April 12, 2018

Mr. Tim Engelhardt
Director, Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Attention: Comments on Section 50311

Re: Request for Stakeholder Input: Implementing the Dual Eligible Special Needs Plans (D-SNPs) Provisions of the Bipartisan Budget Act of 2018 (Public Law No. 115-123)

Dear Director Engelhardt:

Meals on Wheels America is pleased to submit these comments to you on behalf of the thousands of Meals on Wheels programs that each year provide nutrition services, socialization and safety checks to millions of seniors in communities large and small, rural, suburban and urban across the county. Many of the individuals who rely on Meals on Wheels to remain healthier and independent are additionally dually-eligible to receive services under both Medicare and Medicaid. Therefore, we appreciate your request for stakeholder input on implementing the Dual Eligible Special Needs Plans (D-SNPs) provisions of the Bipartisan Budget Act of 2018 (BBA) and stand ready to provide you and your staff with additional information and assistance in conjunction with implementing provisions of the BBA and other legislation in the future.

Overall, we strongly support the Centers for Medicare & Medicaid Services' (CMS) efforts to strengthen and increase flexibility for the provision of nutrition and other services to D-SNP members. These individuals are among the high-need/high-risk populations that contribute significantly to healthcare costs, and every reasonable effort should be made to address the specific needs of these individuals in order to reduce overall healthcare spending. Much of this relates, we believe, to the social factors to which they are exposed day in and day out – their social determinants of health. We want to reinforce to CMS that local Meals on Wheels programs – and the Meals on Wheels national network – are well-structured and suited to help address many of the social determinants of health that these individuals face. By providing appropriate nutrition to combat hunger and malnutrition, socialization to address isolation, safety checks to reduce accidents and connections to other community-based services, Meals on Wheels programs can offer important solutions to address these critical social determinants of health – *in the home* – where the costs of providing assistance is so much lower than in institutional settings like hospitals, nursing homes or day care facilities.

1. **Unified Grievance and Appeals Processes for Dual Eligible Special Needs Plans (D-SNPs)**

As an organization concerned about the general welfare of seniors, Meals on Wheels America is pleased with the new requirements designed to create unified, and more effective and efficient

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processes by which dually-eligible seniors can submit grievances. Knowing that this population already faces complex challenges, our priorities are for CMS to institute grievance and appeals processes that provide the greatest flexibility and safeguards as a way to ensure that seniors' rights are fully protected. CMS should evaluate the current grievance approaches and determine how to adapt them to the specific need of this population, including the institution of easy-to-understand procedural guidance, longer timelines for filing grievances (or unlimited timelines, as under Medicaid), expedited grievance review and appeals processes, and clear notice and compliance standards. Particularly since there currently are differences between Medicare and Medicaid procedures, CMS should establish one set procedure that reasonably ensures that aggrieved individuals will have the greatest flexibility and latitude to ensure their claims are heard and addressed to the fullest extent of the law. Doing so will promote greater confidence in the grievance and appeals system and will help to reduce stress that would otherwise have the counterproductive effect of exacerbating existing health conditions.

2. Requirements for Integration

In developing its requirements for integration, we encourage CMS to fully consider the needs of dually-eligible individuals to ensure that the integration of benefits affords the greatest overall safeguards and opportunities for health improvement, particularly with respect to the provision of long-term services and supports. We concur with the need to ensure that integration includes coordination of information about the enrollee. In fact, basic information about hospitalizations and emergency room visits needs to be shared among the health plans and the overseeing Medicaid officials in the state. After all, more effective healthcare services result from effective sharing of information and coordination of services. The broader range of services that a dually-eligible individual needs and is eligible for as part of his or her care coordination plan should also be shared to ensure that the individual receives the full range of services available to improve his or her health to the greatest extent possible.

We are pleased with the focus that CMS has placed on special needs, chronically-ill, dually-eligible, low income and disabled enrollees – populations for which Meals on Wheels provides services on a regular basis to reduce hunger, food insecurity and loneliness, promote health and well-being, and delay adverse health conditions. Meals on Wheels is uniquely positioned to present a far more economical solution by keeping these individuals well-nourished, healthier, safer and more independent at home and out of much more expensive healthcare and/or nursing home settings. We need to ensure that dual eligible individuals receive the full range of services that they require to improve their health. It is imperative for CMS to adopt this approach in order to begin to drive down healthcare spending for this special needs population.

