



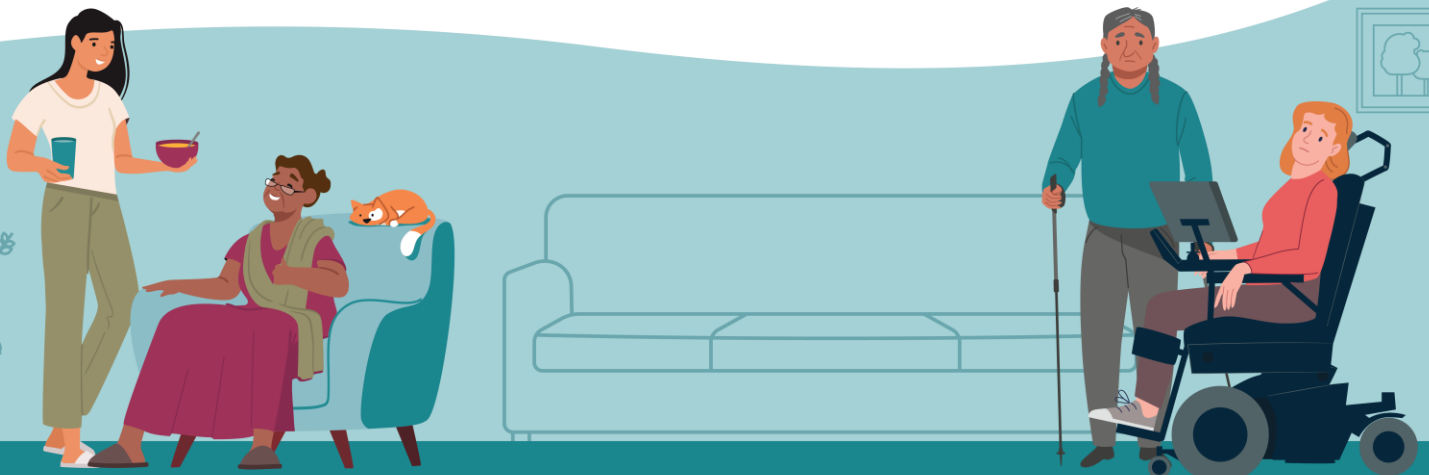
South Dakota

Department of Human Services |

Division of Long-Term Services and Supports

DRAFT FOR PUBLIC COMMENT

State Plan on Aging 2025-2029



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1. VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of South Dakota by the South Dakota Department of Human Services' Division of Long Term Services and Supports for the period of October 1, 2025, through September 30, 2029.

The Governor of South Dakota has designated the Division of Long Term Services and Supports within the Department of Human Services as the sole state agency authorized to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act, as amended. As the State Unit on Aging, the Division of Long Term Services and Supports is tasked with the responsibility for the coordination of all State activities related to and administration of funds under the Older Americans Act.

The State Plan on Aging puts forth the State's primary obligation for coordinating all State activities related to the Older Americans Act for the next four years including but not limited to the development of comprehensive and coordinated systems for the delivery of supportive services along with all the goals, objectives, and assurances to be implemented by Aging Services under provisions of the Older Americans Act. The Division of Long Term Services and Supports mission is to enhance and promote the quality of life for older adults, adults with disability, and their caregivers, at home and in the community.

The plan is hereby approved by the Governor and Long Term Services and Supports/State Unit on Aging Director and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

The South Dakota State Plan on Aging has been developed in accordance with all federal statutory and regulatory requirements and is hereby approved by the State Unit on Aging Director and the Department of Human Services Cabinet Secretary. The Division of Long Term Services and Supports assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

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2. EXECUTIVE SUMMARY

In accordance with the Older Americans Act (OAA) of 1965, as amended in 2020, the South Dakota Division of Long Term Services and Supports (SD LTSS) within the Department of Human Services (DHS) is mandated to submit a “State Plan on Aging” every four years to the U.S. Administration for Community Living (ACL) for the state to receive federal funds. South Dakota’s State Plan on Aging covers the period beginning October 1, 2025, through September 30, 2029.

This plan will serve as a blueprint over the next four years for providing essential services and supports to older adults in South Dakota to maintain their independence, well-being, and dignity. It is designed as a comprehensive tool for educating the public, lawmakers, and other agencies about the state's efforts to support older adults as well as a strategic guide that outlines the state's commitment to enhancing the quality of life for its aging population.

According to the U.S. Census Bureau, South Dakota had a population of over 899,000 residents in 2023, with 24% aged 60 and older¹. Older adults are projected to grow by 12% by 2029, highlighting the increasing need for targeted support and resources for older adults in the State¹.

Needs Assessment

SD LTSS conducted a comprehensive needs assessment to better understand the needs of older adults and caregivers in South Dakota, and to identify their priorities and activities for the next four years. SD LTSS’s needs assessment included extensive stakeholder engagement activities to gather input from various groups, including state staff, Tribal representatives, advocacy organizations, and the public.

The needs assessment activities highlighted strengths of existing services and programs, such as Dakota at Home and Senior Health Information and Insurance Education (SHIINE), which were mentioned as reliable and comprehensive sources of information for individuals with long term services and supports and/or Medicare needs. The needs assessment also identified challenges and areas for improvement highlighted in the results below. SD LTSS used this information to inform its 2025 to 2029 State Plan on Aging.

Figure 1. Needs Assessment Summary Results

#	Needs
1	<p>Adult Day Programs: Increase availability and accessibility to adult day programs. <i>Rationale: There are limited adult day programs, which are crucial for providing social and recreational opportunities for older adults and respite for caregivers.</i></p>

¹ U.S. Census Bureau. “Population 60 Years and Over in the United States.” American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2023.

#	Needs
2	<p>Caregiver Support: Expand financial assistance and respite care options for caregivers.</p> <p><i>Rationale: Caregivers face financial strain and burnout, especially those who need to work while providing care. More support is needed to help them manage their responsibilities, including more in-person trainings, particularly on dementia care, and respite care options.</i></p>
3	<p>Health Promotion and Disease Prevention: Provide more fitness programs and health education initiatives tailored to older adults.</p> <p><i>Rationale: Promoting physical and mental health is essential for aging well. There is a need for more community-based health and wellness programs to encourage participation and improve overall well-being. It is also necessary to review existing evidence-based programs to determine their effectiveness.</i></p>
4	<p>Nutrition: Review nutrition requirements to ensure that meals are prioritized for individuals in greatest economic and social needs.</p> <p><i>Rationale: There is inconsistent access to nutritious, quality food across the State, particularly for Tribal elders and for those with diabetes requiring a special diet.</i></p>
5	<p>Public Awareness and Communication: Improve communication strategies to inform older adults and caregivers about available services.</p> <p><i>Rationale: Many older adults and their caregivers are not well-informed about the services and supports available to them. Effective communication through various channels is essential.</i></p>
6	<p>Transportation: Provide more accessible and reliable transportation options, especially in rural areas.</p> <p><i>Rationale: Transportation is a significant issue, limiting older adults' ability to access services, attend medical appointments, and participate in community activities.</i></p>
7	<p>Tribal Communities: Build trust and develop relationships with the 9 tribes.</p> <p><i>Rationale: Tribal elders indicated that they are struggling to access healthy foods and transportation services.</i></p>

