

2.1 in consultation with area agencies on aging and local service providers, shall establish
2.2 cost-sharing arrangements for program participants based on a sliding scale.

2.3 Sec. 2. Minnesota Statutes 2006, section 256.975, is amended by adding a subdivision
2.4 to read:

2.5 Subd. 12. **Evidence-based caregiver support.** The Minnesota Board on Aging, in
2.6 cooperation with the area agencies on aging and local service providers, shall establish a
2.7 caregiver support program for family caregivers of older adults, based on evidence-based
2.8 models that extend the family caregiver's ability to provide care, improve the quality of
2.9 family care, or reduce caregiver burden. Program services must be targeted to low- and
2.10 moderate-income caregivers of low- and moderate-income adults age 60 and older who
2.11 do not qualify for, or whose needs cannot be met under, other publicly funded programs.
2.12 The board, in consultation with area agencies on aging and local service providers, shall
2.13 establish cost-sharing arrangements for program participants based on a sliding scale.

2.14 Sec. 3. **[256.9755] BEST PRACTICES TO ENHANCE MOBILITY.**

2.15 The commissioner of human services shall establish a statewide priority to enhance
2.16 the mobility of older adults. The commissioner of human services, in consultation with
2.17 the commissioner of transportation, shall gather and disseminate best practices in road
2.18 and sidewalk design, community development policy, innovative transportation services
2.19 and coordination models, and research to increase and extend the community mobility
2.20 of older adults.

2.21 Sec. 4. Minnesota Statutes 2006, section 256B.0917, is amended by adding a
2.22 subdivision to read:

2.23 Subd. 6a. **Duties with respect to caregiver credit; applications.** (a) The
2.24 commissioner of human services shall develop by December 1, 2007, a caregiver burden
2.25 scale to score applicants for the caregiver credit made available under section 290.0678.
2.26 The score shall measure hours per week of care provided, the volume and type of
2.27 assistance provided, and other criteria determined by the commissioner to be pertinent.

2.28 (b) Each caregiver applying for the family care credit must apply to the
2.29 commissioner of human services. The commissioner shall approve or deny applications
2.30 based on an applicant's score on the caregiver burden scale and the certification and
2.31 related documentation submitted by assessors under section 290.0678, subdivision 6.
2.32 The commissioner shall limit approvals under this paragraph in order to keep the credit

3.1 payments under section 290.0678 within the limits of appropriations made specifically for
3.2 that purpose.

3.3 (c) In each calendar year, the commissioner shall accept until February 15
3.4 applications that are based on a caregiver burden scale score for the previous calendar
3.5 year. By March 15 of each calendar year, the commissioner shall issue approvals for
3.6 credits under section 290.0678, based on each applicant's score on the scale and the
3.7 appropriations available for credits, and shall provide a list of approved applicants to the
3.8 commissioner of revenue. The commissioner shall develop procedures to delegate to
3.9 appropriate organizations the responsibility to assign burden scale scores to applicants.

3.10 (d) The commissioner is exempt from chapter 14 for purposes of this subdivision.

3.11 **Sec. 5. [290.0678] FAMILY CARE CREDIT.**

3.12 Subdivision 1. **Definitions.** The terms used in this section have the following
3.13 meanings unless otherwise provided for by text.

3.14 (a) "Caregiver" means an individual who provides unpaid assistance on a daily basis
3.15 equivalent to personal care assistant services under section 256B.0655, subdivision 2, to
3.16 a service recipient in either the caregiver's home or the service recipient's home located
3.17 in the state of Minnesota.

3.18 (b) "Service recipient" means an individual who:

3.19 (1) requires assistance with three or more activities of daily living;

3.20 (2) does not reside in a nursing facility; and

3.21 (3) meets one of the following criteria:

3.22 (i) is age 60 or older;

3.23 (ii) is at least age 19 but under age 60; or

3.24 (iii) is of any age and diagnosed with Alzheimer's disease or other dementia.

3.25 Subd. 2. **Credit allowed.** (a) An individual is allowed a credit against the tax
3.26 imposed by this chapter equal to \$200 for each month during the tax year that the individual
3.27 is a caregiver for a service recipient. The maximum credit in a tax year shall be \$2,400.

3.28 (b) The commissioner shall require individuals claiming the credit to certify that the
3.29 individual and the service recipient satisfy all the requirements of this section.

