individuals with physical disabilities to maintain their independence, dignity, and overall quality of life while remaining safely in their homes and communities.

Although ND maintains one of the lowest unemployment rates in the nation at 1.9 percent reflecting the state's resilience and strong work ethic, workforce shortages remain a significant concern, particularly in direct care and health-related fields especially in rural and frontier areas of the state. These shortages are driven in part by low wages, high turnover rates, and the increasing complexity of direct care responsibilities, underscoring ongoing challenges in sustaining a stable, skilled workforce despite overall low unemployment.

To address the direct care shortage challenges, the state implemented the QSP Resource Hub, a comprehensive support platform for QSP agencies and individual providers. The Hub offers training and TA related to enrollment, billing, electronic visit verification (EVV) and other essential administrative processes. These efforts are designed to strengthen provider capacity, support new providers, and improve long-term workforce retention. This network of service providers also serves as the foundation for delivering services for the FCSP Title III-E.

Hunger and Food Insecurity

Research from a November 2024 NDSU report shows that food insecurity remains a persistent issue across the U.S., but is prevalence varies significantly by state. In ND, the average food insecurity rate is 8.6 percent, meaning these individuals are unable to provide adequate food for one or more household members due to limited resources. Although North Dakota's food insecurity rates are consistently lower than those of many other states, significant challenges still persist. ND's Supplemental Nutrition Assistance Program (SNAP) is available for eligible older adults and remains underutilized, highlighting opportunities to enhance nutrition services through the OAA.

AAS will continue to collaborate with the nutrition providers to better reach and serve the older adults especially those at greatest social and economic risk of food insecurity, including those individuals living in isolated or rural areas, living alone or raising grandchildren, experiencing poverty, residing in food deserts and the elders residing on ND's American Indian Reservations.

North Dakotans may live just miles away from some of the richest farmland in the world yet struggle to access nutritious food. Long travel distances, limited transportation options, and the high cost of groceries create significant barriers to healthy eating in rural areas. To address some of these challenges, AAS will partner with the nutrition providers to develop a centralized meal production and distribution hubs to preserve and expand access to nutritious meals with funding from the RHTP. The hubs will prepare high-quality nutritious meals using blast-freezing technology to maintain food safety, freshness, and nutritional value, ensuring that even the most remote older adults can receive healthy home-delivered meals.

For older adults who rely on food pantries, the barriers can be even greater. Limited transportation, limited hours of operation, and inconsistent food quality and availability often make it difficult to meet their nutritional needs. AAS will support community-driven solutions to address these challenges, including expanding mobile pantry services, improving food

variety and quality, and extending hours of operations. Ongoing community feedback will guide improvements, recognizing that those closest to the challenges often have the best solutions.

Social Isolation & Technology

Although the COVID-19 pandemic has ended, the prolonged social isolation has left lasting effects on mental and physical health of older adults, creating a significant public health concern. Older adults are at an increased risk of social isolation due to limited connections with family, friends, and their communities. Additional factors such as living in rural areas, limited transportation, language barriers, disability, loss of loved ones, or reduced access to essential resources can further increase the risk of loneliness and negatively impact quality of life.

Social isolation remains an ongoing concern in ND, as it is largely a rural and frontier state. AAS will collaborate with partners and stakeholders through the RHTP to expand access to technology as a way to reduce some of these negative effects. Efforts would help include older adults to stay connected virtually with family and friends, develop platforms that promote community activities, and expand mobile clinics that deliver comprehensive care to rural and remote areas.

In addition, AAS is piloting a Senior Companion program in partnership with Lutheran Social Services of Minnesota, using MFP rebalancing funds. This initiative recruit's volunteers who do not meet the low-income eligibility qualifications of the traditional Senior Companion program, allowing more older adults to receive support.

