Final Rule: Older Americans Act – Title III
Public Comment Grid
Feb. 28, 2025

Policy	Comment
Legal Services	Within the section "Obligations of a AAA" include the following (iii) Providing that the area agency will provide outreach activities that will include information about the availability of legal assistance to address problems experienced by older adults that may have legal solutions, such as those referenced in sections 306(a)(4)(B) and 306(a)(19) of the Act (42 U.S.C. 3026(a)(4)(B) and 3026(a)(19)). This includes outreach to: (A) Older adults with greatest economic need due to low income and to those with greatest social need, including minority older individuals; and (B) Older adults of underserved communities, including: (1) Older adults with limited-English proficiency and/or whose primary language is not English; (2) Older adults with severe disabilities; (3) Older adults living in rural areas; (4) Older adults at risk for institutional placement; and (5) Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their caregivers. Under the section, Obligations of a Legal Service Provider, add "consumer law" to 3D.
Legal Services	Under Record Keeping and Reporting Requirements section, the attachment "Reporting Flow" needs to be updated to reflect that reporting is now due by the 15th of each month, not the 20th. Also, suggest removing the date of the 10th (under each quarterly reporting requirement section) and just leaving in the requirement that AAAs submit the reporting data by the 15th.
Legal Services	The last sentence of the document should be amended to reflect the 15th, not the 20th.
Legal Services	Policy #5: Legal Services • Reporting Legal Education in Newsletters: Under the Definitions section, the policy allows for Legal Education to be provided in either an in-person, virtual, or newsletter format. Recommendation: CMCOA seeks clarification on how to calculate and report the number of persons served through newsletter formats, given Grant Utility requirements.
Client Eligibility/NAPIS form	Regarding Provision of Title Ill Services - Policy #2: Requirements for Client Eligibility, Periodic Assessment and Person-Centered Planning, MBA proposes that all initial and annual client reassessments be conducted in person except for services provided under Title I11-E Caregiver Services. In-person assessment is not a federal requirement, and other methods of assessment are allowed. The financial burden on providers to perform in-person assessments will reduce resources for direct services. In-person assessment significantly increases costs for personnel and travel and directly reduces resources for service provision. MBA should instead incorporate best practices for virtual and telephonic assessments and reserve the requirement for in-person assessments to only circumstances where these alternatives cannot be performed.

Client Eligibility/NAPIS form	We have significant concerns about requiring the NAPIS form to be signed in-person. Majority of our kinship caregiver trainings are offered virtually to help eliminate caregiver barriers to attending trainings such as transportation, lack of childcare, and employment. We also meet with kinship caregivers over the phone and online to provide information and assistance. Requiring NAPIS forms to be signed in person limits the number of kinship caregivers we would be able to count for these services and force kinship families to take time to meet in person if that is not their preferred method for meeting. Staff would be forced to take time to meet with kinship caregivers that don't have transportation or childcare at their homes, taking time away from other client work. Kinship families who have employment during our business hours would be forced to take time away from their job to meet in-person to sign the form.
Client Eligibility/NAPIS form	Concerning Policy #2: Requirements for client eligibility I would like to advocate for flexibility in conducting assessments, this would include phone or virtual options. This would help ensure older adults can continue accessing critical services. I also ask that if these requirements are implemented, appropriate. Thank you. Amy G. Wabasha County

Client Eligibility/NAPIS form	The Eligibility, Periodic Assessment and Person Centered Planning policy requires in-person assessments of all Title III recipients EXCEPT caregivers. Although not a requirement of Title IIIE services, adding obstacles, such as the requirement of NAPIS forms to be completed in-person, creates a large burden for service providers that received Title III funding in other service areas. Completion of this assessment and the annual renewal has been successfully executed by phone. We know that the NAPIS needs to be completed before receiving registered services. Completing the NAPIS form on the phone allows clients to start services more timely. The time on the phone helps our caregiver social worker time to build rapport and trust so that we are able to offer person center planning. We believe this is true for all Title III services. Requiring an in person assessment will require more administrative time and ultimately could result in fewer clients served. This new requirement creates a barrier for eligible and prioritized populations from accessing these important services – individuals may not wish to allow individuals in their home and they may not have a mode of transportation to meet elsewhere. With our experience in offering Title III services for the last 14 years, we know that over the phone conversations and assessments are effective. When a new caregiver calls to inquire about services and supports, the Caregiver Services Social Worker ask the caregiver to tell her a bit about their situation and then talks about what services we provide, as well as resources and support that is available in the community. Once staff and caregiver go through all of that information, staff ask if they can fill out a registration form for our caregiver services so that we can stay in touch, and also explain that because we are a grant funded program we are asked to collect some basic demographic information to look at trends in caregivers being served. We let caregivers know that the information they share can also help determine if they might qualify or be eligible for other funding or programs to support them in their caregiving. Caregivers are informed before completing the NAPIS form, that if they aren't comfortable with or don't want to answer a question they can decline. Once the questions are asked, the Tennessen Warning is shared and then caregivers are asked for their verbal consent. 99% of caregivers give a verbal consent and are now ready to attend a caregiver support group, participate in a virtual/in person 1:1 caregiver education session, and/ or join in on a caregiver group training. Taking away the option for service providers to complete an over the phone assessment for person centered planning will be a barrier to receiving services in a timely manner and potentially will require increase in staff time to make sure organizations are able to respond quickly to a starting a needed service such as chore services or meals on wheels. With the decrease of OAA funding available, this becomes an increase challenge. Service providers should continue to have the option. It is my understanding that it is not a federal requirement to complete the NAPIS form and assessment in person.

Client Eligibility/NAPIS form	In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food. Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, ‘you people saved my life, I don’t know where I would be without the Meals on Wheels program.’” These proposed changes would take food off of Jody’s table. Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels, she does not have to make those though decisions. These proposed changes would take food off of Joyce’s table.
Client Eligibility/NAPIS form	I am a volunteer for the Saint Paul Meals on Wheels program. PLEASE continue to support seniors who receive federal and state funding subsidies so they can pay for and receive nutritious meals. Also, make the process easy for recipients so they can communicate and approve services from their homes rather than traveling to a location to do such. Thank you, Mary Jo L.

Client Eligibility/NAPIS form	As a program director of a community-based nonprofit that provided chore and homemaker services to over 500 older adults in 2024, I believe the proposed new in-person only assessment requirement would result in an extremely difficult undertaking for our organization. Currently, we process participant registrations and assessments primarily via USPS mailings and occasionally over the phone. This new requirement would not only involve the need to increase our staffing and the hours allotted for onboarding new participants, but would potentially create unnecessary barriers for eligible seniors to ultimately receive our services. These issues are addressed in more detail below: Financial/Funding considerations: Visiting each potential program participant in person to complete the assessment and registration process would require several hundred hours of travel and appointment time over the course of a year across a wide geographic area. We currently do not have the number of staff necessary to accommodate these increases, and a significant amount of additional funding would be needed to hire new staff as well as cover the additional mileage costs. Our current funding for 2025 was already reduced from the funding we received in 2024. Participant considerations: Potential participants may be reluctant to allow someone to visit their home and ask them questions many consider quite personal, especially regarding their activities of daily living. Questions such as these are often more difficult for older adults to answer in the presence of someone they just met as opposed to filling out a paper form and mailing it to our offices. Also, being able to complete and return the paperwork at their discretion, taking their time to do so, may feel less stressful or intimidating, making follow-through more likely. Lastly, the scheduling and coordination of an in-person visit could take several days. This might further discourage the participant as well as result in higher staffing costs.
Client Eligibility/NAPIS form	Disproportionately impacts seniors with mobility and/or cognitive limitations · Creates unnecessary barriers to program participation · Increases administrative burden for both service providers and seniors · Potentially reduces overall program engagement · Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified. Recommendation: Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.
Client Eligibility/NAPIS form	Concerning Policy #2: Requirements for client eligibility I would like to advocate for flexibility in conducting assessments, this would include phone or virtual options. This would help ensure older adults can continue accessing critical services. I also ask that if these requirements are implemented, appropriate. Thank you. Amy G. Wabasha County

Client Eligibility/NAPIS form	Currently, Twin Cities Meals on Wheels programs operate under one Title III contract, allowing neighborhood programs to delegate the majority of paperwork associated to receiving this funding to Metro Meals on Wheels, our local association of providers. This proposed change would require all neighborhood programs to maintain separate Title III contracts. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs would be completely exempt from funds because they are considered too small. This change has the potential to leave large gaps in service, impacting the 2,000 seniors served under the current contract.
Client Eligibility/NAPIS form	Proposal 2.3 does not respect or understand how it feels to be an older adult who needs help. Many try to maintain independence and health by staying in their own homes -- which also keeps social costs down. It can feel like an invasion of privacy and pride to let a stranger in on bureaucratic business. Many would prefer to go hungry. MMOW is handling this function and building trust through phone conversations. This too saves social costs. As a MOW volunteer delivering meals, I see how vitally important it is for people needing help to feel respected, to live with dignity.
Client Eligibility/NAPIS form	Our rural area is very large and clients have limited access to transportation. Requiring clients to come in person will create additional barriers. This will also create additional staff time and travel expenses.
Client Eligibility/NAPIS form	The majority of my clients are not happy with in-home visits to update yearly their NAPIS. I personally do them over the phone. We chat about the form and then we get into anything that they might need or and concerns they might have. If they want an in-home, I will go there. The majority of my clients live in a very dangerous area and letting someone in is not going to happen. With that in mind, we will not go alone. We take 2 people to do the updates and that makes most of my elderly VERY nervous. I am not willing to make them uneasy just to fill out this form. It is not fair to them at all.
Client Eligibility/NAPIS form	Completing NAPIS forms in person could be a barrier to receiving services.

Client Eligibility/NAPIS form	Dear MBA, I write to you today from the leadership team of a Title III-C home delivered meal provider. Our organization along with other home delivered meal providers have a great deal of concern regarding the upcoming policy changes for Client Eligibility. We desire for the ACL/MBA to allow for over the phone NAPIS assessments. A top concern relates to policy 3: "Service providers are required to assess whether an individual meets the eligibility criteria for a registered service by conducting an in-person assessment…" A. Initial and annual renewal assessments must be conducted in person. An in person assessment for both initial and annual renewals will add an extreme amount of financial and administrative burden on providers; many of which are already struggling to keep up with the demands of workforce shortages, general inflation and the rising costs of all the products associated with delivering meals to vulnerable populations such as goods/produce, gasoline, vehicle maintenance, etc.. Our Title III program serves over 600 individuals across four counties. In-person assessments for this many individuals across a large delivery boundary is no light task. It would likely result in our organization creating a new position and purchasing a new vehicle. The costs associated with this policy change will not be one-time costs but rather continuous and by that nature – exceedingly expensive. This distress is not unique to solely our organization. As providers, we aim to serve as many individuals as possible. Adding such additional expenses may very well discourage providers from growing their program and jumping on funding opportunities simply because they will not be able to keep up with the demand of the assessments. A switch to in-person assessments makes many wrong assumptions, one of which is the willingness of Title III-C recipients to work with providers. A provider can do everything correctly but there is no guarantee a recipient will work with us or be willing to let a stranger into their home – especially considering what we learned over the past few years from the COVID-19 pandemic. Client reluctancy and even refusal of information is written directly into the policy itself. This shows providers there is not only acknowledgment of this concern, but the possibility is so high that policy had to be written specifically about it. That is very troublesome. There are also general safety concerns that should be taken seriously by the ACL and the MBA anytime an in-person assessment is required Over the phone assessments are the solution. It saves everybody time and money. It takes financial and administrative burdens off the provider, and it takes the burden off the recipient who would need to free up time for us to come into their home and ask them questions that can very well be answered over the phone. The function of the assessment is the exact same whether it be in person or over the phone. The reading of the "Tennessen Warning" over the phone at the time of the assessment ensures that all recipients know what information is being collected, why it is being collected and how it will be used. Reading this in person makes no difference. The ACL puts great emphasis on providers using a person-centered planning approach when doing Title III assessments. The ACL describes this as: "Most important, it is a process that is directed by the person who receives the support." Policy that forces a provider to go into a recipient's private residence when many would likely prefer an over the phone assessment that achieves the same results is contrary to what the ACL describes as most important. It is highly recommend

	the ACL/MBA changes policy 3 under the OAA Final Rule Requirements for client eligibility and allows for Title III-C initial/renewal assessments be over the phone.
Client Eligibility/NAPIS form	The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: • Disproportionately impacts seniors with mobility and/or cognitive limitations • Creates unnecessary barriers to program participation • Increases administrative burden for both service providers and seniors • Potentially reduces overall program engagement • Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified. Recommendation: Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.

Client Eligibility/NAPIS form	#3 - ...conducting an IN-PERSON assessment. #3A - ...must be conducted IN PERSON. We provide Homemaking and Chore Services and Assisted Transportion. There is no need for an assessment. I would need to request all my clients come to my office for the form to be filled in while I watch them. #3B - ... service provider is REQUIRED to ask every client ALL OF THE QUESTIONS on the NAPIS form related to their service. #3B iv - ...Comprehensive data collection for ALL DATA FIELDS on the NAPIS form should be completed ... Which one is it? Do I have to ask only the questions related to the services they are requesting or ALL the questions. CAN YOU USE THE TOILET WITHOUT ANY HELP? Why do I need to know to provide them homemaking, lawn mowing, snow moving or assisted transportation??? #3F - Clients (or their authorized representatives) MUST SIGN AND DATE the NAPIS form. #3H - The service provider MUST READ the “Tennessen warning” language... These two are backwards and the "Tennessen warning" is printed on the form before the signature. Our current procedure is to take the information over the phone for new clients, filling out the form, and signing the clients name with BY my initials and dating the form. This is much simpler for the clients then having to come into my office. For annual updates for homemaking and chore, I call the clients and verify the information is still correct, ask them for their currently monthly income, sign and date as above. For annual updates for the assisted transportation program, I send a NAPIS form in an envelope with the driver, and they ask the passenger to fill out the form. The client returns the form to the envelope with the option to seal it, and the driver returns it to me and I update their information. I can understand doing an in person assessment for some of the services BUT not for these services. I have had clients filling in the form in my office that ask "Why do I have to answer these types of questions?" I explain that the form is used for many different types of services and those questions relate to those services. If all the forms need to be done in person the best situation would be for them to come to my office as I would not be able to go to each individual clients house. MAKING my clients come to my office would be a hardship for many. Do we not trust our clients to read and understand what they are answering? I would be embarrassed if some one was asking me these types of question when all I want is for someone to move the snow from my driveway.

Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment 1. In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. o Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the Administration for Community Living (ACL) final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, CMCOA recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: § D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. § G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: § 5(A): Area Agencies on Aging (AAAs) must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. § 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. • Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refusing to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. • Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to

	address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to provide DOB. Recommendations 1. CMCOA recommends revising the policy to require DOB collection for all clients receiving Title III services. This ensures age eligibility verification, data reporting consistency, and compliance with PeerPlace requirements. The revised policy should balance compliance needs with client autonomy and clarify that DOB collection is necessary for accurate service reporting while maintaining sensitivity to client concerns. 2. CMCOA requests clarification on whether a client who refuses to provide their Date of Birth (DOB) is still eligible to receive Title III services. The current MBA policy (G) states that clients cannot be denied services for refusing to provide their DOB, yet Title III Administrative and Financial Requirements Policy #13 requires DOB entry in PeerPlace for service tracking and reporting. This discrepancy creates uncertainty for providers regarding eligibility and compliance. 3. Explicitly state whether clients refusing to provide DOB remain eligible for Title III services, even if it impacts reporting requirements. 4. Provide clarification on how providers should document services and secure reimbursement for clients who are eligible but refuse to provide a DOB. Since PeerPlace requires DOB entry for accurate tracking, the absence of a DOB prohibits providers' ability to document services and report data, potentially resulting in a loss of reimbursement. 5. Specify alternative documentation methods for providers to track services rendered to Title III clients who refuse to provide DOB. 6. Clarify how providers can receive reimbursement for services under these circumstances, such as through exceptions or alternate reporting mechanisms
Client Eligibility/NAPIS form	Hello, I would like to voice my concern on this policy. In our current world of trying to collect NAPIS forms, we already have a difficult time trying to complete the forms. Directing us to do home visits every year will require staff to take time away from servicing clients in a timely manner. I am worried we would need to either hire additional staff to conduct this or we cannot serve as many clients as this would take away from time in our office and kitchen providng meals to clients. Current funding would not cover inhome visits. We are also worried with this population about going into their homes as many clients are worried about people coming into their home and they would refuse service, then causing them to go hungry. Jon A. White Bear Lake Area Meals on Wheels
Client Eligibility/NAPIS form	4. Service providers must conduct a periodic client assessment for registered services using the NAPIS form, meaning at minimum, once per federal fiscal year (October 1 through September 30). The assessment must be done in person and must involve an updated attempt to gather data to fully complete a NAPIS form. Please consider requirements for in-person NAPIS signatures on the initial assessment only. We serve a very rural area and the cost of sending staff to complete the forms to get in-person signatures annually would be exorbitant. We know our clients very well and we feel an annual assessment by telephone would be more than sufficient.

Client Eligibility/NAPIS form	I am writing in regards to Policy 2.3, which require NAPIS forms to be completed in-person. I work with Wilder Meals on Wheels. The current system of doing intake over the phone and getting forms signed during meal delivery works well, since many of our clients are unable to physically visit a place to fill out paperwork, and may not be comfortable with a worker coming into their home. If we had to complete these forms in-person, it would require additional staff, time, and resources that we do not have. In addition, it would make it more difficult for clients to start meal services. This would affect the ability of the neighbors we deliver to in Saint Paul to access nutritious food.
Client Eligibility/NAPIS form	Many clients will refuse to receive services if told that a service provider must meet with them in person. In-person requirement will become a barrier for our seniors to receive the help they need to remain living independently in their homes.
Client Eligibility/NAPIS form	Requiring in person visits to complete the Napis Registration forms would be very time consuming. Our organization covers all the cities in Anoka County which would mean driving throughout the county multiple times to schedule appointments. We do not have the staff or the resources to do this.
Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment • In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. Shannon N. Catholic Charities

Client Eligibility/NAPIS form	This would negatively and significantly impact our ability to provide services to eligible older adults. Many have had to overcome their pride and privacy concerns to admit they need help. Mandating in-home visits is a deterrent to participation. Many refuse to allow visitors and would rather go hungry. We intend to provide nutritious meals with dignity and respect, and we build trust with many of our neighbors through phone conversations. To take away this option to complete the NAPIS form would deny access to the most vulnerable among us. Completing these in person requires a significant amount of staff time and would put us in a very difficult position, particularly with assisted transportation, given the size of that program. We would likely have to hire someone to do this, which would significantly impact the funds available to cover the rides themselves.
Client Eligibility/NAPIS form	This policy update does not change how my organization would operate as a service provider of Title III D programming. However, as a service provider we would like to state that adding obstacles, such as the requirement of NAPIS forms to be completed in-person, creates a large burden for service providers that received Title III funding in other service areas. Completion of this assessment and the annual renewal has been successful executed by phone in the past for many providers. The additional requirement of completing the NAPIS form in-person is unnecessary. This change would require more administrative time and ultimately could result in fewer clients served. I must add that this also creates a barrier for eligible and prioritized populations from accessing these important services – individuals may not wish to allow individuals in their home and they may not have a mode of transportation to meet elsewhere. Another change that would add administrative cost that may be passed down to the Service Providers in a way would be that the NAPIS form needs to have every field completed, but participants can choose to not provide answers. Administratively, this means that the electronic field may need to be updated. Any cost of forms being updated would impact the amount of funds that AAAs have to distribute thereby passing on fewer dollars to Service Providers to complete the direct-service – resulting in fewer older Americans served.

Client Eligibility/NAPIS form	• In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the ACL final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, Catholic Charities recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: 1. D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. 2. G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: 1. 5(A): AAAs must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. 2. 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. o Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refuse to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. o Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to

	provide DOB. Recommendations • Catholic Charities recommends revising the policy to require DOB collection for all clients receiving Title III services. This ensures age eligibility verification, data reporting consistency, and compliance with PeerPlace requirements. The revised policy should balance compliance needs with client autonomy and clarify that DOB collection is necessary for accurate service reporting while maintaining sensitivity to client concerns. • Catholic Charities requests clarification on whether a client who refuses to provide their Date of Birth (DOB) is still eligible to receive Title III services. The current MBA policy (G) states that clients cannot be denied services for refusing to provide their DOB, yet Title III Administrative and Financial Requirements Policy #13 requires DOB entry in PeerPlace for service tracking and reporting. This discrepancy creates uncertainty for providers regarding eligibility and compliance. • Explicitly state whether clients refusing to provide DOB remain eligible for Title III services, even if it impacts reporting requirements. • Provide clarification on how providers should document services and secure reimbursement for clients who are eligible but refuse to provide a DOB. Since PeerPlace requires DOB entry for accurate tracking, the absence of a DOB prohibits providers' ability to document services and report data, potentially resulting in a loss of reimbursement. • Specify alternative documentation methods for providers to track services rendered to Title III clients who refuse to provide DOB. • Clarify how providers can receive reimbursement for services under these circumstances, such as through exceptions or alternate reporting mechanisms. Amy N. Catholic Charities SNAP/Project Coordinator

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Client Eligibility/NAPIS form	Many older adults receiving home delivered meals have decided to remain in their own homes to maintain their health and independence and have had to overcome their pride and privacy concerns to admit they need help. Mandating in-home visits is a deterrent to participation for seniors as many would rather go hungry than feel that their privacy is being invaded. Additionally, drive time, mileage, and staffing needed to complete paperwork in person are all barriers for programs to serve seniors in need. Meals on Wheels programs have built trust and successfully collected information with clients through phone conversations.

Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment • In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the ACL final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, Catholic Charities recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: 1. D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. 2. G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: 1. 5(A): AAAs must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. 2. 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. o Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refuse to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. o Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to address client eligibility, periodic assessment, and

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Client Eligibility/NAPIS form	Proposed Change: Service providers are required to assess whether an individual meets the eligibility criteria for a registered service by conducting an in-person assessment. Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. For the Arrowhead Region, there are over 7,000 unduplicated older adults receiving Title IIIC services. Request: According to the ACL final rule, § 1321.3 Definitions - Periodic, the frequency of client assessment and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not mandate that these assessments must be conducted in person. This flexibility is particularly relevant for addressing access challenges in rural areas. Request that the MBA policy aligns with the ACL final rule by allowing alternative methods of assessment, including virtual or phone-based options. These alternatives would reduce operational burdens on providers and improve access for older adults, especially in underserved areas. Additionally, flexibility in scheduling and documentation should be incorporated to ensure timely and effective client assessments without compromising the quality of person-centered planning.

Client Eligibility/NAPIS form	Proposed policy changes by the Minnesota Board on Aging (MBA) would have a devasting impact for Meals on Wheels of Ramsey County providers to access federal nutrition funding under the Older Americans Act, commonly referred to as “Title III.” The MBA released their proposed administration and oversight changes in January of 2025, and opened a public comment period ending February 7, 2025. We are most concerned with two of the proposed policy changes, one which is outlined below. Mandating In-Home Visits: The MBA is also proposing that the NAPIS eligibility form must be completed in-home every year. This is an expansion of the current practice that allows providers to complete the form over the phone or via mail. While we are committed to accurate data and assurances that recipients meet eligibility requirements, we are not supportive of this change (Provision of Title III Services, 2. Requirements for client eligibility, Policy 3). Meals on Wheels clients have decided to remain in their own homes to maintain their health and independence. We find that most clients prefer to complete the NAPIS over the phone or complete it themselves and return to us. Some clients are concerned about providers coming in to their home and “reporting” them for various reasons. We believe that some would go without meals if they were required for someone to come in to their home. Additionally, current Title III meal funding reimbursements to providers does not adequately fund the in-home visits. About us: The eight Meals on Wheels programs in Ramsey County have been successfully working together to provide meals in Ramsey County for 50 years. In 2024, we delivered over 203,000 meals to Ramsey County residents. We have an extensive network of over 2,000 Meals on Wheels volunteers that help us deliver meals in Ramsey County each day. These changes have the potential to leave significant gaps in Meals on Wheels service in our communities, impacting 500+ older adults in Ramsey County who currently receive meals through this federal funding under the current contract. In 2024, 30% of meals delivered by Meals on Wheels of Ramsey County programs were federally funded through the Older Americans Act. The impact of these changes would be felt throughout Ramsey County for years to come. Jewish Family Service of St. Paul has served the community since 1911. Our mission: “Inspired by Jewish values, we help people from all backgrounds build on their strengths and meet life’s challenges” drives the work that we do every single day. Our Meals on Wheels program is the only option for Kosher meal delivery in Ramsey County. Without our clients being served under Metro Meals On Wheels Title III contract, older adults who need Kosher Meals On Wheels would not be able to be served through our program. These vulnerable adults would lose their basic nutrition and not have any other option to turn to. Our program would lose 1200 Kosher meals being delivered. Please do not allow our clients to go hungry.

Client Eligibility/NAPIS form	"Service providers are required to assess whether an individual meets the eligibility criteria for a registered service by conducting an in-person assessment. Initial and annual renewal assessments must be conducted in person." Many clients may refuse to receive services if told that a service provider must meet with them in person. In-person requirement will become a barrier for our seniors to receive the help they need to remain living independently in their homes. In-person signatures will delay our ability to provide services. For example, when it snows, our office receives a call from a potential new client needing snow clearing help. They have a sidewalk and therefore, that sidewalk must be cleared within 18 hours per city ordinance. If we are not able to confirm the eligibility in-person of the client until several days later due to schedules of the client, the provider, and the road conditions, the city will cite the client, causing distress for the client. In-person will also require more staff time and more mileage reimbursement. That additional cost will have a direct impact on our ability to provide services. Conflicting verbiage - The NAPIS form is not an assessment, it is a tool for statistics.

Client Eligibility/NAPIS form	• In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the ACL final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, Catholic Charities recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: 1. D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. 2. G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: 1. 5(A): AAAs must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. 2. 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. o Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refuse to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. o Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to

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Client Eligibility/NAPIS form	I worry that this change will ultimately reduce access to home-delivered meals as some people who receive them are wary of welcoming visitors into their homes. While well-intentioned, there are ways to verify the identity of a person virtually, over the phone and through the mail, without physically entering the person’s home. I worry that it may most severely affect those from marginalized communities that already have a distrust of government services, especially in the current political climate.

Client Eligibility/NAPIS form	WeCAN originated as a group of churches providing Meals on Wheels to our community. - Meals on Wheels in the Westonka area has been in operation for 59 years. - WeCAN's program serves 14 towns in rural Hennepin County, a relatively underserved area compared to the rest of the county. - We currently serve 60 clients, half of whom are on Title lll funding. - Many seniors in our community and Minnesota would lose access to healthy food under the proposed changes - The specific sections we are concerned with are titled Title III Admin and Financial (section 9.5) and Provision of Title III Services (section 2.3). In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food. Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, 'you people saved my life, I don't know where I would be without the Meals on Wheels program.'" These proposed changes would take food off of Jody's table. Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels, she does not have to make those though decisions. These proposed changes would take food off of Joyce's table
Client Eligibility/NAPIS form	The requirement that the NAPIS form needs to be completed in its entirety in person does not make sense. Many of the lessons from Covid show that we can be very efficient completing work remotely and over the phone. Allowing the NAPIS form to be completed over the phone or mailed in allows clients to feel more comfortable with the questions, and is less intrusive in people's lives. The information can easily be completed remotely, and the client can review the information prior to signing the document. Requiring staff or a trained volunteer to drive to each potential Title III client is very time-consuming, and expensive. If the NAPIS form is designed to just colect information, and not be a client assessment, in person or over the phone should be acceptable. As a small program, we are very supportive of helping ensure that only eligible clients receive services- and we are always looking for ways that we can be as efficient and cost-effective in our work as Meals on Wheel programs try to provide services to as many eligible clients as possible, with limited funding.

Client Eligibility/NAPIS form	Title III Services, 2. Policy 3 I manage a neighborhood based Meals on Wheels program through Roseville Area Schools. We have a 3 person team who work on Meals on Wheels but this program is only part of our jobs. The shift of having to complete NAPIS forms in-person would greatly impact the time we have to focus on the needs of our clients. Earlier this week I spent one and a half hours on the phone to complete 6 NAPIS forms and then asked our delivery drivers to have the client sign the form when their meal was delivered the following day. Last week I did visit the homes of 2 clients, who lived in the same apartment building, and with the drive time it took me one hour and 15 minutes to complete the 2 forms. The time that would be required to get forms completed would be a great burden on small programs. I request you continue to allow forms to be filled out over the phone wo our volunteers can get a signature when their meals are delivered. Thank you for your consideration.
Client Eligibility/NAPIS form	• Proposed Change: Service providers must conduct in-person assessments for all new Title III service recipients within 10 days of enrollment and annually thereafter. • Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. • Request: Advocate for flexibility in conducting assessments (e.g., phone or virtual options) to ensure older adults can continue accessing critical services. We also ask that if these requirements are implemented, appropriate funding considerations be made to prevent service reductions necessary for compliance.

Client Eligibility/NAPIS form	I am the Operations Coordinator for a small Meals on Wheels program in Minneapolis that recently celebrated its 50th anniversary. I conduct the vast majority of our annual interviews and new client interviews that are required to qualify for TIII funding. I object to the rule change in Provision of Tile III Services, 2. Requirements for client eligibility, Policy 3. This rule change would require that I visit every existing TIII client annually, as well as all potential new TIII clients, in person. I highly value meeting with my clients in person, but it is extremely time consuming. In my experience, one of these interviews takes a minimum of 30 minutes of my time outside of the office. The average time would be much greater, perhaps up to an hour. That does not include the time in the office trying to schedule an interview. Clients frequently don't answer the phone, and it is very rare to get a call back. That's for the clients that have working phone numbers, and many don't have that or their bill is only paid intermittently. Time I spend on this means fewer meals for seniors as that money is diverted to administrative tasks. The option to send a letter to these individuals along with the required paperwork is a valuable last resort. It pains me each and every time I have to stop service for a client because I'm unable to get this form completed, and despite having the mail or over the phone options, I still have to stop service sometimes. But most of that is about me and the impact on my work. The much more important result of this rule change is the impact it will have on some of our clients, or on potential clients we may never know. Most, if not all, of our clients have to swallow a certain amount of pride just to pick up the phone, call us, and admit they need help. The additional requirement that they bring a stranger into their home to ask invasive, personal, and often embarrassing questions can be a barrier to accessing our service that they qualify for and deserve from the OAA. These folks are often embarrassed by the state of their home. I'd say that 95% of the time I hear something like "sorry about the mess". But of course there is a mess! One of the questions on the form is "Can you do light housekeeping, like dusting or sweeping, without help?" Another is "Can you do heavy house cleaning, like yard work and laundry, without any help?" It is rare that a client can answer yes to that second question, so it is no wonder that their home becomes unkempt over the years. I'll also quickly mention that many seniors are understandably worried about COVID, Influenza, RSV, and Norovirus, all of which are rampant in our community right now. I always start out trying to schedule an interview in person, but in some cases the relief is palpable when I offer a phone interview. Many seniors would rather (and will) go hungry than be forced to complete an in person interview. One of our core beliefs at my Meals on Wheels program, and I'm sure all others, is to honor the dignity of the people we serve. I feel like I will have to violate that core principle if I have to force an in person interview on clients so that we can get the funding for their meals. I think that should resonate with any organisation that focuses on seniors, and I saw that dignity and respect are listed as core values of the MBA. Please reconsider this rule change with those values in mind. Sincerely, Bradley VW

Client Eligibility/NAPIS form	Please do not implement under Provision of Title III Services, 2. Requirements for client eligibility, Policy 3., as proposed, as it would require a NAPIS form to be completed in-person every year. This is a step too far because a number of our clients will forgo their meals rather than allow an in home visit as required by this proposed change. We have established trusting relationships with our clients by phone and this allows them a measure of respect and dignity that would be comprised in many cases if we had to make home visits to enroll them and obtain signatures. Currently, we do get in person signatures that are facilitated by volunteer drivers like me. These folks live in very humble, sometimes decrepit and untidy homes and their discomfort allowing others to see how they live is a real barrier. Please help us help them to preserve a modicum of respect by allowing our current process to be sufficient for the purposes of allowing their participation in a program that provides them vital nutritional support. Thank you.
Client Eligibility/NAPIS form	Metro Meals on Wheels (MMOW) recognizes the importance of accurate data and assurances that recipients receiving services meet eligibility requirements, however, policy proposal 2.3. under Requirements for client Eligibility would negatively and significantly impact providers' ability to provide services to eligible older adults. Many older adults receiving Home Delivered Meals have decided to remain in their own homes to maintain their health and independence and have had to overcome their pride and privacy concerns to admit they need help. Mandating in-home visits is a deterrent to participation. Many older adults refuse to allow visitors and would rather go hungry. Our mission is to provide nutritious meals with dignity and respect, and we build trust with many of our neighbors through phone conversations. To take away this option to complete the NAPIS form would deny access to the most vulnerable among us. Completion of the NAPIS form over the phone, via mail, electronically, or couriered by a volunteer is sufficient in maintaining quality data.
Client Eligibility/NAPIS form	We would like to see more flexibility in this policy for Napis forms to be completed via zoom or over the phone to ensure that the intake form does not become a barrier for older adults to receive services. Some programs like chore, snow removal, or lawn care would be negatively impacted by this. Along with this there is an additional administrative burden that will be placed on meal programs to ensure these requirements are met. We ask for additional funding considerations to ensure that services are not cut to comply with this policy.
Client Eligibility/NAPIS form	Policy proposal 2.3 under Requirements for client Eligibility. Any changes to this policy, which has successfully been in place for many years, would have a huge negative impact. Not only would it require additional staff to make the in-home visits, it would likely eliminate a number of clients who do not want those visits. My understanding is that many older adults refuse to allow visitors and prefer to maintain their independence. I've been delivering meals for over 5 years and can see how important these meals are to them. Many prefer a brief hello and be given the meal(s). Some enjoy the interchange and appreciate the chats. It makes way more sense to collect the data over the phone and get the signatures during the meal delivery. Please maintain the current policy.

Client Eligibility/NAPIS form	The requirement to complete NAPIS forms in person presents several challenges that will significantly impact our program, staff, and those we serve. Historically, completing these forms over the phone allowed us to efficiently assist a larger number of older adults while addressing their immediate needs. Shifting to in-person form completion; however, introduces several concerns: 1. Reduced Capacity to Serve Clients: In-person completion will necessitate home visits for clients who are unable to travel to the office, significantly increasing the time spent per client. This will reduce the number of individuals our staff can serve daily. 2. Accessibility Challenges for Vulnerable Populations: Many older adults face mobility, transportation, and health challenges that prevent them from traveling to our office. Requiring in-person form completion could inadvertently exclude these individuals from accessing vital services. 3. Health and Safety Concerns: Older adults remain more vulnerable to illnesses, including COVID-19, which is still a concern for many. Requiring in-person interaction increases potential exposure risks for both clients and staff, which contradicts efforts to prioritize health and safety in service delivery. 4. Efficiency and Client Experience: Our current process allows for seamless communication, quick form completion, and immediate resource connection over the phone. The in-person requirement introduces service delays and complications that may deter some clients from seeking assistance altogether. To address these concerns, we propose exploring alternative methods for completing and signing NAPIS forms. Options such as electronic signatures, mailed forms with return envelopes, or telephonic attestation could maintain compliance while ensuring accessibility and safety. These approaches would enable us to continue providing services efficiently while prioritizing the well-being of those we serve.
Client Eligibility/NAPIS form	Policy 3A: In-Person NAPIS Form Requirement. The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: - Disproportionately impacts seniors with mobility and/or cognitive limitations -Creates unnecessary barriers to program participation -Increases administrative burden for both service providers and seniors -Potentially reduces overall program engagement Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified. Recommendation: Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.
Client Eligibility/NAPIS form	Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.
Client Eligibility/NAPIS form	Our program serves 2,000 older adults annually and it is unrealistic to meet in person each year with every client to complete the NAPIS form. Please keep the process as it is now.

Client Eligibility/NAPIS form	Comment from the Program Coordinator at Wilder Meals on Wheels in St. Paul. Currently, Wilder-MOW conducts Title III assessments over the phone at client intake, with an in-person signature at their first delivery. 95% of our client intakes are done over the phone, with the few exceptions due to a Case Manager assisting with questions in person due to language or technological barrier. This method has served us well, and clients are open, honest, and reflective when asked the personal questions included on the assessment. If this new policy is enacted, we will need to radically change the way we do client intakes for Title III. Wilder would need to hire additional staff, taking time and funding away from serving clients. This policy would vastly increase the time between intake and meal start-time (which for Wilder is currently only 1-week, something I personally have worked hard to maintain). Our Title III clients would need to schedule an in-person assessment, pushing out their meal services until staff coverage and schedules align, which realistically could take over a month. This goes against Meals on Wheels of America's current campaign to "End the Wait." Many of the clients I've spoken to are uncomfortable with allowing professionals into their home. Requiring them to have in-person visits just to fill out a form is a waste of resources, especially when signatures are done in-person at delivery. This policy forces them to choose between their privacy and reliable meal service. Policy 2.3 is not an equitable solution to a hungry community. This policy is unnecessary, adds financial, and administrative burdens on programs, goes against Meals on Wheels of America's goals, and is not in the best interest of our clients.

Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment 1. In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. o Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person or the form is mailed, signed and returned? • Alignment with ACL Final Rule: According to the Administration for Community Living (ACL) final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, WCCA recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning.
Client Eligibility/NAPIS form	Policy proposal 2.3. under Requirements for client Eligibility would make it more difficult for programs to provide much-needed services to older adults living independently in the community. For some, a mandatory in-home visit would be crossing a boundary of privacy, a boundary that would be worth preserving, even if it meant going without a nutritious meal. Meals on Wheels programs build trust and community with their program participants, and meet them where they are, respecting their boundaries and their right to live independently with dignity. Forcing in-home visits on older adults who do not wish to have someone in their home will only add to the ranks of food insecure older adults in the community.

Client Eligibility/NAPIS form	These two items appear to be contradictory: “C. Service providers must record the client’s first and last name on the NAPIS form and make every effort to document the client’s date of birth. For services that will be provided at the client’s home, such as for home-delivered meals, the service provider must also record and enter the client’s address into PeerPlace. D. Collection of a client’s date of birth must occur prior to beginning to receive services or within 10 business days after the beginning of meal delivery and support services.” Also in conflict: B “ii. If a client refuses to provide certain data, the service provider must record this on the paper form or choose an option from a drop-down list on the electronic form indicating the client refused to respond to the question” and “iii. This information must be recorded on a National Aging Program Information System (NAPIS) form in either electronic or hard copy form.” If a client refuses to give a date of birth, currently their NAPIS can’t be entered into Peer Place. This probably causes “dummy” birthdates, where the client has given a year, but not month and day, or when the program has taken a shot at the person’s approximate birthdate to enter them into the system. Otherwise, the person could not receive services or, if they did, the provider could not be reimbursed. ----- The requirement for a face-to-face assessment, initially and annually, poses a massive burden on providers. Providers collect information in a variety of way – in person, by phone, via online NAPIS forms. This flexibility is not only helpful to providers, but respects clients’ time, availability, and preferences. The range of options presents a more efficient use of program staff, freeing more time to provide outreach and services to a greater number of people needing help. Procedure 3, “Use of Electronic NAPIS Forms,” seems to contradict the requirement for an in-person assessment?
Client Eligibility/NAPIS form	Revising eligibility requirements isn’t a neutral policy tweak—it’s erecting barriers that could leave our most vulnerable citizens without a lifeline. When access to essential resources becomes a privilege reserved for those who can navigate arbitrary criteria, we risk turning life-sustaining programs into tools of exclusion rather than support. This isn’t about optics or soft rhetoric—it’s about human lives and dignity. Our county’s responsibility should be to clear the pathway to nourishment and stability for every resident, not to uphold a narrow, exclusionary version of the “American Dream” that punishes those in need. When decisions force people to jump through bureaucratic hoops to simply eat and remain safe in their homes, we aren’t just managing budgets—we’re risking homelessness, health crises, and community despair. Let’s ensure that our policies protect lives, not undermine them.
Client Eligibility/NAPIS form	Please provide flexibility in conducting assessments (phone or virtual) to ensure older adults can continue accessing critical services. If these requirements are implemented, provide appropriate funding considerations be made to prevent service reductions necessary for compliance.

Client Eligibility/NAPIS form	The proposal to conduct in-person assessments within 10 days and then annually will create significant logistical and financial challenges to providers of older adult services in rural communities. There are often limited staff for very large, rural geographies. We are also concerned that the home visit requirement will result in older adults choosing not to engage in services because of their concerns with a home visit. We agree it is a best practice, but do not agree that it be mandated. Service providers must have flexibility to conduct assessments without having to do service reductions to accommodate this requirement.
Client Eligibility/NAPIS form	In regard to the following: "C. Service providers must record the client's first and last name on the NAPIS form and make every effort to document the client's date of birth. For services that will be provided at the client's home, such as for home-delivered meals, the service provider must also record and enter the client's address into PeerPlace. D. Collection of a client's date of birth must occur prior to beginning to receive services or within 10 business days after the beginning of meal delivery and support services. E. Clients are not required to verify their stated date of birth with an identification card such as a driver's license or passport. G. A client may not be denied service for refusing to provide date of birth or other information requested on the NAPIS form." CONFLICTING VERBIAGE – The client's date of birth is not required but collection must occur prior to beginning to receive services.

Client Eligibility/NAPIS form	Regarding Policy 3: This is Denise Wickiser, Executive Director of Meals on Wheels of Ramsey County. I submitted another comment with my full introduction so I will skip that here. We understand this to mean that the NAPIS eligibility form must be completed at the client's home in person, and over the phone or via mail would not be allowed. While we are committed to accurate data and assurances that recipients meet eligibility requirements, we are not supportive of this change. Home-delivered meal clients have made the difficult and vulnerable decision to bring in nutritional support so they are able to remain in their own home and maintain their health and independence. However, many of the clients are concerned about someone coming in to their home. Reasons could include safety concerns, disease transmission, distrust of the "government", and the general anxiety and awkwardness that an in-person face to face interview in your home discussing very personal details and perceived personal "deficits". There are often significant concern in communities of color and poverty that someone coming in to their home would see something they didn't like and "report them" or "send me to a nursing home". We believe mandated in person visits would be a big barrier for a large percentage of clients. Most clients are very satisfied completing the form over the phone, and we know we need an in-person signature is required so we will either have the volunteer get the signature or mail the NAPIS for signature along with a return envelope. Some clients prefer to fill out the NAPIS themselves and mail it back, so they can take some time to think about each question and not have to explain these very personal issues to someone. We feel that should be acceptable and is probably even more accurate. Also, the funding would need to be increased if in-person annual visits would be mandated as each provider would have to add staff/staff time for this as there would be more time and travel requirements. Please reconsider this policy as many eligible clients would go without their meals if they had to have someone come in to their home.
Client Eligibility/NAPIS form	#7 AAA must establish policies and procedures for service providers aligned with this policy and procedure. Can there be an effort to streamline this across all AAA so providers aren't trying to meet two different groups of policies. For section I, there should be an addition to the policy to include "a physical copy or DIGITAL copy within a secure environment." If we have to ask congregate diners every question on the NAPIS in person individually this will add administrative time to each site. (Older Americans Act 102(40) and 373 (c)(1); 45 CFR Part 1321.3 (definitions of "periodic" and "older relative caregiver"); 1321.9(c)(1)(i); 1321.81; 1321.91) Upon reviewing the authoritative reference, there is no support for a policy that allows for clients to subvert the age verification (i.e. providing their birthday). In fact, the legislation by definition defines eligible clients as being at least 60 years old. Two concerns: (1) data collection will be very difficult if clients with common names (e.g. Mary Anderson) cannot be differentiated by a unique birthday. (2) Would the MBA provide an updated NAPIS that allows includes a "refused to answer" option, rather than requesting manual writing-in of that fact? Policy D-F are in direct contradiction to policy G.

