



STATE PLAN ON AGING

MINNESOTA

**For the four year period of October 1, 2000 through
September 30, 2004**

As amended October 1, 2003

**Minnesota Board on Aging
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VERIFICATION OF INTENT

The Minnesota Board on Aging hereby submits this State Plan on Aging amendment for the State of Minnesota effective October 1, 2003. It amends the 2000-2003 State Plan on Aging until September 30, 2004 as required under Title III of the Older Americans Act of 1965 as amended.

It includes all required assurances and plans to be carried out by the Minnesota Board on Aging which is the state agency on aging and has been given authority to develop and administer the State Plan on Aging in accordance with all requirements and purposes of the Act.

This amendment, when approved by the Assistant Secretary on Aging, constitutes authorization to proceed with activities under the Plan.

Date

James G. Varpness
State Unit on Aging Director

Date

Susan Holderness
Acting Chair, Minnesota Board
on Aging

Section I

INTRODUCTION

This plan covers the period October 1, 2003 through September 30, 2004 and is an amendment to Minnesota's 2000-2003 State Plan on Aging.

The focus areas identified in the 2000-2003 State Plan on Aging have been substantially retained. However, this amendment focuses the state's efforts on a few key strategies that reflect opportunities created by other recent state actions.

Major efforts for state long-term care reform

At the end of the 2001 legislative session, the Minnesota state Legislature embarked on a multi-year effort to reform the state's long-term care system. The primary goals of this reform effort are reflected in the following long-term care policy directions:

- Maximize peoples' ability to meet their own long-term care needs.
 - ✓ Provide more and better consumer information and assistance.
 - ✓ Encourage greater use of private resources for service costs, including long-term care insurance.
 - ✓ Make it easier for Minnesotans to modify and adapt their own homes and apartments to allow them to age in place.
- Expand capacity of community options.
 - ✓ Strengthen publicly funded home- and community-based services (the Elderly Waiver and Alternative Care programs).
 - ✓ Help communities provide more support to their older residents.
 - ✓ Meet long-term care needs of elders from ethnic, immigrant and tribal communities.
- Reduce reliance on institutional model.
 - ✓ Provide incentives for voluntary closure of nursing home beds where excess capacity exists.
 - ✓ "Rebalance" public funding to allow a greater proportion of public funds to support persons in non-institutional settings.
- Support the informal network of family, friends and neighbors.
 - ✓ Make strategic use of Older Americans Act funding for caregiver support.

- ✓ Identify successful models for leveraging volunteer and faith-based community resources.

Strategic Focus for Area Agencies on Aging

In January 2002, the MBA hosted a two-day retreat inviting key stakeholders—consumers, service providers, counties, Area Agencies on Aging, host agencies, rural, suburban and urban constituencies—to identify the strategic roles that should be played by AAAs to shape Minnesota’s future long-term care system. In addition, the retreat produced general, statewide quality standards these key AAA functions. These key roles and quality standards provide the framework for this plan extension: (1) Aging leadership and resource administration; (2) Local service development; and (3) Access—Information and Assistance.

CONSUMER AND STAKEHOLDER INPUT

CONSUMERS

Survey of Older Minnesotans

Date: April – August 2001

Number of persons: Random telephone sample of 2,253 persons—
margin or error +/- 2%

Themes: Retirement income and access to part-time employment, availability of medical and support services, prescription drug costs, transportation, home repair and accessibility modifications, informal caregiving (providing and receiving), and concern about the economic viability of their communities (and future for their children)

Senior LinkAge® Line

Date: Ongoing

Number of consumers: 50,000 annually (65% older persons, 25% family members/friends, 10% agencies)

Themes: (in decreasing order of frequency) Information around Medicare (prescription drug information, enrollment, supplemental insurance), housing options, in-home services.

Aging Issues Forum I

Date: January 22, 2003

Co-sponsors: Minnesota Board on Aging, Minnesota Senior Federation and AARP Minnesota

Number in attendance: 100+ older persons, advocates and legislators

Themes: Home- and community-based services, prescription drugs, property taxes

Aging Issues Forum II

Date: April 22, 2003

Co-Sponsors: Minnesota Board on Aging, Minnesota Senior Federation, MN Association of Area Agencies on Aging, MN Adult Day Services Association, MN Association of Senior Nutrition Services, Elderberry Institute, Minnesota Home Care Association, Lutheran Social Services of Minnesota and Volunteers of America MN

Number in attendance: 150 older persons

Themes: Supporting older people to age in place (adequacy of home- and community-based services for older people); prescription drug costs; property tax; housing options (affordable, maintenance-free, accessible), transportation, lack of options in rural areas, and state funds to support volunteer programs.

Caregiver listserv

Date: began Fall 2002 and ongoing

Number : Unknown

Themes: Caregiver self-awareness (understanding of role), peer support/understanding, respite.

Wisdom Steps

Date: quarterly ongoing

Number: Approximately 120 – each community has it's own elder advisors

Themes: Positive views of aging, culturally appropriate motivation for health promotion.

