



# MBA Policies & Procedures Public Comment Period

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# Welcome and Introductions

# Housekeeping Items

- Today is primarily about MBA sharing information with you
- To stay focused and get through a lot of material:
  - We are designating two specific and limited times for questions
  - "Chat" is not enabled for this meeting
  - We will have a single 5-minute break roughly halfway through today's presentation

# Today's Agenda

- Older Americans Act Final Rule & overview of MBA public comment period
- MBA process for developing proposed policies and procedures
- Review of key policies for your awareness and feedback
- How to provide comments and by when

# What is Available for Public Comment?

- MBA has developed 56 new and/or revised draft policies prompted by:
  - New federal Older Americans Act regulations
  - A need to integrate state grants management policies into MBA's
  - Stronger emphasis on oversight and monitoring responsibilities
- Most of these have been existing requirements of the OAA or state grants management policies, but not fully incorporated into MBA's Operations Manual

# Overview of Public Comment Period



Began on Monday, January 6 and will conclude on Friday, February 7



Stakeholders can submit comments through on-line process and by mail

## Engagement Opportunities

1. Today's Direct Service Provider Webinar
2. January 23<sup>rd</sup> web streamed event for older Minnesotans to highlight OAA services & consumer-facing policies

# Goals of Public Comment Period

- Raise general awareness of Older Americans Act services and requirements across Minnesota's aging network and beyond
- Solicit input from service providers, older Minnesotans, and other stakeholders about new policies and procedures
  - Provides an opportunity to suggest technical clarifications & provide feedback
  - In many cases, there isn't a "choice" about the new policies & procedures, but *how* they are specified and implemented is important

# How to Provide Feedback

- Public Comment period open until February 7, 2025
- Preferred method for submitting comments is [here](#) on-line.

full link: <https://tkearns86.wufoo.com/forms/oa-a-title-iii-final-rule-public-comments>

- May also submit comments by mail

Minnesota Board on Aging  
Attn: Planner  
P.O. Box 64976  
St. Paul, MN 55164-0976



# Older Americans Act Final Rule

- The Administration for Community Living, part of the U.S. Department of Health and Human Services, published a final updated federal Older Americans Act regulation in February 2024
- This was the first update to OAAA federal rules in more than 30 years
- Part of the new federal rules require MBA (and other State Units on Aging across the nation) to ensure core policies and procedures are in place

# Older Americans Act Final Rule

- Modernizes federal administrative rules to reflect changes in the aging network and the populations served
- Provides new flexibility in some areas
- No sweeping changes to most OAA services, but enhanced attention to oversight

# Development of Policies and Procedures

- State Units on Aging are required to ensure 38 policies and procedures are in place
  - Eight for Direct Services
  - 19 Fiscal Policies
  - 11 other policy areas
- AAAs, in turn, will need to develop policies and procedures that align with State policies and procedures

# A Greater Focus on Compliance

- The State of Minnesota is also putting more required policies and procedures in place to ensure public funds are spent consistent with their purpose
- Together, these policy updates at the federal and state level prompted MBA to examine and propose updates to its policies and procedures

# MBA's Process for Policy Development

# Comparing Federal Requirements to Existing MBA Policies & Procedures

Topic	Specific Issues	Does this policy exist today?	Does it need to be updated?	Does this procedure exist today?	Does it need to be updated?
Fiscal Requirements	2.1 Intrastate Funding Formula	Yes	Yes	Yes	Yes
	2.2 Non-Federal Share (Match)	Yes*	Yes	Yes	Yes
	2.3 Transfers	Yes**	Yes	Yes	No
	2.4 State, Territory, and area plan administration	Yes	Yes	Yes	Yes
	2.5 Minimum Adequate Proportion	Yes	No	Yes	No
	2.6 Maintenance of Effort	Yes	No	Yes	No
	2.7 Funding the State Long Term Care Ombudsman Program	No	N/A	No	N/A
	2.8 Rural Minimum Expenditures	No	N/A	No	N/A
	2.9 Reallotment	No	N/A	No	N/A
	2.10 Voluntary Contributions	Yes	Yes	No	N/A
	2.11 Cost Sharing	Yes	Yes	Yes	Yes
	2.12 Use of Program Income	Yes	Yes	No	N/A
	2.13 Private Pay Programs	No	N/A	No	N/A
	2.14 Contracts and Commercial Relationships	Yes	Yes	Yes	Yes
	2.15 Buildings, Alterations or Renovations, Maintenance, and Equipment	Yes	Yes	Yes	Yes
	2.16 Supplement, Not Supplant	Yes	Yes	No	N/A
	2.17 Monitoring of State and Area Plan Assurances	Yes	Yes	Yes	Yes
	2.18 Advance Funding	Yes	No	Yes	No

