2008 Senior Nutrition Task Force

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

NOTES

Attendees:
Barb Arrell, Senior Services Consortium
Kari Benson, MBA Staff
Margaret Bisek, MBA Staff
Monica Douglas, Lutheran Social Services
Rolf Hage, MBA Staff
Rhonda Hiller Fjeldberg, MN River Area Agency on Aging
Ruth Hunstiger, Catholic Charities
Gail Jerve, Prairie Five
Grace Lee, MBA Member
Beth Nelson, MBA Member and Task Force Chair
Mary Pat Raimondi, Milestone Group
Annette Sandler, Jewish Family and Children Services
Jeri Schoonover, Lutheran Social Services
Dawn Simonson, Metropolitan Area Agency on Aging
Arlene Theye, SE MN Area Agency on Aging
Ellie Vollmer, MBA Member
Lori Vrolson, Central MN Council on Aging
Jean Wood, MBA Staff

Last Elephant in the Room: Transfers

- Mary Pat: Who approves the funding decisions?
- AAA Rep: The local AAA advisory board approves and then the MN Board on Aging.
- MBA Staff: in the Older Americans Act, appropriations to parts B, C1 and C2 are authorized by Congress to maintain a comprehensive system of senior services.
- Mary Pat: Is the issue that the providers don't feel they have enough input into the transfers and don't have a way to have our voice heard? Is there an appeal process?
- AAA Rep: The providers could be a part of the formal public hearing to review the draft Area Plan and provide comments regarding the proposed funding decisions.
- Provider Rep: One of the things that could help is that, since everyone is inundated with information, if there is a way for providers to have more direct communication about the hearings so that they can make it a priority to decide whether or not they would attend the public hearing and provide input.

- Provider Rep: I'm aware of the Area Plan meeting, but the funding streams and decision making process are difficult to understand. I would probably never speak at a hearing because it would hurt my prospects as a provider in a competitive review process. I would feel threatened by the situation.
- Provider Rep: I agree. It would be awkward to stand up and speak to that.
- Provider Rep: It puts a different spin on a dialogue that needs to happen. You have to decide how much you're willing to take if you decide to speak up.
- AAA Rep: We also take letters from individuals interested in providing written input.
- MBA Member: Do all of those comments get to the board level? Or do they stay at the staff level?
- AAA Reps: All comments (written and verbal) are provided to the AAA Advisory Board and included in the Area Plan documentation.
- Provider Rep: How many comments do you get?
- AAA Rep: We have received both written and verbal comments in the past.
- MPR: Do providers present to the AAA Advisory Board about their programs?
- AAA Rep: When we're getting ready to go into a competitive funding round, we ask the service providers to come in and do a presentation to our board. It takes place at a time when the board and funding committee are looking at funding policy to prepare for the release of an RFP. We also open up the planning and policy committee meetings in order to receive provider input.
- AAA Rep: All of our providers present at our annual grant review about the needs in the community and their challenges and successes. Sometimes it happens more than once a year. I wanted to also say, we need to put our budgets together in the fall. But, the federal budgets are not set in stone until the following February – so it is just a guesstimate at Area Plan review time. Cuts do happen after the fact.
- MPR: this has been one of the biggest issues of the task force. Can each of you provide one idea for how we can reach resolution?
- MBA Member: I don't want it to get to the MBA level, I think the providers need to feel like they can speak out. My idea would be for the AAAs to have some pre-dialogue about transfers with the providers. It was what I used to do when I worked at an AAA, before it even went public.
- MBA Staff: To the extent that there is a process, people should avail themselves of it. When there is competition for scarce resources, there are going to be disagreements, and all interested stakeholders should use the process that exists to deal with the issues directly.
- Provider Rep: We need more openness. We need to have a discussion about both the service and the funding. There are so many unmet needs – when the AAAs decide to go into something else then they need to say why you can't do something you were going to do. The whole task force is about limited resources. We need to have a discussion about what we won't be able to do.
- AAA Rep: The most helpful information for the Area Agency on Aging Board is data driven, factual information. Everyone can speak to need from a

personal level and what we see happening in a community, but for the Board to make decisions they need solid data.

