Background—The Caregiving Shortage
Minnesota communities are experiencing a growing shortage of senior care workers due to a fast-growing senior population and competitive local employment markets. Results of The Long-Term Care Imperative’s 2016 Legislative Survey** shows:

- The number of open nursing and nursing assistant positions in Minnesota nursing homes alone grew by 11% in 2015 to 2,883 open FTEs;
- Annual turnover of direct caregivers rose to nearly 56% in 2015; and
- 50% of Minnesota care centers reported suspending admissions in 2015 because they lacked essential staff, impacting 4,400+ people.

While there was significant ground gained due to action taken during the 2015 Legislative Session with investments and education supports, we know, due to sheer demographics, that last year’s investment won’t be enough to meet the increasing need for senior care workers. Initial conversations with workforce stakeholders indicate strong support to help, but consensus that Minnesota lacks effective collateral materials or a shared platform to communicate stories that capable of changing public interest.

Proposal
A universally requested statewide solution to this priority workforce shortage is to grow the public value for caregivers in communities via a bold public awareness campaign offering practical tools and messages alongside a major public relations outreach, statewide marketing tour and efforts featuring in-demand senior care careers.

Next Steps and Implications for 2017
The goals of this proposal are to:

- Help older adults across Minnesota see a much-needed increase in the number of individuals taking pride in caregiving careers;
- Leverage trusted local partnerships; an effort of this magnitude must be shared across workforce development, K-12, higher education and local employers;
- Produce effective materials and outreach strategies for workforce partners on a community level to be a catalyst for increasing interest in careers in long-term care;
- Replicate the success of workforce campaigns such as CaringJobs.ND.gov in North Dakota’s or the manufacturing sector’s Dream It Do It Minnesota by connecting with students, educators, parents and local partners to:
  - Inspire people to prepare for and seek senior care careers;
  - Improve the public image of senior care and caregiving careers;
  - Influence schools, parents and guidance counselors to embrace senior care careers; and
  - Involve local senior care providers as training and employment partners.

**Survey data collection was in December 2015, and does not fully reflect impact of 2015 payment reforms
A bill for an act
relating to higher education; appropriating money to develop educational materials
to increase awareness of senior care career opportunities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. APPROPRIATION; SENIOR CARE CAREER OPPORTUNITIES.

$....... in fiscal year 2018 is appropriated from the general fund to the Board of Trustees of the Minnesota State Colleges and Universities for use by Winona State University for HealthForce Minnesota to develop educational materials that increase awareness of career opportunities available in the field of senior care. The educational materials developed under this provision must be appropriate for students in K-12 education settings, dislocated workers, and rural communities. Materials must be developed in collaboration with employers and trade organizations representing employers in the field of senior care.
Senior Care Workforce Innovation Grant Fund
HF803/SF655

Background
Workforce shortages remain one of the biggest challenges to the delivery of long-term care in Minnesota. Despite the passage of increases to nursing facilities and the raising of the caps for elderly waiver in the 2015 session, nursing facilities and home and community-based services settings continue to struggle with recruitment and retention issues. In 2015, the nursing facility RN turnover rate statewide was 64%, up from 47% in 2014. The 2015 turnover rate for nursing assistants and trained medical assistants was at 65%, up from 51% in 2014. Nursing facilities have vacancies across the state of 2900 open positions. The overwhelming reason for open positions in nursing facilities was a lack of applicants—a 2015 survey response showed that 70% of nursing facility vacancies were attributed in part to a lack of applicants for open positions. Housing with services also report staff stability challenges with a 50% turnover rate in LPNs and a 54% turnover rate for home health aides.

Nursing facilities are being forced to deny admissions because of staff vacancies. This, in turn, leads to placement in facilities outside of the community and away from family and loved ones. The senior population is continuing to grow—60,000 Minnesotans will turn 65 each year through the year 2030. By 2020, seniors will outnumber children in the classroom for the first time. Families, communities and policy makers need to look at new ways to increase the workforce to help care for our growing senior population.

Proposal
The Long-Term Care Imperative proposes the creation of a senior care workforce innovation grant fund. This competitive grant program will fund pilots of new programs or expansions of existing successful programs that can help expand the pool of paid care givers to work in the older adult services sector. Funds will be prioritized to target employment of underserved populations, such as new Americans, persons receiving government assistance, persons with disabilities, “encore” career seniors, single parents and/or veterans.
A bill for an act
relating to human services; establishing the senior care workforce innovation grant
program; appropriating money; proposing coding for new law in Minnesota
Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [144.1504] SENIOR CARE WORKFORCE INNOVATION GRANT
PROGRAM.