Suicide, Mental Health & Substance Use

Suicide remains a serious and often overlooked public health concern and is one of the leading causes of death in the U.S., affecting individuals of all ages, income levels, races and ethnicities. In 2023, the suicide rate among males was nearly four times higher (22.8 deaths per 100,000) than females (5.9 per 100,000). Suicide rates in 2023 were the highest among adults aged 85 and older (22.66 per 100,000) followed by those aged 75 to 84 (19.44 per 100,000) is 1.3 times higher among those ages 85 and older (19.8 deaths per 100,000). According to the Administration on Aging (AoA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), suicide attempts among older individuals are planned out more carefully and use more lethal methods such as firearms, poisoning, or suffocation.

Unfortunately, most communities in ND have been affected by suicide with many communities lacking a system of support for the treatment of mental health and substance use disorder. AAS continues to collaborate with the ND DHHS Behavioral Health Section

on training opportunities, resources, and programs. In addition, AAS will disseminate information to older adults and individuals with physical disabilities on 988 Suicide & Crisis Lifeline. The ND Suicide Prevention Coalition also provides training, education, statewide resources, and connections to support groups.

State of North Dakota Goals and Objectives

Goal 1: Promote Excellence in the Delivery of Core OAA Programs

Objective 1.0:

Increase the quality, consistency, and effectiveness of core OAA program delivery to older adults.

Strategies & Performance Measures:

1. Increase statewide awareness of OAA services through multi-platform digital outreach campaigns highlighting key observances (Senior Nutrition Month, Older Americans Month, Emergency Preparedness Month, Family Caregiver Month).
    a) Increase inquiries/referrals to OAA Title III programs by 5 percent annually (Baseline: 1,000).
    b) Increase website traffic to OAA service pages by 5 percent within 24 months (Baseline: 0).
2. Increase tribal partnerships to improve awareness, referral pathways, and participation in OAA programs.
    a) Develop co-branded outreach materials within 24 months.
    b) Increase tribal elder participation in OAA-funded services by 5 percent within 24 months (Baseline: 0).
3. Increase in-person engagement opportunities statewide.
    a) Increase outreach events by 5 percent annually (Baseline: 35).
4. Adult & Aging staff trained in Motivational Interviewing (MI).
    a) Train 50 percent of staff within 12 months.

Goal 2: Develop a Coordinated Network to Support Health, Well-Being, and Independence of Older North Dakotans.

Objective 2.0:

Collaborate with the ND Alzheimer's Association to develop a more dementia-capable aging network.

Strategies & Performance Measures:

1. Develop and disseminate awareness about the Dementia Care Program and monthly training for caregivers, families, and professionals.
2. Increase training registrations by 5 percent within 24 months (Baseline: 0).
3. Collaborate with ND DD to educate individuals with intellectual and developmental disabilities (IDD) and their families on early-onset Alzheimer's disease and related dementias.

4. Conduct one educational session per year, reaching at least 10 participants.
5. Launch a specialized training module within 18 months, with at least 10 caregivers completing the training.

Goal 3: Protect the Rights, Safety, and Dignity of Older North Dakotans

Objective 3.0:

Increase awareness of financial exploitation risks and improve older adults' ability to avoid scams.

Strategies & Performance Measures:

1. Collaborate with the ND Insurance Department, ND Attorney General's Office, and APS to develop and distribute at least three educational resources (e.g., brochure, webinar, tip sheet) designed to improve financial and technology literacy among older adults.
2. Disseminate educational materials to at least 25 aging network and community partners within 12 months.
3. APS to conduct a minimum of two in-person community educational presentations annually on vulnerable adult neglect, abuse, and exploitation.

Objective 3.1:

LTC Ombudsman Program Administrator will identify trends to guide TA to Ombudsman representatives.

Strategies & Performance Measures:

1. Assess Ombudsman knowledge and training needed to advocate effectively for resident rights.
   a) Conduct knowledge assessment of 50 percent of Ombudsman representatives within 12 months.
   b) Identify at least one priority training gap.
2. Strengthen collaboration with state licensing and facilities to address systemic issues impacting quality of care and resident rights.
3. Develop one quality improvement initiative of a recurring issue identified through complaint data within 12 months.

Goal 4: Fully implement the National Strategy into current state programming, increase the existing caregiving supports and programs, and continue to strengthen the direct care workforce.

Objective 4.0:

Continue to improve the ND state registry and learning management system to support the direct care workers.