- MPR: Nutrition risk is a priority – providers could show how many people they serve and how many are at nutrition risk – would this be an example?
- AAA Rep: Providers need to determine what is the case and what data can make the case.
- Provider Rep: If the money coming down is meant for nutrition and when there are limited resources, I can't get my arms around it. I'm a rural provider and the intrastate allocation does not support my work.
- Provider Rep: If there is money being transferred out of nutrition, then maybe the money should be going to a different region for that service.
- MBA Member: The amount transferred, metro is high but in the whole scheme of things it is not proportionally higher. What would be more of a concern to the Board is if there continued to be high carry-over. The Board felt that the carry-over estimated for this year is not a concern, not as high, because the AAAs are working hard on using those dollars. The AAAs do need to continue to work on getting all of their dollars out but there is not a big pool of dollars.
- Provider Rep: can we do something with the transfer process to deal with scarce resources?
- MBA Staff: Intrastate funding formula is based on per capita figures, metro receives the most funds but they receive the lowest per capita amount. Assuming that there were carry-over amounts that the MBA felt need to be reallocated, the Board would use the same intrastate funding formula. There is a process for transfers. The federal government says that B, C1 and C2 for a range of services, not just nutrition.
- MBA Member: I told the Board that this might be a topic where we agree to disagree. At the Board level, we will be focusing on carry-over. The Board is very strong on letting the AAAs make the decisions. Providers need to be involved in discussions at the front end – using data to make the case.
- Provider Rep: If the MBA is going to be focusing on carry-over, then we need to have our fixed costs covered when many of us will have to close sites due to snowstorms or other unexpected situations.
- Mary Pat: So far I have heard the following as options for resolution:
    - Better publicize the public hearing dates for Area Plan comments to existing service providers.
    - One-on-one dialogue between AAA and provider regarding transfer decisions prior to public hearings and/or final decisions.
    - Providers use data driven information to make the case for their service.
    - The MN Board on Aging will be watching carry-over.
- Provider Rep: Is the money budgeted into our program, but we don't use it, does that go into carryover?
- AAA Rep: Yes, that is correct. The contract includes the number of meals and a rate. Those dollars are set aside for the provider. If some of those dollars aren't spent by the provider they are redistributed in the next funding round.

- Provider Rep: Maybe people would prefer to have a higher reimbursement rate.
- MBA Staff: I am an advocate of knowing what the real costs are. Can you average some of your costs over the last several years? Can you identify the fixed costs when you can't serve meals and build that in?
- Provider Rep: I think you can to a certain extent but there are so many variables. For example, I had staff come in today because schools were going to be two hours late and on those days we still serve meals. The staff were doing some prep. But then they closed the schools so no meals were served. In the process of renewals, you have a set amount that you are able to apply for and a guideline for the number of meals that you are supposed to apply for so it is hard to increase the amounts to any extent.
- MBA Staff: From the AAA perspective, how about fewer meals that are more targeted?
- AAA Rep: Fewer meals will lead to a reduction in NSIP. Any thinking about higher reimbursement needs to be based on: 1. an understanding of costs and 2. a consensus on reasonable and necessary costs. Then we will be in a good place to have a discussion about a higher rate. Need to do a cost-benefit analysis.
- MBA Staff: The amount that MN gets in NSIP, by percentage, is very small. It will be important to analyze the impact on this of providing a higher reimbursement rate.
- AAA Rep: current NSIP allocation to MN is $2.1 million – it's a lot of money.
- MPR: Does anyone have objections to the following options for resolution?
    - **Public dates and pre-dialogue – is this workable for the AAAs?** <u>Yes</u>
        - AAA Rep: In looking at the big picture – when we are funding nutrition and Senior LinkAge Line – we need to balance state and federal funds to meet all of the high priority needs. People are willing to donate for a tangible meal and not for other services. These are factors that our Board discusses and are issues that could come up in a pre-dialogue.
    - **Data driven and making the case – is this acceptable to providers?** <u>Yes</u>
        - Provider Rep: Yes. I assume the AAA knows their target population from the planning dept? That would be helpful as a part of the discussion.
        - Provider Rep: Yes. It might be difficult for some providers to compete with the AAA who is providing a direct service.
        - AAA Rep: Providers need to also be aware of other organizations/businesses that are providing food/meals.
    - **More analysis on carry-over – is this acceptable to the Board members?** <u>Yes</u>
        - Beth: The Board doesn't get information specific to each nutrition providers but instead it's at a higher level – between sections of Title III. And we would ask the question, why?

