



Minnesota Board on Aging State Plan

FFY 2015 - 2017

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Verification of Intent

The Minnesota Board on Aging hereby submits its State Plan on Aging for the State of Minnesota October 1, 2014 through September 30, 2018 as required under Title III of the Older Americans Act of 1965.

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 are on file.

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

____6/20/2014____
Date



Director, State Unit on Aging

____6/20/2014____
Date



Chair

Executive Summary

Minnesota's population will undergo dramatic shifts in the next two decades. The leading edge of baby boomers started turning 60 in 2006. They are the driving force behind the aging of the state's population. With the aging of the state's population the overall need for long-term care will increase. In order to meet this demand, creative strategies to leverage a broad array of public and private resources must be deployed at the state, regional and local levels.

The next generations of older Minnesotans have significantly fewer children than previous cohorts—1.9 children per couple today compared to 3.2 children per couple in the 1950s. In addition, the proportion of older persons who are expected to be living alone (whether due to death of a spouse, divorce, or never having been married) is also projected to increase significantly for the boomer generation. These trends toward smaller families and smaller households will inevitably result in less family and unpaid support, and an unknown increase in demand for paid help. If we are to maintain the contribution that family caregivers make to our long-term care system we must provide support that can help them maintain their own health and well-being.

Role of the Minnesota Board on Aging

The Minnesota Board on Aging (MBA) is the designated State Unit on Aging for Minnesota. The MBA administers more than \$15 million in federal funds and an additional \$3.2 million in state funds annually. The Older Americans Act stipulates that the MBA designate a statewide network of multi-county Area Agencies on Aging (AAAs). These local AAAs leverage an additional \$21.5 million in local dollars and resources, ensure local input and accountability for service funding and promote local innovation in problem-solving. The Minnesota Indian Area Agency on Aging administers Older Americans Act Title III and Title VI funds to deliver services to tribal elders in the northern half of the state. In addition, the MBA has oversight responsibilities for the Office of Ombudsman for Long-Term Care. This program provides direct, one-to-one advocacy and problem-solving for nursing home residents, older persons receiving services in the community and their families.

The MBA and Area Agencies on Aging target Older Americans Act services to 195,000 older adults (and their family caregivers) who are not eligible for the Alternative Care, Elderly Waiver or Medical Assistance programs. These individuals are at high risk of falling into the public safety net and moving into a nursing home or assisted living. They are also at high risk of hospitalizations and re-hospitalizations. This plan outlines the steps that the MBA will take to support this target population and enable them to maintain their independence while receiving assistance in the ways that they prefer. The MBA State Plan also articulates the role of the MBA as a partner with other state agencies within the larger, publicly-funded system of services and programs for older persons. The goals, strategies and outcomes in this plan, therefore, represent both the federal expectations for the MBA's work as the designated State Unit on Aging as well as state priorities and issues identified through the input provided by the Area Agencies on Aging, their local partners, older adults and family caregivers.

Goal 1: Educate and empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services.

Objectives

1. Provide long-term care options counseling to older adults and family caregivers to determine need for services and identify community resources.
2. Provide support to older adults and their family caregivers during and after care transitions.
3. Assure the quality of services delivered through the MinnesotaHelp Network™.

Goal 2: Enable older adults and family caregivers to Live Well at HomeSM by accessing proven interventions and home and community-based services.

Objectives

1. Disseminate the Live Well at HomeSM materials, including proven interventions, statewide.
2. Expand the availability of home and community-based services statewide.
3. Assure the quality of Older Americans Act-funded services.

Goal 3: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.

Objectives

1. Maintain and support the capacity of the Ombudsman for Long-Term Care Program to serve nursing home and boarding care home residents and home care consumers through advocacy, education and empowerment including prevention of adult maltreatment.
2. Expand the capacity of the Long-Term Care Ombudsman Program through use of Certified Ombudsman Volunteers (COVs).
3. In partnership with the Minnesota Department of Human Services, establish the Vulnerable Adult State Reporting Center.
4. In partnership with the Minnesota Department of Human Services, conduct a public awareness campaign to increase awareness of adult maltreatment and to promote reporting to the Vulnerable Adult State Reporting Center.
5. Assure the availability and quality of legal services provided to low income older adults.

Goal 4: Assist communities to support and engage their older population.

Objectives

1. Educate and support communities to be Communities for a Lifetime. Provide education and support to at least one new community in each AAA region annually.
2. Educate and support communities to be “dementia capable”. Provide education and support to at least one new community in each AAA region annually.

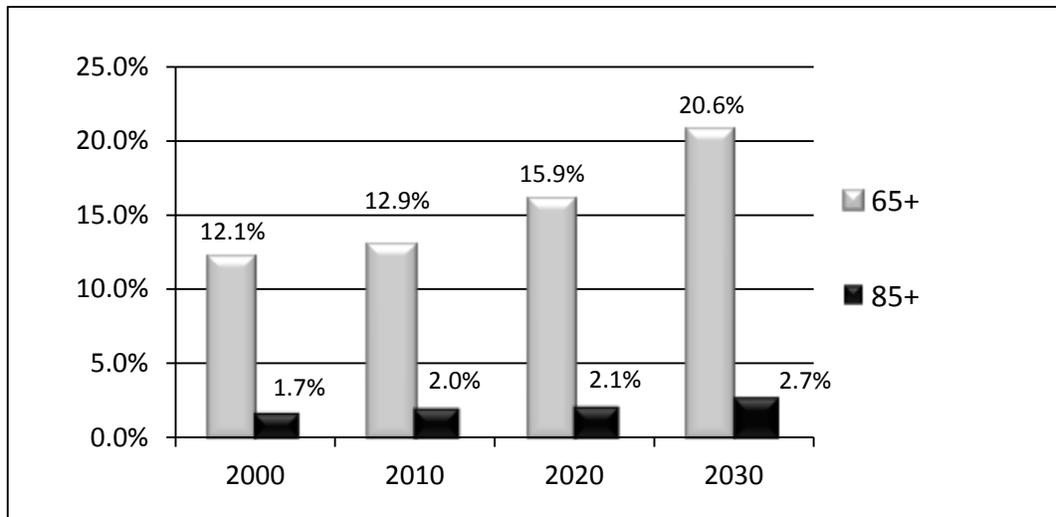
Context

Demographic Trends and Need for Long-Term Care

A. Demographic Trends¹

Minnesota's population is aging. The state demographer projects that between 2010 and 2030, the number of Minnesotans age 65 and older will double, from 685,000 to 1.3 million. The number of persons age 85 and older (who tend to need long-term care) will nearly double, growing to 163,000 and then double again by 2050, rising to 324,000 persons. By 2020, there will be more people age 65 or older than school-aged children in Minnesota.²

Population Age 65+ and 85+



The 60+ population is of particular importance to the Minnesota Board on Aging since it is the basis of eligibility for most Older Americans Act services. The leading edge of baby boomers started turning 60 in 2006 and is included in the youngest segment of this age group. They are the driving force behind the aging of the state's population.