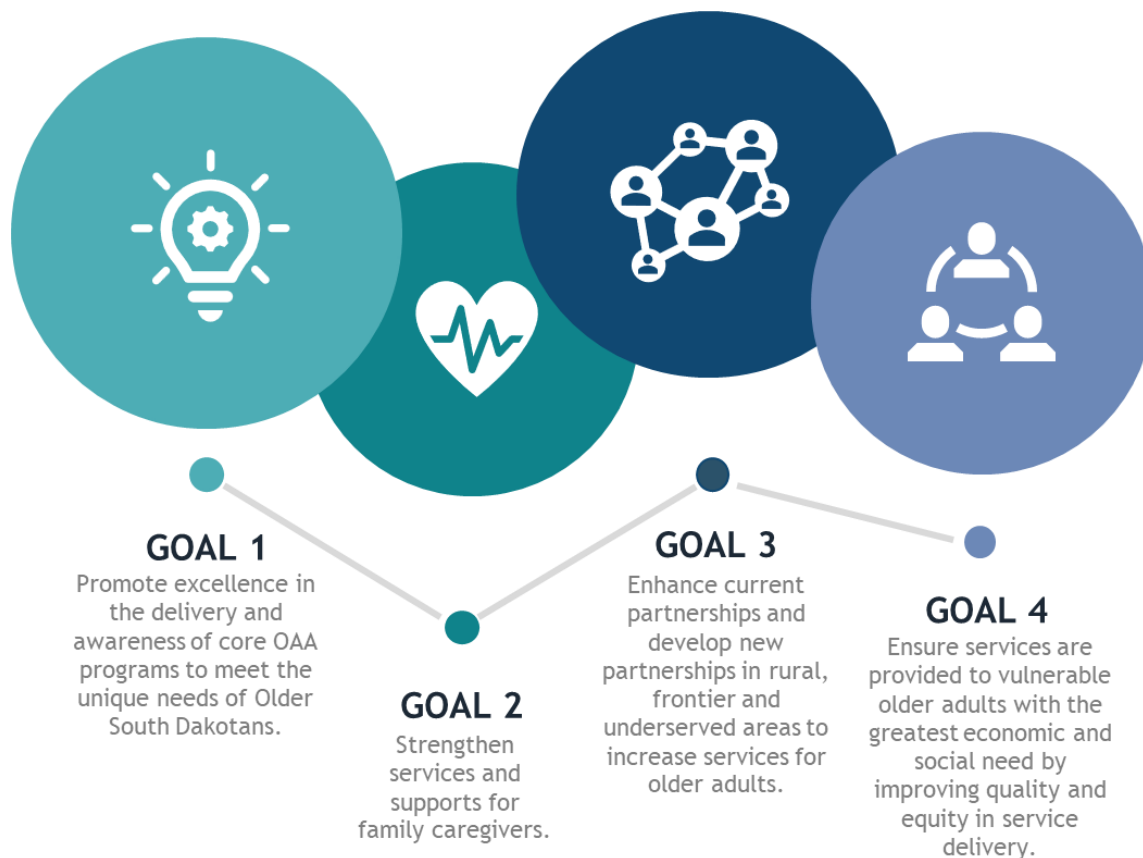
South Dakota's 2025-2029 State Plan on Aging Goals

This State Plan on Aging is guided by four key topic areas set by the ACL to help states develop planning efforts. For this State Plan period, these topic areas are:

1. Older Americans Act (OAA) Core Programs
2. Greatest Economic Needs and Greatest Social Needs
3. Expanding Access to Home and Community-Based Services (HCBS)
4. Caregiving

South Dakota’s State Plan on Aging includes the following goals:

Figure 2. South Dakota State Plan on Aging Goals



Each goal includes a series of objectives and strategies as well as estimated outcomes and outputs, which are included in more detail in the Goals, Objectives, Strategies, and Outcomes section of this document.

The goals outlined in this State Plan aim to improve service quality and better align services with the greatest economic and social needs of the growing population of older adults, adults with disabilities, their unpaid caregivers, and their families. SD LTSS will continue to implement innovative methodologies to expand capacity, foster collaboration, and drive cost efficiencies. This will help deliver a comprehensive system of programs and services that assist South Dakotans in living longer, living safely, and living well, while remaining efficient, effective, and adaptable.

3. INTRODUCTION

As the designated State Unit on Aging, the SD LTSS within DHS is responsible to develop, implement, and administer a State Plan on Aging in accordance with all federal statutory and regulatory requirements, including the OAA. The SD LTSS is responsible for coordinating and carrying out all state activities related to the OAA, as amended and reauthorized in 2020, and serving as an effective and visible advocate for older citizens.

This State Plan on Aging is effective October 1, 2025, through September 30, 2029, and reflects South Dakota's plan for responding to the continuum of care needs of older citizens and adults with disabilities. Updated every four years, the State Plan on Aging is a guideline for providing essential services and supports to older adults in South Dakota to maintain their independence, well-being, and dignity. It is designed as a comprehensive tool for educating the public, lawmakers, and other agencies about the state's efforts to support older adults as well as a strategic guide that outlines the state's commitment to enhancing the quality of life for its aging population.

The State Plan on Aging is required under the OAA, which funds services including nutrition programs, caregiver support, transportation, health promotion and protective services for older adults. The State Plan provides detailed information on the services and supports available to older adults, helping individuals and families understand how to access these resources, connect them to resources, and expand the aging and disability network. Additionally, this State Plan highlights the various programs and initiatives designed to promote healthy aging, prevent elder abuse, and support caregivers.

4. SOUTH DAKOTA'S AGING NETWORK

4.1 OVERVIEW OF THE DIVISION OF LONG TERM SERVICES AND SUPPORTS

SD LTSS within DHS is the State Unit on Aging, which provides long term services and support options for older adults and individuals with disabilities, 18 and older with the following key responsibilities:

Key Responsibilities:

1. Coordinate all State activities related to the OAA.
2. Advocate for older adults in South Dakota.
3. Develop and administer the State Plan on Aging.

SD LTSS enhances and promotes the quality of life for older adults, adults with disabilities, and their caregivers at home and in the community. We do this by promoting independence, health, and well-being. We aim to provide comprehensive services and supports that are accessible, equitable, and responsive to the diverse needs of our aging population. Through collaboration with community partners, state agencies, and stakeholders, we strive to create an inclusive environment where older adults can thrive.

Our vision is a South Dakota where all older adults are valued, respected, and empowered to live their best lives. We envision a state where aging is embraced as a natural and enriching part of life, and where older adults have the resources and opportunities to remain active,

engaged, and connected to their communities. By fostering a culture of support and inclusion, we aim to ensure that every older adult in South Dakota can age with dignity and purpose.

5. OLDER AMERICANS ACT SERVICES IN SOUTH DAKOTA

5.1 OLDER AMERICANS ACT

The OAA was enacted in 1965 to **provide a safety net for older adults** who are at risk of hunger, food insecurity, or losing their independence. Services are targeted to individuals with the **greatest economic and greatest social need**.

The OAA provides the following benefits:

- Helps thousands of older adults in South Dakota live as independently as possible in their homes and communities;
- Helps older adults who aren't eligible for Medicaid; and
- Plays a key role in preventing more costly institutional services and hospitalizations by helping people remain in their own homes and assisting family caregivers.

OAA programs serve as the foundation of the aging services network and includes:

- **Title III** - Supportive services, nutrition, disease prevention/health promotion, and caregiver programs;
- **Title V** - Economic self-sufficiency, community service, and work-based job training in accordance with Title V;
- **Title VI** - Grants to Indian Tribes and Native Hawaiian grantees for supportive, nutrition, and caregiver services; and
- **Title VII** - Elder rights programs, including the State Long-Term Care Ombudsman (SLTCO) Program.

Authorized by Title V and administered through the U.S. Department of Labor, the Senior Community Service Employment Program (SCSEP) fosters and promotes opportunities in community service for unemployed, low-income older adults. SCSEP extends training and education to develop and enhance a person's skills to promote financial stability and encourage their success in the workforce. In South Dakota, SCSEP is managed within the Department of Labor.

OAA Titles III, V, VI, and VII services will be strengthened via South Dakota's aging services network by leveraging the multi-sector partnerships and concerted efforts identified in this State Plan on Aging.

The OAA services are described in detail below.

5.2 TITLE III PROGRAMS

Title III of the OAA provides services and supports to older adults, their families, and caregivers. Title III consists of the following core programs outlined in **Figure 3**. A detailed description of each of these programs is below.

Figure 3. Title III Programs

Title Section	Program Name	Program Description
III-B	Adult Day	Personal care for dependent older adults in a supervised, protective, and congregate setting for a portion of a day.
III-B	Transportation	Cost-effective and accessible transportation options around the State.
III-B	Legal Services	Legal advice, counseling, and representation by an attorney to assist older adults in supporting the right to live free from or recover from abuse, neglect or financial exploitation.
III-C	Nutrition	Reduce hunger, food insecurity, and malnutrition of older adults while promoting socialization, health, and well-being through meals, nutrition screening, education, or counseling services.
III-D	Disease Prevention / Health Promotion Programs	Programs include evidenced-based health promotion programs, health screenings and assessments, as well as other education and prevention strategies for chronic disease impacting quality of life.
III-E	Caregiver Program	Information, counseling, support groups, training, respite care, and supplemental services for caregivers.

Dakota at Home

Dakota at Home is South Dakota’s Aging and Disability Resource Center. It serves as the initial point of contact for many older adults and families seeking information and assistance with long term services and supports, regardless of age, disability, income, or resources. Dakota at Home has a dedicated statewide toll-free number. Trained staff members conduct intake and screenings to fully understand an individual’s needs and provide information, resources, and referrals to various programs. In Federal Fiscal Year (FFY) 24, there were 17,344 calls to Dakota at Home.

Adult Day Services

Adult day programs are authorized under Title III-B of the OAA. These programs provide regular care, supervision, and structured activities to eligible older adults in a non-institutional community-based setting. These programs support participants to remain in the community and enables caregivers to continue caring for them at home by offering the opportunity for relief during the day. Adult day programs also allow participants to socialize and establish relationships with others, which helps to reduce feelings of isolation and overcome loneliness. SD LTSS currently contracts for adult day services in Sioux Falls and Rapid City.