Community-Based Budgeting

- Monica Douglas: Community-Based Budgeting plan is a way to recruit local community partners. The AAA in Region 1 started this approach in 1985 before LSS was in the region. We inherited it. The approach involves identifying local meal sponsors that can provide funding for the program. The state and federal dollars don't cover the full costs. We have had some success with it. We go to each community and secure a local sponsor/s. They agreeing to balance the budget bottom line for each year. It might include a city, county, service club, senior group, or all of the above. This is something that has worked well in order to continue to maintain services in some of the small rural areas. It gives them the ownership. Some communities become very creative in securing revenue and reducing costs. Some of the communities provide the facility and utilities in-kind. We've had communities that say they can provide a volunteer for one of the positions – it becomes a financial plus. It is one way to be able to continue the program.
- Provider Rep: We are doing something similar, but it's not quite the same.
- Monica: Our's is more formal – they sign something like a contract. We haven't closed any sites if they don't meet the bottom line.
- Provider Rep: My understanding is that for every $1 of OAA funding there is $4 leveraged. I wasn't sure why there was a question as to why you are doing this?
- Jeri Schoonover: With the CBB program, the communities do take ownership and pride in making sure that meals are being provided to their older community members. It's a commitment from the community.
- Rhonda Hiller-Fjeldberg: Certainly, partners are necessary for the program to survive. The Task Force is not seeing the documents on the approach and the methods for recording and recouping those dollars. In no way are we saying that providers should not be making partners in the communities. However, there are some areas of concern: marketing, the requirement that the contract document is signed, recording and maintaining funds. I feel that we can work out those issues. But I want to make sure that these agreements and methods fall within the OAA and federal funding guidelines.
- Lori Vrolson: It's a Memorandum of Agreement – the community group agrees to cover costs not covered by income. That local community – could be senior group, etc. – is responsible for the difference between the funds received and expenses. When you have to look at targeting and you have a community that says they can take on a site in this way, we question if there is a way for it to be a non-T3 site. In essence, how this is laid out, LSS is subcontracting with senior groups, there is a lot that comes into play in how the local groups understand this commitment.
- Monica: What about the revised changes? And calling it a pledge instead of a Memo of Understanding? Would you and Rhonda be comfortable with that? Something in writing helps the community understand the situation and the role that they play.

- Lori: Jim Knobel questions staff time on fundraising. It's not that we're not in support of local community support. A lot of joint discussions need to occur to work through our concerns.
- Monica: If all other providers are doing fundraising, it asks the providers to spell out how they meet the fundraising.
- Mary Pat: Should we give this to the contracts group? Add it in as part of a tactic in Priorities and Directions?
- Monica: How is everybody else doing this?
- Provider Rep: It's not the concept so much in question but the method, correct?
- Lori: Yes.
- Provider Rep: Everybody agrees that providers should do fundraising?
- Task Force Members: Yes.
- Rhonda: It's a question for Jim Knobel. Some of our III-B projects indicate they are not doing fundraising on T3 dollars. Jim talks about a gray line – if all you are doing with a mailing is soliciting funds then that is considered fundraising. But, if it is one last line on a document that talks about the services, then that is okay.
- Monica: It would be really good to get an interpretation on this. We need to get this response quickly.
- Provider Rep: This is a large issue but it has put questions in our minds.
- Provider Rep: I am sitting on the verge of many opportunities in the near future so I need some answers quickly.
- MBA Staff: There are significant issues related to T3 staff doing fundraising. To the extent that a site increases their revenue from other sources, the amount from T3 decreases, it is the total cost of the meal. Maybe there are communities that could fully support a site, with no T3.
- Provider Rep: I think there is always a mix of those who can and those who cannot.
- MBA Staff: As we are looking at this broadly, we need to make sure we are following federal guidelines. Our position is that we will have a discussion on this as a part of the contracts workgroup. Don't we have contracts in place for the next calendar year?
- AAA Rep: Yes, but this will inform many functions of implementing these contracts next calendar year - grant writing, fund raising, reporting, rate setting, messaging.
- Provider Rep: It seems like we should have a year to figure this out. We have already been told that we will be having a significant decrease in what we are going to receive from other sources next year. Need to know what we can and cannot do.
- Monica: this is urgent, cannot wait a year.
- Jeri: There is a need to raise private funds and this is going to be much more difficult in this economy. We need to identify innovative ways to generate funds and retain the program.
- Mary Pat: Beth, what do you think we should do?