Client Eligibility/NAPIS form	This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs.
Client Eligibility/NAPIS form	There is a requirement to provide the client's date of birth but they are also allowed to refuse to provide data being requested on the NAPIS form. AAAs are required to monitor the date of birth information to confirm eligibility and to ensure "dummy" birth dates aren't being entered by the service provider. If a client refuses to provide their birth date, will the service provider have to deny them services or will they be able to state that the client refused to answer? If this occurs often, will this result in less funding for the service provider, AAA, or both? This policy also requires that the NAPIS form be filled out in person with the client and to obtain the client's signature. Clients with limited use of their hands would have great difficulty providing a signature and there is no provision for that occurrence. It may be easier for the client to sign an electronic NAPIS form, but that will require service providers to obtain tablets since the form must be completed in person. Along with the incurred costs of obtaining enough equipment, service providers and AAAs must obtain sufficient staff to execute and monitor these requirements, reducing the amount of funding going directly to the clients. Another difficulty of in-person completion of NAPIS forms is clients' resistance to people entering their homes or limited ability to go to the service provider to complete the form. As a service provider, we have great relationships with our clients, but there are times when employees have to move on from an organization. If the client is accustomed to the former employee, it will take time for them to become comfortable with the new employee, and may not immediately allow the employee into their home. This can cause a delay or non-completion of the NAPIS form ending the eligibility of the client.
Client Eligibility/NAPIS form	à Proposed Change: Service providers must conduct in-person assessments for all new Title III service recipients within 10 days of enrollment and annually thereafter. à Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. à Request: Advocate for flexibility in conducting assessments (e.g., phone or virtual options) to ensure older adults can continue accessing critical services. We also ask that if these requirements are implemented, appropriate funding considerations be made to prevent service reductions necessary for compliance.
Client Eligibility/NAPIS form	I recommend flexibility in requirements for eligibility, as to not delay services.
Client Eligibility/NAPIS form	The proposal for in-person assessments for all Title III service recipients will have a significant impact on providers in the rural area. As a rural provider, these requirements will place large staffing and financial burdens on our agency and our partner agencies. If these changes are implemented, it is imperative that the funding be increased to add staff in order to meet the requirements and not decrease services.

Client Eligibility/NAPIS form	Policy #2: Requirements for client eligibility • Proposed Change: Service providers must conduct in-person assessments for all new Title III service recipients within 10 days of enrollment and annually thereafter. • Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. • Request: Advocate for flexibility in conducting assessments (e.g., phone or virtual options) to ensure older adults can continue accessing critical services. We also ask that if these requirements are implemented, appropriate funding considerations be made to prevent service reductions necessary for compliance
Client Eligibility/NAPIS form	Policy #2: Requirements for client eligibility • Proposed Change: Service providers must conduct in-person assessments for all new Title III service recipients within 10 days of enrollment and annually thereafter. • Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. • Request: Advocate for flexibility in conducting assessments (e.g., phone or virtual options) to ensure older adults can continue accessing critical services. We also ask that if these requirements are implemented, appropriate funding considerations be made to prevent service reductions necessary for compliance.
Client Eligibility/NAPIS form	When it comes to clients' birthdays being a requirement for eligibility it could potentially limit our ability to serve a portion of our community, especially the East African community that we currently serve. Many of our East African clients are immigrants to our country and when they enter this country they often put down a birthday of January 1st and if they are young the year of their arrival, close to their birth year, or whatever is convenient for their needs. This policy change requires AAAs to eliminate eligibility based on dummy birthdays which would eliminate the eligibility of many of our clients. This suggested policy change ignores a large segment of the community we serve as well as other immigrants who are in the same situation as our East African community members.
Client Eligibility/NAPIS form	The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: • Disproportionately impacts seniors with mobility and/or cognitive limitations • Creates unnecessary barriers to program participation • Increases administrative burden for both service providers and seniors • Potentially reduces overall program engagement • Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified. Recommendation: Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.

Client Eligibility/NAPIS form	Provision of Title III Services Policy #2: The proposed requirement for an in-person assessment would create significant logistical and financial challenges for service providers, especially in rural areas. There needs to be other options for conducting assessments, such as telephone or virtual options, to ensure older adults can continue accessing critical services.
Client Eligibility/NAPIS form	The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: · Disproportionately impacts seniors with mobility and/or cognitive limitations · Creates unnecessary barriers to program participation · Increases administrative burden for both service providers and seniors · Potentially reduces overall program engagement · Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified.
Client Eligibility/NAPIS form	Will meals still be reimbursed if individuals refuse to fill out and complete all information asked on the NAPIS? How are they then eligible if they choose not to share DOB. #6 is there currently an MBA training on NAPiS forms? #3B during the assessment the provider is required to ask client every question- does this mean even in congregate that someone has to verbally ask them each question vs having them fill out the form in person?
Client Eligibility/NAPIS form	Section 12. MBA requires all fields on the NAPIS form to be completed. If a client refuses to provide certain data, the service provider must choose “Unknown”, “Unavailable” or “Client Declined to Answer” from a drop-down list of choices. Comprehensive collection of NAPIS form data provides essential information on client demographic characteristics and the degree to which OAA funds are serving individuals with greatest social needs and greatest economic needs. Issue: If a person refuses to disclose EXACT birthdate, can we serve them if they indicate an “age” for example “74 years”? Once again, that information (GEN and GSN) gets recorded in much more detail in PeerPlace. Solution: Require “age” or “date of birth”

Client Eligibility/NAPIS form	Provision of Title III Services Policy #2: Requirements for client eligibility • Proposed Change: Service providers must conduct in-person assessments for all new Title III service recipients within 10 days of enrollment and annually thereafter. • Impact: This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs. • Request: Advocate for flexibility in conducting assessments (e.g., phone or virtual options) to ensure older adults can continue accessing critical services. We also ask that if these requirements are implemented, appropriate funding considerations be made to prevent service reductions necessary for compliance. Policy #2 Client Eligibility, Periodic Assessment, and Person-Centered Planning The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, imposes significant challenges, particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. According to the ACL final rule, § 1321.3 Definitions - Periodic, the frequency of client assessment and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not mandate that these assessments must be conducted in person. This flexibility is particularly relevant for addressing access challenges in rural areas. Recommendation: that the MBA policy explicitly aligns with the ACL final rule by allowing alternative methods of assessment, including virtual or phone-based options. These alternatives would reduce operational burdens on providers and improve access for older adults, especially in underserved areas. Additionally, flexibility in scheduling and documentation should be incorporated to ensure timely and effective client assessments without compromising the quality of person-centered planning.

Client Eligibility/NAPIS form	The Eligibility, Periodic Assessment and Person Centered Planning policy requires in-person assessments of all Title III recipients EXCEPT caregivers. Although not a requirement of Title IIIE services, adding obstacles, such as the requirement of NAPIS forms to be completed in-person, creates a large burden for service providers that received Title III funding in other service areas Completion of this assessment and the annual renewal has been successfully executed by phone. We know that the NAPIS needs to be completed before receiving registered services. Completing the NAPIS form on the phone allows clients to start services more timely. The time on the phone helps our caregiver social worker time to build rapport and trust so that we are able to offer person center planning. We believe this is true for all Title III services. Requiring an in person assessment will require more administrative time and ultimately could result in fewer clients served. This new requirement creates a barrier for eligible and prioritized populations from accessing these important services – individuals may not wish to allow individuals in their home and they may not have a mode of transportation to meet elsewhere. With our experience in offering Title III services for the last 14 years, we know that over the phone conversations and assessments are effective. When a new caregiver calls to inquire about services and supports, the Caregiver Services Social Worker ask the caregiver to tell her a bit about their situation and then talks about what services we provide, as well as resources and support that is available in the community. Once staff and caregiver go through all of that information, staff ask if they can fill out a registration form for our caregiver services so that we can stay in touch, and also explain that because we are a grant funded program we are asked to collect some basic demographic information to look at trends in caregivers being served. We let caregivers know that the information they share can also help determine if they might qualify or be eligible for other funding or programs to support them in their caregiving. Caregivers are informed before completing the NAPIS form, that if they aren't comfortable with or don't want to answer a question they can decline. Once the questions are asked, the Tennessen Warning is shared and then caregivers are asked for their verbal consent. 99% of caregivers give a verbal consent and are now ready to attend a caregiver support group, participate in a virtual/in person 1:1 caregiver education session, and/ or join in on a caregiver group training. Taking away the option for Title III service providers (except for Title IIIE) to complete an over the phone assessment for person centered planning will be a barrier to receiving services in a timely manner and will require increase in staff time to make sure organizations are able to respond quickly to a starting a needed service such as chore services or meals on wheels. With the decrease of OAA funding available, this becomes an increase challenge. Service providers should continue to have the option. It is my understanding that it is not a federal requirement to complete the NAPIS form and assessment in person.

Client Eligibility/NAPIS form	Policy 2D and 3 Allowing AAAs to determine other needs for a community and/or individual will help more individuals accept the assistance they sorely need when they are not willing to take it based on their identity. We have worked with many individuals who were in great need of our services but would not accept them if they were solely based on their identity. Or they believe that they must be on the dire end of the spectrum to qualify for services. Procedures Data Collection on Client Demographic Characteristics 12 Providing options for when clients refuse to provide data is greatly needed. We provide services covered by grants that have some questions that must be answered by the client for them to benefit from the grant funds. As a result, we have had many clients in great need of our services, halt the application process. They either need information explained in several different ways to be convinced to answer or to continue with getting help. Or after receiving several explanations for the reason for the question and being informed that it will not personally identify them, they get up and leave without completing the form and worse do not get the assistance they need.
Client Eligibility/NAPIS form	I am writing to provide feedback on four critical proposed changes to the Older Americans Act (OAA) administration. Please maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility. I believe that the proposed new requirements will: • Disproportionately impact seniors with mobility and/or cognitive limitations • Create unnecessary barriers to program participation • Increase administrative burden for both service providers and seniors • Potentially reduce overall program engagement • Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified.

Client Eligibility/NAPIS form	There is a requirement to provide the client's date of birth but they are also allowed to refuse to provide data being requested on the NAPIS form. AAAs are required to monitor the date of birth information to confirm eligibility and to ensure "dummy" birth dates aren't being entered by the service provider. If a client refuses to provide their birth date, will the service provider have to deny them services or will they be able to state that the client refused to answer? If this occurs often, will this result in less funding for the service provider, AAA, or both? This policy also requires that the NAPIS form be filled out in person with the client and to obtain the client's signature. Clients with limited use of their hands would have great difficulty providing a signature and there is no provision for that occurrence. It may be easier for the client to sign an electronic NAPIS form, but that will require service providers to obtain tablets since the form must be completed in person. Along with the incurred costs of obtaining enough equipment, service providers and AAAs must obtain sufficient staff to execute and monitor these requirements, reducing the amount of funding going directly to the clients. Another difficulty of in-person completion of NAPIS forms is clients' resistance to people entering their homes or limited ability to go to the service provider to complete the form. As a service provider, we have great relationships with our clients, but there are times when employees have to move on from an organization. If the client is accustomed to the former employee, it will take time for them to become comfortable with the new employee, and may not immediately allow the employee into their home. This can cause a delay or non-completion of the NAPIS form ending the eligibility of the client.

Client Eligibility/NAPIS form	Unless there is additional funding associated with the mandate to do in-home NAPIS Form completion, this will be nearly impossible for Meals on Wheels programs to accomplish without reducing the number of clients served. This level of funding and the availability of licensed social workers to do these assessments, has not existed for decades. And, unfortunately, I know that it is not coming back and we need to work within our means to accomplish our primary goal of providing nutritious meals to seniors in the community. While I know that Meals on Wheels providers are committed to accurate data and assurances that recipients meet eligibility requirements, they are not supportive of this change. The proposal that the NAPIS eligibility form must be completed in-home every year, will mean that far fewer seniors in need will receive meals. This change is impossible without additional and sufficient funding to support it because it requires sufficient staff who are trained, have the time, vehicle and mileage reimbursement, to go out to visit each and every meal recipient when they first enroll, and then every year thereafter. The funding that this requires, would take away from the number of clients the program could serve. Of course it would be ideal to be able to visit with each client personally, and provide a thorough assessment of their nutritional needs and provide information and referrals based on their NAPIS review or IDLs and AIDLs, income, veteran status, etc. But to do this requires many more resources than are available. This is an expansion of the current practice that allows providers to complete the form over the phone, via mail, or utilizing volunteer drivers to collect forms when delivering meals. Meals on Wheels clients have decided to remain in their own homes to maintain their health and independence. Many clients prefer to complete the NAPIS over the phone or complete it themselves and return to us through their volunteer driver or through the mail. Some clients are concerned about providers coming into their home and “reporting” them for various reasons. Some would go without meals if they were required to have someone come into their home. Additionally, current Title III meal funding reimbursements to providers does not adequately fund these types of in-home visits. I speak from experience as an Outreach Worker of a Meals on Wheels program, about 20 years ago when this was funded. As a licensed social worker, I visited with each new Title III Meals on Wheels client. I was not only able to get their in-person signature on their NAPIS form but was also able to provide them with connections to other resources. Asking questions on the NAPIS in the home, as if it is an assessment, and then NOT doing anything with that information, I believe does a disservice to the client. Most programs are run on a shoestring with one half time Meals on Wheels Coordinator. Having a licensed and trained social worker for each individual program to meet with every client receiving meals is not in the budget with the current reimbursement rates for meals. It is not realistic for today’s home delivered meal programs at the level that they are currently serving. Program number went up significantly during the COVID pandemic and they have continued to rise significantly in the years since. Only if additional funding and staff with training was part of the program, would this requirement even make sense. I understand that programs receiving state and federal funds must have checks to ensure against fraud and abuse. The small Meals on Wheels programs in Ramsey County have been operating for 50 years without any fraud or abuse. Spot checks with programs, riding

	along with volunteers on a meal route to obtain signatures and ensure there was a actual eligible person receiving the meals, has worked well. Most importantly, Meals on Wheels volunteers see the majority of meal recipients each day they drop off the meal, they are our neighbors and they become our friends. They are not simply a name and a number. It is this that makes Meals on Wheels so special and why this model has worked for 50 years without the fraud and abuse that we saw more recently with other pop-up food programs during the pandemic. Requiring the NAPIS to be completed in person in the home is a very costly and unnecessary step to ensuring meals are going to eligible recipients. In this day-and-age, we have been enlightened that not all evaluations need to be face-to-face. The technology is HERE. Let's use it. While eligibility requirements must be met to maintain efficacy, let's not limit accessibility. Please make it more convenient to be evaluated, rather than generating obstacles.
Client Eligibility/NAPIS form	This would negatively and significantly impact our ability to provide services to eligible older adults. Many have had to overcome their pride and privacy concerns to admit they need help. Mandating in-home visits is a deterrent to participation. Many refuse to allow visitors and would rather go hungry. We intend to provide nutritious meals with dignity and respect, and we build trust with many of our neighbors through phone conversations. To take away this option to complete the NAPIS form would deny access to the most vulnerable among us. Completing these in person requires a significant amount of staff time and would put us in a very difficult position, particularly with assisted transportation, given the size of that program. We would likely have to hire someone to do this, which would significantly impact the funds available to cover the rides themselves.
Client Eligibility/NAPIS form	Please further define "in-person". It would be cost prohibitive to drive to each client's home annually to reconfirm their NAPIS data. We currently conduct these confirmations in-person via phone unless a social worker or program manager are meeting with the client for another reason. Forms are "signed" with the note "phone" on the form. New clients are more likely face-to-face because they either come to the office or a social worker is working with them, or a program manager visits to see their home or yard to scope the work, but they might occur with phone authorization first. Also, clarification would be good to help the AAA's assess data quality. Generally the original NAPIS fills all the fields, as much as the client provides, regarding race, gender, etc. Renewed NAPIS don't ask those questions again unless there is missing data or the data could have changed. Some program managers then view the PeerPlace data as not matching the NAPIS form because we do not delete previously collected data. Given the current federal indications, please also provide guidance on what to do if data collected is no longer provided on the updated forms - for instance, gender dropping back to male or female only. 3. Service providers are required to assess whether an individual meets the eligibility criteria for a registered service by conducting an in-person assessment. The in-person assessment is not required for Title III-E services. A. Initial and annual renewal assessments must be conducted in person.

Client Eligibility/NAPIS form	These two items appear to be contradictory: "C. Service providers must record the client's first and last name on the NAPIS form and make every effort to document the client's date of birth. For services that will be provided at the client's home, such as for home-delivered meals, the service provider must also record and enter the client's address into PeerPlace. D. Collection of a client's date of birth must occur prior to beginning to receive services or within 10 business days after the beginning of meal delivery and support services." Also in conflict: B "ii. If a client refuses to provide certain data, the service provider must record this on the paper form or choose an option from a drop-down list on the electronic form indicating the client refused to respond to the question" and "iii. This information must be recorded on a National Aging Program Information System (NAPIS) form in either electronic or hard copy form." If a client refuses to give a date of birth, currently their NAPIS can't be entered into Peer Place. This probably causes "dummy" birthdates, where the client has given a year, but not month and day, or when the program has taken a shot at the person's approximate birthdate to enter them into the system. Otherwise, the person could not receive services or, if they did, the provider could not be reimbursed. ----- The requirement for a face-to-face assessment, initially and annually, poses a massive burden on providers. Providers collect information in a variety of ways – in person, by phone, via online NAPIS forms. This flexibility is not only helpful to providers, but respects clients' time, availability, and preferences. The range of options for completing the NAPIS presents a more efficient use of program staff, freeing more time to provide outreach and services to a greater number of people needing help. Procedure 3, "Use of Electronic NAPIS Forms," seems to contradict the requirement for an in-person assessment?
Client Eligibility/NAPIS form	This requirement would create significant logistical and financial challenges for service providers, particularly in rural areas. Many older adults may forgo services due to concerns about in-home visits, leading to unmet needs.

Client Eligibility/NAPIS form	• In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the ACL final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, Catholic Charities recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: 1. D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. 2. G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: 1. 5(A): AAAs must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. 2. 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. o Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refuse to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. o Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to

	provide DOB. Recommendations • Catholic Charities recommends revising the policy to require DOB collection for all clients receiving Title III services. This ensures age eligibility verification, data reporting consistency, and compliance with PeerPlace requirements. The revised policy should balance compliance needs with client autonomy and clarify that DOB collection is necessary for accurate service reporting while maintaining sensitivity to client concerns. • Catholic Charities requests clarification on whether a client who refuses to provide their Date of Birth (DOB) is still eligible to receive Title III services. The current MBA policy (G) states that clients cannot be denied services for refusing to provide their DOB, yet Title III Administrative and Financial Requirements Policy #13 requires DOB entry in PeerPlace for service tracking and reporting. This discrepancy creates uncertainty for providers regarding eligibility and compliance. • Explicitly state whether clients refusing to provide DOB remain eligible for Title III services, even if it impacts reporting requirements. • Provide clarification on how providers should document services and secure reimbursement for clients who are eligible but refuse to provide a DOB. Since PeerPlace requires DOB entry for accurate tracking, the absence of a DOB prohibits providers' ability to document services and report data, potentially resulting in a loss of reimbursement. • Specify alternative documentation methods for providers to track services rendered to Title III clients who refuse to provide DOB. • Clarify how providers can receive reimbursement for services under these circumstances, such as through exceptions or alternate reporting mechanisms Susan R. Catholic Charities Administrative Secretary
Cost Sharing/Voluntary Contributions	Policy #16: Cost Sharing • Proposed Change: Four cost-sharing models are under consideration, some of which could limit flexibility for providers. • Impact: Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. • Request: Support maintaining the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. (Indicate that this option is #1 in those provided by MBA.)
Cost Sharing/Voluntary Contributions	I have been driving MOW in Cannon Falls & Northfield for over 10 years. It is a volunteer program I feel offers substantial assistance to needy families, primarily the elderly. I understand I am too late to submit my ideas to the board regarding the Older American Act Title III Funded Programs. That's too bad. Maybe these words will go to someone who will regard them as important. Our MOW in Cannon Falls & Northfield partner with their local hospital. I see first hand how much extra work the kitchen workers do to put the meals together, and I can imagine the extra work the administrators also do. Nothing is perfect, but as far as I can see, the current cost-sharing model is working. After all, these programs continue year after year. These are challenging times. The lives of our vulnerable population is under attack by those in power who do not care about the effects of their actions. Hopefully, your board can fight back.

Cost Sharing/Voluntary Contributions	As a service provider we recommend that cost sharing be eliminated and give family caregivers the opportunity to make a voluntary contribution. Cost Sharing is a concept that many people do not understand. If Cost Sharing is required for caregivers only, the new recommended policies and procedures will increase administrative duties that includes sharing information and cost about each Title III service on our website. On our website, we do not list fees. We share cost and detail information about Title IIIE services when we receive calls and emails. Listing fees on our website may actually discourage someone from calling to learn more. It is our hope that our website is clear, concise, and welcoming so that potential clients give us a call and learn more about all our services.

Cost Sharing/Voluntary Contributions	Regarding Cost Sharing (FFS) , or the requested payment from clients on a sliding-fee-scale based on income, the MBA has four options under consideration (the 41st option of the drop-down menu in the public comment portal): 1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). Best option for us. 2. Scale back some of the services to which cost sharing currently applies by eliminating cost sharing for Visitor, Telephone Reassurance, and Counseling funded with III-B. Second best option for us. 3. Scale back almost all cost sharing except for Caregiver Support services. Third best for us but not desirable. 4. Eliminate all Cost Sharing and focus solely on voluntary contributions. Worst option for us. This cannot happen, if at all possible. The most important piece that is detrimental to us is that of these four possible options for Cost Share, the MBA will choose one for the entire state and that will be the presiding rule for all-with no individualization among non-profits. Text to Enter into Portal for Public Comment: "Please put forward this policy update to ACL considering Title III Admin and Financial: 16 Cost Sharing. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). • Elimination of all cost-shares is not feasible for Elder Network. In 2025, we anticipate 39.28% of our budget to be received through cost-shares, and less than 1% from voluntary contributions from clients. Elder Network would not be able to operate with a 40% budget cut. We are already working hard to cope with the budget impacts of the American Rescue Plan and IFF cuts that amounted to an almost $80,000 budget cut and a tremendous upheaval in the granting environment in MN right now-such as Otto Bremer Foundation-this one grant alone is a cut of $60,000 of vital general operating dollars for Elder Network. As well as the implementation of Minnesota's new laws for Earned Sick and Safe Time, and the coming paid leave and retirement plan that we will need to financially prepare for in 2025 for a 2026 roll-out. Also, the pressures of sky rocketing costs, such as a 21% increase (of $2,400 dollars) from one vendor, alone, for 2025. • In addition, a reliable, monthly cash flow is also very important for a nonprofit, such as ours, to maintain operations. We need to make payroll on a twice-a-month basis, pay rent, and have the funds to cover our huge insurance bill when it comes due. Lack of a reliable cash flow can be just as detrimental-not to mention stressful-to staff, and takes focus away from client services to focus on meeting our financial liabilities. Late fees can be as much as 35% of a bill, or possibly, mean the loss of a vendor. • The rule will be applied October 1st, 2025, in the midst of our pre-determined fiscal year that we are already contracted to receive federal funds within. Please consider how particularly detrimental this decision will be for nonprofits in the beginning of fourth quarter. The budget is already struggling, and will certainly be at a deficit with the elimination of cost shares. There was no advanced warning of this change, and we will have little time to prepare/respond to the decision. Elimination of cost sharing for nonprofits that are providing supports to older adults, is detrimental for the service providers, older adults, caregivers, community members, and tax payers. • Eliminating cost shares at any point, would be detrimental. Compounding these financial losses, the decision to eliminate cost shares in 2025 ensures that

	nonprofits will struggle financially and will be forced to cut services, discontinue services, cut staff hours (most businesses' number one expense) and lead to the growth of long waitlists, and ensure many older adults/caregivers will go without services because the providers will be fewer and the availability to serve clients-lessened. Having services be voluntary-contribution based for clients, sounds like a potentially positive concept, but that does not remain true if the nonprofits offering the affordable services are pushed out of business due to funding constraints placed upon them by the very entity that is charged with supporting their sustainability. Please understand that nonprofits, such as Elder Network, exist because of the big-hearted staff who do this work to serve the community. We are underpaid, understaffed, have no fringe benefits, use hand-me-down and antiquated technology, and we still provide excellence in service and compassionate care to our clients. We have proved this excellence, quarter-after-quarter, to SEMAAA, over the past 30-some years. • We desire to be compliant with the final rule on these policy updates with the Older American's Act-but, not at the expense of the older adult and caregiver clients that we serve. • MBA provided two pieces of evidence to pose the idea of moving to voluntary contributions. One, was a graphic with (no citation of origin) showing voluntary contributions are trending downwards, steadily, since 2015; and second, was that Minnesota is one of a few states (how many actually?) that have cost share. This may be interesting, but, that fact alone-that we are in the minority of states using cost share-should certainly not be a deciding factor to stop having FFS! This is only a point of interest that more research might be needed. Are we even comparing apples to apples? How many states, and which states have FFS? Which states have only voluntary contributions, and why? Are states with voluntary contributions similarly funded to Minnesota nonprofits? Do they get additional state funding or other funds? Is there a state with similar types of programming as Minnesota nonprofits that are successfully doing voluntary contributions? -What are the details on this success? Many states do not have the services available for older adults that Minnesota does. Elder Network is well aware, as we receive many calls asking if our service is available in their state (because they can't find anything available). Or, clients tell us nothing like our service is available where their care receiver lives. I find it difficult to understand how the MBA would ask us to consider such a consequential change-such as reducing or removing FFS-on such flimsy "evidence," when nonprofits (such as ours) are worried that our clients may lose services that they desperately need!! • MBA stated a concern that cost share was prohibitive in cost to administer. Elder Network strongly disputes this. Whether it is cost share-or voluntary contributions-we still need to administer the mailing of requests for voluntary contributions; and then accept, deposit, track and process the contributions. We still need a bookkeeper. Remember, SEMAAA may not be funding all of a nonprofit's work, either, and other programs within an organization may also require a FFS/or payment process that will need to continue. • MBA stated a concern that having voluntary contributions and fee-for-service may be confusing for people. We find no such confusion for our clients. A client's income dictates if they are voluntary contribution vs. FFS. They are only aware of the cost that they will need to pay, so there is no confusion. • MBA stated some people may not be able to afford

	the FFS. We have been required to give client feedback received on the affordability of our programs, to the AAA, in our quarterly narrative for each funded program. Why was there no report from the MBA on the accumulated feedback over the last year from all funded nonprofits relating to this concern? We receive very few negative comments about our fees, but MANY positive comments come back to us-both verbally and through our ROBUST survey results-that we are “very affordable,” “the least expensive service available,” and more. Elder Network has been setting FFS for many years. We know our clients’ incomes and other aspects of their lives, to help us carefully set our FFS to be affordable for all, while also helping us to maintain sustainability. We are very successful in setting affordable rates-as evidenced by the fact that: “In 2023, over 60% of our clients were at or below 250% of the FPL.” In addition, for those few who still struggle to pay, we maintain a small scholarship fund to help off-set some of the costs for those who are in the greatest need-but who do not meet the voluntary contribution threshold but still need such support. • MBA stated that if FFS were retained, they would set the FFS to be consistent across the state. Elder Network strongly opposes such an idea. A consistent fee-scale across the state, cannot account for each nonprofit’s unique expenses, and does not account for variances in cost-of-living expenses for a nonprofit-such as wages (try hiring in Rochester when competing against a world-renowned healthcare system), rent, etc., widely varying income levels for clients, and many other factors. MBA should strive for Equity-not Equality. Equity is customized FFS-based upon the needs of the nonprofit-and the client. Equality is a one-size-fits-all, that DOESN’T fit most! Elder Network has been setting FFS for many years. We know our clients’ incomes and other aspects of their lives, to help us carefully set our FFS to be affordable for all, while also helping us to maintain sustainability. We are very successful in setting affordable rates-as evidenced by the fact that: “In 2023, over 60% of our clients were at or below 250% of the FPL.” In addition, for those few who still struggle to pay, we maintain a small scholarship fund to help off-set some of the costs for those in the greatest need-who do not meet the voluntary contribution threshold but are in need such support
Cost Sharing/Voluntary Contributions	Please eliminate this language from the policy. It will cause confusion for seniors.

Cost Sharing/Voluntary Contributions	Cost sharing/FFS should be maintained for all programs and providers should be allowed to set their own FFS that is acceptable to the clients they serve. Providers are most aware of clients incomes, their own program costs to be sustainable. For many programs the federal payments have remained flat for many years despite rising costs to providers. Now providers are faced with the current IFF cuts and more to come. Providers are being asked to do more, expand more while receiving less and less reimbursement. Providers wish very much to provide and expand services but stable funding is necessary. Stable and adequate funding that takes into account the real world and rising costs of running a non-profit, the current cost increases related to new MN employee mandates such as ESST and paid leave, retirement and other programs, the extra costs to serve rural clients who have far less resources available to them is necessary. The MBA should put trust in the judgement and expertise of the AAA's who know their providers well and the quality and quantity of the work. Who can help ensure that providers are serving well the needs of older adults and caregivers particularly those with the greatest socio-economic needs.
Cost Sharing/Voluntary Contributions	We are strongly in favor of eliminating cost sharing. MN is one of the few states that currently implement this and it is our recommendation to eliminate cost sharing.
Cost Sharing/Voluntary Contributions	Please eliminate the practice of Cost Sharing. Voluntary Contributions have been proven to be more effective for bringing in program income to support OAA Programs. Providers have years of examples and stories of how this is a difficult method to implement, especially for older adults where English is not their first language. Additionally, this would require less paperwork to maintain, review, ensure compliance, etc on behalf of the provider and the AAA.

Cost Sharing/Voluntary Contributions	Mower County Seniors, Inc. – Transportation, Chore, and Homemaking Response to proposed Statewide changes. Of high concern: Eliminate or reduce the ability for providers to utilize Cost Sharing with Older Americans Act funds. The option to eliminate or reduce the ability for providers to utilize Cost Sharing with Older Americans Act funds is of high concern. This change will have cascading negative consequences for both service recipients and service providers, and the recommendation for voluntary contribution as a suitable replacement is ill-advised. • Little funding…long waitlists: Meals on Wheels is a Nationwide program that receives substantial funding through the Older Americans Act. The theme/campaign for Meals on Wheels this year is “End the Wait,” because “millions of seniors wait months, even years, for nutritious meals and moments of connection.” However, there are a few Meals on Wheels programs that exist across the country that do not have a “wait” because they utilize cost sharing. With a shrinking and uncertain funding stream, moving away from a cost sharing model will leave many older adults without access to affordable services. Reducing or eliminating cost sharing will leave a growing number of older adults in MN… waiting. • Reduction in clients served: The benefit of a cost share system is that it makes services more accessible to those that cannot afford the service at full price. Cost sharing maximizes the impact of OAA funds by increasing services to the number of lives in need. Or rather, the utilization of cost sharing ensures that OAA funds are applied to make the greatest impact on those in most need in the population. Eliminating or reducing cost sharing will equate to OAA funds serving fewer older adults. • Where’s the data: The bar chart data, provided in the initial presentation of OAA changes and State options, showcased a comparison between voluntary contributions and cost sharing which was insufficient, overgeneralized (did not represent the different services provided which is imperative when analyzing how services are funded), missing details (in the bar chart data provided, which services receive voluntary contributions versus cost share?), and lacked context to further explore the data shared in the bar chart. This is not appropriate data to utilize in guiding the process or even prompting consideration of the removal of cost sharing, let alone a decision to reduce or eliminate cost sharing across the state. o There were no examples of what happened to service recipients and service providers in the States that previously chose not to support cost sharing. Are those services/service providers still available? What is the quality of service? • Arguments against the reasons for: “reasons to scale back or eliminate cost sharing requirements.” • The argument that “it isn’t clear…” is a dangerous reason to dramatically change a working funding model for something that “may be smarter to…” If it is not clear, research the subject further. Voluntary contributions for a variety of services will not raise more revenue than cost sharing. A simple poll sent out to MN service providers receiving OAA funds and utilizing cost sharing could have contributed to that data point. • The argument that eliminating or reducing cost sharing will reduce administrative burden for AAAs and service providers is misguided and stands juxtaposed to the purpose of OAA funds, because reducing/eliminating cost sharing reduces the impact OAA funds will have on the population. As a service provider, we are more than happy to provide cost sharing to make services more accessible to clients… even though it may require a little more work on our end. Cost

	sharing allows us to help more people, and it is easily worth the time. A reduction or elimination will have a strong negative impact on service providers across the state as non-profit business models and services to clients were built around a cost sharing model.
Cost Sharing/Voluntary Contributions	Thank you for asking about cost sharing. I think as long as each service provider has the flexibility to work with their AAA on the cost share scale, offering a cost share is fine. We find voluntary contributions work better than cost share for caregiver services and cost shares make sense for Chores, Cleaning (could you stop using the 1950's "homemaking term" please - it's demeaning and I realize it comes from Federal, but thought I throw that in as feedback), Transportation. The Title B services are ones where someone could price compare their cost to the open market. Harder to do that with the caregiving services. If you keep cost share, keep a couple things in mind: 1. if people bill clients monthly, the suggested cost share total needs to be big enough to pay for the time and postage - we don't request if the amount is under $20 2. when setting a scale for whose cost share should be $0, 200% of poverty is still only about $30,000 annually - if housing costs $12K/year and if you can eat off $6K/year, after any healthcare costs, there is very little left for services. I would put the threshold at 250% poverty and let those lower have the voluntary contribution option. 3. Give people the option to opt out of cost share if they cannot modify their billing system to stay statement instead of invoice- our former vendor could not support two different forms. I agree with the option #2 to not ask cost shares for visiting, and telephone reassurance. We don't provide those as stand-alone services and they are weird to ask for a cost share. The MBA has four options under consideration: 1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). 2. Scale back some of the services to which cost sharing currently applies by eliminating cost sharing for Visitor, Telephone Reassurance, and Counseling funded with III-B. 3. Scale back almost all cost sharing except for Caregiver Support services. 4. Eliminate all Cost Sharing and focus solely on voluntary contributions.
Cost Sharing/Voluntary Contributions	I am requesting funding for cost sharing programs that provide services for elders be maintained. Support from non profit organizations allow elders to live safely in their own homes. Caring for aging loved ones is incredibly difficult without assistance. Providing help with trained staff visits, housekeeping, and transportation helps to prevent the need for a move to a care facility. As nursing homes have long wait lists as well as staffing shortages, eliminating funding for these programs would be costly and foolish.

Cost Sharing/Voluntary Contributions	Cost Share option #1 should be followed, with the exception that the Title IIIE Caregiver Support services of Access Assistance and Public Information should also be exempt (but participants in these services should be encouraged to make a Voluntary Contribution). Cost Share is not a fee for service, but a voluntary payment, and no one is denied service for inability or unwillingness to pay, so it poses no hardship. Low incomes are exempt, and it doesn't exclude anyone. Cost Share is one of the few avenues for program sustainability, one method of partially offsetting increased costs, including compensating and not penalizing staff, whose salaries are often less than those in comparable for-profit positions. It also signals to participants that these programs are valuable and in need of their support. It corrects the notion that "non-profit" means "free." Cost Share will help to offset the reduction in Title IIIE 2025 financial support, rather than dropping clients when funding isn't available, as for-profits like home care agencies do. The sliding Cost Share should not be required to be exhibited on the website. The services being offered, the sliding scale, and its rationale should be presented and discussed when a potential participant is new to the program. This is the case with other services e.g. home care, counseling, elderlaw attorney, physician, etc., that also don't publish their fees. Also, cost share is a fairly new concept that merits explanation.
Cost Sharing/Voluntary Contributions	This category should only be used for services not required under Cost Share. To keep lines from being blurred between these two forms of client financial support, there should not be a sliding scale for Voluntary Contributions, although a suggested or suggested minimum contribution might be given. Title IIIE services Access Assistance and Public Information should also be exempted from the Cost Share and listed under the Voluntary Contribution category.
Cost Sharing/Voluntary Contributions	Cost sharing and voluntary contributions. Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. · This policy will cause confusion upon services providers even though it states "may not encourage" clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Recommendation: This language be eliminated from the policy. Voluntary Contributions: Antidotes from clients - Clients ask "do I have to donate in order to keep/get meals" - Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. - Clients have physically sent back the donation form and wrote $0.00 - Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving

Cost Sharing/Voluntary Contributions	Elimination of cost shares is not a viable option for Title III providers. We need the MBA to reconsider this option-as it is not an option that best serves nonprofits, older adults, caregivers, or the community-at large. Elimination of cost shares for Title III services takes away the autonomy to select cost share fee scales-which is better left in the hands of nonprofits for the currently applicable Title III services. These nonprofits (ourselves) are the ones who set our own budgets, tirelessly working to make up the deficits from the cuts the MBA has already made. There is no reprieve. We feel just as deeply the increasing costs and inflating overhead. To give us so little time for recourse, budget revisions, and time to collect community support, is neglectful and inconsiderate. What focus panels were considered when providing these four options for 16: Cost Shares policy updates? What financial reviews were done to determine the Return on Investment was not high enough to sustain nonprofits' incorporation of cost shares? The chart shared in the MBA facilitated webinar presentation does not diversify the funding except by cost shares and voluntary contributions. Without segmenting the kinds of organizations, services, geographic areas, etc. the data is not conclusive in demonstrating one path is the way for all nonprofits as their most successful means of supporting their work. 1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules).
Cost Sharing/Voluntary Contributions	As a program director for a community-based nonprofit that served over 500 older adults in 2024, I would support option one or two of the four cost sharing options under consideration. Cost sharing is a critical source of revenue for our programming and allows us to serve a greater number of older adults. We would also ask for flexibility in adjusting the cost-share sliding scale contribution schedule for our organization to reflect contribution amounts based on poverty levels while still taking into account the state guidelines. As unit costs can vary across different agencies, this gives organizations flexibility for implementation. We work with every older adult to make sure that they can access services no matter how much they are able to contribute but in our experience, some older adults are able to contribute more than 50% for cost share.
Cost Sharing/Voluntary Contributions	Please go back to Voluntary contributions only. Cost Share is confusing for our older adult clients. We received more monetary support for our transportation service when we did voluntary contributions only. Clients want to contribute; they get confused when we talk about sliding fee scales.
Cost Sharing/Voluntary Contributions	Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. · This policy will cause confusion upon services providers even though it states "may not encourage" clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Recommendation: This language be eliminated from the policy. Voluntary Contributions: Antidotes from clients - Clients ask "do I have to donate in order to keep/get meals" - Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. - Clients have physically sent back the donation form and wrote $0.00 - Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving

Cost Sharing/Voluntary Contributions	Elimination of cost shares is a more damaging than helpful solution for policy implementation of the OAA final rule. The oversight proposed within the outlined policy options are stringent to the point of strangling our providers' hope of sustainability. This may feel a hyperbole, but from our past 36 years of service and experience, we have learned much about our region and the clients we serve. Providing Voluntary Contribution-based services does not procure the revenue needed to sustain programs. Our fee for service structure empowers clients to pay at a level commensurate with their % of the Federal Poverty Line. At 100% and below, 150%, 200%, 250%, 300%, 350%, and 400% and above, we have fees assigned to clients to pay for services (hourly, per session, and monthly). This model has sustained our work so that we can expand. With the MBA's final rule choosing between the four options of how cost shares can be collected, most detrimental to our nonprofit would be elimination of all cost shares. This is an unfathomable loss. We have received the following news in the past six months: • The likelihood of funding from Otto Bremer Trust (a notable general operating support funder for all of Minnesota) is closing their application process and will only fund an agency of our size through invite, alone. • The likelihood of funding from Mardag Foundation (a notable general operating support funder for outer Minnesota) is changing their focus areas, taking older adults from priority funding areas, and is very unlikely to fund us in the near future. • American Rescue Plan funds have been cut-a value of $66,423 in cut funds to our agency. No replacement funding streams have been instituted. This fund was to start/sustain pilot projects, some recently developed and very essential programs (i.e. Group Respite, PEARLs, Caregiver Training Workshop on Planning for the Unexpected, Aging Mastery Program, and Technology Assistance Program-started with CARES Act and then ARP). • From 2025-2035, there will be incremental cuts to outer Minnesota nonprofits funded through Title III support. These cuts are $13,238 for us this year, and higher in 2026 and years to come. Your public comment period is to allowing us to review and comment, "before we submit to the ACL for approval." I hope there is still significant time and consideration placed in the timeline for the revisions that are needed. The option to eliminate cost shares entirely is unfathomable and cannot be selected if you hope to see nonprofits thrive-or even-survive. 1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules).

Cost Sharing/Voluntary Contributions	Please eliminate this language from the policy. (see below) Cost sharing and voluntary contributions. Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. • This policy will cause confusion upon services providers even though it states “may not encourage” clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Some examples of this are: - Clients ask “do I have to donate in order to keep/get meals” - Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. - Clients have physically sent back the donation form and wrote $0.00 - Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving
Cost Sharing/Voluntary Contributions	As a transportation provider in SE MN, we rely on the voluntary contributions of our riders- we use the funds to continue to provide rides for those who are unable to contribute to the program. Our riders and their family members are always happy to donate back to the program if they are able to do so and in fact, some donate more so that others can used the funds for their services. Those who cannot afford to donate often express their gratitude verbally or in cards/letters and I have never come across a rider who feels "Guilty" or "embarrassed" if they aren't able to donate back. They are extremely grateful this service is available and it would be detrimental to the amount of rides we were able to give if the voluntary contributions and/or cost share funds were taken away. We simply would not have the funds to reimburse our drivers for mileage and no doubt the amount of volunteers would decline drastically. We would have to turn away riders and in turn, their medical appointments would be missed, the ability to shop food, medicine and other necessities wouldn't be as accessible and independence would certainly decline- putting a burden on family members and the state programs that are already underfunded and overwhelmed. ***(Comment submitted 7 times and appear to be duplicative submissions.)***
Cost Sharing/Voluntary Contributions	Policy #16: Cost Sharing • Proposed Change: Four cost-sharing models are under consideration, some of which could limit flexibility for providers. • Impact: Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. • Request: Support maintaining the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. (Indicate that this option is #1 in those provided by MBA.)

