

# 2008 Senior Nutrition Task Force

November 7, 2008

Whitney Senior Center, St. Cloud, MN

10:00 a.m. – 2:30 p.m.

## NOTES

### Attendees:

Bob Anderson, Metropolitan AAA  
Barb Arrell, Senior Services Consortium  
Kari Benson, MBA staff  
Margaret Bisek, MBA staff  
Linda Giersdorf, MN River AAA  
Rolf Hage, MBA staff  
Ruth Hunstiger, Catholic Charities  
Rusudan Kilaberia, MBA intern  
Marilyn Ocepek, Arrowhead Economic Opportunity Agency  
Mary Pat Raimondi, Milestone Group  
Annette Sandler, Jewish Family and Children Services  
Arlene Theye, SE MN AAA  
Ellie Vollmer, MBA member  
Lori Vrolson, Central MN Council on Aging  
Jean Wood, MBA staff

### Overview of Meeting Process

The Task Force indicated that some outstanding issues still needed more discussion and resolution by the Task Force in order to move on and develop a new direction for the Senior Nutrition Program. Each member was polled for the top two issues that still needed discussion. Four issues were identified:

1. Role delineation of each group
2. Priority setting
3. Transfers between Older Americans Act Titles
4. Contracts

### Reaching Consensus

The Task Force discussed how consensus would be reached on the recommendations outlined in the Future Directions and Priorities report, and how they would know they reached consensus.

- The Task Force members agreed that consensus had to be based on Task Force members' acceptance rather than agreement of the proposed directions and other issues. It was agreed that individual Task Force members may not agree with a particular recommendation but could accept it after the discussion. The Future Directions and Priorities report needs to be

developed through negotiation, a give and take process between all members of the Task Force and MBA staff. The current draft was crafted based on the discussion and comments shared during meetings, phone calls and emails.

- The Task Force also agreed that the goal of the new directions and priorities had to be on making life better for older Minnesotans.
- Task Force members who disagree with a proposed direction, which the majority of members do agree, will provide their objections in writing as a minority opinion.

### **Issue 1: Roles delineation of each group**

The Task Force discussed the roles of the nutrition service providers, Area Agencies on Aging and MBA staff in the Senior Nutrition Program. Each group was given an opportunity to identify what skills, tasks and outcomes all levels provide. Task Force members have voiced confusion and concern over the roles. The discussion was as follows:

- AAA rep: What's being asked of providers? We need clarity. What is being asked by the feds? State? AAAs? I think the Contract Workgroup can sort through some of this.
- AAA rep: Requirements may be a request of the AAA governing body so there may be regional differences in the requirements.
- Provider rep: Providers are paid the same no matter what. So when extra requirements are put into place we just have to meet them. We need to determine how we are going to deal with the requests of the local governing bodies.
- Provider rep: A contract is a contract – the requirements for providers should be spelled out in the contract.
- AAA rep: Sometimes a provider is a part of a larger organization – a parent organization – and sometimes they have their own requirements.

### ***Question-Mary Pat: Can providers ask AAAs for reports?***

- Provider rep: It depends on the relationship with the AAA.
- AAA rep: Yes! We want to be able to give those to providers.
- Provider rep: It gets to micromanaging on the part of AAAs.
- Provider rep: Can we run our own show? Or, do we have an AAA telling us what to do. Some is rules and regs and some is just back-off. Some AAAs are the deciding factor.
- Provider rep: We are very close to our communities, but AAAs have planners on staff. Who has the pulse of the community? Who's got the role of knowing the community? Who figures out how best to use Title 3 dollars?
- MBA staff: There is always that tension between roles.
- MBA staff: There are areas where there is total or blended decision-making. Congress and AoA will ask for states' input but we have to accept their final decisions and shape them to be meaningful for our state. Maybe we need to develop a chart of decision-making roles?
- Provider rep: There are authoritarian managers and egalitarian managers.