- Beth: I think it's okay to have a separate meeting with Jim Knobel. The providers just need to know the rules that they have to follow.
- MBA Staff: Don't want to lose sight of the opportunity – charge – to really think of things differently and really think of how we could be more strategic.
- MBA Staff: Let's take care of the narrow question right now, a procedural issue, can take care of quickly over the phone.
- AAA Rep: All of the programs have non-federal dollars in their program as well. It is my understanding that everyone has been paying for fundraising with their local dollars.
- Monica: Is it just the federal dollars that cannot be used for fundraising? Can Jim find the language?
    - **Kari: I will coordinate a conference call as soon as possible in order to have this discussion.**

BREAK

Priorities and Directions
Priority 1 – Maximize Resources

Strategy 1. Target the most vulnerable.
Tactics
Ensure that Older Americans Act targeting criteria are met. Balance the need for socialization with medical needs when possible

- Provider Rep: I need more information on the second part – I'm wondering what kind of medical needs? How in-depth?
- Mary Pat: We are talking about chronic disease and nutrition risk. Maybe we can expand it to say "medical and nutrition needs."
- Provider Rep: Do we know who is going to define these terms?
- AAA Rep: Change medical to health.
- Mary Pat: We have not said who will define.
- Provider Rep: Nobody disagrees but we need to know how this is going to be dealt with.
    - **Task Force: Accept, with recommended change.**

Priorities and Directions
Priority 1 – Maximize Resources

Strategy 2. Target the most vulnerable.
Tactics, continued
Target older adults who are identified to be at high nutrition risk. Give priority to providing nutrition services to individuals who meet this criteria in both the congregate and home-delivered meals programs. Pilot nutrition risk targeting.

- Provider Rep: Home delivered meals are serving people who are already identified as being at risk by referral source. Sometimes the nutrition risk survey is not filled out, not consistently. I don't want us to use that, it's a self-assessment. But I'm not saying that I don't want to target nutrition risk.
- Mary Pat: As a part of piloting nutrition risk targeting, I'm assuming it means that we would figure out an assessment tool that would make sense.
- AAA Rep: Another target population are those who are low-income. They may be healthy as a horse but don't have the money to buy food and/or don't have the skills to make their own food.
- Mary Pat: Studies support that most people who are low income are at high nutrition risk.
- Provider Rep: Isn't a target the ability to stay in their own home? Maybe a target should be those that need socialization and nutrition?
    - **Task Force: Accept.**

Priorities and Directions
Priority 1 – Maximize Resources

Strategy 3. Target the most vulnerable.
Tactics, continued
Develop criteria for services – phase in migration to serving higher risk/need. In part, use CMS income data by zip code to target services. Develop statewide policy on opening and closing sites, and on allowable reductions in service.
Pilot private pay. As one approach, investigate setting contribution levels based on ability to pay.

Identify unmet need by tracking waiting lists and using other methods (to be determined).

- Provider Rep: “Pilot private pay” – what does that mean?
- Provider Rep: “Identify unmet need” – I’m looking for who would do it, when would it happen, etc.?
- Provider Rep: Maybe we need to talk more about piloting private pay? How would that work if we are targeting more low income?
- Provider Rep: I’m against the thought of having two levels of meals – it increases the separation between those who can and those who can’t afford to pay. If you are successful at getting donations then you’re reimbursement rate is affected by that (decreased). Tracking a wait list does not determine if there is somebody who is not being served.
- Provider Rep: Targeting the most vulnerable is not anything new, not anything different than what we’ve tried to do before. A lot of it is contracting and how it is interpreted. Philosophically we don’t have any disagreement but it’s a matter of how it is implemented.
- Provider Rep: I think we need another meeting
- Provider Rep: How would we do it, how do we make it happen?
- MBA Staff: I think how we implement some of this stuff is dealt with in next steps. In terms of moving along, we need to have some agreement on broad concepts.
- Mary Pat: For “Identify unmet need by tracking waiting lists and using other methods” – could you provide some additional language?
- Provider Rep: We use “intake requests.”
- MBA Staff – Ruth, you indicated you were tracking waiting lists?
- Ruth – yes, if we receive calls from people who we are not able to serve, that is what we are tracking.
- Provider Rep – is the Senior LinkAge Line getting calls? It’d be great to track that as unmet need.
- AAA Rep: We are going to be piloting private pay. The hospital that used to operate the Owatonna Meals on Wheels is moving. SEMCAC is going to take on this private pay meals on wheels program because we don’t have T3 dollars to support it. It’s in places where there is not a T3 nutrition provider so it is fair.
    - **Task Force: Accept, with recommended change.**