Population Age 60+

Calendar Year	Total State Population	Total State Population 60+	State Percent 60+
2000	4,919,479	772,278	15.7%
2010	5,303,925	962,896	18.2%

¹ Unless otherwise noted, data in this section for calendar years 2000 and 2010 were taken from the U.S. Census Bureau: Demographic Characteristics 2010. Projected numbers for 2020 and 2030 were taken from estimates completed by the Minnesota Demographic Center: 2004, April 2007 – 2020 & 2030 estimates based on 2000 Census data.

² Minnesota State Demographer, March 2013.

Minnesota’s population is becoming more diverse every year. The older adult population will follow this same pattern over the next 20 years becoming more diverse as the baby boom population ages, especially in the Twin Cities metro area.

Population Estimates by Race and Ethnicity

Race categories are single race alone, except for the “two or more races” category. Individuals of Hispanic origin can be of any race.

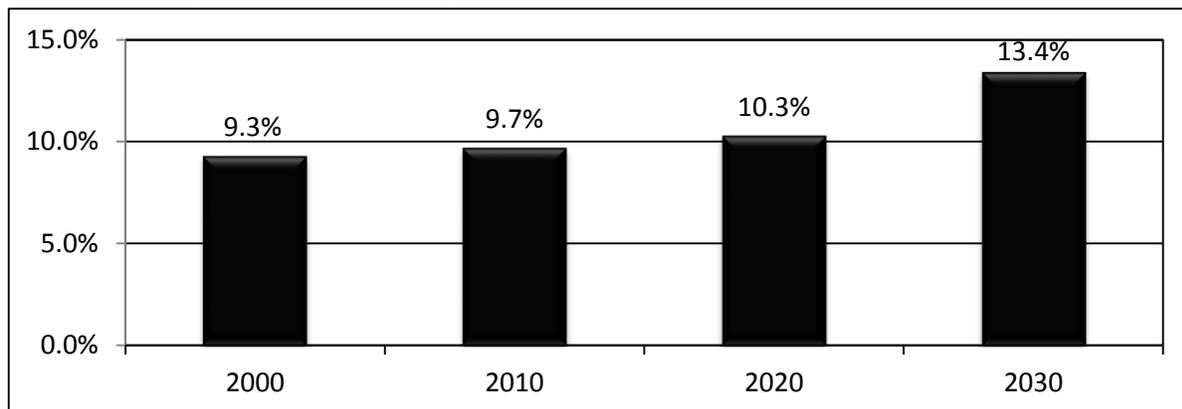
Age	Population by Age	White American	African American	American Indian	Asian American	Two or More Races	Hispanic American
60+	962,896	910,465 (94.6%)	17,486 (1.8%)	5,642 (0.6%)	15,751 (1.6%)	4,490 (0.5%)	9,565 (1.0%)
65+	683,121	654,245 (95.8%)	10,737 (1.6%)	3,392 (0.5%)	10,153 (1.5%)	2,832 (0.4%)	5,880 (0.9%)

Older adults typically experience, on average, a much lower likelihood of living at or below poverty level. However, just over 8% of this population have incomes in this category. This makes it very difficult for individuals to meet their basic needs and makes it quite difficult for them to save for potential future long-term care needs.

65+ Population Estimates by Poverty Status

Total 65+ State Population	65+ Below Poverty Level	Percent 65+ Below Poverty Level	Total State Population All Ages	All Ages Below Poverty Level	All Ages Percent Below Poverty Level
683,121	51,987	8.3%	5,119,104	542,133	10.6%

Percent of Population 65+ Living Alone



The next generations of older Minnesotans have significantly fewer children than previous cohorts—1.9 children per couple today compared to 3.2 children per couple in the 1950s. In addition, the proportion of older persons who are expected to be living

alone (whether due to death of a spouse, divorce, or never having been married) is also projected to increase significantly for the boomer generation³. These trends toward smaller families and smaller households will inevitably result in less family and unpaid support, and an unknown increase in demand for paid help. This trend is illustrated in the Family Caregiver Ratio chart below. Currently, there are 15 persons age 85+ for every 100 females age 45-64. By 2030 there will be 23 persons age 85+ for every 100 females age 45-64.

Family Caregiver Ratio

Family Caregiver Ratio: number of persons age 85+ per 100 females age 45-64 (who are the typical caregivers)

Calendar Year	State Ratio	State Female Population 45-64	85+ State Population
2000	16	537,163	85,601
2010	15	720,930	106,664
2020	17	753,020	125,410
2030	23	718,860	168,890

Simultaneously, the state demographer forecasts a significant reduction in the state’s labor force growth: an older workforce and increasing competition for scarce younger employees. The long-term care industry depends on low-wage workers, and because of high turnover in many long-term care positions, the industry is also dependent on new workers coming on line.

³ The proportion of boomers who are projected to live alone is nearly twice the rate of current elderly (86.7 % higher). Census Bureau: Projections of the Number of Households and Families in the United States 1995-2010.

B. Need for Long-Term Care

As defined in the Older Americans Act, an older adult is at risk of nursing home placement if they are unable to perform at least two activities of daily living without substantial assistance. These individuals are in need of long-term care services whether provided through publicly-funded programs or provided by family and friends.

Limitations in activities of daily living (ADLs) is a common measure of disability for individuals of all ages. The United States Census Bureau's American Community Survey estimates that Minnesota has had a lower disability rate (proportion of the population reporting at least one type of disability) than the national average in each of the last four surveys (2008-2011). Minnesota's disability rate has hovered around 10 percent while the national average is 12 percent. These estimates are based on self-reported disability and do not necessarily align with the number of individuals who would be certified as disabled.⁴

In 2011, an estimated 214,290 Minnesotans age 65 or older had at least one disability (either a limitation in an Instrumental Activity of Daily Living or in an Activity of Daily Living). On an average day in the same year approximately 30,000 individuals were living in nursing facilities. This includes short-term rehabilitation stays as well as long-term care, for all payer sources including Medical Assistance, private pay, Medicare, and private insurance. Approximately ninety percent of these individuals were age 65 or older.⁵ All other older adults were living in the community in their own home or with family and receiving assistance through publicly-funded programs and/or from family and friends. Approximately 31,300 low income older adults receive home and community-based services through the Elderly Waiver Program each year while just under 4,500 older adults with slightly higher income and asset levels receive services through the Alternative Care Program. The Minnesota Board on Aging, in partnership with the Area Agencies on Aging, serves 195,000 older adults and their family caregivers by providing a few services to help them live well at home.

⁴ The American Community Survey has six questions related to a disability. Two questions are asked regardless of age: "Is this person deaf or does he/she have serious difficulty hearing?" and "Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?" In addition to the first two questions, people five years of age and older (or their parent or legal guardian) are asked: "Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?"; "Does this person have serious difficulty walking or climbing stairs?" and "Does this person have difficulty dressing or bathing?" People age 15 and older are asked one additional question: "Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?"