Vital Aging Network (VAN)

Date: Began Fall 2001 and ongoing

Number: 657 persons signed up on the listserv; approximately 400 participated in VAN conference

Themes: Six core values:

- Self-determination for older persons is central to civil and human rights.
- Everyone should be encouraged and supported in being as self-sufficient as possible.
- The vital involvement and integration of older persons in communities is necessary for individual and community health.
- Persons of all ages are a community resource. No matter the age of the person, productivity and contributions must be recognized, encouraged and supported.
- Communities should recognize and support the mutuality of interests across generations.
- Ageism is a pervasive form of bigotry that must be addressed.

STAKEHOLDERS

Stakeholder Retreat

Date: January 22, 2002

Number in Attendance: 35 key state stakeholders-- service providers, counties, Area Agencies on Aging, host agencies, rural, suburban and urban constituencies and consumers.

Issues: Review and redefine the roles and structure of Minnesota's Aging Network, to ensure efficient and effective administration, and to focus resources on the strategic activities necessary to transform Minnesota's service and support systems.

County Gaps Analysis

Date: July – October 2002

Number: All 87 counties in Minnesota

Issues (in descending order of priority)

- Caregiver supports: respite, caregiver training & adult day service (13)
- LTC assessment (non-county) and problem solving (11)
- LTC Transportation (10)
- Chore and homemaker (8)
- Ongoing non-family responsibility: care coordination, guardianship & money management (7)
- Home Health Aide (6)
- Relocation assistance (3)
- Companion (3)
- Home delivered meals/Grocery delivery (3)
- Skilled nursing: in-home (2)
- Tele-medicine/tele-healthcare (2)
- Parish nurse (1)

Stakeholder Forums

1. Bemidji, Minnesota

Date: April 11, 2003

Number in attendance: 32

Themes:

- Models that work in rural areas—tele-home care, and volunteer-enhanced programs (Living at Home programs)
- Peer programs – interfaith caregivers, Alzheimer's support groups
- Home care, home-delivered meals and grocery shopping, home-delivered medical equipment.
- Collaborations: especially across counties, between health and social services, and between aging and youth agencies.

2. Walker, Minnesota

Date: May 21

Number in attendance: 31

Themes:

- Opportunities for older people to continue to have meaningful roles in their communities.
- Supporting low-income, at risk older persons and helping them to maintain their dignity and life satisfaction.
- Supporting families and neighbors who've taken on the responsibility of caring for aging parents and friends.
- Support for all income persons and families who are dealing with the challenges of old age.

Communities of practice SERIES:

1. Caregiver Summit

Date: April 2001

Number in attendance: 125

Issues and Themes:

- Level and timeliness of medical and technical expertise available to family caregivers.
- Caregiver resistance to help, lack of support and isolation.
- Better and more accessible information about services and resource options.
- Grassroots resources: volunteers and connections

2. Faith-Based long-term care programs

Date: February 5, 2003

Number: 9

Issues: Best practices among faith-based programs

- Critical factors that make some programs more successful than others (e.g., Director's knowledge skills and abilities, mission-driven board and volunteers, good business plan, clear parameters/expectations, and networking)
- "Problems" that weaken FBLTC programs (e.g., dependence on outside funding rather than ongoing community support, service "creep" toward nursing/medical formal care, poor management, community culture of distrust or mood of defeat; perception that the volunteers (coming from a religious organization) will either proselytize or judge; single leader (spark plug) burns out or moves away.

3. Chore providers (Teleconference)

Date: April 21, 2003

Number: 33 service providers from across the state

Issues: Best models for providing chore services

- Range of services and target groups served (staffing issues regarding use of volunteers, skills bank and/or paid employees)
- Source/s of revenue (fee for service vs. "free" gift of volunteers, city dollars, fund-raisers and charitable and public dollars)
- Role of "communications" (for consumer awareness, community support, volunteer recruitment).

Section II

AGING NETWORK IN MINNESOTA

The Minnesota Board on Aging (MBA) was established by the state in 1956 as the Governor's Citizen's Council on Aging. Since the passage of the Older Americans Act in 1965, it has served as the State Unit on Aging—the single state agency for policy making and administration of the Older Americans Act funds. It was established under Minnesota Statute 256.975, and its twenty-five Board members are appointed by the Governor.

The duties of the MBA are:

1. Advise the Governor and heads of state departments and agencies regarding policy, programs and services affecting older Minnesotans;
2. Provide a mechanism for plans and activities of state departments and citizens' groups as they pertain to aging;
3. Create public awareness of the special needs and potentialities of older Minnesotans;
4. Gather and disseminate information about research and action programs, and encourage state departments and other agencies to conduct needed research in the field of aging;
5. Stimulate, guide and provide technical assistance in the organization of local councils on aging;
6. Provide continuous review of ongoing services, programs and proposed legislation affecting older Minnesotans; and
7. Administer and make policy relating to all aspects of the Older Americans Act of 1965, as amended, including implementation thereof.

The MBA has designated fourteen planning and service areas statewide. The map on page 15 shows the designated planning and services for aging services in Minnesota. Over the past few years, the smaller AAAs have entered into negotiations with one another to improve the quality and effectiveness of AAA Network functions. In 2001, Region 2's host agency elected not to continue to serve as the Area Agency on Aging for that planning and service area. Services were continued in Region 2 through an arrangement with the staff and host agency in Region 1.