Priority 1 – Maximize Resources

Strategy 2. Achieve a collective understanding of available resources and identify ways to leverage these resources.
Tactics
Establish Contracts Workgroup of providers, AAA staff, and MBA staff to update and streamline the contracting process. Use new RFP/Contract Template for CY2010. Include statewide standardized cost definitions, reviewed standards (aligned with minimum OAA requirements), and additional methods to minimize provider risk (including mid-course contract renegotiations). Separate payment for meals and related costs, nutrition education and outreach, and NAPIS registration through separate RFPs.
Increase communication about available resources between Area Agencies on Aging and providers.
Clarify and maximize the use of Elderly Waiver, Alternative Care and Title III to provide nutrition services to older Minnesotans.
Leverage other nutrition programs, including the Nutrition Assistance Program for Seniors (NAPS), Senior Farmers Market, and Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps).

- MBA Staff: At the first Contracts Workgroup meeting, the workgroup determined that it would work best not to do a statewide RFP with the new contract template but instead that it will be phased in.
- Provider Rep: We need to make sure that any new thing we propose will actually streamline the process!
- Mary Pat: Will having providers, AAAs and MBA staff on the workgroup make sure that this is worked through?
- Provider Rep: I hope so.
- MBA Staff: This is an iterative process.
- Mary Pat: Should we include a tactic to evaluate the contract process on a regular basis?
- Provider Rep: Sometimes it takes a while to get adjusted, but change is hard, we need to have time to get used to the process before we evaluate it.
- Provider Rep: Maybe an ongoing workgroup that will evaluate the contracts process.
- Provider Rep: After the first year, evaluate what worked and didn't work so that we don't have to wait 3-5 years to make adjustments.
  - **Task Force: Accept, with recommended change.**

Priority 1 – Maximize Resources

Strategy 3. Expand the use of technology to achieve greater efficiencies, increase coordination and improve data collection.
Tactics
Establish <u>Data Workgroup</u> to: 1) identify and facilitate implementation of technology that might include bar code cards, scannable forms and finger print tracking, 2) establish benchmarks to reach 100% participant survey form completion, and 3) identify statewide data components that will be utilized to inform nutrition program planning.
Explore options to facilitate completion of NAPIS forms, with particular emphasis on the nutrition risk assessment.

- Provider Rep: Originally we talked about researching financial supporter for some of these technologies. Is that still going to happen?
- MBA Staff: Yes, we are first doing status check of the existing data collection and reporting processes and then we'll identify where technology can be a solution.
- Provider Rep: Is the goal to improve data collection?
- Mary Pat: We will add "identify data needs" and also add "research financial sources/partners."
- Provider Rep: The goal is what is the data that we need and how can we get it? Our previous data system was better at it than the one we need to use now.
- Mary Pat: And it goes back to what Dawn was saying about being data driven.
- AAA Rep: By "participant survey form" do you mean NAPIS registration form?
- MBA Staff: Yes, and we will just say that!
- Provider Rep: NAPIS – they want to get good data. We came up with a form.
- Provider Rep: Our customers tell us that they don't have to fill out the form. But we know we need the birthdate. Can we revise the form so that we at least get that?
- Provider Rep: I could get all of this info through an in-home assessment, but they wouldn't fill out the form. What's the goal? Can we have multiple ways of getting the data?
- Provider Rep: But we need to have the original signature with it.
- Provider Rep: I haven't seen that anywhere, that's something to clarify.
- Provider Rep: I know the auditors say we have to verify they are over 60 and that they have signed these documents.
    - **Task Force: Accept, with recommended changes.**