# Development of Proposed Policies

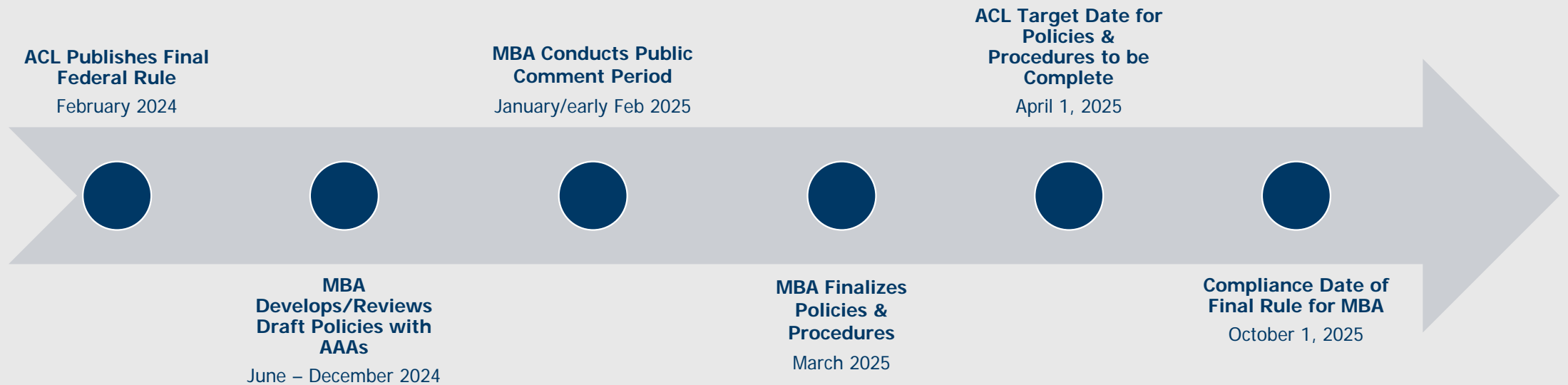
MBA developed draft policies and procedures in consultation with AAAs

- An intensive and time-consuming process!
- 3 days of in person meetings and an additional 4 virtual meetings

Authorities for policies and procedures derive from:

- Older Americans Act Final Rule
- Federal Uniform Guidance
- MBA authorities under federal & state law
- State of Minnesota grants management policies

# Milestones





# Highlighting Policies of Interest to Service Providers

# How Draft Policies are Organized for Review



MBA Operations

AAA Operations

Title III Administrative and Financial Requirements

Provision of Title III Services

# Key Aspects of Title III Service Provision

- Defining and serving priority populations: Greatest Social Need & Greatest Economic Need
- Periodic Data Collection and Reporting
- Title III & Title VI coordination
- Consumer Contributions
  - Voluntary Contributions
  - **Cost Sharing – a special focus of the public comment period**

# Eligible vs. Prioritized Populations

- The Older Americans Act distinguishes between those who are **eligible** for services and those who should be **prioritized** for service
  - **Eligibility** generally includes adults 60+ for most services or care receivers meeting certain criteria for caregiver support services
  - **Prioritization** is about individuals with greatest social needs (GSN) and/or greatest economic needs (GEN)
- The OAA requires a focus on serving these priority populations

# “Greatest Social Needs” Definition Expanded

(1) Physical and mental disabilities;

(2) Language barriers;

(3) Cultural, social, or geographical isolation, due to

(i) Racial or ethnic status; **(ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions;**

- **(vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;**
- **(viii) Interpersonal safety concerns;**
- (ix) Rural location; or
- (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (B) Threatens the capacity of the individual to live independently; or
- **(4) Other needs as further defined by State and area plans based on local and individual factors.**

# Greatest Economic Need

- Defines “greatest economic need” as “the need resulting from an income level at or below the Federal poverty level and, at the discretion of the AAA, other local and individual factors, including geography and expenses”.
- Requires states to develop policies and procedures for what steps AAAs are required to take to serve those with GSN/GEN

# AAAs to Use a Minimum of Three Required Actions to Serve Priority Populations

- Locate services in communities with significant populations with GSN/GEN
- Ensure service sites are conveniently accessible by public transit in geographic areas of the state where public transportation is reasonably available
- Engage community partners serving GSN/GEN populations
- Conduct a needs assessment
- Promote Title III-funded services at local events organized around populations of interest
- Contract or provide grant funds to providers offering culturally competent health and/or social services
- Use inclusive images and language in marketing/promotional materials
- Other strategies proposed by AAA