⁵ Minnesota Department of Human Services, Continuing Care Administration, Nursing Facility Rates and Policy Division, September 30, 2011.

Home and Community-Based Services Capacity

How many service providers are needed? How well are different parts of the state served? Are there “gaps” in available services in some parts of the state?⁶ Beginning in 2001 and every two years after the Minnesota Department of Human Services (DHS) has gathered information about the current capacity and gaps in long-term services and supports needed by older adults in Minnesota. The primary source of this report is a survey completed by the counties to describe the capacity for these services in their local areas. In 2012, the Legislature amended state statute to expand the scope of the survey and resulting report to include people with disabilities, children and youth with mental health conditions and adults living with mental illnesses.

Improvements in Service Availability

When considering the availability of services to support older adults all but one county reported an increase in at least one home and community-based service between 2011 and 2012. Services most commonly reported as more available were: health promotion activities (with 42% of counties reporting this service as more available), customized living (35%), technology (34%), end-of-life/hospice/palliative care (31%), personal care assistance (23%) and insurance counseling/forms assistance (23%).

Most Common Service Gaps

The survey asked counties to compare the demand for home and community-based services that support older adults with the availability of these services. Gaps in service availability combined the number of counties who reported a service as *not available* with those that reported the service as *available but limited*.

When considering the availability of services to support older adults, counties most frequently reported a gap in chore service, with 65 percent of counties reporting as such. Gaps in companion service (64%), non-medical transportation (60%), medical transportation (58%), and adult day care (57%) were subsequently most frequent. In a review of the county aging gaps analysis results, health plan representatives noted strong agreement with these gaps and added homemaker, personal care assistance and forms assistance.

Barriers and Strategies to Increase Service Availability

The survey asked counties to identify and discuss any issues or barriers they believe are currently most critical to overcome in their county in order to ensure older adults have access to home and community-based services options. The barriers most frequently identified by counties included transportation for non-medical needs, recruiting and maintaining staff, distance/isolation and affordable housing with service options. In a review of the county aging gaps analysis results, health plan representatives noted strong agreement with these barriers and added low

⁶ A more comprehensive description of the statewide LTSS Gaps Analysis Survey is available at: www.dhs.state.mn.us/GapsAnalysis. This site provides an overview of service capacity by county and by region of the state.

reimbursement rates, uncompensated travel time and paperwork/training requirements as barriers experienced by providers.

Cultural Competence

Counties were asked, from their perspective, how prepared providers in their area are to work with different types of cultural communities. A small percentage of counties believe that the providers who support older adults in their communities are “very prepared” to deliver services that are culturally competent to racial and ethnic minority communities (16%), new American, immigrant and refugee communities (7%) and gay, lesbian, bisexual and transgender (GLBT) communities (12%). Most notably, 22% of counties report their provider network is not at all prepared to deliver care that is culturally competent to new American, immigrant and refugee communities.

Housing Options

The surveys asked counties to report on the availability of affordable and accessible housing for older adults. The most frequently identified gaps were subsidized rental apartments with supervision and/or health care services and subsidized rental apartments with support services only. Fewer counties reported gaps in the availability of market rate housing, with 2% of counties even reporting a surplus of both market rate apartments with no services and with supervision and/or health care services.

Changes in Aging Services Capacity 2003-2012

Results of the 2012 Gaps Analysis Survey were compared to the results of the three previous Gaps Analysis surveys. As summarized in the table on the next page, transportation (both non-medical and medical), chore service, companion service, respite services (both in-home and out-of-home), adult day care and caregiver training and support continue to be top aging service gaps over the years. Although the categories of service have remained fairly consistent across the years, the proportion of counties reporting gaps in these areas has grown over the years. For example, the percentage of counties reporting a gap in the area of chore service has increased from 28 percent in 2003 to 65 percent in 2012. Notably, non-medical transportation was not identified as the top gap in 2012 – the first time since the Gaps Analysis Survey was launched in 2001.

Top gaps in service capacity, 2003-2012

Type of service	Rank	% of counties
2003 (72 counties)		
Transportation	1	42%
Chore service	2	28%
In-home respite/ caregiver supports*	3	22%
Adult day service	4 (tie)	21%
Home delivered meals	4 (tie)	21%
2005 (76 counties)		
Transportation	1	55%
Evening and weekend care**	2	50%
Chore service	3 (tie)	47%
Adult day service	3 (tie)	47%
In-home respite/ caregiver supports*	5	42%
2007 (79 counties)		
Transportation	1 (tie)	63%
Companion service	1 (tie)	63%
Chore service	3	62%
Respite care, in-home	4	51%
Respite care, out-of-home	5	47%
Caregiver/ family support training	6	46%
Adult day care	7	44%
2009 (87 counties)		
Non-medical transportation***	1	66%
Chore service	2 (tie)	60%
Companion service	2 (tie)	60%
Respite care, out-of-home	4	58%
Medical transportation ***	5	56%
Respite care, in-home	6	55%
Adult day care	7	51%
Caregiver training & support	8	44%
2012 (82 counties)		
Chore Service	1	65%
Companion Service	2	64%
Transportation, non-medical*	3	60%
Transportation, medical	4	58%
Adult Day Care	5	57%
Respite Care, In Home	6	55%
Respite Care, Out of Home	7	49%
Prevention/Early Interv (Beh/Cog Health)*	8	46%

*Surveys conducted in 2001-2005 included "In-home respite/caregiver supports" as a service category. This service area was expanded into 3 categories in 2007: caregiver/family support training and in-home respite services with out-of-home respite services added as a new service category.

** Evening and weekend care was not included as a service item on the 2007 and 2009 surveys.

*** In 2009 transportation was separated into medical and non-medical transportation

Role of the Minnesota Board on Aging

The Minnesota Board on Aging (MBA) is the designated State Unit on Aging for Minnesota. The MBA administers more than \$15 million in federal funds and an additional \$3.2 million in state funds annually. The Older Americans Act stipulates that the MBA designate a statewide network of multi-county Area Agencies on Aging (AAAs). These local AAAs leverage an additional \$21.5 million in local dollars and resources, ensure local input and accountability for service funding and promote local innovation in problem-solving. The Minnesota Indian Area Agency on Aging administers Older Americans Act Title III and Title VI funds to deliver services to tribal elders in the northern half of the state. In addition, the MBA has oversight responsibilities for the Office of Ombudsman for Long-Term Care. This program provides direct, one-to-one advocacy and problem-solving for nursing home residents, older persons receiving services in the community and their families.

The **mission** of the Minnesota Board on Aging 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.*

In its **advocacy role**, the MBA promotes policies to the State Legislature, the Governor and State Agencies that fairly reflect the needs and interests of older Minnesotans.

In its **advisory role**, the MBA provides objective information and promotes public education on ways to meet the changing needs of Minnesota's older population to age well and live well.

