

# Senior Nutrition Task Force

## September 16, 2008

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# Roles in Network

- **Role of the Administration on Aging**
  - **Set national policy: Choices for Independence**
  - **Role of discretionary grants**
  - **Provides allocations**
- **Role of Minnesota Board on Aging in setting priorities for aging network**
  - **Role of members in contrast to role of staff**
  - **Set funding, targeting and policy priorities**
  - **Assure compliance with federal requirements**
  - **Provide statewide reports**
  - **Set Roles of AAAs beyond the OAA**
    - Information and assistance: OAA and Choices for Independence
    - Health promotion
    - Nursing home diversion earlier



# Roles in Network

- **Role of Area Agencies on Aging**
  - **Comprehensive and coordinated services system**
    - **Program Development and Coordination**
    - **Information and Assistance**
    - **Administration of Title 3 funds through grants and contracts**
    - **Local decision makers**
    - **Quality assurance**
    - **Reporting**
- **Role of Nutrition Providers**
  - **Service delivery according to grant and contract term**
  - **Feedback on needs**
  - **Quality assurance**



# Policy Directions

- **History of Older Americans Act**
  - **Comprehensive and coordinated services system mandate**
  - **Minnesota's take**
    - **In early years, direct contract with providers**
    - **Shifts to AAAs at their formation; in mid 1990s, greater responsibilities to AAAs**
- **Mandate of 2001 LTC Rebalancing**
  - **Information and assistance requirements strengthen**
  - **Evolved the role of the AAA: PD&C and EDP as a state priority**
  - **Role of aging services: formal and informal services**
  - **Gaps Analysis: chart**



# Policy Directions

- **Reorganization of AAAs (2001 to 2004)**
  - Multi year process
  - Designed to provide economies of scale for AAA operations and roles
  - Standards set for all three roles
  - Impact on decision making: evolution of Aging Advisory Committees and governing boards
- **AoA priorities for the network: Choices for Independence (2006)**
  - Change in how they do business
  - Modernizing the Act
    - Information and assistance
    - Health promotion
    - Nursing home diversion
- **Transform 2010**



# Allocations

- **Federal funds comes in “buckets” labeled by letters B through E**
- **Formula to states based on 60+ population**
  - **Transmit**
    - From these buckets the MBA and the AAAs take their funds to administer the Act
    - Required for compliance with 44 duties in OAA
    - Capped at 5% for MBA and 10% for AAAs; funds earmarked proportionally
    - Ombudsman Program direct services funding has a federal maintenance of effort; MBA has had some discussions about raising but has preferred to go to Legislature; decreases in 2003 (\$965,000)
  - **Transfers**
    - B and Cs; C1 and C2
    - Enshrined in OAA and has caps
    - Intent to have local entities be able to fill the most critical gaps
    - Local decision making; approved by AAA, MBA and AoA
    - Historic based on pressure on B fund
    - Provided in AAA budgets and MBA budgets
    - Pressure on B fund: PD&C, I&A, service gaps
    - Maintenance of effort



### Most Frequently Cited Gaps in LTC Service Capacity

2001			2003			2005			2007		
Type of service	Rank	% of counties	Type of service	Rank	% of counties	Type of Service	Rank	% of counties	Type of Service	Rank	% of counties
Transportation	1	66%	Transportation	1	42%	Transportation	1	55%	Transportation	1 (tie)	63%
In-Home Respite/ Caregiver Supports*	2	57%	Chore Service	2	28%	Evening and Weekend Care**	2	50%	Companion Service	1 (tie)	63%
Chore Service	3	48%	In-Home Respite/ Caregiver Supports*	3	22%	Chore Service	3 (tie)	47%	Chore Service	3	62%
TCC for Relocation	4	39%	Adult Day Service	4 (tie)	21%	Adult Day Service	3 (tie)	47%	Respite Care-In Home	4	51%
Information and Assistance	5	25%	Home Delivered Meals	4 (tie)	21%	In-Home Respite/ Caregiver Supports*	5	42%	Respite Care-Out of Home	5	47%
									Caregiver/ Family Support Training	6	46%