3.30 (c) An individual may claim only one credit in any tax year. Only one credit may be
3.31 claimed for each service recipient in any tax year.

3.32 (d) For a nonresident or part-year resident, the credit must be allocated based on the
3.33 percentage calculated under section 290.06, subdivision 2c, paragraph (e).

3.34 Subd. 3. **Credit limitations.** (a) Eligibility for the credit in subdivision 2 is limited
3.35 to persons with total household income, as defined in section 290A.03, subdivision 5,

4.1 that does not exceed the maximum household income level eligible for a refund under
4.2 section 290A.04, subdivision 2.

4.3 (b) Eligibility for the credit in subdivision 2 is limited to persons who have been
4.4 assessed as provided by subdivisions 5 and 6, and who apply to and are approved by the
4.5 commissioner of human services under section 256B.0917, subdivision 6a.

4.6 Subd. 4. **Credit refundable.** If the amount of the credit under this section exceeds
4.7 the individual's tax liability under this chapter, the commissioner shall refund the excess
4.8 amount to the claimant.

4.9 Subd. 5. **Assessment.** (a) Local agencies that provide caregiver coaching and
4.10 counseling services under the Minnesota Board on Aging's national family caregiver
4.11 support program shall assess adult family caregivers of service recipients age 60 and older
4.12 and adult family caregivers caring for a service recipient of any age with Alzheimer's
4.13 disease or other dementias applying for a tax credit. A request for assessment shall be
4.14 made through the statewide Senior LinkAge line via the existing toll-free phone number.
4.15 If a caregiver coach/counselor who is a licensed social worker or registered nurse is not
4.16 available to perform the assessment, a licensed social worker, licensed practical nurse, or
4.17 registered nurse of the local area agency on aging's Senior LinkAge line shall perform
4.18 the assessment.

4.19 (b) Local agencies and providers that receive funding under the community
4.20 alternative care, community alternative for disabled individuals, traumatic brain injury,
4.21 or MR/RC home and community-based waivers to provide services to persons with
4.22 developmental, physical, and other disabilities shall assess family caregivers of persons
4.23 at least age 19 but under age 60. A request for assessment shall be made through the
4.24 statewide disability linkage line via the existing toll-free number. The assessment shall be
4.25 performed by a licensed social worker, licensed practical nurse, or registered nurse.

4.26 Subd. 6. **Assessment criteria.** (a) Individuals conducting assessments under
4.27 subdivision 5 must certify according to procedures established by the commissioner of
4.28 human services that the care provided by the caregiver:

4.29 (1) qualifies as personal care assistant services under section 256B.0655, subdivision
4.30 2;

4.31 (2) is needed and provided in-person on a daily basis;

4.32 (3) is appropriate based on the care recipient's needs and is likely to delay or avoid
4.33 transferring the person to a nursing facility; and

4.34 (4) has been given a score using a caregiver burden scale developed by the
4.35 commissioner of human services.

5.1 (b) Individuals conducting assessments must provide the certification and related
5.2 documentation to the commissioner of human services, in the form and manner specified
5.3 by that commissioner.

5.4 Subd. 7. **Caregiver training.** For each year in which a credit is claimed under this
5.5 section, the caregiver must attend at least eight hours of training, education, or counseling
5.6 focused on improving the quality of caregiving or preventing caregiver injury or illness, or
5.7 otherwise designed to help sustain caregiving.

5.8 **EFFECTIVE DATE.** This section is effective for taxable years beginning after
5.9 December 31, 2007.

5.10 **Sec. 6. ELDER ABUSE AND NEGLECT STUDY.**

5.11 The commissioner of human services shall evaluate the adequacy of adult protective
5.12 services for adults age 65 and older provided by counties and for adults age 60 and
5.13 older provided by the Office of Ombudsman for Older Minnesotans. In conducting the
5.14 study, the commissioner shall convene and consult with a stakeholder group. By May
5.15 15, 2008, the commissioner shall report to the legislature the results of the evaluation
5.16 and recommendations to meet the needs of the growing population of frail, older adults
5.17 residing in the community, in assisted living settings, and in nursing homes. The study
5.18 shall include, but is not limited to, program standards, structure, staffing, funding, and rural
5.19 and urban issues. The study must also include an evaluation of, and any recommendations
5.20 for change in, the Vulnerable Adult Act under Minnesota Statutes, sections 626.557 to
5.21 626.5572.