Transportation

As a largely rural and frontier state, transportation continues to be a challenge for older adults and caregivers in South Dakota who struggle to access services and programs. SD LTSS has an agreement with the SD Department of Transportation (DOT) to provide transportation services to individuals 60 years of age or older to and from needed community facilities and resources.

SD LTSS, in partnership with DOT, provided 677,551 one-way trips in FFY 2023 (217,435 trips with Title IIIB funding). In total, SD LTSS and DOT provided 4,089,221 miles of transportation. This equates to 10,895 average miles per day.

Legal Services

SD LTSS currently has two subrecipients/contractors designated to provide legal services to adults 60 and older. The program provides legal guidance on a wide range of legal matters relevant to South Dakota's older adult population. While services primarily target older adults in greatest economic or social need, particularly those individuals who are minority, low-income, limited English proficiency, or have a disability, they are available to all South Dakotans aged 60 and older.

SD LTSS, in partnership with the subrecipients/contractors, may expand activities to include promoting financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings and assisting older adults who are at risk of guardianship, conservatorship, or other fiduciary proceedings in understanding their rights and exercising choices.

Nutrition

Nutrition services are authorized under Title III-C of the OAA and are designed to promote the general health and well-being of older individuals. These services are intended to reduce hunger, food insecurity, and malnutrition, as well as promote socialization. Additionally, they facilitate access to evidence-based health promotion services, which can help delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

SD LTSS provides funding to subrecipients / contractors to provide both home-delivered and congregate meals at approximately 121 sites, including senior centers, low-income housing sites, and local restaurants, across South Dakota.

- Home Delivered Meals Program provides a nutritious meal to eligible individuals in their homes. While the program primarily serves individuals who are homebound aged 60 and over, home delivered meals are also extended to caregivers and/or persons with disabilities in some cases. Dedicated volunteers and paid staff deliver these meals, contributing to reduced feelings of social isolation. In FFY 2023, the aging service network served 5,822 home-delivered meals.
- The Congregate Nutrition Program serves individuals aged 60 and older and, in some cases, their caregivers, spouses, and/or persons with disabilities. Nutritious meals are provided once a day to eligible participants at nutrition sites, senior centers, or other group settings. Congregate meal programs foster social engagement, offer information on healthy aging, and provide meaningful volunteer roles, all of which contribute to

the overall health and well-being of older individuals. In FFY 2023, the aging network served 8046 congregate meals.

Evidenced-Based Health Promotion Programs

Evidence-based health promotion programs, offered under Title III-D of the OAA, are evidence-based programs to help improve the mental and physical health and reduce the risk of disease and injury among older adults in South Dakota. These programs have a positive impact on individuals and their family's health by providing educational opportunities that empower them to make healthy, sustainable lifestyle changes that are supported by research. SD LTSS administers statewide, evidence-based programs through contracts for the following programs:

- Better Choices Better Health;
- Powerful Tools for Caregivers;
- Savvy Caregivers;
- Stay Active and Independent for Life;
- A Matter of Balance; and
- Bingocize®.

National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) was established in 2000 under OAA Title III-E to reduce caregiver stress and burden of family members and informal caregivers who are caring for:

- A family member aged 60 and older;
- An individual any age with Alzheimer's disease or related dementia;
- Grandparents providing care to children under the age of 18; or
- Older relatives providing care to adults ages 19-59 with disabilities.

South Dakota's National Family Caregiver Support Program provides information and assistance, support groups, training, respite, and supplemental services to family caregivers. South Dakota is using technology to expand supportive services to family caregivers. SD LTSS now offers caregivers access to Trualta Family Caregiver Education and Support Platform, a virtual platform which provides information, education, and support groups to caregivers.

5.3 TITLE VI PROGRAMS

The nine federally recognized Tribes in South Dakota receive Title VI funds directly from ACL.

SD LTSS collaborates with contracted service providers to meet the needs of Tribal elders. SD LTSS has operations across the state which serve the nine Indian Reservations across the state. SD LTSS supplements Title VI Tribal Nutrition Programs on four of South Dakota's reservations.

In addition, the South Dakota Title III nutrition program operates meal sites at additional sites on or near tribal lands.

5.4 TITLE VII PROGRAMS

Long-Term Care Ombudsman Program

An Ombudsman is an advocate, specially trained to empower residents by helping resolve concerns made by, or on behalf of, individuals who live in a long-term care setting (residential living, board and care homes, community living homes, licensed adults foster care homes, assisted living settings, or nursing facilities). The South Dakota Long-Term Care Ombudsman Program provides information and referral assistance, education to increase community awareness of resident's rights, and training for long-term care facility staff.

SD LTSS directly administers the Long-Term Care Program; there are six certified and designated Long-Term Care Ombudsman who support and promote a person-centered approach to advocacy.

5.5 OTHER GRANTS

Lifespan Respite

South Dakota's Lifespan Respite program provides respite to family caregivers of children and adults across all age groups, disabilities, and chronic conditions. The Lifespan Respite Program provides caregivers with funds to use for respite in one time, emergency situations.

Senior Health Insurance Information and Education

South Dakota's Senior Health Insurance Information and Education Program (SHIINE) provides free, unbiased, and objective information, assistance, and counseling to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their Medicare benefits. Highly trained SHIINE counselors possess extensive knowledge not only about Medicare but also of the various services and benefits available to older adults and individuals with disabilities, including programs for individuals with low-income Medicare beneficiaries, such as the Low-Income Subsidy. The SHIINE Program hosts education and enrollment events year-round and holds two outreach events annually at each tribal reservation.

Alzheimer's Dementia Program Initiative Grant

In late 2024, SD LTSS received \$1,059,973 in grant funding from ACL to launch dementia-capable communities to enhance support for individuals living with dementia and their caregivers.

The South Dakota Dementia Capable Communities Initiative (SD DCCI) will seek to address the critical need for improved support systems for individuals impacted by Alzheimer's disease and related dementias (ADRD) and their caregivers. SD LTSS will begin with two pilot programs in the Aberdeen and Belle Fourche communities.

In addition to providing essential support to individuals living with dementia and their family caregivers, the SD DCCI will also strive to increase awareness and reduce stigma to engage

communities and help individuals living with dementia remain independent and safe in their communities. The initiative will adopt a multi-phased approach focusing on two primary objectives:

1. **Create, Expand, and Sustain a Dementia-Capable State Home and Community-Based Services (HCBS) System:** This objective includes ensuring that individuals living with dementia and their caregivers can easily access necessary services and support.
2. **Ensure Access to Comprehensive, Sustainable HCBS Systems:** This involves establishing quality, dementia capable HCBS systems that offer innovative solutions to meet the needs of individuals living with dementia and their families.

6. SOUTH DAKOTA STATE PLAN ON AGING PLANNING AND DEVELOPMENT

6.1 NEEDS ASSESSMENT ACTIVITIES AND METHODS

SD LTSS used a mixed-methods approach to conduct its needs assessment, incorporating both qualitative and quantitative stakeholder engagement and market data analysis. This approach enhanced participation opportunities for older adults and hard-to-reach populations in South Dakota, such as those living in rural communities, minority groups, and individuals not already engaged in services. The needs assessment approach included the following components:

1. **Key Informant Interviews:** Between August and November 2024, SD LTSS completed 15 virtual key informant interviews of State staff and partner organizations to learn about program strengths, areas of opportunity, and priorities for the future. State staff included South Dakota's LTSS leadership, administrator of ACL programs, program managers, and specialists including representatives from Adult Day, Transportation, Adult Protective Services, Long-Term Care Ombudsman, Case Management, Dakota at Home, Advisory Council on Aging, and Department of Tribal Relations. SD LTSS interviewed members of partner agencies including AARP, the Alzheimer's Association, and tribal representatives.
2. **Public Listening Sessions:** SD LTSS hosted five in-person public listening sessions with 50+ participants total to gather on-the-ground insights and realities of older adults, family caregivers, providers, and interested community members on the State Plan on Aging. These public listening sessions were hosted between September 9th to 13th, 2024 in five locations across the State to encourage geographic representation. The five public listening session sites were Sioux Falls, Aberdeen, Fort Pierre, Belle Fourche, and Rapid City.

SD LTSS also conducted one-on-one phone interviews as a follow up with a few individuals. These included individuals who were not able to attend the listening sessions, as well as individuals who attended the listening sessions, but wanted an opportunity to share more detailed feedback.

3. **Survey:** SD LTSS distributed an online survey soliciting 77 responses from OAA program participants, caregivers, family members, sub-recipients/contractors, and others to identify community needs and program strengths, aiding in planning efforts for SD LTSS

programs. Specific topics included aging services in South Dakota, expanding access to HCBS, caregiving, safety and basic needs, and the greatest social and economic needs.

4. **Market Data Analytics:** SD LTSS analyzed census data and other market research to identify demographic patterns and trends, including the number of low-income minority older individuals and those residing in rural areas.