**Question-Mary Pat: Is this just related to reporting?**

- AAA rep: It also gets to the meal reimbursement rate and priority setting – how we will use limited dollars, targeting.

The Task Force collectively developed the attached matrix to help delineate roles. Task Force members agreed that this chart be finalized and included in the Future Directions and Priorities report that will go to the Board.

**Question-Mary Pat: Who is ultimately responsible for nutrition services?**

- AAA rep: The AAAs have to assure that the funds are used as they should be. We have had to end contracts because the service wasn't being delivered according to the Older Americans Act or federal regulations. We do contracts management. Where do you not micromanage but assure your program meets the requirements? We spend more time on nutrition than other services. We carry risk even with a contract.
- Provider rep: Who decides?
- Provider rep: Why am I here as a program manager?
- Provider rep: The relationship and roles are very different between Title 3 meals and Elderly Waiver meals.
- MBA staff: That is because of the eligibility determination that nutrition service providers do for the Title 3 meals. That leads to a particular type of audit.
- MBA staff: We should explore having the AAAs do the eligibility determination for Title 3 meals.

**Question-Mary Pat: Does it take one FTE to oversee the contracts?**

- AAA reps: No, it is not a full-time job to oversee the nutrition contracts. It's not a daily contact relationship with the providers.

**Question-Mary Pat: Do you have suggestions for lessening the micromanaging?**

- AAA rep: Can you provide me with a definition of micromanaging?
- AAA rep: Since this is based on the relationship between the AAA and the provider, can that be clarified in the contract?
- AAA rep: No, because it's the relationship.
- AAA rep: Maybe in part because the contract can clarify policies such as the opening and closing of sites.
- MBA member: As trust between two parties increases, the level of micromanaging decreases.
- MBA staff: Is it because of all of the information we require?
- Provider rep: It's not the reporting, we all have to do that. An example is when we want to open a new site and we want to go and visit the site. We have to ask ourselves, would the AAA feel they need to join us?

**Question-Mary Pat: Are expectations clear? If the AAAs were providers, how would you like to be managed? AAA responses were-**

- AAA rep: I would want clear expectations and then go for it. I would also want recognition for a job well done.
- AAA rep: I would want clear expectations and to be held accountable through my reporting. I would want to be told when I don't meet a requirement and have the chance to fix it.
- AAA rep: I would want clear expectations, know that I can communicate with the AAA staff, and have latitude to do what I felt was best for the program.

**Question-Mary Pat: Do we need to have written expectations? Meal, quality assurance, etc. How far would we drill down?**

- Provider rep: If we have the same vision we don't have to drill down too far.
- Provider rep: We want to know what's expected of our funder (AAA) and how it all fits into the big picture.
- AAA rep: It relates to transfers. The AAA deems that other services are critical.
- AAA rep: Leadership, advice, coordination – what is the best way to operate as partners?
- AAA rep: If I was not held accountable throughout my contract period, then when a new competitive bid comes up, I may just not be funded.
- AAA rep: When expectations are in writing, it doesn't necessarily mean it's clear. Right now, in the contract it says that the opening and closing of sites has to get local board approval. This is one example of a contract parameter that will be interpreted differently between regions. It depends on type of project and level of risk.

**Question-Mary Pat: If the providers were AAAs, how would you want to manage? Providers responses were-**

- Provider rep: I would have a contract with a provider, have them provide the service, and get the reports.
- Provider rep: This is a hard question to answer. I feel that when the AAAs said what they would want as a provider, they said what they want us (providers) to want! I would say to the provider "here's a contract, here are the rules, here is the amount of funding you will get for a certain number of meals – go for it."
- Provider rep: Because I would have to deal with conflicting interests and many different organizations involved, I would have close working relationships, transparency in decision-making, I would realize that I am only a piece of the pie and I would work closely with the other pieces.
- Provider rep: I would want providers to be on gut honest level. No hidden agendas.
- Provider rep: I would want the providers to be able to accept my decisions. They can have the contract or not.
- Provider rep: I would call meetings with a provider if I see an issue through the reports but otherwise I would be hands off. I would let the provider take

the program and make it grow. I would work together with the provider to get the best service.