# Data Collection and Reporting Requirements

- Collection, analysis, and reporting of data are essential activities for managing programs and stewarding public funds
- MBA is required to report data and information to the federal government
  - MBA needs data from AAAs to fulfill these obligations
  - AAAs in turn need data from service providers and need to develop related policies & procedures for doing so



# Data Collection and Reporting Requirements

- While most of MBA's policy on data collection/reporting relates to AAAs, most data originates with service providers
  - Expenditures and payment requests due from AAAs by 15<sup>th</sup> of each month
  - Completion of NAPIS forms
  - Regular updating of PeerPlace by 15<sup>th</sup> of each month
- AAAs submit data to MBA on monthly, quarterly, semi-annual, annual and periodic basis

# Title III and Title VI Coordination

- Older Americans Act establishes legal obligations to
  - Serve American Indians living in Minnesota
  - Coordinate between Title III and Title VI programs
- Goal of meaningful coordination is to provide access to services and avoid duplication
- Currently nine Title VI grantees in Minnesota
- Policy also extends to working with Tribal urban offices, regardless of whether Tribe managing the office is a Title VI grantee

# Coordination Activities

- Outreach
- Communication
- Collaboration & sharing of information on program changes
- How Title VI grantees may refer individuals eligible for service
- How services will be provided in culturally appropriate and trauma informed manner
- Opportunities to serve on advisory councils, workgroups, & boards

# Consumer Contributions: Voluntary Contributions & Cost Sharing

# Consumer Contributions for OAA Services

- Most provisions of federal rules are requirements, not options
- One exception to this is related to Cost Sharing
- OAA has two ways in which older adults can help pay for part of services
  - Voluntary contributions
  - Cost sharing

# Consumer Contributions to Cost of Services

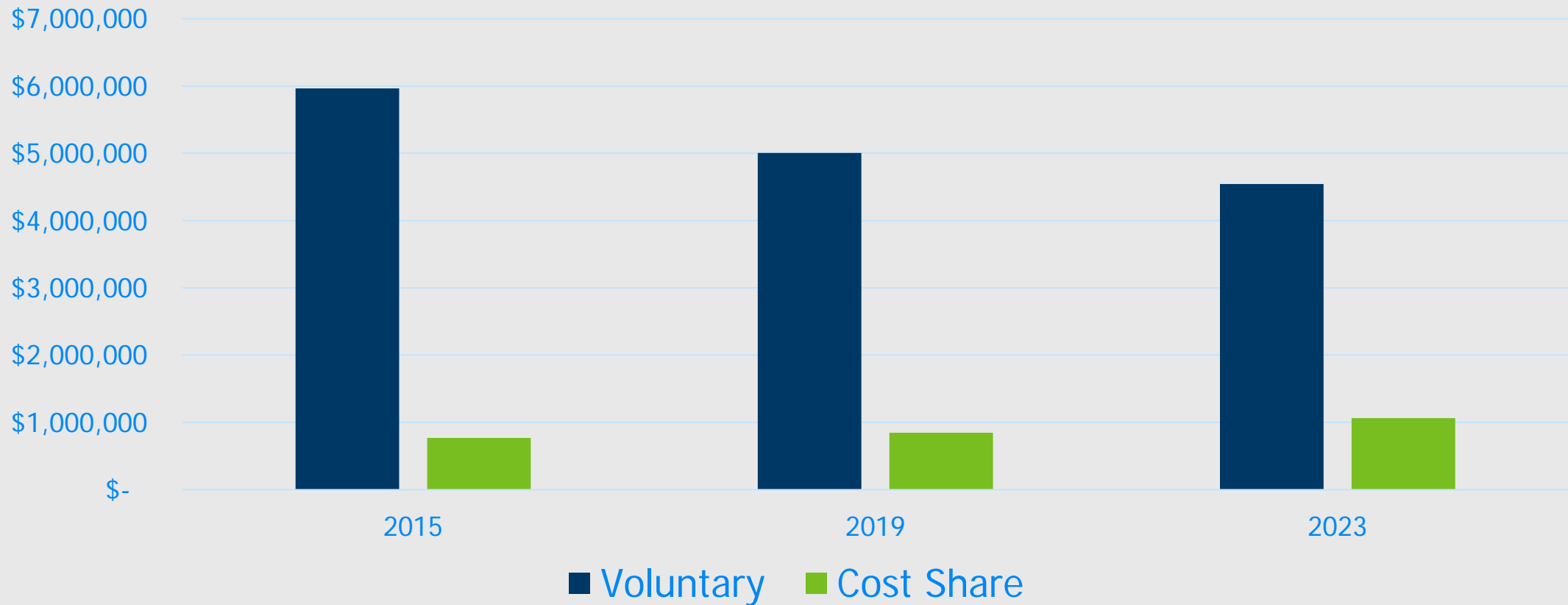
Voluntary Contributions	Cost Sharing
<p data-bbox="206 419 733 458">FEDERAL REQUIREMENT</p> <ul data-bbox="206 534 1225 975" style="list-style-type: none"><li data-bbox="206 534 1225 689">• All participants in OAA-funded services must be given the opportunity to make a voluntary contribution to offset costs of all services</li><li data-bbox="206 762 1225 975">• Older adults known to have income at or above 185% of Federal poverty level should be encouraged to make voluntary contributions</li></ul>	<p data-bbox="1286 419 1607 458">STATE OPTION</p> <ul data-bbox="1286 534 2288 1150" style="list-style-type: none"><li data-bbox="1286 534 2288 689">• States MAY require cost sharing and Minnesota is currently one of a smaller number of states to do so</li><li data-bbox="1286 762 2288 808">• Certain populations and services are exempt</li><li data-bbox="1286 881 2288 1036">• Exempt populations include those under the Federal poverty level or those on a waiver program</li><li data-bbox="1286 1109 2288 1150">• Can't require cost sharing to be paid</li></ul>