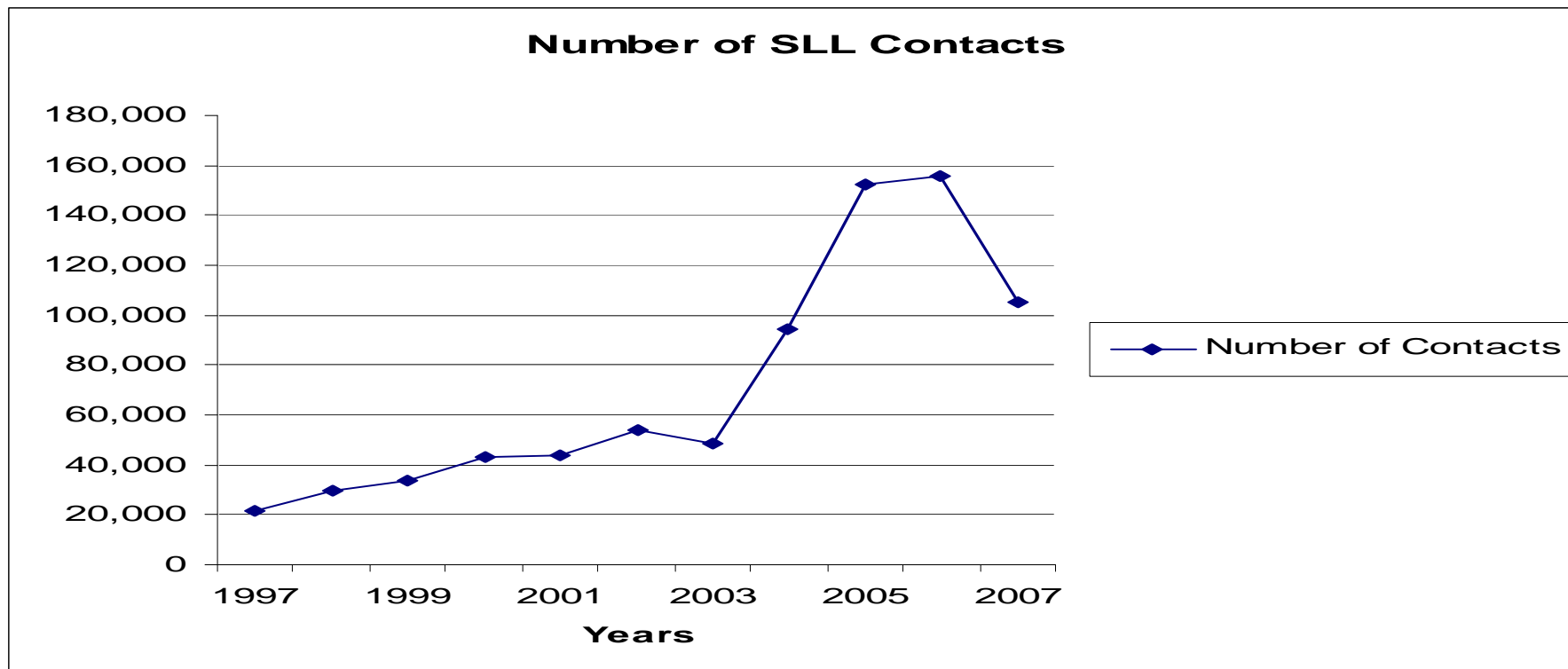
# Primary Areas of Assistance Provided in 2007

- Health Insurance Counseling **74%**
  - Medicare Part D Plan Enroll and Compare **20%**
  - Medicare Part D Access Assistance **15%**
  - Medicare Part D Eligibility **9%**
  - LIS Enrollment and Eligibility **7%**
  - Medicare Part D Claims Billing **6%**
  - Medical Assistance **6%**
  - Medicare Part D Medicaid Transition Issues **4%**
- In Home Services **3%**
- Housing **2%**
- Financial Assistance **2%**
- Case Management **1%**