Cost Sharing/Voluntary Contributions	Forward this policy update to ACL considering Title III Admin and Financial: 16 Cost Sharing. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). • Elimination of all cost-shares is not feasible for Elder Network. In 2025, we anticipate 39.28% of our budget to be received through cost-shares, and less than 1% from Voluntary Contributions from clients. Elder Network would not be able to operate with a 40% budget cut. We are already working hard to cope with the budget impacts of the American Rescue Plan and IFF cuts that amounted to an almost $80,000 budget cut and a tremendous upheaval in the grants environment in MN right now-such as Otto Bremer Foundation-this one grant alone is a cut of $60,000 of vital general operating dollars for Elder Network. As well as the implementation of Minnesota's new laws for Earned Sick and Safe Time, and the coming paid leave and retirement plan that will need to financially prepare for in 2025 for a 2026 roll-out. Also, the pressures of sky rocketing costs such as a 21% increase(of $2,400 dollars) from one vendor alone for 2025. • In addition, a reliable monthly Cash flow is also very important for a non-profit such as ours, to maintain operations. We need to make payroll on a twice a month basis, pay rent, have the funds to cover our huge insurance bill when it comes due. Lack of a reliable cash flow can be just as detrimental, not to mention stressful, to staff and taking focus from client services to focus on meeting our financial liabilities. Late fees can be as much as 35% of a bill or possibly mean the loss of a vendor. • The rule will be applied October 1st, 2025, in the midst of our pre-determined fiscal year that we are already contracted to receive federal funds within. Please consider how particularly detrimental this decision will be for nonprofits in the beginning of fourth quarter. The budget is already struggling, and will certainly be at a deficit with the elimination of cost shares. There was no advanced warning of this change, and we will have little time to prepare/respond to the decision. Elimination of cost sharing for nonprofits that are providing supports to older adults, is detrimental for the service providers, older adults, caregivers, community members, and tax payers. • Eliminating cost shares at any point, would be detrimental. Compounding these financial losses, the decision to eliminate cost shares in 2025 ensures that nonprofits will struggle financially and would be forced to cut services, discontinue services, cut staff hours (most businesses number one expense) leading to the growth of long waitlists, and many older adults/caregivers will go without services because the providers will be fewer and the availability to serve clients-lessened. For services to be Voluntary-Contribution based for clients sounds like a potentially positive concept, but that does not remain true if the nonprofits offering the affordable services are pushed out of business due to funding constraints placed upon them by the very entity that is charged with supporting their sustainability. Please understand that non-profits, such as Elder Network, exist because of the big-hearted staff who do this work to serve the community, we are under paid, understaffed, have no fringe benefits, use hand-me-down and antiquated technology and still provide excellence in service and compassionate care to our clients which we prove quarter after quarter to SEMAAA over the past 30 some years. • MBA provided 2 pieces of evidence to pose the idea of moving to voluntary contributions. 1 was a graphic with (no citation of origin)

	showing voluntary contributions are trending down steadily since 2015 and secondly, that Minnesota is one of a few states(how many actually?) that have cost share. This may be interesting but that fact alone, that we are in the minority of states using cost share certainly should not be a deciding factor to stop having FFS! But only a point of interest that more research might be needed. Are we even comparing apples to apples? how many states and which states have FFS and which only voluntary contributions and why? Are states with voluntary contributions similarly funded to Minnesota non-profits (do they get additional state funding or other)? Is there a state with similar types of programming as Minnesota non-profits that are successfully doing Voluntary Contributions-what are the details on this success? Many states do not have the services available for older adults that Minnesota does; Elder Network is well aware as we receive many calls asking if our service is available in their state, because they can't find anything available. Or clients tell us nothing like our service is available where their care receiver lives. I find it difficult to understand how the MBA would ask us to consider such a consequential change such as reducing or removing FFS on such flimsy "evidence" when non-profits, such as ours, are worried that our clients may lose services that they desperately need!! • MBA stated a concern that cost share was prohibitive in cost to administer. Elder Network strongly disputes this. Whether it is cost share or voluntary contributions we still need to administer the mailing of requests for voluntary contributions, accept, deposit, track and process the contributions. We still need a bookkeeper. Remember SEMAAA may not be funding all of a non-profits work either and other programs within an org. may also require a FFS/or payment process that will need to continue. • MBA stated a concern that having voluntary contributions and fee for service may be confusing for people. Client's income dictates if they are voluntary contribution vs FFS. They are only aware of the cost that they will need to pay so there is no confusion.• MBA stated some people may not be able to afford the FFS. We have been required to give client feedback received on the affordability of our programs to the AAA in our quarterly narrative for each funded program. Why was there no report from the MBA on the accumulated feedback over the last year from all funded non-profits relating to this concern? We receive very few negative comments about our fees but MANY positive comments come back to us both verbally and through our ROBUST survey results that we are "very affordable", "the least expensive service available" and more. Elder Network has been setting FFS for many years, we know our clients' incomes and other aspects of their lives to help us carefully set our FFS to be affordable for all while also helping us to maintain sustainability. We are very successful in setting affordable rates as evidenced by the fact that in 2023 over 60% of our clients were at or below 250% of the FPL. In addition, for those few who still struggle to pay we maintain a small scholarship fund to help off- set some of the costs for those who are in the greatest need but do not meet the voluntary contribution threshold and need such support. • MBA stated that if FFS were retained that they would set the FFS to be consistent across the state. Elder Network strongly opposes such an idea. A consistent fee scale across the state cannot account for each non-profits unique expenses and does not account for variances in cost-of-living expenses for a non-profit such as wages(try hiring

	in Rochester when competing against a world-renowned healthcare system) , rent etc, widely varying income levels for clients and many other factors. MBA should strive for Equity not Equality- equity is customized FFS providing based on the needs of the non-profit and the client. Equality is a one size fits all that DOESN'T fit most! Elder Network has been setting FFS for many years, we know our clients' incomes and other aspects of their lives to help us carefully set our FFS to be affordable for all while also helping us to maintain sustainability. We are very successful in setting affordable rates as evidenced by the fact that in 2023 over 60% of our clients were at or below 250% of the FPL. In addition, for those few who still struggle to pay we maintain a small scholarship fund to help off- set some of the costs for those who are in the greatest need but do not meet the voluntary contribution threshold and need such support. Testimonials to Share of Clients who Need Friendly Visitor: "Life without Elder Network would be unbearable. I don't like where I live, it's one room and no space. Elder Network brought me back to life. I was dying for two years when I was here. Cried all the time. Now I am laughing all the time. They showed me all the stores in Rochester where I can shop and afford. Still live in assisted living, but I am gone most of the time. Elder Network showed me how to live. I walk with a walker but nothing stops me." "Elder Network gave me my life back. I lived in an apartment and got sick. I was moved to the area in assisted living. I had a cat that my family gave to a friend when I had to move into Assisted Living. Elder Network is helping me to find a place to live where and can keep a cat. Where I live, animals are not allowed. They-the Visitors-know what I need, where to live, and are helping me. Elder Network is marvelous people." Testimonials to Share of Clients who Need Caregiver Respite Supports: "I need and rely on my companion for my groceries and meds. Without Elder Network I would have to find services elsewhere and they would pale in comparison to the services I receive." "I don't get around very good – my home is set up so everything is now easily available to me. I couldn't get meals or help with housekeeping or dishes or washing clothes. I couldn't live here without help. "If we are to request only Voluntary Contributions-rather than Cost Shares, we would likely need to scale back federal funding to avoid such impactful financial burden. Contrary to opinions shared in the public comment presentation, Voluntary Contributions turn in minimal profits for many providers. As demonstrated in the public comment presentation, the profits from this revenue stream, are decreasing since 2015. This is the case for our nonprofit, and transitioning to only Voluntary Contributions may be a theory of consideration, but not a prudent one that ensures financial sustainability. When a principal can be applied to one program, one provider, one geographic location, that does not necessitate it is financially feasible or true for another program/provider/geographic location. Though Cost Shares may represent less of the whole total of funds received by clients, that does not mean they are an inefficient nor unsustainable form of support for ongoing Title III service providers. Nor does this fact equate to a segmented analysis of what methodology is successful and sustainable for all programs at all nonprofits. The revenue from Cost Shares has risen each year since 2015. The costs of maintaining Cost Shares are not prohibitive to all nonprofits. We still have a bookkeeper to pay, we still provide invoices for programs not supported through Title III Federal Funds. The overhead to

	disrupt Cost Shares would be more costly than maintaining it for our organization. We are not alone in experiencing these concerns. We have received the following news in the past six months: •The likelihood of funding from Otto Bremer Trust (a notable general operating support funder for all of Minnesota) is closing their application process and will only fund an agency of our size through invite, alone. • The likelihood of funding from Mardag Foundation (a notable general operating support funder for outer Minnesota) is changing their focus areas, taking older adults from priority funding areas, and is very unlikely to fund us in the near future. • American Rescue Plan funds have been cut-a value of $66,423 in cut funds to our agency's 2025 budget. No replacement funding streams have been instituted. This fund was to start/sustain pilot projects-some recently developed and very essential programs (which for Elder Network, were: Group Respite, PEARLs, Caregiver Training Workshop on Planning for the Unexpected, Aging Mastery Program, and Technology Assistance Program-started with CARES Act and then ARP). • From 2025-2035, there will be incremental cuts to outer Minnesota nonprofits funded through Title III support. These cuts are $13,238 in 2025, with higher cuts to come in 2026 and beyond. Sound advice on this topic comes from the Comptroller's Handbook, which states "Examiners should identify the main drivers of significant changes in relevant measures and keep in mind that peer group comparisons serve as a reference measure and not a direct comparison. When conducting ratio analysis, it is important to understand how all components of a ratio change from period to period to determine what is causing the changes in the ratio. When identifying drivers of changes, examiners should review the components that make up the measure and should hold discussions with bank management" (2021, p. 10). Banks ruled by these guidelines are to be expected to take certain risks, while ensuring balance. Individualized review of the choice between Voluntary Contributions vs. Cost Shares is not a myopic conversation, but one that impedes individualization for other variances not currently being considered through the statistics and graphs shared during the public comment presentation to service providers. Nonprofits are expected to respect their funds through risk management at a comparable rate to banks, if not, with more caution. Fiscal responsibility is for the benefit of the service provider, older adult, caregiver, community, and federal government. To ensure risk management, the federal government has established the above guidance for banks, but these are sound financial principles that should not be taken lightly. When it comes to safeguarding finances that stem from Title III funds, why should we have less than the standard level of caution and precision in our risk management? "I need and rely on my companion for my groceries and meds. Without Elder Network I would have to find services elsewhere and they would pale in comparison to the services I receive." "I don't get around very good – my home is set up so everything is now easily available to me. I couldn't get meals or help with housekeeping or dishes or washing clothes. I couldn't live here without help. "Additional Information: Caregiver Programming Cost Shares that would potentially be eliminated through this policy update, are 22.86% of our budget in 2025. Friendly Visitor Cost Shares that would potentially be eliminated through this policy update are less than 1%

	(.31%) of our budget. “I would love to be compliant, but doing it at the expense of the client is unacceptable. This is too much administrative burden all at once-far too much for our small nonprofits to handle.”

Cost Sharing/Voluntary Contributions	Please put forward this policy update to ACL considering Title III Admin and Financial: 16 Cost Sharing. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). • Elimination of all cost-shares is not feasible for Elder Network. In 2025, we anticipate 39.28% of our budget to be received through cost-shares, and less than 1% from voluntary contributions from clients. Elder Network would not be able to operate with a 40% budget cut. We are already working hard to cope with the budget impacts of the American Rescue Plan and IFF cuts that amounted to an almost $80,000 budget cut and a tremendous upheaval in the granting environment in MN right now-such as Otto Bremer Foundation-this one grant alone is a cut of $60,000 of vital general operating dollars for Elder Network. As well as the implementation of Minnesota's new laws for Earned Sick and Safe Time, and the coming paid leave and retirement plan that we will need to financially prepare for in 2025 for a 2026 roll-out. Also, the pressures of sky rocketing costs, such as a 21% increase (of $2,400 dollars) from one vendor, alone, for 2025. • In addition, a reliable, monthly cash flow is also very important for a nonprofit, such as ours, to maintain operations. We need to make payroll on a twice-a-month basis, pay rent, and have the funds to cover our huge insurance bill when it comes due. Lack of a reliable cash flow can be just as detrimental-not to mention stressful-to staff, and takes focus away from client services to focus on meeting our financial liabilities. Late fees can be as much as 35% of a bill, or possibly, mean the loss of a vendor. • The rule will be applied October 1st, 2025, in the midst of our pre-determined fiscal year that we are already contracted to receive federal funds within. Please consider how particularly detrimental this decision will be for nonprofits in the beginning of fourth quarter. The budget is already struggling, and will certainly be at a deficit with the elimination of cost shares. There was no advanced warning of this change, and we will have little time to prepare/respond to the decision. Elimination of cost sharing for nonprofits that are providing supports to older adults, is detrimental for the service providers, older adults, caregivers, community members, and tax payers. • Eliminating cost shares at any point, would be detrimental. Compounding these financial losses, the decision to eliminate cost shares in 2025 ensures that nonprofits will struggle financially and will be forced to cut services, discontinue services, cut staff hours (most businesses' number one expense) and lead to the growth of long waitlists, and ensure many older adults/caregivers will go without services because the providers will be fewer and the availability to serve clients-lessened. Having services be voluntary-contribution based for clients, sounds like a potentially positive concept, but that does not remain true if the nonprofits offering the affordable services are pushed out of business due to funding constraints placed upon them by the very entity that is charged with supporting their sustainability. Please understand that nonprofits, such as Elder Network, exist because of the big-hearted staff who do this work to serve the community. We are underpaid, understaffed, have no fringe benefits, use hand-me-down and antiquated technology, and we still provide excellence in service and compassionate care to our clients. We have proved this excellence, quarter-after-quarter, to SEMAAA, over the past 30-some years. • We desire to be compliant with the final rule on these policy updates with the Older

	American's Act-but, not at the expense of the older adult and caregiver clients that we serve. • MBA provided two pieces of evidence to pose the idea of moving to voluntary contributions. One, was a graphic with (no citation of origin) showing voluntary contributions are trending downwards, steadily, since 2015; and second, was that Minnesota is one of a few states (how many actually?) that have cost share. This may be interesting, but, that fact alone-that we are in the minority of states using cost share-should certainly not be a deciding factor to stop having FFS! This is only a point of interest that more research might be needed. Are we even comparing apples to apples? How many states, and which states have FFS? Which states have only voluntary contributions, and why? Are states with voluntary contributions similarly funded to Minnesota nonprofits? Do they get additional state funding or other funds? Is there a state with similar types of programming as Minnesota nonprofits that are successfully doing voluntary contributions? -What are the details on this success? Many states do not have the services available for older adults that Minnesota does. Elder Network is well aware, as we receive many calls asking if our service is available in their state (because they can't find anything available). Or, clients tell us nothing like our service is available where their care receiver lives. I find it difficult to understand how the MBA would ask us to consider such a consequential change-such as reducing or removing FFS-on such flimsy "evidence," when nonprofits (such as ours) are worried that our clients may lose services that they desperately need!! • MBA stated a concern that cost share was prohibitive in cost to administer. Elder Network strongly disputes this. Whether it is cost share-or voluntary contributions-we still need to administer the mailing of requests for voluntary contributions; and then accept, deposit, track and process the contributions. We still need a bookkeeper. Remember, SEMAAA may not be funding all of a nonprofit's work, either, and other programs within an organization may also require a FFS/or payment process that will need to continue. • MBA stated a concern that having voluntary contributions and fee-for-service may be confusing for people. We find no such confusion for our clients. A client's income dictates if they are voluntary contribution vs. FFS. They are only aware of the cost that they will need to pay, so there is no confusion. • MBA stated some people may not be able to afford the FFS. We have been required to give client feedback received on the affordability of our programs, to the AAA, in our quarterly narrative for each funded program. Why was there no report from the MBA on the accumulated feedback over the last year from all funded nonprofits relating to this concern? We receive very few negative comments about our fees, but MANY positive comments come back to us-both verbally and through our ROBUST survey results-that we are "very affordable," "the least expensive service available," and more. Elder Network has been setting FFS for many years. We know our clients' incomes and other aspects of their lives, to help us carefully set our FFS to be affordable for all, while also helping us to maintain sustainability. We are very successful in setting affordable rates-as evidenced by the fact that: "In 2023, over 60% of our clients were at or below 250% of the FPL." In addition, for those few who still struggle to pay, we maintain a small scholarship fund to help off-set some of the costs for those who are in the greatest need-but who do not meet the voluntary contribution threshold but still need such

	support. • MBA stated that if FFS were retained, they would set the FFS to be consistent across the state. Elder Network strongly opposes such an idea. A consistent fee-scale across the state, cannot account for each nonprofit's unique expenses, and does not account for variances in cost-of-living expenses for a nonprofit-such as wages (try hiring in Rochester when competing against a world-renowned healthcare system), rent, etc., widely varying income levels for clients, and many other factors. MBA should strive for Equity-not Equality. Equity is customized FFS-based upon the needs of the nonprofit-and the client. Equality is a one-size-fits-all, that DOESN'T fit most! Elder Network has been setting FFS for many years. We know our clients' incomes and other aspects of their lives, to help us carefully set our FFS to be affordable for all, while also helping us to maintain sustainability. We are very successful in setting affordable rates-as evidenced by the fact that: "In 2023, over 60% of our clients were at or below 250% of the FPL." In addition, for those few who still struggle to pay, we maintain a small scholarship fund to help off-set some of the costs for those in the greatest need-who do not meet the voluntary contribution threshold but are in need such support. Testimonials to Share of Clients who Need Friendly Visitor: "Life without Elder Network would be unbearable. I don't like where I live, it's one room and no space. Elder Network brought me back to life. I was dying for two years when I was here-cried all the time. Now, I am laughing all the time. They showed me all the stores in Rochester where I can shop and afford. I still live in assisted living, but I am gone most of the time. Elder Network showed me how to live. I walk with a walker but nothing stops me." "Elder Network gave me my life back. I lived in an apartment and got sick. I was moved to the area in assisted living. I had a cat that my family gave to a friend, when I had to move into Assisted Living. Elder Network is helping me to find a place to live where I can keep a cat. Where I live, animals are not allowed. They-the Friendly Visitors-know what I need, where to live, and are helping me. Elder Network is marvelous people." Testimonials to Share of Clients who Need Caregiver Respite Supports: "I need and rely upon my Elder Network Companion for my groceries and meds. Without Elder Network I would have to find services elsewhere and they would pale in comparison to the services I receive." "I don't get around very good – my home is set up so everything is now easily available to me. I couldn't get meals or help with housekeeping-or dishes-or washing clothes. I couldn't live here without help." Elder Network has a track record of operating well on a budget. Not being able to use a FFS sliding fee schedule would mean that we could not operate. We have already absorbed multiple cuts, as well as cost increases and FFS cost-share money accounts for about 40% of our budget. We currently have a staff that serves our seniors in 4 different counties in Southeastern MN. With the exponential needs of our Baby Boomers continuing for years to come, we are essential in our services that help keep seniors in their homes living a better quality of life. They are able to get to appointments, get groceries and even have help making better foods, keeping up with exercises, keeping clean, healthy home environments and have help with their pets which we know has a positive impact on their mental health. We hear many seniors that share with us how they could never afford services if we weren't on a sliding fee schedule. Many only take 2-3 hrs of service per

	week because that is all they can afford. But those 2-3 hrs make a huge difference in their ability to be able to live on their own. Eliminating cost share would eliminate many non profits that offer much needed services to our seniors.
	Policy #16: Cost Sharing Policy • WCCA urges the elimination of the cost-sharing requirement for Title III services, transitioning to a voluntary contributions-only model due to several challenges. Eliminating cost-sharing entirely and shifting to a model focused solely on voluntary contributions provides significant advantages for service accessibility, administrative efficiency, and network cohesion. This recommendation aligns with the overarching goal of ensuring equitable access to aging services while addressing operational and compliance challenges. o Encouraging Service Utilization: Cost-sharing requirements may act as a barrier to service utilization, particularly for individuals who are hesitant to seek help due to financial concerns or stigma. Eliminating cost-sharing would remove this potential deterrent, creating a more inclusive and welcoming environment for clients in need of services. By focusing solely on voluntary contributions, clients retain the opportunity to contribute without the pressure of mandatory payments, fostering goodwill and increased trust in the aging services network. o Simplifying Administrative Processes: The dual systems of cost-sharing and voluntary contributions can lead to confusion among clients and administrative inefficiencies. Many consumers misinterpret voluntary contributions as mandatory payments, which complicates reporting and compliance efforts. Streamlining the policy to focus exclusively on voluntary contributions would reduce administrative burdens, eliminate client confusion, and ensure consistent messaging across the network. o Aligning with Provider Values: Philosophical opposition to cost-sharing is common among aging network providers, as it can conflict with the values of equity and accessibility. Eliminating cost-sharing would strengthen provider alignment with the mission of the aging services network, fostering greater collaboration and cohesion among stakeholders. o Revenue Considerations: Evidence indicates that cost-sharing has not generated more revenue than voluntary contributions. In many cases, clients who feel empowered to give voluntarily may contribute more generously, especially when they understand that their contributions directly support services that benefit their community. By focusing on voluntary contributions, the network can leverage the goodwill of clients while minimizing the risk of alienating those with limited financial means. Recommendation: WCCA formally recommends eliminating all cost-sharing requirements across its services and transitioning to a voluntary contributions-only model. Implementing this policy shift will position the aging services network to better meet the needs of its clients, enhance operational efficiency, and build stronger partnerships with providers. WCCA strongly urges the adoption of this recommendation to advance the mission of equitable and accessible services for older adults.

Cost Sharing/Voluntary Contributions	Policy #16: Reconsidering Cost Sharing. We strongly urge the Minnesota Board on Aging to eliminate the cost-sharing requirement for services funded under Title III. Instead, we recommend adopting a policy that allows participants to make voluntary contributions. This shift would align with the following key points: Encouraging Service Utilization: Cost-sharing often discourages individuals from accessing services, particularly those who are reluctant to seek help due to financial concerns. Eliminating cost-sharing would foster a more inclusive approach, ensuring that all older adults feel welcome to participate in services that support their health and well-being. Reducing Administrative Burdens: Cost-sharing policies create unnecessary complexity in tracking payments and maintaining compliance. Transitioning to voluntary contributions would streamline administrative processes and free up valuable time and resources for direct service delivery. Clarifying Consumer Expectations: Many participants confuse "cost-sharing" with "voluntary contributions," leading to misunderstandings and unintended barriers to service. A clear policy centered on voluntary contributions would eliminate this confusion and ensure transparency for both providers and participants. Philosophical Alignment: Cost-sharing requirements often conflict with the values of many service providers, including Whitney Senior Center, who prioritize equitable access to services without financial barriers. A voluntary contribution model reflects these values while allowing participants the opportunity to contribute based on their capacity. Revenue Generation: Evidence suggests that cost-sharing has not significantly increased revenue compared to voluntary contributions. Voluntary contributions offer a less restrictive framework for securing supplemental funding while preserving participant dignity and choice. We respectfully request that the Minnesota Board on Aging revise its policy to prioritize voluntary contributions over cost-sharing, ensuring equitable access to vital services and reducing administrative strain. This change would reflect a commitment to meeting the diverse needs of older adults across Minnesota while supporting providers like Whitney Senior Center in continuing to deliver impactful programs. Thank you for considering this recommendation. Sincerely, Whitney Senior Center and Wellness Workshop Program
Cost Sharing/Voluntary Contributions	I had no microphone option to ask during the slide presentation. Jackie When doing in-person intakes for Nutrition III-C The Napis registration FORM asks My monthly income is between $ categories. Often recipients hesitate to reply, maybe not sure, may be approximate. It can make encouraging voluntary contributions, 185% above poverty level, an uncertain situation. In all equality I would recommend addressing voluntary contributions in a general manner as: if you are able to contribute, please consider doing so? If this is considered a legitimate approach?

Cost Sharing/Voluntary Contributions	We at Central Community Transit agree with using the cost share policy. We feel that it gives the customer a true cost of what the service is. Once their income is put into the cost share sliding scale it makes it more affordable for them and also gives them the opportunity to give more if they feel like contributing more to keep the program going. Without it we feel costumers would not pay as much as they do not understand the true cost of their ride. The customers value the service and would hate to see it disappear. This service is a big service to keep rural seniors active and able to stay in their homes longer. There are no other services for these people.
Cost Sharing/Voluntary Contributions	Elimination of cost sharing for nonprofits providing supports to older adults is detrimental for the service providers, older adults, caregivers, community members, and tax payers. This is not a feasible option for long-term sustainability, especially in consideration of the cuts that have already started to be made for outer Minnesota nonprofits receiving Title III federal funds. ARP funds were discontinued in the last year, as well. Eliminating cost shares at any point, would be detrimental. Compounding these financial losses, the decision to eliminate cost shares ensures that nonprofits will struggle financially, cut services, discontinue services, establish long waitlists, and many older adults/caregivers will go without services because the providers will be fewer and the availability to serve clients-lessened. Voluntary Contributions do not turn in high profits for many providers. This is the case for our nonprofit, and transitioning to only Voluntary Contributions may be a theory of consideration, but not a prudent one that ensure financial sustainability. The cost shares that are to be received in this time period have already been included in our budget. We will face a major deficit if we are unable to collect cost shares for any programs, starting from this date-or from any date. Cost shares are essential to the sustainability of our programs and services. Please put forward this policy update to ACL considering Title III Admin and Financial: 16 Cost Sharing. 1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). Please consider how particularly detrimental this decision will be for nonprofits in the beginning of fourth quarter, October 1st, 2025. The budget is already struggling, and will certainly be at a deficit with the elimination of cost shares.
Cost Sharing/Voluntary Contributions	We believe that MN Board on Aging should consider focusing on Voluntary Contributions and not require Cost-Sharing. As a Service Provider, it gets complicated of differentiating Voluntary Contributions and Cost-Sharing to our class participants. It is also very difficult to explain the difference between these two things to class participants.
Cost Sharing/Voluntary Contributions	We Definitely like voluntary contributions only and not have to do cost share explaination in letters. Our clients get very confused.

Cost Sharing/Voluntary Contributions	1. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). 2. Scale back some of the services to which cost sharing currently applies by eliminating cost sharing for Visitor, Telephone Reassurance, and Counseling funded with III-B. 3. Scale back almost all cost sharing except for Caregiver Support services. 4. Eliminate all Cost Sharing and focus solely on voluntary contributions. We NEED cost sharing payments in order to continue with our programs. If clients were to receive a voluntary contributions letter, they would be less likely to contribute. Option #2 would be a good policy to implement - with the addition of caregiver support groups. Option #3 would be a terrible idea. We cannot provide assisted transportation or homemaking without cost sharing. We would drop those services, due to us needing to provide volunteer mileage reimbursements at the IRS rate.
Cost Sharing/Voluntary Contributions	I would be in the camp that would vote for eliminating all cost sharing and focusing only on volunteer contributions. The cost sharing grids are confusing to most people and they just want to give a voluntary contribution anyway.
Cost Sharing/Voluntary Contributions	As a provider of Title III-E caregiver support services, we find cost sharing to be beneficial and effective. The services we provide using a sliding scale are valuable, and our clients acknowledge that through their words and their willingness to pay what and when they are able. The consistent messaging of value, the resulting mutual commitment to the service, and the revenue are all important to our program. We have worked hard to develop clear communication and processes around this, and we've seen steady growth in client cost share participation over the years. The services for which we do not provide a monthly cost share statement but do invite voluntary contributions (support groups in particular) do not generate client revenue for us. What has always been internally perplexing is the difference between the voluntary contribution and cost share policies. A "voluntary contribution schedule" seems the same as a "suggested cost share schedule". Perhaps the frequency of the request/invitation differs, with voluntary contribution opportunities made less frequently than monthly cost share requests. Again, we see value in treating these services like any other service a family might engage with (i.e., having an understood and agreed upon rate and regular statements), with the key difference being the voluntary nature of the payment and the continuance of service no matter what. Client confusion, when it occurs, seems more related to "contribution" language, which some equate with tax deductible charitable donations. A suggested payment or suggested cost share amount, even though voluntary, is much more clearly a payment for services rendered. We prefer to continue cost sharing and would not want to see that eliminated.

Cost Sharing/Voluntary Contributions	Please put forward this policy update to ACL considering Title III Admin and Financial: 16 Cost Sharing. Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules). • Elimination of all cost-shares is not feasible for Elder Network. In 2025, we anticipate 39.28% of our budget to be received through cost-shares, and less than 1% from Voluntary Contributions from clients. Elder Network would not be able to operate with a 40% budget cut. We are already working hard to cope with the budget impacts of the American Rescue Plan and IFF cuts that amounted to an almost $80,000 budget cut and a tremendous upheaval in the grants environment in MN right now-such as Otto Bremer Foundation-this one grant alone is a cut of $60,000 of vital general operating dollars for Elder Network. As well as the implementation of Minnesota's new laws for Earned Sick and Safe Time, and the coming paid leave and retirement plan that will need to financially prepare for in 2025 for a 2026 roll-out. Also, the pressures of sky rocketing costs such as a 21% increase(of $2,400 dollars) from one vendor alone for 2025. • In addition, a reliable monthly Cash flow is also very important for a non-profit such as ours, to maintain operations. We need to make payroll on a twice a month basis, pay rent, have the funds to cover our huge insurance bill when it comes due. Lack of a reliable cash flow can be just as detrimental, not to mention stressful, to staff and taking focus from client services to focus on meeting our financial liabilities. Late fees can be as much as 35% of a bill or possibly mean the loss of a vendor. • The rule will be applied October 1st, 2025, in the midst of our pre-determined fiscal year that we are already contracted to receive federal funds within. Please consider how particularly detrimental this decision will be for nonprofits in the beginning of fourth quarter. The budget is already struggling, and will certainly be at a deficit with the elimination of cost shares. There was no advanced warning of this change, and we will have little time to prepare/respond to the decision. Elimination of cost sharing for nonprofits that are providing supports to older adults, is detrimental for the service providers, older adults, caregivers, community members, and tax payers. • Eliminating cost shares at any point, would be detrimental. Compounding these financial losses, the decision to eliminate cost shares in 2025 ensures that nonprofits will struggle financially and would be forced to cut services, discontinue services, cut staff hours (most businesses number one expense) leading to the growth of long waitlists, and many older adults/caregivers will go without services because the providers will be fewer and the availability to serve clients-lessened. For services to be Voluntary-Contribution based for clients sounds like a potentially positive concept, but that does not remain true if the nonprofits offering the affordable services are pushed out of business due to funding constraints placed upon them by the very entity that is charged with supporting their sustainability. Please understand that non-profits, such as Elder Network, exist because of the big-hearted staff who do this work to serve the community, we are under paid, understaffed, have no fringe benefits, use hand-me-down and antiquated technology and still provide excellence in service and compassionate care to our clients which we prove quarter after quarter to SEMAAA over the past 30 some years. • MBA provided 2 pieces of evidence to pose the idea of moving to voluntary contributions. 1 was a graphic with (no citation of origin)

	showing voluntary contributions are trending down steadily since 2015 and secondly, that Minnesota is one of a few states(how many actually?) that have cost share. This may be interesting but that fact alone, that we are in the minority of states using cost share certainly should not be a deciding factor to stop having FFS! But only a point of interest that more research might be needed. Are we even comparing apples to apples? how many states and which states have FFS and which only voluntary contributions and why? Are states with voluntary contributions similarly funded to Minnesota non-profits (do they get additional state funding or other)? Is there a state with similar types of programming as Minnesota non-profits that are successfully doing Voluntary Contributions-what are the details on this success? Many states do not have the services available for older adults that Minnesota does; Elder Network is well aware as we receive many calls asking if our service is available in their state, because they can't find anything available. Or clients tell us nothing like our service is available where their care receiver lives. I find it difficult to understand how the MBA would ask us to consider such a consequential change such as reducing or removing FFS on such flimsy "evidence" when non-profits, such as ours, are worried that our clients may lose services that they desperately need!! • MBA stated a concern that cost share was prohibitive in cost to administer. Elder Network strongly disputes this. Whether it is cost share or voluntary contributions we still need to administer the mailing of requests for voluntary contributions, accept, deposit, track and process the contributions. We still need a bookkeeper. Remember SEMAAA may not be funding all of a non-profits work either and other programs within an org. may also require a FFS/or payment process that will need to continue. • MBA stated a concern that having voluntary contributions and fee for service may be confusing for people. Client's income dictates if they are voluntary contribution vs FFS. They are only aware of the cost that they will need to pay so there is no confusion. • MBA stated some people may not be able to afford the FFS. We have been required to give client feedback received on the affordability of our programs to the AAA in our quarterly narrative for each funded program. Why was there no report from the MBA on the accumulated feedback over the last year from all funded non-profits relating to this concern? We receive very few negative comments about our fees but MANY positive comments come back to us both verbally and through our ROBUST survey results that we are "very affordable", "the least expensive service available" and more. Elder Network has been setting FFS for many years, we know our clients' incomes and other aspects of their lives to help us carefully set our FFS to be affordable for all while also helping us to maintain sustainability. We are very successful in setting affordable rates as evidenced by the fact that in 2023 over 60% of our clients were at or below 250% of the FPL. In addition, for those few who still struggle to pay we maintain a small scholarship fund to help off- set some of the costs for those who are in the greatest need but do not meet the voluntary contribution threshold and need such support. • MBA stated that if FFS were retained that they would set the FFS to be consistent across the state. Elder Network strongly opposes such an idea. A consistent fee scale across the state cannot account for each non-profits unique expenses and does not account for variances in cost-of-living expenses for a non-profit such as wages(try hiring

	in Rochester when competing against a world-renowned healthcare system) , rent etc, widely varying income levels for clients and many other factors. MBA should strive for Equity not Equality- equity is customized FFS providing based on the needs of the non-profit and the client. Equality is a one size fits all that DOESN'T fit most! Elder Network has been setting FFS for many years, we know our clients' incomes and other aspects of their lives to help us carefully set our FFS to be affordable for all while also helping us to maintain sustainability. We are very successful in setting affordable rates as evidenced by the fact that in 2023 over 60% of our clients were at or below 250% of the FPL. In addition, for those few who still struggle to pay we maintain a small scholarship fund to help off- set some of the costs for those who are in the greatest need but do not meet the voluntary contribution threshold and need such support. Testimonials to Share of Clients who Need Friendly Visitor: "Life without Elder Network would be unbearable. I don't like where I live, it's one room and no space. Elder Network brought me back to life. I was dying for two years when I was here. Cried all the time. Now I am laughing all the time. They showed me all the stores in Rochester where I can shop and afford. Still live in assisted living, but I am gone most of the time. Elder Network showed me how to live. I walk with a walker but nothing stops me." "Elder Network gave me my life back. I lived in an apartment and got sick. I was moved to the area in assisted living. I had a cat that my family gave to a friend when I had to move into Assisted Living. Elder Network is helping me to find a place to live where and can keep a cat. Where I live, animals are not allowed. They-the Visitors-know what I need, where to live, and are helping me. Elder Network is marvelous people." Testimonials to Share of Clients who Need Caregiver Respite Supports: "I need and rely on my companion for my groceries and meds. Without Elder Network I would have to find services elsewhere and they would pale in comparison to the services I receive." "I don't get around very good – my home is set up so everything is now easily available to me. I couldn't get meals or help with housekeeping or dishes or washing clothes. I couldn't live here without help."If we are to request only Voluntary Contributions-rather than Cost Shares, we would likely need to scale back federal funding to avoid such impactful financial burden. Contrary to opinions shared in the public comment presentation, Voluntary Contributions turn in minimal profits for many providers. As demonstrated in the public comment presentation, the profits from this revenue stream, are decreasing since 2015. This is the case for our nonprofit, and transitioning to only Voluntary Contributions may be a theory of consideration, but not a prudent one that ensures financial sustainability. When a principal can be applied to one program, one provider, one geographic location, that does not necessitate it is financially feasible or true for another program/provider/geographic location. Though Cost Shares may represent less of the whole total of funds received by clients, that does not mean they are an inefficient nor unsustainable form of support for ongoing Title III service providers. Nor does this fact equate to a segmented analysis of what methodology is successful and sustainable for all programs at all nonprofits. The revenue from Cost Shares has risen each year since 2015. The costs of maintaining Cost Shares are not prohibitive to all nonprofits. We still have a bookkeeper to pay, we still provide invoices for programs not supported through Title III Federal Funds. The overhead to

	disrupt Cost Shares would be more costly than maintaining it for our organization. We are not alone in experiencing these concerns. We have received the following news in the past six months: • The likelihood of funding from Otto Bremer Trust (a notable general operating support funder for all of Minnesota) is closing their application process and will only fund an agency of our size through invite, alone. • The likelihood of funding from Mardag Foundation (a notable general operating support funder for outer Minnesota) is changing their focus areas, taking older adults from priority funding areas, and is very unlikely to fund us in the near future. • American Rescue Plan funds have been cut-a value of $66,423 in cut funds to our agency's 2025 budget. No replacement funding streams have been instituted. This fund was to start/sustain pilot projects-some recently developed and very essential programs (which for Elder Network, were: Group Respite, PEARLs, Caregiver Training Workshop on Planning for the Unexpected, Aging Mastery Program, and Technology Assistance Program-started with CARES Act and then ARP). • From 2025-2035, there will be incremental cuts to outer Minnesota nonprofits funded through Title III support. These cuts are $13,238 in 2025, with higher cuts to come in 2026 and beyond. Sound advice on this topic comes from the Comptroller's Handbook, which states "Examiners should identify the main drivers of significant changes in relevant measures and keep in mind that peer group comparisons serve as a reference measure and not a direct comparison. When conducting ratio analysis, it is important to understand how all components of a ratio change from period to period to determine what is causing the changes in the ratio. When identifying drivers of changes, examiners should review the components that make up the measure and should hold discussions with bank management" (2021, p. 10). Banks ruled by these guidelines are to be expected to take certain risks, while ensuring balance. Individualized review of the choice between Voluntary Contributions vs. Cost Shares is not a myopic conversation, but one that impedes individualization for other variances not currently being considered through the statistics and graphs shared during the public comment presentation to service providers. Nonprofits are expected to respect their funds through risk management at a comparable rate to banks, if not, with more caution. Fiscal responsibility is for the benefit of the service provider, older adult, caregiver, community, and federal government. To ensure risk management, the federal government has established the above guidance for banks, but these are sound financial principles that should not be taken lightly. When it comes to safeguarding finances that stem from Title III funds, why should we have less than the standard level of caution and precision in our risk management? "I need and rely on my companion for my groceries and meds. Without Elder Network I would have to find services elsewhere and they would pale in comparison to the services I receive." "I don't get around very good – my home is set up so everything is now easily available to me. I couldn't get meals or help with housekeeping or dishes or washing clothes. I couldn't live here without help."Additional Information: Caregiver Programming Cost Shares that would potentially be eliminated through this policy update, are 22.86% of our budget in 2025. Friendly Visitor Cost Shares that would potentially be eliminated through this policy update are less than 1%

	(.31%) of our budget. "I would love to be compliant, but doing it at the expense of the client is unacceptable. This is too much administrative burden all at once-far too much for our small nonprofits to handle."
Cost Sharing/Voluntary Contributions	Cost sharing programs are fundamentally important to serve our elderly seniors. Ending cost sharing programs will lead to an end to programs like Senior Friendly Visiting, Volunteer Respite, Companion Program, Technology Assistance Program, and more. Our population is ever growing and more seniors rely on services provided by non profits to help them navigate through day to day tasks. It is pivotal to allocate funding to such programs to help senior minnesotans thrive.
Cost Sharing/Voluntary Contributions	As a frieindly visitor for Elder Network located in Rochester, Mn. I am requesting that funds not be cut so that the many programs that bring much good to many people will not fall by the wayside. For many people Elder Network is a lifeline, We need to keep these people in our sight as many have no one else to help them. I know as a friendly volunteer I have given those who I visit much joy.It would be a shame if this would be taken from them. Please keep these cost sharing programs alive. Thank you. PEACE, Jerry H.
Cost Sharing/Voluntary Contributions	Eliminate cost sharing. Voluntary contributions are fine, but trying to explain and do cost sharing is really hard. I work with kinship caregivers 55 and older (those caring for a relative child because parent is unable to do so). Not only is money typically tight (imagine being 82 and caring for a six year old, 10 year old and 14 year old), you just don't have the energy to come up with the day to day needs vs being asked to pay for services (cost share). Voluntary contributions work fine and that is well said and done.
Cost Sharing/Voluntary Contributions	I am a volunteer for Elder Network in Olmsted County and I just learned that they may lose their funding due to budget cuts. This organization does such great work for the elderly and it must continue to operate. The elderly in Olmsted County would lose free rides to their medical appointments, companions who help them with needed daily activities, assistance with the use of technology to minimize isolation, loneliness, depression and the ability to order online for required groceries, medications and toiletries. We, as a country, need to fully support these type of organizations!! Increase taxes on corporations, and the wealthy to help fund these needed organizations to help our elderly remain in their homes! Please do not eliminate the funding for wonderful organizations such as elder network! Cost Sharing organizations must be maintained! Please ensure the great work can continue!

Cost Sharing/Voluntary Contributions	I am a gerontologist working for Elder Network in Rochester, MN, who works directly with older adults and their caregivers. The need to maintain our cost-sharing programs is vital in keeping this population safe and thriving. Without cost-sharing options, elders who cannot pay for services are left without, often endangering not only their wellbeing but lives. Many times over the course of my career, I have witnessed volunteers arriving for a schedule friendly visit only to find their elder client on the verge of death due to a fall or stroke. Having our volunteers enter the home makes it possible to save a life as well as improve the rest of the life left for elders who are homebound, disabled, or have dementia. Because more than 2/3 of our elder clients are below the poverty line and cannot pay for services, any change would exclude this most vulnerable group from receiving volunteer visiting, respite, and more. I urge the MN Board on Aging to maintain the current status of cost-sharing programs so that ALL Minnesotan elders have access to these programs. Thank you.
Cost Sharing/Voluntary Contributions	As a Service Provider of Evidence-Based Health Promotion Programs, we would like to support the elimination of the Cost-Share Requirement in order to focus on Voluntary Contributions. We have found that the option to have both Cost-Share and Voluntary Contributions is very confusing on the part of leaders, staff, as well as the older adults being solicited. The presentation of the cost-share opportunity can lead to participants feeling guilty if they are unable to contribute – even if they are not required to make a payment. Some organizations have a difficulty administering the cost-share program, it is an administrative burden. It is believed that eliminating the cost-share program and focusing on a voluntary contribution model will ease the need for confusing language, frustration of all parties, and be a more welcoming and anonymous approach to assisting the programs.
Cost Sharing/Voluntary Contributions	It is essential to maintain funding for cost-sharing programs. Removing funding will put immense strain on hospitals and nursing homes by reducing available resources to elderly people in the community. Keeping people safe in their homes saves money because it avoids costs associated with preventable emergency room visits and hospitalizations from adverse events such as falls, medication errors or toxicity, and declines in health status that are treatable in the home if detected early enough. With appropriate support, non-profit organizations can provide regular check-ins by trained staff, help with household tasks, and transportation to medical appointments, pharmacies, and grocery stores. In addition, elderly people experience significant psychological benefits from aging in place with appropriate community support. Finally, these programs reduce caregiver burden and allow them to remain productive members of society while still helping their loved ones.
Cost Sharing/Voluntary Contributions	Our organization has struggled for many years to convey the intent and differences between voluntary contributions and cost sharing. The nuance between the two creates confusion and, in our opinion, decreases the likelihood of receiving either. Our organization feels that eliminating all Cost Sharing would allow staff to better convey the opportunity for older adults to offer voluntary contributions.
Cost Sharing/Voluntary Contributions	We would like to see cost sharing option number 1 be adopted so that programs that rely on cost sharing can maintain the same level of service.

Cost Sharing/Voluntary Contributions	Please keep the current flexible cost-sharing model to ensure organizations have the ability to operate programs effectively (option #1)
Cost Sharing/Voluntary Contributions	Minnesota Board of Aging members – It is disturbing to learn that there are now considerations for the elimination of cost sharing for Minnesota nonprofits providing support services to older adults. The elimination would be most detrimental for the agencies/service providers, for older adults and caregivers, and taxpayers. Such a move would not be a workable option for long-term sustainability of current programming. The nonprofit agencies have been struggling financially since the pandemic and have had to cut or discontinue some services. Long waitlists have caused elders to go without services. People are remaining healthy longer; many are women who did not work outside the home and do not have financial resources to pay for services. Many prefer to remain in their homes because of their financial condition; isolation then can lead to depression. I volunteer with a local nonprofit and serve as a Friendly Visitor; I see the results of the volunteer work for the agency. I urge you to plan to maintain cost sharing for the nonprofits serving aging adults. Thank you for your work!
Cost Sharing/Voluntary Contributions	Is this the same as the monthly contribution statement for meals services? Are service providers required to send an additional letter asking for a contribution to those who qualify? If the letter is based on % poverty level but participants are not required to provide this info, how do we determine who is required to get a letter?
Cost Sharing/Voluntary Contributions	How are Voluntary Contributions and Cost Sharing differentiated? If two separate letters are required are Caregivers going to get fatigued by multiple letters asking for money?