Strategies & Performance Measures:

1. Promote the ND DCC learning management platform with the goal of increasing standardized respite training.
2. Increase the number of individuals by 5 percent completing the respite training within 12 months.
3. Increase the number of enrolled respite providers by 5 percent statewide within 18 months.
4. Promote educational opportunities to become a respite provider as various events to increase workforce.

Objective 4.1:

Increase usage of evidence-based programs to support family caregivers.

Strategies & Performance Measures:

1. Promote evidence-based program opportunities in additional communities.
2. Increase the number of communities and participants by 5 percent receiving evidence-based programs within 18 months.
3. Coordinate with grant partners to address rural caregiver needs, such as transportation barriers to targeted services to expand CoC and AIC service model to additional rural and frontier counties.
4. Analyze and increase community assessments specifying each county's needs and the number of expansion counties through CoC and AIC within 24 months.(Baseline: 2)

Attachment A

State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general-purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

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

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

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

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

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period

determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging,for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

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

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

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers

to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(15) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

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

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

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

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled 23 with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

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

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

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in

accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

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

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects

carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

(8)(A) The plan shall provide that no supportive services, nutrition

services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language

spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

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

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph

(A), and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for 31 emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

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

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

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

307—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;

(1) 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;

(2) 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;

(3) 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;

(4) 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).

(5) 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…

	06/16/2026
Signature and Title of Authorized Official	Date

Attachment B

Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"Greatest economic need" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"Greatest social need" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) identify and consider populations in greatest economic need and greatest social need;
(2) describe how they target the identified the populations for service provision;
(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
(4) establish methods for serving the prioritized populations; and
(5) use data to evaluate whether and how the prioritized populations are being served.

Response:

AAS utilizes the following data sources (but not limited to include) U.S. Census data, state demographic and poverty data, and the Section's web-based data collection system to identify and prioritize older individuals with the greatest social and economic needs, with particular attention to low-income, minority older adults, and those residing in rural areas.

AAS also considers the needs of individuals with limited English proficiency and those experiencing social isolation or other barriers to accessing services.

All contractors are required to collect and report demographic and service utilization data, including income status, race and ethnicity, geographic location, and language needs to develop and implement targeting strategies in their policies and procedures to meet the greatest social and economic needs of older adults.

AAS analyzes the data to evaluate service equity and access, guide continuous program improvement, refine targeting strategies, and ensure compliance with OAA priority service requirements.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

Response:

AAS continues to strengthen its approach to serving Native American elders by consulting with the senior services program directors on each of the reservations to determine and identify those with the greatest social and economic need. AAS engages in regular communication with Tribal Nations, Tribal organizations, and Native communities through monthly Tribal Medicaid Consultation and Tribal Health Directors meetings, which include representatives from all five Tribal Nations in ND.

These relationships provide a formal and consistent mechanism to identify reservation specific and community defined indicators of need, including poverty, health disparities, geographic isolation, and social barriers. Input received from the Tribal partners is combined with demographic and service utilization data to ensure that Tribal priorities are directly identified for targeting, program planning, and resource allocation.

AAS coordinates services provided under Title III with those provided under Title VI through established contracts with four of the five Tribal Nations. These partnerships support a coordinated, culturally responsive service delivery system. Funding allocations are based

on identified needs which include Title IIIB supportive services and Title IIIC nutrition services. Title IIIB funds support in-home tribal home visits addressing social isolation and access barriers, while Title IIIC funds support the provision of meals to eligible elders.

AAS ensures that these efforts of Tribal consultation are integral in addressing the greatest social and economic needs for services that are effectively coordinated and delivered to the elders in accordance with OAA requirements.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21):

The plan shall —

. . .

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

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

Response:

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

Funding for tribal entities is specifically allocated in the AAS budget for services provided on the reservations;

Funding factors of minority and low-income are included in the allocation plan;

Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication;

Title VI staff are invited to serve on planning committees; and staff are invited to participate in AAS sponsored trainings;

APS has memorandum of understanding (MOUs) with two tribal entities in Region III;

American Indian Reservations and the Indian Service Area are represented on the CoA;

AAS assisted all four tribal entities to become QSP; the entities will be able to provide direct care services on their respective reservations.