In 2003 the host agency in Region 5 relinquished its administrative and service development functions to the AAA located in Region 7W. In 2003 and 2004 the Area Agencies that now serve PSAs with smaller populations will be in discussions with each other to negotiate ways to collaboratively meet the AAA standards for capacity and quality adopted by the MBA. That work is expected to be completed in 2004.

The PSA identified as Region 12 on the map is actually five reservations served by the MN Chippewa Tribe Area Agency on Aging. No change is anticipated in the roles or functions of this AAA. The MBA awards grants to Area Agencies on Aging for planning, developing, implementing, coordinating and funding services for older persons in these service areas under the Older Americans Act.

The State Plan on Aging qualifies Minnesota for federal funds under the Older Americans Act.

**MINNESOTA BOARD ON AGING
BOARD MEMBERSHIP**

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Plymouth, MN

DICK JACKSON

Princeton, MN

DONALD TOMSCHE

Oakdale, MN

MARJORIE JAMIESON

St. Paul, MN

Planning and Service Areas and AREA AGENCIES ON AGING in Minnesota

Region 1

Northwest Area Agency on Aging
115 South Main Avenue
Warren, Minnesota 56762

Region 2

(Lake of the Woods, Beltrami,
Clearwater, Mahnomen and
Hubbard) Administrative, access
and program development
provided by the Region 1 AAA

Region 3

Arrowhead Area Agency on Aging
221 West First Street
Duluth, Minnesota 55802

Region 4

West Central Area Agency on Aging
P.O. Box 726
Fergus Falls, Minnesota 56537

Region 5

(Cass, Crow Wing, Wadena,
Morrison and Todd) Administrative
and program development
provided by Region 1 AAA

Region 6E

Mid-Minnesota Area Agency on
Aging
333 West Sixth Street
Willmar, Minnesota 56201

Region 6W

Upper MN Valley Area Agency on
Aging
323 West Schlieman
Appleton, Minnesota 56208

Region 7E

East Central Area Agency on Aging
100 South Park Street
Mora, Minnesota 55051

Region 7W

Central Minnesota Council on Aging
600 25th Avenue South, # 201
St. Cloud, Minnesota 56301

Region 8

Southwestern Area Agency on
Aging
2524 Broadway Avenue, Suite 2
Slayton, Minnesota 56172

Region 9

Region Nine Area Agency on Aging
410 Jackson Street, Box 3367
Mankato, Minnesota 56002

Region 10

Southeastern MN Area Agency on
Aging, Inc.
421 SW First Avenue, Suite 201
Rochester, Minnesota 55902

Region 11

Metro Area Agency on Aging, Inc.
1600 University Avenue, Suite 300
St. Paul, Minnesota 55104

Region 12

MN Chippewa Tribe Area Agency on
Aging
P.O. Box 217
Cass Lake, Minnesota 56633

MAP OF PLANNING AND SERVICE AREAS

INSERT AAA MAP HERE
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Section III
STATE PLAN ASSURANCES UNDER THE
OLDER AMERICANS ACT of 1965, AS AMENDED IN
2000

The Minnesota Board on Aging understands and agrees that it will abide by the general assurances, the specific assurances, and the certifications included as Sections 305, 306, 307 and 308 and Section 705 listed below.

SPECIFIC ASSURANCES
Sec. 305, ORGANIZATION

- (1) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. **((a)(2)(A))**
- (2) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. **((a)(2)(B))**
- (3) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **((a)(2)(E))**
- (4) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). **((a)(2)(F))**
- (5) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(2)(G)(H))**
- (6) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **((c)(5))**

Sec. 306, AREA PLANS

- (1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted

for part B to the planning and service area will be expended for the delivery of each of the following categories of services
(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. **((a)(2))**

- (2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))
- (3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will
(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(ii))
- (4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall
(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(B) describe the methods used to satisfy the service needs of such minority older individuals; and
(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

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

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

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

((a)(4)(B))

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

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

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

((a)(9))

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an

assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **((a)(11))**

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

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

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

(B) the nature of such contract or such relationship. ((a)(13)(B))

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

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

((a)(13)(D))

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

- (15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(14))**
- (16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **((a)(15))**

Sec. 307, STATE PLANS

- (1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year proceeding the first year to which this plan applies. The description is found on page 39 of this plan. **((a)(3)(B)(iii))**
- (2) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **((a)(7)(A))**
- (3) The plan shall provide assurances that
- (A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**
- (4) The plan shall provide assurances that the State agency will carry out, through the Office of the State long-term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the

amount expended by the State agency with funds received under title VII for fiscal year 2000. **((a)(9))**

- (5) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. **((a)(10))**
- (6) The plan shall provide assurances that area agencies on aging will--
 - (A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
 - (B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. ((a)(11)(A))
- (7) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. ((a)(11)(B))
- (8) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; ((a)(11)(D)).
- (9) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care,

nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **((a)(11)(E))**

- (10) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (A) public education to identify and prevent abuse of older individuals;
 - (B) receipt of reports of abuse of older individuals;
 - (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
 - (D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**
- (11) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. **((a)(13))**
- (12) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and
 - (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a fulltime basis, whose responsibilities will include
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. **((a)(14))**