Cost Sharing/Voluntary Contributions	Family Service Rochester's comment against the reduction or elimination of cost sharing when utilizing Older American Act funds. Family Service Rochester (FSR) was founded in 1965 as a non-profit organization with a mission to support and enhance the dignity and quality of life for individuals and families in the Rochester community. We provide mental health, aging services, child well-being, and family stability services. Today, Family Service Rochester provides more than 30 programs across 12 different counties. Our staff of over 150 along with 600+ volunteers provide a wide range of services addressing mental health, child-wellbeing, family stability, and senior independence. We listen to what people need and together, we build better lives. Of high concern: Eliminate or reduce the ability for providers to utilize Cost Sharing with Older Americans Act funds. The option to eliminate or reduce the ability for providers to utilize Cost Sharing with Older Americans Act funds is of high concern. This change will have cascading negative consequences for both service recipients and service providers, and the recommendation for voluntary contribution as a suitable replacement is ill-advised. The following points explore the negative impacts such a decision will have as well as bring into question the vague rationale and data provided for the consideration of its removal. • Little funding…long waitlists: Meals on Wheels is a Nationwide program that receives substantial funding through the Older Americans Act. The theme/campaign for Meals on Wheels this year is “End the Wait,” because “millions of seniors wait months, even years, for nutritious meals and moments of connection.” However, there are a few Meals on Wheels programs that exist across the country that do not have a “wait” because they utilize cost sharing. With a shrinking and uncertain funding stream, moving away from a cost sharing model will leave many older adults without access to affordable services. Reducing or eliminating cost sharing will leave a growing number of older adults in MN… waiting. • Reduction in clients served: The benefit of a cost share system is that it makes services more accessible to those that cannot afford the service at full price. Cost sharing maximizes the impact of OAA funds by increasing services to the number of lives in need. Or rather, the utilization of cost sharing ensures that OAA funds are applied to make the greatest impact on those in most need in the population. Eliminating or reducing cost sharing will equate to OAA funds serving fewer older adults. • Where’s the data: The bar chart data, provided in the initial presentation of OAA changes and State options, showcased a comparison between voluntary contributions and cost sharing which was insufficient, overgeneralized (did not represent the different services provided which is imperative when analyzing how services are funded), missing details (in the bar chart data provided, which services receive voluntary contributions versus cost share?), and lacked context to further explore the data shared in the bar chart. This is not appropriate data to utilize in guiding the process or even prompting consideration of the removal of cost sharing, let alone a decision to reduce or eliminate cost sharing across the state. o There were no examples of what happened to service recipients and service providers in the States that previously chose not to support cost sharing. Are those services/service providers still available? What is the quality of service? How did the number of provided services change? Are the older adults in those states better off with less access to affordable services? • Arguments against the reasons for: “reasons to scale

	back or eliminate cost sharing requirements." • The argument that "it isn't clear…" is a dangerous reason to dramatically change a working funding model for something that "may be smarter to…" If it is not clear, research the subject further. Voluntary contributions for a variety of services will not raise more revenue than cost sharing. A simple poll sent out to MN service providers receiving OAA funds and utilizing cost sharing could have contributed to that data point and clarity. • The argument that eliminating or reducing cost sharing will reduce administrative burden for AAAs and service providers is misguided and stands juxtaposed to the purpose of OAA funds, because reducing/eliminating cost sharing reduces the impact OAA funds will have on the population. As a service provider, we are more than happy to provide cost sharing to make services more accessible to clients… even though it may require a little more work on our end. Cost sharing allows us to help more people, and it is easily worth the time. A reduction or elimination will have a strong negative impact on service providers across the state as non-profit business models and services to clients were built around a cost sharing model. With gratitude for your time and consideration, Thomas H. MPH, MM, MT-BC Director of Aging Services Family Service Rochester
Cost Sharing/Voluntary Contributions	Maintain cost sharing for all services to which cost sharing currently applies (and make modest updates incorporated in the policy below to comply with federal rules).
Cost Sharing/Voluntary Contributions	Our organization supports option #4, the elimination of cost sharing and focus solely on voluntary contributions. Our organization would then just send out letters asking for voluntary contributions.
Cost Sharing/Voluntary Contributions	1. Voluntary contributions, as defined in the OAA, means "donations of money or other personal resources given freely, without pressure or coercion, by individuals receiving services under the Act". 2. Voluntary contributions shall be allowed and may be solicited for all Title III-funded services. 3. The suggested contribution levels shall be based on the actual total cost of services. 4. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the Federal poverty level (FPL). Assets, savings, or other property owned by an older individual or family caregiver may not be considered when seeking voluntary contributions from any older individual or family caregiver. Thank you! Nothing to change here!
Cost Sharing/Voluntary Contributions	Problem: Cost sharing has been difficult to describe to our clients who are dealing with stressful situations, may have memory issues and financially struggling. Solution: . Eliminate all Cost Sharing and focus solely on voluntary contributions.
Cost Sharing/Voluntary Contributions	Proposed Change: Four cost-sharing models are under consideration, some of which could limit flexibility for providers. Impact: Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. Request: Support maintaining the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. (Indicate that this option is #1 in those provided by MBA.)

Cost Sharing/Voluntary Contributions	This category should only be used for services not required under Cost Share. To keep lines from being blurred between these two forms of client financial support, there should not be a sliding scale for Voluntary Contributions, although a suggested or suggested minimum contribution might be given. Title IIIE services Access Assistance and Public Information should also be exempted from the Cost Share and listed under the Voluntary Contribution category.
Cost Sharing/Voluntary Contributions	Cost Share option #1 should be followed, with the exception that the Title IIIE Caregiver Support services of Access Assistance and Public Information should be exempt (but participants of these services should be encouraged to make a Voluntary Contribution). Cost Share is not a fee for service, but a voluntary payment, and no one is denied service for inability or unwillingness to pay, so it poses no hardship. Low incomes are exempt, and it doesn't exclude anyone. Cost Share is one of the few avenues for program sustainability, one method of partially offsetting increased costs, including compensating and not penalizing staff, whose salaries are often less than those in comparable for-profit positions. It also signals to participants that these programs are valuable and in need of their support. It corrects the notion that "non-profit" means "free." The sliding Cost Share should not be required to be exhibited on the website. The services being offered, the sliding scale, and its rationale should be presented and discussed when a potential participant is new to the program. This is the case with other services e.g. home care, counseling, elderlaw attorney, physician, etc., that also don't publish their fees. Also, cost share is a fairly new concept that merits explanation. There may be people who see the cost share on the website and do not reach out for help because of it.
Cost Sharing/Voluntary Contributions	We urge the elimination of the cost-sharing requirement for Title III services, transitioning to a voluntary contributions-only model due to several challenges. Eliminating cost-sharing and shifting to a model focused solely on voluntary contributions provides significant advantages for services accessibility, administrative efficiency, and network cohesion. This recommendation aligns with the overarching goal of ensuring equitable access to aging services while addressing operational and compliance challenges. Recommendation: we recommend eliminating all cost-sharing requirements across its services and transitioning to a voluntary contributions-only model. Implementing this policy shift will position the aging services network to better meet the needs of its clients, enhance operational efficiency, and build stronger partnerships with providers. We strongly urge the adoption of this recommendation to advance the mission of equitable and accessible services for older adults.
Cost Sharing/Voluntary Contributions	This language be eliminated from the policy. Antidotes from clients - Clients ask "do I have to donate in order to keep/get meals" - Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. - Clients have physically sent back the donation form and wrote $0.00 - Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving

Cost Sharing/Voluntary Contributions	• Proposed Change: Four cost-sharing models are under consideration, some of which could limit flexibility for providers. • Impact: Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. • Request: Support maintaining the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. Option 1 allows for the most flexible model.
Cost Sharing/Voluntary Contributions	With respect to Policy 9C: Cost sharing and voluntary contributions. Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. · This policy will cause confusion upon services providers even though it states “may not encourage” clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Recommendation: This language be eliminated from the policy. Voluntary Contributions: Anecdotes from clients - Clients ask “do I have to donate in order to keep/get meals” - Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. - Clients have physically sent back the donation form and wrote $0.00 - Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving

Cost Sharing/Voluntary Contributions	Policy #16: Cost Sharing Policy • WCCA urges the eliminating the cost-sharing requirement for Title III services, transitioning to a voluntary contributions-only model due to several challenges. Eliminating cost-sharing entirely and shifting to a model focused solely on voluntary contributions provides significant advantages for service accessibility, administrative efficiency, and network cohesion. This recommendation aligns with the overarching goal of ensuring equitable access to aging services while addressing operational and compliance challenges. o Encouraging Service Utilization: Cost-sharing requirements may act as a barrier to service utilization, particularly for individuals who are hesitant to seek help due to financial concerns or stigma. Eliminating cost-sharing would remove this potential deterrent, creating a more inclusive and welcoming environment for clients in need of services. By focusing solely on voluntary contributions, clients retain the opportunity to contribute without the pressure of mandatory payments, fostering goodwill and increased trust in the aging services network. o Simplifying Administrative Processes: The dual systems of cost-sharing and voluntary contributions can lead to confusion among clients and administrative inefficiencies. Many consumers misinterpret voluntary contributions as mandatory payments, which complicates reporting and compliance efforts. Streamlining the policy to focus exclusively on voluntary contributions would reduce administrative burdens, eliminate client confusion, and ensure consistent messaging across the network. o Aligning with Provider Values: Philosophical opposition to cost-sharing is common among aging network providers, as it can conflict with the values of equity and accessibility. Eliminating cost-sharing would strengthen provider alignment with the mission of the aging services network, fostering greater collaboration and cohesion among stakeholders. o Revenue Considerations: Evidence indicates that cost-sharing has not generated more revenue than voluntary contributions. In many cases, clients who feel empowered to give voluntarily may contribute more generously, especially when they understand that their contributions directly support services that benefit their community. By focusing on voluntary contributions, the network can leverage the goodwill of clients while minimizing the risk of alienating those with limited financial means. Recommendation: WCCA formally recommends eliminating all cost-sharing requirements across its services and transitioning to a voluntary contributions-only model. Implementing this policy shift will position the aging services network to better meet the needs of its clients, enhance operational efficiency, and build stronger partnerships with providers. WCCA strongly urges the adoption of this recommendation to advance the mission of equitable and accessible services for older adults. ***(Submitted twice)***
Cost Sharing/Voluntary Contributions	Maintain the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. (Option #1 in those provided by MBA.) Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services.

Cost Sharing/Voluntary Contributions	Policy 9 C: Cost sharing and voluntary contributions. Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. This policy will cause confusion upon services providers even though it states “may not encourage” clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Recommendation: This language be eliminated from the policy. Voluntary Contributions: Antidotes from clients Clients ask “do I have to donate in order to keep/get meals” Clients inquire about why we are asking for a suggested contribution as they are receiving meals at no cost to them. Clients have physically sent back the donation form and wrote $0.00 Clients ask if they donate towards their meals will it affect any other county/state benefits they are receiving.
Cost Sharing/Voluntary Contributions	I agree with option #1 of the MBA to continue with the current flexible cost sharing model. Keeping unnecessary costs down is critical.
Cost Sharing/Voluntary Contributions	As a provider of Title III services in rural MN, I am concerned that the restrictive cost-sharing policies that have been introduced could threaten the financial stability of nonprofits which will reduce the amount of services we can provide. Please consider supporting the current model (option #1).
Cost Sharing/Voluntary Contributions	Cost sharing and voluntary contributions. Service providers may not encourage clients to make general charitable contributions to their organizations in lieu of voluntary contributions for Title III-funded services. • This policy will cause confusion upon services providers even though it states “may not encourage” clients to make general contributions when a client asks if there are other ways, they can support programs at client's agency. Recommendation: This language be eliminated from the policy.
Cost Sharing/Voluntary Contributions	As a service provider we recommend that cost sharing be eliminated and give family caregivers the opportunity to make a voluntary contribution. Cost Sharing is a concept that many people do not understand. If Cost Sharing is required for caregivers only, the new recommended policies and procedures will increase administrative duties that includes sharing information and cost about each Title III service on our website. On our website, we do not list fees. We share cost and detail information about Title IIIE services when we receive calls and emails. Listing fees on our website may actually discourage someone from calling to learn more. It is our hope that our website is clear, concise, and welcoming so that potential clients give us a call and learn more about all our services.
Cost Sharing/Voluntary Contributions	Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. maintain the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. This is option #1 in those provided by MBA.

Cost Sharing/Voluntary Contributions	In our experience, the Cost Sharing model has been helpful in assisting small non-profits with sustaining service provision. Cost Sharing offers another revenue stream to support on-going service provision and expansion. SEMAAA supports maintaining Cost Share with the caveat that **it would be at the discretion** of providers to incorporate this model into their service structure. In our experience, participants are not confused by having both cost sharing and voluntary contribution models in place. SEMAAA recommends maintaining the voluntary contributions as we do not have any concrete examples of clients finding this process confusing. SEMAAA supports drafting a template to ensure that the "ask" for voluntary contributions is clearly stated and consistent among Title III providers. This is an area that MBA and AAA's can work on jointly with provider input.

Cost Sharing/Voluntary Contributions	CMCOA urges the eliminating the cost-sharing requirement for Title III services, transitioning to a voluntary contributions-only model due to several challenges. Eliminating cost-sharing entirely and shifting to a model focused solely on voluntary contributions provides significant advantages for service accessibility, administrative efficiency, and network cohesion. This recommendation aligns with the overarching goal of ensuring equitable access to aging services while addressing operational and compliance challenges. o Encouraging Service Utilization: Cost-sharing requirements may act as a barrier to service utilization, particularly for individuals who are hesitant to seek help due to financial concerns or stigma. Eliminating cost-sharing would remove this potential deterrent, creating a more inclusive and welcoming environment for clients in need of services. By focusing solely on voluntary contributions, clients retain the opportunity to contribute without the pressure of mandatory payments, fostering goodwill and increased trust in the aging services network. o Simplifying Administrative Processes: The dual systems of cost-sharing and voluntary contributions can lead to confusion among clients and administrative inefficiencies. Many consumers misinterpret voluntary contributions as mandatory payments, which complicates reporting and compliance efforts. Streamlining the policy to focus exclusively on voluntary contributions would reduce administrative burdens, eliminate client confusion, and ensure consistent messaging across the network. o Aligning with Provider Values: Philosophical opposition to cost-sharing is common among aging network providers, as it can conflict with the values of equity and accessibility. Eliminating cost-sharing would strengthen provider alignment with the mission of the aging services network, fostering greater collaboration and cohesion among stakeholders. o Revenue Considerations: Evidence indicates that cost-sharing has not generated more revenue than voluntary contributions. In many cases, clients who feel empowered to give voluntarily may contribute more generously, especially when they understand that their contributions directly support services that benefit their community. By focusing on voluntary contributions, the network can leverage the goodwill of clients while minimizing the risk of alienating those with limited financial means. Recommendation: CMCOA formally recommends eliminating all cost-sharing requirements across its services and transitioning to a voluntary contributions-only model. Implementing this policy shift will position the aging services network to better meet the needs of its clients, enhance operational efficiency, and build stronger partnerships with providers. CMCOA strongly urges the adoption of this recommendation to advance the mission of equitable and accessible services for older adults.
Nutrition Services	To whom it may concern: I live in West Central MN and the meals that are provided by the Prairie Five Nutrition Program are a life saver for myself and my wife. Please do not cut funds to these vital programs that help us elderly and disabled receive the needed nutrition. Paul C-Western MN resident.

Nutrition Services	Policy #6: Nutrition Services (2) • The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week." • The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation: To address potential ambiguity, CMCOA recommends that MBA policy explicitly define what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA's requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas.
Nutrition Services	Do not slash funding for Meals on Wheels or do anything to decrease its impact and capacity.
Nutrition Services	Please review your priorities to best utilize funding streams that will optimize rural services.
Nutrition Services	Please understand the need to deliver meals to folks who need them. I have delivered once as i am a new volunteer. The person who received was very happy and said she hoped this program never ends. Thank you. Tom
Nutrition Services	The policy to require congregate dining sites to operate at least five days per week will present challenges to both the provider and the host sites for meal delivery. Many of our sites operate within senior centers or community centers. Meal delivery schedules (primarily four days a week) have been built upon the availability of the dining space within these locations, ensuring that the mealtime does not limit the location's ability to offer other programming (exercise classes, community education events, etc.). Operating five days per week would require significant changes to established programming schedules that are outside of the meal provider's control. Additionally, current meal schedules have been designed based upon the feedback and the historic usage of those served. Mandating five days a week would present significant financial hurdles in paying staff for additional time while not generating the meal numbers that would cover these expenses. We support a modification of this policy that would allow for flexibility in the number of days that meals are served per week when legitimate circumstances such as space availability and participant preferences are cited.

Nutrition Services	The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week."The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation: To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly defines what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA's requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Amanda C. Catholic Charities Expansion Coordinator
Nutrition Services	Is the expectation that sites are open and operating five days a week or that we are able to provide meals up to 5 days a week?
Nutrition Services	Lutheran Social Service of Minnesota supports a flexibility in providing 5 units of service per week without the requirement to operate a physical location 5 days a week. This requirement would be an additional cost of providing services without any foreseeable improvement in outcomes. Communities and people are now driving the choices of how and when they get their meals.
Nutrition Services	How are the NSIP funds monitored? Does the SNAP message count towards nutrition education? Will this policy remove all ability to find efficiencies in limited-service days, especially in underattended congregate and/or home delivered schedules that may include bulk or frozen offerings instead of strictly hot daily? What qualifies and how do you implement and administer and monitor virtual congregate meals? (which roster, is it HDM,)
Nutrition Services	#12 A how will providers be required to document that the meals meet i, ii and iii for use of C-1 funds under carry out outside of the roster, will there be a deep dive on individual circumstances that will have to be supplied during an audit? #13 Is the transfer of funds able to cross CI and CII? Will additional funds be provided to accomplish a virtual congregate setting, such as for tablets?
Nutrition Services	Requiring an operation schedule of at least five days per week disrupts the efficiencies that rural providers need to maintain with the current funding levels. The policy should be reflective that 5 days of operation are the goal, but the requirement and that alternative congregate/HDM offerings may be approved at the discretion of the AAA.

Nutrition Services	The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week."The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation: To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly defines what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA’s requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Susan R. Catholic Charities Administrative Secretary
Nutrition Services	In the Nutrition Services policy, recommend the congregate measure to be "nutrition risk conclusion of High" to be consistent with home delivered measure and MBA performance measures. iii. Indicators: - Congregate The percentage of program participants who have a nutrition risk conclusion of Moderate to High. (change to just High) The percentage of program participants who have incomes less than 200% Federal Poverty Level. The percentage of program participants who are from a diverse population. - Home-Delivered Meals The percentage of program participants who have a nutrition risk conclusion of High. The percentage of program participants who have 2 or more limitations in Activities of Daily Living (ADLs). The percentage of program participants who have incomes less than 200% FPL. The percentage of program participants who are from a diverse population.

Nutrition Services	Policy #6: Nutrition Services (2)The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week."The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation : To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly defines what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA's requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Shannon N. Catholic Charities
Nutrition Services	Thirty percent of our clients receive this funding. How can you feel comfortable taking away from those who are less fortunate? This program assists seniors who may not have children or any family they can rely on for support, let alone provide food and prepare it for them. As a senior, they require sustenance and nutrition to survive. Additionally, many of these seniors are alone, and the most enjoyable aspect of their day is interacting with others. Let us not become as cruel as the rest of the world and continue to be the difference the world needs, especially in today's challenging times. Be a voice for those who cannot speak for themselves!
Nutrition Services	Losing Title III as a source of funding for Home Delivered Meals to the food insecure would be devastating! I am the site coordinator for Mounds View Meals on Wheels. Over a third of my clients are receiving meals, thanks to Title III, but with recent cuts to the amount of meals we are allotted per year I've already had to limit the amount of meals per client and I've had to implement a wait-list. The wait-list has a very slow turnaround and telling an elderly woman, who can only afford to eat one egg and a piece of toast for the entire day, everyday, was heart breaking. I can't imagine telling all of my Title III clients that I can no longer serve them. Title III has been a lifeline to so many of my clients. I don't know how they would eat without it--for many of my clients, a meal from Meals on Wheels is the only meal they have each day. They are truly the food insecure and they need continued support and assistance. Thank you for taking the time to read my comment. Andrew M. Coordinator Mounds View Meals on Wheels.

Nutrition Services	I'd just like to say I'm a homebound person with rheumatoid arthritis and other ailments and have benefited greatly from subsidized meals through "Eastside Meals on Wheels" in northeast Minneapolis. I'm very worried that small programs like this could potentially lose funding, which would be tragic. The well-rounded, nutritious meals include meat or vegetarian options as well as vegetables, fruit, bread, milk and sometimes a small dessert. They are carefully prepared and delivered in a clean, sanitary manner by lovely (big hearted) volunteers. "Eastside Meals on Wheels" is a very valuable program deserving of funding.
Nutrition Services	Please do not reduce funding for the Meals on Wheels programs in Minnesota. Many people depend on this service for food and nutrition. Most of these people are unable to go to a grocery store on their own or even get to the local food shelfs. They are a venerable population and depend on this service. I volunteer at one of these Meals on Wheels suppliers and people on these programs look forward to this weekly visit as it is also their only times to have a social connection.- WeCAN originated as a group of churches providing Meals on Wheels to our community. - Meals on Wheels in the Westonka area has been in operation for 59 years. - WeCAN's program serves 14 towns in rural Hennepin County, a relatively underserved area compared to the rest of the county. - We currently serve 60 clients, half of whom are on Title lll funding. - Many seniors in our community and Minnesota would lose access to healthy food under the proposed changes - The specific sections we are concerned with are titled Title III Admin and Financial (section 9.5) and Provision of Title III Services (section 2.3). Thank you, David A., Mound, MN
Nutrition Services	Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, 'you people saved my life, I don't know where I would be without the Meals on Wheels program.' Without Title 3 and Meals on Wheels, Jody might not have recovered from her surgery.
Nutrition Services	Save our Meals on Wheels Program at WeCAN

Nutrition Services	The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week." · The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation : To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly defines what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA's requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Becky D. Catholic Charities Senior Dining/Home Delivered program
Nutrition Services	Policy #6: Nutrition Services (2)The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week."The term "provides" in the OAA suggests greater flexibility than "operates," allowing programs to meet the intent of the law without requiring daily on-site operations. For instance, a program delivering one hot meal and four frozen meals per week should still be considered compliant, as it provides access to meals five days a week. Recommendation : To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly defines what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA's requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Joe K. Catholic Charities SNAP Intern
Nutrition Services	Policy #6 Nutrition Services The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week." Recommendation: The term "provides" in the OAA suggests a broader scope than "operates," indicating that the intent of the law should allow flexibility in how meals are delivered while ensuring consistent access to both meals and nutrition services.
Nutrition Services	Continued reduction in funding for rural services. Closed meal sites and reduced home delivered meals.

Nutrition Services	The OAA says "provide meals and nutrition services five or more days per week," which suggests a broader scope than the MBA's terminology of "operate at least five days per week." The intent of the OAA seems to allow flexibility in how meals are made available five days per week for older adults.
Nutrition Services	The proposed MBA policy states that nutrition projects must "operate at least five days per week and provide meals," whereas the OAA 1321.87 (b) requires that nutrition projects "provide meals and nutrition services five or more days per week." The term "provides" in the OAA suggests a broader scope than "operates," indicating that the intent of the law should allow flexibility in how meals are delivered while ensuring consistent access to both meals and nutrition services. Recommendation: To address potential ambiguity, Catholic Charities recommends that MBA policy explicitly define what constitutes "providing meals." This clarification is critical to ensure that programs delivering a combination of hot and frozen meals meet the intent of the OAA and are deemed compliant. For example, if a nutrition project provides one hot meal and four frozen meals per week, it should still be considered as "providing meals" five days a week under the OAA’s requirements. Furthermore, allowing flexibility for nutrition providers to meet this requirement—such as offering frozen meals—will help ensure access to nutritious meals in rural areas and during times when staff or volunteer capacity is limited. This adaptability is essential for meeting the diverse needs of older Americans, particularly those in underserved areas. Jacob Chisholm Catholic Charities Senior Dining Site Supervisor
Nutrition Services	I am for continuing the Prairie five meals program in the Lac qui Parle County rural communities. The program has been a tremendous help for those who are home bound and unable to prepare their meals. I know many who rely on the service. It would a terrible loss to those who depend on this service! Please reconsider in keeping the Prairie five meals program in the title lll funding. Thank you!
Nutrition Services	This service has been a great asset for so many people. I have heard nothing but rave reviews. Many are so grateful for this service to not have to cook at least one meal a day. Many would probably not cook at all so not getting the nutrition they desperately need. It would be a travesty to lose this program for the many that need it. Please reconsider thinking of all the lives this would impact if it goes away. This service is greatly needed.
Nutrition Services	Please review priorities and bring people together to best utilize funding to optimize rural services. The elderly population in rural communities are as much in need as those in larger communities, perhaps even more so because there aren't as many services available to them.

Nutrition Services	The policy to require congregate dining sites to operate at least five days per week will present challenges to both the provider and the host sites for meal delivery. Our site operates within a community center. Meal delivery schedules (primarily three days a week) have been built upon the availability of the dining space within our location, ensuring that the mealtimes do not limit our location's ability to offer other programming (exercise classes, community education events, etc.). Operating five days per week would require significant changes to established programming schedules that are outside of LAOA's control. Additionally, current meal schedules have been designed based upon the feedback and the historic usage of those served. Mandating five days a week would present significant financial hurdles in paying staff for additional time while not generating the meal numbers that would cover these expenses. We support a modification of this policy that would allow for flexibility in the number of days that meals are served per week when legitimate circumstances such as space availability and participant preferences are cited.
Nutrition Services	Learning of Eastside Meals on Wheels potentially losing funding that would affect a great chunk of their clients tugs at my heart. I have been delivering meals on wheels through Eastside and elsewhere locally for about 30-35 years. I have often thought that I would love to be able to retire into that full-time volunteer work as it is so rewarding. I see people on my routes regularly that need more than just food on a daily basis. They need a human touch. I picture that often I am their only touch during their day. Helping to make sure they are OK, as well as fed good nutrition. I enjoy that interaction. I think many people strive to carry on when they have some type of a routine and are in their chosen environment. I saw this in my own parents living in their home until they were 90 and 98 when they passed. It gave them the desire to carry on, and they did. They had my sisters and I to provide for them, and care-givers in the late years. However, I see many people that don't have that care available to them or affordable to them. Eastside and others offer meal options to help people carry-on where they are and continue their lives affordably, and with the right nutrition. I feel Rewarded (and a happy contributor) to be a part of Eastside Meals on Wheels, and the Great Need they provide in keeping people living and able bodied! There are a lot of us volunteer drivers out there contributing that I am sure feel the same as me. Please don't take away our happiness.

Nutrition Services	I have been a Mounds View Meals on Wheels volunteer for over 7 years. I have delivered food to many people who rely on the daily nutrition provided by this program, and believe that for many, this is their main meal of the day. Besides offering nutritional balance to their lives, the daily "welfare check" is critical for many isolated clients. I have made welfare check calls for people who have been at risk for falling due to a hoarded home & for people who are so confused that their safety seems at risk. I have helped a blind client get her bra snapped on, and arranged her silverware so she could find it on her table. PLEASE do not cut Title III funding of this valuable program. It allows people to more safely remain semi-independent, provides nutritious food and reduces social isolation. Meals on Wheels makes MY community stronger. PLEASE! Kathy M.
Nutrition Services	Dear Members of the Board, I am writing to express my strong opposition to any proposed changes to Title III funding for the Meals on Wheels program. As a vital service that ensures the health, safety, and well-being of seniors in our community, any reduction in funding or restructuring of Title III would have a detrimental impact on the ability of Meals on Wheels to continue delivering its life-sustaining services. Meals on Wheels serves a critical function, providing nutritious meals to elderly individuals who are homebound, often with limited access to transportation, family support, or the ability to prepare their own meals. This program not only addresses hunger and malnutrition but also combats social isolation and promotes the dignity of seniors by helping them maintain independence in their own homes. The proposed changes to Title III funding would undermine the capacity of local agencies such as WeCAN, to continue these services, placing vulnerable seniors at greater risk. In many areas, Meals on Wheels programs rely on Title III funding to cover operational costs, including meal preparation, delivery logistics, and staffing. Without adequate financial support, these programs may be forced to reduce the number of meals served, limit their coverage area, or even discontinue services altogether. This would be a devastating loss to the older adults who rely on these meals for their physical and mental health. I urge you to reconsider any cuts or reductions to Title III funding and to ensure that Meals on Wheels programs receive the financial support they need to continue their invaluable work. Seniors are among the most vulnerable members of our society, and it is our responsibility to ensure they have access to nutritious food, companionship, and the resources they need to live with dignity and security. Thank you for your attention to this important issue. I trust that you will stand with the many families who depend on this vital program and advocate for the continued funding of Meals on Wheels through Title III. Sincerely, Kari R. Volunteer Coordinator at Western Communities Action Network

General	This is in response to the Older Americans Act Title III Final Rule comment period. Prairie Five Community Action Councils, Inc. Board at their monthly meeting on Monday, January 27, 2025, discussed the ramifications of the decision that the Minnesota Board on Aging (MBA)will have on older adults in Region 6W. Prairie Five Community Action, Inc. serves the counties of Big Stone, Chippewa, Lac qui Parle and Yellow Medicine Counties. As a board, we are concerned that the MBA priorities have changed from serving the needs of older adults. You have put greater emphasis on administration, reducing the funding for direct services that so many people in rural Minnesota depend on. Adding insult to injury, the Intrastate Funding Formula further negates how older adults, living in rural areas, will maintain their independence living in communities that may have limited access to essential services, such as grocery stores, c-stores, and transportation. Keep in mind, broadband access is limited as well. As the Prairie Five Board, you must consider all obstacles that older adults face each day. A person living in a community of 50 should be able to access the same care as someone living in a community of 100,000+ Consider reviewing the Intrastate Funding Formula. Eliminate the bar code scanning process, the other unfunded mandates and bring the stakeholders together that will meet the needs of older adults. Respectfully submitted, The Prairie Five Board of Directors.
General and/or Multi-topic	Dear Members Board on Aging: It is my understanding that OAA Title III Final Rule has now been updated to address changes for older Americans that have occurred over the pass 36 years. I appreciate that rules need to be updated and reflect current times but my concern related to this update is twofold. 1. Rules that took 36 years to update now require those who manage, administer and execute these rules have less than one year to do so. I believe this places an undue burden on organizations who manage, administer and execute these new rules. As we are all aware many organizations are operating with minimal staff. Responding to rule changes without proper review and preparation doesn't make sense for those who must do the work. I would encourage the board to phase in the rule changes. It is critical that those who must manage, administer and execute these rule changes be supported in looking at the impact of these changes completely. 2. I believe that "Aging in Place" is a wonderful concept if all the services and components were in place. COVID 19 demonstrated that older Americans are at the greatest risk and that shortage of people to assist older Americans clearly are not available. We must ask ourselves what is truly best for older Americans? Is isolation and loneliness what we want for our aging population? How do we provide services equally to older Americans? Are we doing a disservice to older Americans by telling them to age in place and setting them up for failure and potential danger when no one is there to support them? The dangers are real and our EMT's, hospital personnel, service providers see it multiple times each day. We have a crisis that can not be solved in less than a year. Rules need to be logical and well researched and insure components are in place to achieve the intended goals. HASTE MAKES WASTE! Please reconsider the timeframe for implementation for the final rule. Respectfully, Rev. Harry H.

General and/or Multi-topic	We need policy clarity and flexibility to maintain vital partnerships and allow rural areas to delegate authority for service providers to subcontract with our local businesses so we can maintain direct services from them. If there are changes to take place, we will need enough time to implement those changes. My next concern is on data collecting and reporting. Our workers are very busy and to require more frequent data reporting would create an overwhelming extra burden which could delay required reporting and services. If a change is inevitable, please make it reasonable so as not to overwhelm the worker. The next concern is requiring in person meetings for eligibility requirements. This can be difficult in rural areas, and some elderly are unable to leave their homes, or are uncomfortable with a stranger in their home. In this day and age, the use of video calls or straight over the phone calls are most appropriate. To reduce the funding for rural meal sites as well as delivered meals also needs to be reconsidered. There are many seniors who are unable to prepare their own meals, my mother-in-law being one of them. The meals on wheels was very important to her, and a smaller appetite meant she had two meals out of the one she received. Please review your priorities and bring the stakeholders together to best use the funds that will benefit rural services.
General and/or Multi-topic	At the outset, CMCOA encourages clear transparency to differentiate between policy decisions made by the State Unit on Aging and those aligned with the final rule from the Administration for Community Living (ACL). Clear distinctions will help the public understand the basis for each policy and how they align with federal requirements.
General and/or Multi-topic	I would just like to complement you all on everything you do and I desperately hope that the Federal Gov't does not cut your funding, as they seem determined to further hurt every citizen who is needy and dependent on some help. Blessings on you all. Nancy L.
Non-federal share (match)	Please exclude costs to use MBA-mandated tools from the portion of the award that needs to be matched. Example $750/person PeerPlace annual user fee. The only reason for that tool is to report as the MBA requires. Either pay for all the PeerPlace expenses centrally, outside of the grant awards, or exempt the tool from the match requirement. Similar to the Live Well At Home grant when Age Odyssey was in person, the $500 for the convening was separate from the grant award and did not require a match.

Monitoring of State Plan Assurances	• Rural Definition and Application: Rural is used throughout the Minnesota Board on Aging Operations Policies and Procedures in Compliance with the Final Rule of the Federal Older Americans Act Recommendation: CMCOA recommends including a clear and specific definition of "rural" to ensure consistent application throughout the document, particularly in alignment with the Intrastate Funding Formula. This definition is vital for accurately assessing service needs and allocating resources in rural areas. • Monitoring and documentation (2) Recommendation: For transparency in Rural Services Expenditures: For transparency in rural services funding, CMCOA proposes specifying the fiscal year 2000 dollar amount allocated for services to older individuals in rural areas. This would promote accountability and provide a historical benchmark. • Long-Term Care Ombudsman Program Funding Recommendation: CMCOA also advocates for the inclusion of the FY 2019 dollar amount of Title III funds allocated to the Long-Term Care Ombudsman program to enhance transparency.
Monitoring of State Plan Assurances	Consider clarifying how the MBA ensures there are no conflicts of interest, particularly concerning the AAA and their governing agencies. It is crucial to implement stricter guidelines beyond mere transparency to prevent any potential conflicts. Additionally, regarding services for older adults in rural areas, the policy states that the MBA will document the amount spent each federal fiscal year for individuals residing in these areas and compare it to a baseline. How will this data be presented, and how will the MBA account for changes in the definition of "rural"?
Advisory Council	Will the advisory council members be listed publicly? Will there be an open application opportunity for service providers?
Transfer of Direct Service Funds	Will the 25% transfer to C11 be a standard approval in contracts with service providers across the state and when will this be in effect? Do the AAA's have to apply for this annually?
Rural Minimum Expenditures	Policy #8 Rural Minimum Expenditures • Policy 1. and Procedures 3. MBA then compares both the projection and actual expenditures to the historical benchmark to ensure it will maintain at least minimum expenditures in each fiscal year on services for older individuals residing in rural areas as in fiscal year 2000. Recommendation: To enhance transparency, we suggest documenting the specific FY 2000 dollar amount allocated for services to older individuals residing in rural areas. This would help ensure accurate projections and actual expenditure comparisons.
Long-Term Care Ombudsman	Long-Term Care Ombudsman Program Funding Recommendation: CMCOA also advocates for the inclusion of the FY 2019 dollar amount of Title III funds allocated to the Long-Term Care Ombudsman program to enhance transparency.

AAA Monitoring of Service Providers	I think the monitoring is fine-ish. Everyone should be monitored. BUT, given the limit of 15% Admin allowable in the award, pulling all receipts for a time period is staff-heavy. Is there an option to increase administrative reimbursement without decreasing the awards dedicated to units. And, I can't remember if the Admin time is subject to the grant match but that amount and the amount to register PeerPlace users should not be a part of the grant that requires matching funds. The time we cannot reimburse is match enough. Also, we are happy to comply promptly to site visits and audit requests. We always learn something. In return, the MBA should reimburse no greater than 30 days - every other state grant is able to do so. In 2024, quarterly payments have been received in 90 days, 65 days, and 95 days even with ACH set up (final payment not received as of 2/7/25). Unacceptable that we are expending money as long as 6 months prior to reimbursement. The advance in no way covers this lag.
MBA Monitoring of AAAs	Why would you collect review program income and the additive method for awards under $25,000? The justification for the award monitoring between awards $50,000 $25,000 does not appear to be rooted in State or Federal policy. MN OGM requires financial reconciliation of awards over $50,000, and the MBA policy says $50,000 and over. We interpret that to mean financial reconciliation is required for awards $51,000 and over. While only a dollar difference, the difference has a tremendous impact on administrative work for the AAA and the provider. Please ensure that these policies ACCURATELY reflect State and Federal policy. We are asking you to please connect the MBA's policies to applicable state and federal regulations.
Private Pay programs	Can we be provided a clearer definition of who/what is considered private pay? Who determines if there are excess funds and what would then go back to AAA funds? If portion of private pay goes back to AAA does that then get allocated to the provider that recouped the funds initially?
Private Pay programs	6.b.iii. How will it be ensured that service providers are not put at severe disadvantage if price ceilings are to be determined by AAAs or the MBA or to what is determined at "fair market rate" considering heightened quality standards required by Title III programming, costs may be much higher than the fair market rate when compared to products of much less quality or nutritional makeup?
Private Pay Programs	The policy should not include a cost ceiling for private pay services. Providers have the best knowledge of their pricing structure requirements and should be permitted to determine their own pricing based on their costs. Private pay customers can make their own choices based on several factors

Private Pay Programs & Use of Program Income	Policy #8: Private Pay Programs • Policy 6. C. The requirement that profits generated through fee-for-service programs be reinvested into Title III services may unintentionally discourage provider participation, especially among for-profit organizations balancing budgets across multiple service lines. For instance, in adult day services, where Title III clients form a small proportion of the population, reinvestment mandates could place undue financial strain on providers. Impact on Service Providers: o Financial Constraints: Reinvestment requirements may discourage organizations from developing innovative fee-for-service programs due to limited flexibility in allocating profits. o Reduced Participation: Providers may withdraw from Title III programs, diminishing service availability for older adults. o Imbalance in Financial Returns: Providers that use Title III funds to establish private pay programs may feel overly restricted by blanket reinvestment requirements, impacting operational growth. Recommendation: CMCOA urges a more targeted and flexible reinvestment policy to encourage provider participation while ensuring sustainability. Specifically, CMCOA proposes: o Reinvestment Tied to Seed Funding: When Title III funds are used to develop or launch a private pay program, reinvestment should be required only up to the amount of the initial Title III seed funding. This approach ensures accountability for the use of federal funds while allowing providers to retain a portion of their profits for operational needs and long-term sustainability. o Reinvestment Proportionality: Beyond the seed funding threshold, providers should retain flexibility to allocate remaining profits toward other operational priorities, such as innovation, infrastructure improvements, or expanded services. o Streamlined Oversight: Develop clear guidelines for how providers can track and report reinvestment tied to seed funding, reducing administrative burdens while maintaining transparency. o Outcome-Oriented Approach: Encourage providers to demonstrate how their private pay programs, developed with Title III seed funding, contribute to the overall improvement of services for older adults, even when reinvestment is capped at the seeded amount.
AAA Emergency Preparedness	Policy #11: Emergency Preparedness • Under the Policy section, MBA directs Area Agencies on Aging (AAAs) to coordinate directly with Title VI grantees. However, under the Procedures section, MBA is described as the central point of coordination among MBA, AAAs, and Title VI grantees. Recommendation: CMCOA requests clarification regarding the MBA's role in emergency preparedness and coordination between Title III and Title VI grantees. Clear delineation of roles would ensure effective collaboration and response efforts. Specifically, CMCOA recommends emphasizing that AAAs should partner with the MBA and Title VI grantees in emergency preparedness efforts, rather than being designated as the lead entity. Establishing a collaborative approach would foster stronger coordination and more effective response efforts.
Title VI/Title III Coordination	The AAA Operations Policy #11 AAA Emergency Preparedness contains requirement for the coordination between Title III and Title VI grantees. However that language is absent from Policy #6. Recommendation: CMCOA recommends referencing AAA Operations Policy #11 Emergency Preparedness as it encompasses additional requirements for coordination between Title VI and Title III grant holders.

Sec 504 Program Accessibility & Civil Rights	This is great and I hope the Federal government does not shift away from this language. Our contract for years has had an "and" instead of what I believe should be "or". Not sure if MBA or AAA provide the contract template. The contract states that the clients need to be low income and people of color. That is counter to this policy's language that we serve all. In the case of Dakota County, 84% of seniors are white, and we don't ask racial demographics until after we qualify someone, so we never are able to guarantee the race or ethnicity of our clients.
AAA Grants & Contracts with Service Providers	This would significantly disrupt Three Rivers partnership with caterers to provide Meals on Wheels services in our communities. It will also affect our partner agencies that have partnerships with small local restaurants, local snow removal services, lawn care services, and housekeeping services. All of these contracts currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. policy clarity and flexibility is needed to preserve these vital partnerships. A reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program.
AAA Grants & Contracts with Service Providers	Currently, Twin Cities Meals on Wheels programs operate under one Title III contract, allowing neighborhood programs to delegate the majority of paperwork associated to receiving this funding to Metro Meals on Wheels, our local association of providers. This proposed change would require all neighborhood programs to maintain separate Title III contracts. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs would be completely exempt from funds because they are considered too small. This change has the potential to leave large gaps in service, impacting the 2,000 seniors served under the current contract. This could catastrophically disrupt access to MOW in the Twin Cities, especially for older adults served by smaller community organizations. Smaller organizations maximize our resources by focusing on meal delivery and client and volunteer support, relying on MMOW to efficiently collect and report data. Producing matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III at all. Last time Trellis had an RFP for MOW the eligibility required the applicant to deliver a minimum of 25,000 meals/year in order to apply and to be able to serve an entire county. It was clearly a very high threshold to apply. Further, we serve a very specific community, which adds to the diversity of people served by this program.

AAA Grants & Contracts with Service Providers	My name is Daniel Rodriguez, and I am the Executive Director of Merrick Community Services, a founding member of Meals on Wheels providers in Ramsey County. I also serve on the Board of Directors at Metro Meals on Wheels (MMOW), the twin-cities Meals on Wheels association. Approximately 20 Meals on Wheels providers in Ramsey, Hennepin, and Anoka counties operate under one Title III nutrition contract with Metro Meals on Wheels, with the Meals on Wheels programs as subcontractors. This model is efficient and effective at delivering meals to those in need as Metro Meals on Wheels has their staff focused on contract management functions and each of the community-based non-profit providers can focus on meal preparation and delivery. In Ramsey County, our providers are celebrating our 50th Anniversary of our Meals on Wheels network this year. Merrick Community Services has been operating for 117 years on the East Side of Saint Paul. Our successful collaborative model in Ramsey County brings in the agency operations and community resources that each of the member/providers have and combines them with the backbone administrative support that Metro Meals on Wheels provides. This model is nationally recognized and we are members of Meals on Wheels America. In 2024, in Merrick Community Services delivered nearly 27,000 meals to East Side residents and about 30% of those meals were funded through the Older Americans Act. We have an extensive network of over 150 volunteers that help prepare and deliver meals to recipients in Saint Paul, which keeps our costs lower. Meals on Wheels providers utilize a shared database called ServTracker CXM, which is the gold standard of home-delivered meal providers. ServTracker allows Metro Meals on Wheels and members to share information immediately and accurately. However, Merrick does not have the capacity to take on such a cumbersome federal contract with all of the data and financial reporting requirements and other contract management requirements. It would also cost a lot more to deliver the same number of meals if each of us had to add staff to manage our own contract which would mean less meals with the same money/organizations involved. And with some of our small cultural food providers, they surely wouldn't be big enough to even be eligible to apply. We are also concerned that in an RFP process Meals on Wheels with 20 separate contracts might not come out as favorably in a RFP evaluation as Trellis probably doesn't have the capacity to manage that many contracts (20+) with us individually even though we are doing a great job. This has the potential to leave significant gaps in our communities and immobilize our extensive volunteer network. The impact of these changes would be felt throughout our communities for years to come. I would ask that you reconsider this policy and allow approved subcontractors as the Meals on Wheels model is a proven cost-effective community-based model which is recognized nationwide.

AAA Grants & Contracts with Service Providers	Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: • Restricts organizational flexibility in service delivery • Potentially increases administrative costs • May reduce network efficiency for Area Agencies on Aging • Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.
AAA Grants & Contracts with Service Providers	There are a lot of people out in the rural areas of MN that are close or below the poverty line. And Big Stone County is probably more needy than some others. I hope you don't cut back the funding for meals/meal sites. We need the support of our tax dollars to help many older people in need of food/companionship. Our office administrator does a very good job but there is only so much time to do the work. Please don't cut the funding or any of the support that rural MN needs. So many places are food deserts.
AAA Grants & Contracts with Service Providers	Concerning Policy #9: Contracts and Grant Agreements with Service Providers I would like to Advocate for policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently I have heard that these changes could happen as soon as 10/1/2025 leaving little time to make the adjustments for programs.
AAA Grants & Contracts with Service Providers	“I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would be much greater for many other chapters across MN. Sincerely, Kaelin S.

