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Written Testimony Submitted By

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To staff members of the Administration on Aging, thank you for conducting these local forums. I am proud to administer AoA programs, which provide critical supports for older adults and family caregivers in the North Central Texas area.

It's my privilege today to make a few comments about funding for nutrition services. Of all the services funded through the Older Americans Act and administered by our agency, nutrition services are arguably of greatest importance. They receive the greatest share of Agency funding, provide on-going (as opposed to temporary) assistance, and have a clearly documented positive effect on participants' health, sense of community, and independence.

Title III programs succeed because they are responsive to local needs. Yet, the separation of nutrition funds into Title III-C1 and Title III-C2 restricts our AAAs' ability to meet local needs. On behalf of our regional aging advisory committee, I'd like to recommend that nutrition funding be pooled into one funding stream only—Title IIIC. Through such a policy change, our AAA and others would have greater flexibility to allocate nutrition funds into the nutrition services most needed by our communities.

Currently, 70% of our Title III service dollars are designated for congregate meals, with the balance of 30% designated for home-delivered meals. In contrast, local needs require us to budget 15% of our nutrition service funds to congregate meals and 85% to home-delivered meals. Each year the gap between funding and need tends to increase, as we experience increasing demand for home-delivered meals and flat demand for congregate meals. I've attached a few graphs that compare changes in funding and changes in demand.

And our experiences are not unusual. Throughout the state of Texas, many AAAs are seeing participation at congregate centers remain steady or fall, while funding for congregate meals increases at a disproportionate rate. This phenomenon is pervasive, despite our providers' best attempts to offer state-of-the art congregate meal facilities with innovative programs. At the same time, our AAA is challenged to meet the nutritional needs of more frail residents who are unable to travel to congregate meal sites. We receive only modest increases in funding for home-delivered meals, which is inadequate to keep pace with the increase in demand.

Current policies allow nutrition funds to be transferred—within limits—but it's a cumbersome and far from fail-proof process.

Each year we must request permission to exceed the 40% limit on transfer of funds from congregate to home-delivered meals. Although our waiver request is usually approved, we have had our requests denied on a few occasions because they were submitted late in the fiscal year. We understand that our state unit on aging is unable to consider transfer requests once it submits its final budget to the Administration on Aging. As a result, we've found ourselves in situations where we're unable to draw down nutrition funds that are restricted to a service with lower than anticipated demand (i.e., congregate meals), while being unable to fully reimburse providers for the complement service with higher than anticipated demand (i.e., home-delivered meals).

We believe that eliminating the separation between congregate and home-delivered meal funding would result in greater administrative efficiencies—for the area agencies on aging, the state units on aging, and the AoA—while allowing us to allocate the funds where they are needed most.

Thank you for allowing me this opportunity to submit written comments.

Fiscal Year		# of Clients		# of Meals
2006		1,491		315,819
2007		5,019		424,815
2008		5,214		516,458
2009	_	4,835	_	564,677