# Number of SLL Contacts

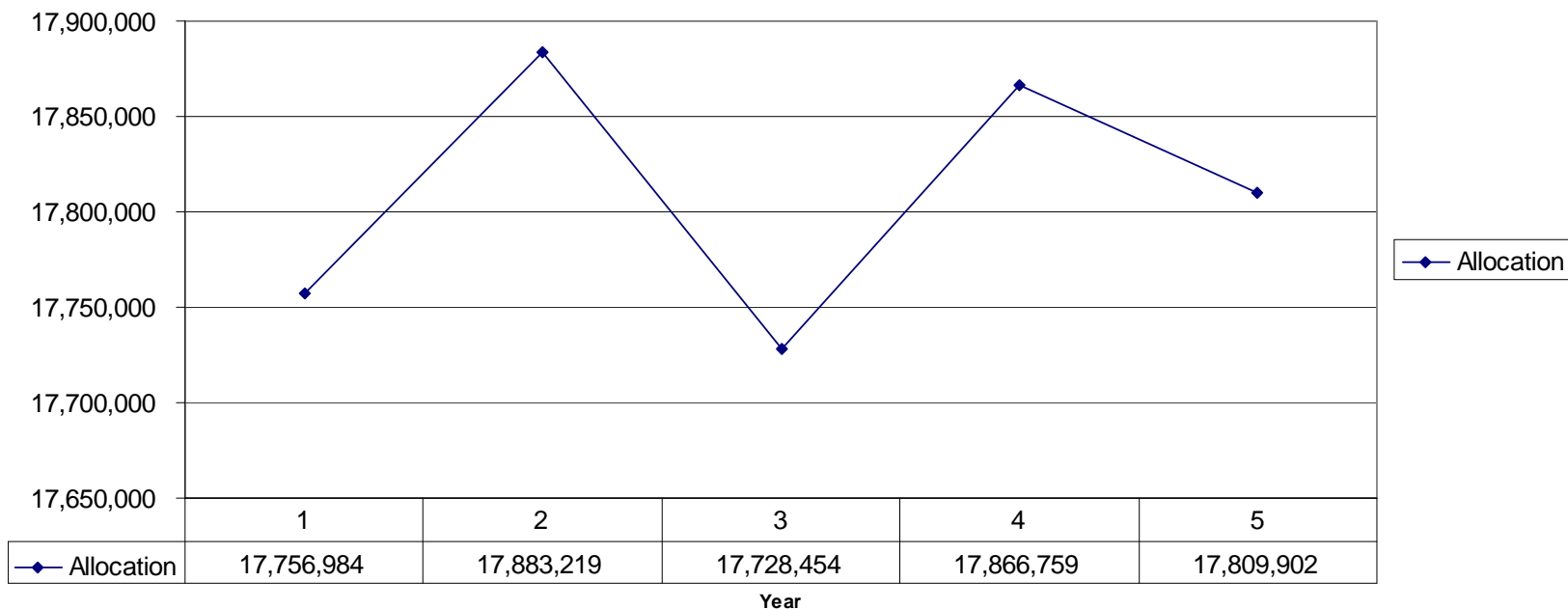


- Assigned to 7 call centers



# Total Allocation: All Title 3

Total MN Allocation: Title 3

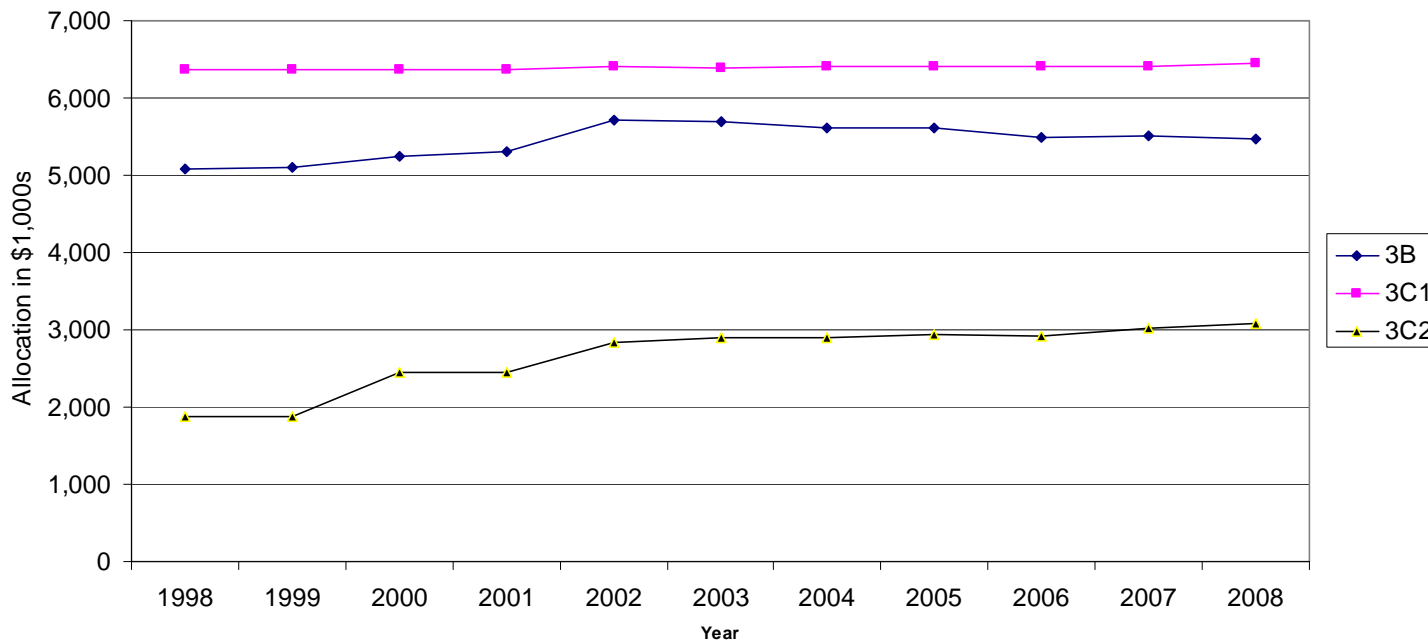


- This is for the years 2004 to 2008