# Where Does Cost Sharing Currently Apply?

Services subject to Cost Sharing	Services EXEMPT from Cost Sharing
<ul style="list-style-type: none"><li>• Visitor</li><li>• Telephone Reassurance</li><li>• Counseling</li><li>• Transportation</li><li>• Assisted Transportation</li><li>• Homemaker</li><li>• Chore</li><li>• Home Modification</li><li>• Health Promotion</li><li>• All Caregiver Support services</li></ul>	<ul style="list-style-type: none"><li>• Nutrition</li><li>• Information &amp; Assistance &amp; Benefits Counseling</li><li>• Ombudsman</li><li>• Elder Abuse Prevention</li><li>• Legal Assistance or Other Consumer Protection</li><li>• Any service provided by a tribal organization</li></ul>

# Consumer Contributions Over Time

## Consumer Contributions Over Time





# Feedback on Cost Sharing

- Causes consumer confusion & sometimes guilt if they can't pay
- Some concern it discourages use of services
- Some service providers are philosophically opposed to this practice, while others view it as a normal part of business practice
- Not clear when contributions are made whether they are “voluntary contributions” or “cost sharing payments” for services where both apply
- Unclear whether the aging network is raising more revenue than it would from voluntary contributions alone

# Potential Options on Cost Sharing

1. Maintain	Maintain current services subject to cost sharing & otherwise align with final rule
2. Scale Back	Exempt additional services from cost sharing ( <b>exempt</b> services would also include visitor, telephone reassurance, counseling through Title III-B)
3. Caregiver Only	Apply cost sharing only to caregiver support services
4. Eliminate	Eliminate cost sharing altogether & focus only on voluntary contributions

# Comparing the Options

Reasons to Maintain Cost Sharing	Reasons to Scale Back or Eliminate Cost Sharing Requirement
<ul style="list-style-type: none"><li>• Given inadequate funding for OAA services, it is important to retain all opportunities to have consumers contribute to cost of services so more services are available to more people</li><li>• Those who can contribute to the cost of their services should be required to do so</li><li>• The aging network should be offering high quality services that consumers are willing to pay for because consumers see the value in them</li></ul>	<ul style="list-style-type: none"><li>• It isn't clear whether cost sharing raises more revenue than what a strong system of voluntary contributions would do on their own. May be smarter to focus on effective implementation of voluntary contributions.</li><li>• Given the lift needed to comply with the federal rules overall, reducing scope of cost sharing or eliminating it altogether would alleviate an administrative burden for AAAs and service providers</li></ul>

# If MBA retains any cost sharing...

- It must be implemented consistently across the state for whatever services MBA's policy includes
  - Very narrow exceptions permitted (if it creates excessive administrative burden for AAA or if large share of population is below income threshold for cost sharing)
- MBA would need to create a sliding scale for cost sharing to be used statewide
- It will be maintained along with opportunity to make voluntary contributions

# Questions

# Oversight, Contracts & Payments

- Pre-Award Risk Assessment
- AAA Monitoring of Service Providers
- Required Evaluation of Service Providers
- Contracts and grants between AAAs and service providers
- Payments from AAAs to Service Providers