In its **administrator role**, the MBA partners with the Area Agencies on Aging and others to oversee the effective use of Older Americans Act and state funds to support older Minnesotans. The MBA and Area Agencies on Aging target Older Americans Act services to 195,000 older adults (and their family caregivers) who are not eligible for the Alternative Care, Elderly Waiver or Medical Assistance programs. These individuals are at high risk of falling into the public safety net and moving into a nursing home or assisted living. They are also at high risk of hospitalizations and re-hospitalizations. The MBA ensures the statewide delivery of home and community-based services including congregate and home delivered meals, chore, homemaker, transportation and assisted transportation, legal services, counseling, evidence-based health promotion, assistive technology, home modifications and caregiver support services (respite, counseling, training and education).

The following Goals, Objectives and Strategies outline the steps that the MBA will take to support this target population and enable them to maintain their independence while receiving assistance in the ways that they prefer. The MBA State Plan also articulates the role of the MBA as a partner with other state agencies within the larger, publicly-funded system of services and programs for older persons. The goals, strategies and outcomes in this plan, therefore, represent both the federal expectations for the MBA's work as the designated State Unit on Aging as well as

state priorities and issues identified through the input provided by the Area Agencies on Aging, their local partners, older adults and family caregivers.

The State Plan on Aging was available for public comment for 30 days (May 19 – June 18, 2014) as announced through the State Register. No comments were received.

Strategic Directions for Minnesota's Aging Network

Goal 1: Educate and empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services.

Minnesota's Aging and Disability Resource Center (ADRC), the MinnesotaHelp Network™, provides streamlined service information, access assistance, health insurance and long-term care options counseling.

The four ways in which the network distributes information includes:

- The Senior LinkAge Line® One Stop Shop for Minnesota Seniors offers phone-based long-term care options counseling.
- The www.minnesotahelp.info web site provides information on community resources and access to decision support tools.
- In-person assistance is available through MinnesotaHelp Network™ partners and through strategic initiatives such as the Return to Community initiative. The Senior LinkAge Line® currently acts as the MDS Section Q Local Contact Agency (LCA).
- Print publications, such as the statewide Health Care Choices publication, provide information on Medicare and long-term care.

The SLL is the designated State Health Insurance Program (SHIP) for Minnesota. In 2013 the MinnesotaHelp Network™ reached more than 87,000 older adults through the SLL; 23,000 people with disabilities through the DLL; 585,000 veterans and their families through the VLL (phone and web); 443,000 visits through www.minnesotahelp.info; and additionally thousands of individuals with in-person forms assistance and/or referral to the appropriate lead agency for a Long-Term Care Consultation (LTCC). In November 2013, SLL assumed the role of conducting Pre-Admission Screening (PAS) which occurs prior to admission to a Medicaid certified nursing facility, swing bed or boarding care facility. It is projected that SLL will conduct over 70,000 PAS in 2014.

Through the MinnesotaHelp Network™, the Minnesota Board on Aging provides assistance and decision support to older adults and their family caregivers at critical junctures in their lives in order to help them live well at home. With these services we are reaching people who are not receiving this assistance from other sources. The information and assistance function of the Senior LinkAge Line® and www.minnesotahelp.info is available to anyone, regardless of payer source, to find

community resources. The more intensive one-on-one assistance available through long-term care options counseling and the Return to Community initiative is available to individuals who do not already have a case manager or a care coordinator. The assistance we offer to individuals who are thinking of moving to assisted living or who are referred by a hospital or health care home helps catch people who might not otherwise have a chance to learn about community resources and what they can do to live well at home.

In addition, the Minnesota Board on Aging is partnering with the Minnesota Department of Human Services in the Own Your Future Campaign to encourage people to plan for their long-term care needs.

Objectives

1. Provide long-term care options counseling to older adults and family caregivers to determine need for services and identify community resources.

[Target date for completion: ongoing]

Strategies

- Educate strategic partners about the Senior LinkAge Line® and other community resources.
- As the Statewide Health Insurance Assistance Program (SHIP), assist older adults to make informed decisions regarding Medicare and other forms of insurance.
- As a partner in the Own Your Future Initiative, encourage people to plan for how they will pay for and arrange the care that they might need as they grow older.
- Reach out to diverse populations to raise awareness of the Senior LinkAge Line® and available community services.

Measures

- Number of partner meetings.
- Number of SHIP contacts.
- Number of hits to the Own Your Future website.
- Percent of Minnesota population with a long-term care insurance policy.
- Proportion of SLL contacts that self-report as a member of a diverse population.
- Proportion of callers who would recommend the SLL to a family member or friend.
- Proportion of callers who are “repeat callers”.

2. Provide support to older adults and their family caregivers during and after care transitions.

[Target date for completion: ongoing]

Strategies

- Through the Return to Community Initiative, assist private pay nursing home residents who are interested in moving home to move home. Conduct follow-up contacts with individuals who move home to support their successful community living.

- Conduct Preadmission Screening (PAS) for individuals who are admitted to a nursing facility and conduct follow-up with individuals who return home after a 30 day nursing facility stay to ensure a seamless transition back to the community.
- Assist individuals who are thinking of moving to assisted living to consider other alternatives that would help them continue to live well at home.
- Assist high risk older adults who are referred from a hospital or health care home to determine their need for services and identify available community services.

Measures

- Number of individuals assisted to move home through the Return to Community Initiative.
- Percent of individuals assisted who have stayed in their home successfully without being re-admitted.
- Number of individuals who receive Preadmission Screening.
- Number of individuals who are thinking of moving to assisted living who are given information about other alternatives.
- Number of individuals referred by a hospital or health care home who are provided assistance in accessing community services.
- Percent of individuals referred who would recommend the service to a family member or friend.

3. Assure the quality of services delivered through the MinnesotaHelp Network™. [Target date for completion: ongoing]

Strategies

- Monitor AAA compliance with MinnesotaHelpNetwork™ Standards and Assurances.
- Conduct AAA site visits to monitor compliance and provide technical assistance to remediate problem areas.
- Monitor Senior LinkAge Line® staff performance, including monitoring calls.
- Ensure that the Area Agencies on Aging expend at least 6 percent of their Older Americans Act III-B allocation on access services.

Measures

- Number of AAA site visits completed, problem areas identified and remediation strategies implemented.
- Senior LinkAge Line® call monitoring logs and follow-up notes.
- Senior LinkAge Line® staff performance dashboards.

Goal 2: Enable older adults and family caregivers to Live Well at HomeSM by accessing proven interventions and home and community-based services.

The MBA and Area Agencies on Aging (AAAs) play a leadership role in building system capacity and disseminating and promoting interventions statewide. Over the last several years the focus of this work has built on the core competencies of the aging network to reach moderate to high risk older adults and family caregivers and help them maintain their self-directed community living, social engagement and quality of life.