- Includes B through E funds



# Title 3 B and C Allocations

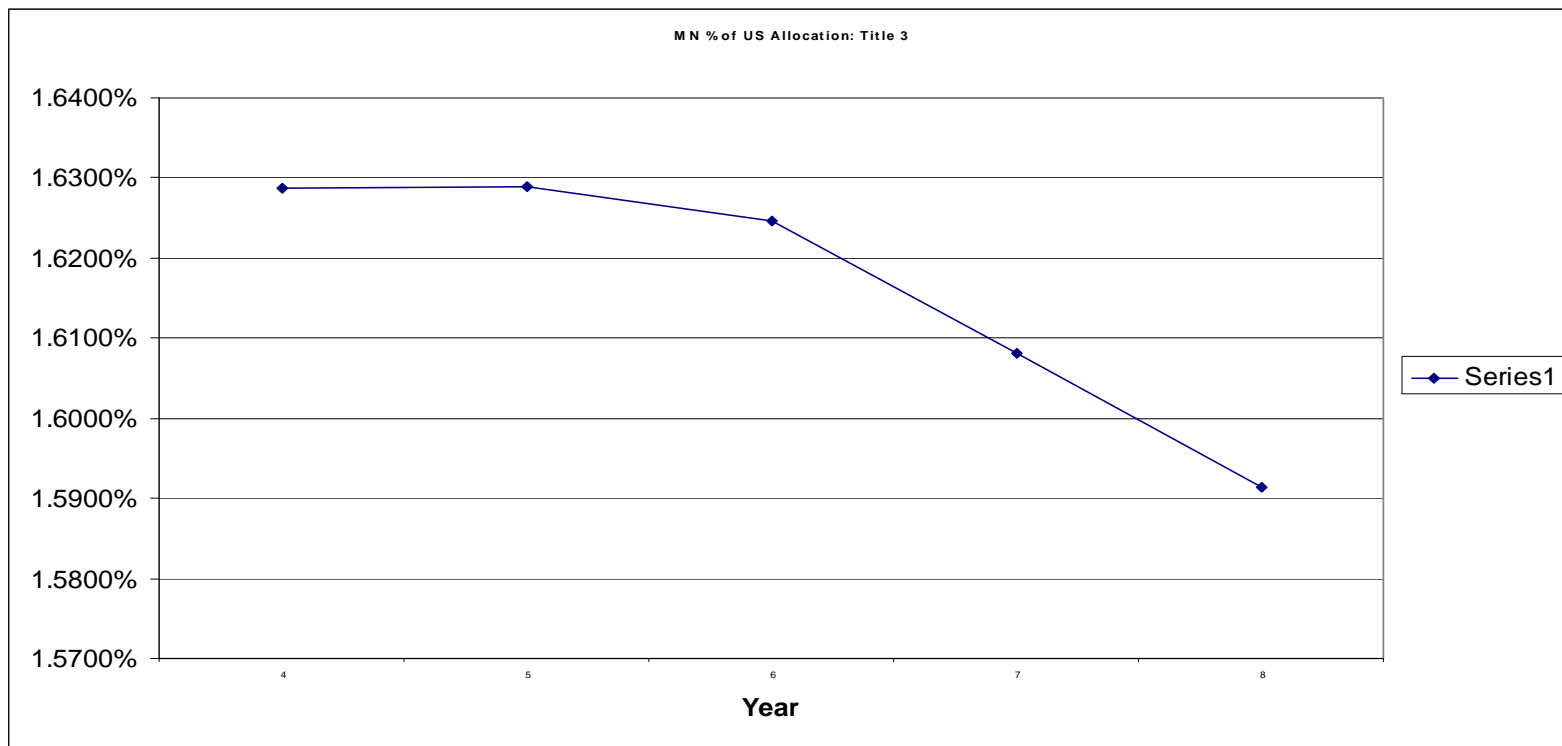
Allocation Comparisons: Title 3



- Increases in B and C in response to rebalancing efforts