5.22 **Sec. 7. ACCESS STUDIES.**

5.23 Subdivision 1. **Elderly waiver services.** The commissioner of human services,
5.24 through a competitive selection process, shall procure an independent evaluation to
5.25 identify and evaluate access barriers and quality of care issues under the elderly waiver
5.26 as administered by managed care organizations. The evaluation must include, but is
5.27 not limited to:

5.28 (1) issues of cultural appropriateness and cultural competency;

5.29 (2) quality of care planning and service coordination including knowledge of home
5.30 and community-based services and of consumer directed care options;

5.31 (3) recognition of needs of family caregivers and related service planning;

5.32 (4) utilization of Customized Living and Customized Living Plus services;

5.33 (5) transition of persons from the long-term care waiver programs for persons with
5.34 disabilities to the elderly waiver program; and

6.1 (6) accuracy and efficiency in paying service providers.

6.2 The commissioner shall establish an advisory group consisting of: consumers,
6.3 representatives of managed care organizations, county agencies, area agencies on aging,
6.4 service providers, and other stakeholders, to advise the independent evaluator. The
6.5 commissioner shall submit the evaluation report, with the commissioner's comments and
6.6 recommendations, to the chairs of house and senate committees having jurisdiction over
6.7 human services by September 15, 2008.

6.8 Subd. 2. **Service adequacy across long-term care waivers.** (a) The commissioner
6.9 of human services, through a competitive selection process, shall procure an independent
6.10 evaluation to identify and evaluate issues of service development, including:

6.11 (1) technical assistance for contract development, business planning, and licensing
6.12 requirements;

6.13 (2) network maintenance such as training, problem resolution, and coordination; and

6.14 (3) quality assurance under the alternative care program and the elderly, community
6.15 alternatives for disabled individuals, community alternative care, traumatic brain injury,
6.16 and MR/RC home and community-based waiver programs.

6.17 (b) Evaluation elements must include, but are not limited to:

6.18 (1) current status of, and future responsibility for, development of additional home
6.19 and community-based services to meet the needs of waiver enrollees;

6.20 (2) current status of, and future responsibility for, maintenance of the home and
6.21 community-based service provider network;

6.22 (3) current status of, and future responsibility for, strategies to ensure quality of care
6.23 provided by home and community-based service providers; and

6.24 (4) sources and adequacy of funding for the services and providers referred to in
6.25 clauses (1) to (3).

6.26 (c) The commissioner shall establish an advisory group consisting of: consumers;
6.27 representatives of managed care organizations, county agencies, centers for independent
6.28 living, area agencies on aging, and service providers; and other stakeholders, to advise
6.29 the independent evaluator. The commissioner shall submit the evaluation report, with
6.30 the commissioner's comments and recommendations, to the chairs of house and senate
6.31 committees having jurisdiction over human services by September 15, 2008.

6.32 Subd. 3. **Hospice services.** The commissioner of health, in consultation with the
6.33 commissioner of human services, shall procure an independent evaluation through a
6.34 competitive process to identify and evaluate the barriers that limit access by persons of
6.35 all ages to Medicare-certified hospice services. The evaluation shall include, but is not
6.36 limited to:

- 7.1 (1) coverage of services by private and publicly funded health plan companies;
7.2 (2) urban/rural factors; and
7.3 (3) issues of cultural appropriateness and cultural competency.

7.4 The commissioner shall submit the evaluation report to the chairs of house and
7.5 senate committees having jurisdiction over human services by September 15, 2008,
7.6 with the commissioner's comments and recommendations, including but not limited to
7.7 recommendations on funding issues related to training and development costs to serve
7.8 unserved or underserved populations, inclusion of hospice services in the benefit sets of
7.9 privately and publicly funded health plan companies, and coverage of hospice services for
7.10 persons who are uninsured. The commissioner shall establish a diverse stakeholder group
7.11 to advise the evaluator.

7.12 **Sec. 8. PILOT MOBILITY CENTER.**

7.13 The commissioner of human services shall conduct a competitive selection process
7.14 to establish a pilot mobility center in a region or community to support older drivers and
7.15 assist with transition to nonauto travel, and offer education, assessment, driver retraining,
7.16 and transit travel training.