- (13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
- (A) older individuals residing in rural areas;
 - (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (D) older individuals with severe disabilities;
 - (E) older individuals with limited English speaking ability; and
 - (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**
- (14) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **((a)(17))**
- (15) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who-
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. **((a)(18))**
- (16) The plan shall include the assurances and description required by section 705(a). **((a)(19))**
- (17) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. **((a)(20))**

- (18) The plan shall:
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. **((a)(21))**
- (19) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). **((a)(22))**
- (20) The plan shall provide assurances that demonstrable efforts will be made-
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs. **((a)(23))**
- (21) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. **((a)(24))**
- (22) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title. **((a)(25))**
- (23) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(26))**

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.
- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for
- (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;

- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

Section IV

STATE PLAN INFORMATION REQUIREMENTS

October 1, 2000 through September 30, 2004

Date of Amendment: October 1, 2003

Part I. State Plan Provisions from Section 307(a)

- (A) The plan includes a statement of compliance that restates the following provisions from Sec. 307(a) and is found on page 35.
- (B) The plan provides a discussion of each provision as indicated below:

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

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

Discussion of provision is found on page(s) 39-41.

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

(2) The State agency:

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

Discussion of provision is found on page 38.

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

Discussion of provision is found on page 38.

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

*Discussion of provision is found on page **40**.*

(5) The State agency:

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

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

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

*Discussion of provision is found on page **40**.*

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

*Discussion of provision is found on page **17**.*

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

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

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

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

*Discussion of provision is found on page **40**.*

Part II. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(19)(G) – (required only if State funds in-home services not already defined in Sec. 102(19)) The State agency includes and defines on page(s) **N/A** the following in-home services in the plan:

*Discussion of requirement is found on page(s) **N/A**.*

Section 305(a)(2)(E)

The State agency provides assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low- income minority individuals and older individuals residing in rural areas **and includes proposed methods of carrying out the preference on page(s) 19 in this State plan;**

*Discussion of requirement is found on page **37**.*

Section 307(a)

(2) The State agency:

*(C) specifies on page(s) **38-39** in this plan, 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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) and listed below (may be listed in dollars, or percentages of titles III and VII allocations):*

- ACCESS 5%**
- IN HOME 5%**
- LEGAL ASSISTANCE 5%**

(3) The plan: (A) includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA).

Discussion of requirement is found on page(s) **57-61**.

(B) with respect to services for older individuals residing in rural areas, the State agency:

(i) assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

Discussion of requirement is found on page **39**.

(ii) identifies, 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).

Discussion of requirement is found on page **39**.

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

Discussion of requirement is found on page **39**.

(8) (B) Regarding case management services, the following agencies are already providing case management services (as of the date of submission of the plan) under a State program, and the State agency specifies that such agencies are allowed to continue to provide case management services:

Discussion of requirement is found on page(s) **N/A**.

(C) Regarding information and assistance services and outreach, the State agency specifies that the following agencies may provide these services directly: **NOTE:** ALL Area Agencies on Aging may provide Senior Linkage Line (information and assistance) service.

Discussion of requirement is found on page **43**.

(10) The plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

Discussion of requirement is found on page 41.

(15) The plan, with respect to the fiscal year preceding the fiscal year for which this plan is prepared

(A) identifies the number of low-income minority older individuals in the State.

Discussion of requirement is found on page 60.

(B) describes the methods used to satisfy the service needs of such minority older individuals.

Discussion of requirement is found on page 39.

(21) (B) The plan specifies the ways in which the State agency intends to implement 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 title III.

Discussion of requirement is found on page 41.

Section 705(a)(7)

The State Agency includes on page(s) 28-29 of this plan, a description of the manner in which the State agency will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances described in paragraphs (1) of through (6) of this section. The description must:

1- describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect, and exploitation.

Notes: *The Minnesota Board on Aging operates the Office of Ombudsman for Older Minnesotans as established in Minnesota Statutes 256.9741 through 256.9744. Regional ombudsmen throughout the state investigate complaints, resolve individual concerns, promote self-advocacy, and educate consumers. The mission is to enhance the quality of life and the quality of care of older adults. The ombudsmen promote the rights of long-term care residents, home care consumers, and Medicare beneficiaries.*

2- describe how the State uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties.

Notes: *The Minnesota Board on Aging regularly holds meetings and public hearings to obtain the views of older persons, AAAs, grantees, and others. The Board has a Public Policy Committee, a Minority Affairs Committee, and a Program Operations Committee that meet monthly and provide a forum for input from a wide variety of people and interests. Monthly Board meetings are also open to the public. The Board has also recently done a Survey of Older Minnesotans to determine needs and views of seniors.*

3- describe how the State will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

Notes: *The Minnesota Board on Aging meets regularly with AAAs and reviews Area Plans on Aging for compliance and to determine common goals and activities. Staff workplans reflect statewide activities.*

4- describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

Notes: *The Minnesota Board on Aging carefully applies its funding to those areas where there are gaps and inadequacies. Non-federal funding for elder rights protection activities is encouraged at all levels.*

5- describe how the State will ensure that it will place no restriction other than those in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

Notes: *The responsibilities and criteria for ombudsmen activities are spelled out in State Statute 256.9741-9744 and are consistent with federal law.*

6- describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences, and referral, how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed conditions.