AAA Grants & Contracts with Service Providers	Currently, Twin Cities Meals on Wheels programs operate under one Title III contract, allowing neighborhood programs to delegate the majority of paperwork associated to receiving this funding to Metro Meals on Wheels, our local association of providers. This proposed change would require all neighborhood programs to maintain separate Title III contracts. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs would be completely exempt from funds because they are considered too small. This change has the potential to leave large gaps in service, impacting the 2,000 seniors served under the current contract. This could catastrophically disrupt access to MOW in the Twin Cities, especially for older adults served by smaller community organizations. Smaller organizations maximize our resources by focusing on meal delivery and client and volunteer support, relying on MMOW to efficiently collect and report data. Producing matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III at all. Last time Trellis had an RFP for MOW the eligibility required the applicant to deliver a minimum of 25,000 meals/year in order to apply and to be able to serve an entire county. It was clearly a very high threshold to apply. Further, we serve a very specific community, which adds to the diversity of people served by this program.
AAA Grants & Contracts with Service Providers	Policy #9 Contracts and Grants Agreements with Service Providers I am advocating for policy clarity and flexibility to preserve these vital partnerships and request a reasonable implementation timeline if these changes move forward.
AAA Grants & Contracts with Service Providers	The below may need to be clearer. As a service provider, we augment our staff with employment agencies like ProAct. We hold the contract with the client and the staffing agency reports their hours to us and we pay them. In the below, is this "other activities necessary to provide services?" Particularly as we serve more people without much English, these partnerships help us bridge language barriers and we has enabled us to provide many more units of cleaning, reducing our waitlist. 5. Consistent with federal requirements, AAAs may not delegate authority for service providers to enter into subcontracts with other organizations that will also provide direct services to recipients of OAA-funded services. Each service provider must enter into its own contract or grant agreement with the AAA. A. Service providers may enter into subcontracts with other organizations using Title III funds for purchasing food, commodities, supplies, equipment, or other activities necessary to provide services.

AAA Grants & Contracts with Service Providers	“AAAs may not delegate authority for service providers to enter into subcontracts with other organizations that will also provide direct services to recipients of OAA-funded services.” This requirement even impacts organizations that don’t subcontract. Without these contracting organizations, like nutrition programs, the AAAs would have an even greater administrative burden, requiring additional staff and costs, and further reducing the amount available to fund direct services. Contracted organizations that currently subcontract for services are still responsible for meeting all service requirements. Being closer to the provision of services, these contracting organizations can perceive and provide efficiencies.
AAA Grants & Contracts with Service Providers	Countless dedicated people in every agency have molded their programs to function economically and reliably, within their locality. Please don't discount their efforts and successes. They engage donors and volunteers to bring out the best in their communities. Please allow them to continue with their good work. Adding layers of burocracy is counter-productive.
AAA Grants & Contracts with Service Providers	“I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony, MN. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients.. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would actually be much greater for many other chapters across MN. Sincerely, Anita D., Tom S., Tom D. and Becky D.

AAA Grants & Contracts with Service Providers	Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: • Restricts organizational flexibility in service delivery • Potentially increases administrative costs • May reduce network efficiency for Area Agencies on Aging • Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.
AAA Grants & Contracts with Service Providers	Policy proposal 9.5 - It sounds like Eastside Meals on Wheels could lose T3 funding. This service provides crucial meals to nearly 100 residents in the metro area. I have delivered for MoW for 8 years and have gotten to know these people slowly over time. One of them, Gail, always looks forward to seeing my dogs pop their heads out the window! She is lonely, has limited resources, and relies on others to do simple things like shovel snow and make small fixes around the house. The Eastside team not only provides a nutritious meal for her regularly but can help be a point of contact and support, connecting her with community supports when she needs it. For other residents, this service is the only balanced meal of their day, and their family members rely on us to report back to them if we don't greet the resident at drop-off. Many of these folks struggle to communicate unless you come to their door! While food is enough, there are many ancillary services that Eastside MoW can provide through that direct connection. It would be devastating for many of these residents to suddenly lose funding and meal service. Gail would have a difficult time managing her wellness without this food, social support, and resources. Families would struggle to have a safe way to ensure their loved ones are safe and nourished. The ripple effects on these family members, neighbors, and local community supports would be substantial. And likely we would see health status decline for many recipients, driving up the overall cost of care the state already pays.

AAA Grants & Contracts with Service Providers	This is an important issue to me and my community. In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food. Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, 'you people saved my life, I don't know where I would be without the Meals on Wheels program.'" These proposed changes would take food off of Jody's table. Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels, she does not have to make those though decisions. These proposed changes would take food off of Joyce's table.

AAA Grants & Contracts with Service Providers	I am familiar with Meals on Wheels on the local community level as a volunteer who delivered meals and as an employee of the same local Meals on Wheels program. At one time, Title III funds provided for an Outreach Worker, which was my job as a licensed social worker. But I have also been involved with the program in other capacities for over 25 years. I am also familiar with Meals on Wheels from the state level, having worked at the Minnesota Board on Aging as the Area Agency on Aging Operations Developer over 25 years ago. I am familiar on the regional level as well, as an MSW LISW working in post-acute care and referring patients as they transition back to their homes to critical services such as home delivered meals. Finally, I am familiar with Meals on Wheels on a personal level, as I was the primary caregiver for my elderly parents and disabled brother. My mother received Meals on Wheels through the same local school district program while under treatment for cancer before she entered Hospice and passed away. She loved the meals and one meal not only fed her but my father as well. As a contrast, my disabled brother who lived independently with the support of a CADI Waiver, did not receive Meals on Wheels but received Optage Home Delivered Meals under their Title III contract when it was the only contract for the East Metro Area. Unfortunately with him, I saw first-hand how different the meals and the service was between the large single contract provider vs. the local neighborhood program. I witnessed my brother's weight loss and health decline which ultimately resulted in him needing to be hospitalized and moving to a group home. His meals were not delivered by friendly volunteers, but by paid staff. The meals were frozen, with little variety as he was not able to do the ordering on his own, and the red delicious apples with almost every meal started to pile up, as did the frozen meals in his freezer never consumed, as no daily hot meal option was available. When I was a volunteer for White Bear Lake Meals on Wheels, I got to know Betty who lived alone in a mobile home in Star Court in Vadnais Heights, MN, with no family in the area. She was unable to cook or grocery shop due to her health and physical limitations, and was food insecure due to her very low income. The volunteers who delivered her meals Monday-Friday, including myself, were the only contact she had with the outside world and the only means she had to get a nutritious meal. My local program, which is part of the school district community services department, relies on Metro Meals on Wheels to manage its Title III contract so that their staff, of one part-time coordinator, can focus on getting meals out to people like Betty. She would not be able to privately pay for the meal she receives from Title III funded Meals on Wheels, the only meal she eats each day. If my local Meals on Wheels program does not have access to Title III funding, it's possible that they would not be able to serve seniors like Betty. Given all of these experiences, I feel that I am uniquely suited to discuss how important the small, local, volunteer-based home delivered meal programs are. I support the strong collaboration of community-based organizations in Ramsey County, which are coming up on their 50th anniversary this year, that are dedicated to helping people maintain their independence and improve the quality of their lives through good nutrition.I feel it is critically important to continue to support this well-established network of neighborhood-based meal delivery programs. Title III funding has enabled these programs in Ramsey County to expand and to serve all seniors in

	need regardless of their ability to contribute towards the meal costs. Currently, Meals on Wheels providers operate under one Title III nutrition contract for Ramsey, Hennepin, and Anoka Counties. This allows neighborhood programs to “act as one” in association with Metro Meals on Wheels to efficiently serve eligible residents in the Twin Cities area. I am concerned that most of these Meals on Wheels providers do not have the capacity to manage extensive contracts on their own, considering the extra layers of data and financial management, and there would be inefficiencies and unnecessary duplication of efforts. I believe many programs would be completely exempt from funds because they would be considered too small. Or it would be very costly to get the staffing and systems in place at each individual neighborhood non-profit, or school district, to meet the contracting requirements. This change will certainly impact the small local neighborhood based programs, like mine at the White Bear Lake School District with one part-time coordinator. They most likely would not have the resources to obtain a AAA contract, or to manage a AAA contract on their own. And without the Title III funds, they may not be able to continue serving those seniors most in need. If they were to continue at all, these programs would have to rely solely on those who could afford to privately pay, leaving out those for which the Title III funds are intended to target. This could have the consequence of redirecting resources to administration, choosing to contract only with very large food providers, or not contracting for Title III at all. While there is a chance that if subcontracting were prohibited, Trellis could opt to still contract with some of the providers directly, I believe that would be a heavy lift for each individual agency to manage. And in an RFP scenario, individual proposals from these small programs are not likely to do well. This would mean that local neighborhood programs within small non-profits and school district community service departments, supported by teams of local volunteers, would probably not be able to sustain their programs at the level they have, if at all. The Title III support has meant that seniors in all neighborhoods of Ramsey County have been able to access meals without concern or fear that they would not be able to afford the meals. The Meals on Wheels programs in Ramsey County have been successfully working together to provide meals for 50 years. In 2024, they delivered over 203,000 meals to Ramsey County residents. They have an extensive network of over 2,000 Meals on Wheels volunteers that help to deliver meals each day. If Trellis was forced to contract with each of these individual providers, eight contracts in Ramsey County alone, it could potentially leave significant gaps in Meals on Wheels service in our communities. Most likely some of these providers would no longer be able to operate without the support and contract management of Metro Meals on Wheels. Trellis would potentially not be able to manage so many smaller contracts or would have to increase their staffing to do so. This would siphon funds away from actually providing the meals to the seniors who need them. This could impact the 500+ older adults in Ramsey County who currently receive meals through the Title III funding under the current contract and be felt throughout Ramsey County for years to come. Without the contract support and management that the subcontracting relationship provides, the local Meals on Wheels programs would see a significant drop in their ability to serve these clients. My big concern is that this change would impact the

	programs that serve the lowest income seniors in the highest need areas of greatest health disparity due to race, ethnicity, and poverty. The largest program, of the eight Meals on Wheels providers in Ramsey County, serves the inner-city neighborhoods of St. Paul. Their estimated number of Title III meals for 2025 is 14,000, at a total Title III reimbursement rate of $101,500. Without the Title III funds, this program, along with the seven smaller programs, would struggle to provide for those who cannot afford to contribute much towards their meals, especially in today's economy. Due to the rising costs of food, and reductions in funding since 2020, these local programs are even more reliant on the Title III funding from the Older Americans Act. The smaller programs would most likely have to close down, losing the strong network of volunteers, community engagement, and support that comes from neighborhood-based programs. The proposed changes would disrupt the current relationships established to provide the most efficient and cost-effective meal service and the network that is able to provide service to every neighborhood of Ramsey county.
AAA Grants & Contracts with Service Providers	Contracts and grant agreements must be fully executed prior to when service providers begin to provide services and/or prior to when the AAA may make an advance payment to the service provider. The above statement from the policy is a good one and remember, we are affecting people, not agencies with such a black and white statement. Our organization has received funding year over year and had confirmation as to the spending amount/units prior to the contract year. For reasons unknown to me, as of Feb 7, we still do not have the contracts to sign. And, we have continued to provide cleaning and snow removal services for our clients because we don't have another subsidy option for these people and it would be terrible to stop them for four weeks while we wait for contracts to sign. Yes, contracts should come first and most years they do. And, this statement needs an if clause, so that we do not strain or harm the people we are trying to help.

AAA Grants & Contracts with Service Providers	I am a resident of Mound, MN. I'm very protective of the Meals on Wheels program in my community and all communities. When I was younger, I delivered Meals on Wheels with my parents and subbed for them when they weren't available. Sometimes people who are homebound are very lonely and they so looked forward to seeing us - as much for the human contact as the nutritious meal. We were protective of our MOW friends and more than once found them in a state that required medical care. Some of our friends asked us to come in and put the food in the fridge. This gave us the opportunity to see if they were eating the food we were bringing. I truly believe that sometimes, we were the only people they saw, and many commented on how nice it was to "have a visitor." How do you put a price tag on that? These are the most vulnerable, at-risk people among us. Most do not want to ask for help, and most cannot go out to get food at a food bank due to illness or age. One of the programs that allowed my parents to age at home was Meals on Wheels. Other people paid it forward and delivered meals to them for a period of time before they moved to assisted living. It was a lifeline for them and for our family. We took turns with shopping, breakfast and lunch but we always knew that dinner was covered. A couple of the people (friends) who delivered these meals, attended their funerals years later (they lived to be 96 and 101 years old). I am planning to retire in the next 12 months and #1 on my bucket list is volunteering at WeCAN and helping with the Meals on Wheels program. I have worked at non-profits and volunteered at non-profits, and I can tell you firsthand that WeCAN is exemplary! Why would you take away their funding? Is there not enough sadness in the world right now? I believe that WeCAN has about 60 Meals on Wheels clients and has been lovingly distributing meals for almost 60 years. There is a misconception that everyone who lives in the Western Hennepin Co. neighborhoods and cities are affluent, but that's not true. WeCAN provides people with the common sense stuff that they need to survive...warm coats, hats, gloves and boots; emergency assistance with utility bills, rent, gas for their car; rides to doctor appt's, the grocery store; Adopt-a-Family program at Christmas that provides families with gifts; school supplies for kids; backpacks with snacks for kids for after school; cleaning supplies and laundry soap; personal care products; help writing a resume; help finding a job; a "birthday room" where parents can select a couple gifts, a cake mix and frosting + candles so kids can have an actual birthday celebration. And - most importantly FOOD ASSISTANCE! Food assistance that includes a food bank and the Meals on Wheels program. You cannot take away their funding. They are a teeny, tiny splash in the MBA funding bucket and we in the western suburbs/rural communities need your help. I beg you, PLEASE DO NOT TAKE AWAY THEIR TITLE III FUNDING. I truly believe that people will die as a result of that action. Please note: I'm aware that after the Feeding America scam during Covid and the recent Autism assistance scam, people are pounding their fists and demanding that program assistance gets cut. WeCAN and Meals on Wheels is NOT the place to cut. Thank you. Ann H.

AAA Grants & Contracts with Service Providers	My elderly relatives (87 year-old uncle with Alzheimer's, 87 year-old aunt caretaker) currently rely on meals on wheels. Any policy changes that might threaten this program or its relationship with local service providers will negatively impact thier independence daily well being. I urge clarity and flexibility to preserve these vital programs. At the very least, a reasonable timeline should be adopted for implementing any future changes. Thank you, Dave P., Duluth
AAA Grants & Contracts with Service Providers	Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: · Restricts organizational flexibility in service delivery · Potentially increases administrative costs · May reduce network efficiency for Area Agencies on Aging · Could limit service availability in complex geographic regions Recommendation: Preserve AAA's current discretion in subcontract management to ensure comprehensive, responsive senior service networks.
AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers • The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities. Joe K. Catholic Charities SNAP Intern
AAA Grants & Contracts with Service Providers	I am a part-time employee for Eastside Meals on Wheels, in NE Minneapolis. I have worked with them for almost four years. I am very concerned about proposed changes that could adversely affect the clients we serve. I see first hand, three days a week, the (often life-changing and life-saving) impact that the services we provide our clients has. Approximately half our clients receive Title 3 funding - and for many of them Meals on Wheels one of the only points of contact they have with the outside world - let alone the basic nutritional needs that we meet by providing meals. These changes would mean that we would potentially lose Title 3 funding, since our organization (and many others) is too small to contract directly with Trellis. That would mean over half our vulnerable, often elderly and isolated clients, folks that have already demonstrated that they are in need, falling through the cracks. At Eastside Meals on Wheels we have a team that includes a small number of employees and a dedicated pool of volunteers who all work together to make human and personal connections with our meal recipients: all of us concern ourselves daily with the welfare of these often neglected members of our community. I'm not exaggerating when I say that the future survival of our organization, and by extension of the community we serve, is at stake, and I am deeply concerned. Patrick B.
AAA Grants & Contracts with Service Providers	Eastside Meals on Wheels could lose T3 funding which could mean that we would not be able to provide daily meals for 88 of our current clients. Linda F., EMOW board member & volunteer

AAA Grants & Contracts with Service Providers	Eastside Meals on Wheels is a needed service for many of my neighbors. As a volunteer and also as a licensed Occupational Therapist I know the skilled staff does their due diligence in confirming eligibility and that the work they do is difficult at best. Professionally I have worked with many homebound seniors and see the benefit of the meals that are provided with dignity. If Eastside loses the T3 funding you will be harming many of my elderly neighbors. I urge you to do no harm. Navigating red tape and services is very difficult for the 88 clients who could lose the services of Eastside Meals on Wheels.
AAA Grants & Contracts with Service Providers	Please review policy clarity and flexibility to allow vital partnerships to provide services. Our community Meals on Wheels program in a very small, rural city of 2,000 would cease to exist if this policy is interpreted to not allow AAA to delegate authority for service providers to enter into subcontracts. This would be detrimental to our seniors and our community if this highly needed hot meal and daily check in stopped.
AAA Grants & Contracts with Service Providers	By changing AAA's abilities to subcontract through service providers like Metro Meals, who we have a current contract with, will greatly affect our clients. Under this current subcontract we are delivering halal food to our clients and focus on direct services. We, and many other service providers, are getting some administrative assistance from Metro Meals on Wheels to deliver great service to our clients. We can also focus on providing Halal meals to our clients that would be harder for a larger service provider to do when serving large areas.
AAA Grants & Contracts with Service Providers	Title III Admin & Financial, Policy #9: Preserve the ability for service providers to subcontract with other entities -- these arrangements increase the availability of home-and community-based services and supports, especially in rural areas where transportation is a significant challenge.
AAA Grants & Contracts with Service Providers	The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: · Restricts organizational flexibility in service delivery · Potentially increases administrative costs · May reduce network efficiency for Area Agencies on Aging · Could limit service availability in complex geographic regions
AAA Grants & Contracts with Service Providers	Please preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: • Restricts organizational flexibility in service delivery • Potentially increases administrative costs • May reduce network efficiency for Area Agencies on Aging • Could limit service availability in complex geographic regions The proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.

AAA Grants & Contracts with Service Providers	Section 5 of the policy will substantially change the delivery of direct services to those in great need. By disallowing AAAs to delegate subcontracting to service providers, AAAs must build the staff capacity to manage the additional contracts and grants for their service area. This will remove funds that are directly benefiting clients and move them to administrative costs. There will be many service providers that provide fantastic services to their clients but aren’t able to complete the administrative activities to lose funding for their successful program. The service providers that aren’t able to complete the RFP process with the AAAs who have a long-standing relationship with their clients will have to halt services until new funding is found or may end up closed if this is their only funding source. The trust and dependency clients have on these service providers will be lost once they lose access to the subcontracts that have benefitted them for years. It takes a lot of work to build trust with a client and this proposed change will lead to new or different service providers going into the communities and working on creating and building that trust all over again.
AAA Grants & Contracts with Service Providers	The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: · Restricts organizational flexibility in service delivery · Potentially increases administrative costs · May reduce network efficiency for Area Agencies on Aging · Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.
AAA Grants & Contracts with Service Providers	By changing AAA's abilities to subcontract through service providers like Metro Meals, who we have a current contract with, will greatly affect our clients. Under this current subcontract we are delivering halal food to our clients and focus on direct services. We, and many other service providers, are getting some administrative assistance from Metro Meals on Wheels to deliver great service to our clients. We can also focus on providing Halal meals to our clients that would be harder for a larger service provider to do when serving large areas.
AAA Grants & Contracts with Service Providers	Mary has told me multiple times that if she didn’t get Meals on Wheels, she would not have enough to eat on a regular basis. If our local Meals on Wheels program does not have access to Title III funding, it’s possible that they wouldn’t be able to serve deserving neighbors like Mary. My local program relies on Metro Meals on Wheels to manage this contract so that their staff can focus on getting meals out to people like Mary. Through Metro Meals on Wheels Title III contract, 2,000 at-risk seniors in the Twin Cities area receive meals. The proposed changes would disrupt their current meal service, and their neighborhood program may not have the capacity to manage a contact on their own, leaving these at-risk seniors vulnerable. Best, Volunteer for Meals on Wheels, Wilder Research Emily K.

AAA Grants & Contracts with Service Providers	I have had the honor of volunteering for Moundsview Meals on Wheels for 3 years now. I have met some of the most amazing people. They all appreciate the meals and the company. I am the only one they see sometimes. I have had them say thank you so many times and tell me they would not be eating if I did not bring them a meal. I love what I do and will continue to bring joy and a warm meal to those less fortunate. Kathy C.
AAA Grants & Contracts with Service Providers	I am writing to you as a School Board member of the Roseville Area Schools to express my concern regarding Proposal 9.5, which threatens to limit the ability of small neighborhood Meals on Wheels programs, like ours, to access vital Title III funding. This proposal, if passed, could have devastating consequences for seniors in our community who rely on these meals to maintain their health and independence. I want to share a story about one of the seniors we serve, whose experience highlights the critical need for this funding. A longtime resident of our district recently lost her husband, and during her grief, she had to undergo eye surgery that significantly impacted her ability to perform daily tasks. On top of that, her SNAP benefits were recently reduced, leaving her struggling even more to afford food. Without the daily meals she receives through our Meals on Wheels program, funded by Title III, she doesn't know what she would do. The consistent delivery of nutritious meals ensures that she can stay in her home and maintain some level of independence, even as she faces these personal challenges. I urge you to reconsider this proposal and allow the continuation of the contracting relationship between Metro Meals on Wheels and small neighborhood organizations like ours. These programs are essential in ensuring that our most vulnerable community members, particularly seniors, continue to receive the support they need.
AAA Grants & Contracts with Service Providers	Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: • Restricts organizational flexibility in service delivery • Potentially increases administrative costs • May reduce network efficiency for Area Agencies on Aging • Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.

AAA Grants & Contracts with Service Providers	I am writing to you as a School Board member of the Roseville Area Schools to express my concern regarding Proposal 9.5, which threatens to limit the ability of small neighborhood Meals on Wheels programs, like ours, to access vital Title III funding. This proposal, if passed, could have devastating consequences for seniors in our community who rely on these meals to maintain their health and independence. I want to share a story about one of the seniors we serve, whose experience highlights the critical need for this funding. A longtime resident of our district recently lost her husband, and during her grief, she had to undergo eye surgery that significantly impacted her ability to perform daily tasks. On top of that, her SNAP benefits were recently reduced, leaving her struggling even more to afford food. Without the daily meals she receives through our Meals on Wheels program, funded by Title III, she doesn't know what she would do. The consistent delivery of nutritious meals ensures that she can stay in her home and maintain some level of independence, even as she faces these personal challenges. I urge you to reconsider this proposal and allow the continuation of the contracting relationship between Metro Meals on Wheels and small neighborhood organizations like ours. These programs are essential in ensuring that our most vulnerable community members, particularly seniors, continue to receive the support they need. Kitty G. Roseville Area School Board

AAA Grants & Contracts with Service Providers	Our organization provides hot, nutritious meals to over 100 older Minnesotans annually through our Senior Nutrition Program. Our program provides additional benefits aside from nutrition such as reducing social isolation and providing the possibility for older adults to remain safely in their homes. This essential work is made possible through our partnership with VOA. Alongside this partnership, we also provide direct congregate and home-delivered meal services. Without VOA, it would be incredibly difficult to provide these services to the community since LAOA is volunteer based. These collaborations allow us to extend our reach and deliver vital services tailored to meet the needs of Minnesota's older adult population. The proposed prohibition on delegating subcontracting authorities presents significant challenges for programs which VOA serves as an administrative backbone for smaller organizations such as LAOA. Subcontracting through VOA enables our organization to concentrate on outreach services and delivering high-quality congregate and home-delivered meal services to numerous eligible individuals who have Moderate to High nutritional risk, while they manage administrative responsibilities and ensure compliance with OAA requirements. Without the ability to subcontract with VOA, our organization could be excluded from participating in OAA-funded services, leaving a critical gap in service delivery. This could disproportionately impact underserved older adult communities already at heightened risk for malnutrition and social isolation. In turn, VOA losing their ability to collaborate with these organizations such as ours would likely have a significant negative impact on our capacity to provide congregate and home-delivered meals as well, putting older Minnesotans at risk of losing access to healthy meals as soon as the policy change becomes effective. Responsible and effective subcontracting is integral for creating an efficient and accessible service network. These collaborations play a vital role in ensuring that all older adults receive the support and services they need to thrive. To allow adequate time to assess the potential impact of these changes on AAAs and community-based organizations serving eligible older adults, we strongly recommend delaying implementation until the end of the current three-year grant cycle, December 31, 2026, or at the very least, until January 1, 2026.

AAA Grants & Contracts with Service Providers	TESTIMONIES FOR YOU TO COPY AND PASTE IF YOU PLEASE In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food. Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, 'you people saved my life, I don't know where I would be without the Meals on Wheels program.'" These proposed changes would take food off of Jody's table. Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels, she does not have to make those though decisions. These proposed changes would take food off of Joyce's table
AAA Grants & Contracts with Service Providers	Policy proposal 9.5 under AAA Grants and Contracts with Service Providers. Shifting the responsibilities of submitting reports, applying for and contracting for funds, aggregating client and service information from Metro Meals on Wheels to the individual providers would place a huge burden on those individual providers. Why would you want to change a process that is working very well and has been working well for many years? This would particularly impact those providers in smaller communities. I understand there are many processes that are provided by MMOW that allow providers to focus their resources on meal delivery and client and volunteer support while MMOW handles all the overhead associated with successfully running Meals on Wheels. I've been delivering meals for over 5 years. This program is essential and to impact it in a negative way makes no sense. I'm told these changes could result in 40% of the clients needed to private pay or lose services. That's not right. Please maintain the current policy.
AAA Grants & Contracts with Service Providers	The proposed change that Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services would significantly disrupt Three Rivers partnership with caterers to provide Meals on Wheels services in our communities. It will also affect our partner agencies that have partnerships with small local restaurants, local snow removal services, lawn care services, and housekeeping services. All of these contracts currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. We are requesting policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program.

AAA Grants & Contracts with Service Providers	This would significantly disrupt partnerships with small, local restaurants services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability.
AAA Grants & Contracts with Service Providers	• Proposed Change: Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services. • Impact: This would significantly disrupt partnerships with small, local restaurants, and impact services received by seniors in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. • Request: Advocate for policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program and require 2025 contract revisions.
AAA Grants & Contracts with Service Providers	Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.
AAA Grants & Contracts with Service Providers	I am commenting on proposal 9.5 under the AAA Grant and Contracts with Service Providers - a change that would greatly hinder the ability of Meals on Wheels programs to provide necessary services to older adults and people with disabilities. If this change happens, smaller programs will have to spend more resources and time on administrative tasks, rather than serving nutritious meals in the community. The system that is in place now is working and this drastic change could force smaller programs to lose Title III funding entirely.

AAA Grants & Contracts with Service Providers	Hello, I am the program coordinator for Wilder Meals on Wheels in Saint Paul – a subcontract provider through Metro Meals on Wheels. We are one of eight other subcontracted Meals on Wheels programs in Ramsey County. My program serves about 3,700 meals per month, and about 40% of these meals are provided through Title III funding. Policy 9.5 is a new interpretation of a federal Area Aging Policy (1321.59 d). This federal policy is not new, and is not applicable to the relationship Metro MOW has with its subcontracted programs across the Twin Cities. If this new interpretation by the MN Board on Aging is approved, my program, and many others, will lose the funding that our meal recipients rely on for their meals. Metro Meals on Wheels currently assists with intake and database support for this funding, without which both Wilder and Trellis would need to hire additional staff, work extra hours to provide the same level of administrative support, all which takes away time and funding that can be used to meet a variety of needs. I started my position at Wilder in March of 2024. Since then, Wilder MOW has grown by about 30% both in terms of clients served and meals delivered. My fellow coordinators for MOW programs across the metro have reported increases to their client bases as well. Without Title III, this growth would not have been possible. Many of these programs are run by small organizations with shared office space and limited staffing (relying on volunteers for daily meal packing and delivery). Most coordinators are part-time employees, and have limited or no support staff. Wilder is one of few programs that may qualify individually for a Title III grant, however, would not have the administrative support necessary to maintain funding. It is likely we would not continue to qualify if funds were lost. Despite being one the organizations best equipped to weather the negative implications of this policy change, we still are concerned about debilitating consequences of this proposed change. Our program serves a high-need area of St. Paul. 97% of our clients are on a form of payment assistance (like Title III) or county waiver. Many of our Title III meal recipients cannot afford to privately pay for their meals, even with the cost reduced by a sliding fee scale. They often lack access to a grocery store, and are often unable to shop, leave home, cook, or feed themselves. The impact of this policy would be devastating to our program and our clients in the most needed areas of St. Paul. This proposed change would have devastating consequences for countless Minnesotans. It would inhibit our ability to serve those most in need. We urge you to reconsider this policy.
AAA Grants & Contracts with Service Providers	Service providers should still be allowed to enter into subcontracts with local businesses for direct services. Service providers are the "boots on the ground" in their communities and have better knowledge of local businesses who can provide direct services to individuals 60 and over.

AAA Grants & Contracts with Service Providers	Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: • Restricts organizational flexibility in service delivery • Potentially increases administrative costs • May reduce network efficiency for Area Agencies on Aging • Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.
AAA Grants & Contracts with Service Providers	Please, help keep organizations like meals on wheels moving. They take the time to get know the people, on a personal level - when they pop over with those meals. For some of these folks, that might be the only conversation they get to have that day, or week! Please let these good folks work with whomever else helps them in that mission, if Wilder foundation is properly vetted and transparent, and they have great info that is tactically impactful for MoW, then by golly let them work together. If this teamwork drives better outcomes with the same amount of dollars, keep them on the field. Let 'measurable impact outcomes / dollar' be keystone to our policies here. -PB
AAA Grants & Contracts with Service Providers	The Minnesota Board on Aging's proposal to eliminate the use of subcontractors for senior services would make Minnesota an outlier in how it utilizes Older Americans Act (OAA) funds. Like Minnesota's current practice, other states successfully leverage subcontractors to improve efficiency and maximize the impact of these resources. For example, Georgia's regulations explicitly permit subcontracting, as demonstrated in the Three Rivers Regional Commission's guidelines (see link): "Subcontracts...may be subcontracted...under the following conditions..." Similarly, Florida allows subcontracting for nutrition services, subject to prior approval from the Area Agency on Aging (AAA), as detailed in the Florida Department of Elder Affairs Programs and Services Handbook (see link). Specifically, the handbook states, "Nutrition service providers may enter contracts or subcontracts with profit-making organizations for nutrition services only with prior written approval of the AAA." This practice ensures appropriate oversight while still allowing for flexible service delivery.
AAA Grants & Contracts with Service Providers	The Minnesota Board on Aging's proposed change to end the use of subcontractors, based on a new interpretation of a 38-year-old federal rule, raises serious concerns regarding meal delivery to vulnerable seniors in the metro area, particularly within Hennepin, Ramsey, and Anoka counties—three of the state's four most populous. This policy shift threatens to drastically reduce access to culturally appropriate meals, jeopardizing established partnerships and service networks built over years through subcontracts with community-based organizations led by local leaders. Eliminating these subcontracts will strain volunteer capacity and recruitment efforts. The increased administrative and financial burden will divert significant Older Americans Act (OAA) funds away from meals. Metro-area subcontractors provide crucial local control over meal delivery, empowering those closest to the seniors in need to address the unique needs of their communities effectively.

AAA Grants & Contracts with Service Providers	The proposed change that Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services would significantly disrupt Three Rivers partnership with caterers to provide Meals on Wheels services in our communities. It will also affect our partner agencies that have partnerships with small local restaurants, local snow removal services, lawn care services, and housekeeping services. All of these contracts currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. We are requesting policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program.
AAA Grants & Contracts with Service Providers	I understand under the proposed changes that Eastside Meals on Wheels could lose T3 funding, which means that 88 clients would lose funding. These changes would slash the funding to this vital Northeast Minneapolis nonprofit. As a volunteer driver since the pandemic started, I have seen what these meals mean to clients around the eastside. I shudder to think what losing those meals would mean to the clients at risk. The food security programs are under attack in Minnesota in part because of the very unfortunate Feeding our Future scandal, which was a terrible abuse of the public trust. Nevertheless, Eastside MOW is trustworthy and small scale. This scandal had nothing to do with them, so I hate to think that the repercussions will hurt Eastside neighbors. Michael D. Northeast Minneapolis
AAA Grants & Contracts with Service Providers	As a former Meals on Wheels volunteer, I can attest to the needs and importance of the Mounds View Meals on Wheels program. I no longer serve as a volunteer due to health issues which makes me appreciate even more the importance of this program. My “clients” were people who were unable to get out to purchase food for their meals due to disabilities, so they relied on the program to receive their daily sustenance as well as some social contact. Their appreciation was immense. For this to be a paperwork issue coming from the Minnesota Board of Aging is pretty appalling. This is not a good example of the MBA living up to their mission statement. The volunteers and managers of the Mounds View program are exceptional, selfless people whose interest is to take care of the seniors in their community who cannot care for themselves. With the senior citizen population the highest demographic in the State, cuts in spending should not be on our backs any longer for any reason, least of all over paperwork. Kathy K.

AAA Grants & Contracts with Service Providers	Dear MBA, I am concerned that some of MBA's proposed policy changes will negatively impact clients that I have delivered meals to on behalf of East Side Meals on Wheels. I am very concerned that proposal 9. 5., under the AAA Grant and Contracts with Service Providers would cut off access for vulnerable elders who are deserving of support. If rather than get funding through Metro Meals on Wheels, Eastside has to directly contract with Trellis to receive Title III funding, then more than half the clients we serve will be no longer able to participate in the the MOW program because we do not serve 25,000 meals a year as required by Trellis protocols for contract proposals they will accept. I urge you to reconsider any such changes so that our clients with whom we've developed a trusting and respectful relationship can continue to get food support that they genuinely need.
AAA Grants & Contracts with Service Providers	Limiting or eliminating contracts with Caterers and other businesses would limit the ability of people in small rural communities to get access to things like meals, snow removal, and lawncare. We ask for more clarity in the policy, more flexibility to work with these partners, and consideration for how this will impact rural older adults. Finally if this policy is enacted it could be put into motion as soon as 10/1/2025, leaving very little time for programs to plan and make changes.
AAA Grants & Contracts with Service Providers	The seniors in all of our communities are the some of the most vulnerable populations and to see organizations/governments (state and federal) continue to whittle down the funding for their social programming is alarming. Many of the elders in the community participate in the Meals on Wheels program and see a benefit from healthy meals prepared and brought to their door every day or multiple times a week. Sometimes, these drivers are the only social safety net that these seniors have on a daily basis. To cut funding and ties with Title III contracts would drastically cut this daily contact, social interaction and most importantly, healthy meals that they might not have otherwise. The elderly and socially vulnerable are already at a risk for low social engagement, poor chronic health issues and high medical costs when entering the health care system. America and Minnesota needs to take social programming and funding social programming such as Meals on Wheels, seriously as there will be drastic consequences from lack of daily contact and healthy ready to make food. The respect that Minnesota and America gives to its elderly vulnerable population is deplorable and this is a chance to maintain a program that serves a community that is often overlooked and UNDER CARED FOR. This county shows who and what it values with money; at this moment, we are seeing the risk of not valuing caring for our seniors. Which we will ALL BE AT SOME POINT. Please consider keeping the funding into these programs that support seniors.

AAA Grants & Contracts with Service Providers	Hello, As a current employee of Metro Meals on Wheels and a former Director of Anoka County Meals on Wheels, I see the value in Metro overseeing the contracts of Title III of the 19 programs that use Title III in our service area. As a program, you are boots on the ground, doing everything possible to serve as many clients in need. Taking time away from these programs to oversee their contract would result in less people being served. We at Metro manage the data and paperwork for these Title III clients/programs. If you take away our capability to support these programs, many programs will have to absorb the administrative cost on already a limited budget. Which could cause programs not being able to serve those clients in need. Sincerely, Sue P. Metro Meals on Wheel, Client Enrollment
AAA Grants & Contracts with Service Providers	Title III Admin and Financial, 9.Policy 5 I manage a small neighborhood based Meals on Wheels program. We serve primarily the Roseville Area School District which serves areas of Arden Hills, Falcon Heights, Little Canada, Lauderdale, Maplewood, Roseville, and Shoreview. In 2024 Metro Meals on Wheels received Title III funding which we were able to subcontract with them to provide Title III meals to clients in our area. This allowed us to serve almost 12,000 meals to seniors in our community. We are a small program and have 3 staff who work on Meals on Wheels part time, the fact Metro Meals on Wheels handles the majority of the paperwork associated with this funding means we can focus on our clients. Meals on Wheels does not just serve meals we also serve as an important wellness check. This past year we had a 96 year-old client refuse her meal, when the delivery driver arrived, she told the driver that she was sick and didn't want it. The driver called and left a message for her son letting him know she was sick and then asked us to also follow up with her. When I called her, her son had scheduled her a doctor's appointment and she ended up being hospitalized due to her illness. Because of Meals on Wheels and this delivery driver she received care sooner than later. I am asking that you continue to allow smaller programs to subcontract with Metro Meals on Wheels so we can serve the seniors in our community.
AAA Grants & Contracts with Service Providers	The ability to contract with local businesses is a valuable tool in serving the community. Keeping the money local is vital to our local economies. I would like to advocate for a transparent process if this ability is changed, and a lengthy timeline to implement any changes.

AAA Grants & Contracts with Service Providers	Hello. I am a board member for Eastside Meals on Wheels in Minneapolis and it has come to my attention that you are considering changes to how money is dispersed to Meals on Wheels. I have been told that we would be unable to continue providing meals to 88 of our 155 clients because we do not reach a 25,000 meal threshold. Meals on Wheels are are small local organizations that are kept small so we can cater to the needs of individual in a neighborhood. Stamping out cookie cutter meals for an entire city doesn't respect different tastes in different neighborhoods. The people that will be affected the most are the most vulnerable and frail of our clients. They want to stay in their homes or apartments and taking away their meals may make that impossible. So what is more affordable for government? Paying for the costs for having these folks in assisted living or having a completely volunteer group deliver the meals that keep them in their homes. Please, please, please think carefully before you make this monumental choice for Meals on Wheels. Respectfully, Pete N. Board Member, Eastside Meals on Wheels
AAA Grants & Contracts with Service Providers	These changes could have a dramatic on services provided by Eastside Meals on Wheels. It could reduce the clientele served by 50%. Such a reduction would impact food security and overall nutrition by those least capable to provide a voice. Carroll V. Board Member Eastside Meals on Wheels
AAA Grants & Contracts with Service Providers	Meals on Wheels was a lifeline for my great-grandparents during their final years—without this vital service, we might have lost them earlier. For many seniors and individuals with limited mobility, access to nutritious meals isn't a luxury; it's a matter of survival. When someone cannot safely leave their home or travel to a store, Meals on Wheels provides not only essential nutrients but also peace of mind, reducing stress and the risk of further health complications. Cutting or restricting this program is not merely a budgetary adjustment—it's a decision that can cost lives. By ensuring that these services remain robust and accessible, we are investing in the health and dignity of our community's most vulnerable members. I urge decision-makers to prioritize the well-being of our citizens over short-term fiscal savings, and to recognize that safeguarding access to nutritious food is an investment in the future of our society.
AAA Grants & Contracts with Service Providers	Currently the various local Ramsey County Meals on Wheels programs operate under one Title III contract held by Metro Meals on Wheels. The program I volunteer with, supported by the Mounds View School District, would likely be too small and not have the resources to take on the proposed administrative burden, leaving them unable to service the food insecure in our neighborhoods. The size and concentration on just the neighborhoods in our school district is what makes this program unique. They truly know the folks they support. I realize in this era of concern for misuse of funds that better controls are needed, but this added administrative burden seems like a bad idea when inflated food costs are causing food insecurity among the elderly to continue to grow. Nancy M. New Brighton, MN

AAA Grants & Contracts with Service Providers	To Whom it may Concern: The Mounds View Meals on Wheels program has had a profound impact on the lives of older adults in our community, and it’s been a privilege for me to volunteer and see firsthand how essential this service is. Many seniors in our community depend on this program for daily meals, which not only provide vital nutrition but also give them a connection to the outside world. Beyond just delivering food, Meals on Wheels volunteers like myself also play a critical role as “wellness checks.” There have been times when I have shown up to deliver a meal, and there is no answer at the door. I have been able to contact the program coordinator and he can follow up with emergency contacts. These small interactions mean so much to individuals who are isolated in their homes. Without our visits, they wouldn’t just lose a meal, they would lose that important human connection. I’ve also seen the broader impact of Meals on Wheels across the Mounds View area. According to Metro Meals on Wheels, through their Title III contract, 2,000 at-risk seniors in the Twin Cities area receive meals, including many here in our community. The proposed changes that could disrupt this service would leave many vulnerable seniors without access to food, wellness checks, and social interaction. It’s not just about the meal—it’s about ensuring that these older adults feel seen and cared for. If our program loses funding and the capacity to continue offering these services, we risk further isolating these individuals, who are already facing enough challenges. In this time of uncertainty, it’s vital that we stand up for our seniors and ensure that the Meals on Wheels program continues to thrive. The proposed changes would cause this neighborhood program to not have the resources to handle the contract independently, putting these at-risk seniors in a vulnerable position. Meals on Wheels provides so much more than food—it’s a lifeline for so many in our community. Sincerely, Lisa N.
AAA Grants & Contracts with Service Providers	For almost three years, I’ve been volunteering by delivering meals with the Mpls Eastside Meals on Wheels, from one time to five times per week. In this time, I’ve gotten to know our clients very well, and feel close to them. It’s come to my understanding that due to the changes in the Trellis contracting, the funding for those most in need (over half of the clients) would soon stop receiving meals. I urge whomever to do whatever is possible to ensure that doesn’t happen. Thanks for your time and consideration to find a solution.

AAA Grants & Contracts with Service Providers	I am writing as a concerned member of the Eastside Meals on Wheels board. Our small but mighty chapter of Meals on Wheels serves the St. Anthony and Northeast areas of Minneapolis. In 2024 we served 24,586 Title III meals to our community. That is nearly 500 meals a week being delivered out of a small church basement. We are not just serving meals though. We are also ensuring the safety of our vulnerable aging community and giving peace of mind to their loved ones. Our chapter has a committed volunteer base and we are also able to provide differential things to our clients when we can like fresh fruit or a desert. But we would not be able to provide these amazing things to our community with out partnering with Metro Meals on Wheels to help us with our Title III funding. Right now Metro works with Trellis to disperse said funding to 30 different Meals on Wheels chapters. with the proposed changes we would no longer be allowed to partner with Metro to facilitate the funding. Eastside is a larger chapter for Meals on Wheels and we do not meet the 25,000 meal requirement to work with Trellis directly. So changing the structure of how we are currently running will leave seniors all over the state worse off then they are today and potentially losing their independence and moving into nursing homes they can not afford. But for our chapters in particular we would not be able to serve 88 out of our 155 clients. Please reconsider this change so that we can continue to serve our local community.
AAA Grants & Contracts with Service Providers	I am sorry to hear that Eastside Meals on Wheels could lose T3,funding resulting in some of our folks not getting meals. My experience with delivering meals is that the people we service are in need of assistance in a number of ways, either physically challenged or too poor to buy food. On my last delivery the client was gleeful, “Oh something hot today!” I sincerely hope that the service MOWs provides will not be diminished or lost ; our clients cannot afford that. Thank you for taking time to read this. Sincerely, Rosalind W. & Peter L. Delivery volunteers
AAA Grants & Contracts with Service Providers	I have volunteered for Eastside Meals on Wheels for 17 years. First as a driver and this past 5 years making phone calls to check in on clients. This program is a lifeline for many seniors who live in poverty. It breaks my heart when I hear seniors feel like they are taking a service away from someone else who may need it more than them. Please ensure that Title 3 get's it's full funding. 88 of the 155 clients this program serves get funding from this source. We would not be able to continue providing the lunches that help keep seniors in their own home. Eastside Meals on wheels partners with Metro Meals on Wheels and if these cuts happen it would put a great burden on our program to get all the requirements in place to serve the clients they feed now.