The Live Well at HomeSM (LWAH) framework provides the aging network with a common approach to identify moderate to high risk older adults and help them learn, plan, and take action to better manage their chronic conditions and maintain their self-directed community living. The LWAH framework is based upon the risk factors known to greatly increase the likelihood that an older adult will move permanently to a nursing home or assisted living, spend down to Medicaid eligibility, or experience frequent readmissions to the hospital. These risk factors include limited functionality, injurious or multiple falls, memory concerns, lack of family/social support, living alone, stressed caregiver, and thinking of moving in order to get help. These risk factors are screened for through Minnesota's validated evidence-informed tool called the Live Well at Home Rapid Screen[®]. MBA is working statewide with the Area Agencies on Aging and local partners to disseminate the risk management protocols and proven interventions that address the risks identified through the LWAH Rapid Screen[®].

The Area Agencies on Aging and Eldercare Development Partnerships play an equally important role in building statewide capacity to deliver home and community-based services and supports to older adults in their homes, regardless of payment source. These services include the full range of Older Americans Act services provided in Minnesota with priority attention given to caregiver support, chore, homemaker, home-delivered meals, assisted transportation, personal emergency response system and home modifications. In 2009, five of these services (caregiver support, homemaker, chore, personal emergency response system and home-delivered meals) were found to be the most used by lower-need participants in the Alternative Care (AC) and Elderly Waiver (EW) Programs. These supports will be made available to EW and AC participants who will no longer meet the nursing facility level of care criteria when the 2009 legislatively authorized changes are implemented, through the new state-funded Essential Community Supports Program. The MBA will be working with the AAAs to ensure statewide availability of these supports to at risk individuals regardless of pay source. Older Americans Act funds will support the delivery of these services to high risk individuals who are not yet eligible for Alternative Care or EW on a sliding fee scale basis (for those services for which cost sharing is allowed under the Older Americans Act). The MBA and Area Agencies on Aging will also be working with the newly-funded Core Home and Community-Based Services Providers to grow capacity for these services.

Objectives

1. Disseminate the Live Well at HomeSM materials, including proven interventions, statewide.

[Target date for completion: ongoing]

Strategies

- Double the number of local partners who are implementing the Live Well at HomeSM framework.
- Increase the number of local organizations by 50 percent that are implementing Living Well with Chronic Conditions (Chronic Disease Self-Management Program), Diabetes Self-Management Program, A Matter of Balance, Tai Chi: Moving for Better Balance, Powerful Tools for Caregivers and TCARE® (Tailored Caregiver Assessment and Referral) and Family Memory Care.
- Establish at least one new partnership with a health care provider annually within each region to identify moderate to high risk older adults, coordinate medical and community supports and connect with proven interventions.
- Support implementation of Live Well at HomeSM and the proven interventions through Wisdom Steps, the American Indian health promotion program.

Measures

- Number of organizations using the Live Well at HomeSM Rapid Screen and corresponding percentage increase.
- Number of organizations who are using the 4-step Live Well at HomeSM process that includes follow-up risk management planning and support and corresponding percentage increase.
- Number of organizations who implement one or more of the proven interventions and corresponding percentage increase.
- Number of health care partnerships established to identify and coordinate support to older adults and connect them to community resources.
- Number of American Indian Elders who participate in Wisdom Steps, by activity.

2. Expand the availability of home and community-based services statewide.

[Target date for completion: ongoing, except when noted below]

Strategies

- Work with local partners to identify and address gaps in home and community-based services, in particular the Essential Community Supports, assisted transportation and home modifications. Priority will be on reaching older adults from diverse populations, those who live in rural areas and/or are otherwise isolated, and those with dementia.
- Through the Eldercare Development Partnerships, facilitate provider efforts to bill and receive reimbursement from public and private sources.
- Continue to support Older Americans Act-funded providers' efforts to implement cost sharing for the allowable services.
- Work with the Area Agencies on Aging and other partners to identify the root causes for older adult homelessness and determine the appropriate roles for

the Area Agencies on Aging and aging services network. Implement identified roles.

- Ensure that the Area Agencies on Aging expend at least 6 percent of their Older Americans Act III-B allocation on in-home services.

Measures

- Number of gaps identified and number filled, by service and location.
- Documentation of gaps identified but not filled, including reasons why gaps were not filled.
- Number of local partnerships to address gaps by service, location and population focus.
- Number of providers that access an additional revenue source, by service and revenue source. Amount of revenue generated, by source.
- Total cost share revenue collected by AAA, by service.
- Documentation of homelessness root causes and identification of roles.

3. Assure the quality of Older Americans Act-funded services.

[Target date for completion: ongoing]

Strategies

- Improve the quality of the Older Americans Act participant data and use it to inform efforts to target services and enhance service delivery models.
- Implement a standard set of consumer satisfaction and experience questions for all Older Americans Act services. Use statewide aggregate data to inform program implementation and targeting strategies. Move towards measuring participant outcomes as the most meaningful method to gauge quality of services.
- Increase the responsiveness of Older Americans Act services by providing more choice, control, responsibility, and flexibility.
- Support AAA efforts to strengthen their organizational capacity (including long range planning, succession planning and business acumen) and explore strategic opportunities that fall outside of the Older Americans Act.
- Support AAA efforts to maintain a comprehensive Continuity of Operations Plan that includes business continuity strategies to cover all potential risks that could threaten the business operations of the AAA and the operations of its contractors that provide critical services (home delivered meals and homemaker services).

Measures

- Percentage of missing data by data field.
- Number of providers using standard consumer satisfaction/experience questions, by service and AAA region, and corresponding percentage increase.
- Amount of Older Americans Act funds allocated to self-directed services.
- Proportion of meals that are chosen by participants and delivered in the method/frequency of their choosing.
- Number and content of AAA annual plans to strengthen their organizational capacity an explore opportunities.
- Number and content of current AAA Continuity of Operations Plans.

Goal 3: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.

Office of Ombudsman for Long-Term Care

The mission of the Long-Term Care Ombudsman Program is to enhance the quality of life and services for consumers and to protect the health, safety, welfare and rights of consumers through advocacy, education and empowerment. The Ombudsman Program promotes person-directed living which respects individual values and preferences and preserves individual rights. To accomplish the elder advocacy and protection mission of the program under the Older Americans Act, the Office continues to assist individual consumers with problem-solving, make regular visits to long-term care settings, provide information consultation to consumers and their families and offer community education.

Ombudsman volunteers play a key role in the program's mission. Volunteers are assigned to visit a local nursing home or housing with services setting weekly or bi-weekly. This regular presence is essential to consumer problem-solving, education and empowerment and bridges collaboration with service providers in consumer protection and well-being.

Consumer problem solving issues include quality of services, rights violations, access to services and termination of services or discharge from housing. Information consultation includes consumer rights and protection, service and funding options, regulation of services. Education includes consumer rights, safeguards under Minnesota's Adult Protection Act and guardianship and conservatorship law and the role of the LTC Ombudsman Program.