# Pre-Award Risk Assessment

- This is required under federal uniform guidance and now also required under state policies for grants and contracts that are \$50,000 or more
- Will consider
  - the service provider's history of performing similar duties
  - Whether service provider needs to significantly increase the scale of services and, if so, their organizational capacity to do so
  - Review of service provider's financial information and internal controls
  - Reports and findings from audits
  - Compliance with other state and federal requirements

# Pre-Award Risk Assessment

- If results of these reviews raise concerns, the AAA may:
  - Require additional information to determine whether there is substantial risk the potential service provider cannot or would not perform required duties;
  - Create a risk mitigation plan that may include technical assistance and increased oversight; or
  - Not award the grant or contract
- Procedures specify the type of documentation AAAs will review for non-profits, business entities, and political subdivisions
  - Includes a required check to confirm that board members and staff with access to funds have not been convicted of a felony within last 10 years



# AAA Monitoring of Service Providers

- A base level of monitoring will occur for all service providers and additional monitoring may be needed depending on results of risk assessment
- AAAs must conduct an in person on-site monitoring visit to each service provider with a grant or contract above \$50,000 during the period of performance
  - Intended to be with the service provider's management team to review and ensure progress with objectives of contract or grant agreement & to address any issues
  - May include topics such as compliance, challenges faced by service provider, new requirements, program outcomes, service provider policies & procedures, or training needs

# AAA Monitoring of Service Providers

## Nutrition Service Providers

- In addition to monitoring visit with nutrition provider management team, AAA is required to visit at least 1/3 (or 20 sites, whichever is fewer) of its congregate and home-delivered meal sites each year
- Each visit counts as one visit, regardless of the number of additional sites or types of services a central site supports
- AAAs must ensure each site receives a site visit at least once every 3 years
- Purpose is to check compliance with nutrition-specific requirements

# AAA Monitoring of Service Providers

- Check a sample of the service provider's PeerPlace records to document:
  - Whether the client receiving services has a current NAPIS form on file (meaning has a NAPIS form been completed in the past year)?
  - Does the number of units of service received by the client raise any concerns? (For example, has the client received a number of meals that seems unlikely for the time period?)
- Conduct a financial reconciliation of expenditures for agreements more than \$50,000 before final payment is made

# AAA Monitoring of Service Providers

## Document and Data Review Includes

- Review of half year reports
- Monthly or quarterly expenditures (depending on frequency of when service provider submits data)
- Monthly review of data entered into PeerPlace, including monitoring of number of units of service provided
- Review of any audit findings

# Required Evaluation of Service Providers

- This is required under state law
- Includes analysis of all information in grant/contract file

<b>For grants and contracts of \$25,000 and less</b>	<b>For grants and contracts over \$25,000</b>
<ul style="list-style-type: none"><li>• AAA must complete the evaluation &amp; maintain documentation internally</li></ul>	<ul style="list-style-type: none"><li>• AAA must complete the evaluation and submit the report to the MN Department of Administration</li><li>• The report will be available publicly on line</li></ul>

# Contracts and Grants Between AAAs & Service Providers

- AAAs and service providers must enter into contracts or grant agreements to ensure the provision of Title III-funded services
- Contracts and grant agreements must:
  - With very narrow exceptions, be awarded after a competitive solicitation process
  - Be in place before any payments may be made
  - May only fund allowable activities included in the approved Area Plan

# Contracts and Grants Between AAAs & Service Providers

- AAAs may not delegate authority to service providers to enter into subcontracts with other organizations that will also provide direct services to Title III service recipients.
  - **Each service provider must enter into its own contract or grant agreement with the AAA.**
  - Service providers may enter into subcontracts with other organization using Title III funds for purchasing food, commodities, supplies, equipment, or other activities necessary to provide services.

# Contracts and Grants Between AAAs & Service Providers

- Contracts and grant agreements, including any amendments, may not be in place longer than five years.
- Any changes to contracts and grant agreements must be made through amendments, which include additions (for example, of time and/or funding), deletions, or changes to fully executed agreements.
  - The purpose of an amendment must be closely related to the original purpose and scope of contract.