AAS will collaborate with the tribes to ensure outreach, services, and supports reach the Elders regardless of where they live (on/off tribal land). outreach to the elders and caregivers; continue to collaborate with the Title VI programs to ensure they have access to Title III and VII services.

AAS will collaborate with tribes to establish policies and procedures to facilitate, and support coordinated referral and service delivery between Title III and Title VI grantees that are culturally appropriate and trauma informed.

Low Income Minority Older Adults

OAA Section 307(a)(14):

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

Response:

According to the 2024 American Community Survey (ACS) 1-Year Estimates from the U.S. Census Bureau an estimated 188,436 older adults age 60 and older reside in ND.

- Race and Hispanic Origin (Adults Age 60 and Older in ND)
- White alone, not Hispanic or Latino: 172,419 (91.5%)
- Black or African American: 1,131 (0.6%)
- American Indian and Alaska Native: 5,088 (2.7%)
- Asian: 1,696 (0.9%)
- Native Hawaiian and Other Pacific Islander: 0 (0.0%)
- Some Other Race or Older Adults Identifying with Two or More Races: 7,349 (3.9%)
- Hispanic or Latino: 2,261 (1.2%)

Income Status (Adults Age 60 and Older in ND) Of the 180,974 older adults reporting income:

- Below 100 percent of the federal poverty level: 16,469 (9.1%)
- 100 to 149 percent of the federal poverty level: 12,487 (6.9%)
- At or above 150 percent of the federal poverty level: 152,018 (84.0%)

AAS utilizes a coordinated and targeted approach to address the service needs of low-income minority older adults, including those with limited English proficiency. Targeting measures are incorporated into program planning to ensure resources are directed to older adults with the greatest social and economic need.

AAS coordinates programs funded under Title III and Title VI of the OAA to maximize service delivery, improve efficiency, and avoid duplication. Ongoing collaborations with ND Tribal Nations support culturally responsive service delivery and strengthens access for elders. AAS also ensures Tribal representation on the CoA, including representation from Tribal Nations and the Indian Service Area, to inform planning and policy development.

To further support service access, AAS provides TA to Tribal entities seeking to enroll as a QSP, increasing service capacity within Tribal communities. Additionally, MSP has been modified to allow Community Health Representatives (CHR) programs to enroll as long-term care targeted case management providers for Tribal members, improving care coordination and access to services.

AAS also addresses the needs of older adults with limited English proficiency through a statewide contract with Translation & Interpretation Network, LLC. These services are available 24 hours a day, seven days a week, ensuring timely and equitable access to information and services.

- Language Spoken (Adults Age 60 and Older in ND)
- English Only: 181,275 (96.2%)
- Language other than English: 7,161 (3.8%)
- Speak English less than “very well”: 1,696 (0.9%)

Through these strategies, AAS ensures that low-income minority older adults, including those with limited English proficiency, have access to culturally appropriate, coordinated, and responsive services.

Source: U.S. Census Bureau, American Community Survey, 2024: ACS 1-Year Estimates (Table S0102), data.census.gov

Rural Areas – Hold Harmless

OAA Section 307(a)(3)

The plan shall—

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

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

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

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

Response:

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

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

(i) It is projected that for each FY of this State Plan, the projected cost of providing services for older individuals residing in rural areas will be $4,493,427. This projection is based on funding factors that address the number of individuals aged 60 and over, a factor for minorities, a factor for low-income, and a factor for rural areas. The amount may vary based on the final Federal Fiscal Year 2022 award.

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

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

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10)

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

Response:

Aging and Adult Services assures that the unique needs of older individuals residing in rural areas are carefully considered in the planning and delivery of services. The section allocates resources statewide to promote equitable access and maintain staff located throughout the state. In addition, AAS contracts are structured to guarantee that services are available across all geographic regions, ensuring comprehensive coverage and access for older adults regardless of where they reside.