***Question-Mary Pat: The challenge is how can we improve relationships with each other?***

- Provider rep: During the AAA site visit to the provider, the provider should be able to say what they'd like the AAA to do better.
- AAA rep: I do feel micromanaged by the State but it has led to the growth of the AAAs.
- MBA staff: there is a different style of management that is implemented by State staff across the three AAA roles (administration, program development and coordination – PD&C, and Information and Assistance – direct service).

***Question-Mary Pat: Can we take the state/AAA model of how they work together in a positive way and translate it to the AAA/provider relationships?***

- Provider rep: It is a risk to communicate with your AAA.
- Provider rep: There is a breakdown between planning and service delivery. The result has been that people don't get meals.
- MBA staff: Is there evidence of this?
- Provider rep: The providers that are members of the association have decided to start tracking unmet need.
- AAA rep: In the development of the new contract, is there a conflict of interest with the provider members of the workgroup?
- MBA staff: Yes, we will take the providers' input but we can't show them the actual language of the final contract. We can work with them on the underlying principles and then need to make sure the contract language fits closely with those principles.

Resolutions Accepted

The Task Force members accepted the following options to resolve the issues related to role delineation.

- Improve communication to reach common understanding between all nutrition providers, AAAs and state. Specific action steps include: implement feedback loop on requests and requirements, annual in-person meeting with year review of progress, and uploading program materials/forms on the MBA extranet for everyone to access.
- Encourage AAAs to have representatives from other AAAs participate in their proposal review process.

**Issue 2: Priority Setting**

The Task Force discussed how priorities are established for the program and how services should be targeted as we move forward.

- Provider rep: Participants don't have to complete the registration form. That makes it hard to determine, especially by income, if we are meeting the targets in the Older Americans Act. We need something spelled out – a benchmark – to work towards in terms of getting these forms filled out. Maybe we should continue to do the participant survey every other year?
- Provider rep: But participants may not fill that out either.

***Question-MBA staff: How about targeting based on nutrition risk?***

- Mary Pat: There are new tools available that we could use to better determine nutrition risk.
- MBA staff: We can't change the NAPIS questions but we could do something in addition to these. We should explore having someone else conduct the interview – a centralized person.
- Provider rep: But we can't find money now to do it the way it should be done.
- MBA staff: If it costs a certain amount to do the nutrition risk assessment, then we need to pay for it.
- MBA staff: How about paying a higher rate for a meal served to a person who is determined to be at high nutrition risk? We could implement tiered rates.
- Provider rep: If we move to targeting we need to involve local elected officials.
- MBA staff: we can phase it in. And, yes, we need to involve the fiscal participants.
- Provider rep: A waiting list is not a fair judge of who is in need and we're not able to serve. We are mission driven so we still serve these people but we just lose money doing it.
- MBA staff: This should be an iterative process where we try something out, see how it works, and modify as needed.
- Provider rep: We should do two pilots: 1) pilot targeting based on income and 2) pilot targeting based on nutrition risk.

***Question-Provider rep: What will be our contracts philosophy?***

- Would we be okay with having a two tiered meal program where someone who is able to pay more can get more with their meal? Could have the basic meal that meets nutritional guidelines plus extras for a charge.
- Provider rep: We need to look at serving the total community: a portion is EW eligible and the rest are private pay, with some of these being Title 3.
- Provider rep: We need to make sure what else is offered in any given community.
- AAA rep: Metro AAA implemented a new rate setting methodology this calendar year. It is based on the full range of cash costs for a Title 3 meal minus the average participant contribution at the site. There are other details involved with the methodology.
- MBA staff: This is something we can talk more about in the Contracts Workgroup.
- Provider rep: With Metro's new approach, if you're good at getting donations you are penalized. What is targeting based on?

