

SNF scholarship expanded

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

Proposal:

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

Nurse loan forgiveness program expansion

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

Proposal:

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

Home and Community-Based Scholarship

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

Proposal

Increase funding for the HCBS Scholarship program from \$1,000,000 in 2018 and \$1,000,000 in 2019 to XXXX in 2018 and XXXX in 2019.



SENIOR CARE WORKFORCE INNOVATION GRANT FUND

Background:

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

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

Proposal:

The Long-Term Care Imperative proposes the creation of a senior care workforce innovation grant fund. This competitive grant program will fund pilots of new programs or expansions of existing successful programs that can help expand the pool of paid care givers to work in the older adult services sector. Funds will be prioritized to target employment of underserved populations, such as new Americans, persons receiving government assistance, persons with disabilities, “encore” career seniors, single parents and/or veterans.

Trained Medical Assistant Issue paper

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

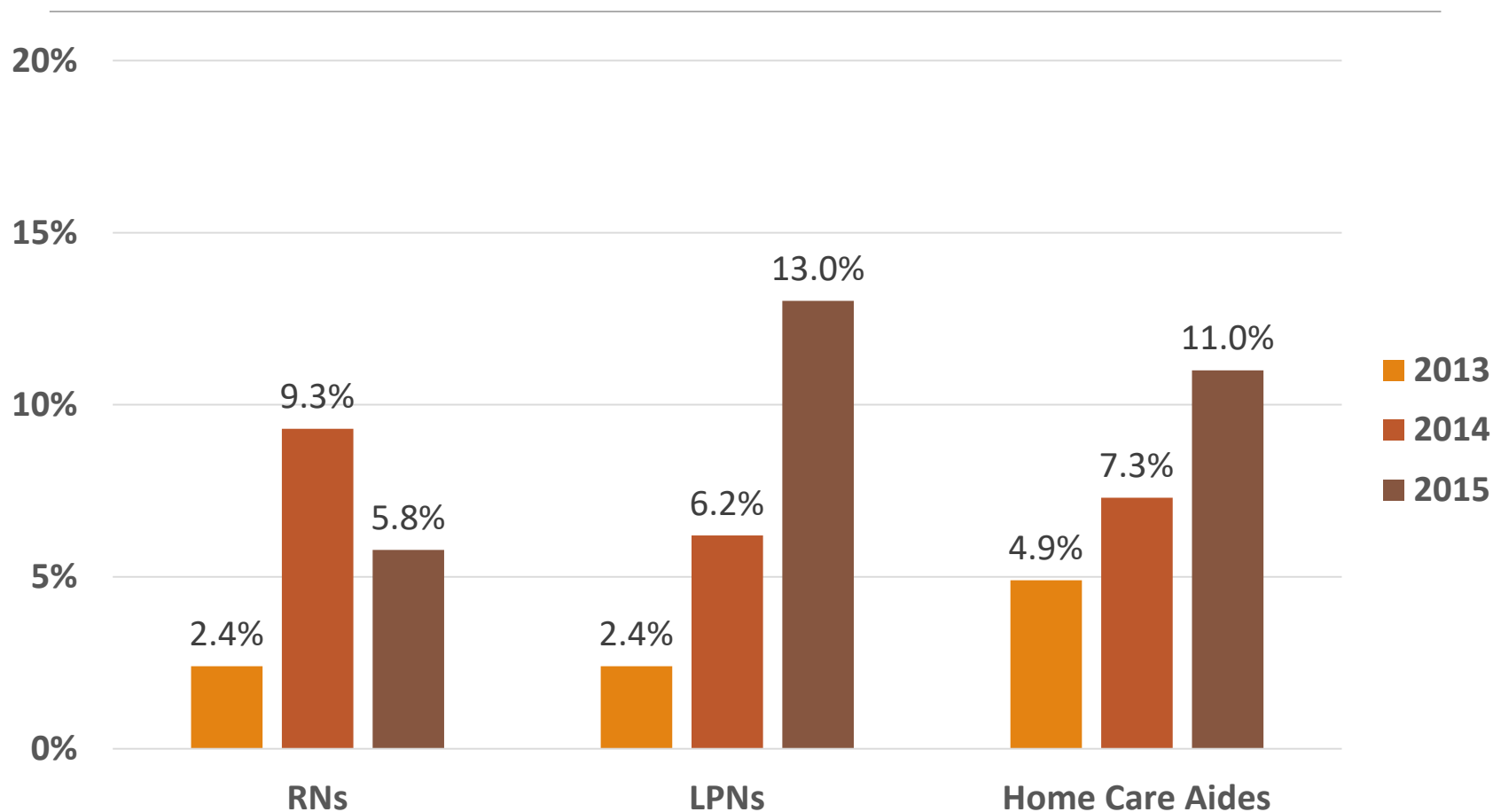
Training of Unlicensed Personnel is treated differently in Home Care and Nursing Facilities. Minnesota Statutes 144A.4795 HOME CARE PROVIDER RESPONSIBILITIES; STAFF and 144A.4792 Subd.7 establishes a standard for Home Care and unlicensed staff providing medication administration in Home Care and Minnesota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