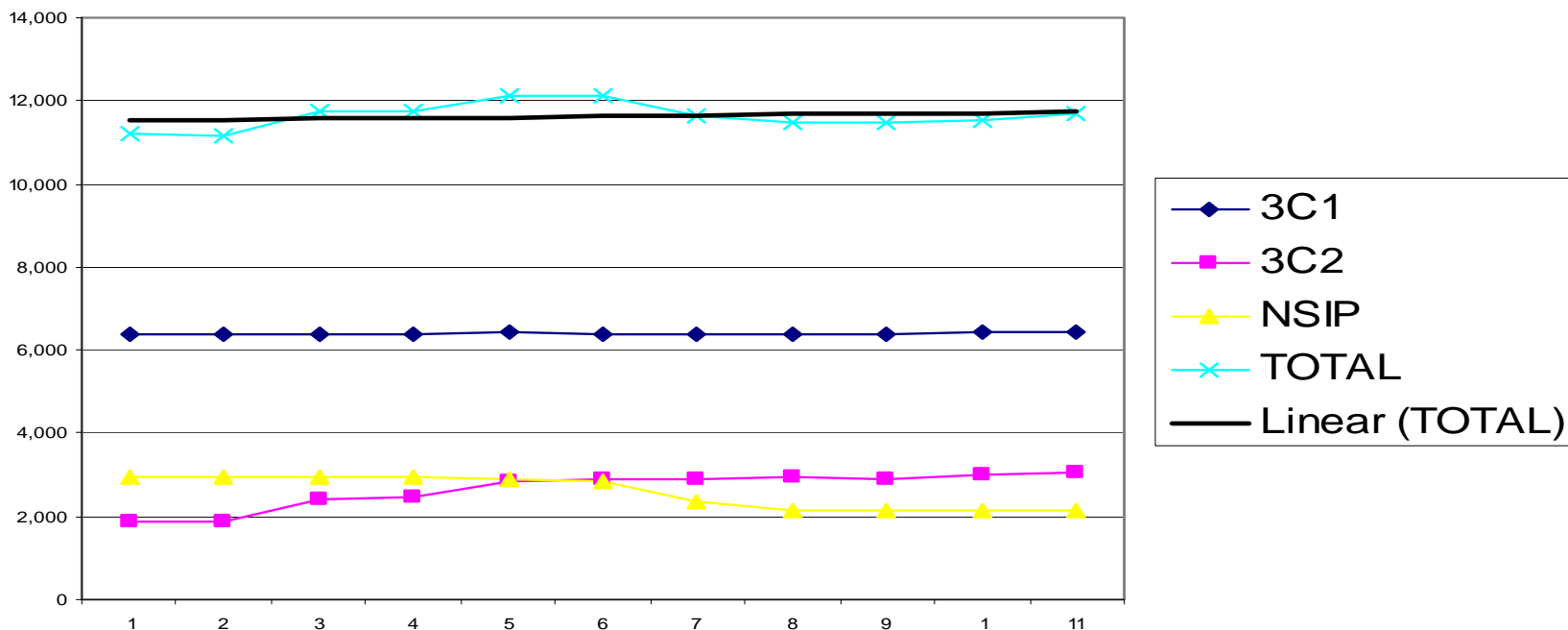
# Percent of National Allocation



In 1979 Minnesota's percentage of OAA funds was 1.86 and has steadily decrease until it is now just above 1.50. That is an erosion of 20% with no adjustment for inflation.