Subdivision 1. Establishment. The senior care workforce innovation grant program is
established to assist eligible applicants to fund pilot programs or expand existing programs
that increase the pool of caregivers working in the field of senior care services.

Subd. 2. Competitive grants. The commissioner shall make competitive grants available
to eligible applicants to expand the workforce for senior care services.

Subd. 3. Eligibility. (a) Eligible applicants must recruit and train individuals to work
with individuals who are primarily 65 years of age or older and receiving services through:
(1) a home and community-based setting, including housing with services establishments
as defined in section 144D.01, subdivision 4;
(2) adult day care as defined in section 245A.02, subdivision 2a;
(3) home care services as defined in section 144A.43, subdivision 3; or
(4) a nursing home as defined in section 144A.01, subdivision 5.
(b) Applicants must apply for a senior care workforce innovation grant as specified in
subdivision 4.

Section 1.
Subd. 4. Application. (a) Eligible applicants must apply for a grant on the forms and according to the timelines established by the commissioner.

(b) Each applicant must propose a project or initiative to expand the number of workers in the field of senior care services. At a minimum, a proposal must include:

(1) a description of the senior care workforce innovation project or initiative being proposed, including the process by which the applicant will expand the senior care workforce;

(2) whether the applicant is proposing to target the proposed project or initiative to any of the groups described in paragraph (c);

(3) information describing the applicant's current senior care workforce project or initiative, if applicable;

(4) the amount of funding the applicant is seeking through the grant program;

(5) any other sources of funding the applicant has for the project or initiative;

(6) a proposed budget detailing how the grant funds will be spent; and

(7) outcomes established by the applicant to measure the success of the project or initiative.

Subd. 5. Commissioner's duties; requests for proposals; grantee selections. (a) By September 1, 2017, and annually thereafter, the commissioner shall publish a request for proposals in the State Register specifying applicant eligibility requirements, qualifying senior care workforce innovation program criteria, applicant selection criteria, documentation required for program participation, maximum award amount, and methods of evaluation.

(b) Priority must be given to proposals that target employment of individuals who have multiple barriers to employment, individuals who have been unemployed long-term, and veterans.

(c) The commissioner shall determine the maximum award for grants and make grant selections based on the information provided in the grant application, including the targeted employment population, the applicant's proposed budget, the proposed measurable outcomes, and other criteria as determined by the commissioner.

Subd. 6. Grant funding. Notwithstanding any law or rule to the contrary, funds awarded to grantees in a grant agreement under this section do not lapse until the grant agreement expires.

Subd. 7. Reporting requirements. (a) Grant recipients shall report to the commissioner on the forms and according to the timelines established by the commissioner.
(b) The commissioner shall report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over health by January 15, 2019, and annually thereafter, on the grant program. The report must include:

(1) information on each grant recipient;

(2) a summary of all projects or initiatives undertaken with each grant;

(3) the measurable outcomes established by each grantee, an explanation of the evaluation process used to determine whether the outcomes were met, and the results of the evaluation; and

(4) an accounting of how the grant funds were spent.

(c) During the grant period, the commissioner may require and collect from grant recipients additional information necessary to evaluate the grant program.

Sec. 2. **APPROPRIATION; SENIOR CARE WORKFORCE INNOVATION GRANT PROGRAM.**

$........ in fiscal year 2018 and $........ in fiscal year 2019 are appropriated from the general fund to the commissioner of health for the purposes of the senior care workforce innovation grant program under Minnesota Statutes, section 144.1504.
Workforce Loan Forgiveness & Scholarships
HF804/SF819

Sect. 1: Nurse loan forgiveness program expansion
The demand for home and community based settings continues to grow as the population of Minnesota ages. 60,000 Minnesotans will turn 65 each year through the year 2030. By the time we reach 2030, 25% of Minnesota’s population will be 65 and older. As the senior population has grown and choice in settings along with it, the workforce has shrunk. Vacancies in the housing with services settings workforce remain high, with 13% of LPN positions and 6% of RN positions unfilled. Turnover rates are even higher: statewide in 2015, there was a 50% turnover rate for LPNs and a 29% turnover rate for RNs. The lack of continuity in caregivers affects the care the older population receives. One way to incentivize nurses to enter and stay in the home and community based services and home care workforce is to help them with their nursing school loan payments.