As part of the statewide needs assessment process, a draft of this State Plan was made available on the SD LTSS website for public comment from March 1, 2025 to March 31, 2025.

6.2 NEEDS ASSESSMENT FINDINGS

The needs assessment activities highlighted strengths of existing services and programs for older adults as well as challenges and areas for improvement. The findings are derived from market data research, key informant interviews, public listening sessions, and survey results from State staff, partner agencies, OAA program participants, caregivers, and sub-recipients/contractors.

Figure 4. Detailed Findings

Topic	Needs
<p>Adult Day Programs</p>	<p>Increase availability and funding for adult day programs.</p> <ul style="list-style-type: none"> • Expansion: There is a need to increase the availability of adult day programs across the state, particularly in underserved areas outside of Sioux Falls and Rapid City. This includes establishing new programs and expanding existing ones. • Differing Care Levels: Adult day programs should cater to different levels of care needs, including those with dementia and other chronic conditions. This ensures that all older adults receive appropriate support. • Funding: Securing funding to support the expansion and sustainability of adult day services is essential. This includes funding for staffing, facilities, and program development. • Promotion: Enhanced promotion of adult day programs is necessary to increase awareness and participation. This includes outreach to caregivers, healthcare providers, and community organizations.

Topic	Needs
<p>Caregiver Support</p>	<p>Provide expanded financial assistance and respite care options for caregivers.</p> <ul style="list-style-type: none"> • Financial Assistance: Caregivers often face financial strain, especially those who need to work while providing care. There is a need for more financial support, such as stipends, to help alleviate this burden. • Respite Care: Caregivers need regular breaks to prevent burnout and manage their responsibilities effectively. Expanding respite care options, including in-home respite and adult day programs, is crucial. • Education and Training: Caregivers require more educational resources and training programs to handle specific conditions like dementia. This includes in-person training on managing challenging behaviors and providing appropriate care. • Streamlined Processes: Ensure the screening and approval processes for caregiver services is efficient so that caregivers receive the support they need promptly.
<p>Health Promotion and Disease Prevention</p>	<p>Provide more fitness programs and health education initiatives tailored to older adults.</p> <ul style="list-style-type: none"> • Fitness Programs: Develop more fitness programs specifically designed for older adults to help promote physical health and to prevent chronic conditions. • Health Education: Increase health education initiatives to promote physical and mental well-being. This includes education on nutrition, exercise, disease prevention, and managing chronic conditions. • Outreach: Enhance outreach efforts to encourage participation in health promotion programs. This includes partnering with healthcare providers, community centers, and local organizations to reach older adults.
<p>Nutrition</p>	<p>Expand access to quality nutritious food across the State.</p> <ul style="list-style-type: none"> • State Rankings: Based on the United Health Foundation’s “America’s Health Rankings® 2024 Senior Report, South Dakota’s ranking is low among the 50 states in the following categories: obesity (32nd), exercise (35th), and fruit and vegetable consumption (33rd). • Access: Inconsistent access to nutritious, quality food across the State, particularly for Tribal elders and for those with diabetes requiring a special diet • Eligibility requirements for the at-home meals program: Requirements should be reviewed to ensure that meals are prioritized for individuals in greatest economic and social needs. • Accountability: Need to ensure providers are serving individuals in greatest economic and social needs.

Topic	Needs
<p>Public Awareness and Communication</p>	<p>Focus on communication strategies to inform older adults and caregivers about available services.</p> <ul style="list-style-type: none"> • Comprehensive Strategy: A comprehensive communication strategy is needed to reach diverse populations, including older adults, caregivers, and community members. • Multiple Channels: Use of various communication channels, such as mail, local newspapers, community events, and digital platforms, can help ensure that information reaches a wider audience. This would also help promote existing programming and trainings such as falls prevention education for older adults and adults with disabilities to rural and underserved communities in South Dakota. Based on the United Health Foundation’s “America’s Health Rankings® 2024 Senior Report, South Dakota is ranked 48th out of 50 states in falls. • Targeted Campaigns: Public awareness campaigns should be targeted to inform specific groups, such as faith-based communities, about the services and support available to them. This includes using culturally appropriate messaging and materials. • Collaboration: Collaborating with local organizations, healthcare providers, and community groups can help disseminate information more effectively and reach those who may not be aware of available services.
<p>Transportation</p>	<p>Provide more accessible and reliable transportation options, especially in rural areas.</p> <ul style="list-style-type: none"> • Accessibility: Many older adults, particularly those in rural areas, struggle to access transportation services. This limits their ability to attend medical appointments, participate in community activities, and access essential services. • Reliability: Existing transportation options are often unreliable or unavailable, making it difficult for older adults to plan their activities and appointments. • Expansion: Expand transportation programs to cover more areas, including Tribal communities, and to ensure that transportation services are available consistently.
<p>Tribal Communities</p>	<p>Develop trust and build relationships with Tribal communities.</p> <ul style="list-style-type: none"> • Need: There is an increasing need for Tribal elders to access home delivered meals and congregate meals. • Partnerships: It is crucial to build relationships with Tribal communities to ensure that Tribal elders are aware of and can access services and supports.

A complete description of the methodologies, analysis of the findings, and full dataset, can be found in the full report in **Attachment F** and the detailed survey results in **Attachment G**.

7. QUALITY MANAGEMENT

7.1 STEWARDSHIP

South Dakota's aging network continually strives to improve service delivery, data collection, and compliance with state and federal regulations.

SD LTSS does not directly provide nutrition services, in-home services, or supportive services such as transportation, adult day, and legal services under the OAA. Instead, it contracts with various subrecipients and contractors to deliver these services. SD LTSS develops, manages, and enforces policies, procedures, and systems to ensure the quality and efficiency of service delivery. Additionally, SD LTSS has a monitoring process to oversee the performance of subrecipients and contractors. Recently, SD LTSS updated its OAA Policy Manual to comply with the OAA Final Rule.

SD LTSS provides training, technical assistance, and feedback to aging services staff and community partners to ensure compliance and best practices for OAA Title III and VII funded services. Additionally, SD LTSS staff attend professional conferences, educational webinars, and perform independent, evidence-based research to remain on top of emerging issues in the field of aging.

7.2 OVERSIGHT ACTIVITIES

During this State Plan period, SD LTSS will collect, monitor, and report performance data on program and service delivery using the OAA State Program Report and the OAA Performance System (OAAPS). Subrecipients and contractors will send SD LTSS detailed information on OAA program participants, services, and expenditures, which SD LTSS will enter into OAAPS and report annually. SD LTSS will assess this data to gather information about the level and frequency of services provided, the number and percentages of different demographic groups receiving services, and the percentage of people with the greatest economic and social need within each demographic group.

National Core Indicators-Aging and Disabilities (NCI-AD)

South Dakota is a participant of the National Core Indicators-Aging and Disabilities (NCI-AD) initiative, which gathers statistically valid and reliable data through an in-person survey process to help inform states how their publicly funded services impact the quality of life of individuals receiving these services. SD LTSS partnered with ADvancing States and University of South Dakota Center for Disabilities to implement the 2019 to 2020 and 2024-2025 surveys to support South Dakota's efforts to strengthen SD LTSS policy, inform quality assurance activities, and improve the quality of life and outcomes of older adults and people with disabilities. The goal of collecting this data is to understand how older adults and people with disabilities in South Dakota use services and supports to help live, work, and enjoy life in their community. SD LTSS is partnering with the University of South Dakota Center for Disabilities to increase the participation of individuals who complete the survey. SD LTSS will use this data to determine if the person-centered approach is meeting the needs of participants.

8. GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

The following section outlines the program goals, objectives, strategies, and outcomes for South Dakota’s State Plan on Aging. These elements provide a clear and strategic direction for our State’s efforts to support older adults and their caregivers. Each goal aligns with one of ACL’s topic areas which include:

1. Older Americans Act (OAA) Core Programs
2. Caregiving
3. Expanding Access to Home- and Community-Based Services (HCBS)
4. Greatest Economic Needs and Greatest Social Needs

Figure 5. South Dakota Goals, Objectives, Strategies, and Outcomes

Goal 1: Promote excellence in the delivery and awareness of core OAA programs to meet the unique needs of Older South Dakotans.		
Key Topic Area: OAA Core Programs		
Objectives	Strategies / Actions	Measures / Outcomes
A: Increase coordination of emergency preparedness with State, local, and tribal entities.	A.1: Develop an emergency preparedness plan and policy for the State with coordination with local and tribal entities.	A.1.1: Emergency preparedness policy with local and tribal coordination.
B: Develop new strategies to target priority populations in the awareness and delivery of core services.	B.1: Develop outreach and marketing efforts to ensure older adults and caregivers are aware of the OAA services available to them.	B.1.1: Increase in number of unique users to DHS/LTSS website. B.1.2: Number of older adults and caregivers served through OAA services.
	B.2: Define the greatest social and economic need.	B.2.1: Development of a policy and procedure that defines the greatest social and economic need and a new funding formula. B.2.2: Increase in the allocation of resources to areas with the greatest social and economic need.
	B.3: Promote intergenerational services within existing OAA services.	B.3.1: Number of individual programs offering multigenerational opportunities.
C: Educate law enforcement, emergency services, and mandatory reporters about APS.	C.1: Develop promotional materials and a video on the signs of elder abuse and the role of APS in preventing and reducing elder abuse.	C.1.1: Number of views of the APS video.

