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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. **1805**

March 7, 2007

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The bill was read for the first time and referred to the Committee on Finance

1.1 A bill for an act
1.2 relating to human services; providing base grant funding for additional
1.3 living-at-home/block nurse programs; appropriating money; amending
1.4 Minnesota Statutes 2006, section 256B.0917, subdivision 8.

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

1.6 Section 1. Minnesota Statutes 2006, section 256B.0917, subdivision 8, is amended to
1.7 read:

1.8 Subd. 8. **Living-at-home/block nurse program grant.** (a) The organization
1.9 awarded the contract under subdivision 7, shall develop and administer a grant program
1.10 to establish or expand up to ~~33~~ 42 community-based organizations that will implement
1.11 living-at-home/block nurse programs that are designed to enable senior citizens to live as
1.12 independently as possible in their homes and in their communities. At least one-half of
1.13 the programs must be in counties outside the seven-county metropolitan area. Nonprofit
1.14 organizations and units of local government are eligible to apply for grants to establish
1.15 the community organizations that will implement living-at-home/block nurse programs.
1.16 In awarding grants, the organization awarded the contract under subdivision 7 shall give
1.17 preference to nonprofit organizations and units of local government from communities
1.18 that:

- 1.19 (1) have high nursing home occupancy rates;
- 1.20 (2) have a shortage of health care professionals;
- 1.21 (3) are located in counties adjacent to, or are located in, counties with existing
1.22 living-at-home/block nurse programs; and
- 1.23 (4) meet other criteria established by LAH/BN, Inc., in consultation with the
1.24 commissioner.

2.1 (b) Grant applicants must also meet the following criteria:

2.2 (1) the local community demonstrates a readiness to establish a community model
2.3 of care, including the formation of a board of directors, advisory committee, or similar
2.4 group, of which at least two-thirds is comprised of community citizens interested in
2.5 community-based care for older persons;

2.6 (2) the program has sponsorship by a credible, representative organization within
2.7 the community;

2.8 (3) the program has defined specific geographic boundaries and defined its
2.9 organization, staffing and coordination/delivery of services;

2.10 (4) the program demonstrates a team approach to coordination and care, ensuring
2.11 that the older adult participants, their families, the formal and informal providers are all
2.12 part of the effort to plan and provide services; and

2.13 (5) the program provides assurances that all community resources and funding will
2.14 be coordinated and that other funding sources will be maximized, including a person's
2.15 own resources.

2.16 (c) Grant applicants must provide a minimum of five percent of total estimated
2.17 development costs from local community funding. Grants shall be awarded for four-year
2.18 periods, and the base amount shall not exceed \$80,000 per applicant for the grant period.
2.19 The organization under contract may increase the grant amount for applicants from
2.20 communities that have socioeconomic characteristics that indicate a higher level of need
2.21 for assistance. Subject to the availability of funding, grants and grant renewals awarded or
2.22 entered into on or after July 1, 1997, shall be renewed by LAH/BN, Inc. every four years,
2.23 unless LAH/BN, Inc. determines that the grant recipient has not satisfactorily operated the
2.24 living-at-home/block nurse program in compliance with the requirements of paragraphs
2.25 (b) and (d). Grants provided to living-at-home/block nurse programs under this paragraph
2.26 may be used for both program development and the delivery of services.

2.27 (d) Each living-at-home/block nurse program shall be designed by representatives of
2.28 the communities being served to ensure that the program addresses the specific needs of
2.29 the community residents. The programs must be designed to:

2.30 (1) incorporate the basic community, organizational, and service delivery principles
2.31 of the living-at-home/block nurse program model;

2.32 (2) provide senior citizens with registered nurse directed assessment, provision and
2.33 coordination of health and personal care services on a sliding fee basis as an alternative
2.34 to expensive nursing home care;

2.35 (3) provide information, support services, homemaking services, counseling, and
2.36 training for the client and family caregivers;

3.1 (4) encourage the development and use of respite care, caregiver support, and
3.2 in-home support programs, such as adult foster care and in-home adult day care;

3.3 (5) encourage neighborhood residents and local organizations to collaborate in
3.4 meeting the needs of senior citizens in their communities;

3.5 (6) recruit, train, and direct the use of volunteers to provide informal services and
3.6 other appropriate support to senior citizens and their caregivers; and

3.7 (7) provide coordination and management of formal and informal services to senior
3.8 citizens and their families using less expensive alternatives.

3.9 **Sec. 2. APPROPRIATION; LIVING-AT-HOME/BLOCK NURSE PROGRAM.**

3.10 \$..... is appropriated from the general fund to the commissioner of human
3.11 services for the biennium beginning July 1, 2007, to provide base funding for nine
3.12 living-at-home/block nurse programs currently operating without base funding.