Priority 1 – Maximize Resources

Strategy 4. Enhance nutrition education to empower consumers to make healthful choices
Tactics
Implement statewide nutrition education contract through competitive RFP for CY 2010.
Partner with other organizations/networks that are focused on the health of older adults, including University of MN Food and Nutrition Network and University Extension.
In collaboration with the MN Department of Health, disseminate evidence-based health promotion and disease prevention models statewide, including Eat Better Move More and Healthy Eating for Successful Living.

- Provider Rep: I need more information on a statewide RFP.
- Provider Rep: There would be additional reporting with a statewide RFP. I think in previous discussions we were you talking about getting additional money for nutrition education.
- Provider Rep: We are trying to figure out a more cost-effective way to provide nutrition education.
- Provider Rep: AAAs used to do nutrition education, but that took away from the nutrition program.
- Mary Pat: How are you paying for nutrition education right now?
- Provider Rep: U of M Extension does it in-kind.
- Provider Rep: We work with U of M to do this.
- AAA Rep: Part of what we have heard in the metro is that the cost for meals includes the cost for nutrition education. What I understand is that we are looking for ways to do this in a more cost-effective manner. We need to understand if it really is a cost to providers, or if it's a negligible cost and we let it go.
- Provider Rep: There is always a cost. There are some providers that have strong partnerships and some that don't. Providers have different ways of covering those costs.
- MBA Member: Is there consistency in reporting of costs?
- Mary Pat: Should we change "implement" to "investigate"? The first step would be to conduct an environmental scan of current nutrition education efforts.
- AAA Rep: Yes, including information about actual costs.
- AAA Rep: Take out the words "competitive RFP for 2010."
- MBA Member: We need to include cost for interpreters for communities whose first language is not English. We need to talk with community members from diverse populations to see what their needs are.
- Provider Rep: We also need to avoid increased administrative costs.
    - **Task Force: Accept, with recommended changes.**

Priority 2 – Build Relationships in the Aging Network

Strategy 1. Rebuild trust at all levels.
Tactics
MBA will provide regular training for providers and AAAs to collectively address challenges in service delivery.
MBA will establish and coordinate a meeting schedule to ensure regular communication between providers, AAAs and MBA. Meetings include quarterly provider association meetings. Bring everyone together for at least one in-person meeting per year.
Implement feedback loop on requests and requirements.
Encourage AAAs to have representatives from other AAAs participate in their proposal review process.

- Provider Rep: In the first tactic, it's not just "training" but more coming together to problem solve together.
- Mary Pat: We will broaden that statement.
    - **Task Force: Accept, with recommended change.**

Priority 2 – Build Relationships in Aging Network

Strategy 2. Improve communication channels across Minnesota's aging network.
Tactics
Establish an area on the MBA extranet to share program forms, information, new ideas, and challenges related to providing nutrition services to older Minnesotans. Area Agency and nutrition provider staff would have access.
Build and expand referral networks for providers including long term care and home health providers. Assure that nutrition services are included and linked to other services as appropriate.
Develop and use a consistent message about the value of the Senior Nutrition Program that can be communicated to funding sources including state and local government.

- **Task Force Members: Accept**

Priority 3 – Improve Sustainability

Strategy 1. Explore innovative methods of cost containment.
Tactics
Incorporate the nutrition program into Choices for Independence.
Determine costs and benefits of existing and new service delivery models, including bundled service delivery, frozen meals, group purchasing and/or a single caterer for multiple programs. Disseminate models identified as cost-effective statewide, as appropriate.

- AAA Rep: We should broaden the first tactic to match the current federal vision.
- Provider Rep: Not sure if it belongs under this strategy, is it really about cost containment?
- Mary Pat: That is the intention of the Administration on Aging.
  - **Task Force: Accept, with recommended change.**

Priority 3 – Improve Sustainability

Strategy 2. Enhance methods to assure quality of service.
Tactics
Define and measure quality standards based on metrics that include consumer preference, costs, current research and cultural needs.