# Overall Federal Nutrition Funding

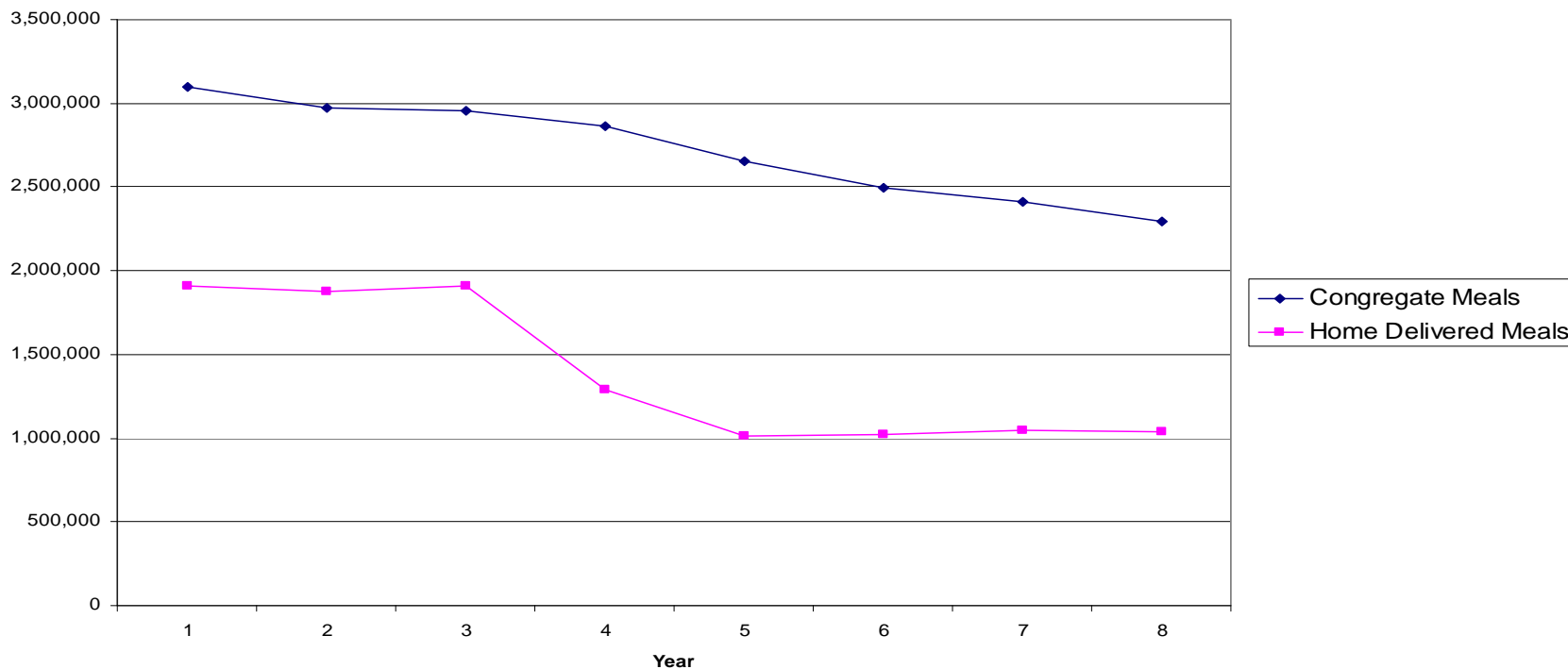


- Data is from the last 11 years
- Black line shows the trend, and it is flat.