Finally, systemic advocacy occurs as a result of the program's day to day work as outlined above. Knowing the consumer experience through advocacy and educational efforts mobilizes the program to partner with other consumer groups, public agencies, policy makers, service providers and citizens to enhance the well-being of older and disabled Minnesotans. The Ombudsman Office and the Adult Protection Program are critical components of the MN Vulnerable Adult Justice Project – a collaboration of county adult protection staff and county attorneys, consumer advocates, elder law attorneys, professional guardians and conservators, community social workers and state agencies. This group consistently moves forward with protections needed – in a unanimous manner, and has passed several laws with bi-partisan, unanimous support.

Systemic advocacy also impacts citizens across the country especially as we fulfill the purpose of the Elder Justice Act and support other federal initiatives impacting our constituents.

Adult Protective Services Program

The Adult Protective Services unit provides training, consultation and case specific assistance to citizens, service providers, counties, law enforcement and state agencies regarding the Minnesota Vulnerable Adult Act [[Minnesota Statute Section 626.557 \(1995\)](#)]. In addition to consultation and education, the unit develops policy, best practices, and collects and evaluates data for the prevention of maltreatment and service planning for the protection of vulnerable adults.

In 2015, a new state-wide toll free and web-based system for reporting the suspected maltreatment of a vulnerable adult will be launched. The centralized reporting system will replace the current county designated system of over 160 numbers for reporting that are based on the location of the incident and the time of day. The new state reporting center will receive and accept all reports of suspected maltreatment of a vulnerable adult by voluntary and mandated reporters. The report center will assess all reports for immediate risk and make all necessary referrals. The reporting center and centralized database will track reports of suspected maltreatment through investigation, disposition and appeal.

Counties will continue to have their own adult protection units responsible for providing protective services and for the investigation of reports of suspected maltreatment for which the county is the lead investigative agency. State agencies will continue to investigate reports of suspected vulnerable adult maltreatment in regulated industries, such as nursing facilities or group homes for which they are the lead investigative agency. Law enforcement units will continue to coordinate criminal investigations of suspected maltreatment with state and local adult protective services that are the lead investigative agencies for the civil investigation of reports of suspected maltreatment of a person who is vulnerable.

A statewide public awareness campaign will be launched in 2015 to educate the public about who is a vulnerable adult, how to recognize maltreatment and how to report suspected maltreatment. Public education and a simplified, centralized reporting system supports the state's efforts to protect people who are vulnerable and ensure the safety of people living in the most integrated community setting.

Legal Services

The Area Agencies on Aging contract with local providers to deliver legal assistance and legal education to meet the legal services needs of low income older adults in their regions. Legal services providers provide counsel and representation to older adults in a variety of civil legal matters related to their housing, finances, long-term care planning, personal safety and accessing to benefits and services.

Objectives

1. Maintain and support the capacity of the Ombudsman for Long-Term Care Program to serve nursing home and boarding care home residents and home care consumers through advocacy, education and empowerment including prevention of adult maltreatment.

[Target date for completion: ongoing]

Strategy

- Continue the key functions of individual consumer advocacy, information consultation and education and systemic advocacy.

Measures

- Number of complaints handled (approximately 3,000 complaints are handled annually).
- Number of cases closed (at least 80 percent of all cases are closed annually).
- Number of information consultations (approximately 3,000 consumers and family members received consultation).
- Number of educational sessions (close to 150 sessions are conducted annually).
- Specific work on systemic issues including abuse, neglect and exploitation; protections for wards and protected persons; and ensuring consumer choice in long-term services and supports.

2. Expand the capacity of the Long-Term Care Ombudsman Program through use of Certified Ombudsman Volunteers (COVs).

[Target date for completion: Spring 2016]

Strategies

- Increase the number of volunteers assigned to local long-term care settings by 50% through local and statewide recruitment.
- Implement a training curriculum comparable to ombudsman training to prepare COVs to fulfill the program's mission.

Measures

- Number and diversity of volunteers recruited and assigned, and corresponding percentage increase.
- Training sessions completed and evaluated.

3. In partnership with the Minnesota Department of Human Services, establish the Vulnerable Adult State Reporting Center.

[Target date for completion: July 1, 2015]

Strategies

- Establish requirements for call center, web portal and systems integration.
- Establish policy and performance measures.
- Release Request for Proposals for reporting center.
- Establish 1-800 number, web portal and online reporting tool.

Measures

- Web reporting portal is operational.
- Call center is operational.

- Reports of suspected maltreatment of a vulnerable adult are received by call center or web portal, assessed and referred within statutory time frames.
4. In partnership with the Minnesota Department of Human Services, conduct a public awareness campaign to increase awareness of adult maltreatment and to promote reporting to the Vulnerable Adult State Reporting Center.
[Target date for completion: Dec. 31, 2015]
- Strategies*
- Establish specifications for public information campaign.
 - Identify name for reporting center.
 - Release Request for Proposals for public information campaign.
 - Public information campaign is launched.
- Measures*
- Number of calls to the state reporting center and hits to the website.
5. Assure the availability and quality of legal services provided to low income older adults.
[Target date for completion: ongoing]
- Ensure that the Area Agencies on Aging expend at least 6.5 percent of their Older Americans Act III-B allocation on legal services.
 - Monitor service contracts and delivery, in partnership with the Area Agencies on Aging, to assure the quality of the services.

<p>Goal 4: Assist communities to support and engage their older population.</p>
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The age wave of baby boomers will represent a permanent shift in the age of Minnesota’s population and will bring with it both challenges and opportunities. Minnesota’s communities are a critical partner in our effort to support and engage older adults.

Communities for a lifetime are good places to grow up and grow old. In these communities, members work together – across generations – to improve the quality of life by identifying and delivering physical, social and service supports to residents of all ages and abilities. Such communities enable older adults to age in place and maintain their independence while receiving support from family, friends and neighbors.

Dementia capable communities are informed, safe and respectful of individuals with the disease, their families and caregivers and provide supportive options that foster quality of life. The Minnesota Board on Aging is a key partner in the Act on Alzheimer’s initiative to promote dementia capable communities. The Area Agencies on Aging are working directly with communities in their regions to become more dementia capable.

Objectives

1. Educate and support communities to be Communities for a Lifetime. Provide education and support to at least one new community in each AAA region annually.

[Target date for completion: ongoing]

Strategies

- Provide information to communities about steps they can take to become a Community for a Lifetime.
- Provide assistance to communities to determine what action they will take to become a Community for a Lifetime.
- Help communities identify relevant partners to collaborate with in order to become a Community for a Lifetime, including older adults.
- Help communities measure their progress towards becoming a Community for a Lifetime.

Measures

- Number of groups/organizations that receive information.
- Number of groups/organizations provided assistance on action steps.
- Number of groups/organizations provided assistance to identify partners and include older adults.
- Number of groups/organizations provided assistance to measure their progress.

2. Educate and support communities to be “dementia capable”. Provide education and support to at least one new community in each AAA region annually.

[Target date for completion: ongoing]

Strategies

- Provide information to communities about steps they can take to become a dementia capable community.
- Provide assistance to communities to determine what action they will take to become a dementia capable community.
- Help communities identify relevant partners to collaborate with in order to become a dementia capable community, including older adults.
- Help communities measure their progress towards becoming a dementia capable community.

