

MINNESOTA

Additions Made in 2003 Appear in Bold

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
<p>Wages (includes wage pass-throughs)</p> <ul style="list-style-type: none"> Percentage WPT (80% of rate increase earmarked for wages/benefits; all LTC facilities) 3% increase in reimbursement rate to all LTC facilities (FY 01); 2/3 of nursing home increase must be used as WPT for employees <p>Rates cut for 04-05</p>	<p>Benefits</p> <ul style="list-style-type: none"> SF 1077 introduced to create long-term care employee health insurance assistance program DHS required to seek all waivers to obtain matching SCHIP funds to develop long-term care employee health insurance Loan forgiveness and repayment programs to aid in recruiting employees to long-term care <p>No action on top two—third still in effect</p>	<p>(Includes career ladders)</p> <ul style="list-style-type: none"> State approval for feeding assistants in nursing facilities \$.25 p/day increase in nursing home rates to fund beginner and advance CNA training (FY 01) Collaborating with community college system to provide web-based training for CNAs (and tailored to learner needs – immigrants, older workers, etc) Healthcare Education-Industry Partnership Commission (HEIP) on the Emerging Worker has pilot projects to develop specialized training and community support to expand career pathways for immigrants, refugees, people in transition, and under-prepared students <ul style="list-style-type: none"> To view the FY 2001-2003 Strategic Plan of the HEIP view the following web site: www.heip.org 	<ul style="list-style-type: none"> State level Long-Term Care Task Force established 2000 to propose curriculum changes, distance learning and increase provider rates. Final report, <i>Reshaping Long-Term Care in Minnesota</i>, 2001 available at www.dhs.state.mn.us/agingint/lcttaskforce/MS-1781.pdf <p>LTC task force was discontinued in March 2003 by new DHS commissioner. Replaced with plans to hold legislative briefings, use website to communicate with LTC stakeholders</p>

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
<p>MN Statutes Annotated Sec. 144A.04; MN Rules Sec. 4658.0510</p> <ul style="list-style-type: none"> Greater of 2hrs/pt day <i>or</i> 0.95hr/standardized resident day <p>MN Dept. Of Human Services charged by Legislature in 2001 to develop case mix reimbursement system for nursing facility services with report due by January 15, 2004. Staffing standards study being done with plans to make recommendations regarding staffing in 2005 session. Staffing Standards Study will affect minimum staffing requirements.</p>	<ul style="list-style-type: none"> Community Pass Grant to develop a consumer-initiated partnership and support network (CIPS) to enable consumers to assess each other's natural supports (i.e. family, neighbors) to provide personal care services and establish back-up systems. <p>This is ongoing</p>	<ul style="list-style-type: none"> Hardship waiver to allow family members to do personal care under certain circumstances Many providers experimenting with universal worker concept to enhance satisfaction in long-term care (some funded through Bush Foundation projects) Will be implementing consumer directed care services waiver as a choice within all community waivers in the next year—this is expected to bring in many nontraditional workers to LTC, e.g., family members, neighbors, PCAS.