- AAA rep: CMS/Medicare provides zip codes of low income seniors. We could provide an incentive to serve meals in those areas.
- Provider rep: One of the key targets is our home delivered meal participants.
- AAA rep: How about fee for service in congregate?
- AAA rep: At the congregate sites, we are seeing fewer people but these people are needier.

***Question-Mary Pat: What happens when a site is about to close?***

- Provider rep: We want the option to remain open and pay for meals themselves, not through Title 3.
- Provider rep: In the Arrowhead region, one-third of our sites involve a group of people getting together and receiving home delivered meals. These meals are counted as congregate because they are eating together. But there's no kitchen staff involved at the site.
- AAA rep: Owatonna private home delivered meals program asked SEMCAC to deliver home delivered meals to some residents in senior housing.
- Provider reps: We just need to be told what the targets are – now we don't know if we get there.
- Provider rep: Are these people we are not serving because we do not have the time to connect with them?
- MBA staff: What is need? What about people who refuse?

***Question-Mary Pat: Should we develop criteria for service?*** This could include the percent with chronic disease, poverty level, etc. This would allow us to say “This is why we are serving you.” “This is why we have a site there.” “This is why we do not have a site there.”

- AAA rep: This would involve an analysis of current sites and a migration of sites over time to those that are targeted.
- Provider rep: We need to make sure to look at other options while we go through this process.
- AAA rep: There is a big difference between the metro and non-metro areas. One difference is the willingness of individuals to give information.
- Provider rep: Jewish Family and Children Service has a sliding fee scale for private pay meals.

**Resolutions Accepted**

The Task Force members accepted the following options to resolve the issues related to targeting.

- Identify unmet need by tracking waiting lists and using other methods (to be determined).
- Pilot nutrition risk targeting.
- Pilot private pay.
- Use CMS income data by zip code to target services to low income areas.
- Investigate contribution levels.
- Develop criteria for services – phase in migration to serving higher risk/need.

### **Issue 3: Transfers**

Some Task Force members indicated that they did not accept the current situation related to transfers of Older American dollars and still needed the Task Force to discuss it. The Task Force briefly discussed it at the end of this meeting. It will also be put on the agenda for the next meeting.

- MBA staff: The transfer sheet on AoA's website is incorrect for Minnesota. We are working with AoA staff to correct this. We will share with everyone the figures on the website right now and the actuals at the next Task Force meeting.
- Provider rep: Can AAAs transfer out of III-C (Nutrition) into III-A (Admin)?
- MBA staff: No. AAAs cannot transfer any dollars into Admin. They can only use the amount we give them for Admin.
- MBA staff: AAAs can transfer from III-C (Nutrition) into III-B (Supportive Services) to fund Program Development and Coordination (PD&C) staff. The MBA requires AAAs to have a certain level of PD&C staffing.
- AAA rep: AAAs also use part of III-B dollars for Information and Assistance, our one allowable direct service.
- MBA staff: But AAAs cannot "load up" III-B with additional dollars to fund PD&C.
- Mary Pat: We should put conflict of interest under transfers and discuss this at the next meeting.
- MBA staff: Or is it conflict of roles for the AAAs?

### **Next Steps**

- The Task Force will meet one more time in December. At this meeting, the Task Force will try to come to resolution on the remaining core issues and concerns of Task Force members. The Task Force will also review the draft 2009-2014 Nutrition Priorities and Directions to begin to finalize the document. This will be the main product that will be shared with the full Board.
- Provider rep: We should include the chart on roles that was developed today in the Priorities and Directions.
- AAA rep: In order to keep the momentum going we should reconvene in the Spring to do a check-in. The two workgroups will have met for a while. And we should reconvene again next Fall or Winter, after the new contracting process has been implemented to see how that went.

### **Next Meeting**

Monday, December 15, 2008  
10:00 a.m. – 2:30 p.m.  
St. Cloud  
Whitney Senior Center