Assistive Technology

OAA Section 306(a)(6)(I):

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

Response:

ND is a single SUA, and AAS collaborates through a formal contract with ND Assistive Safety to expand access to assistive technology options for older adults and individuals with physical disabilities. In addition, AAS routinely disseminates information about assistive technology through the ADRL, OC, and HCBS to ensure individuals are aware of and able to access available supports.

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —…

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Response:

ND is a SUA and therefore does not allocate funds to area agencies on aging (AAA's). The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows: access – 15 percent; in-home – 33 percent; and legal assistance – 20 percent. The basis for the funding levels is historic need and available funding. DOT provides transportation services. The MSP allows medical transportation for eligible clients; the Medicaid waivers and state-funded SPED and Ex-SPED allow for non-medical transportation for eligible clients.

Assessment of Statewide Service Delivery Model

Section 307(a)(27)

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

(B) Such assessment may include—

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

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

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

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

Response:

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

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to *complement* the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the

provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

Response:

AAS will allow the contracted nutrition service providers to continue offering pick-up, drive-through, and grab-n-go meal options, as many individuals have benefited from this service model. The availability of these meal options has not disrupted traditional congregate and home-delivered nutrition services; rather, they have complemented and enhanced existing services.

All contracted nutrition service providers are required to comply with AAS policies and procedures, including requirements related to service limitations and waitlists, should capacity constraints arise. The policies and procedures specify how providers must identify and prioritize individuals with greatest social and economic need.

The AAS will not utilize Title IIIC 1, funds for pick-up, drive-through and grab-n-go meals. Instead, Title IIIC 2 funds will be used to support these services. Individuals receiving meals must be 60 or older, with limited exceptions, including:

- Spouses under age of 60,
- Volunteers,
- Residents of housing facilities where the majority of the occupants are aged 60 or older,
- Individuals with a disability residing with an eligible individual.
- Contracted nutrition service providers must complete congregate and home-delivered meal assessments for all individuals receiving meals funded under Title III.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

Response:

AAS will ensure that the Office of the Long-Term Care Ombudsman complies with all the applicable provisions of the OAA and related regulations. AAS will further ensure that the Ombudsman program has sufficient authority, autonomy, and access to fulfill its

responsibilities effectively. The Ombudsman program administrator will provide ongoing training opportunities for the Ombudsman and AAS staff to maintain program expertise and may use Title III and VII funds, as permitted, to support training related to direct services.

The AAS Director will provide supervision and management for Ombudsman Program Administrator, including regular meetings to ensure all the functions under the OAA are being carried out. The AAS Director will also oversee the monitoring including fiscal and program monitoring, to ensure compliance with all required functions, responsibilities, and duties.

Lastly, AAS will incorporate the goals and objectives of the Ombudsman program into the State Plan and align them with other programs under Title VII, as well as other relevant state programs. This coordination will strengthen collaboration, reduce duplication of services and enhance efforts to protect the health, safety, well-being, and rights of older adults, including individuals residing in long-term care facilities, basic care, swing bed, or assisted living.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

Response:

AAS allocates all OAA Title VII funds for the prevention of elder abuse, neglect, and exploitation to APS in accordance with 45 CFR Part 1324, Subpart B. Given the limited federal funding, these resources are supplemented with state general funds to support both state and contracted staff to carry out services which include investigation, prevention, and response to abuse, neglect, and exploitation of older adults.

APS has a multidisciplinary approach that includes prevention, identification, and intervention activities. This includes maintaining and strengthening partnerships with key stakeholders such as law enforcement, healthcare professionals, the Office of Guardianship and Conservatorship, and the Minnesota/North Dakota Chapter of the Alzheimer's Association. These partnerships enhance coordination of services and support joint outreach and education efforts aimed at increasing public awareness and improving system response.

Through these combined strategies, AAS ensures that Title VII funds are effectively used to prevent and address elder abuse, neglect, and exploitation, while strengthening capacity to protect vulnerable older adults.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

Section 307(a)(14)

Response:

AAS will conduct ongoing and comprehensive monitoring to ensure that all assurances outlined in Attachment A of the State Plan are consistently met. This monitoring will include regular reviews of program operations, fiscal management, and service delivery to assess compliance with all applicable regulations and guidelines. In addition, AAS will actively solicit feedback from stakeholders, including older adults and their caregivers, to identify potential areas of concern. Through these comprehensive monitoring efforts, AAS will maintain the highest standards of program integrity and ensure that the needs of older adults in ND are effectively met.