# Number of Meals Served

Number of meals served

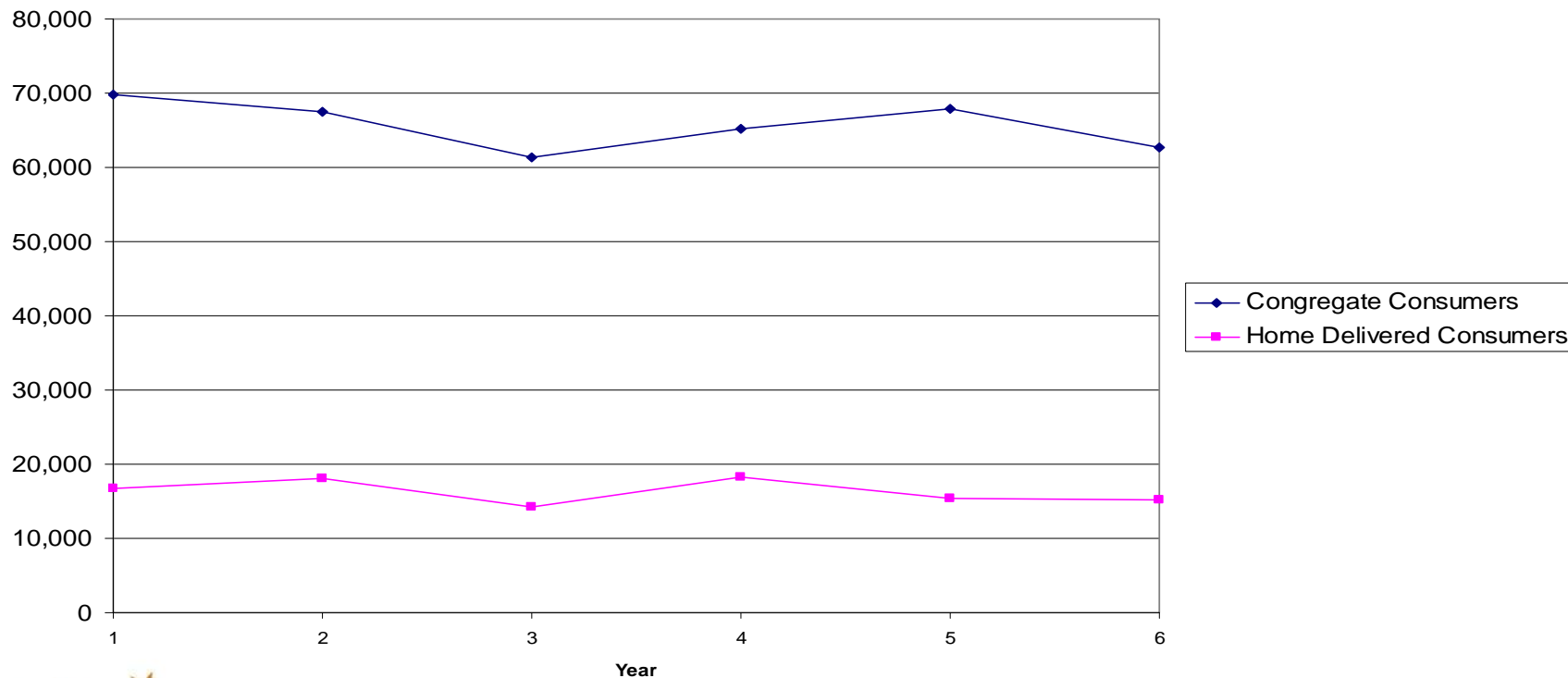


- These are years 2001 through 2008
- Decreases from 03 to 05 reflects in part the loss of EW/AC meals report for the purposes of NSIP