AAA Grants & Contracts with Service Providers	Protect Essential Meal Services for Vulnerable Seniors – Oppose Changes to Title III Funding For over 50 years, Eastside Meals on Wheels has provided nutritious meals, companionship, and critical support to seniors and individuals in need. With over 1,000,000 meals delivered, we are a trusted and efficient organization that maximizes every dollar to serve those who need it most. We get to see people's homes, and check in on the health of those who are the most at risk. The proposed changes to Title III funding administration by the Minnesota Board on Aging (MBA) would severely disrupt services for Eastside Meals on Wheels and similar community-based programs. Key Concerns: Loss of Funding = Fewer Meals for Seniors Nearly half of our clients (88 out of 155) receive meals through Title III funding. The proposed changes would disqualify Eastside Meals on Wheels from Title III funding, putting these clients at risk of food insecurity. Administrative Burdens for Small Programs Currently, Metro Meals on Wheels efficiently manages Title III contracts for 30+ programs, allowing small, community-driven organizations to focus on serving meals, not paperwork. If each program is forced to contract directly with Trellis, many will struggle to meet administrative requirements, risking service cuts or closures. In-Person Eligibility Verification is a Barrier Many seniors value their privacy and independence; requiring annual in-home visits instead of phone or mail verification would deter participation. Vulnerable seniors who rely on Meals on Wheels for sustenance may go hungry rather than endure intrusive visits. The Impact if These Changes Proceed: ❌ Seniors may lose access to essential nutrition and support. ❌ Small, community-based programs will be burdened with excessive administrative requirements. ❌ The most vulnerable members of our community will suffer. With enough voices speaking out, we can protect the future of Eastside Meals on Wheels and ensure no senior goes hungry. Thank you for your support.

AAA Grants & Contracts with Service Providers	I am the Operations Coordinator for a small Meals on Wheels program in Minneapolis that recently celebrated its 50th anniversary. A little over half of my clients, 88 of 155 (as of Dec 31, 2024) receive meals that are funded with Title III dollars. I've seen a dramatic increase in the number of seniors being provided meals through TIII funding in the 5 years I've been here. My understanding is that "AAA Grants and Contracts with Service Providers, Policy 5" would eliminate all Title III funding for our program. Currently, our AAA does not accept contract proposals from any program that serves less than 25,000 Title III meals annually. My program did not meet this requirement in 2024 and therefore would be completely unable to access those funds. For almost 30 years (if I have the history correct), my program along with 18 others have cooperated through Metro Meals on Wheels in order to be eligible to receive TIII funding. I've been going through a lot (LOT!) of "What If?" scenarios lately. So What If this Policy 5 goes into effect? Maybe our AAA will revise policies so we can still apply. If so, I don't currently know if we have the expertise to make a contract proposal, so would we need additional staff or to contract that work out? In this What If best case scenario, if that all goes well, then we'd need to manage that contract in-house. Would that just require additional staff time, or perhaps an additional staff member? We currently have one full-time employee, our Executive Director, and everyone else is part-time. Adding staff is expensive, and I'll say again, this is a small non-profit that would struggle with the extra cost and burden. This addition to administrative costs would take meals away from seniors. That's all a lot of What If? A lot of Maybe This or Maybe That. So much uncertainty and unknown. That is no way to run any program, at the local level all the way up to the state level, especially programs like mine that are so directly important to the lives of vulnerable elderly adults in all of our communities. And let me tell you, this is VERY important for my clients. I do the assessments, so I know these folks need our services. I talk to them about sometimes not being able to afford groceries. Or about not being able to shop for food or having no transportation. Joyce D. has told me about forgetting and leaving the stove on all night, so now she is afraid to cook and a hot meal delivered 3 days a week is a huge relief. Joyce R. is blind and our volunteer recently smelled gas coming from her apartment because Joyce didn't know the stove was on but not lit. That's just the Joyces(!), there are about 86 more individual stories of struggles around food from my TIII clients, and what food security I can offer is at risk due to the MBA's proposed rule changes. Sincerely, Bradley VW

AAA Grants & Contracts with Service Providers	My wife and I have been delivering meals to vulnerable people in our area from the Mounds View School District location for the past 6 years. In that time our usual route would allow us to make 5-8 meal deliveries each day we volunteer. Why we say “vulnerable people” is because the great percentage of these people are homebound and have seemingly few resources available to them to receive nutritional meals on a regular basis. We also have the opportunity to make contact with them for their socialization needs and can be a daily check for them to make sure the individuals are safe. We have had several occasions over the past 6 years where we alerted the MOW staff there were issues that made us feel the individual is not well or not responding to our visit. This MOW program is considered a small program but impacts many lives. Our understanding is that with the possible changes proposed this valuable program will be at risk of not being able to continue to support these vulnerable people by delivering their much needed meals each week. Please do not allow this to happen. Michael and Christine S.
AAA Grants & Contracts with Service Providers	2/5/2025 Through Metro Meals on Wheels Title III contract, 2,000 at-risk seniors in the Twin Cities area receive meals. The proposed changes would disrupt their current meal service. Their neighborhood program may not have the capacity to manage a contract on their own, leaving these at-risk seniors vulnerable. I have been a MOW driver for over 27 years and during this time, I have seen many clients come and go. Many of our clients are housebound, very frail and lonely. Some don't have a stove or know how to use a microwave, so getting a hot meal ensures that they get one nutritional meal a day. They are grateful to have something to eat. An unspoken friendship is established by seeing the client on a regular basis. I can tell when they are having a good day or a bad one. If it is a bad day, I always tell my supervisor about my concerns about what I have seen. If she gets several bad day reports in a row from her drivers, she contacts the family to let them know what we have seen and that we are concerned for their loved one. We are the extra pair of eyes that are needed for our quickly growing, vulnerable population. One time I found a client on the floor, so I called 911 and then my supervisor. The EMT's were able to get him to the hospital in a timely manner and several months later when he returned home, we were able to bring him his daily hot meal again. Many times, my clients have told me how grateful they are for the meal as well as knowing they would be seeing me. They rely on getting a hot meal and on seeing someone ensuring they are not totally isolated and they are able to stay in their home and not be a burden on the State. Don't deprive them of a chance for an affordable, healthy meal just because their local program is too small to apply for funding. Thank you, Mary K. A.
AAA Grants & Contracts with Service Providers	Hello, I am writing to comment on the real possibility of Eastside Meals on Wheels losing its T3 funding through the proposed changes in the review of the OAA. If these changes go thru, 88 out of 155 EMoW clients would lose this life saving service. Please reconsider, and work with Trellis, Metro Meals on Wheels and all relevant parties to ensure that these clients do not experience and interruption of service. Our elders deserve dignity and care provided by their community. Sincerely, Andrea L.

AAA Grants & Contracts with Service Providers	Metro Meals on Wheels receives calls daily from local neighbors to sign up for meal delivery services. Many of these calls are from at-risk seniors that emphasize how these meals are sometimes the only food they eat in a day due to their inability to afford food or get out to shop. There is a specific neighbor, Carol, who continues to call us just to express her thanks and gratitude for being provided meals because if she didn't have them, she isn't sure how she would eat. If local Meals on Wheels programs do not have access to Title III funding, it's possible that they wouldn't be able to serve deserving neighbors like Carol. Many local programs rely on Metro Meals on Wheels to manage this contract so that their staff can focus on meal delivery for people like Carol.
AAA Grants & Contracts with Service Providers	Eastside Meals on Wheels could lose their T3 funding and I really hope that is not the case! I have delivered to people in need in the Northeast Mpls area. If funding were cut, it would be sad to me bc it would be difficult for these sweet, needy people who really rely on a decent meal from MOW. The people who receive meals are so sweet and grateful for their food. Some even just look forward to seeing someone in their day. It is much more than nutrition but a way for people to connect to other people. Thank you for your consideration! Sincerely, Katherine VF
AAA Grants & Contracts with Service Providers	• The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities. Amanda C. Catholic Charities Expansion Coordinator
AAA Grants & Contracts with Service Providers	Hello, I am writing to comment on the possibility of Eastside Meals on Wheels (and all of the metro twin cities meals on wheels programs) loosing T3 funding. Please do not do this. I have volunteered driving for EMoW for almost 6 years now and it has made such a wonderful impact for my community and for myself. If EMoW loses its T3 funding, 88 of our 155 clients would lose service. EMoW checks its clients regularly to ensure they need our services (and I can say, as a driver, meeting our clients, they DO need our services). Do NOT take the funding. I pay taxes and vote in hopes that my efforts go to helping my community. I am 36, healthy and able. And I know someday I will not be those things and I may need those services. I donate my time to help the most vulnerable among us because they deserve dignity as much as you or I do. I have made meaningful friendships with clients, like Marge B., a retired nurse who is wheelchair bound and in assisted living. Marge is a firecracker, a talented painter, and gives back to her own immediate community to her own capabilities. If I can bring her and others like her lunch and a friendly face to make her life a little easier, I'm happy to do it. Please please do not take any funding from this essential community building service. Sincerely, Kristen W.

AAA Grants & Contracts with Service Providers	Hello, I am writing to comment on the real possibility of Eastside Meals on Wheels losing its T3 funding through the proposed changes in the review of the OAA. If these changes go thru, 88 out of 155 EMoW clients would lose this life saving service. Please reconsider, and work with Trellis, Metro Meals on Wheels and all relevant parties to ensure that these clients do not experience and interruption of service. Our elders deserve dignity and care provided by their community. Sincerely, Nathan B. More details about the law:
AAA Grants & Contracts with Service Providers	Select: "AAA Grants and Contracts with Service Providers" Suggested text: Hello, I am writing to comment on the real possibility of Eastside Meals on Wheels losing its T3 funding through the proposed changes in the review of the OAA. If these changes go thru, 88 out of 155 EMoW clients would lose this life saving service. Please reconsider, and work with Trellis, Metro Meals on Wheels and all relevant parties to ensure that these clients do not experience and interruption of service. Our elders deserve dignity and care provided by their community. Sincerely, Sarah M.
AAA Grants & Contracts with Service Providers	It has come to my attention that the procedure changes currently being considered regarding the administration of Title III funding would severely affect my local Meals on Wheels chapter, and dozens my neighbors who depend on that service for their daily nutrition. I understand that reviewing these processes is needed from time to time, but gutting local MoW chapters is not a change that anybody needs at this time. Please reconsider.
AAA Grants & Contracts with Service Providers	Under Title III Admin and Financial, 9. AAA Grants and Contracts with Service Providers, Policy 5., as proposed, would prohibit a contracting relationship between member organizations and neighborhood programs serving Title III meals. If eligible, each provider would be required to contract directly with an Area Agency on Aging. I am the Executive Director of Eastside Meals on Wheels. We serve the zip codes 55413, 55414 and 55418. Last year we served 24,586 Title III meals. Currently our Area Agency on Aging will only contract with providers who serve at least 25,000 meals per year. Not receiving that funding would be devastating to our program (and to those seniors). Right now, our contract is bundled with thirty other Meals on Wheels programs and managed by our member organization -- Metro Meals on Wheels. We only have a very small staff and rely on 200 volunteers to do our work. We are a true grassroots organization and our time is best spent in direct service -- that's why it works well for our member organization to manage our contract. Best serving our client base takes time, care, and familiarity with the client's life, family, and situation. It's also this kind of close, personal relationships that truly improve the quality of life of our seniors. We want to provide as culturally specific care as possible. I don't doubt this big change will throw all the little Meals on Wheels programs into crisis.
AAA Grants & Contracts with Service Providers	Hello, I am writing to comment on the real possibility of Eastside Meals on Wheels losing its T3 funding through the proposed changes in the review of the OAA. If these changes go thru, 88 out of 155 EMoW clients would lose this life saving service. Please reconsider, and work with Trellis, Metro Meals on Wheels and all relevant parties to ensure that these clients do not experience and interruption of service. Our elders deserve dignity and care provided by their community. Sincerely, Ryan L.

AAA Grants & Contracts with Service Providers	I have been delivering Meals on Wheels in SE and NE Minneapolis for over 20 years, initially in SE Minneapolis through St Lawrence Catholic Church, and for the past many years in both NE and SE Minneapolis through Eastside Meals on Wheels. I understand that Eastside Meals on Wheels is in danger of losing T3 funding, which means that half of their client base would no longer be able to be served. I know that these clients are in need of these meals and would suffer without them. Please do not take this T3 funding from programs like Eastside Meals on Wheels that provide very needed services to senior citizens in our country. Nancy N.
AAA Grants & Contracts with Service Providers	This proposed rule change would almost certainly reduce access to home-delivered meals for older adults in the Twin Cities. The Twin Cities is fortunate to have a broad network of neighborhood Meals on Wheels providers that service the entire metro. Title III funding is an essential resource for 19 Meals on Wheels programs that operate as subcontractors through a Title III contract held by Metro Meals on Wheels. The proposed rule change that would mandate that all 19 of those programs contract directly with their Area Agency on Aging would only make it more difficult for local programs to access Title III funding to serve meals. This policy change would reduce access to nutritious meals for Twin Cities older adults in need because: * Some local programs would choose not to participate the Title III because they don't have the staff resources to manage a Title III contract. * Some programs could not participate because they do not serve the minimum number of annual meals required to be a Title III contractor, leaving older adults in some geographies unable to receive meals. * Certain providers of cultural-appropriate meals may also not meet the minimum service requirements, meaning communities of color may lose access to the meals that meet their needs and preferences. * The local programs who would manage their own Title III contract will spend less time on direct service to meal recipients due to increased administrative burdens and, therefore, end up serving fewer people. While I appreciate the desire to ensure against fraud, Metro Meals on Wheels adds an extra layer of supervision to these contracts that would only make it more difficult to fraudulently deliver meals. Please do not go through with this change, as it will only result in fewer deserving individuals receiving meals.

AAA Grants & Contracts with Service Providers	I am writing to express my concern regarding Proposal 9.5 from the Minnesota Board on Aging, which would make it more difficult for small neighborhood Meals on Wheels providers like ours to access critical federal funding, commonly known as Title III. As a member of the Senior Services Consortium of Ramsey County, I am particularly concerned about the negative impact this proposal could have on our ability to serve our community. Our program primarily serves the Roseville School District area, delivering hot meals Monday through Friday, along with frozen meals on Mondays to meet the needs of our clients. Last year alone, we served nearly 12,000 meals under Title III funding. Losing this vital support would significantly harm the older adults we serve, many of whom rely on us for consistent access to nutritious meals. The impact of our program on our clients' lives is profound. I recently received the following message from a Health Partners social worker, which underscores the importance of our work: “He had some illness that knocked him down hard. He spent months recovering with limited physical ability due to weakness. He signed up for Meals on Wheels and most recently stated, ‘the meals saved my life.’ He didn’t have the energy to cook but was able to heat the meals, allowing him to have at least one nutritious meal per day. Thank you to you, your staff, and volunteers!” This is just one example of how our services provide life-saving support for seniors in need. Restricting access to Title III funding would have devastating consequences for older adults in our community, particularly those who are already vulnerable. We urge you to allow the continuation of the contracting relationship between Metro Meals on Wheels and smaller member organizations like ours. By doing so, you will help ensure that community-based programs continue to provide personalized, effective, and cost-efficient services to seniors. Thank you for your attention to this critical issue. We greatly appreciate your support in maintaining access to Title III funding, which is essential for our work and the well-being of our clients.
AAA Grants & Contracts with Service Providers	The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners’ clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities. Susan R. Catholic Charities Administrative Secretary

AAA Grants & Contracts with Service Providers	More than 1 in 5 older adults in Minnesota are food insecure. These are seniors who don't have the financial means to purchase their own food, are not mobile enough to shop or cook food for themselves, or who may otherwise forget to eat if food is not readily provided. The grants provided for in this legislation is fundamental to a large percentage of the clients of organizations like Meals on Wheels. It is this funding that allows these organizations to operate and provide these seniors with the nutritional support that they so desperately need. If these seniors don't have this funding they often don't have any other alternative and go without food. This is a life saving program that allows seniors to remain living in their homes for longer and allows them to delay moving into nursing homes and assisted living. In Minnesota, the average cost of care for assisted living is $54,000 and nursing homes are more than $110,000. These prices are astronomical and have risen anywhere from 5% to 10% in the past 7 years. Some of these seniors are in their 90s or 100s and have been in these homes for 20 or 30 years. This money allows these seniors to stay independent for longer. In some cases, providing a single meal a day can save $30000+ by providing the independence and allowing the senior to live at home rather than moving to a facility.
AAA Grants & Contracts with Service Providers	I am very concerned about the proposed changes in contract rules for Title III funding. As a relatively small program serving about 21,000 meals annually, with 7,000 meals to Title III recipients, it has been incredibly helpful and efficient to provide Title III meals in Ramsey County through a contract with Metro Meals on Wheels. Our program has 2 part time staff, and many devoted volunteers. It has been extremely cost-effective, as well as efficient with time, and use of staff to work with Metro Meals on Wheels on the RFP process, and admistration of the Title III funds. Changing the requirements to only allow direct contracts would put a strain on our program resources (time, knowledge and funding) to complete all of the tasks that Metro Meals on Wheels currently manages and completes for many programs receiving Title III funding in Ramsey and Hennepin Counties. Food insecurity in our area has increased, with static or declining funding. We have worked very hard as service providers to look for ways that we can consolidate, share resources, and provide as many meals to as many qualifying clients as we can. Being forced to independently submit RFPs and contract directly for Title III meal services may disqualify some providers due to size limitations, increase operating expenses beyond revenue, and ultimately reduce the number of high-need, older adults who need help in our community. Please allow us to continue to contract with Metro Meals on Wheels or other consolidated service organizations so we can be as efficient and cost-effective as possible.

AAA Grants & Contracts with Service Providers	• The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities. Amy N. Catholic Charities SNAP/Project Coordinator
AAA Grants & Contracts with Service Providers	The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation: Catholic Charities recommends allowing flexibility for subcontracting in rural areas to address the unique needs of these communities while adhering to Title III guidelines. Jacob C. Catholic Charities Senior Dining Site Supervisor
AAA Grants & Contracts with Service Providers	• The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities. Becky D. Catholic Charities Senior Dining/Home Delivered Meals
AAA Grants & Contracts with Service Providers	I am writing in regards to Policy 9.5, which would eliminate subcontracted services. Wilder's Meals on Wheels program, which I work with, currently subcontracts through Metro Meals on Wheels to receive Title III funding. These funds help with data management, intake of clients, and doing the administrative work that ensures that MOW programs function. Our program relies on Metro Meals on Wheels to manage this contract, so that their staff can focus on getting meals out to people locally. If this policy is pushed through, 40% of our clients would need to switch to private pay for their meals, or lose services if they cannot afford it. I hear frequently from volunteers that the recipients they deliver to would not have access to healthy food on a regular basis without Meals on Wheels. The proposed changes would disrupt their current meal service.

AAA Grants & Contracts with Service Providers	Currently, Metro Meals on Wheels (MMOW) oversees a Title III contract that provides funding for 19 neighborhood programs in the metro area. By housing essential administrative support and paperwork for Title III with MMOW, it reduces costs and the administrative burden on these smaller programs, allowing them to focus already limited resources on serving clients. MMOW has a staff position dedicated to efficiently collecting and reporting data. Producing matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III at all. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs could be completely exempt from funds because they are considered too small. The proposed contract change has the potential to leave large gaps in service, negatively impacting the 2,000 seniors served under the current contract with MMOW. At a time when seniors are struggling with food insecurity in record numbers, and the network as a whole has seen a 31% increase in clients served over the last five years, this change could be especially detrimental. These seniors rely on the nutritious meals and consistent connection provided by Meals on Wheels programs. Any disruption in service could threaten their well-being, and programs do not have additional resources to serve these seniors outside of the Title III contract.
AAA Grants & Contracts with Service Providers	I am a Meals on Wheels volunteer, and am deeply shocked that funding to local, grass-roots meal programs like Meals on Wheels may be compromised. Our Mounds View program serves many people who are very low income, and many who are physically able to even answer the door by themselves, let alone grocery shop and cook for themselves. A daily check by a Meals on Wheels is an important welfare check and outreach to lonely, solitary people. I can't think of another program that is run literally on the support of so many volunteer hours; and is a very cost-effective way to reach our growing aging population. Our local Mounds View program relies on Meals on Wheels to reach marginalized individuals. Please do not cut us off. Pat C. Vadnais Heights
AAA Grants & Contracts with Service Providers	It is my understanding that the Mounds View Meals on Wheels program funding is in jeopardy. If defunded, many vulnerable people in the area will lose some vital resources, e.g., food and a daily friendly face. Why would a program such as this be defunded, or even considered for defunding? Why cut funds to the most fragile people, mostly elderly trying to survive on their own without money or support elsewhere? I've delivered Meals on Wheels in this area for 20 years. I love doing it . the people receiving the hot meals are always so happy and grateful. There have been times in all those years when I needed to report back to the Meals on Wheels staff that one of the aforementioned vulnerable people needed attention. What happens to the people this program serves when they can no longer get nutritious hot mails and a knock on the door with a helpful, friendly face on the other side? PLEASE keep supporting a program that works! It is set up by wonderful, dedicated staff and volunteers who love to make a difference. You can make a vital difference in many fragile lives if you continue funding Mounds View Meals on Wheels.

AAA Grants & Contracts with Service Providers	Currently, Metro Meals on Wheels (MMOW) oversees a Title III contract that provides funding for 19 neighborhood programs in the metro area. By housing essential administrative support and paperwork for Title III with MMOW, it reduces costs and the administrative burden on these smaller programs, allowing them to focus already limited resources on serving clients. MMOW has a staff position dedicated to efficiently collecting and reporting data. Producing matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III at all. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs could be completely exempt from funds because they are considered too small. The proposed contract change has the potential to leave large gaps in service, negatively impacting the 2,000 seniors served under the current contract with MMOW. At a time when seniors are struggling with food insecurity in record numbers, and the network as a whole has seen a 31% increase in clients served over the last five years, this change could be especially detrimental. These seniors rely on the nutritious meals and consistent connection provided by Meals on Wheels programs. Any disruption in service could threaten their well-being, and programs do not have additional resources to serve these seniors outside of the Title III contract.
AAA Grants & Contracts with Service Providers	WeCAN originated as a group of churches providing Meals on Wheels to our community. - Meals on Wheels in the Westonka area has been in operation for 59 years. - WeCAN's program serves 14 towns in rural Hennepin County, a relatively underserved area compared to the rest of the county. - We currently serve 60 clients, half of whom are on Title lll funding. - Many seniors in our community and Minnesota would lose access to healthy food under the proposed changes - The specific sections we are concerned with are titled Title III Admin and Financial (section 9.5) and Provision of Title III Services (section 2.3). In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food. Jody came to WeCAN in 2024 while recovering from major back surgery which left he unable to work or prepare meals for herself. Being the sole person in her household, this left her with very little options. Thanks to the funding provided through Title lll, the WeCAN Meals on Wheels program was able to deliver hot, healthy food to her door every day. In her own words, 'you people saved my life, I don't know where I would be without the Meals on Wheels program.'" These proposed changes would take food off of Jody's table. Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels, she does not have to make those though decisions. These proposed changes would take food off of Joyce's table

AAA Grants & Contracts with Service Providers	Proposed policy changes by the Minnesota Board on Aging (MBA) would have a devasting impact for Meals on Wheels of Ramsey County providers to access federal nutrition funding under the Older Americans Act, commonly referred to as “Title III.” The MBA released their proposed administration and oversight changes in January of 2025, and opened a public comment period ending February 7, 2025. We are most concerned with two of the proposed policy changes, one which is outlined below.1) Subcontracting: Currently, Meals on Wheels providers operate under one Title III nutrition contract for Ramsey, Hennepin, and Anoka Counties. This allows neighborhood programs to “act as one” in association with Metro Meals on Wheels through neighborhood programs to efficiently serve eligible residents in the twin cities area. One of the proposed changes by the MBA is to prohibit the subcontracting model (Title III Admin and Financial, 9. AAA Grants and Contracts with Service Providers, Policy 5). Meals on Wheels of Ramsey County is concerned that most Meals on Wheels providers do not have the capacity to manage these extensive contracts on their own considering the extra layers of data and financial management, and there would be inefficiencies and unnecessary duplication of efforts. We believe many programs would be completely exempt from funds because they are considered too small. This could have the consequence of redirecting resources to administration, choosing to contract only with very large food providers, or not contracting for Title III at all. About us: The eight Meals on Wheels programs in Ramsey County have been successfully working together to provide meals in Ramsey County for 50 years. In 2024, we delivered over 203,000 meals to Ramsey County residents. We have an extensive network of over 2,000 Meals on Wheels volunteers that help us deliver meals in Ramsey County each day. These changes have the potential to leave significant gaps in Meals on Wheels service in our communities, impacting 500+ older adults in Ramsey County who currently receive meals through this federal funding under the current contract. In 2024, 30% of meals delivered by Meals on Wheels of Ramsey County programs were federally funded through the Older Americans Act. The impact of these changes would be felt throughout Ramsey County for years to come. Jewish Family Service of St. Paul has served the community since 1911. Our mission: “Inspired by Jewish values, we help people from all backgrounds build on their strengths and meet life’s challenges” drives the work that we do every single day. Our Meals on Wheels program is the only option for Kosher meal delivery in Ramsey County. Without our clients being served under Metro Meals On Wheels Title III contract, older adults who need Kosher Meals On Wheels would not be able to be served through our program. These vulnerable adults would lose their basic nutrition and not have any other option to turn to. Our program would lose 1200 Kosher meals being delivered. Please do not allow our clients to go hungry.
AAA Grants & Contracts with Service Providers	Metro Meals on Wheels has been a source of meals delivery program for elderly folks are disabled and food insecure for many years. We need more fundings to keep this program going so the old and disabled seniors can continue to receive meals. It is important to get more fundings for Title III so the low-income seniors can continue to receive meals.

AAA Grants & Contracts with Service Providers	Shame on you! I find it hard to believe that you of all people would turn your back on Seniors in Need. That is your job, your scope of service, the reason your Board even exists. I've seen my share of cowards in life and especially this year after a selfish man was elected President, and Politicians and Political Appointees are running scared. Grow a backbone, do your job, and stand up for what's right. I am a 71 year old senior and Mounds View resident. My wife and I deliver for the MV Meals on Wheels program and witness these needy Seniors on a daily basis. Cutting off their only food supply is heartless and unethical. Ernest M.
AAA Grants & Contracts with Service Providers	My friend and I volunteer with the Mounds View Meals on Wheels (MOW) program. The people we deliver to frequently tell us how thankful they are for the food. Many of them also look forward to our deliveries because they can see a friendly face and have a quick chat, which gives us a chance to see if they seem OK. If our local MOW program doesn't have access to Title III funding, they may not be able to continue serving these people in our community. Mounds View MOW relies on Metro MOW to manage the Title III contract so they can focus on getting meals out to these folks. If the proposed changes go through, Mounds View MOW may not have the capacity to manage the contract on their own and it may disrupt their current meal service to these at-risk people.
AAA Grants & Contracts with Service Providers	I am a volunteer MOW deliverer. Our agency, WeCAN, is our home base. WeCAN originated as a group of churches providing MOW to our community. We currently have 60 clients, half of whom are on Title 3 funding. We rely on this funding to help our under served population receive nutritious meals on a daily basis.
AAA Grants & Contracts with Service Providers	The organization that I work for serves less than 25,000 meals annually and would therefore be ineligible to apply for Title 3 funding. The loss of this service would be devastating for the isolated seniors we serve who not only depend on this meal each day, but also look forward to the "meaningful, daily touchpoint" from a volunteer.
AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers • The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation : Catholic Charities requests allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities.

AAA Grants & Contracts with Service Providers	Hello,I'm currently a volunteer driver and I deliver meals to seniors via the Mounds View Meals on Wheels program. I urge you to *reject* the proposed policy by the MBA that would require neighborhood programs, like Mounds View MOW, to access Title III federal funding directly, instead of via Metro Meals on Wheels. The Mounds View program does not have the capacity to manage the work this would entail, and may not qualify for federal funding, which would put 30% of current clients (almost 2,000) at risk of losing access to meals. For many we serve, the meal we deliver is the only full meal they have all day. And often we're the only social contact of the day as well - and a warm hello and brief chat is so helpful. In these times, helping our neighbors is more important than ever. Please do not jeopardize the nourishment and wellbeing of those most vulnerable. Sincerely, Nancy W.
AAA Grants & Contracts with Service Providers	Please do not require all neighborhood programs to maintain separate Title III contracts. The proposed changes would disrupt the Metro Meals on Wheels (MOW) service to 2,000 at-risk seniors in the Twin Cities who receive meals. Out Mounds View area MOW neighborhood program, despite its small size, is extremely valuable and important. Unfortunately our small size makes us completely exempt from funds because we are considered too small. Mounds View also does not have the capacity to manage a contract on their own and would be forced to stop ALL services. If this happens, you will be leaving these at-risk seniors vulnerable to hunger, malnutrition, and separation from the community. I have been delivering Meals on Wheels as a volunteer driver since 2010. During that time, I have not only provided much-needed nutrition to people who cannot get groceries or cook for themselves, but I have also maintained necessary personal contact with them to let them know that they are seen and cared for by their community and the state of Minnesota. Some of the recipients of our meals are only temporary customers. For example, Diane, who had hip surgery during the winter and did not feel comfortable driving to the grocery store on icy roads, received MOW from January 2024 to May 2024 only. Others are long-term clients of Meals on Wheels, like the 100-year-old men and women wanting to live independently in their homes. My delivering meals on wheels to them gives them the ability to age in place with dignity. Sadly, your proposed changes would ruin all that. Do not make all neighborhood programs to maintain separate Title III contracts.

AAA Grants & Contracts with Service Providers	We are writing to express our concern for the possibility that the Mounds View Meals on Wheels program may not be continued. The proposed changes would disrupt the current meal service for hundreds of people as this neighborhood program may not have the capacity to manage a contract on their own, leaving these at-risk seniors vulnerable. As someone who has delivered meals to residents in this area as well as other communities that we have lived in, we know the value, the importance of these meals to the people who are served. This may be the only meal that many of these folks get in a day. It may be the only contact they may have with another person. Please do not take this service away from these worthy people. We appreciate the challenges the state faces due to funding changes, but this not an area we can afford to shortchange. Our children and our seniors need our help and assistance. Taking care of the vulnerable in our communities is who we are. Thank you. Terry and Linda M.
AAA Grants & Contracts with Service Providers	Meals on Wheels has an unparalleled network of volunteers in our neighborhoods and communities that has the potential to be underutilized should our MOW programs be ineligible to even apply for funding, or not be awarded due to the onerous task of Trellis managing all of these contracts. The organization that I work for serves less than 25,000 meals annually and would therefore be ineligible to apply for Title 3 funding. The loss of this service would be devastating for the isolated seniors we serve who not only depend on this meal each day, but also look forward to the “meaningful, daily touchpoint” from a volunteer.
AAA Grants & Contracts with Service Providers	I have been volunteering with Moundsview Meals On Wheels for a year now and see first hand when delivering their Meals what it means to people. It's a service that so many shut ins absolutely depend on. I'm all for efficiency but not at the expense of the many people that need our service. Sincerely Rick A.
AAA Grants & Contracts with Service Providers	I have delivered Meals on Wheels for 26 years. The people I deliver to need these meals as well as the personal contact/wellness check. The contract change for Moundsview would eliminate some of these people because we do not have the resources to handle all the necessary paperwork - if I understand correctly. This may be the only meal they have all day. Hard to imagine in our country. Please keep the current resources for our program. Thank you, Sue H.L.
AAA Grants & Contracts with Service Providers	I deliver Meals on Wheels the fourth Friday of every month. I marvel at the preparedness of the staff that make it easy for me to do the deliveries. I strongly oppose the proposed change in the AAA Grant and Contracts with Service. I encounter many people on my route that are totally isolated with the the exception of my visits. From the 88 year old woman who just sits in her recliner to the double amputee who really appreciate my visits. My clients depend on the local program which relies on Metro Meals on Wheels to manage the contract. An increase in paperwork is the last think that is necessary. Why does it have to change? If it ain't broke, don't fix it!!! Keep it simple and it has worked for a very long time. Linda N., proud MOW volunteer.
AAA Grants & Contracts with Service Providers	Please don’t make cuts to our meals on wheels program. I deliver to people who get this one hot meal a day. These are people who worked all their lives and deserve our service now.

AAA Grants & Contracts with Service Providers	- WeCAN originated as a group of churches providing Meals on Wheels to our community. - Meals on Wheels in the Westonka area has been in operation for 59 years. - WeCAN's program serves 14 towns in rural Hennepin County, a relatively underserved area compared to the rest of the county. - We currently serve 60 clients, half of whom are on Title lll funding. - Many seniors in our community and Minnesota would lose access to healthy food under the proposed changes
AAA Grants & Contracts with Service Providers	Meals on Wheels is a program provided by WeCAN (Western Communities Action Network) and has been offered in our community for many years. It is a program that has helped people stay in their home rather than moving to an expensive care facility. A recent proposal by the Minnesota Board on Aging (MBA) would eliminate Title III contracts for Metro Meals on Wheels, as part of changes to the Older Americans Act (OAA). This is the major funding source for this program at WeCAN, and this change would mean loss of all their Title III funding. Smaller programs such as WeCAN's would not even be able to apply for their own contract. This would result in not being able to serve half of current clients. As a volunteer who delivers meals, I am very concerned about the folks who would no longer receive meals. Thank you for considering my concerns.
AAA Grants & Contracts with Service Providers	Rural Minnesota depends on the relationships between providers and smalltown caterers. We have been told that the relationships that providers and subcontract holders will need to change on or before 10/1/2025. Is this the best utilization of AAA's time? Will the AAA's have to hire more administration? How will this effect rural direct service? Reconsider your plan and continue to the same service that has been operating for years.
AAA Grants & Contracts with Service Providers	As a current board member for WECAN, I am very concerned that the Title III funding for WECAN will cease to provide Meals On Wheels to many seniors in our community and Minnesota. WECAN 's Meals On Wheels serves 14 towns in rural Hennepin County and these citizens would lose access to healthy food under the proposed changes.
AAA Grants & Contracts with Service Providers	The people who depend on meals on wheels have no voice. They are shut ins who lack the ability to speak up. Please don't eliminate Meals on Wheels funding.
AAA Grants & Contracts with Service Providers	I am commenting today on the Title III changes that have proposed. These changes negatively impact the small organizations such as WeCAN. WeCAN has been providing Meals on Wheels in the Westonka area for 59 years. WeCAN serves 14 towns in rural Hennepin County, an underserved area compared to the rest of the county. 60 clients would be impacted, they all receive Title III funding for their food. Small organizations like WeCAN will not qualify for their own contract or grant agreement with the AAA. Please reconsider stopping the ability for these organization to obtain Title III funding for our clients that depend on WeCAN for their daily meals. Sincerely Sherry V. Board of Director Vice President, WeCAN.

AAA Grants & Contracts with Service Providers	As the site coordinator for Mounds View Meals on Wheels, Title III has been helping us feed the food insecure. Without Title III, 30% of my clientele will lose access to home delivered meals and I have no alternative source of funding for them, they will be terminated. Mounds View does not serve the required amount of meals per year to qualify as a Title III contractor. If the requirement were lowered significantly, we could participate, but the threshold of 25,000 meals served a year is an extremely high bar. And don't overlook the importance of our home delivered meals service, we aren't only feeding elderly and disabled folks who couldn't otherwise afford to eat a hot meal every day, but we are performing a daily welfare check, which has certainly saved lives. Many of our clients are isolated and our volunteer drivers are the only people they see all day or all week. We have already suffered budget cuts to Title III, causing the need for a waitlist because of such high demand--cutting us out of Title III would be devastating. Please don't cut us out of Title III.
AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers • The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners clubs and snowplow services often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. Recommendation: CMCOA recommends allowing an adequate transition plan that aligns with the current Area Plan timeframe (2025–2028) to facilitate the shift away from subcontracting arrangements. This would ensure continuity of services while minimizing disruptions to rural communities.
AAA Grants & Contracts with Service Providers	Metro Meals on Wheels (MMOW) is very concerned that proposal 9., 5. & 5.A, under the Title III Administrative and Financial Requirements Policy, AAA Grant and Contracts with Service Providers would catastrophically disrupt access to Meals on Wheels in the Twin Cities, especially for older adults served by smaller community organizations. MMOW's role is to aggregate client and service information, submit reports, and apply for and contract for funds. Smaller organizations contracted with MMOW maximize their resources by focusing on meal delivery and client and volunteer support, relying on Metro Meals on Wheels to efficiently collect and report data. MMOW has been able to utilize the subcontractor model to partner with community-based organizations working directly with communities prioritized by the MBA. Producing additional matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III nutrition services at all leaving gaps of service throughout the metropolitan area.
AAA Grants & Contracts with Service Providers	Joyce is a 89 year old Mound resident who has lived in the same home for 60 years. After her husband passed away, she found herself choosing between paying her heating bill or feeding herself. Through Title 3, and Meals on Wheels she does not have to make those though decisions. These proposed changes would take food off of Joyce's table.

AAA Grants & Contracts with Service Providers	AAA's need time to evaluate the outcome of this policy, it is believed that this policy my create geographic service deserts. In addition, it may limit access to home-delivered meals. More than 90 small service providers, mainly in greater MN may lose funding for critical services.
AAA Grants & Contracts with Service Providers	The proposed changes prohibiting subcontracts for services under the Older Americans Act, if implemented, would meant that Metro Meals on Wheels member programs utilizing Title III could lose a significant source of funding October 1, 2025. This new interpretation by the MN Board on Aging of a rule that has been in place since the 1980s would threaten many elderly clients who are very food insecure. For many, this is the only meal that they eat all day. I implore you to reconsider these proposed changes. Deborah M.
AAA Grants & Contracts with Service Providers	If the change to prohibit the subcontrating model goes through, there is no way for us to do the work that our current model with Meals On Wheels Ramsey County does provide our clients. We would not be able to manage these extensive contracts on our own. We do not have the staffing or expertise to handle this situation. We also would not qualify to provide title III meals which would result in a loss of $54000 in revenue which we would not be able to replace in our current budget. This change in the curent model would be very harmful to the our clients.
AAA Grants and Contracts with Service Providers	Your proposed changes prohibiting subcontracts for services under the Older Americans Act, if implemented, would mean that Metro Meals on Wheels member programs utilizing Title III could lose their funding October 1, 2025! This new interpretation by the MN Board on Aging of a rule that has been in place since the 1980's would threaten many clients who are very food insecure. For many, this is the only meal they eat all day. I implore you to reconsider these proposed changes! Janice Goldstein
AAA Grants and Contracts with Service Providers	In the area where I live, Meals on Wheels has been providing nutritious meals to isolated seniors for over 55 years. Operating through WeCAN, they serve 14 towns in rural Hennepin County. Many people in our community have come to depend on Meals on Wheels for their food needs. Under the proposed changes, over half of these people would loose access to healthy food.”
AAA Grants and Contracts with Service Providers	As I understand the bill language, Proposal 9.5 will require each small meal-providing organization to do the administrative work that MMOW does for all of them. MNOW aggregates client and service information, submits reports, applies for and contracts for funds. Proposal 9.5 would add this time-consuming workload to every organization's basic job which is getting food to people who need it. The outcome is logical: less meals delivered and less use of Title III funds. This deeply troubles me on two counts: One, as a MOW volunteer driver, I see the faces and living conditions of people who need those meals. And 2, any waste of scarce funds is wrong.

AAA Grants and Contracts with Service Providers	Dear Minnesota Board on Aging, I am writing to express my deep concern about the proposed changes to subcontracting rules for Title III meal providers. If these changes go into effect, the Gladstone Meals on Wheels program would be severely impacted, as nearly half of our clients receive Title III meals. The financial loss resulting from this policy shift—estimated at $46,400 annually—would force us to reduce the number of clients we serve and could ultimately result in cutting staff hours. Our part-time Meals on Wheels Specialist, who plays a vital role in coordinating meal deliveries and ensuring seniors receive proper nutrition, would likely see reduced hours and lose essential benefits. Meals on Wheels is a lifeline for many older adults in our community. Limiting our ability to serve those in need would have serious consequences for their health, well-being, and independence. We urge the Minnesota Board on Aging to reconsider this change and allow subcontracting to continue, ensuring that local providers can maintain the level of service that so many depend on. Thank you for your time and consideration. I would welcome the opportunity to discuss this further. Sincerely, Jordi Teillard-Cui Gladstone Meals on Wheels Coordinator
AAA Grants and Contracts with Service Providers	As a small service provider, we have intentionally built relationships with senior care organizations and other community organizations to partner with in offering evidence-based health promotion workshops, the responsibilities of the parties vary based on the partnership to perform tasks necessary in service delivery. Trellis and other AAAs have intentionally built relationships with many different organizations to meet the needs and demand for meals. We would like to request that the MBA exercise flexibility in the implementation of this clause as not being flexible could result in few older Minnesotans receiving meals or other programming: “Consistent with federal requirements, AAAs may not delegate authority for service providers to enter into subcontracts with other organizations that will also provide direct services to recipients of OAA-funded services. Each service provider must enter into its own contract or grant agreement with the AAA. Service providers may enter into subcontracts with other organizations using Title III funds for purchasing food, commodities, supplies, equipment, or other activities necessary to provide services.”

AAA Grants and Contracts with Service Providers	Currently, Twin Cities Meals on Wheels programs operate under one Title III contract, allowing neighborhood programs to delegate the majority of paperwork associated to receiving this funding to Metro Meals on Wheels, our local association of providers. This proposed change would require all neighborhood programs to maintain separate Title III contracts. Many neighborhood programs do not have the capacity to manage these contracts on their own, and many programs would be completely exempt from funds because they are considered too small. This change has the potential to leave large gaps in service, impacting the 2,000 seniors served under the current contract. This could catastrophically disrupt access to MOW in the Twin Cities, especially for older adults served by smaller community organizations. Smaller organizations maximize our resources by focusing on meal delivery and client and volunteer support, relying on MMOW to efficiently collect and report data. Producing matching funds, responding to RFPs, managing federal contracts, and extra layers of data and financial management would have the consequence of redirecting limited resources to administration or not contracting for Title III at all. Last time Trellis had an RFP for MOW the eligibility required the applicant to deliver a minimum of 25,000 meals/year in order to apply and to be able to serve an entire county. It was clearly a very high threshold to apply. Further, we serve a very specific community, which adds to the diversity of people served by this program.
AAA Grants and Contracts with Service Providers	Hello, I am a volunteer for meals on wheels in North Minneapolis, through CES. The work CES does for my community is unparalleled. Most of my clients are home bound and rely on the meals for nutrition, interaction, and daily check-in's. This is a volunteer lead program that relies on grants. Please do not make getting these grants more difficult for CES and certainly don't make them not able to apply for funding. Although they don't help in volume, they provide a niche service that is essential for our most vulnerable in our community.
AAA Grants and Contracts with Service Providers	Through Metro Meals on Wheels Title III contract, 2,000 at-risk seniors in the Twin Cities area receive meals, including my mom. The proposed changes would disrupt their current meal service, and their neighborhood program may not have the capacity to manage a contact on their own, leaving seniors vulnerable. My mother benefits greatly from her daily lunch from the Mounds View Meals on Wheels, allowing me, her daughter, to work a full uninterrupted day. Her nutrition, and thus her overall health and wellbeing, has significantly improved since participating in this program and allow her to continue to live independently with supports in place.
AAA Grants & Contracts with Service Providers	What is the expected timeline to be in compliance with this? What is the definition of the subcontractor, is a local restaurant Diner's Club considered a subcontractor? if a subcontractor is allowed for purchasing food, does that mean raw food or prepared meals or both?
AAA Grants & Contracts with Service Providers	This policy, as written, would limit meal options for rural residents. Offering an option like a Diner’s Club is a cost-effective way to meet the needs of these communities. Additionally, this policy will create additional staffing needs to remove Diner’s Club options and provide internal meal service to rural communities

AAA Grants & Contracts with Service Providers	Our organization provides hot, nutritious meals to over 1,000 older Minnesotans annually through our Senior Nutrition Program. Beyond nutrition, our program reduces social isolation and helps make it possible for older adults to remain safely in their homes. This essential work is made possible through our partnerships with the local AAA and smaller, community-based organizations, which we support via subcontracting arrangements. Alongside these partnerships, we also provide direct congregate and home-delivered meal services. These collaborations allow us to extend our reach and deliver vital services tailored to meet the needs of Minnesota's older adult population. The proposed prohibition on delegating subcontracting authority presents significant challenges for programs like ours, which serve as an administrative backbone for smaller organizations. Subcontracting through our program enables these organizations to concentrate on outreach services and delivering high-quality congregate and home-delivered meal services to numerous eligible individuals who have Moderate to High nutritional risk, while we manage administrative responsibilities and ensure compliance with OAA requirements. Without the ability to subcontract, these organizations could be excluded from participating in OAA-funded services, leaving critical gaps in service delivery. This could disproportionately impact underserved older adult communities already at heightened risk for malnutrition and social isolation. In turn, losing our ability to collaborate with these organizations would likely have a significant negative impact on our capacity to provide congregate and home-delivered meals as well, putting 1,000 older Minnesotans at risk of losing access to healthy meals as soon as the policy change becomes effective. Responsible and effective subcontracting is integral for creating an efficient and accessible service network. These collaborations play a vital role in ensuring that all older adults receive the support and services they need to thrive. To allow adequate time to assess the potential impact of these changes on AAAs and community-based organizations serving eligible older adults, we strongly recommend delaying implementation until the end of the current three-year grant cycle, December 31, 2026, or at the very least, until January 1, 2026.
AAA Grants & Contracts with Service Providers	To whom it may concern at the Minnesota Board on Aging I have been a weekly committed driver for the Eastside Meals on Wheels program for almost two years. A good friend is on their Board. It has come to my attention that changes under consideration would have a devastating impact on half of our clients who rely on T3 funding to receive these needed meals and a couple moments of human contact every day. Christmas eve landed on Tuesday in 2024, which is my day to deliver meals. I was struck by how many of the clients on my route also received a meal for Christmas Day. This tells me that they were not likely be attending a family holiday meal. It grieves me that any of our clients at EMoW might lose their meals and brief human contact. Please reconsider these changes in light of the harmful impact to our community Seniors. Thank you. Patricia K.