State Plans Informed by and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

Response:

ND is a SUA, AAS is not required to coordinate State Plans that are informed by and based on Area Plans.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the

public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

Response:

AAS actively sought and incorporated the views and opinions of older adults, family caregivers, service providers, and members of the general public residing in ND through multiple engagement methods, including virtual input meetings, public forms, and online feedback platforms. All feedback received was carefully reviewed and considered in the development of this State Plan. In addition, AAS conducted a 30-day public review and comment, which was completed April 1 -30, 2026.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

1. The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
2. Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
3. State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
4. Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

Response:

At this time, AAS does not plan to pursue Program Development and Coordination Activities.

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

Response:

AAS will designate a Legal Assistance Developer with the necessary knowledge, resources, and capacity to provide leadership in securing and maintaining the legal rights of older adults. The Legal Assistance Developer will coordinate the provision of legal assistance services for individuals with the greatest economic and social need; provide technical assistance and training to agencies and service providers; promote financial management services; assist older adults in understanding their legal rights and exercising informed choices; and support efforts to improve the quality and quantity of legal services available to older adults.

AAS will ensure that the designation of the Legal Assistance Developer is free from conflicts of interest by evaluating both organizational and individual interests that could affect the effectiveness and creditability of the role. AAS will not designate an individual who holds a position that could create a conflict of interest, including but not limited to a director of APS, State Long-Term Care Ombudsman, or a guardian or conservator. In addition, AAS and the Legal Assistance Developer will be responsible for identifying and addressing any other potential or emerging conflicts of interest. AAS will develop and implement policies and procedures to ensure the Legal Assistance Developer does not hold positions or perform duties that would constitute a conflict of interest.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

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

Response:

The DHHS Disaster Preparedness Administrator/Risk Manager represents the Department at the State Emergency Operation Center (SEOC) and coordinates efforts with the ND

Department of Emergency Services and FEMA. Other responsibilities include liaison to the ND Voluntary Organizations Active in Disaster; liaison to the federal Small Business Administration, and FEMA officials for preliminary damage assessments in communities; and maintenance of the department's continuity of operations plan to assure uninterrupted funding for services.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

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

Response:

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

The DHHS Disaster Preparedness Administrator/Risk Manager serves as the lead for the development, revision, and implementation of emergency preparedness plans. The AAS Director collaborates on an ongoing basis to ensure that the needs of older adults and individuals with physical disabilities are appropriately incorporated into planning efforts. The Director also participates in disaster coordination meetings as requested to support continuity of services and effective response for these populations.

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

Attachment C

Intrastate (IFF) Funding Formula/Funds Distribution Plan Requirements

Requirements Applicable to Single Planning and Service Area States

Per 45 CFR § 1321.51(b), as part of their State Plan submission, single PSA States must provide a funds distribution plan which includes:

(1) A descriptive statement as to how the SUA determines the geographical distribution of the Title III and NSIP funding;
(2) How the SUA targets the funding to reach individuals with greatest economic need and greatest social need, with particular attention to low-income minority older individuals;
(3) At the option of the SUA, a numerical/mathematical statement as a part of their funds distribution plan; and
(4) Justification if the SUA determines it meets requirements to provide services directly where:
(i) As set forth in OAA section 307(a)(8)(A), no supportive services, except as set forth in paragraph (B) below, nutrition services, disease prevention and health promotion, or family caregiver services will be directly provided by the SUA, unless, in the judgment of the SUA:
(A) Provision of such services by the SUA is necessary to assure an adequate supply of such services;
(B) Such services are directly related to such SUA's administrative functions; or
(C) Such services may be provided more economically, and with comparable quality, by such State agency.
(ii) The SUA may directly provide case management, information and assistance services, and outreach.
(iii) Approval of the SUA to provide direct services may only be granted for a maximum of the State Plan period. For each time that approval is granted to a State agency to provide direct services, the State agency must demonstrate the SUA's efforts to identify service providers prior to being granted a subsequent approval.
(c) Single PSA States must adhere to use of the funds distribution plan for Title III and NSIP funds within the State.