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

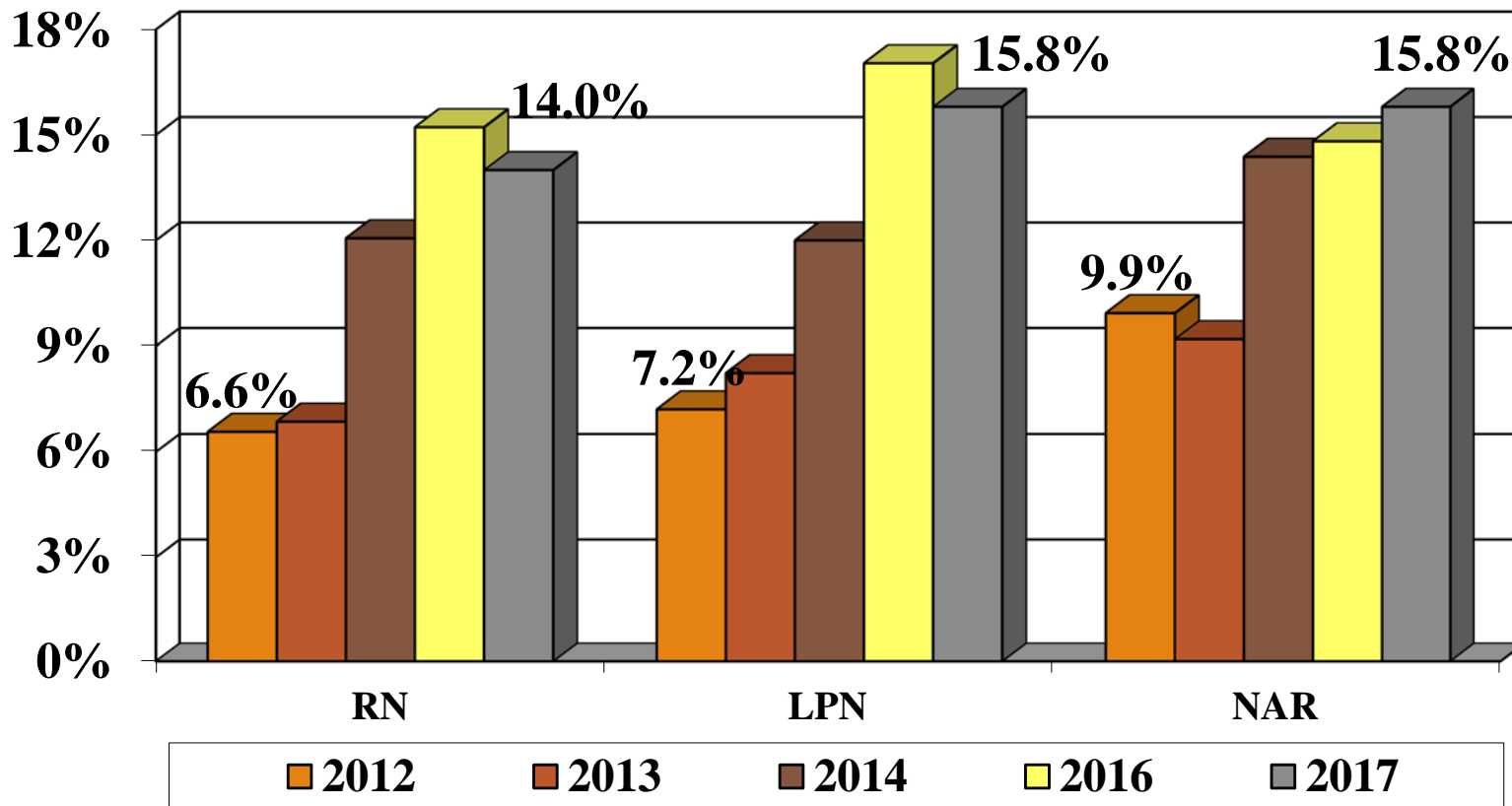
The current limitation on Nursing Facilities requiring the training at an outside postsecondary institution, is an unnecessary burden compared to licensed home care providers whose training does not have this requirement. Furthermore, it creates a barrier to better trained staff with flexibility of duties.

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

Rising Employee Vacancy Rates – Customized Living Providers Struggling to Fill Positions



Rising Employee Vacancy Rates – Nursing Homes had Multi-Year Spike in Open Jobs



Source: Long Term Care Imperative Nursing Home Legislative Surveys