AAA Grants & Contracts with Service Providers	Federal regulations explicitly permit the use of subcontractors for providing services under the Older Americans Act (OAA). The definition of "service provider" in the Federal Register (February 14, 2024) clearly includes entities receiving funds "via a grant, subgrant, contract, or subcontract to provide direct services under the State or area plan" . Furthermore, the regulations define "direct services" as activities performed to provide services directly to older individuals, family caregivers, or the general public, whether in-person or virtually, by the staff or volunteers of a service provider, area agency on aging, or state agency. This definition reinforces the permissibility of subcontracting for direct service provision. (See link https://www.federalregister.gov/documents/2024/02/14/2024-01913/older-americans-act-grants-to-state-and-community-programs-on-aging-grants-to-indian-tribes-and).
AAA Grants & Contracts with Service Providers	If the proposed rule change forces Metro Meals on Wheels to discontinue its current subcontracting model with local member programs, the question becomes whether the Minnesota Board on Aging (MBA) would permit alternative partnership structures. Several possibilities warrant consideration: Could Metro Meals on Wheels and its local programs form a Limited Liability Company (LLC) to jointly contract with the Area Agency on Aging (AAA)? Alternatively, could they establish Memoranda of Understanding (MOUs) with individual local programs to facilitate meal delivery under a single, unified contract with the AAA? A third option would be for Metro Meals on Wheels and its local partners to collectively sign a single contract with the AAA. Clarity from the MBA regarding the acceptability of these or other collaborative arrangements is crucial to ensuring continued meal service for seniors.

AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers Proposed Change: Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services. Impact: This would significantly disrupt partnerships with small, local restaurants, medical facilities, local snow removal services, lawn care services, and housekeeping services that currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. Request: Advocate for adhering to the Administration for Community Living (ACL) regulations - § 1321.9(c)(2)(xiv) Contracts and Commercial Relationships - AAAs and service providers may receive and administer funding from multiple sources as they seek to provide comprehensive services to older adults. In doing so, they may enter into contracts and commercial relationships with various entities to accomplish the delivery of comprehensive services, as authorized in sections 212 114 and 306(a)(13) and (14) of the Act.115 The Act has always contemplated an aging network that plans, coordinates, and facilitates comprehensive and coordinated systems for supportive, nutrition, and other services, leveraging resources beyond what the OAA alone can support. The aging network has growing opportunities to braid different sources of government with private funding to serve older adults in need, which has been accomplished through contracts and commercial relationships with organizations such as Medicaid managed care plans and health systems, among others. Congress further strengthened this flexibility in the 2020 reauthorization of the OAA.116 In response to numerous questions about the appropriate roles, responsibilities, and oversight of such to the RFI and the NPRM, and based on our observations of program activities, this final rule clarifies the policies and procedures that State agencies must establish related to all contracts and commercial relationships in subsection § 1321.9(c)(2)(xiv).we do not believe it should usually be necessary for State agencies to review contract documents in order to approve the establishment of a contract or commercial relationship. As we stated in the proposed rule, we expect State agency approval processes to be flexible, reflecting the needs of the older individuals served and the abilities of AAAs and service providers to engage in contracts an commercial relationships. Advocate for policy clarity and flexibility to preserve these vital partnerships. Consider Diners clubs and medical facilities as vendors that providers purchase food on behalf of the senior population. Request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program

AAA Grants & Contracts with Service Providers	What has previously been called a "subcontract" is really the hiring of vendor to help provide services - getting a restaurant to cook meals for our volunteers to deliver, or hiring a snow removal business to provide snow removal for a homebound older adult. It is ESSENTIAL that providers continue to have the ability to work with local businesses to provide services (either as a subcontractor or as a vendor). In coordinating assistance to older adults, it is essential that we be able to work with local food services (restaurants, hospitals, etc) and other service-oriented businesses like lawncare or handyman services. The elimination of these partnerships would increase costs and administrative burdens, and reduce the availability of services to older adults. Please allow us to continue to work in partnership within our communities.

AAA Grants & Contracts with Service Providers	Regarding Policy 5: My name is Denise W. and I am the Executive Director of Meals on Wheels of Ramsey County (MOWRC), a collaborative of eight Meals on Wheels providers in Ramsey County. I also serve on the board of directors at Metro Meals on Wheels (MMOW), the twin-cities Meals on Wheels association. Approximately 20 Meals on Wheels providers in Ramsey, Hennepin, and Anoka counties operate under one Title III nutrition contract with Metro Meals on Wheels, with the Meals on Wheels programs as subcontractors. This model is efficient and effective at delivering meals to those in need as Metro Meals on Wheels has their staff focused on contract management functions and each of the community-based non-profit providers can focus on meal preparation and delivery. In Ramsey County, our providers are celebrating our 50th Anniversary of our Meals on Wheels network this year. Each of these eight agencies have been working together for Meals on Wheels in Ramsey County since 1975: Amherst H. Wilder Foundation, Jewish Family Service of St. Paul, Keystone Community Services, Merrick Community Services, Mounds View School District, North St. Paul-Maplewood-Oakdale School District, Roseville Area Schools, and White Bear Lake School District. This successful model brings in the agency operations and community resources that each of the members/providers have and combines them with the backbone administrative support that Metro Meals on Wheels provides. This model is nationally recognized and we are members of Meals on Wheels America. In 2024, in Ramsey County we delivered over 203,000 meals to residents and about 30% of those meals were funded through the Older Americans Act. We have an extensive network of over 2,000 volunteers that help prepare and deliver meals to recipients in Ramsey County, which keeps our costs lower. Meals on Wheels providers utilize a shared database called ServTracker CXM, which is the gold standard of home-delivered meal providers. ServTracker allows Metro Meals on Wheels and members to share information immediately and accurately. However, most of our providers are smaller nonprofits who do not have the capacity to take on such a cumbersome federal contract with all of the data and financial reporting requirements and other contract management requirements. It would also cost a lot more to deliver the same number of meals if each of the providers had to add staff to have and manage their own contract which would mean less meals with the same money/organizations involved. And with some of our small cultural food providers, they surely wouldn't be big enough to even be eligible to apply. We are also concerned that in an RFP process Meals on Wheels with 20 separate contracts might not come out as favorably in a RFP evaluation as Trellis probably doesn't have the capacity to manage that many contracts (20+) with us individually even though we are doing a great job. This has the potential to leave significant gaps in our communities and immobilize our extensive volunteer network. The impact of these changes would be felt throughout our communities for years to come. I would ask that you reconsider this policy and allow approved subcontractors as the Meals on Wheels model is a proven cost-effective community-based model which is recognized nationwide.

AAA Grants & Contracts with Service Providers	The Minnesota Board on Aging's proposal to eliminate the use of subcontractors for senior services would make Minnesota an outlier in how it utilizes Older Americans Act (OAA) funds. Like Minnesota's current practice, other states successfully leverage subcontractors to improve efficiency and maximize the impact of these resources. For example, Georgia's regulations explicitly permit subcontracting, as demonstrated in the Three Rivers Regional Commission's guidelines (see https://www.threeriversrc.com/business_284_4276270872.pdf): "Subcontracts...may be subcontracted...under the following conditions..." Similarly, Florida allows subcontracting for nutrition services, subject to prior approval from the Area Agency on Aging (AAA), as detailed in the Florida Department of Elder Affairs Programs and Services Handbook (see link https://elderaffairs.org/wp-content/uploads/2023-Chapter-5-Older-Americans-Act-Title-IIIC.pdf). Specifically, the handbook states, "Nutrition service providers may enter contracts or subcontracts with profit-making organizations for nutrition services only with prior written approval of the AAA." This practice ensures appropriate oversight while still allowing for flexible service delivery.
AAA Grants & Contracts with Service Providers	I have been delivering MOW for about 13 years. My local program relies on Metro Meals on Wheels to manage the contract so that their staff can focus on getting meals out to people. If these funds are cut, we won't be able to provided these necessary meal for them... A lot of them I can tell is most likely the only meal they will get. Please continue the help to continue this great program.
AAA Grants & Contracts with Service Providers	About half of Eastside Meals on Wheels clients (currently 88 out of 155) have meals funded through the Older Americans Act (OAA)/T3 funding. One of the proposed changes under Title III Admin and Financial, 9. AAA Grants and Contracts with Service Providers, Policy 5., is that Eastside Meals on Wheels (and all other providers) would have to contract directly with Trellis. Trellis currently does not accept contract proposals from organizations that serve less than 25,000 T3 meals per year. If the proposed changes take place, it would be likely that Eastside would immediately lose funding for over half their clients. They estimate that they would only be able to serve their T3 clients for about 4 months, with limited delivery, after losing T3 funding. This would have direct negative impact on those clients, who rely on getting nutritious food through our program -- for many of which it is their only source of both daily nutritious lunch and social connection/wellness checks from the volunteers that deliver to them and the staff at Eastside. As a former employee of Eastside Meals on Wheels, I've seen how many clients rely on the T3 funding to keep receiving the care they need. I would be very sad to see many people in-need lose access to Eastside Meals on Wheels (and other similar providers) due to this policy change. Sincerely, a concerned community member from Minneapolis
AAA Grants & Contracts with Service Providers	In regards to the Title III Contract with the Metro Meals on Wheels program, It would be very difficult for the Mounds View Meals on Wheels to separately handle a Title III Contract with the people they have available. And the numerous elderly recipients of the meals that I personally deliver rely on this meal. For many, this is the only nutritious meal they have all day. Please continue to allow the Mounds View Meals on Wheels program to operate under the Title III Contract handled by the Metro Meals on Wheels. Thank you. Howard Statz

AAA Grants & Contracts with Service Providers	y. We are also concerned that in an RFP process Meals on Wheels with 20 separate contracts might not come out as favorably in a RFP evaluation as Trellis probably doesn't have the capacity to manage that many contracts (20+) with us individually even though we are doing a great job. This has the potential to leave significant gaps in our communities and immobilize our extensive volunteer network. The impact of these changes would be felt throughout our communities for years to come. I would ask that you reconsider this policy and allow approved subcontractors as the Meals on Wheels model is a proven cost-effective community-based model which is recognized nationwide. Provision of Title III Services, 2. Requirements for client eligibility, Policy 3 ("Man
AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers • Proposed Change: Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services. • Impact: This would significantly disrupt Three Rivers partnership with caterers to provide Meals on Wheels services in our communities. It will also affect our partner agencies that have partnerships with small local restaurants, local snow removal services, lawn care services, and housekeeping services. All of these contracts currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. • Request: Advocate for policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program.

AAA Grants & Contracts with Service Providers	I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would be much greater for many other chapters across MN. Sincerely, Sydney C. WeCan Meals on Wheels is an essential service in our community, There are elderly, shut-ins and disabled who would suffer greatly without the benefit of nutritious food delivered to their doors. DO NOT rescind funding for WeCan Meals on Wheels -- so many people count on this. If you're looking for budget savings there are plenty of other places to look. Removing funding here would be cruel and heartless.
AAA Grants & Contracts with Service Providers	“I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would be much greater for many other chapters across MN. Sincerely, Clay C.

AAA Grants & Contracts with Service Providers	Meals on Wheels programs have existed in the Twin Cities for more than 50 years. Metro Meals on Wheels (MMOW) was founded in 1997 as an association of independent Meals on Wheels programs in the Minneapolis/St. Paul metro area to provide support needed to meet the growing demand for nutritious home-delivered meals. MMOW was founded when community-based programs recognized that by forming an association, each program could benefit from a partnership that allowed them to share common resources. MMOW exists to provide critical technical, fundraising, outreach and volunteer recruitment assistance to 30 member programs. In 2023, Twin Cities Meals on Wheels programs served nearly 1.8 million meals to over 10,000 seniors and people living with disabilities right here in the Minneapolis-St. Paul Metro area. Meals on Wheels meets a vital need by providing regular nourishment, social connection, connecting recipients to other home-based services, and providing peace of mind to clients, caregivers and families. Metro Meals on Wheels focuses on providing support and assistance to our members, so they can provide the best service possible to their clients. Our services include overseeing a Title III contract that provides funding for 19 neighborhood programs in the metro area. MMOW manages data and paperwork for Title III which reduces costs and the administrative burden on smaller programs, allowing them to focus already limited resources on serving clients. Many neighborhood programs do not have the capacity to manage the Title III contract on their own, and many programs could be completely exempt from funds if your proposed changes are made, because they are considered too small. For the larger programs, any resources that are re-allocated to administrative tasks will take meals away from seniors. Meals on Wheels has risen to the challenge of COVID and steep increases in need for services. We've been working collaboratively across the metro for 30 years. Taking away MMOW's ability to manage Title III contracts for smaller member programs would be detrimental to programs and would literally take food away from vulnerable older adults who rely on Meals on Wheels. Please seriously consider the thousands of people you will hurt by changing this policy. Please continue to allow Metro Meals on Wheels to oversee the Title III contract that provides funding for 19 neighborhood programs in the metro area.
AAA Grants & Contracts with Service Providers	I've seen Meals on Wheels positively benefit neighbors in my community. Proposed changes would disrupt client's current meal service, impacting thousands and worsening food insecurity seniors already face for years to come.

AAA Grants & Contracts with Service Providers	I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would be much greater for many other chapters across MN. Sincerely, Karly W.
AAA Grants & Contracts with Service Providers	I am writing today with an urgent plea to protect the vital services provided by Eastside Meals on Wheels, a program serving vulnerable seniors in Northeast and St. Anthony. We are facing a critical threat to our ability to continue providing nutritious meals to our most at-risk clients due to proposed changes to the Minnesota Board on Aging's Title III (Older American Act Nutrition) funding allocation. Currently, Eastside Meals on Wheels receives Title III funding through a contract facilitated by Metro Meals on Wheels, an organization that bundles contracts for numerous Meals on Wheels programs in the Twin Cities. This system allows smaller, culturally specific programs like ours to thrive. The proposed changes would require individual contracts with each program, with a minimum meal service requirement of 25,000 meals annually. Eastside Meals on Wheels served 24,586 meals in 2024, placing us below this threshold and jeopardizing our funding for over half our clients. Losing this funding would have devastating consequences. Nearly 90 individuals on Title III rely on our program for their daily meals, many of whom are unable to shop, cook, or afford food on their own. The loss of this vital service would severely impact their health and well-being. Furthermore, it would drastically reduce the size and scope of Eastside Meals on Wheels, potentially forcing us to eliminate culturally specific programs and significantly reduce our overall service capacity. That is just the Eastside Meals on Wheels chapter so the impact would be much greater for many other chapters across MN. Sincerely, Emily Z.

AAA Grants & Contracts with Service Providers	I have volunteered with Wilder, distributing food and around half of these meals are funded through Title III funding. Policy 9.5 is a new interpretation of a federal Area Aging Policy (1321.59 d). This federal policy is not new, however, if this new interpretation by the MN Board on Aging is approved, our program, and many others, will lose the funding that our meal recipients rely on for their meals. Metro Meals on Wheels currently assists with client intake, application, management, and database support for this funding, without which both Wilder and Trellis would need to hire additional staff, work extra hours to provide the same level of administrative support, all which takes away time and funding that can be used to meet a variety of needs. I started my position at Wilder in March of 2024. Since then, Wilder MOW has grown by about 30% both in terms of clients served and meals delivered. My fellow coordinators for MOW programs across the metro have reported increases to their client bases as well. Without Title III, this growth would not have been possible. Many of these programs are provided by small organizations, with shared office space and limited staffing. Most coordinators are part-time employees, and have limited or no support staff. Wilder is one of few programs that may qualify individually for a Title III grant, however, would not have the administrative support necessary to maintain funding, and it is likely we would not continue to qualify if funds were lost. Despite being one the organizations best equipped to weather the negative implications of this policy, we still are concerned about debilitating consequences of this proposed change. Our program serves a high-need area of St. Paul. 97% of our clients are on a form of payment assistance (like Title III) or county waiver. Many of our Title III meal recipients cannot afford to privately pay for their meals, even with the cost reduced by a sliding fee scale. They often lack access to a grocery store, and are often unable to shop, cook, leave home, or feed themselves. The impact of this policy would be devastating to our program and our clients in the most at-risk areas of St. Paul. This proposed change would have devastating consequences for countless of Minnesotans, and inhibit our ability to serve those most in need. We urge you to reconsider
AAA Grants & Contracts with Service Providers	As a provider of Meals on Wheels at Three Rivers Community Action, this proposed change would greatly impact our ability to provide meals to older adults in our rural communities. Relationships and contracts with partner agencies, local restaurants and services are vital to our programming. I am asking that these relationships continue to be allowed and if not then we be given an appropriate amount of time to change our processes as to not interrupt services to older adults.

AAA Grants & Contracts with Service Providers	• Proposed Change: Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services. • Impact: This would significantly disrupt Three Rivers partnership with caterers to provide Meals on Wheels services in our communities. It will also affect our partner agencies that have partnerships with small local restaurants, local snow removal services, lawn care services, and housekeeping services. All of these contracts currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. • Request: Advocate for policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program.
AAA Grants & Contracts with Service Providers	Senior nutrition is a valuable service especially in rural Minnesota. We have less access to food in general in some of smaller communities let alone nutritious meals. Cutting funds to rural Minnesota and relocating those funds to the metro is a huge injustice to those older adults in rural areas who already struggle with food insecurity. On top of the budget cuts, changes in eligibility requirements such as in person assessments, data collecting and reporting will put a further strain on the program's funds due to the increased costs of administration costs and decrease in getting meals out to the individuals who need it most. Also, not being allowed to subcontract with service providers would put an even larger strain on an already struggling program. Why are older adults in rural areas being made to suffer? Increasing the Rural Factor by 5% and decreasing the 60+ Population by 5% would increase all outstate AAA's and 2% reduction for the Metro. This would be a manageable change!
AAA Grants & Contracts with Service Providers	Policy 5: Service Provider Subcontract Restrictions. The proposed limitation on delegation of subcontract authority raises substantial implementation concerns: -Restricts organizational flexibility in service delivery -Potentially increases administrative costs -May reduce network efficiency for Area Agencies on Aging -Could limit service availability in complex geographic regions Recommendation: Preserve AAAs' current discretion in subcontract management to ensure comprehensive, responsive senior service networks. These proposed changes risk reducing the OAA's effectiveness in supporting diverse senior populations. We urge careful reconsideration of these provisions to maintain program accessibility, collaboration, reduction of duplicated services and maximum operational efficiency.

AAA Grants & Contracts with Service Providers	Federal regulation 45 CFR 1321.59(d) states, "The area agency may not delegate to another agency the authority to award or administer funds under this part." Therefore, Metro Meals on Wheels, as a service provider, currently lacks the authority to directly award funds to any subcontractor. Instead, contracts with Metro Meals on Wheels' subcontractors (local Meals on Wheels programs) are subject to Area Agency on Aging (AAA) approval before any funds are disbursed. These local programs are essential, handling the ordering, delivery, and tracking of meals for seniors within their specific service areas, including culturally specific communities. The Minnesota Board on Aging's (MBA) proposed rule change raises the critical question of whether this long-standing and effective partnership between Metro Meals on Wheels and local Meals on Wheels programs would be jeopardized, potentially impacting meal delivery to seniors in these communities.
AAA Grants and Contracts with Service Providers	I am a Board member of the Bloomington and Eden Prairie Meals on Wheels program. I am very concerned about a proposed change in the Title III contract awards forcing neighborhood programs manage these personally, rather than going through Metro Meals on Wheels. Our Bloomington and Eden Prairie program would be detrimentally impacted by this change! More and more clients every year depend on the Title III funds to enable them to utilize our MOW program. More local social workers reach out to us with desperate seniors struggling with food insecurity. As a volunteer driver I have seen the relief and sincere appreciation for the meals we deliver. These people are the exact individuals our mission drives us to serve. Please do not make this change to the system, we would not be able to provide the same level of support for our community. We do not want anyone in our community who needs us to go unserved.
AAA Grants & Contracts with Service Providers	By changing AAA's abilities to subcontract through service providers like Metro Meals, who we have a current contract with, will greatly affect our clients. Under this current subcontract we are delivering halal food to our clients and focus on direct services. We, and many other service providers, are getting some administrative assistance from Metro Meals on Wheels to deliver great service to our clients. We can also focus on providing Halal meals to our clients that would be harder for a larger service provider to do when serving large areas. (Submitted 3 times).
AAA Grants & Contracts with Service Providers	“AAAs may not delegate authority for service providers to enter into subcontracts with other organizations that will also provide direct services to recipients of OAA-funded services.” This requirement even impacts organizations that don’t subcontract. Without these contracting organizations, like nutrition programs, the AAAs would have an even greater administrative burden, requiring additional staff and costs, and further reducing the amount available to fund direct services. Contracted organizations that currently subcontract for services are still responsible for meeting all service requirements. Being closer to the provision of services, these contracting organizations can perceive and provide efficiencies.

AAA Grants & Contracts with Service Providers	Hello, I am writing to comment on the real possibility of Eastside Meals on Wheels losing its T3 funding through the proposed changes in the review of the OAA. If these changes go thru, 88 out of 155 EMoW clients would lose this life saving service. Please reconsider, and work with Trellis, Metro Meals on Wheels and all relevant parties to ensure that these clients do not experience and interruption of service. Our elders deserve dignity and care provided by their community. Sincerely, Corinna
AAA Grants & Contracts with Service Providers	MBA proposes that grantees or contractors of AAAs cannot themselves subgrant or subcontract. We ask that you withdraw this policy. Federal regulations explicitly permit the use of subcontractors to provide services funded under the Older Americans Act (OAA). The definition of service provider in the Final Rule as published in the Federal Register clearly , includes entities receiving funds "via a grant, subgrant, contract, or subcontract to provide direct services under the State or area plan." The regulations define direct services as "activities performed to provide services directly to older individuals, family caregivers, or the general public, whether in-person or virtually, by the staff or volunteers of a service provider, area agency on aging, or state agency." The consequences of the **MBA's** proposed policy to disallow multi-layered contracting arrangements will be far reaching. It will disrupt the flow of OAA funds to more than 90 rural dining sites and small nonprofit organizations in greater MN and in the metro. Older adults will lose access to nutrition, health promotion and supportive services. Nonprofit organizations will have fewer resources. If providers can no longer subcontract, our perspective is that few of the affected small providers will apply for OAA funds - they simply don't have the capacity to apply for or manage the administrative activities that would be required. It is unknown if the larger providers that currently subcontract will find new ways to deliver services to clients currently served or to new clients in these communities. We believe the biggest impact will be to congregate dining and home delivered meals. In the metro, the availability of culturally specific meals will decrease, including for home delivered meals. You may remember that in 2019, the Administration for Community Living communicated to you and to Trellis that our grantees were allowed to subgrant/subcontract. The regulatory language you currently reference has not changed since that time, and we are not aware that ACL's interpretation has changed either. In fact, other state units on aging support layered contracting relationships. We encourage the MBA to review the best practices of states and area agencies on aging that utilize these arrangements.

AAA Grants & Contracts with Service Providers	Policy #9: Contracts and Grant Agreements with Service Providers • Proposed Change: Area Agencies on Aging (AAAs) would no longer be allowed to delegate authority for service providers to enter into subcontracts with local businesses for direct services. • Impact: This would significantly disrupt partnerships with small, local restaurants, local snow removal services, lawn care services, and housekeeping services that currently provide an array of services in rural communities. The elimination of these partnerships would increase costs and administrative burdens while reducing service availability. • Request: Advocate for policy clarity and flexibility to preserve these vital partnerships, and request a reasonable implementation timeline if these changes move forward. Currently we have been advised that these changes could happen as soon as 10/1/2025 leaving us little time to make the adjustments for our program Policy #9: Contracts and Grant Agreements with Service Providers • The prohibition against subcontracts using Title III funds could significantly affect rural service delivery. Programs like diners' clubs often depend on partnerships with local vendors or subcontractors. Restricting these arrangements may limit service availability or increase costs in resource-scarce rural areas. • Recommendation: recommend allowing flexibility for subcontracting in rural areas to address the unique needs of these communities while adhering to Title III guidelines. Consider diner's clubs and health facilities as vendors that providers purchase food on behalf of the senior population. Policy #9: Contracts and Grant Agreements • Comment: Rural nutrition providers have service agreements with rural cafe and restaurant owners to provide access to food. In some cases, the small-town cafes are places for socialization and safety checks. Keep in mind, since the smaller communities have less services, the older adult's caregivers may live outside of the area, and this cafe is a lifeline for the older adults to remain independent. The cafes in a sense are giving back to their communities by have an agreement with the nutrition provider.
AAA Grants and Contracts with Service Providers	5. Consistent with federal requirements, AAAs may not delegate authority for service providers to enter into subcontracts with other organizations that will also provide direct services to recipients of OAA-funded services. Each service provider must enter into its own contract or grant agreement with the AAA. Northern MN is very rural. The small diner's clubs hosted by AEOA are VERY important for those rural clients and the small restaurants that hold the sub-contracts depend on this business in order to remain open. Please don't take away small diner's clubs!

Pre-Award Risk Assessment	1) Policy a) 3. Given the likelihood that a potential grantee may disagree with the AAA's assessment and/or decision to implement a risk mitigation plan as a condition of granting or not award the grant or contract, the state needs to set forth the specific rights or lack thereof for an appeal and the procedures for such an appeal. b) 2/3. Given that the grant submission and review should cover most if not all of the requirements, is this procedure duplicative? A grantee should be subject to this review during the grant submission phase and before an award letter or an invitation to engage in contract negotiations. 2) Procedures a) 1 a. and b. do not list "or not award the grant" as an option for AAAs that find deficiencies in the history of performing the duties or the capacity to perform the duties at the scale proposed by the potential grantee. This option needs to be available as such discrepancies between what a grantee claims they can do and their actual capacity may indicate larger systemic issues that have not yet emerged in their financial or legal records. b) 2f seems to indicate that AAAs may only choose not to award a grant or contract if "the AAA is unable to work with the potential grantee or contractor to resolve the substantial risks or develop a risk mitigation plan". This may lead to potential grantees appealing saying that they were willing to work with the AAA and AAAs being required to award a grant about which they have grave reservations.

Client Eligibility/NAPIS form	Hello, I am providing public comments on the proposal to eliminate Title III funding for WeCAN's Meals on Wheels program and, specifically, in this section to question the wisdom of MBA's proposal to mandate in-home visits to all Meals on Wheels clients in their program (approx. 60 households) in the Western Suburbs/rural areas. This mandate would result in an unreasonable and unnecessary burden on WeCANs staff and volunteers. Do any of you work or volunteer at nonprofits? Many of their programs would not exist without the dedicated staff, volunteers and donations from people in the community and they work SO HARD. For a smaller nonprofit like WeCAN (small in size but not in might or commitment to the community or heart or compassion or programs or excellence). Their staff and volunteers are already doing everything they can, and you're saying, "oh well, you'll just have to stretch yourself further" and I ask you "how" and "why?" Because the State of MN got burned by the Feed America scam and the Autism Assistance scam? Well, that's not WeCAN and that's not WeCAN's Wheels on Meals program. It just makes no sense. Do you honestly believe that a bunch of rich people are scamming the system to receive a meal from Meals on Wheels? I used to deliver Meals on Wheels with my parents and later they were recipients of hot meals delivered to them by Meals on Wheels. This allowed them to stay in their home for a couple extra years before eventually moving to assisted living. Yes, the meals were hot and the meals were nutritious. Were the meals super delicious? I'm not gonna lie, they weren't actually super delicious, but they were OK. But, that's not the point, right? The people receiving the meals (for whatever reason) received a hot, nutritious meal and a human being to connect with for a few minutes each day. Why in God's name would you want to take that away from them??? And why are you mandating in-home visits for all clients? Wealthy people can order food to be delivered to their door from Door Dash, they don't need Meals on Wheels. That's the first part, and this is the second and most important part. Let's talk about people's pride and dignity. Many, many people (my own parents included) do not want to ask for help, and they don't want people to know they're getting help. They get help, in this case, Meals on Wheels delivered to their door because THEY HAVE TO, NOT BECAUSE THEY WANT TO. Every single meal recipient is unique. Some want you to come in and chat for a while, they want to share pictures of loved ones or tell you about some little bobble. Others want to take the food at the door and not let you in. I never got the impression that they didn't want to let me inside because I would see that they were living in "the lap of luxury," the opposite was true. In some cases, they had little furniture, no bed, no hygiene products, no cleaning products...you get the picture. If you could somehow gain their trust, always looking them in the eyes and always addressing them by their name, it was sometimes possible to try and help them. As you were leaving you could casually toss out "hey, by any chance would you know anyone who needs a couch or a chair or a bed"...whatever. Once in a while it worked, but usually it didn't. The culture of poverty is sad and it runs deep. Why are you proposing to make it worse for these people by mandating in-home visits? You need to respect their privacy just as you would want your privacy respected. If you proceed with this ill-conceived and mean-spirited eligibility requirement, some people will just stop the program and stop having meals delivered. Why? Because they don't want you to see

	their living conditions. Then what? Someone finds them dead on the floor because they starved to death? Don't punish these people because of other failures monitoring other programs. Do the right thing here, please. Ann H.
Client Eligibility/NAPIS form	Requiring initial and annual in-person assessments will have a negative impact on rural areas and will cause a hardship on providers that are already dealing with workforce shortages and reduced funding streams. SEMAAA supports allowing alternate options for the completion of assessments such as phone and/or virtual or options. Both options would decrease administrative time and improve the providers' ability to serve older adults in rural areas. By increasing flexibility for completing assessments, we also ensure a person-centered process that is time efficient and allows for cost savings.
Client Eligibility/NAPIS form	May name is Daniel Rodriguez and I am the Executive Director of Merrick Community Services. I am also a member of the Board of Directors of Metro Meals on Wheels. Merrick has operated on the East Side of Saint Paul for nearly 117 years. We understand that the NAPIS eligibility form must be completed at the client's home in person, and over the phone or via mail would not be allowed. While we are committed to accurate data and assurances that recipients meet eligibility requirements, we are not supportive of this change. Home-delivered meal clients have made the difficult and vulnerable decision to bring in nutritional support so they are able to remain in their own home and maintain their health and independence. However, many of the clients are concerned about someone coming into their home. Reasons could include safety concerns, disease transmission, distrust of the "government", and the general anxiety and awkwardness that an in-person face to face interview in your home discussing very personal details and perceived personal "deficits". There are often significant concern in communities of color and poverty that someone coming in to their home would see something they didn't like and "report them" or "send me to a nursing home". We know based on years providing a variety of human services, that mandated in person visits would present a BIG BARRIER for a large percentage of clients. Most clients are very satisfied completing the form over the phone, and we know we need an in-person signature is required so we will either have the volunteer get the signature or mail the NAPIS for signature along with a return envelope. Some clients prefer to fill out the NAPIS themselves and mail it back, so they can take some time to think about each question and not have to explain these very personal issues to someone. We feel that should be acceptable and is probably even more accurate. Also, the funding would need to be increased if in-person annual visits would be mandated as we would need to add staff/staff time for this as there would be more time and travel requirements. Please reconsider this policy as many eligible clients would go without their meals if they had to have someone come into their home.
Client Eligibility/NAPIS form	This requirement negatively impacts seniors with mobility or cognitive issues. This is confusing and alternative methods should be maintained.

Client Eligibility/NAPIS form	• We currently obtain NAPIS form information online, via email or USPO. • The proposal to require annual NAPIS forms to be completed in-person would require a huge INCREASE in funding during a year (2025) where we have actually received a huge DECREASE in funding. • Our agency serves a large geographic area. The additional cost of driving plus the amount of travel and 'in the home' staff time required to even attempt to do this is overwhelming. • Even just the logistics of trying to coordinate this effort are very daunting. This is not a practical proposal.
Client Eligibility/NAPIS form	The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: • Disproportionately impacts seniors with mobility and/or cognitive limitations • Creates unnecessary barriers to program participation • Increases administrative burden for both service providers and seniors • Potentially reduces overall program engagement • Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified. Recommendation: Maintain flexibility for alternative submission methods that ensure accurate data collection while preserving senior accessibility.
Client Eligibility/NAPIS form	This would negatively and significantly impact our ability to provide services to eligible older adults. Many have had to overcome their pride and privacy concerns to admit they need help. Mandating in-home visits is a deterrent to participation. Many refuse to allow visitors and would rather go hungry. We intend to provide nutritious meals with dignity and respect, and we build trust with many of our neighbors through phone conversations. To take away this option to complete the NAPIS form would deny access to the most vulnerable among us. Completing these in person requires a significant amount of staff time and would put us in a very difficult position, particularly with assisted transportation, given the size of that program. We would likely have to hire someone to do this, which would significantly impact the funds available to cover the rides themselves.
Client Eligibility/NAPIS form	Please make sure that all changes take into consideration very rural areas. If we must do face-to-face program registration only (i.e. get physical signatures) it will greatly reduce the ability to get people the service they need in a timely manner throughout our 9-county service area. We always follow our over-the-phone consultation and registration up with mailed physical information and a Tennesen warning, which we request to be signed and returned.

Client Eligibility/NAPIS form	The proposed mandate to complete all NAPIS forms (excluding III-E Caregiver) exclusively in person presents significant accessibility challenges. This requirement: • Disproportionately impacts seniors with mobility and/or cognitive limitations • Creates unnecessary barriers to program participation • Increases administrative burden for both service providers and seniors • Potentially reduces overall program engagement • Further, we currently fill out the NAPIS form over the phone with clients and then conduct a home visit to get client signatures and to confirm that their information is correct. We are confused by the proposed rule, is this process no longer allowed? Does the entire form now have to be completed in person? We think the proposed rule must be clarified.

Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment 1. In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. o Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the Administration for Community Living (ACL) final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, CMCOA recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: § D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. § G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: § 5(A): Area Agencies on Aging (AAAs) must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. § 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. • Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refusing to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. • Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to

	address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to provide DOB. Recommendations 1. CMCOA recommends revising the policy to require DOB collection for all clients receiving Title III services. This ensures age eligibility verification, data reporting consistency, and compliance with PeerPlace requirements. The revised policy should balance compliance needs with client autonomy and clarify that DOB collection is necessary for accurate service reporting while maintaining sensitivity to client concerns. 2. CMCOA requests clarification on whether a client who refuses to provide their Date of Birth (DOB) is still eligible to receive Title III services. The current MBA policy (G) states that clients cannot be denied services for refusing to provide their DOB, yet Title III Administrative and Financial Requirements Policy #13 requires DOB entry in PeerPlace for service tracking and reporting. This discrepancy creates uncertainty for providers regarding eligibility and compliance. 3. Explicitly state whether clients refusing to provide DOB remain eligible for Title III services, even if it impacts reporting requirements. 4. Provide clarification on how providers should document services and secure reimbursement for clients who are eligible but refuse to provide a DOB. Since PeerPlace requires DOB entry for accurate tracking, the absence of a DOB prohibits providers' ability to document services and report data, potentially resulting in a loss of reimbursement. 5. Specify alternative documentation methods for providers to track services rendered to Title III clients who refuse to provide DOB. 6. Clarify how providers can receive reimbursement for services under these circumstances, such as through exceptions or alternate reporting mechanisms
Client Eligibility/NAPIS form	I am a volunteer delivery person for MOW, in St. Paul. I have been doing this since last summer, and I love it. We have a great team, but sometimes we don't have enough volunteer support to do the job. Many of our clients do NOT want in you in their home. Privacy is very important to them. I think the changes you are issuing could be harmful to our MOW program, and it's being run so efficiently now. Please do not change our current program.

Client Eligibility/NAPIS form	Policy #2: Client Eligibility and Assessment 1. In-Person Assessment Requirements The requirement for initial and annual in-person assessments, as outlined in the Minnesota Board on Aging (MBA) policy, presents significant challenges—particularly in rural and underserved areas where workforce shortages and financial constraints are prevalent. • NAPIS Form Completion Requirement: The MBA policy mandates that service providers ask each client every question on the National Aging Program Information System (NAPIS) form during these assessments, and a response must be recorded for each question. o Clarification Needed: 1. Does this policy prohibit providers from offering clients the option to complete the NAPIS form electronically or independently? The language indicates that the service provider must as ask each question directly, potentially precluding self-completion by the client. 2. Can trained volunteers assist in completing assessments on behalf of staff? 3. Can a staff member conduct the NAPIS interview over the phone while a volunteer collects the required signature in person? 4. At congregate dining sites, must providers ask each question individually to each client, or can clients receive the NAPIS form in person, complete it independently, and return it? Clarification is needed on whether providers must verbally ask every question or if self-completion by clients is permissible. • Alignment with ACL Final Rule: According to the Administration for Community Living (ACL) final rule (§1321.3, Definitions - Periodic), the required frequency of client assessments and data collection is defined as occurring "at a minimum, once each fiscal year." However, the rule does not require assessments to be conducted in person, allowing flexibility to address accessibility challenges in rural areas. Recommendation: To align with the ACL final rule and reduce operational challenges, CMCOA recommends that MBA policy explicitly permit alternative methods for completing assessments, including virtual or phone-based options. This flexibility would improve access for older adults in underserved areas and reduce burdens on providers. Additionally, policies should allow greater flexibility in scheduling and documentation to ensure timely, effective assessments while maintaining the quality of person-centered planning. • Eligibility Verification and Date of Birth (DOB) Requirements There appear to be operational inconsistencies in DOB requirements. The Older Americans Act (OAA) requires individuals to be at least 60 years old to qualify for most Title III-funded services. However, inconsistencies in MBA policy regarding DOB verification create operational challenges: o Policy Inconsistencies: § D: DOB must be collected prior to receiving services or within 10 business days after meal delivery or support services begin. § G: Clients may not be denied services for refusing to provide DOB or other information requested on the NAPIS form. o Impact on Procedures: § 5(A): Area Agencies on Aging (AAAs) must monitor DOBs entered by service providers to ensure clients meet age eligibility criteria. § 5(B): Providers must enter actual DOBs and cannot use "dummy" DOBs. • Conflict with PeerPlace Requirements Title III Administrative and Financial Requirements Policy #13: Data Collection and Reporting Requirements, Procedures 1(B) mandates that service data in PeerPlace must be complete by the 15th of each month. Since PeerPlace requires a DOB to enter client information, clients refusing to provide their DOB force providers to resort to "dummy" DOBs, creating conflicts with monitoring requirements. • Regulatory Context Federal regulation 45 CFR 1321.9(c)(1)(i) requires states to

	address client eligibility, periodic assessment, and person-centered planning but does not mandate clients to provide DOB. Recommendations 1. CMCOA recommends revising the policy to require DOB collection for all clients receiving Title III services. This ensures age eligibility verification, data reporting consistency, and compliance with PeerPlace requirements. The revised policy should balance compliance needs with client autonomy and clarify that DOB collection is necessary for accurate service reporting while maintaining sensitivity to client concerns. 2. CMCOA requests clarification on whether a client who refuses to provide their Date of Birth (DOB) is still eligible to receive Title III services. The current MBA policy (G) states that clients cannot be denied services for refusing to provide their DOB, yet Title III Administrative and Financial Requirements Policy #13 requires DOB entry in PeerPlace for service tracking and reporting. This discrepancy creates uncertainty for providers regarding eligibility and compliance. 3. Explicitly state whether clients refusing to provide DOB remain eligible for Title III services, even if it impacts reporting requirements. 4. Provide clarification on how providers should document services and secure reimbursement for clients who are eligible but refuse to provide a DOB. Since PeerPlace requires DOB entry for accurate tracking, the absence of a DOB prohibits providers' ability to document services and report data, potentially resulting in a loss of reimbursement. 5. Specify alternative documentation methods for providers to track services rendered to Title III clients who refuse to provide DOB. 6. Clarify how providers can receive reimbursement for services under these circumstances, such as through exceptions or alternate reporting mechanisms.
Caregiver Support Services	Standards for CG Consultants -The current standards state that CG Consultants should meet one of three criteria 1) possess a bachelor's degree from an accredited program & at least 2 years of assessment skills; 2) possess a Community Health certificate from an accredited MN program & at least two years of assessment experience; 3) possess at least four years of experience using assessment tools. SEMAAA supports expanding consideration regarding direct experience working with older adults and the use of problem-solving techniques as some potential CG consultants have not had the opportunity/means to attain a bachelor's degree or attain a Community Health Certificate. Please consider changing criteria # 3, take into consideration experience working with older adults and modify it to at least two years.

Caregiver Support Services	1) Policy a. 4.B.iii. Individual "Counseling" is listed with Support Groups and Training/Education. Later under 4.B.VI Caregiver Consulting is listed. What is the intended distinction here? The Service Definition Table just uses the language of Caregiver Counseling. Further, there is no indication of the requirement that individuals performing services under the Counseling/Support Group/Education & Training service category also be Caregiver Consultants. If that is a requirement, it should be explicitly stated within the policy. b. 5. Standards for Caregiver Consultants i. There is a lot of prescriptive detail here about how consultants complete their day to day work, which is then repeated under the Procedures section. It seems like this should be in a separate document and not necessarily in such detail here in the policy. It makes it less nimble and adaptable. As an example under section E. Standard 5: Assessment, it could simply state "Caregiver Consultants gather information regarding the caregiver/client's situations to create a comprehensive plan. These assessments establish trusting relationships between the consultant and the caregiver." and stop there, but instead it goes further into the skills the CC will be using during the assessment. This is more appropriate in training materials and or the procedure section than policy section.
Caregiver Support Services	"These screenings must be done in each caregiver consultation assessment and recorded in PeerPlace. These screenings MUST be part of a comprehensive assessment that includes all seven areas of assessment for caregivers." Agreed that this should be included as part of the assessment, but not that these get recorded in PeerPlace except in the aggregate. In our opinion, this would be a breach of confidentiality and far exceeds any "need to know." Because of the requirement of 40 CEUs over two years, MN Licensed Social Workers could be exempt from any follow-up training requirements. If that isn't possible, it would be helpful if any training included CEUs.