Note: If any required information is not included in the current funds distribution plan, or if any corrections or changes are needed to the current funds distribution plan, please consult with your Regional Administrator as to how to proceed in order to properly make any needed additions, changes or corrections. Failure to follow the required process for such additions, changes or corrections may result in a delay in the State Plan approval process.

North Dakota Funds Distribution Plan

North Dakota's funding allocation includes federal and state funds and incorporates multiple factors when determining how funds are distributed for older adults. These factors include the concentration of older adults, economic indicators, rural and frontier areas, and the minority older adult populations. Information from AAS web-based data collection system provides both population data and service usage helps ensure that resources are directed to areas where needs are greatest and where programs are most actively accessed.

The funding allocation prioritizes older adults with the greatest economic and social need, consistent with how AAS defines these needs in the state plan. This includes older adults who are low-income, the minority population, and those residing in a rural or geographically isolated areas. Target groups reflected in the funding formula include individuals aged 60 and older, older adults living in rural and frontier areas, minority older adults, and low-Income older adults. Funding is directed toward programs and services that support older North Dakotans and address the needs identified through AAS web-based data collection system.

For NSIP funds, AAS allocates funds to existing Title III nutrition providers including the tribal entities, proportionally based on the percentage of total number of NSIP eligible meals reported for the prior state (contract) fiscal year.

AAS does not directly provide services under the OAA. However, AAS staff carry out activities such as Family Caregiver Support Program enrollment, options counseling, and outreach activities as part of the agency's normal operations. AAS has determined that these activities can be delivered efficiently while maintaining a level of quality comparable to that of contracted service providers. These activities are intended to supplement, not replace or supplant contracted services and do not serve a full substitute for any OAA service category.

Attachment E

Evidence of Providing the Minimum Public Comment Period must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum time period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

Public Comment and Community Engagement Summary

In accordance with 45 CFR § 1321.29(c), AAS conducted public engagement meetings that included two virtual and multiple in-person across the state in Minot, Grand Forks, Wahpeton, Fargo, Jamestown, Bismarck, and Valley City. These locations were intentionally selected to ensure representation from both urban and rural communities.

The virtual meetings provided an overview of Older Americans Act (OAA) core programs and state and federally funded services, while promoting individual choice and control. Participants were able to attend by video or telephone to ensure accessibility. All meetings were promoted through press releases, social media, email distribution lists, and community outreach efforts. AAS staff documented input from each session, and individuals unable to attend were provided alternative methods to submit comments. Approximately 180 individuals participated, including older adults, family caregivers, advocates, healthcare professionals, long-term care providers, stakeholders, and enrolled Tribal members.

Following all of the meetings, a draft of the State Plan was posted on the ND DHHS website under AAS for public review for a minimum of thirty (30) calendar days. Notice of the public comment period was distributed through a press release, a formal public notice, email notifications to individuals that have subscribed via the state's website, as well as media outlets, and local news sources. Comments were accepted through multiple channels, including email and telephone, through May 31, 2026.

Key Findings:

Awareness and Access to Services: Awareness of available services remains limited. Participants emphasized the need for improved outreach, clearer communication, and more accessible information through trusted community locations. The Aging and Disability Resource Link (ADRL) was identified as a key resource, though greater visibility and navigation support are needed.

Primary Concerns About Aging: Participants identified financial security, maintaining independence, and access to reliable, high-quality care as primary concerns, including fears of depleting resources and losing the ability to remain at home.

Service Gaps and Barriers: Transportation was the most significant unmet need, particularly in rural areas, due to limited hours and lack of long-distance options. Workforce shortages, especially among Qualified Service Providers (QSPs), were also a major concern, along with gaps in respite care and affordability for individuals not eligible for assistance. Housing accessibility and home modification barriers were also noted.

Social and Community Challenges: Social isolation and loneliness were widely reported, particularly outside daytime hours, along with a need for increased social engagement and regular check-in systems.