7.17 **Sec. 9. COORDINATION OF INTAKE, ASSESSMENT, AND CARE**
7.18 **PLANNING.**

7.19 The commissioner of human services shall conduct a competitive selection process
7.20 to establish demonstration projects at the local level for providers of volunteer-based
7.21 informal and formal services, to streamline intake and assessment processes for adults age
7.22 60 and over who are seeking or receiving services but are not eligible for, or choose not
7.23 to enroll in, the alternative care and elderly waiver programs. Providers selected to take
7.24 part in the demonstration shall:

- 7.25 (1) develop replicable models to streamline intake and assessment;
7.26 (2) coordinate tools and models, as feasible, with the universal assessment under
7.27 development by the commissioner of human services;
7.28 (3) establish referral protocols and coordinated care management models among
7.29 local agencies to include data sharing arrangements where permitted by law; and
7.30 (4) utilize technology to the extent possible.

7.31 **Sec. 10. BUDGET REQUEST; AGING AND ADULT SERVICES GRANTS.**

7.32 The commissioner of human services shall include in each biennial budget,
7.33 beginning with the budget for the biennium beginning July 1, 2009, a methodology and an

8.1 estimate of the cost of providing the funding increases for aging and adult services grants
8.2 that are necessary to meet the service needs of older adults and family caregivers.

8.3 Sec. 11. **RESTORATION OF FUNDING FOR LONG-TERM CARE**
8.4 **PROGRAMS.**

8.5 The following amounts are appropriated from the general fund to the commissioner
8.6 of human services for the biennium beginning July 1, 2007, to restore funding for the
8.7 following programs:

8.8 (1) \$260,000 for seniors' agenda for independent living (SAIL) project grants under
8.9 Minnesota Statutes, section 256B.0917;

8.10 (2) \$120,000 for technical assistance to local living-at-home/block nurse programs
8.11 under Minnesota Statutes, section 256B.0917, subdivision 7;

8.12 (3) \$822,000 for senior nutrition programs under Minnesota Statutes, section
8.13 256.9752;

8.14 (4) \$278,000 for the foster grandparents program under Minnesota Statutes, section
8.15 256.976;

8.16 (5) \$172,000 for the retired senior volunteer program under Minnesota Statutes,
8.17 section 256.9753; and

8.18 (6) \$178,000 for the senior companion program under Minnesota Statutes, section
8.19 256.977.

8.20 The amount appropriated for each program shall become part of the base funding
8.21 for that program for the biennium beginning July 1, 2009.

8.22 Sec. 12. **APPROPRIATION; AGING AND ADULT SERVICES GRANTS.**

8.23 \$..... is appropriated from the general fund to the commissioner of human services
8.24 for the biennium beginning July 1, 2007, to increase grants funded through the aging and
8.25 adult services grants budget activity by three percent each year of the biennium. These
8.26 increases shall become part of the base funding for each grant for the biennium beginning
8.27 July 1, 2009.

8.28 Sec. 13. **ADDITIONAL APPROPRIATIONS.**

8.29 (a) \$8,200,000 is appropriated from the general fund to the commissioner of human
8.30 services for the biennium beginning July 1, 2007, for the following purposes:

8.31 (1) \$3,200,000 is for the home modification program under Minnesota Statutes,
8.32 section 256.975, subdivision 10;

9.1 (2) \$1,600,000 is for the caregiver support program under Minnesota Statutes,
9.2 section 256.975, subdivision 12;

9.3 (3) \$175,000 is for an innovation specialist responsible for seeking and disseminating
9.4 best practice and innovative models related to the new services and programs authorized
9.5 by this act;

9.6 (4) \$150,000 is for the elder abuse and neglect study under section 6;

9.7 (5) \$100,000 is for the evaluation of elderly waiver services under section 7,
9.8 subdivision 1;

9.9 (6) \$100,000 is for the evaluation of service development of long-term care waiver
9.10 services under section 7, subdivision 2;

9.11 (7) \$100,000 is for the evaluation of hospice services under section 7, subdivision 3;

9.12 (8) \$575,000 is for the pilot mobility center under section 8 and the enhancement of
9.13 best practices to enhance mobility under Minnesota Statutes, section 256.9755; and

9.14 (9) \$600,000 is for the demonstration project to streamline intake and assessment
9.15 processes under section 9.

9.16 (b) \$..... is appropriated from the general fund to the commissioner of revenue for
9.17 the biennium beginning July 1, 2007, to provide tax credits under Minnesota Statutes,
9.18 section 290.0678.