# AAA Payments to Service Providers

- Describes requirements for payments in form of reimbursement & advance payments.
- Payments by reimbursement are strongly preferred, but advance payments are allowed under certain conditions:
  - AAAs must be confident the service provider will be able to account for grant funds and abide by terms of the agreement
  - The agreement must include a written justification for advance payments
  - Advance payments must be reconciled prior to requesting another advance payment, within 12 months of issuance, or within 60 days of end of grant period

# AAA Payments to Service Providers

- Service providers may only request advance payments to meet immediate cash needs for paying for allowable costs under their agreement
- Service providers must minimize the time elapsing between receipt and disbursement of funds
- Advance payments of federal funds must be maintained in interest-bearing accounts unless certain conditions are met
  - Interest up to \$500 per year may be retained by service provider for administrative expense
  - Interest above this amount must be remitted annually back to U.S. Dept of HHS

# Five Minute Break

# Title III Service Requirements

- A Listing and Definitions of Allowable Services
- Requirements for Client Eligibility
- Supportive services
- Legal Services
- Nutrition – General, Dining Site Changes, & Food Delivery Support
- Health Promotion
- Caregiver Support Services

# A Listing & Definitions of Allowable Services

- This is a lengthy policy that includes definitions for each service that may be provided with OAA funds in Minnesota
  - Some definitions had minor technical changes
  - Several services were removed from the list because MBA wishes to use OAA funding for other priority services
    - Adult Day Services
    - Personal Care Assistance
    - Case Management
- The list is updated periodically & MBA is proposing an annual review

# Requirements for Client Eligibility & Periodic Assessment

- Describes eligibility requirements for each Title III/Part Service
  - Age 60+ to receive most Title III-funded services
  - Eligibility for home-delivered meals and congregate meals also includes other individuals meeting specific requirements
  - Eligibility for Title III-E Caregiver Support Services is much more complex
    - Adults caring for older adults (meaning care receiver is 60 years or older)
    - Other specific caregivers of children or adults with disabilities
    - Other criteria related to respite care and supplemental services

# Requirements for Client Eligibility & Periodic Assessment

- Service providers are required to assess whether an individual meets eligibility criteria **for a registered service** by conducting an in-person assessment with a NAPIS form
  - Assessment must be done on an annual basis and in person (with exception of Title III-E services for in person requirement)

# Requirements for Client Eligibility & Periodic Assessment

Registered Services Include the Following:	
Homemaker	Caregiver Support Groups
Chore	Caregiver Training
Assisted Transportation	Caregiver Respite
Home-Delivered Meals	Self-Directed Supportive Services
Congregate Meals	Self-Directed Caregiver Support Services
Nutrition Counseling	Special Access
Caregiver Counseling	Supplemental Services



# Requirements for Client Eligibility & Periodic Assessment

- Service providers must use the most up-to-date version of a NAPIS form and ask clients each question on the form
  - If a client is reluctant to provide information, the service provider should explain purpose
  - If client refuses to provide information, the service provider must record this on the NAPIS form or choose from to-be-created drop down fields on the NAPIS form indicating this

# Requirements for Client Eligibility & Periodic Assessment

- Accurate NAPIS form data are critical
  - For obtaining a level of information related to the client's needs
  - For gathering of important demographic information, which helps service providers, AAAs, and MBA know the extent to which eligible populations with GSN/GEN are receiving services
  - Must record client's first and last name and make every effort to collect date of birth. Address must be recorded for clients receiving home-delivered meals.
- Service providers must use appropriate security protocols for use of electronic NAPIS forms

# Title III-B Supportive Services

- Supportive services are essential services to help older Minnesotans live at home and in community
- Supportive services funded by Title III-B include chore, homemaker, transportation, & assisted transportation among others
- Refer to A Listing and Definitions of Allowable Services for more details
- Includes provisions for Home Modification projects

# Title III B Legal Services

- The new final federal rule significantly expands requirements for Title III-B-funded legal services providers
  - Describes obligations of AAAs and service providers
  - Defines “legal assistance” and “legal community education”
  - Required capabilities and expertise
  - Types of services to provide
  - Outlines restrictions on services

# Title III C Nutrition Services

Types of Title III Nutrition Services	
Congregate Meals	Meals meeting OAA requirements served to eligible individuals and consumed while congregating virtually or in person
Home-Delivered Meals	Meals meeting OAA requirements served to eligible individuals and consumed at their residence or otherwise outside of a congregate setting. May be provided via home delivery, pick up, carry-out, drive through, or similar meals
Nutrition Education	Provides knowledge and skills for individuals or groups on making healthy food and beverage choices
Nutrition Counseling	Provides more specific counseling on a one-to-one basis
Other Nutrition Services	Includes weighted utensils, supplemental foods, etc.