Notes: *A description of how the Minnesota Board on Aging conducts and coordinates with existing State adult protective services is found on pages 17-18 of the State Plan. The Aging and Adult Services Division of the Minnesota Department of Human Services serves as staff to the Board and also contains an Adult Protective Services unit. Reports and confidentiality are governed by State laws which are consistent with federal law, regulations, and guidelines.*

ADDITIONAL SUBSTANTIVE REQUIREMENTS TO THE STATE PLAN

Minnesota Board on Aging

1. Pursuant to Section 305(a)(2)(E) the Minnesota Board on Aging assures that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas. Proposed methods are:
 - A) Each area agency on aging will assure that it will give preference to providing services to older individuals with greatest economic need, older individuals with greatest social need, low-income minority individuals, and older individuals residing in rural areas.
 - B) Each area agency on aging will be assessed annually regarding the preference issue.
 - C) Each area agency on aging will be required to use grant/contract application formats that specify how the provider will target individuals of preference.
 - D) Each area agency on aging must sign and require providers to sign an assurance of civil rights compliance.
 - E) Census data will be distributed to area agencies on aging and others enumerating the number of low-income and low-income minority older individuals.
 - F) The National Aging Program Information system data on persons served will be used to compare with baseline data to determine how individuals of preference are being served.

2. Pursuant to Section 307(a)(1) the Minnesota Board on Aging will require each area agency on aging designated under section 305(a)(2) (A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306 and the state plan shall be based on such area plans.

3. Pursuant to Section 307 (a) (2) the Minnesota Board on Aging will:
 - (A) evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the state;

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

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

The Minnesota Board on Aging has set the following minimums for this plan:

- a) five percent is the minimum amount of Part B funds to be used by each area agency on aging for services associated with access (transportation, outreach, I&R, etc.).

b) five percent is the minimum amount of Part B funds to be used by each area agency on aging for in-home services (homemaker, home-health aide, visiting telephone reassurance, chore maintenance, and supportive services for families of elderly victims of Alzheimer's disease and related neurological and organic brain dysfunction, etc.).

c) five percent is the minimum amount of Part B funds to be used by each area agency on aging for legal assistance.

d) forty percent is the minimum combined total amount to be used by each area agency for (a + b + c).

4. Pursuant to Section 307(a)(3) the Minnesota Board on Aging will:

A) include a statement and demonstration of the intrastate funding formula

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

i) provide assurances that it 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);

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

The Minnesota Board on Aging estimates the cost of services to individuals residing in rural areas to be \$ 3,673,875 in FFY 2003 and \$ 3,673,875 in FFY 2004. The Minnesota Board on Aging is committed to satisfy the service needs of older individuals who reside in rural areas.

The method currently used is to allocate “base amounts” per area agency on aging in the intrastate funding formula (\$50,000/IIIB, \$50,000/IIIC, \$4,600/IIID, and \$25,000/IIIE). Because the metro region (PSA 11) contains over forty percent of the elderly population of this state, the use of base amounts results in higher per capita allocations per each rural individual in the remaining thirteen Planning and Service Areas.

5. Pursuant to Section 307(a)(4), the Minnesota Board on Aging will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under title III and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

6. Pursuant to Section 307(a)(5) the Minnesota Board on Aging
 - A) affords an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

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

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

7. Pursuant to Section 307(a)(8)(A) the Minnesota Board on Aging agrees that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgement of the State agency--
 - i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging

8. Pursuant to Section 307(a)(8)(C) the Minnesota Board on Aging agrees that an area agency on aging will be allowed to provide information and assistance services and outreach.
9. Pursuant to Section 307(a)(10) the Minnesota Board on Aging assures that the special needs of older individuals residing in rural areas will be taken into consideration and has described how those needs have been met and how funds have been allocated to meet those needs (see #3 of this document).
10. Pursuant to Section 307(a)(21) the Minnesota Board on Aging assures that it will coordinate programs under title III and programs under title VI and 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 under title III. The Minnesota Board on Aging employs a full-time specialist focussed on Native american Elders and specifies its efforts in Focus Area 5—Outcome 5E, and Focus Area 6 -- Outcome 6D of this plan.

Section V

MINNESOTA Board on AGING MISSION AND VISION STATEMENTS

MISSION STATEMENT

The Minnesota Board on Aging is the foremost leader and policy advisor to the Governor, the Legislature and Minnesota State Agencies regarding issues affecting Older Minnesotans and their families.

VISION STATEMENT

- The Minnesota Board on Aging will be the foremost leader in the formulation of public policy on aging, and the primary vehicle for gathering input on the status and needs of older Minnesotans.
- We will have strong partnerships with the Area Agencies on Aging, the Senior Service Corps, other providers and community leaders throughout the state to expand options and resources to support the independence and dignity of older persons.
- We will celebrate all older persons as valued members of society and recognize them as significant resources to the state. Older people will be full participants in their communities, contributing their energy and experience in a variety of paid and volunteer positions.
- We will be a catalyst for new, affordable ways that families, friends and neighbors can assist older people who need help. There will be easy access to helpful information, assistance and advocacy services.
- We will support and reach out to older persons who are disabled, isolated, low-income minority, and any others who face barriers to full participation in programs and services.
- We will strengthen ties between generations by supporting mutual efforts to ensure the care, education and safety of our children.