Objectives	Strategies / Actions	Measures / Outcomes
D: Develop capacity within APS to focus on high priority cases with vulnerable adults impacted by abuse, neglect, and exploitation.	D.1: Develop a new process for a more efficient and effective response to self-neglect reports.	D.1.1: Implement new process and provide education to LTSS staff.
E: Promote awareness and build capacity of the Long-Term Care Ombudsman Program.	E.1: Create awareness of resident rights through promotional materials, trainings, and one-on-one conversations.	E.1.2: Number of trainings conducted on resident rights.
	E.2: Recruit, train, and supervise volunteer ombudsman to increase the presence and capacity of the Long-Term Care Ombudsman program.	E.2.1: Number of volunteer ombudsman recruited and trained. E.2.2: Number of visits to residents by volunteer ombudsman.
	E.3: Enhance awareness regarding abuse prevention training offered to long term care facilities by the Long-Term Care Ombudsman Program	E.3.1: Number of abuse prevention trainings provided to long term care facilities.

Goal 2: Strengthen services and supports for family caregivers.

Key Topic Area: Caregiving

Objectives	Strategies / Actions	Measures
A: Support dementia-friendly initiatives through cultivated partnerships.	A.1: Implement dementia-friendly programs and resources to serve individuals living with dementia and their caregivers.	A.1.1: Increase in the number of Memory Cafés opened. A.1.2: Percentage increase in caregivers' knowledge about dementia and effective caregiving strategies after participation in the Dementia Dialogues. A.1.3: Develop and distribute a dementia road map.
	A.2: Strengthen South Dakota's infrastructure to address dementia through the Centers for Disease Control and Prevention Building Our Largest Dementia (BOLD) grant.	A.2.1: Active participation on the Healthy Brain Coalition.
	A.3: Develop outreach and marketing efforts to ensure older adults and caregivers are aware of the OAA services available to them.	A.3.1: Number of unique visitors to DHS/LTSS website. A.3.2: Increase number of contacts made to Dakota at Home.

Objectives	Strategies / Actions	Measures
	A.4: Enhance Dakota at Home’s Online Resource Directory	A.4.1: Partner with 211 for a new user-friendly online resource directory.
B: Increase the use of services to support family caregivers across the state.	B.1: Implement the use of a family caregiver assessment, pending the successful implementation of a pilot.	B.1.1: Number of caregiver assessments completed.
	B.2: Expand Adult Day programs.	B.2.1: Increase in the number of participants attending Adult Day programs.
	B.3: Promote virtual support groups for family caregivers as an option to support family caregivers.	B.3.1: Participation of family caregivers in virtual support groups.
	B.4: Offer training programs and educational workshops for caregivers on topics such as caregiving techniques, stress management, and self-care.	B.4.1: Number of caregivers using online education and wellness platform. B.4.2: Number of family caregivers participating in classes.
	B.5: Increase data collection and reporting capabilities to understand the caregiver and care recipient demographics for the respite program.	B.5.1: Develop a report in the LTSS software system to gather data to share with stakeholders to support programs and initiatives.
C: Expand respite options available to family caregivers.	C.1: Offer training and education to individuals interested in providing respite care.	C.1.1: Increase in individuals providing respite care.

Goal 3: Enhance current partnerships and develop new partnerships in rural, frontier and underserved areas to increase services for older adults.

Key Topic Area: Expanding Access to HCBS

Objectives	Strategies / Actions	Measures
A: Continue to build and strengthen relationships with the Tribal Nations in SD.	A.1: Actively include tribal elders in advisory council and coalition representation to ensure their unique perspectives and needs are considered in policy and program development.	A.1.1: Representation of tribal elders in advisory council and coalitions.
	A.2: Improve coordination between Title III and Title VI programs to enhance service delivery and support for older adults.	A.2.1: Provide quarterly communications to Title VI programs. B.2.2: Increase in Native American referrals to Dakota at Home.
	A.3: Continue targeted awareness campaign to increase awareness of the LTSS programs to Tribal Nations.	A.3.1: Increase in Native American referrals to Dakota at Home.

Objectives	Strategies / Actions	Measures
	<p>A.4: Collaborate with Tribal Nations to ensure Long Term Care Ombudsman Program awareness to Native Americans living in long term care facilities</p>	
<p>B: Support efforts in the Coordinated Public Transit - Human Services Transportation Plan.</p>	<p>B.1: Continue partnership with South Dakota Department of Transportation to maximize funding and opportunities for transportation for older adults.</p>	<p>B.1.1: Offer technical assistance to organizations interested in offering transportation services. B.1.2: Number of older adults utilizing supported transportation services</p>
<p>Goal 4: Ensure services are provided to vulnerable older adults with the greatest economic and social need by improving quality and equity in service delivery.</p>		
<p>Key Topic Area: Greatest Economic Need and Greatest Social Need</p>		
Objectives	Strategies / Actions	Measures
<p>A: Develop new strategies to target priority populations in the awareness and delivery of core services.</p>	<p>A.1: Promote awareness about the legal assistance program through outreach activities.</p>	<p>A.1.1: Increase in the number of older adults receiving legal assistance services.</p>
	<p>A.2: Expand functions of the legal assistance developers to comply with OAA Final Rule.</p>	<p>A.2.1: Legal assistance developers performing functions outlined in the OAA Final Rule.</p>
	<p>A.3: Increase awareness and participation in the evidence-based Health Promotion Disease Prevention programs.</p>	<p>A.3.1: Number of older adults' participation in evidence-based programs.</p>

9. ATTACHMENTS

9.1 ATTACHMENT A. ASSURANCES AND REQUIRED ACTIVITIES

Placeholder - This attachment is underdevelopment.

9.2 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 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.

STATE RESPONSE:

SD LTSS assures preferences will be given to older individuals with the greatest economic need and social need through its Funds Distribution Plan (Attachment C). Funding is prioritized based on the weighted factors below:

Figure 6. Weighted Factors

Factor	Weighting	Data Source
Population 60+	50%	U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2023
Population 60+ Below the Poverty Level	25%	U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2023
Population 65+ with a Disability	15%	U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2023

Factor	Weighting	Data Source
Minority 65+	5%	U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2023. The following tables were used: <ul style="list-style-type: none"> • B01001B for “Black or African American” • B01001C for “American Indian and Alaska Native” • B01001D for “Asian” • B01001E for “Native Hawaiian and Other Pacific Islander” • B01001F for “Some Other Race” • B01001G for “Two or More Races” • B01001I for “Hispanic or Latino”
Population 60+ Living in Rural	5%	Metro and Nonmetro determinations: USDA, Economic Research Service, Rural-Urban Continuum Codes data product, updated January 2024.
100%		

This funding allocation approach is designed to help ensure equitable distribution across SD. SD LTSS anticipates that this methodology will create a more responsive funding allocation approach, directing limited funds to a greater number of older adults across the state, particularly those with the greatest economic and social need. The goal is to serve a greater percentage of older adults with economic and/or social needs than their relative percentage to the total older adult population within the geographic service area.

Subrecipients / contractors will be required to prioritize funding and target older individuals based on the factors above. In addition, subrecipients / contractors will be encouraged to serve additional priority populations identified below:

1. Individuals with physical and mental disabilities;
2. Individuals with language barriers;
3. Individuals who experience cultural, social, or geographical isolation, due to:
 - a. Racial or ethnic status;
 - b. Native American identity;
 - c. Religious affiliation;
 - d. Sexual orientation, gender identity, or sex characteristics;
 - e. HIV status;
 - f. Chronic conditions;
 - g. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
 - h. Interpersonal safety concerns;
 - i. Rural location without reasonable access to social opportunities; or
 - j. Any other status that:
 - i. Restricts the ability of an individual to perform normal or routine daily tasks; or
 - ii. Threatens the capacity of the individual to live independently.
 - k. Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction

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.

STATE RESPONSE:

SD LTSS affirmed through interviews with community partners that Tribal elders are challenged by poverty, malnutrition, lack of housing, and transportation options. Those Tribal elders who live alone and do not have any family members represent those individuals who are in greatest economic and social need.