Measures

- Number of groups/organizations that receive information.
- Number of groups/organizations provided assistance on action steps.
- Number of groups/organizations provided assistance to identify partners and include older adults.
- Number of groups/organizations provided assistance to measure their progress.

INTRASTATE FUNDING FORMULA

(Submitted 7/1/2004)

The Minnesota Board on Aging shall designate an Area Agency on Aging to serve each designated Planning and Service Area. Older Americans Act and State of Minnesota funds are distributed by means of an allocation formula.

A. Formula Goals and Assumptions

1. Goals of the intrastate funding formula are to
 - allocate federal and state funds equitably throughout the state;
 - meet the requirements of the Older Americans Act for the allocation of funds;
 - reflect the proportionate distribution of persons age 60 and over in each planning and service area; and
 - give preference to populations over age 60 with greatest social and economic need, as defined in the Older Americans Act, with special attention to low income minority populations.
2. Assumptions on which the intrastate funding formula is based are that
 - particular attention should be given to the needs of Older Native Americans living on reservations;
 - the distribution of direct service funds should reflect the needs and circumstances unique to providing services to and administering programs for older persons in rural and less populated areas of the state;
 - the distribution of administrative funds should allow designated area agencies on aging to meet the minimum requirements of MBA standards and guidelines;

B. Statement of Funding Formula

1. Area Plan Administration - Title III-3A

After application of amounts used under section 308(b) for state agency administration, the Minnesota Board on Aging shall take 10% of its combined allotments for supportive services, congregate nutrition services, home delivered meal services, disease prevention and health promotion services, and family caregiver funds for Area Plan administration. Funds shall be taken in the same proportion as each fund contributes to the total remaining, with the exception of funds for family caregivers and disease prevention and health promotion and set-aside amounts for the Indian Area Agency on Aging. Remaining funds shall be distributed according to the factors of:

 - a. population 60+ (55%);
 - b. low income 65+ (20%);
 - c. minority 60+ (10%);
 - d. persons age 65+ in non-urbanized (rural) areas (10%); and
 - e. population density of persons age 60+ in each planning and service area as a ratio compared to the statewide average

population density of persons age 60+ (5%).

2. Direct Service - Title III-B funds for Supportive Services

After deleting amounts for state agency administration, operation of the long term care ombudsman program, area agency administration and the Indian Area Agency on Aging, the Minnesota Board on Aging shall distribute the balance funds according to the factors of:

- a. population 60+ (55%);
- b. low income 65+ (20%);
- a. minority 60+ (10%);
- b. persons age 65+ in non-urbanized (rural) areas (10%); and
- c. population density of persons age 60+ in each planning and service area as a ratio compared to the statewide average population density of persons age 60+ (5%).

Funds available to area agencies on aging for program development and coordination activities shall be taken from the direct service allocation. Area agency on aging requests for specific amounts will be considered as part of the area plan and budget approval process.

3. Direct Service - Titles III-C1 and III-C2 and State of Minnesota funds for Nutrition Services

After deleting amounts for state agency administration, area agency administration and the Indian Area Agency on Aging, the Minnesota Board on Aging shall distribute the balance of funds according to the factors of:

- a. population 60+ (55%);
- b. low income 65+ (20%);
- c. minority 60+ (10%);
- d. persons age 65+ in non-urbanized (rural) areas (10%); and
- e. population density of persons age 60+ in each planning and service area as a ratio compared to the statewide average population density of persons age 60+ (5%).

4. Direct Service - Title III-D funds for Disease Prevention and Health Promotion Services

After deleting amounts for the Indian Area Agency on Aging, the Minnesota Board on Aging shall distribute the balance of funds according to the following factors:

- a. population 60+ (55%);
- b. low income 65+ (20%);
- c. minority 60+ (10%);
- d. persons age 65+ in non-urbanized (rural) areas (10%); and
- e. population density of persons age 60+ in each planning and service area as a ratio compared to the statewide average population density of persons age 60+ (5%).

5. Direct Service - Title III-E funds for Family Caregiver Support Services
After deleting amounts for state agency administration, area agency administration and the Indian Area Agency on Aging, the Minnesota Board on Aging shall distribute the balance of funds according to the following factors:
 - a. population 60+ (55%);
 - b. low income 65+ (20%);
 - c. minority 60+ (10%);
 - d. persons age 65+ in non-urbanized (rural) areas (10%); and
 - e. population density of persons age 60+ in each planning and service area as a ratio compared to the statewide average population density of persons age 60+ (5%).
6. "Set aside amounts" for the Indian Area Agency on Aging utilize the previous year's allocation levels plus or minus a percentage amount equal to changes in statewide totals available for distribution for each fund.
7. No planning and service area shall receive a total allocation of direct service funds that is less than 95% of the previous year's allocation of direct service funds. Should additional funds be necessary to maintain the 95% funding level for any planning and service area, they shall first be taken proportionately from the State of Minnesota direct service funds allocated to other planning and service areas, and then proportionately from federal funds allocated to other planning and service areas.
8. No planning and service area shall receive an allocation of administrative funds that is less than 95% of the previous year's allocation of administrative funds. Should additional funds be necessary to maintain the 95% funding level for any planning and service area, they shall be taken proportionately from the federal administrative funds allocated to other planning and service areas.
9. Paragraphs 7 and 8 shall not apply beginning in Area Plan Year 2008.
10. The Minnesota Board on Aging shall use the data from the most recent Census for the factors of 1) population 60+, 2) low income 65+, 3) minority 60+, 4) population 65+ in non-urbanized areas and 5) density for the 60+ population.

A demonstration of the allocation of funds, pursuant to the proposed funding formula, is as follows:

DATA BY PLANNING AND SERVICE AREA

PSA	60+ POP	% POP	FACTOR	65+ LOW	% LOW	FACTOR	60+ MIN	% MIN	FACTOR	65+ NON	% NON	FACTOR	SQUARE	DENSITY	FACTOR	FINAL
				INCOME	INCOME		URBAN	URBAN		MILES	RATIO			FACTOR		
WEIGHTED 55%			WEIGHTED 20%			WEIGHTED 10%			WEIGHTED 10%			WEIGHTED 5%				
LDSAAA	90,614	9.41%	5.18%	6,006	11.58%	2.32%	2,984	5.64%	0.56%	72,483	17.55%	1.75%	22,776	3.98	1.55%	11.36%
AAAA	77,703	8.07%	4.44%	3,947	7.61%	1.52%	2,007	3.79%	0.38%	51,282	12.41%	1.24%	18,222	4.26	1.45%	9.03%
CMCOA	131,738	13.68%	7.52%	8,590	16.56%	3.31%	2,912	5.50%	0.55%	85,676	20.74%	2.07%	11,835	11.13	0.57%	14.03%
MNRAAA	114,195	11.86%	6.52%	7,617	14.68%	2.94%	2,069	3.91%	0.39%	106,195	25.71%	2.57%	17,201	6.64	0.94%	13.36%
SEMAAA	98,399	10.22%	5.62%	5,922	11.41%	2.28%	2,888	5.46%	0.55%	68,123	16.49%	1.65%	6,770	14.53	0.45%	10.54%
MAAA	450,247	46.76%	25.72%	19,805	38.17%	7.63%	40,069	75.70%	7.57%	29,349	7.10%	0.71%	2,813	160.06	0.04%	41.67%
TOTALS	962,896	100.00%		51,887	100.00%		52,929	100.00%		413,108	100.00%		79,617	12.0941		100.00%