# Title III C Nutrition Services

- Nutrition projects – defined as congregate dining sites or home-delivered meal programs that operate at least 5 days/week
- Addresses dietary requirements, menu planning, food safety considerations
- Nutrition service providers must establish ongoing outreach efforts to reach populations with GSN/GEN & provide referrals to other supportive services
- Service providers may establish procedures to accept SNAP/EBT as a form of voluntary contribution (but are not required to do so)

# Title III C Nutrition Services

- Option for “grab and go” meals – up to 25% of Congregate Dining funding may be used to pay for shelf-stable, pick up, carry-out, drive-through, or similar meals
- May be provided
  - During disaster/emergency situations
  - To older individuals who have an occasional need for such a meal
  - To older individuals who have a regular need for such a meal based on an individualized assessment

# Other Nutrition Policies

Policy	Key Components
Closing/Relocating or Establishing a New Dining Site	<ul style="list-style-type: none"><li>• A senior nutrition site is defined as either a congregate dining site or central kitchen that prepares meals for home delivery</li><li>• Must locate congregate dining sites close to majority of older people and acceptable to participants who will use them</li><li>• Services providers may not relocate or close a senior nutrition site without obtaining written advance approval from their AAA; must consult with AAA at least 90 days in advance</li><li>• Must follow process for notifying participants at least one month in advance</li><li>• New dining sites must meet specific criteria and be approved in advance</li></ul>
Food Delivery Support	<ul style="list-style-type: none"><li>• Relatively new state funding source to pay for cost of <b>transporting</b> meals, groceries, and purchased food</li><li>• May <b>not</b> be used to pay for cost of food, groceries, or meal preparation</li><li>• This specific funding stream may only go to non-profit organizations under state law</li></ul>



# Title III-D Health Promotion Services

- Evidence-based disease prevention and health promotion services are community-based interventions proven to improve health and well-being and/or reduce risk of injury, disease or disability
- Funding may only be used for evidence-based services as outlined in policy
- AAAs must give priority to providing these services in medically underserved areas and where there are large numbers of individuals with greatest economic need for services

# Caregiver Support Services

Caregiver Support Services Include	
Information about Available Services	Public education to create awareness of supports and resources available
Access Assistance	Provides individual one-on-one assistance
Counseling/Support Groups and Training	To assist caregivers in those areas where they provide support (for example, health, nutrition, complex medical care, and financial literacy)
Respite Care	On a limited basis to enable caregivers to be temporarily relieved from their caregiving responsibilities
Supplemental	Available on a limited basis for at risk persons and people needing assistance with at least two ADLs
Caregiver Consulting	Includes a comprehensive assessment to identify caregiver needs, values, and strengths in caregiver role and development of a customized plan to support caregiver

# Caregiver Support Services

- Policy provides direction on service prioritization, funding, service development and delivery, service and support categories, and standards for quality assurance
- Includes newly updated standards and training requirements for caregiver consultants

# Use of Title III Funding

- Non-federal share (match)
- Supplement, not supplant
- Program Income
- Program development & coordination

# Non-Federal Share (Match)

Type of Cost	Maximum Federal Share of Total Expenditures	Non-Federal Share (Match Requirement)
AAA Area Plan Administration	75%	25%
Title III-B Supportive Services	85%	15%
Title III-C 1 & C2 Nutrition Services	85%	15%
Title III-D Evidence-based Disease Prevention and Health Promotion Services	100%	0%
Title III-E Family Caregiver Support	75%	25%

- Federal funds may be used to pay for most, but not all, of OAA services
- Maintenance of effort requirements are in place at the state level
- AAAs and service providers are required to provide varying levels of match

# Non-Federal Share (Match)

- Unless otherwise specified, match must be met with expenditures for the same type of services.
  - For example, family caregiver match requirements must be met with expenditures for family caregiver support services.
  - Match may be pooled for supportive services and nutrition services.
- Policy describes what may and may not be counted toward match.

# Supplement, Not Supplant

- Older Americans Act funds must be used to **supplement** (increase) existing federal, state, and local funds expended to support services for older Minnesotans
  - Increase the amount spent on an existing service or provide a new service
- OAA funds **may not be used to supplant** (reduce) other existing federal, state, or funding sources spent on services for older adults by substituting OAA funds in their place
- In this context, “local funds” include “funds from fundraising activities, reserve funds, bequests, or cash or third-party in-kind contributions from non-client community members or organizations”.