SD LTSS recognizes the importance of building relationships with Tribal communities and enhancing communication strategies to Tribal representatives to ensure that Tribal elders are aware of and can access services and supports. SD LTSS will continue to partner with Tribal organizations, such as Cheyenne River Elderly Nutrition, Lower Brule Sioux Tribe Elderly Program, Rosebud Sioux Tribe, and Sisseton-Wahpeton Tribe Elderly Nutrition as well as the Department of Tribal Relations. Furthermore, SD LTSS will provide quarterly communications with Title VI programs to strengthen the coordination between Title III and Title VI programs. SD LTSS currently supplements Title VI Tribal Nutrition Programs on four of South Dakota's reservations. In addition, the South Dakota Title III nutrition program operates meal sites at additional sites on or near tribal lands.

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 Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(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.

STATE RESPONSE:

SD LTSS has offices across the state which serve the nine Indian Reservations. SD LTSS also collaborates with subrecipients / contractors to meet the needs of Tribal elders. SD LTSS supplements Title VI Tribal Nutrition Programs on four of South Dakota's reservations. In addition, the South Dakota Title III nutrition program operates meal sites at additional sites on or near tribal lands.

To improve outreach to Tribal elders, SD LTSS will disseminate quarterly communications to Title VI Programs, including technical assistance on how to apply for Title III programs. SD LTSS will continue its targeted awareness campaign to increase awareness of aging network programs to Tribal Nations and will aim to increase the number of Native American referrals to Dakota at Home. Based on feedback from the needs assessment, the campaign will build awareness through storytelling on radio, use print within trusted news sources, and leverage trends and cultural insights on YouTube to maximize the reach to Native Americans. The campaign may be adjusted based on results, but the upcoming year has 21% of the budget allocated to Native American outreach.

Additionally, SD LTSS will collaborate with Tribal Nations to ensure that Native Americans are aware of other programs that may be beneficial. The Long Term Care Ombudsman Program will ensure Native Americans living in long term care facilities are aware of the program for assistance to advocate for themselves as well as know their rights. Senior Health Information and Insurance Education (SHIINE) representatives will continue to provide information to Native Americans on Medicare and other long term services and supports programs. The Adult Protective Services Program will work closely with the Tribal communities when there are allegations of abuse, neglect, and exploitation on tribal lands. APS will share information directly with the Tribal Elder Protection Team when one exists or with the Bureau of Indian Affairs or Tribal Law Enforcement upon confirmation of allegations.

SD LTSS will provide Tribal representatives an opportunity to serve on advisory councils, workgroups, and coalitions. SD LTSS will include having a Tribal representative on the advisory council as one of the performance measures in the State Plan.

SD LTSS provides continuous training to staff members to ensure services are provided in a person-centered, culturally appropriate and trauma-informed manner. SD LTSS utilizes *Charting the Lifecourse Framework*. "The Charting the Lifecourse framework was created to

help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. The framework is the keystone for supporting a community of learning that champions transformational change through knowledge exchange, capacity building and collaborative engagement.”²

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.

STATE RESPONSE:

According to the U.S. Census Data, there are approximately 2,081 low-income minority older adults in South Dakota.

Figure 7. South Dakota Low Income Older Adults (2023)

Category	# of Individuals	% of Total
Older adults (65 and over) with income in the past 12 months <u>at or above</u> poverty level	136,503	91%
White Only	129,003	86%
Not White	7,500	5%
Older adults (65 and over) with income in the past 12 months <u>below</u> poverty level	14,023	9%
White Only	11,942	8%
Not White	2,081	1%
Population for whom poverty status is determined (Older adults 65 and over)	150,526	100%
Total Population Data: U.S. Census Bureau, U.S. Department of Commerce. "Poverty Status in the Past 12 Months by Sex by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17001, 2023		
White Only Data: U.S. Census Bureau, U.S. Department of Commerce. "Poverty Status in the Past 12 Months by Sex by Age (White Alone)." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17001A, 2023		
Not White: Calculated by subtracting white only from the total population.		

² Charting the LifeCourse. (2020). University of Missouri-Kansas City, Institute for Human Development and UCEDD. Retrieved from <https://lifecoursetools.com/>.

96 percent of the older adult population in South Dakota speaks English. Four percent speak a language other than English. SD LTSS contracts with Volatia to provide interpreter services to those individuals with limited English proficiency.

SD LTSS will continue to work with subrecipients / contractors to prioritize services to priority populations, including low-income minority older adults.

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.

STATE RESPONSE:

SD LTSS provides assurances that with regards to older individuals residing in rural areas, SD LTSS will spend for each fiscal year not less than the amount expended for services in fiscal year 2000.

SD LTSS developed a targeted funding allocation methodology that assigns funds to each county based on the population characteristics of each county, including a factor that considers rural populations. SD LTSS will dedicate approximately 5% of funding to the 60 and older population residing in rural areas.

SD LTSS will continue to partner with subrecipients / contractors to prioritize those older adults residing in the most rural parts of the State.

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.

STATE RESPONSE:

SD LTSS includes a weighting factor in the funds distribution plan (attachment C) that considers rural populations, in which approximately 5% of funds will be targeted to rural areas. SD LTSS will continue to partner with subrecipients / contractors to prioritize those older adults residing in the most rural parts of the State.

Assistive Technology

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

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;

STATE RESPONSE:

SD LTSS does not have an Assistive Technology Program.

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.)

STATE RESPONSE:

South Dakota is a single planning and service area, 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 - 28 percent; in-home - 0 percent; and legal assistance - 18 percent. The State utilizes another program to serve older adults for in-home services. The basis for the funding levels is historic need and available funding.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(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

STATE RESPONSE:

Below is a general profile of South Dakotans 60 years and over.

1. 52% are female and 48% are male
2. 93% are white
3. 54% live in a family household while 46% live in a nonfamily household
4. 96% speak English
5. 27% have a disability
6. 9% are below 100% of the poverty level

In comparison to the total population in South Dakota, older adults are more likely to live alone, have a disability, and live above the poverty line.

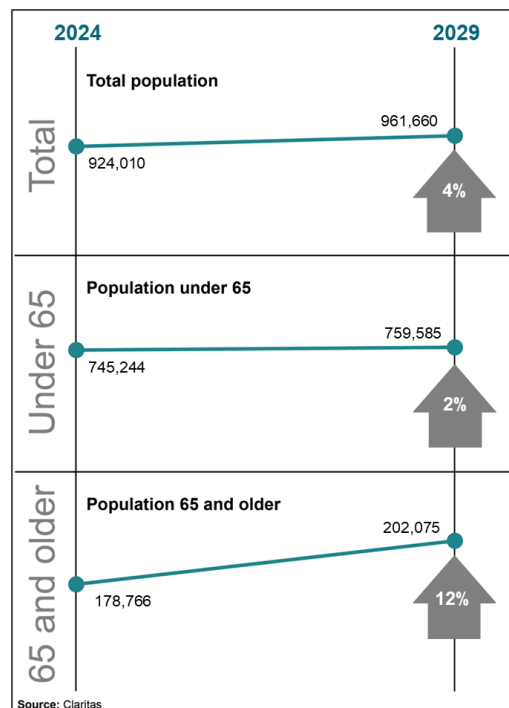
Figure 8. Profile of Older Adults (2023)

Category	South Dakota		United States	
	Total	60 years and over	Total	60 years and over
Total population	899,194	218,787	332,387,540	77,299,829
SEX				
Male	51%	48%	50%	46%
Female	49%	52%	51%	54%
RACE				
White	82%	93%	63%	76%
Black or African American	2%	0%	12%	10%
American Indian and Alaska Native	8%	4%	1%	1%
Asian	1%	1%	6%	5%
Native Hawaiian and Other Pacific Islander	0%	0%	0%	0%
Some other race	1%	1%	7%	4%
Two or more races	6%	2%	11%	6%
HOUSEHOLD TYPE				
Households	358,552	134,178	127,482,865	46,822,322
Family households	62%	54%	65%	56%
Nonfamily households	39%	46%	36%	44%
Householder living alone	32%	43%	29%	40%
DISABILITY STATUS				
Civilian noninstitutionalized population	879,723	210,670	327,425,278	75,713,418
With any disability	12%	27%	13%	29%
No disability	88%	73%	87%	71%
LANGUAGE				
English only	93%	96%	78%	84%
Language other than English	7%	4%	22%	16%
POVERTY STATUS IN THE PAST 12				
Population for whom poverty status is determined	869,964	210,669	324,567,147	75,714,377
Below 100% of the poverty level	12%	9%	12%	11%
100 to 149% of the poverty level	8%	8%	8%	8%
At or above 150% of the poverty level	80%	83%	80%	82%

U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2023

Between 2024 and 2029, South Dakota’s total population is projected to grow by 4%, from 924,040 to 961,660. In that same time period, South Dakota’s population, ages 65 and older, is expected to increase by 12%, from 178,766 to 202,075. By 2029, South Dakotans, ages 65 and older, will make up 21% of South Dakota’s total population.