Proposal
Expand the nurse loan forgiveness program to include nurses who work in housing with services and home care settings. The funding for the program would also increase to offset the expanded pool of applicants.

Sect. 2: Trained Medical Assistant Issue paper
It is estimated that Minnesota will need an additional 25,000 caregivers over the next decade, in large part due to the rapid growth in our senior population. Nursing Facilities need increased flexibility to respond to this rising demand for services which is coupled with a workforce shortage. One way to address this stress is through increased flexibility in training of the workforce. This proposal creates flexibility in training, without sacrificing quality of training.

Training of Unlicensed Personnel is treated differently in Home Care and Nursing Facilities. Minnesota Statutes 144A.4795 HOME CARE PROVIDER RESPONSIBILITIES; STAFF and 144A.4792 Subd.7 establishes a standard for Home Care and unlicensed staff providing medication administration in Home Care and Minnesota Rules 4658.1360 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL has a different standard for Nursing Homes.

This Bill seeks to make the requirements more uniform across these two provider types. It takes the current rules in Nursing Homes, removes the requirement of an outside postsecondary institution training for unlicensed staff to conduct medication administration, and permits the nursing facility to provide the same training using internal RN staff.

The current limitation on Nursing Facilities requiring the training at an outside postsecondary institution, is an unnecessary burden compared to licensed home care providers whose training does not have this requirement. Furthermore, it creates a barrier to better trained staff with flexibility of duties.

By making this change, the statute allows both Home Care and Nursing Home settings to operate under similar requirements and therefore adequately train their staff internally. Furthermore, it ensures appropriate competency through a competency testing. If the training is completed and competency is demonstrated, unlicensed staff will be able to conduct medication administration as a delegated nursing service –meaning it must be delegated by an RN.

Sect. 3: SNF scholarship expanded
Nursing facilities continue to see both a shortage of applicants and a high turnover rate for nurses. Salaries are not competitive with hospital settings and nursing facility nurses frequently leave after (how many months) for hospital jobs. With statewide turnover rates of 64% for
nursing home RNs and 65% for nursing assistants in 2015, incentives are needed for nurses to stay in a nursing facility setting.

Proposal
Eliminate the requirement that nurses and nursing assistants must be newly hired and recently graduated within 12 months to receive the funding. This will allow nurses who are already in the field to have an incentive to stay in long-term care.

Sect. 4: Home and Community-Based Scholarship
The Home and Community-Based Scholarship competitive grant program that was created by the 2015 legislature proved very popular with providers. The number of applicants far exceeded the available funding. In 2016, 86 applications were received and 31 were funded. In 2017, 49 applications were received and 33 were funded. As providers continue to struggle with recruiting and retaining staff, this program offers an incentive for employees to work in the field of long-term care. Housing with services providers saw a 50% turnover rate in LPNs and a 54% turnover rate for home health aides in 2015.

Proposal
Increase funding for the HCBS Scholarship program from $1,000,000 in 2018 and $1,000,000 in 2019 to XXXX in 2018 and XXXX in 2019.
A bill for an act relating to health; modifying the health professional loan forgiveness program and the employee scholarship program; appropriating money; amending Minnesota Statutes 2016, sections 144.1501, subdivision 2; 256R.37; repealing Minnesota Rules, part 4658.1360.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2016, section 144.1501, subdivision 2, is amended to read:

Subd. 2. Creation of account. (a) A health professional education loan forgiveness program account is established. The commissioner of health shall use money from the account to establish a loan forgiveness program:

(1) for medical residents and mental health professionals agreeing to practice in designated rural areas or underserved urban communities or specializing in the area of pediatric psychiatry;

(2) for midlevel practitioners agreeing to practice in designated rural areas or to teach at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program at the undergraduate level or the equivalent at the graduate level;

(3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care facility for persons with developmental disability; or a hospital if the hospital owns and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse is in the nursing home; or a housing with services establishment as defined in section 144D.01, subdivision 4; or a home care provider as defined in section 144A.43, subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program at the undergraduate level or the equivalent at the graduate level;
field in a postsecondary program at the undergraduate level or the equivalent at the graduate level;

(4) for other health care technicians agreeing to teach at least 12 credit hours, or 720 hours per year in their designated field in a postsecondary program at the undergraduate level or the equivalent at the graduate level. The commissioner, in consultation with the Healthcare Education-Industry Partnership, shall determine the health care fields where the need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory technology, radiologic technology, and surgical technology;

(5) for pharmacists, advanced dental therapists, dental therapis, and public health nurses who agree to practice in designated rural areas; and

(6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the United States Department of Health and Human Services under Code of Federal Regulations, title 42, section 51, chapter 303.