- We will promote the effective use of all resources. We will seek out and participate in public/private partnerships to respond to the challenges of our aging society
- We will be accountable for the federal and state funds we administer by clearly articulating the outcomes we expect and reporting the results to all Minnesotans.

Section VI

STATE PLAN FOCUS AREAS: OUTCOMES AND MEASURES

FOCUS AREA 1

STRENGTHEN CAPACITY OF AREA AGENCIES ON AGING

Two significant changes are occurring in both state and federal programs regarding aging services: flat or decreasing public dollars coupled with an increasing demand for consumer choice. The MBA supports Minnesota state strategies to re-shape the system of services and supports for older people in Minnesota. With generally flat OAA funding and the demographic redistribution of the older population (based on the 2000 Census) it is imperative that we review and redefine the roles and structure of Minnesota's Aging Network, to ensure efficient and effective administration and to focus resources on the strategic activities necessary to transform Minnesota's service and support systems. The work will be guided by state-wide AAA standards in three critical areas: (1) administration of Title III and other resources, (2) information and access services, and (3) new local services development. Area Agencies and their stakeholders will develop local strategies to meet those standards. This review and redefinition work is expected to be phased in over the next three years, with several critical elements occurring in 2004.

OUTCOMES and MEASURES

1A Strengthen AAA administrative capacity

Focus limited OAA administrative resources to ensure maximum administrative accountability, manage increasingly complex budgets and use new management information and E-business technologies to track services, outcomes and expenditures.

Measures:

- ✓ Adequate staffing to meet Network standards
- ✓ MIS development to address accountability and evaluation requirements
- ✓ Consumer-driven quality assurance mechanisms for senior nutrition programs (e.g., focus groups, suggestion cards, quality checks on meals/service and other information).

1B Develop and improve home- and community-based services

The highest priority focus of the Aging Network over the next several years is to reshape and expand the range and availability of in-home support services, working in regional and community partnerships (with both public and private providers) to fill identified gaps in services—to give older Minnesotans and their families more choices in meeting their LTC needs.

Measures:

- ✓ Partnerships with counties to improve overall “LTC service system.”
- ✓ Relevant and accessible caregiver support network
- ✓ Program Development and Coordination outcomes meet Network standards
- ✓ Regional medication management strategy
- ✓ See additional measures under **Focus Area 5: Expand Availability Of Affordable Home- And Community-Based Services And Supports**

1C Improve information access and assistance

AAAs must ensure that information and assistance regarding the options available in any given community are easily accessible and useful to the consumer. Elements of this system should use emerging telecommunication technologies that maximize access and minimize cost.

Measures:

- ✓ Consumer information & assistance staffing and qualifications meet Network standards.
- ✓ See additional measures under **Focus Area 3: Link People to Information**

1D Target Title III programs and services

Proposed cutbacks for senior nutrition and other programs require that available funds be targeted to those who are at highest risk

Measures:

- ✓ Service funds are targeted to meet MBA/AAA negotiated goals for minority, high-risk and low-income participation.
- ✓ Best practice models (for efficiency and effectiveness) are developed and implemented.

FOCUS AREA 2

ELDER RIGHTS AND PROTECTIONS FOR OLDER MINNESOTANS—ESPECIALLY THOSE AT RISK

Older Minnesotans need to understand their rights, benefits and responsibilities under the law. Good information is key to effective self-advocacy, and new web-based access is making it easier for many persons and their families to have immediate access to consumer-friendly information and resources. Nonetheless, many individuals, and particularly those at highest risk, need an advocate to help guide them through confusing paperwork, or in some cases, to represent their interests on their behalf. The federal Older Americans Act requires states to create a comprehensive system to both advocate on behalf of residents and other vulnerable elderly, and to identify and redress instances of abuse, neglect or exploitation.

OUTCOMES and MEASURES

2A Elder rights

Promote the rights of older Minnesotans, particularly those who are vulnerable, and promote community supports for advocacy through Ombudsman and other programs.

Measures:

- ✓ The number of older persons and caregivers who are aware of rights/protections available to them
- ✓ The number of professionals who use curriculum circulated via the Internet to assist them in identifying elder abuse.
- ✓ The number of consumers educated on long-term care standards and quality measures.
- ✓ Legal Services resources address the needs of elderly in residential care and victims of abuse, neglect or exploitation.

2B Elder advocacy

Increase and improve advocacy service for older Minnesotans through Ombudsman and other programs.

Measures:

- ✓ The number of long-term care consumer complaints resolved through Ombudsman intervention.

- ✓ Level of accuracy of elder abuse reporting in Minnesota, and use of the data to reduce opportunities for abuse.

2C Grandparents raising grandchildren

Increase community supports for grandparents raising grandchildren.

Measure: Number of Grandparent Raising Grandchildren mentors providing one-to-one assistance to grandparent caregivers.