Figure 9. Population Projections by Age in South Dakota (2024-2029)



SD LTSS acknowledges the expected growth in the population of individuals aged 85 and older. This demographic shift will lead to an increased need for long-term services and supports, caregiver assistance, and management of chronic health conditions. Therefore, SD LTSS will continue to explore ways to enhance community services to support older adults in South Dakota, enabling them to maintain their independence and choose where they live. SD LTSS resource levels and multiple funding sources are used based on historical need but also adjusting resources, where appropriate, based on anticipated future demands.

Additionally, the State has continued to focus efforts on caregivers, especially those caring for someone living with Alzheimer's disease and related dementias (ADRD). SD LTSS is working to partner with a variety of entities to improve care, prevent caregiver burnout, and provide resources. Through use of the Title III E funding for caregivers, SD LTSS has increased the number of caregivers served through both the direct voucher program as well as through use of SD LTSS providers for respite care, which is anticipated to increase. SD LTSS received grant funding from ACL to launch dementia-capable communities to enhance support for individuals living with dementia and their caregivers. The SD dementia-capable communities initiative (DCCI) will seek to address the critical need for improved support systems for individuals impacted by ADRD and their caregivers. SD LTSS will begin with two pilot programs in the Aberdeen and Belle Fourche communities, providing essential support to individuals living with dementia and their family caregivers and striving to increase awareness and reduce stigma to engage communities. The State will continue exploring available opportunities to increase availability of services, and support for caregivers to address the aging population in South Dakota, including active participation and collaboration with the SD Healthy Brain Coalition. The SD Healthy Brain Coalition is aligned with the Center for Disease Control

Building Our Largest Dementia (BOLD) public health infrastructure grant awarded to the SD Department of Health.

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.

STATE RESPONSE:

SD LTSS allows for the use of IIC funds for shelf-stable and grab and go meals. SD LTSS does not allow these meals to exceed 25% of the funds expended by the State agency under Title III, part C-1.

SD LTSS contracts with subrecipients / contractors to ensure that shelf-stable and grab and go meals are provided to older adults with the greatest social and economic need.

SD LTSS developed a policy on the provision of shelf-stable and grab and go meals and shared the process with subrecipients / contractors. Subrecipients / contractors will be required to

prioritize these meals to those individuals who are in greatest economic and social need, which include individuals who fall below the poverty level, are minority, have a disability and live in the most rural areas of the state.

SD LTSS does not anticipate that the provision of such meals will diminish the congregate meals program. In 2023, SD LTSS served 8,046 individuals through the congregate meals program but will continue to monitor the impact of shelf-stable and grab and go meals on congregate meals program participation.

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.

STATE RESPONSE:

The SD Long-Term Care Ombudsman program is located within SD LTSS. SD LTSS will continue to coordinate with the State Long-Term Care Ombudsman Program on the allocation and use of funds for the Ombudsman Program under Title III and Title VII. There is a minimum threshold for the Ombudsman program and funds are used to fund the State Long-Term Care Ombudsman program.

Funding Allocation - Elder Abuse, Neglect, and Exploitation

35 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.

STATE RESPONSE:

SD LTSS has a dedicated Adult Protective Services (APS) team, comprised of one APS Supervisor and six APS investigators. In 2023, the APS team conducted 1,863 investigations of abuse, neglect, and exploitation. In 2024, the APS team conducted 1,875 investigations. Title VII funds are used to fund a small portion of personnel costs for the APS program. Additionally, there is a minimum threshold for the Long-Term Care Ombudsman program efforts in preventing elder abuse.

Moreover, SD LTSS received American Rescue Plan Act funds to support its APS program. This additional funding was used to evaluate and improve program performance, provide safety training and equipment, provide emergency funds to assist vulnerable individuals in crisis, conduct a public awareness campaign, and allow staff members to attend the annual National Adult Protective Services Association (NAPSA) conference. In addition, from 2022 to 2024, SD LTSS received Elder Justice Act Funding for direct services for clients in shelters, records management/database improvements, employee safety training, and staff training.

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.

STATE RESPONSE:

As a single planning and service area, SD LTSS fulfills all the responsibilities of Section 306. SD LTSS developed an Older Americans Act policies and procedures manual that reflects all the requirements of the OAA Final Rule and will use this manual as a guide for implementing OAA programs. SD LTSS will also continuously monitor progress towards the goals, objectives, and measures outlined in the State Plan on Aging, leveraging existing SD LTSS data collection systems.

SD LTSS will monitor the use of OAA funding and member targeting through monthly reports submitted by sub-recipients/contractors. The goal is to serve a greater percentage of older adults with economic and/or social needs than their relative percentage to the total older adult population within the geographic service area.

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.

STATE RESPONSE:

N/A. South Dakota is single planning and service area and does not have area agencies on aging.

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.

STATE RESPONSE:

SD LTSS is committed to receiving the feedback of older adults, caregivers, providers, advocates, and external partners as evidenced by the comprehensive needs assessment conducted to develop the 2025 to 2029 State Plan on Aging. SD LTSS hosted public listening sessions in five locations throughout the State. Additionally, SD LTSS conducted phone interviews with interested community partners, including members of the Native American community, and distributed surveys to older adults, caregivers, providers, and other interested members of the public to solicit input on the State Plan on Aging

SD LTSS posted the draft State Plan on the DHS website on March 1, 2025. The draft State Plan was available for public comment till March 31, 2025. SD LTSS carefully reviewed all comments shared with the State on the State Plan on Aging and updated the plan based on input received from the public.

Additionally, SD LTSS shared the draft State Plan on Aging with the tribal communities through the Great Plains Tribal Leaders Health Board and Great Plains Tribal Epidemiology Center.

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.

STATE RESPONSE:

SD has not elected to pursue this activity.

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.

STATE RESPONSE:

South Dakota created a comprehensive state policy on the Legal Assistance Program, which details all the responsibilities for the Legal Assistance Developer. SD LTSS will work closely with the designated Legal Assistance Developers to meet all the requirements set forth in part 1324, subpart C, detailed below.

The Legal Assistance Developers in SD will:

1. Provide services to those older persons with the greatest economic or social need, with particular attention to older individuals who are low-income minorities, or reside in rural areas, or have limited English proficiency, or have a disability;

2. Provide technical assistance, training, and other supportive functions to legal assistance providers, Long-Term Care Ombudsman program, and adult protective services;
3. Promote financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceeding;
4. Assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings; and
5. Improve the quality and quantity of legal services provided to older individuals.

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.

STATE RESPONSE:

The South Dakota Office of Emergency Management maintains a Duty Officer who provides state agencies with information and resources during emergencies and disasters. During emergencies / disasters, the Duty Officer will notify the Secretary of the Department of Human Services, who will in turn, contact Division leaders regarding the need for emergency operations. The Duty Officer is on call 24 hours a day, seven days a week. The Duty Officer can be contacted by county emergency managers or by assigned state agency representatives whenever there is a need for state resources or assistance, including the National Guard.

During emergencies, SD LTSS remains in close contact with all subrecipients / contractors to ensure older adults receive the services they need. SD LTSS uses various methods, such as email, phone calls, and social media, to provide timely and accurate information about weather watches, hazardous conditions, as well as to disseminate critical information pertaining to evacuation orders. Nutrition service providers are encouraged to provide up to ten shelf stable meals for emergencies and more if needed by reaching out to the Program Manager of Nutrition Services.

SD DHS has a continuity plan that can be initiated for an emergency to ensure business operations continue as well as to ensure appropriate communication and coordination. For example, when there are flood conditions in South Dakota, an emergency operations plan is activated and staff members from several different state agencies, including SD DHS, will travel to the affected community to offer support and services when deemed appropriate.

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.

STATE RESPONSE:

The SD LTSS Director is responsible for providing leadership, direction, and support of the Division's emergency and disaster planning, training, activation and recovery efforts. The Director's objective is to assure that critical business processes continue to operate in event that normal operations are disrupted or threatened due to an emergency. The SD LTSS Director has also taken emergency management classes on Incident Command offered by the Office of Emergency Management and participated in table-top exercises.

9.3 ATTACHMENT C. FUNDS DISTRIBUTION PLAN

Target Populations

The OAA requires that states give preference to older adults in the greatest economic and social need. South Dakota (SD) will give preference to or target individuals that meet the following economic and/or social need factors:

- **Age:** Individuals age 60+.
- **Poverty Level:** Individuals age 60+ who are below the poverty level.
- **Disability Status:** Individuals age 65+ with a disability.
- **Minority:** Individuals age 65+ who are part of a minority population.
- **Rural:** Individuals age 60+ residing in rural areas.

Subrecipients/contractors must prioritize funding and target older individuals based on the factors above. Subrecipients/contractors are required to define their member targeting approach through established policies and procedures. SD LTSS regularly monitors the use of OAA funding and member targeting through monthly reports submitted by subrecipients/contractors. The goal is to serve a greater percentage of older adults with economic and/or social needs than their relative percentage to the total older adult population within the geographic service area.