ESTIMATED 2015 ALLOCATIONS									
FUND/ PSA	III-3A	IIIB	IIIC1	IIIC2	IIID	IIIE	State Nutrition	NSIP	ALLOC TOTALS
NORTHWEST	192,733	413,850	634,878	327,808	35,250	224,845	280,228	319,717	2,429,309
ARROWHEAD	153,338	329,257	505,106	260,803	28,044	178,886	222,948	219,373	1,897,755
CENTRAL	238,242	511,570	784,788	405,211	43,573	277,937	346,396	311,336	2,919,053
SOUTHWEST	226,865	487,140	747,311	385,860	41,492	264,664	329,854	384,862	2,868,048
SOUTHEAST	178,979	384,316	589,570	304,414	32,734	208,799	260,229	206,505	2,165,546
METRO	707,933	1,520,125	2,331,989	1,204,081	129,477	825,886	1,029,310	487,803	8,236,604
MIAAA	53,000	77,090	193,225	63,450	6,325	29,095	69,035	50,892	542,112

Identification of Low-Income Minority Older Persons

In accordance with Section 307 (a) (15) (a) with respect to the fiscal year preceding the fiscal year for which this plan is prepared, the number of low-income minority older individuals in Minnesota is identified below:

Persons Age 60+ below Federal Poverty Guidelines Minnesota 2010

Race/Ethnicity	Number of persons
Asian	1,307
Black	1,451
American Indian/Alaskan Native	468
Native Hawaiian/Pacific Islander	12
Other race	358
Hispanic/Latino	794
Total	4,390

Source: 2010 U.S. Census

Information Requirements

Section 305(a)(2)(E)

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

Minnesota: Area Agencies on Aging are required to sign assurances that preference will be given to providing services to older individuals with the characteristics described. In addition, the Area Agencies on Aging must submit, as a component of their annual Area Plan on Aging, a chart that estimates the number of older individuals from each population group that will be served, by section of Title III funding. MBA staff monitor actual participants served and their characteristics throughout the Area Plan year and work with the Area Agencies on Aging to remediate any issues, as needed.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Minnesota: Area Agencies on Aging are required to sign assurances that they have an emergency preparedness plan in place for the services that are deemed critical. Currently this includes home delivered meals, homemaker services and the Senior LinkAge Line™. The assurances include the requirement for the plans to be coordinated with other efforts and organizations. The MBA reviews the Area Plans and requires modifications before final approval is given to address any gaps in information provided.

Section 307(a)(2)

The plan shall provide that the State agency will:

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

Minnesota:

Access: minimum of 5% of III-B allocation

In-Home: minimum of 5% of III-B allocation

Legal Assistance: minimum of 5% of III-B allocation

Together, the expenditure on these three categories of services must be at least 40% of the Area Agencies on Aging's new obligational authority.

Section 307(a)(3)

The plan shall:

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

(i) provide assurances that the State agency will spend for each fiscal year of the plan, 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 preceding the first year in which such plan applies.

Minnesota:

FFY 2015: \$10,916,360

FFY 2016: \$10,916,360

FFY 2017: \$10,916,360

In FFY 2014, the Area Agencies on Aging signed assurances that preference will be given to providing services to older individuals in rural areas. In addition, the Area Agencies on Aging submitted, as a component of their annual Area Plan on Aging, a chart that estimated the number of older individuals from each population group that will be served, by section of Title III funding. MBA staff monitored actual participants served and their characteristics throughout the Area Plan year and worked with the Area Agencies on Aging to remediate any issues, as needed.

Section 307(a)(10)

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

Minnesota: Within each of the services funded, the Area Agencies on Aging are required to work with their providers to identify and serve older individuals in need of the service who live in rural areas. As a result, the Area Agencies on Aging have facilitated the development of creative models to reach these older individuals in the most cost effective manner. One example is the delivery of frozen home delivered meals once a week or once every two weeks to older individuals who live in very isolated areas. In addition to the meals, volunteers also bring other items that are needed by the older individuals. Funds are allocated for this purpose according to Minnesota's Intrastate Funding Formula.

Section 307(a)(14)

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

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

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

Minnesota: There are 4,390 low-income minority older individuals in Minnesota. An estimated 1,946 are limited English proficient. The vast majority of the low-income older adult population (including those with limited English proficiency) in Minnesota resides in the Twin Cities metro area. The Metropolitan Area Agency on Aging contracts with ten culturally-specific community organizations to serve their elders. The Special Access Programs provide information and referral, outreach, advocacy, translation/interpretation and short-term case management services to help minority and non-English speaking elders access services they need. Many of these programs also deliver evidence-based health promotion interventions to their elders.

Section 307(a)(21)

The plan shall:

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

Minnesota: The Minnesota Board on Aging employs a full-time Indian Elder Desk staff person to be the liaison for the tribes regarding aging services and to ensure that Native American elders have full access to all programs and services. In addition, the Indian Elder Desk staff person coordinates the Wisdom Steps preventive health program that was designed by Native American elders.

Section 307(a)(29)

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

Minnesota: Designated MBA staff participate fully in the development of the state government-wide continuity of operations plan process, ensures the inclusion of older adults in the plan and develops the aging services specific plan. MBA staff work with the Area Agencies on Aging to support their plan development efforts and coordinates regional and local communications between the Area Agencies on Aging and the relevant organizations.

Section 307(a)(30)

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

Minnesota: The head of the Minnesota Board on Aging designates staff to be actively involved in the development, revision and implementation of emergency preparedness plans. The MBA Executive Director participates in regular meetings with leadership of the other state agencies to review and update the plans. The MBA Executive Director is briefed on the most current plan by MBA staff and participates in drills to practice the relevant protocols that must be implemented in response to an emergency.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

Minnesota: The Minnesota Board on Aging requires, through the annual Area Plans, that Area Agencies on Aging gather public input regarding their programs and services, establish and work through their local advisory boards to make funding decisions on programs and services, ensure access to their programs and benefits, and protect the rights of vulnerable elders through provision of legal education and legal assistance,

The MBA administers the Ombudsman for Long-Term Care Program and, in partnership with the MN Department of Human Services, the Adult Protection Program (which is managed locally by the counties) to protect elders' rights. The staff of the Ombudsman Program are state employees and are located in each region of the state.