Caregiver Support Services	title-III E On the call for providers it was mentioned that Adult day was a removed service. However, below is a list from the Policy and it clearly stated Adult Day out of home was a covered service. I strongly encourage that this remain a covered service. It is one of the most in demand services in our area with only one adult day program in 11 counties. We have provided small group out of home for 2 years and have grown to 10 groups and all are full and we hope to add more. We will not be able to offer this program if all Federal dollars are cut by the MBA. This service provides caregivers a tremendous break, teaches them how to interact with their care receiver in new ways and offers the care receiver much needed social interaction with others, stimulation of conversation, games, music and more. Caregiver Respite Out of Home Day Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.) A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. This option may be provided on a group or individual basis and includes licensed Adult Day Services, licensed adult foster care, a senior center, services by a family, friend, neighbor, or volunteer in a non-licensed private residence, or escorted transportation to medical appointments or community activities.
Caregiver Support Services	"These screenings must be done in each caregiver consultation assessment and recorded in PeerPlace. These screenings MUST be part of a comprehensive assessment that includes all seven areas of assessment for caregivers." Agreed that this should be included as part of the assessment, but not that these get recorded in PeerPlace except in the aggregate. In our opinion, this would be a breach of confidentiality. Because of the requirement of 40 CEUs over two years, MN Licensed Social Workers could be exempt from any follow-up training requirements. If that isn't possible, it would be helpful if any training included CEUs.
Caregiver Support Services	The professional qualifications for the caregiver consultant are what we currently adhere to and, in the spirit of not limiting workforce by undervaluing experience, would offer that there should be an "or 6 years of directly relevant work experience." Particularly as we hire to serve historically underserved populations, those with the language skills to work with the population may not have the degree and they may have worked in the field for many years here or in another country.

Caregiver Support Services	#10: Caregiver Support Services • Removal of the 20% Allocation Limitation for Caregiver Supplemental Services: Part 1321.91 (a) (5) states, the State agencies shall define “limited basis” for supplemental services and may consider limiting expenditure amounts when making this determination. It is our understanding that the 20% limitation on the allocation for Supplemental Services applies at the State Unit on Aging (SUA) level. However, we recommend that this 20% limitation be removed for caregiver supplemental services provided on a limited basis, to complement the care provided by family caregivers. Recommendation: CMCOA advocates for the removal of the 20% cap on caregiver supplemental services to provide greater flexibility in meeting the diverse needs of family caregivers. These services are critical to supporting family caregivers, and limiting funding could hinder the ability of AAAs to effectively address local needs. Providing flexibility in the allocation of these funds will allow for a more tailored approach to meeting the diverse and dynamic needs of family caregivers across the state. The policy should emphasize that supplemental services can be provided as needed, on a limited basis, to enhance the care provided by family caregivers. • Clarification of Limited Basis for Supplemental Services: While we support the provision that supplemental services can be offered on a "limited basis," further clarification is needed on how this limitation will be applied. The policy should outline specific parameters for what constitutes "limited basis" and the types of services that fall under this definition. This will provide transparency and consistency in service delivery across AAAs. Recommendation: We recommend that the policy include clear guidelines for defining "limited basis" in the context of supplemental services, ensuring that there is a consistent understanding across the State Unit on Aging and AAAs. This will help to avoid potential confusion and ensure fair distribution of resources. We believe that these changes will allow for greater flexibility and responsiveness to the needs of family caregivers, enhancing the support available to them. • Waiver Process for Exceeding the 20% Limitation: If the 20% limitation is applied on a statewide basis, there should be a provision that allows individual AAAs to request a waiver or exception in cases where local needs exceed the 20% threshold. For example, in areas with particularly high demand for caregiver support services, flexibility may be necessary to ensure that resources are appropriately allocated. Recommendation: CMCOA requests the inclusion of a waiver process allowing AAAs to request exceptions to the 20% allocation limit proposed by the MBA, ensuring that the local needs are met effectively. • Respite and Limited Basis Clarifications: We also recommend further clarification on the relationship between 45 CFR Part 1321.91 (a)(4) (respite services) and (a)(5) (supplemental services and the definition of “limited basis”). Specifically, we suggest that the policy more clearly outline how these components are integrated with the 20% limitation to ensure consistency and understanding in implementation. Recommendation: We suggest adding a brief explanation of how respite services and the definition of “limited basis” for supplemental services interact with the 20% limitation. This would help avoid any potential confusion or misapplication of these provisions.

Caregiver Support Services	#10 Caregiver Support Services Procedure A. Emotional Wellbeing - 1 score. Question - You listed that the Zarit Burden 4-item screening should be used and the score from the assessment should be entered in PeerPlace. Is this required? Is this a new field in PeerPlace that is tied to service units? If someone declines to take this assessment, will we be able to submit a service unit for billing if consultation was completed? Procedure B-D Consultant questions to ask. Question - is this required? Is this a new field in PeerPlace that is tied to service units? If someone refuses to answer any questions, will we be able to submit a service unit for billing if consultation was completed.
Caregiver Support Services	After carefully reviewing the policy, I would like to express my earnest wishes that the policy be implemented. As a community health worker and having worked over 10 years in elder care in various entry level positions; I believe this enables CHWs to not only work to the top of their abilities but also to be able to play a strong advocate for their clients. The Caregiver Consultant role aligns well with the scope of practice that a CHW does. Recently working as a direct support professional many more organizations are finding that clients are needing systems navigation assistance which I have been able to provide through my background as a CHW--many DSPs are not able to employ the same skills without additional training and going on for certification or higher education.
Caregiver Support Services	3. Specifications on Use of Funding A. No more than 10% of the allocation may be used for grandparents or older individuals who are relative caregivers of children who are not more than 18 years of age. Problem: I am unclear why this is at 10%, as relative caregivers of children is a growing population, right now we are estimating at least 79,000 children in Minnesota live without a parent present. The resources for these families are limited, potentially cash assistance ($420 per month for one child and about $189 a month food support or SNAP benefits. We serve families that are dealing with school systems, legal systems, medical assistance, disability and mental health resources, substance use disorders in parents, death of parents, etc. This population has been far overlooked for too long. Most caregivers say "I wish I knew about your services long before this time". The financial, legal, emotional support and resources are so important. Solution: Up the percentage to 15%.

Multi-Topic	Prairie Five Community Action, Inc. serves the counties of Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine Counties. As a board, we are concerned that the Minnesota Board on Aging priorities have changed from serving the needs of older adults. You have put greater emphasis on administration, reducing the funding for direct services that so many people in rural Minnesota depend on. Adding insult to injury, the Intrastate Funding Formula further negates how older adults, living in rural areas, will maintain their independence living in communities that may have limited access to essential services, such as grocery stores, c- stores, and transportation. Keep in mind, broadband access is limited as well. As the Prairie Five Board, you must consider all obstacles that older adults face each day. A person living in a community of 50 should be able to access the same care as someone living in a community of 100,000+. Consider reviewing the Intrastate Funding Formula. Eliminate the bar code scanning process, the other unfunded mandates and bring the stakeholders together that will meet the needs of older adults.
General	The Older Americans Act is not a restrictive federal law and it gives Area Agencies on Aging a broad mandate. The newly revised regulations to the OAA acknowledge the mandate and the regulations themselves provide for flexibility. I encourage the MBA to focus on the absolute requirements in the regulations and not add additional policies and procedures that may restrict the work of AAAs in fulfilling their roles. It is important that MBA and the Minnesota AAAs comply with the law and new regulations, take time to implement them, and then evaluate the need for any additional policies and procedures. The required changes are large in scope and will take a significant, multi-year effort to implement and evaluate. What is so critical in this discussion is the MBAs support of the ability of AAAs to serve people in greatest social and economic need, and meet the challenges of our growing older population. Innovation and expanded partnerships are essential and AAAs have roles and abilities that states do not. The MBA's policies and procedures must not put unnecessary and burdensome limitations on AAAs or their provider partners. If not, the needs of our most needy within our aging population will only grow, and the damage to our sense and building of community for all, will be severely damaged. Thank you for your care and concern for older adults, family caregivers and our communities. I trust that your final decisions on the MBA's policies and procedures will align with our commonly held goals to foster the well-being of older adults.

Periodic Data Collection & Reporting	The MBA is required to report various programmatic and financial data to state and federal agencies; therefore, the MBA needs to gather programmatic and financial data from AAAs, who in turn need similar data from service providers. · Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. 1. Losing 5 days for providers to submit invoices to AAA by the 10th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. Recommendation: Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	Collecting data, and reporting on it, is tedious and time consuming AND VALUABLE. Yes, it needs to be done, but not weekly. Quarterly, or annually may be sufficient and appropriate.
Periodic Data Collection & Reporting	We understand and appreciate that MBA wants information in real time; however, trying to get quarterly reports completed and submitted by the 8th of the month creates a hardship. It typically takes longer than this number of days to close out a month, especially if there are weekends and/or holidays in those first days. For years we have been required to submit on the 10th, which was a challenge at times, but as of 2025 we are required to submit on the 8th.
Periodic Data Collection & Reporting	Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions.
Periodic Data Collection & Reporting	As a service provider, the change in when AAAs are to submit reports to MBA by (15th) has already impacted us. Our quarterly reports was moved up by two business days from being due the 10th of the month to the 8th of the month to allow Trellis time submit to MBA. This makes closing out the month and accounting for all data necessary from the quarter to be collected and summarized for the report in sometimes less than 5 business days. We will likely not have all the information for the financial report and expenses and revenue will need to be reported the following quarters reports. Reports will not current when submitted. As well the new requirement for reporting monthly vs. quarterly in peer place, will be another administrative burden and it will take away time from the services we offer to older adults and family caregivers. We would like to recommend that it be considered for service providers to have the option of monthly data entry or quarterly data entry and that correlates to when reports are submitted to the AAA.

Periodic Data Collection & Reporting	Concerning Policy #13: Periodic Data Collection and Reporting I would like to request maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery
Periodic Data Collection & Reporting	• The small non-profit agency that I work for already struggles to meet the ‘10th of the month following a quarter’ deadline. • We cannot afford to add additional staff or pay for additional staff hours in order to meet an ‘8th of the month following a quarter’ deadline. • There will always be between 1 and 3 weekend days included in this very tight 8-day window. • In addition, both the first and third calendar quarters include a holiday (New Year’s Day and Independence Day) making the window even smaller. • Adding insult to injury, we have already received drastic cuts in our funding for 2025. • Any proposal to increase the frequency of reporting is also onerous and would require paying for more staff time. • If an agency (such as ours) has more than one Title III program, the task is even more difficult. • Other than someone making up an arbitrary deadline, what is the urgency behind this proposed timing? • If the desired result is to see how many non-profit agencies can be shut down, this is a good strategy. (I apologize for the sarcasm; however, it just doesn’t seem like the people making these proposals have any idea how difficult it is already to run a small nonprofit agency. Adding more paperwork requirements and reducing the time to do it is disheartening.) • Thank you for reading and considering the above.
Periodic Data Collection & Reporting	Reducing the time for providers to submit invoices work against appropriate internal processes and controls. Maintain the current timeframe.
Periodic Data Collection & Reporting	We understand and appreciate that MBA wants information in real time; however, trying to get quarterly reports completed and submitted by the 8th of the month creates a hardship. It typically takes longer than this number of days to close out a month, especially if there are weekends and/or holidays in those first days. For years we have been required to submit on the 10th, which was a challenge at times, but as of 2025 we are required to submit on the 8th.
Periodic Data Collection & Reporting	We have significant concerns about moving the reporting deadlines up. It is already hard for us to meet the old deadline particularly when there is a holiday or due date over a weekend. Our company finances are not available to us until around the 14th of each month, so we are forced to be paid a month late. I particularly worry about smaller agencies that financially can not afford to be paid a month late. I also have concerns about data accuracy if team members are rushed to get their data in. With less time to compile our narrative reports, they won't be able to be as robust and detailed due to being rushed.

Periodic Data Collection & Reporting	1. Report Due Date - This date has always been the 20th of the month and we have not been given a policy or regulatory reason why this date has been moved 5 calendar days earlier. The volume of data required of AAAs to validate, monitor, and submit payment requests for is unreasonable to expect completion within 5 calendar days. Additionally, it is standard accounting practice to need 10 calendar days to close out the previous month. Providers will be unable to submit their reports in a timely manner. AAAs have to validate expenses, persons served, service units, match, program income, and progress reports for every Title III award. Should there be any discrepancies, the provider needs time to correct. Once each provider award is verified, the AAA must aggregate the above data points and submit through Grant Utility, and the MBA Payment Workbook. This requires data aggregation and entry into several systems. With this high-volume of detailed data, we request the deadline be moved to the 20th to ensure the data submitted is timely and accurate. If this deadline becomes final policy, this will result in delayed data and reporting from service providers to the MBA and create unnecessary administrative burden. Please ever this report deadline back to the 20th of the month.
Periodic Data Collection & Reporting	I am advocating for maintaining the current monthly reporting timeline.
Periodic Data Collection & Reporting	The proposed timeline for quarter reports would present a hardship to providers and AAAs alike. The current provider reporting time of 10 days following the end of the month already includes one or two weekend days. Compiling all the financial and corresponding program reports would prove to be a hardship, if not impossible, if the timing were compressed even further. This is especially the case with agencies responsible for more than one Title III program. PeerPlace reports should remain on a quarterly basis, in tandem with the reporting schedule. This is much more efficient rather than changing to a monthly basis, which increases the number of deadlines required of providers. Especially with a broad service area and many staff working off-site much of the time, the more flexible time for data collection is preferable.
Periodic Data Collection & Reporting	The proposed timeline would present a hardship to us as a provider and AAAs alike. The current provider report time of 10 days following the end of the month already includes one or two weekend days. This time frame is already challenging. Compiling all the financial and corresponding program reports would prove to be a hardship, if not impossible, if the timing were compressed even further. This is especially the case with agencies responsible for more than one Title III program.

Periodic Data Collection & Reporting	The MBA is required to report various programmatic and financial data to state and federal agencies; therefore, the MBA needs to gather programmatic and financial data from AAAs, who in turn need similar data from service providers. · Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. 1. Losing 5 days for providers to submit invoices to AAA by the 10 th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. Recommendation: Submission of monthly data for AAA stays at the 15 th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	If I am reading the below correctly, it is asking for PeerPlace data monthly, even if we are invoicing quarterly. Please keep the PeerPlace entry aligned with the invoicing and narratives. Without aligning them, the AAA won't have any way to reconcile if the PeerPlace data matches the invoice, because the invoice won't be submitted until the end of the quarter. Seems confusing for everyone. And because it is not our primary client database, we often wait until end of the quarter and just enter all the data at once. B. PeerPlace data for the prior month of services must be complete and updated by the 15th of each month. For example, data on individuals served and the services they received for the period of June 1 – June 30 must be updated and complete in PeerPlace by July 15th. Please refer Provision of Title III Services Policy #2: Client Eligibility and Periodic Assessment for more information.
Periodic Data Collection & Reporting	I am reaching out from Longfellow/Seward Healthy Seniors, a Living at Home Block Nurse Program that serves 600+ clients annually in the greater Longfellow and Seward Neighborhoods of Minneapolis We are concerned about the switch to required monthly data, narrative and financial reports. Our primary objective is meeting the needs of our clients, and we are concerned that monthly data reporting will not only be cumbersome, it could potentially reduce the quality of the data we are able to send. Additionally, it is important that we retain the option of allowing our clients to verbally fill out and sign NAPIS forms over the phone with our staff. Many of our clients have mobility and transportation limitations, and coming to us in order to sign paperwork would be a hardship. With a small staff, physically meeting with clients to fill out NAPIS forms would limit the time our office has to do other aspects of our important work that allows our clients to remain healthy, independent, and socially connected.

Periodic Data Collection & Reporting	• Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. • Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. • Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery.
Periodic Data Collection & Reporting	I recommend keeping the monthly reporting as is, to ensure that services are not delayed due to excess paperwork
Periodic Data Collection & Reporting	Three Rivers Community Action is a provider of meals on wheels in 3 counties in Minnesota. Data collection is important. Each day we track the number of meals each participant receives on a spreadsheet. At the end of each month, these numbers are entered into Peer Place and reports are sent to our funders. This process is accurate and efficient. The proposed increase of reporting including implementation of the barcode scanners will result in an enormous administrative and financial burden that will lead to large service reductions. We are asking for the ability to retain this current monthly reporting process and timeline that already ensures accurate and efficient data.
Periodic Data Collection & Reporting	Policy #13: Periodic Data Collection and Reporting • Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. • Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. • Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery. Policy #16: Cost Sharing • Proposed Change: Four cost-sharing models are under consideration, some of which could limit flexibility for providers. • Impact: Restrictive cost-sharing policies could threaten the financial sustainability of nonprofits, reducing their ability to offer essential services. • Request: Support maintaining the current flexible cost-sharing model to ensure organizations can continue to operate and serve older adults effectively. (Indicate that this option is #1 in those provided by MBA.)
Periodic Data Collection & Reporting	Please keep submission of monthly data for AAA at the 15th of each month to ensure that providers have sufficient time for internal compliance and financials controls are met. 1. Losing 5 days for providers to submit invoices to AAA by the 10th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation.

Periodic Data Collection & Reporting	As a service provider, the change in when AAAs are to submit reports to MBA by (15th) has already impacted us. Our quarterly reports was moved up by two business days from being due the 10th of the month to the 8th of the month to allow Trellis time submit to MBA. This makes closing out the month and accounting for all data necessary from the quarter to be collected and summarized for the report in sometimes less than 5 business days. We will likely not have all the information for the financial report and expenses and revenue will need to be reported the following quarters reports. Reports will not current when submitted. As well the new requirement for reporting monthly vs. quarterly in peer place, will be another administrative burden and it will take away time from the services we offer to older adults and family caregivers. We would like to recommend that it be considered for service providers to have the option of monthly data entry or quarterly data entry and that correlates to when reports are submitted to the AAA.
Periodic Data Collection & Reporting	WIth respect to Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. 1. Losing 5 days for providers to submit invoices to AAA by the 10 th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. Recommendation: Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	Title III Admin & Financial, Policy #13: This policy calls for the submission of monthly service data by the 15th of each month. However, the MBA staff has been asking service providers of some services to move to much more frequent (weekly or daily) data submissions without this being explicitly stated in the Final Rule. This more frequent data reporting places a significant administrative burden on providers without additional funding, which ultimately leads to service reductions for older adults. Please maintain the current monthly reporting timeline or work with providers to develop alternative solutions to ensure compliance without jeopardizing service delivery.

Periodic Data Collection & Reporting	Policy #13 Periodic Data Collection & Reporting The deadline posted in this policy is 5 days earlier than it has been in the past. For AAA's to meet this deadline, they have moved the report deadline for providers from the 10th to the 8th or from the 15th to the 10th (III-C awards). Many providers have said that this deadline is difficult or impossible to meet due to internal accounting procedures. The earlier reporting deadline puts additional administrative strain on providers and jeopardizes accuracy in reporting. Recommendation: recommend moving the reporting deadline back to allow providers to accurately report to AAA's. Policy #13: Periodic Data Collection and Reporting • Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. • Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. • Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery. Policy #13: Periodic Data Collection and Reporting Comment: The state nutrition providers want technology to reduce the costs of counting meals. The state providers have been working on this for over 10 years. The current system does not fit the needs of rural providers. The lack of broadband is a major issue. The scanners that were purchased a few years ago are already antiquated and can not be used. The providers should be at the table to discuss a system that benefits rural and metro providers.
Periodic Data Collection & Reporting	Policy 1: Periodic Data Collecting and Reporting. The MBA is required to report various programmatic and financial data to state and federal agencies; therefore, the MBA needs to gather programmatic and financial data from AAAs, who in turn need similar data from service providers. -Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. -Losing 5 days for providers to submit invoices to AAA by the 10th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. -Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. -Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. -Recommendation: Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	The proposed timeline would present a hardship to providers and AAAs alike. The current provider report time of 10 days following the end of the month already includes one or two weekend days. Compiling all the financial and corresponding program reports would prove to be a hardship, if not impossible, if the timing were compressed even further. This is especially the case with agencies responsible for more than one Title III program.

Periodic Data Collection & Reporting	Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions.
Periodic Data Collection & Reporting	Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	The MBA is required to report various programmatic and financial data to state and federal agencies; therefore, the MBA needs to gather programmatic and financial data from AAAs, who in turn need similar data from service providers. • Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. 1. Losing 5 days for providers to submit invoices to AAA by the 10th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. Recommendation: Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	• Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. • Impact: Increasing reporting frequency places a significant administrative burden on providers without additional funding, ultimately leading to service reductions. • Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery. A software that allows providers to maximize efficiencies needs to be addressed. Peer Place and the scanning technology introduced 10 years ago has been unsuccessful and is not the solution. It's delaying the move to more efficient work and data collection.
Periodic Data Collection & Reporting	• Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. • Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. • Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery. ***(Submitted twice.)***
Periodic Data Collection & Reporting	Keeping periodic data collection and reporting to a monthly requirement is in the best interest of the service providers. Our focus should be on serving the 60 and over population to the best of our ability. Daily reporting will require more time with administrative tasks and less in direct service to our clients.

Periodic Data Collection & Reporting	The financial report deadline posted in this policy is 5 days earlier than it has been in the past. This deadline is impossible to meet due to our internal accounting procedures.
Periodic Data Collection & Reporting	Section 13 Data Collection Issue: we would need to report the 8th of the month for reporting/financial. This is impossible to do at our agency and I fear the data collection will not happen in a timely manner, and data could be compromised (inaccurate/incomplete). Our finance office is unable to follow this deadline on a monthly basis. Solution: Continue with 10th of the month to report to AAA's.
Periodic Data Collection & Reporting	Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery.
Periodic Data Collection & Reporting	As a nonprofit health and human services organization, we are very concerned about the revised monthly reporting deadlines outlined in the recent policy change, which require nonprofits to submit financial and programmatic data to AAAs earlier than previously established timelines. As a complex organization with over 60 programs, it would be extremely difficult for our Finance Department to finalize and close the books prior to the 8th or 10th of each month to meet the AAAs reporting deadline of the 15th. The process of closing financial records involves careful reconciliation, review, and quality control measures to ensure accuracy and compliance with regulatory standards. This accelerated timeline sets an unrealistic expectation and places a disproportionate administrative burden on fiscally accountable organizations like ours. We operate with limited resources while providing high-quality services for vulnerable populations. We respectfully urge the MBA and AAAs to consider the operational realities of nonprofit organizations and work collaboratively to establish reporting deadlines that are both reasonable and attainable.
Periodic Data Collection & Reporting	1. AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. Problem: our agency is unable to get this data/financial information by the 8th of the month. There is no way we can do it so we will always be billing a month behind. Solutions: Keep the data going to AAA's from grantees to the 10th of the month.
Periodic Data Collection & Reporting	The current requirements around data reporting are laid out clearly in the final rule and we would like to see these requirements stay the same and they are laid out in the policy. MBA staff have been advocating for a higher frequency of this data being submitted either weekly or daily in some instances. We ask that if these requirements are change that there are considerations for additional funding to alleviate the administrative burden that will be placed on the providers, instead of cutting vital services to older adults.

Periodic Data Collection & Reporting	Will these services be reimbursed if there is unknown data? What is the minimum data set required to be reimbursed for services provided?
Periodic Data Collection & Reporting	à Proposed Change: Providers must submit monthly service data by the 15th of each month. However, the MBA and their staff have been advocating for more frequent (weekly or daily) data submissions without this being explicitly stated in the final rule. à Impact: Increasing reporting frequency would place a significant administrative burden on providers without additional funding, ultimately leading to service reductions. à Request: Advocate for maintaining the current monthly reporting timeline or alternative solutions to ensure compliance without jeopardizing service delivery. ***(Submitted twice.)***
Periodic Data Collection & Reporting	We understand and appreciate that MBA wants information in real time; however, trying to get quarterly reports completed and submitted by the 8th of the month creates a hardship. It typically takes longer than this number of days to close out a month, especially if there are weekends and/or holidays in those first days. For years we have been required to submit on the 10th, which was a challenge at times, but as of 2025 we are required to submit on the 8th.
Periodic Data Collection & Reporting	As a Service Provider, the change in when AAAs are to submit reports to MBA by (15th) has already impacted us. Our quarterly reports was moved up by two business days from being due the 10th of the month to the 8th of the month to allow Trellis time submit to MBA. This makes closing out the month and accounting for all data necessary from the quarter to be collected and summarized for the report in sometimes less than 5 business days, this can prove especially challenging given size of our organization. This is especially difficult leader that have workshops that end the week prior to the end of the quarter as leaders usually have 10 days to enter data or get information to us to enter. This would require us to move up the deadline for workshop leaders of those types of workshops. We believe the policy should provide more clarity on which services will need to submit reports monthly and what would need to be included in said reports. Reporting monthly on grants is a high administrative burden for service providers that have staff wearing many different hats.

Periodic Data Collection & Reporting	The MBA is required to report various programmatic and financial data to state and federal agencies; therefore, the MBA needs to gather programmatic and financial data from AAAs, who in turn need similar data from service providers. • Procedure A: AAAs must submit certain data on a monthly basis to the MBA by the close of business on the 15th of each month. MBA will provide AAAs with the form(s) to report the required information at least 10 days prior to the applicable reporting deadline. 1. Losing 5 days for providers to submit invoices to AAA by the 10th increases the probability of errors as it reduces the allotted time for internal compliance processes and procedures. 2. Invoices being submitted prior to the organization's financials being closed for the month would hinder the organization's financial controls. 3. Depending on the month, weekends and holidays may further shorten/decrease the amount of time for billing preparation. Recommendation: Submission of monthly data for AAA stays at the 15th to ensure that providers have sufficient time for internal compliance and financials controls are met.
Periodic Data Collection & Reporting	Having our deadline to submit reports from the previous quarter by the 8th day of the next quarter is an extremely tight deadline. Services and expenses aren't often documented until days after the month ends, which causes stress on submitting data by the 8th day of the next month. This is especially difficult at the beginning of each calendar year with New Year's Day being a holiday.
Periodic Data Collection & Reporting	Advancing the due dates for reporting to the MBA has a trickle-down affect of creating very tight timelines for service providers. Considering months starting on a weekend, and/or with holidays early in the month, the proposed timeline could require reporting within the 5-7 business days of the month which creates undo pressure on providers who have more responsibilities than reporting. Provision of services, accounting, client relations and other record keeping may have to be put aside to comply while reimbursements can still be 2-3 months from being paid.
Periodic Data Collection & Reporting	AAAs must submit the required data monthly to the MBA by the close of business on the 15th of each month. To meet this timeline, we require grantees to have data to us several days prior to this deadline, making this a difficult timeline to meet. We have had to request an extension for the last two report periods. SEMAAA supports moving the deadline to the 20th of each month. If that is not a feasible option, please consider a 3-5-day allowable extension period. This will create efficiency as we will not have to request an extension of MBA staff for each reporting cycle and save MBA staff time by not having to approve/decline the request each time along with submitting a reply to the AAA.

Periodic Data Collection & Reporting	The 15th of the month for AAA to get data to MBA means that service providers are providing data prior to the 15th. We are hearing our data will now be due the 8th of the month. Because AAA's aggregate data for MBA, the service providers are bearing the brunt of the short turn-around. Our books typically close between the 12th and the 15th, PeerPlace data entry is limited to our quarterly reporting time as we do not purchase many user licenses and it is not our primary client tracking tool, collecting volunteer hours for our in-kind match - all of this takes time. And, as an aside, PeerPlace is a clunky database to use. Ironically, your example of the quarter ending June 30 being due July 15 is the worst quarter of the year to meet due to so many people taking off for 4th of July. I have a Director who always has to log in two days during her annual extended family vacation to do her reporting because of the deadlines. Our finance person's family is in Texas, so he is always working during his family vacation there. I would respectfully ask that the due date to MBA move to the 20th, so that service providers would have two full weeks to complete their data. I realize that adds a little time to our payment lag but honestly the payment would be more timely because we currently struggle to get the data for the last week of the quarter and often end up asking for that reimbursement the following quarter instead.
Periodic Data Collection & Reporting	B. PeerPlace data for the prior month of services must be complete and updated by the 15th of each month. Please change this deadline to a later date. Grantees are required to submit their NAPIS data to the AAA by the 3rd of the month. This is nearly impossible and requires staff to work on weekends and holidays in order to accommodate the deadline. The quarterly report deadline of the 6-8th of the month is equally impossible. For instance, during the July 4th holiday, if that holiday falls on a Friday, Saturday, Sunday, or Monday, my staff have had to forego family vacations in order to get their reports submitted on time. Many times, we are having to complete multiple reports (IIIE, IIIB and ARPA) with only one day of preparation time.
General/Other	The revisions to the Older Americans Act regulations are considerable, due in large part to the span of almost four decades since the last revision. The law itself has changed significantly since 1988 as have the lives of older adults and the environment in which we all live. The Minnesota Board on Aging, area agencies on aging and Title Ill funded providers face a large task to implement these new regulatory requirements and doing so will cause significant burden in an environment of scarce resources and growing need for services. We ask that the MBA implement only those policies and procedures required by the federal regulations, and where the MBA has discretion, that it does not add additional requirements or constraints. It will be important for the MBA, AAAs and providers to successfully implement the new federal regulations accurately and on time. MBA should only contemplate additional layers of regulation once the large, federally required initial body of work is completed and the impacts are understood. MBA can help itself and its partners succeed in implementation by limiting the scale and scope of change at the outset. Additional MBA-only requirements will be better conceived and implemented if undertaken later.

MBA Monitoring of its own Assurances	1: Definitions and Transparency - Definition of "Rural" Ensure clear and consistent definition of "rural" throughout to assist with accurate assessment and provision of services.
Private Pay Programs	Requiring that profits from fee for services programs be reinvested into Title III programs may discourage collaboration with profit and nonprofit partners. <u>**SEMAAA** supports</u> flexibility in reinvestment policies to attract providers and help with sustaining programs and services.
Availability of Funds & payments from MBA to AAAs	I am happy to see the below provisions and I would like to see the policy provide interest to grantees when these terms are not met. Even with ACH, our 2024 quarterly payments were paid at 90 days, 65 days, 95 days and tbd for the final payment. I don't know where the delay occurs and it is unacceptable to believe that a $2M organization should float an interest free loan for the State or a AAA. The advance is not sufficient nor meant to cover 6 months of services. 7. The MBA has 30 days from the date payment request was received to complete payment for a valid, complete and accurate payment request. MBA must promptly review an invoice and communicate any concerns to the AAA within 10 days of the receipt of the payment request. If it is necessary for the AAA to provide additional information and/or resubmit a corrected invoice, the 30-day time limit ends. When the AAA provides the needed information and/or submits a corrected invoice, a new 30-day period starts. MBA must pay the corrected invoice within the 30-days from the date the corrected invoice is received from the AAA. MBA prioritizes payment of all AAA corrected invoices or requests where additional information is needed. 8. In accordance with both federal regulations and state law, the AAA must make timely payment to subgrantees and contractors. AAAs must pay subgrantees and contractors within ten days of the AAA's receipt of payment from the state for undisputed services provided by subgrantees or contractors.
AAA Grants and Contracts	Disallowing subcontract for the provision of Title III funded services will impact our grantees ability to provide services to underserved older adults in rural communities. We anticipate the most significant impact on meals, chore services such as snow removal/lawn care and homemaker programs. The proposed structure change may limit providers' ability to offer services, especially to smaller communities, result in increased costs or force the elimination of these partnerships. Note: Federal regulations permit the use of subcontractors for providing services under the Older Americans Act (OAA). The definition of "service provider" in the Federal Register supports the use of subcontractors. <u>SEMAAA supports</u> the consideration of flexibility for subcontracts to continue to exist in rural areas due to the limited number of providers that already exist. A key piece to the proposed change will be the transition timeline, unraveling these well-established relationships will take an extended period to resolve respectfully.
Payments from AAAs to Service Providers	1. How will providers show they used program income to pay for services before requesting payment from OAA funds? 2. Procedures - #2: The provider does not decide which funding source their payment will come from. The AAA is the one that submits the funding source in the payment request; please revise.

Contracts and Commercial Relationships	Please eliminate this restriction.
Contracts and Commercial Relationships	The proposed AAA Operations Policy #7 must be finalized to be most flexible, efficient and timely to facilitate expansion and delivery of needed services to older adults. Demand for services continues to increase as the older population grows. Current resources are insufficient to fund services that support community living, the most desired and often least expensive option. To align with the intent of the Final Rule and guidance from the Administration for Community Living, the MBA's proposed policy and procedures for categorical pre-approval of third-party contracts could be expanded, incorporating additional types of agreements. Additionally, to meet its requirement for timeliness, the MBA must articulate a timeline for prompt completion of its review process for prior approval, and that process should take no longer than 30 business days. If the MBA cannot complete the process in 30 days, then approval should be automatic. It is important for the MBA to commit to review timeframes that align with the annual bid and related processes set by the Centers for Medicare and Medicaid Services as most agreements with third parties are anticipated to be with health plans. MBA's policy does not address instances where a non-disclosure or other confidentiality agreement prevents the AAA from disclosing requested information. The ACL addresses this issue in its guidance to states and MBA's language must recognize that some of the information required in the Prior Approval form may be restricted by a non-disclosure or confidentiality agreement, and disclosure and response by the AAA may be limited under the terms of the agreement with the third party. This likely scenario should be acknowledged and should not hinder timelines for review of the third-party agreement. Some of the elements of an agreement for services with a third party are likely to contain trade secret and other sensitive information, including pricing information.
Contracts and Commercial Relationships	The AAA's needs to maintain their autonomy and continue to disclose information in regard to the names of third-party organizations that they have agreements with.
Contracts and Commercial Relationships	#2. How will providers have insight into how AAA additional funds outside of OAA are being used?

Contracts and Commercial Relationships	As a board member of Trellis, I believe it's crucial to finalize the proposed AAA Operations Policy #7 to ensure it is as flexible, efficient, and timely as possible. This will enable us to expand and deliver the essential services that older adults need. With the growing older population, the demand for these services continues to rise, but our current resources are insufficient to support community living, which is both the most desired and often the least expensive option. To align with the Final Rule and guidance from the Administration for Community Living, we should consider expanding the MBA's proposed policy and procedures for categorical pre-approval of third-party contracts to include additional types of agreements. Furthermore, to meet the requirement for timeliness, the MBA must establish a clear timeline for the prompt completion of its review process for prior approval, ideally within 30 business days. If the MBA cannot complete the process within this timeframe, approval should be automatic. It is essential for the MBA to commit to review timeframes that align with the annual bid and related processes set by the Centers for Medicare and Medicaid Services, as most agreements with third parties are expected to be with health plans. The current MBA policy does not address situations where a non-disclosure or confidentiality agreement prevents the AAA from disclosing requested information. The ACL has provided guidance on this issue for states, and the MBA's language needs to acknowledge that some information required in the Prior Approval form may be restricted by such agreements. This likely scenario should be recognized and should not delay the review timelines for third-party agreements. Some elements of these agreements, such as trade secrets and sensitive information (including pricing), are likely to be confidential.
General	The Minnesota Board on Aging has lost their vision and are not following their mission. Recently, I attended a meeting and noticed that the legislative priorities for this year are all on administration. What happened to your focus on direct service. The case in point, the Minnesota Board on Aging put together MN2030. The Minnesota Board on Aging wanted to make Minnesota a better by reframing aging. You expected growth in the older population and reaching an increasingly rural population. The MN2030 is only 8 years old and you decided to pivot? In the report it also mentioned diversity and lack of transportation. Were you covering a federal mandate and your report now means nothing. Reconsider the Older Americans Act and your plan. Aging in Minnesota should be celebrated and supported by the Minnesota Board on Aging. Rather than putting up barriers, find solutions by bringing in the stakeholders and coming up with a plan that benefits the older adults first, followed by meeting the requirements. It can be done.
A listing & definitions of allowable services	Caregiver Public Information Services A public and media activity that conveys information to caregivers about available statewide services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. Unlike Caregiver Assistance – Information and Assistance, this service is not tailored to the needs of the individual. Problem: I understand the primary audience is caregivers, but caregivers are surrounded by many professionals, friends and family. Solution: Could we change this to promote our activities to a broader audience than "caregivers", perhaps A public and media activity that conveys information to caregivers, professionals and families/friends.

A listing & definitions of allowable services	PLEASE STOP measuring transportation as a "trip". It's ridiculous. Taking someone from their home to the local Walmart is probably a 5 mile trip. Taking someone from their home to a medical appointment could be 5 miles to a clinic, 15 miles to a hospital or 80 miles to Rochester. Use miles or time as the unit. Please.
A listing & definitions of allowable services	How will this be monitored and applied each month? Will this true up for the quarter or year? If the requirement is that use of C1 funds in this way may not take away from congregate programming, will the MBA provide a narrower definition so that there is consistency in its application between AAAs.
A listing & definitions of allowable services	Lutheran Social Service of Minnesota supports a strong definition of this policy in regard to the allowance for C1 funds and clear direction in the AAA contract on utilization. This is helpful for individuals who may usually be congregate and have to stay home after a procedure or those who drive in town for other errands but can't get to a site regularly.
Use of Program Income	The current methodology used by Trellis will not be in compliance with federal funding regulations. It is not anticipated that the additive method will modify award amounts, but depending on program income collected throughout an award year, would alter the amount of funds a provider requests for reimbursement. This change would mean that we would need to subtract any program income we got form our expenses before requesting reimbursement from Trellis. Example: We have $1,500 in expenses for hosting a workshop and we received $500 in contributions. We would only be able to request $1,000 for reimbursement from Trellis. This change could make it more difficult for service-providers to use their full awards, we would ask that MBA work with AAAs on specific implementation techniques and clarity.
Use of Program Income	Program income and the additive method are required in federal law. Do MBA staff have the training and experience to help AAA's and service providers implement this? We have been discussing this compliance issue for years, but have been unable to locate a response or solution. Please ensure that the implementation of this policy requirement provide clear guidance and impact on how this will modify the budget planning, reporting, and payment procedures of OAA grant administration.
Buildings, Alterations, & Equipment	This is in contradiction to CFR 200.453 (a) which states that title to supplies acquired under the Federal award will vest upon acquisition in the recipient or subrecipient. For unused (in new condition) supplies in aggregate over $10,000, the AAA is entitled to compensation in the proportional percentage of the sale proceeds to the original funding percentage. Less than $10,000 CFR 200.453 is explicitly clear that no vested interest remains for the federal agency.

GSN/GEN Definitions & Actions	Policy 1: Priority Greatest Social Need (GSN) and/or Greatest Economic Needs (GEN) Section 9. sub A "Numbers and proportions of individuals served who meet one or more criteria for greatest social need or greatest economic need based on NAPIS data completion. " Issue: NAPIS form (for Older Relative Caregivers Program Registration for people caring for relative's child) is different than PeerPlace. NAPIS forms do not reflect GSN and GEN of care receiver who is a child. NAPIS form does not reflect GSN and GEN of caregiver. For example, there is no place to enter care receiver ethnicity, disability (unless over age 18), use of waiver, language etc. There is no practical way to put all of this on NAPIS form and get people who are already stressed to fill out. Also, if we have the information already, do they need to fill it out again annually (for example no address change, care receiver's name didn't change, birth dates didn't change)? This is hard in a support group, so staff often fill out the "static information". We are also offering virtual groups and trainings, and rely on "verbal signature on behalf of client X". Solution: Use assessment interview and record in PeerPlace to gather the data on GSN and GEN of both caregiver and care receiver. Use of combination of NAPIS form and PeerPlace entries to record GSN and/or GEN. Continue to allow verbal signatures for virtual groups and trainings.
Program Development & Coordination	25% of Title B allocation unfairly limits home services. B are the services that help someone continue to live in their own home: transportation, chores, special access to find them additional resources. Either reduce the percentage or do a smaller percent across all letters. There is not enough B to have this large of a percent removed. Agree program development is important - and it is putting peoples' ability to live at home at risk by reducing affordable service units.
Closing or Relocating a Dining Site	#3. What is the expected turnaround time on response to relocate or close a site? 3C. Sometimes a site closing does not allow for one month notice to participants given our partner buildings in the communities we serve. Will there be exceptions to this timeline?
Intrastate Funding Formula	Expressing appreciation for the detailed outline of the Interstate Funding Formula (IFF) in the policy. The emphasis on transparency is commendable and crucial for fostering trust and accountability.
Intrastate Funding Formula	The Minnesota Board on Aging made a decision a year ago that will change the rural direct services. In a meeting, the board heard 4 options and yet, the board made the decision and chose a 5th option. The board should consider decreasing the population density ratio 60+ from 5% to 0% and change the rural 60+ description weight to 20%. Rural services do cost more and should be supported to keep older adults living independently.
Intrastate Funding Formula	Cutting funding for nutrition only hurts the elderly Prairie Five CAC does an amazing job with this part of the program, and could in all honesty use more grant money.

Intrastate Funding Formula	I am writing in support of our local Prairie Five CAC, INC program. Community action is a powerful statement. We are about action!!! I am speaking up about this wonderful service we have in our rural area of Western Minnesota. I understand that Minnesota Board on Aging has proposed over 50 policies and procedure changes that will dramatically impact the lives of older adults in our 5 counties. I understand they are not all about nutrition, but they are all about title III funding. Prairie Five Meals budget decreased by $100,000.00 and will serve 9,000 less meals in 2025 when compared to 2024. Across the state, we estimate about 350,000 meals will not be served in rural Minnesota. All nutrition providers will receive less funding in 2025. The 7-county metro area will see an increase in funding. The projection that Prairie Five Meals will see further title III funding cuts and there will be continued increase in administration at the MBA level. This is insane and certainly not equitable!! What this means - Less direct service to vulnerable adults!!!! If we lose this service, chances are these services will not come back and once again we're closing our doors that support our vulnerable adults. How do you see this as be DEI?? Thank you for listening.
Intrastate Funding Formula	I have read the cut backs being purposed for rural MN. I live in Big Stone County and volunteer at our Prairie Five Food Shelf. What I read is cuts in our 5-7 county area but increases in the metro area. Does rural MN need less food and assistance for our elderly and affected people who need our help? I realize we have less population compared to the metro but our needy still need help!
Intrastate Funding Formula	Policy #5: The Intrastate Funding Formula (IFF) Comment: The Minnesota Board on Aging, after hearing 4 options voted on a fifth option. The fifth option was more detrimental to rural Minnesota. A factor that was given weight is the Population density ratio 60+. The population density ratio should be put from 5% to 0%. The 5% gained should be added to the rural 60+ ratio, going from 15% to 20%. Providing services in rural Minnesota costs more than in the 7-county metro area. Older adults in rural Minnesota have less access to basic services. Older adults should have the same access to direct services as the people in the 7-county metro area.
Intrastate Funding Formula	We ask the MBA to consider increasing the Rural Factor by 5% and decreasing the 60+ Population by 5%. The net result would be an increase for all outstate AAAs and a 2% reduction for the Metro area.

Intrastate Funding Formula	Factor Factor Description Weight Population 60+ Number of individuals aged 60 and over 40% Low-income 60+ Number of individuals aged 60 and over with income 20% below the federal poverty level Minority 60+ Number of individuals aged 60 and over who are not 20% counted as "white alone" in ACS data Rural 60+ Number of individuals aged 60 and over who live in 15% nonurban areas. Population density ratio 60+ The population density of individuals aged 60 and over in 5% each PSA region as a ratio compared to the statewide average population density of individuals aged 60 and over à Impact: For 2025, the Prairie Five Meals had to cut $100,000 when compared with their 2024 budget. This equals to 9,000 less meals served in Big Stone, Chippewa, Lac qui Parle, Swift and yellow Medicine Counties. 2024 was the year of ARPA funds. à Request: Ask that the MBA consider increasing the Rural Factor by 5% and decreasing the 60+ Population by 5%. The net result would be an increase for all outstate AAA's and a 2% reduction for the Metro area. AAAA will still fall below current funding levels, but it is a manageable change.
Intrastate Funding Formula	For 2025, the Prairie Five Meals had to cut $100,000 when compared with their 2024 budget. This equals to 9,000 less meals served in Big Stone, Chippewa, Lac qui Parle, Swift and yellow Medicine Counties. 2024 was the year of ARPA funds. Consider increasing the Rural Factor by 5% and decreasing the 60+ Population by 5%. The net result would be an increase for all outstate AAA's and a 2% reduction for the Metro area. AAAA will still fall below current funding levels, but it is a manageable change.
Intrastate Funding Formula	I am asking that you consider increasing the Rural Factor by 5% and decreasing the 60+ population by 5%. That would result in an increase for all outstate AAA's and a reduction for the metro area. This appears to be a manageable change.