We believe that these specific changes being undertaken by CMS – along with further expansion of Supplemental Benefits to meet the needs of chronically-ill and other vulnerable Medicare Advantage enrollees, as included in the recently-enacted BBA – will go a long way in bringing to bear a broader range of critical services to those individuals who are at greatest risk and thus most likely to add higher costs to the healthcare system. Giving SNPs the flexibility to offer an expanded array of benefits to improve quality of life and address social determinants of health, such as nutrition and social isolation, and encouraging the full utilization of services offered by community-based organizations, are essential to creating an effective healthcare delivery system that fulfills CMS' goal of enhanced, efficient and cost-effective care integration. This will, in turn, improve health outcomes and reduce costs.

Because of the trust that Meals on Wheels has among seniors in communities all across the country, we are invited to cross the threshold into the homes where the meals, opportunities for socialization and safety and wellness checks enable seniors to live longer and more independently. Each Meals on Wheels meal delivery offers critical access that can facilitate communication with medical providers as well as timely medical responses to emergencies and, as importantly, to changes in condition that might signal an impending acute event before the senior goes to the Emergency Department (ED) or is admitted to the hospital. Programs like Meals on Wheels allow for important savings in healthcare costs because unnecessary visits to the ED, hospital admissions and readmissions, and premature nursing home placement, are all reduced. In pilot studies in six states, 30-day readmission rates post-medical intervention ranged from 6-7% for Meals on Wheels recipients in comparison to national readmission rates of 15-33% over the same period[1]. In addition to being a preventative measure for hospital visits, admissions and readmissions, Meals on Wheels is also a proven way to reduce post-hospital discharge costs[2]. Further, every $25 per year per older adult spent on home-delivered meals results in a reduction of up to 1% of the low-care nursing home population, saving hundreds of millions of dollars in Medicaid costs for individuals and taxpayers annually[3].

The senior population is expected to experience an overall increase in rates of disability and limitations on activities of daily living, leading to greater need and strain on long-term services and support (LTSS) systems. Sources indicate that over half of Americans turning 65 today will develop a disability serious enough to require LTSS[4]. And for those seniors currently struggling with hunger - nearly 10 million - this threat is increased significantly[5]. Research shows that hunger can exacerbate existing health conditions, accelerate physical impairment, and impede recovery from illness, injury, surgery and/or treatment, all of which, in turn, impacts one's ability to remain in their home and out of more costly healthcare settings[6]. Conversely, proper nutrition directly reduces overall healthcare spending, health system utilization and premature placement in long-term facilities. In fact, we can provide Meals on Wheels to a senior for an entire year for the same cost or less than one day in the hospital or ten days in a nursing home[7].

In conclusion, we urge CMS to fully consider social determinants of health and the unique needs facing dual eligible individuals who struggle with hunger, isolation and poverty as you undertake changes to the healthcare delivery system. We further encourage CMS to promote greater engagement of community-based programs, like Meals on Wheels, which are the frontlines in helping ensure the health, safety and independence of seniors every day. In short, Meals on Wheels is perfectly positioned to help CMS achieve the greatest impact in improving health and reducing costs for our nation's highest risk populations. We stand ready for further discussions with CMS on how our network can be more fully integrated into the health care continuum. Thank you for the opportunity to provide these comments.

Sincerely,

Ellie Hollander
President and CEO

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[5]Gundersen & Ziliak. (2017). The State of Senior Hunger in America in 2015. Accessed at http://www.feedingamerica.org/research/senior-hunger-research/state-of-senior-hunger-2015.pdf.
[6]Gundersen & Ziliak. (2017). Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES. Accessed at http://nfesh.org/wp-content/uploads/health-consequences-of-senior-hunger-in-the-united-states-1999-2014.pdf.
[7]Genworth. (2015). Cost of Care Survey 2015: Home Care Providers, Adult Day Health Care Facilities, Assisted Living Facilities and Nursing Homes. Accessed at https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_040115_gnw.pdf.