2D Service quality and accountability

Promote and expand the development of effective accountability mechanisms (including consumer feedback) for services provided in community and residential settings

Measures:

- ✓ Management information systems for in-home services routinely include customer feedback as part of quality evaluation
- ✓ Volunteer and informal oversight is available in non-institutional service settings.
- ✓ Consumer participation in provider-initiated quality improvement activities.

FOCUS AREA 3

LINK PEOPLE TO INFORMATION

Older Minnesotans and their families need accurate and objective information in order to make good decisions. This is a particular challenge when a health care crisis or disability requires that older persons make changes in their daily routine. Good information about all the options available can also sometimes prevent or postpone the use of public safety net services through referral to less costly—and preferred community or self-help alternatives. New Internet and other communications technologies have vastly improved the quality, timeliness and accuracy of database, and allow those individuals who so wish, to access information directly. However, many also need assistance with navigating the complex and often confusing aging services and benefits system, and need the personal assistance that only one-on-one communication can provide. Provide easy access to information and assistance for older persons and their families, allowing Minnesotans to access the spectrum of formal and informal services in their communities, and make good decisions about their care.

OUTCOMES and MEASURES

3A Link people to information

Improve and expand access to Senior LinkAge® Line to be the resource that most Minnesotans—across cultures and generations—would use if they had a question about caregiving or support services for seniors.

Measures:

- ✓ The proportion of older Minnesotans who recognize Senior LinkAge® Line as the place to call for information about aging services and resources.
- ✓ Development of an automated web-based, single point of information and eligibility determination for ALL services and programs for older Minnesotans (linked to MinnesotaHelp.Info).

3B Statewide implementation of 2-1-1

Use new technologies to improve access, make getting information easier and as efficient as possible.

Measures:

- ✓ Established referral protocols between the regional Call Centers and the Senior LinkAge® Line.
- ✓ Number of counties covered by 2-1-1 service.

3C Web-based service information

Promote MinnesotaHelp.info as the primary source of information for consumers and families about all LTC options, and a practical tool and to aid in evaluating the options.

Measure: Number of older persons, family and other stakeholders that use MinnesotaHelp.Info.

3D Web-based aging issues and research information

Promote the MBA web page as a reliable resource for information regarding the MN Board on Aging as well as issues, policies and programs related to older Minnesotans.

Measure: Number of persons in general public, older persons, family and other stakeholders that use Mnaging.org.

FOCUS AREA 4

PROMOTE STATE AND LOCAL AGING LEADERSHIP

The projected increase in both the numbers and proportions of older people in most Minnesota communities over the next 15-20 year is both a challenge and an opportunity. Especially in rural Minnesota, the increasing proportions of older residents will threaten the capacity of existing government support systems. The good news is that most Minnesotans are healthy and productive into their 80s, and that there are myriad possible new productive roles for older people in the community. There is currently a shortage of new senior volunteers to both raise awareness of aging issues, and to actively become involved in solving them. The MBA encourages and supports the emergence of a new cadre of leaders at all levels in Minnesota. Increasing numbers of well educated, vital retirees in communities across the state can play leadership roles in local problem solving as well as to understand and advocate for necessary changes in both public and private policies to reflect the changes in the population.

OUTCOMES and MEASURES

4A Public awareness of aging issues

Increase knowledge and understanding among state and local leaders about the challenges of an aging population, and increase public support for developing and implementing effective solutions.

Measures:

- ✓ Forums and community meetings, media coverage, and requests for information on aging issues.
- ✓ Levels of public funding for aging programs and services.

4B Aging leadership at all levels

Develop strategy and materials to increase awareness and support for MBA/AAA initiatives among state and local leaders—elected and non-elected.

Measure: Numbers of participants in Aging Leadership Development programs.

4C Leadership roles specifically for older Minnesotans

Promote leadership roles specifically for older Minnesotans in both public and private sectors.

Measures:

- ✓ Numbers of Aging Leadership Development participants who are aged 60 and older.
- ✓ Partnerships with Tribes to empower elders through leadership positions in Wisdom Steps Directors and Advisory Council.

4D Leadership in promoting best practices

Area Agencies on Aging provide state leadership in critical service development areas including new service development, community leadership and problem solving.

Measure: Development of new community-level long-term care services and supports that address identified gaps, make more effective use of existing dollar and personnel resources and/or increase consumer direction and satisfaction.

4E Maintain MBA's effectiveness

Sustain and strengthen the reputation of the MBA as a legitimate, objective, non-partisan and unbiased source of information regarding issues and perspectives of older Minnesotans.

Measure: Specific positions and priorities of the Board are reflected in Legislative and State Executive actions.

FOCUS AREA 5

EXPAND AVAILABILITY OF AFFORDABLE HOME- AND COMMUNITY-BASED SERVICES AND SUPPORTS

Most persons aged 60 and older prefer to stay in their own homes or apartments, and maintain their daily habits and routines to the extent possible—even when challenged by reductions in functional and/or cognitive abilities. The Supreme Court’s Olmstead ruling confirms a policy approach of supporting people in the most integrated settings possible. Therefore, non-institutional services and supports must be readily accessible and affordable. Family members—with support from neighbors and friends—currently provide about 90% of the daily assistance needed by very frail elderly in the community. Minnesota’s family caregivers also need assistance—to both lessen the burden of caring, and to partner with providers to improve the quality of care provided. The MBA strongly supports “re-balancing” Minnesota’s long-term care system, away from institutional supports and toward home- and community-based services that help individuals stay in their own homes and apartments. Federal Older Americans Act funds must be used to strategically leverage the entire range of community resources—family, friends and neighbors, civic and faith-based organizations, local businesses, public and tribal units of government—to support older Minnesotans and their families.

