

## **2009 Senior Nutrition Task Force**

### **NOTES**

**August 18, 2009**

**1:30-4:30 p.m.**

**Rochester, MN**

#### **Participants:**

- Connie Bagley, SE MN Area Agency on Aging
- Kari Benson, MBA staff
- Margaret Bisek, MBA staff
- Monica Douglas, Lutheran Social Services
- Rolf Hage, MBA staff
- Beth Nelson, Chair, MBA Member
- Marilyn Ocepek, Arrowhead Economic Opportunity Agency
- Patrick Rowan, Metro Meals on Wheels Association
- Dawn Simonson, Metropolitan Area Agency on Aging
- Lori Vrolson, Central MN Council on Aging
- Jean Wood, MBA Executive Director

#### **Welcome and Introductions – Beth Nelson, Chair**

- Beth welcomed all Task Force members to the meeting and thanked them for taking their time to get together for the second phase of work.
- During 2008, the Task Force accomplished a great deal, especially in terms of building trust and talking through important issues. The second phase of Task Force work will involve refining the focus of the senior nutrition program to increase targeting of services and implementation of innovative service delivery models.
- Since the report to the MBA was presented in March 2009, a great deal of work was also accomplished. The RFP template was revised and updated. Three AAAs issued the RFP for new nutrition service contracts. The bar code card pilot was implemented in three sites. This work will continue as the Task Force meets and fleshes out short and long-term goals for the program.

#### **Task Force Goals and Process**

- The Task Force will meet one more time in October to explore innovative models being implemented in Minnesota and in other parts of the country. The Task Force will determine which ones to recommend for pilot implementation in CY 2010 and later.
- A draft of the report to the Board will be completed by early November and shared with Task Force members for their review. MBA staff will look to Task Force members to share the report with their colleagues in order to get their feedback on its content and to share that with MBA staff.

## **Discussion of Senior Nutrition Targeting Session**

- Task Force members agreed that we need a more systematic approach to bringing the various funding sources and programs together to best serve older adults at nutrition risk. There was general agreement regarding the need to focus on targeting and referrals.
- Task Force members acknowledged that the nutrition program is part of a larger system of services working to help older adults remain independent, healthy and safe in their own homes.
- Task Force members were encouraged to consider implementing standards for NAPIS completion because “one size does not fit all.”
- Potential high priority target groups include:
  - 1) individuals receiving home-delivered meals without any other services – conduct Rapid Screen and link them up with risk management resources
  - 2) individuals with multiple IADL limitations who are receiving significant assistance from family – refer to caregiver support resources and other services

### Action Steps

- Improve participant data in AIM database – with the goal of comprehensive, accurate and current data.
- Provide guidance and training to site supervisors, staff and volunteers to ensure consistent interpretation of the NAPIS questions.
- Explore different methods for completing the NAPIS assessment. There was general agreement that a trained volunteer or professional should complete the assessment with the older adult. Members felt that this method generates the most useful and consistent information. Questions posed include:
  - Should site staff and/or site volunteers complete the NAPIS forms with the participants? Do more resources need to be devoted to support their efforts? What training would be needed to ensure consistent interpretation?
  - What are existing resources that could be tapped to complete the NAPIS? Linkage Line staff? Senior Outreach Specialists/Advocates? LTCC staff? Would this generate a more useful and consistent assessment and/or result in any cost savings to the nutrition program?
  - Can we achieve economies of scale in completing the assessments? Or, is it critical to have a trusted person have the conversation with the program participant so that they feel comfortable enough to actually complete the assessment?
  - Can the NAPIS questions be integrated into COMPASS? Some are already included. How would the information be shared with AAAs and T3 providers?
  - Should the Nursing Home Diversion Rapid Screen be used as an initial screen? Those scoring at high risk would be connected to a professional to complete the NAPIS form. Those scoring low to moderate would complete it on their own.

- Is there a possibility that lead agencies (who conduct the LTCC) could share LTCC data with Title III providers?
- Compile information on referral sources from providers for a time-limited period.

### **Models from other States – Prioritizing Nutrition Services**

- Kari presented models from other states and Area Agencies on Aging that are used to prioritize services. These represented potential strategies, including waiting lists, that MN could use to provide more guidance regarding serving people who fall between the current targeting criteria and basic program eligibility.
- The Task Force agreed that Minnesota does not have to implement any of these strategies, at least for the foreseeable future. Instead, we should focus our energy on learning more about, by site, the people we are currently serving, improving our data about them, and using the data to inform service delivery models.
- As we learn more about participants by site we will be able to determine if a site should become a private pay site or to add that option at a particular site.

### **Action Steps**

- MBA staff are conducting a training on November 12 for nutrition providers and Area Agencies on Aging. The training will include guidance and resources related to interpretation of the NAPIS questions and a discussion of the importance of consistent interpretation of the questions. The training will also include walking through specific AIM reports that can provide current data, by site, of the targeting criteria.
- Develop timeline that charts out completion dates for: more complete data on program participants in the AIM database and phasing in of broad benchmarks for tracking targeting efforts.

### **Discussion of Reaching the Private Pay Market Sessions**

- The Task Force discussed the different goals of targeting individuals at high risk and supporting the community well so that they don't become high risk. There was general agreement that individuals at high risk are priority populations for Title 3-funded services (if they are not eligible for EW or AC). The community well are potential private pay clients.
- All nutrition providers do some private pay and have not received any feedback. The private pay business that the providers are doing is primarily through contracts with other non-profit community agencies who purchase their catering services.
- The provider members of the Task Force indicated an interest in learning more about pricing and marketing nutrition services as a value.
- Knowing the full cost of congregate and home-delivered meal service is essential to accurate pricing that includes a margin for surplus.
- Staff and volunteer training is critical to successful implementation of a private pay business line. This training should encompass the intake/assessment

process as well as the value of serving private pay people in maintaining and growing services for people with low incomes.

- It is important to articulate a minimum level of service that is required of private pay customers to ensure that it is a cost-effective model.

#### Action Steps

- Explore pilot implementation of private pay home-delivered meal options. Identify this as one of the innovative models in the report to the Board.
- Explore pilot implementation of flexible menu options and offering continental breakfast items on a private pay basis.
- Gather evidence regarding the impact of one meal a day (1/3 RDA) on the health status of older adults. Relate it to the vision of the 2008 Task Force – improving access to healthy foods. Explore how to more fully meet the nutrition needs of older adults through Title 3 funded services and/or private pay.
- Explore pilot implementation of different methods to collect donations that more closely match the full cost of the meal provided. Potential methods include a sliding donation schedule. Balance these options with realistic expectations at sites that serve a high proportion of low income individuals.

#### **Next Steps and Schedule October Task Force Meeting**

- The second meeting of the Task Force will take place on Friday, October 23, 10:00 a.m. – 2:00 p.m. in St. Cloud. Location TBD.
- Please share your ideas of innovative service delivery models with Kari during the month of September.