- AAA Rep: We need to continue with quality improvement. Sometimes quality does cost more.
- Provider Rep: Does this mean to develop a standard that all providers must fit?
- Mary Pat: Would that be bad to have a statewide standard to meet consumer preferences?
- Provider Rep: There is a concern with costs, if your program is subsidizing that cost.
- Mary Pat: I was thinking more of a minimum standard.
- Provider Rep: If we want a certain standard than we would pay for it?
- MBA Staff: Yes.
  - **Task Force: Accept**

Priority 3 – Improve Sustainability

Strategy 3. Develop new models to recruit and retain volunteers.
Tactics
Facilitate program exchanges between Area Agencies and providers on ways to engage volunteers. Learn from other states.
Develop a process to assess the costs and benefits to using volunteers versus paid staff.

- Provider Rep: We can learn from each other in Minnesota in terms of best practices, focusing on ways to recruit and maintain. We have a lot we could teach other states!
- Provider Rep: How would we determine costs/benefits?
- Mary Pat: We are not there yet, so if you have ideas of ways we could do that, please share those.
- Provider Rep: It may be more cost-effective but it may not be possible in the future, maybe we won't have as many volunteers available.
    - **Task Force: Accept**

Next Steps

- Provider Rep: Does streamlining the contracting process include the reporting process?
- Mary Pat: The Data Workgroup will cover this area. We will change that strategy wording to be more encompassing of the goal to streamline the process.
- Provider Rep: Will we have another meeting to review the third draft?
- Mary Pat: No, you will receive the third draft by email in order to provide final comments.
- Provider Rep: An annual meeting has been mentioned, will that be this group?
- MBA Staff: The Task Force will be the core group but we envision inviting a broader group that includes all AAAs and providers.
- MBA Staff: Workgroups will be ongoing so at the annual meeting workgroup members can find replacements if they want.
- Provider Rep: In my contract amendment, it says that I will need to implement nutrition service redesign activities. What does that mean? I don't know what we are doing in that area.
- MBA Staff: Nothing for 2009, that would be in a new contract for 2010.
- AAA Reps: That is standard language that all AAAs have in their CY2009 Area Plans.
- Provider: I was hoping for more specifics out of this process. I think we have a lot more things to do here.

- AAA Rep: Rolf and Kari, do you have a sense of cuts to the nutrition program?
- Rolf: We have no idea. In 2003, there were targeted cuts, some of which were fought off. This budget shortfall appears to be the most significant since 1981.
- AAA Rep: How do you decide on when to close a site? That is going to be critical.
- Provider Rep: There are a number of priorities and directions that will not be feasible given significant cuts. To go ahead with a new data entry system, when there is a big cut and we would have to take another big cut to do a new system that would make that one null and void. Need to make that statement on this document.
- Mary Pat: Or the chair, Beth, can relate this to the Board.
- MBA Staff: The final budget projection will be in January.
- Beth: I think this will be slugged out through May. What we have been told – benefits, eligibility and provider payments will be big targets. Anything that is 100% state funded will be very vulnerable.
- MBA Staff: Should we say "strategies can be adjusted to address contingencies"?
- MBA Staff: If people have a strong exception to anything in the Priorities and Directions document, that can be brought forward in writing.
- Mary Pat: I would have hoped at this time that those would have been brought forward. It is fine to have a minority report.
- Provider Rep: We do need to see another draft. I'm taking notes to make sure certain points get added.
- Provider Rep: There are some things that I'm not quite sure about.
- MBA Staff: You also need to make sure you are getting the input of all of your colleagues – all providers and all AAAs – so that we can have full input on this document.
- Provider Rep: Most of the things in here are non-controversial. The biggest thing is how we are going to problem-solve.
- AAA Rep: Are we going to come up with a vision statement?
- Mary Pat: I don't expect the group to have one but it's important to share those with each other.
- AAA Rep: I think we need that, to summarize what we have accomplished.
- Mary Pat and Kari: We will ask everyone to send us their vision statements.
- Beth: I want to thank everyone for their time. I told the Board, we thought our task was smaller than it ended up to be. There are many nuances. I think communication got better, people were really sharing and being more open. I agree it's not done yet. I think the contracting group will get at some additional issues. Some of the other issues are ones that should be worked on locally.