Technology and System Navigation: Many participants reported difficulty navigating online systems and completing applications, with a strong preference for in-person assistance.

Adult Protection and Legal Supports: Concerns were raised regarding reporting and response to abuse, neglect, and exploitation, as well as a shortage of guardians and limited awareness of legal resources.

Community Strengths and Opportunities: Participants highlighted strong community support networks and the value of existing services, including senior centers, congregate meals, and transportation programs, with opportunities for expanded collaboration.

Use of Public Input

All comments received during the public comment period were reviewed and incorporated, as appropriate, in the State Plan. Key themes included workforce shortages, transportation barriers, and challenges accessing information. In response, AAS will enhance outreach and improve access to information through strengthened partnerships with public and private entities, including state agencies, healthcare providers, regional and county councils on aging, and community-based organizations. Ongoing engagement through training, seminars, health fairs, and other community events will be used to increase awareness of available services.

Attachment D

Acronyms

Acronym	Description
AAS	Adult & Aging Services
ACL	Administration on Community Living
ADRL	Aging & Disability Resource Link
AFC	Adult Foster Care
AFH	Agency Foster Home and System
AIC	Aging in Community
AIPRA	American Indian Probate Reform Act
AoA	Administration on Aging
APS	Adult Protective Services
ARP	American Resue Program
CEU	Community Engagement Unit
CIL	Centers for Independent Living
CoA	Committee on Aging
CoC	Community of Care
COOP	Continuity of Operations Plans
CSC	Community Service Coordinator
DCC	Direct Care Careers
DCSP	Dementia Care Services Program
DD	Developmental Disabilities
DGA	Dietary Guidelines for Americas
DHHS	Department of Health and Human Services
DHUD	Department of Housing and Urban Development
DoI	Department of Insurance
DOL	Department of Labor
DOT	Department of Transportation
DRIs	Dietary Reference Intakes
EMAP	Emergency Management Accreditation
EOPs	Emergency Operations Plans
ERS	Emergency Response System
EVV	Electronic Visit Verification
Ex-SPED	Expanded Service Payments for the Elderly and Disabled
FCSP	Family Caregiver Support Program
HAPS	Harmony for Adult Protective Services
HCBS	Home and Community-Based Services
HDM	Home-Delivered Meals
HFA	Housing Finance Agency
HIV	Human Immunodeficiency Virus
HPDP	Health Promotion and Disease Prevention
I&A	Information & Assistance

IDD	Intellectual and Developmental Disabilities
LSND	Legal Services of North Dakota
LSTC	Life Skills and Transition Center
LTC	Long-Term Care
LTSS OC	Long Term Services and Supports Option Counselor
LTSS	Long Term Services and Supports
MA	Medicaid
MFP	Money Follows the Person
MI	Motivational Interviewing
MN	Minnesota
MPA	Multigenerational Plan on Aging
MSP	Medicaid State Plan
MSU	Minot State University
NASHP	National Academy for State Health Policy
ND	North Dakota
NDSU	North Dakota State University
NFCSP	National Family Caregiver Support Program
NIMS	National Incident Management System
OAA	Older Americans Act
OC	Options Counseling
PACE	Program of All-Inclusive Care for the Elderly
PCC	Person-Centered Care
PCP	Person-Centered Plan
PSA	Planning and Service Area
QA	Quality Assurance
QSP	Qualified Service Provider
RHCS	Residential Habilitation and Community Supports
RHTP	Rural Health Transformation Plan
SA	Settlement Agreement
SAMHSA	Substance Abuse and Mental Health Services Administration
SCSEP	Senior Community Service Employment Program
SHIP	State Health Insurance Assistance Program
SLDS	State Legal Services Developer
SMP	Senior Medicare Patrol
SNAP	Supplemental Nutrition Assistance Program
SNF	Skilled Nursing Facility
SPED	Service Payments for the Elderly and Disabled
SUA	State Unit on Aging
TA	Technical Assistance
TDP	Transition and Diversion Program
TEDS	Telecommunication Equipment Distribution Service
USDoJ	United States Department of Justice
VR	Vocational Rehabilitation