Funding Allocation Methodology

To help ensure that funds are distributed to prioritized populations, SD LTSS created a more targeted funding allocation methodology that assigns funds to each county based on the population characteristics of each county. As a single planning and service area state, this formula is also designed to help ensure equitable distribution across SD. SD LTSS anticipates that this methodology will create a more responsive funding allocation approach, directing limited funds to a greater number of older adults across the state, particularly those with the greatest economic and social need.

SD’s funding allocation factors, assigned weights, and commonly used and accepted data sources are shown in the figure below. SD LTSS used insights from its Statewide Needs Assessment to identify the factors and weights.

Figure 10. Funding Allocation Methodology

Factor	Weighting	Data Source
Population 60+	50%	U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2023
Population 60+ Below the Poverty Level	25%	U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2023
Population 65+ with a Disability	15%	U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2023
Minority 65+	5%	U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2023. The following tables were used: <ul style="list-style-type: none"> • B01001B for "Black or African American"

Factor	Weighting	Data Source
		<ul style="list-style-type: none"> • B01001C for “American Indian and Alaska Native” • B01001D for “Asian” • B01001E for “Native Hawaiian and Other Pacific Islander” • B01001F for “Some Other Race” • B01001G for “Two or More Races” • B01001I for “Hispanic or Latino”
Population 60+ Living in Rural	5%	Metro and Nonmetro determinations: USDA, Economic Research Service, Rural-Urban Continuum Codes data product, updated January 2024.
<u>100%</u>		

Using the weighting factors and data sources above, SD LTSS determined a funding allocation percentage by county that it will use as a guide when distributing funding and when contracting with subrecipients/contractors. Actual funding for any county depends on its ability to deliver services to older adults. If a county lacks an appropriate provider network to fully serve its entire population, unencumbered funds will be redistributed statewide.

The figure below includes the number of individuals included in each of the target populations by county using Census data from 2019-2023 (5-year estimates). The county population totals are then multiplied by each weighting factor. These five numbers are totaled for that county and divided by the weighted state total to determine a percentage that is used to allocate funds to that county.

Figure 11. Funding Allocation by County

#	Weighting Factors	Population 60+	Population 60+ Below the Poverty Level	Population 65+ with a Disability	Minority 65+	Population 60+ Living in Rural	Weighted Percentage
		50%	25%	15%	5%	5%	100%
1	Aurora	725	36	170	2	725	0.34%
2	Beadle	4,802	556	1,119	422	4,802	2.33%
3	Bennett	665	112	151	174	665	0.33%
4	Bon Homme	2,071	164	446	42	2,071	0.98%
5	Brookings	6,343	514	1,360	172	6,343	3.00%
6	Brown	9,532	800	1,851	289	9,532	4.49%
7	Brule	1,433	190	393	105	1,433	0.70%
8	Buffalo	261	64	56	108	261	0.14%
9	Butte	2,621	253	686	82	2,621	1.26%
10	Campbell	609	62	113	3	609	0.29%
11	Charles Mix	2,288	255	510	261	2,288	1.11%
12	Clark	1,175	95	262	10	1,175	0.56%
13	Clay	2,570	258	544	63	2,570	1.22%
14	Codington	7,461	552	1,509	174	7,461	3.51%
15	Corson	738	171	191	203	738	0.38%
16	Custer	3,946	279	898	93		1.71%
17	Davison	5,238	394	1,609	128	5,238	2.53%
18	Day	1,865	212	432	117	1,865	0.90%
19	Deuel	1,219	64	257	18	1,219	0.57%
20	Dewey	865	220	195	306	865	0.45%
21	Douglas	912	68	203	9	912	0.43%
22	Edmunds	1,238	78	217	10	1,238	0.57%
23	Fall River	2,954	301	874	260	2,954	1.44%
24	Faulk	696	62	155	3	696	0.33%
25	Grant	2,397	158	627	29	2,397	1.14%
26	Gregory	1,312	114	258	68	1,312	0.62%
27	Haakon	615	69	133	1	615	0.29%
28	Hamlin	1,253	54	213	1	1,253	0.58%
29	Hand	1,011	89	246	14	1,011	0.48%
30	Hanson	786	67	95	6	786	0.36%
31	Harding	347	35	56	9	347	0.16%
32	Hughes	4,645	267	797	149	4,645	2.15%
33	Hutchinson	2,147	218	597	50	2,147	1.04%
34	Hyde	489	29	71	13	489	0.23%
35	Jackson	535	169	150	150	535	0.29%
36	Jerauld	645	60	177	56	645	0.31%
37	Jones	269	43	54	24	269	0.13%
38	Kingsbury	1,658	188	231	31	1,658	0.78%
39	Lake	3,392	144	909	89	3,392	1.60%
40	Lawrence	8,947	801	2,134	501	8,947	4.28%
41	Lincoln	13,497	777	2,710	380		5.77%
42	Lyman	962	188	235	125	962	0.48%
43	McCook	1,496	148	319	16		0.65%
44	McPherson	887	113	159	6	887	0.42%
45	Marshall	1,349	91	211	78	1,349	0.63%
46	Meade	7,061	602	1,507	200		3.07%
47	Mellette	412	70	109	136	412	0.21%
48	Miner	788	57	199	45	788	0.38%
49	Minnehaha	39,326	2,760	7,512	1,449		16.88%
50	Moody	1,685	131	489	199	1,685	0.82%
51	Oglala Lakota	1,557	649	411	898	1,557	0.88%
52	Pennington	30,151	2,727	6,880	2,259		13.24%
53	Perkins	986	93	270	48	986	0.48%
54	Potter	849	42	156	13	849	0.39%
55	Roberts	2,917	351	601	387	2,917	1.41%
56	Sanborn	706	93	114	14	706	0.34%
57	Spink	1,926	112	320	43	1,926	0.89%
58	Stanley	946	17	161	34	946	0.43%
59	Sully	496	48	92	8	496	0.23%
60	Todd	1,123	255	288	511	1,123	0.59%
61	Tripp	1,796	153	258	104	1,796	0.84%
62	Turner	2,316	178	462	60		1.00%
63	Union	4,281	416	943	142		1.87%
64	Walworth	1,676	162	333	45	1,676	0.79%
65	Yankton	6,493	497	1,541	61	6,493	3.08%
66	Ziebach	430	108	62	154	430	0.22%
TOTAL		218,787	19,103	47,291	11,660	116,713	100%

SD LTSS anticipates using this funding allocation methodology by county to services or programs that are delivered directly to individuals at the local level. For other OAA services and programs that are offered statewide, this funding allocation approach will not apply. The figure below presents a breakdown of how funds will be allocated and delivered by OAA program.

Figure 12. Funding Strategy and Delivery by OAA Program

Program	Funding Allocation Approach	Service Delivery
Title III B Supportive Services	Allocation by County	Services provided through subrecipients/contractors across the state.
Title III C1 Congregate Meals	Allocation by County	Services provided through subrecipients/contractors across the state. Nutrition and other community services subrecipients/contractors submit their projected units of service for the upcoming contract year to assist in establishing base funding for their program. The State may execute amendments to contractual agreements if warranted and there are funds to be utilized.
Title III C2 Home Delivered Meals	Allocation by County	
Nutrition Service Incentive Program	Allocation by County	<p>The NSIP award acts as a 100% pass-through supplement to the contracted nutrition subrecipients/contractors’ “standard” meals reimbursement rate. It is paid after the service has been delivered. It is disbursed on a monthly basis using each nutrition subrecipients/contractors’ individual month’s actual Title III-eligible meals served, which contracted vendors for Title III-C nutrition services provide in a monthly report to SD LTSS.</p> <p>The NSIP reimbursement rate is generally set in July and is usually a conservative estimate of the total award divided by the number of meals anticipated to be served, without going over.</p>
Title III D Preventative Health	Statewide	Services provided through subrecipients/contractors across the state.
Title III E Caregiver (respite services)	Allocation by County	Services provided through subrecipients/contractors across the state as well as caregivers through a direct voucher process.
Title III E Caregiver (other)	Statewide	Services provided through subrecipients/contractors across the state.
Title VII Ombudsman	Statewide	Services are delivered by regional State staff.

Program	Funding Allocation Approach	Service Delivery
Title VII Elder Abuse	Statewide	SD LTSS offers Ombudsman and Adult Protective Services dedicated to the prevention of elder abuse, neglect, and financial exploitation.

9.4 ATTACHMENT D. IDENTIFICATION OF THE GEOGRAPHIC BOUNDARIES

N/A. This is not applicable to South Dakota as South Dakota is Single-PSA State.

9.5 ATTACHMENT E. EVIDENCE OF PROVIDING THE MINIMUM PUBLIC COMMENT PERIOD

Placeholder - This attachment is underdevelopment.