# Program Income

- Defined as “gross income received by grantee/contractor directly generated in whole or in part by a grant/contract supported activity or earned as a result of the grant/contract agreement during the grant/contract period”.
  - Examples: Voluntary Contributions and Cost Sharing
- Service providers are responsible for prompt depositing of program income and having procedures in place to keep secure



# Program Income

- Must be used to expand service funded under the same Title III part through additive method
  - For example, program income generated by Caregiver Support Services must be used to expand Caregiver Support Services
- Program Income must be expended or disbursed prior to requesting additional Federal funds and must be used to pay for allowable costs

# Program Development & Coordination

- Program Development and Coordination (PD & C) activities are “those actions to plan, provide training, and coordinate at a systemic level those programs and activities which primarily benefit and target older adult and family caregiver populations”
- AAAs may use up to 25% of Title III-B funding (which otherwise pays for supportive services) for program development and coordination activities
- AAAs propose use of funding, including any plans for PD & C, in their Area Plans

# Other Key Policies

- AAA Emergency Preparedness
- Conflicts of interest
- Confidentiality and Disclosure of Information
- Grievance Process

# AAA Emergency Preparedness

- This policy is primarily geared toward AAAs and their obligations for emergency planning
- Plans must address continuation or resumption of priority services
- Nutrition Services and Pre-Admission Screening are Priority 2 services
  - Priority 2 services must be resumed within 25 hours to 5 days
- AAAs will create policies and procedures related to emergency planning for service providers.

# Conflicts of Interest

- A conflict of interest occurs when a person has actual or apparent duty or loyalty to more than one organization and the competing duties or loyalties may result in actions which are adverse to one or both parties. A conflict of interest exists even if no unethical, improper, or illegal act results from it.
- Service providers must work to deliberately avoid actual, perceived, and potential conflicts of interest
  - Grant/contract awards and administration

# Conflicts of Interest

- Service providers must establish mechanisms to identify, avoid, remove, and remedy conflicts of interest
  - Individual
  - Organizational
- When a conflict exists, transparency shall be the guiding principle in addressing it
- Policy includes several important definitions and procedures

# Conflicts of Interest

- For purposes of this policy, “immediate family member” includes: spouse, domestic partner, parent, sibling, child, in-law, or other relative living in the home or with whom there is a close personal or significant financial relationship
- Policy also includes special provisions related to advocacy
  - Federal funds may not be used to pay for lobbying activities

# Confidentiality & Disclosure of Information

- MBA, AAAs, Senior LinkAge Line, and Title III service providers must have procedures to protect confidentiality of information collected in the conduct of their responsibilities
- “Confidential information about individuals” includes Personally Identifiable Information (PII) and Personal Health Information (PHI)
  - No entity should collect social security numbers for purposes of administering Title III services



# Confidentiality & Disclosure of Information

- Service providers must read or ensure client reviews the “Tennessen warning” at the bottom of NAPIS forms to explain how data will be used and how data may be shared
- Service providers must take annual DHS-provided training on protecting confidential data
- Users of PeerPlace must not share access credentials
- Policy includes information about reporting of data breaches

# Grievance Process

- This is a new policy required by the OAA final rule
- Emphasizes resolving grievances closest to point of service delivery
- Requires service providers to help consumers or family members file a grievance if the consumer would like to do so
- Provides an escalation path (if needed) from service providers to AAAs and ultimately to MBA

# For Your Reference

Categorization On Line of Policies We Reviewed Today	Policy Numbers and Titles
AAA Operations	#6: Program Development and Coordination
	#9: Monitoring of Service Providers
	#10: Evaluations of Service Providers
	#11: AAA Emergency Preparedness
Provision of Title III Services	#1: A Listing and Definition of Services
	#2: Requirements for Client Eligibility & Periodic Assessment
	#4: Supportive Services
	#5: Legal Services
	#6: Nutrition Services
	#7: Closing or Relocating a Senior Dining Site
	#8: Food Delivery Support
	#9: Health Promotion Services
	#10: Caregiver Support Services

Categorization On Line of Policies We Reviewed Today	Policy Numbers and Titles
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Title III Administrative and Financial Requirements

- #1: Defining & Required Actions to Reach Populations with Greatest Social Need and Greatest Economic Need
- #2: Conflicts of Interest
- #4: Non-Federal Share (Match)
- #5: Supplement, Not Supplant
- #6: Title III and Title VI Coordination
- #9: AAA Grants & Contracts with Service Providers
- #10: Pre-Award Risk Assessment
- #12: Payments to AAAs from Service Providers
- #13: Periodic Data Collection & Reporting
- #14: Confidentiality & disclosure of Information
- #15: Voluntary Contributions
- #16: Cost Sharing
- #17: Program Income
- #19: Grievance Process

# Questions

# How to Provide Feedback

- Public Comment period open until February 7, 2025
- Preferred method for submitting comments is [here](#) on-line.

full link: <https://tkearns86.wufoo.com/forms/oa-a-title-iii-final-rule-public-comments>

- May also submit comments by mail

Minnesota Board on Aging  
Attn: Planner  
P.O. Box 64976  
St. Paul, MN 55164-0976

Thank you!