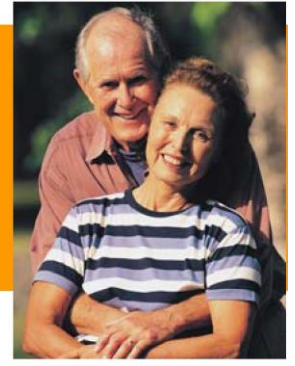
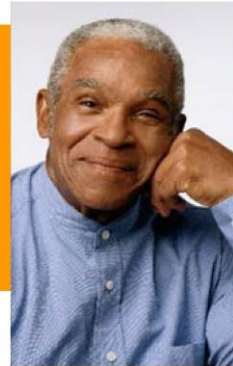


# LEGISLATIVE PRIORITIES 2011



Over the next twenty-five years the number of Minnesotans over age 65 will double – from 600,000 to 1.2 million. The policies and public programs currently in place will be neither fiscally viable nor well suited to the next generation of older Minnesotans. Seniors want to stay in their own homes and communities and be self-sufficient and contribute for as long as possible.

Minnesota has made significant progress in reducing reliance on nursing homes and expanding the supply of home and community-based services. But service quality and accountability remain a challenge. In 2010 the majority of older Minnesotans receiving publically financed long-term care live in their own homes and apartments. The Minnesota Board on Aging (MBA) and Minnesota Department of Human Services are striving together to improve quality and build mechanisms for ongoing sustainability.

In order to continue our progress and to ensure service quality and accountability, the MBA has identified the following priority areas for Legislative attention in 2011:

**Prepare Minnesota for Alzheimer's**  
**Protect Vulnerable Seniors from Fraud**  
**Develop Improved Workforce Skills**



## I. Prepare Minnesota for Alzheimer's Disease

A 2009 law required the Minnesota Board on Aging to convene an Alzheimer's Disease Working Group to examine the needs of individuals with Alzheimer's disease, the services available to meet these needs, and the capacity of the state and providers to meet current and future challenges. The working group was also to make recommendations on needed policies and responses. Major themes of the report include:

1. Earlier identification of the disease and subsequent use of health care home teams and other state and federal reform elements,
2. Expanded education of physicians and other health professionals needed to support early identification and interdisciplinary care,
3. Adoption of nationally developed quality standards,
4. Assisting communities to build awareness and support families in a culturally appropriate manner,
5. Use of evidence-based caregiver support,
6. Publicize information about Minnesota-based research and facilitate participation in studies, especially by members of diverse populations,
7. A strong encouragement for the departments of health and human services to review the emerging literature establishing cost saving aspects that accompany the quality enhancing steps being recommended.

**The Minnesota Board on Aging strongly supports the Alzheimer's Disease Working Group report and its recommendations for state action. The Board will monitor enabling legislation as it is developed and support actions consistent with the report.**

## LEGISLATIVE PRIORITY—2011

### **II. Protect Vulnerable Seniors from Fraud**

Frail persons who are living on their own must be protected from abuse or exploitation. Trained and reliable personnel must be available to ensure that quality care is provided in all settings, whether in facilities or in the community, and to respond quickly in cases of immediate jeopardy.

While adult protection reforms enacted by the Legislature in 2010 were very important, the MBA and Department of Human Services continue to work with other stakeholders to develop concepts for improved protection including from scams and other solicitations that are purposefully targeted to isolated and vulnerable seniors.

The federal government created a “do not call” mechanism in response to technology-aided solicitations to all citizens. Now we need to consider developing a mechanism that can better shield vulnerable seniors from solicitations that fraudulently target them by arousing fears for their safety, security and wellbeing.

**The Minnesota Board on Aging will work with the Ombudsman for Long-term Care, the Vulnerable Adult Justice Project and other stakeholders to explore mechanisms appropriate for state and local action to better protect vulnerable seniors from fraudulent solicitations.**

## LEGISLATIVE PRIORITY—2011

### **III. Develop Improved Workforce Skills**

Whether long-term supports and services are delivered in nursing facilities or in individuals' homes and community settings, the bulk of cares are usually provided by para-professionals and aides with various skills and work experiences. Our collective pursuit of high quality, effective and sustainable long-term care in all settings needs to continue to wrestle with efforts to certify that direct care staff have the skills to provide the cares expected from them with the broad range of needs present in all settings. Increasingly complex care is being delivered in all settings as we rebalance care into community-based settings. Cognitive and behavioral issues, together with complex medical and functional needs challenge both professionals and direct care providers.

**The MBA will work with other stakeholders to develop new approaches to credential the competence of licensed and certified long-term care staff, including but not limited to those working with individuals with dementia.**

## AGING IN MINNESOTA

# Critical Changes Ahead

The top goal of the MBA is to move away from an institutional-based system to one that is more in line with consumer preferences and choice. A key element to achieving this goal is to provide understanding regarding options for families when they are making decisions or planning.

The Senior LinkAge Line<sup>®</sup> and the web-based MinnesotaHelp.info<sup>®</sup> are core to providing the right service at the right time so that families can make informed choices. “Long-Term Care Options Counseling”, is the name of a Senior LinkAge Line<sup>®</sup> service that assists in making the best choices to access supports. A second new program established by the Legislature in 2009, “Return to Community”, provides substantial assistance to individuals living in nursing facilities who wish to move back to a community residence.

The MBA also strongly supports the following efforts of the state’s **Health Care Reform** initiatives:

- **Stronger health promotion and disease prevention activities**
- **Greater focus on complex disabling chronic conditions and high cost**
- **Sufficient and stable supply of competent/trained LTC workforce**
- **Use of technology to improve and streamline health and long-term care**

The Minnesota Board on Aging is a partner with the Department of Human Services and the Minnesota Department of Health in project ***Transform 2010***—exploring the impact of changing demographics in Minnesota. ***Transform 2010*** has identified five key areas where significant “transformation” work must be done to prepare for a permanent shift in the state’s age structure:

- **Redefining work and retirement**
- **Supporting caregivers of all ages**
- **Fostering Communities for a Lifetime**
- **Improving health and long-term care**
- **Maximizing the use of technology**



The MBA mission is to ensure that older Minnesotans and their families are effectively served by state and local policies and programs in order to age well and live well.