(b) Appropriations made to the account do not cancel and are available until expended, except that at the end of each biennium, any remaining balance in the account that is not committed by contract and not needed to fulfill existing commitments shall cancel to the fund.

Sec. 2. Minnesota Statutes 2016, section 256R.37, is amended to read:

256R.37 SCHOLARSHIPS.

(a) For the 27-month period beginning October 1, 2015, through December 31, 2017, the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing facility with no scholarship per diem that is requesting a scholarship per diem to be added to the external fixed payment rate to be used:

(1) for employee scholarships that satisfy the following requirements:

(i) scholarships are available to all employees who work an average of at least ten hours per week at the facility except the administrator, and to reimburse student loan expenses for newly hired and recently graduated registered nurses and licensed practical nurses, and training expenses for nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly hired and have graduated within the last 12 months; and
(ii) the course of study is expected to lead to career advancement with the facility or in long-term care, including medical care interpreter services and social work; and

(2) to provide job-related training in English as a second language.

(b) All facilities may annually request a rate adjustment under this section by submitting information to the commissioner on a schedule and in a form supplied by the commissioner. The commissioner shall allow a scholarship payment rate equal to the reported and allowable costs divided by resident days.

(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs related to tuition, direct educational expenses, and reasonable costs as defined by the commissioner for child care costs and transportation expenses related to direct educational expenses.

(d) The rate increase under this section is an optional rate add-on that the facility must request from the commissioner in a manner prescribed by the commissioner. The rate increase must be used for scholarships as specified in this section.

(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities that close beds during a rate year may request to have their scholarship adjustment under paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect the reduction in resident days compared to the cost report year.

Sec. 3. APPROPRIATION; HOME AND COMMUNITY-BASED SERVICES EMPLOYEE SCHOLARSHIP PROGRAM.

$....... in fiscal year 2018 and $....... in fiscal year 2019 are appropriated from the general fund to the commissioner of health for the home and community-based services employee scholarship program under Minnesota Statutes, section 144.1503. The commissioner may use up to $50,000 of the annual appropriation for administration.

Sec. 4. REVISOR'S INSTRUCTION.

The revisor shall fix cross-references to repealed Minnesota Rules, part 4658.1360, wherever it appears in Minnesota Statutes and Minnesota Rules.

Sec. 5. REPEALER.

Minnesota Rules, part 4658.1360, is repealed.
4658.1360 ADMINISTRATION OF MEDICATIONS BY UNLICENSED PERSONNEL.

Subpart 1. Authorization. The director of nursing services may delegate medication administration to unlicensed personnel according to Minnesota Statutes, sections 148.171, subdivision 15, and 148.262, subdivision 7.

Subp. 2. Training. Unlicensed nursing personnel who administer medications in a nursing home must:

A. have completed a nursing assistant training program approved by the department; and
B. have completed a standardized medication administration training program for unlicensed personnel in nursing homes which is offered through a Minnesota postsecondary educational institution that includes, at a minimum, instruction on the following:
   1. the complete procedure of checking the resident's medication record;
   2. preparation of the medication for administration;
   3. administration of the medication to the resident;
   4. assisting residents with self-administration as necessary;
   5. documentation after administration of the date, time, dosage, and method of administration of all medications, or the reason for not administering the medication as ordered, and the signature of the nurse or authorized person who administered and observed the same; and
   6. the type of information regarding medication administration reportable to a nurse.

Subp. 3. Documentation of training course. A nursing home must keep written documentation verifying completion of the required course by all unlicensed nursing personnel administering medications.

Subp. 4. Medication administration. A person who completes the required training course, and has been delegated the responsibility, may administer medication, whether oral, suppository, eye drops, ear drops, inhalant, or topical, if:

A. the medications are regularly scheduled; and
B. in the case of pro re nata (PRN) medications, the administration of the medication is authorized by a nurse or reported to a nurse within a time period that is specified by nursing home policy prior to the administration.