OUTCOMES and MEASURES

5A Improve links between public services and at-risk elderly

Enable low-income, at-risk older persons to remain in their own homes and apartments by increasing the availability of public and/or affordable support services in subsidized and low-income senior housing and in neighborhoods and communities with high concentrations of low income elderly.

Measures:

- ✓ The number of low-income persons who receive affordable, sliding fee scale or publicly-funded support services to stay in their own homes or apartments.
- ✓ See additional measures under **Focus Area 6: Strengthen Capacity of Area Agencies on Aging**

5B Strengthen the statewide caregiver support network

Ensure that family and other “informal” caregivers in all parts of the state are aware of and have access to assistance early on so to extend and improve the quality of informal care.

Measures:

- ✓ The number of persons who receive caregiver support services (e.g., information & assistance, counseling, education/training, respite, and/or supplemental services).
- ✓ The number of counties that offer consumer-directed caregiver models to eligible consumers.

5C Partner with counties

Increase collaboration with counties and their sub-contracted health plans to focus public resources on identified long-term care service gaps and to reduce artificial barriers to service.

Measures:

- ✓ Partnerships with counties to update Gaps Analysis and Service Development Plans.
- ✓ Technical assistance provided to local applicants for state Community Services/Service Development grant funds.
- ✓ Change in proportion of public long-term care funds spent in institutional vs. community-based settings.

5D Promote optimum use of resources

Integrate informal resources as appropriate into community support services and promote the integration of volunteer programs into expanding home- and community based services. Continue to seek economies of scale and use of distance technologies—especially in rural areas.

Measures:

- ✓ Maintained number of units of service, despite flattened or reduced funding.
- ✓ Partnerships between “formal” service providers and volunteer programs.

5E Improve service access to American Indian communities

Develop public and private partnerships with both tribal and urban American Indian communities and continue to assist tribal communities in developing tribally operated long-term care programs/services.

Measure: The number of eligible American Indian elders enrolled in public home- and community service programs (e.g., Elderly Waiver, Alternative Care and Caregiver Support programs).

5F Help people help themselves

Extend the availability and flexibility of services through the application of new assistive technologies and consumer-directed models. Use consumer feedback to inform decision-making regarding service design and funding – including summary information from the Senior LinkAge® Line.

Measure: The proportion of county administered public funds that are used to provide assistive devices, consumer-directed programs and informal caregiver support.

FOCUS AREA 6

HEALTHY AGING

Health promotion and disease management strategies are critical for preserving health, preventing physical, emotional or cognitive decline, improving quality of life, and controlling rising health care costs. The incidence of chronic disease and disability increases with age, and chronic diseases such as cardio-vascular disease and diabetes can be prevented or at least delayed by modifying risk factors such as proper nutrition, controlling blood pressure, maintaining a healthy weight, regular physical activity, and not smoking. Nutrition programs have a direct impact on the well-being of older persons, and especially those at high nutrition risk. The MBA will continue to target limited resources—especially nutrition and health promotion services--to those at highest risk and to their caregivers. Through partnerships with tribes, other state agencies and local organizations, the MBA will target communities with identified health disparities—including low income, minority and frail/disabled persons who have difficulty accessing health care.

OUTCOMES and MEASURES

6A Health promotion

Conduct annual statewide health promotion or self-help campaigns—working with current Aging network and new partners including other state agencies, local chapters of health organizations, other non-profit providers, and the University of Minnesota.

Measure: Implementation of marketing campaigns through aging network systems (e.g., nutrition programs statewide).

6B Target nutrition services to high risk persons

Continue progress toward locating new congregate dining sites in settings that are specifically accessible to those who are at highest health risk—the very old, and persons with the greatest economic, social needs.

Measure: Number and proportion of dining sites located in affordable housing.

6C Reduce health disparities

Participate in local implementation of Healthy Aging Initiative in partnership with the Center for Disease Control and Prevention, Chronic Disease Directors, NASUA and AoA.

Measure: Local (state) partnerships between the MBA and the MN Department of Health, the University of Minnesota and chronic disease organizations (viz., local chapters of health and mental health organizations, other non-profit providers).

6D Culturally appropriate interventions

Continue to implement and improve Wisdom Steps Preventive Health Program for American Indian Elders in the areas of health screenings, medicine management, nutrition and physical activities. Develop and provide culturally acceptable health and mental health education and programs to improve access and reduce disparities for health care.

Measures:

- ✓ Partnerships with agencies to develop Chronic Disease Self-Management Programs in American Indian and other minority communities.
- ✓ Increased documentation by Tribal and Indian Health Services of health screening results and referrals to preventive health programs.

Section VII

INTRASTATE FUNDING FORMULA

(INSERT)

DATA BY PLANNING AND SERVICE AREAS

(INSERT)

FFY 2004 -- ALLOCATION CHART