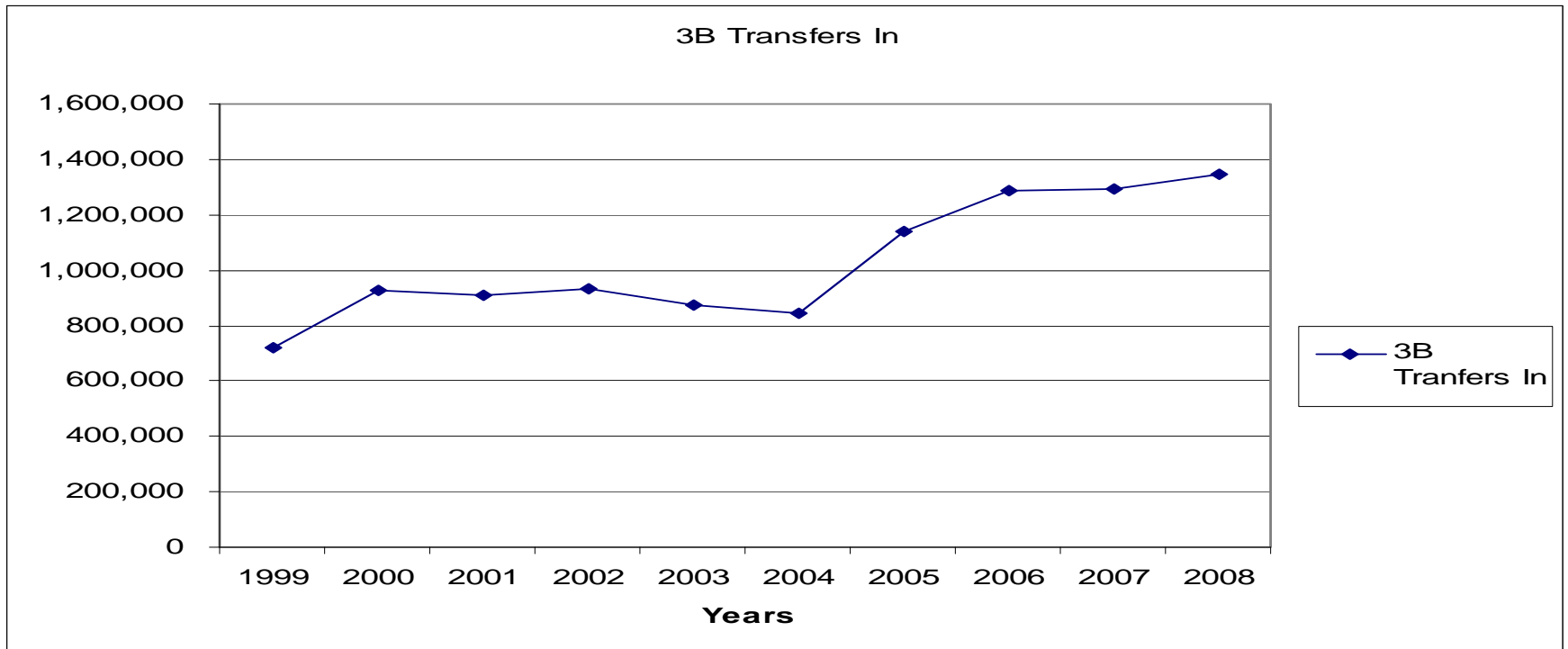
# Number of Persons Served

Consumers in Meal Programs



- Years 2002 through 2008





- Jump relates to ramping up the Senior LinkAge Line





# Intrastate Funding Formula

- **Difference between the funding language and targeting language**
  - Rural in targeting language but not in funding language
- **Intrastate funding formula requirements: Population, low income and minority**
- **Minnesota's formula**
  - **Population 60+ (55%)**
  - **Low income 65+ (20%)**
  - **Minority 60+ (10%)**
  - **Persons 65+ in rural areas (10%)**
  - **Population density (5%)**



# Area Plan Development

- **Development of area plan**
  - Plan for 3 to 4 years with annual amendments
  - Plan from Aging Advisory Committee
  - Public hearing on plan
  - Public hearing on Program Development and Coordination requests
- **Plan Priorities**
  - Set by AoA, MBA, and AAAs
  - Based on Rebalancing, Choices for Independence, Strategic Plans, and Transform 2010
  - How approached, AAA input



# Trends in Nutrition

- **Pressures and trends**
  - **Competitive contracts saved money starting in mid 1990s**
    - **MBA mandated contracts on a competitive basis; Competitive is now a part of the OAA**
    - **Required to negotiate the best value**
  - **Providers do not earn all the federal funding in their contracts, so hard to raise**
  - **Changing ways to get nutrition**
    - **Wider variety of frozen microwave foods**
    - **Take out provides variety**
    - **Models not as popular with certain cohorts**
    - **Future models of service**
- **Do they need a higher rate? Or is it because they need more opportunity to renegotiate? Or is it because there is no need or demand?**



# Challenges

- **How do we work together to bring home and community-based services to the next step**
- **Increased funding for nutrition: Nutrition projects not earning all their funds**
- **Need to overcome**
  - **Systems expansion will bring greater demands on services**
  - **NAPIS data unreliable, eligible consumers needs tightening**
  - **Cost data unreliable; unable to do comparative costs or reliably raise negotiated reimbursement**
- **Need for hard data**
  - **Accurate**
  - **Unduplicated**
  - **Guest meals**
- **Interprovider competition**



# Carryover

- **Why is there carry-over by AAAs?**
  - **Full federal allocation not known until mid September for that year; NSIP variations**
  - **Federal year runs October 1 to September 30; state year runs July 1 to June 30; contract year runs on the calendar year**
  - **Providers do not spend their whole contract amount**
  - **Evening out funding over multiple years**



# Ultimately

**Value of each entity/role and how we need to  
renew our commitment to work together**

