November 20, 2017

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Centers for Medicare and Medicaid Services: Innovation Center New Direction

Dear Administrator Verma:

On behalf of the nationwide network of more than 5,000 community-based nutrition programs and the over 2.4 million seniors they serve each year, Meals on Wheels America appreciates the opportunity to comment on the future direction of the Centers for Medicare & Medicaid Services (CMS) Innovation Center (Innovation Center). We commend you for issuing this Request for Information (RFI) and allowing us the opportunity to provide feedback and share innovative ideas focused on improving overall quality of care and outcomes, in addition to reducing costs.

With nearly five decades of experience in serving our nation's most vulnerable seniors and supporting their unique nutritional and social needs, Meals on Wheels programs in communities large and small, rural, suburban and urban, are well positioned and stand ready to work with CMS to address key issues facing our aging population. The seniors Meals on Wheels programs serve are typically women, age 76 and older, who live alone, have multiple chronic conditions, take six or more medications daily and/or are functionally impaired.[i] In fact, they mirror the profile of the top 25 percent of the sickest Medicare fee-for-service (FFS) beneficiaries that account for approximately 85 percent of total healthcare spending.[ii] And while Meals on Wheels programs have the capacity to reach and serve millions more in need, funding for direct services (e.g., meals) continues to fall substantially short. In fact, today, one in four programs currently has a waiting list and according to a 2015 Government Accountability Office report, about 83% of food insecure seniors and 83% of physically impaired seniors did not receive meals through the Older Americans Act, but likely needed them.[iii]

COMMENTS ON GUIDING PRINCIPLES

Your proposed Guiding Principles are thoughtful and well-considered. For example, we are very much in favor of reducing burdensome requirements and regulations that prevent the provision of the broad range of services needed by beneficiaries, as well as providing beneficiaries and providers with the tools they need to provide the best care. However, with respect to your guiding principle associated with patient-centered care, we believe that health plans and providers – in addition to beneficiaries, families and caregivers – need to be empowered to deliver the broader

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range of services needed to address the specific needs of the patients, which often go beyond traditional healthcare services. We are also pleased that the transparent model designs include a focus on the use of community-based programs, and that flexibility and expediency are included as essential elements of small scale testing, although we believe that small scale testing should not be limited to a focus on key payment interventions alone. Rather, the focus should also be on those interventions – such as nutrition services – that will lead to better healthcare outcomes for individuals while at the same time, help to reduce overall healthcare spending.

We also believe firmly that a significant omission in the Guiding Principles is the lack of any focus on social determinants of health and interventions to address them. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, and include a variety of circumstances such as food security, housing, transportation, availability of resources, safe communities, and social interaction, among others. At a time when both the need and demand for nutritious meals among this high-risk population are grave and growing, proven and cost-effective programs like Meals on Wheels that address social determinants of health – primarily hunger, isolation and safety – should be bolstered. We believe the Innovation Center has a pivotal role to play in helping to reduce senior food insecurity, hunger and malnutrition because of their direct impact on health. In doing so, CMS would not only be making an investment in the health and wellness of the individuals it exists to support but would also serve as a preventative measure for significantly reducing Medicare and Medicaid expenditures.

SUGGESTIONS ON STRUCTURE AND DESIGN OF INNOVATIVE MODELS FOR MA AND MEDICAID HEALTH PLANS AND PROGRAMS

Meals on Wheels America encourages the Innovation Center to develop innovative models for services for both Medicare Advantage (MA) and state Medicaid-focused models to more clearly promote the availability of a broader range of services to address food insecurity and social determinants of health. For example, the Innovation Center should examine the impact of broadening the availability of meals delivered by Meals on Wheels as a mandatory supplemental MA benefit because the benefits of such meal deliveries are so much greater than the meal alone. Similarly, being able to more readily and broadly offer meals through state Medicaid programs will also help to improve the health, and address the broader needs, of persons being served. Accessing these benefits through either Medicare Advantage or Medicaid should be straight-forward and as easy as possible for both providers and beneficiaries.

Beyond delivering vital nutrition to promote and improve the health of seniors, Meals on Wheels also offers socialization and companionship to reduce isolation and loneliness; safety checks and environmental scans to eliminate hazardous conditions and risks in-home; and connections to other needed services to facilitate care coordination (e.g., transportation, home repair, case management). The Innovation Center has the ability to expedite the piloting and provision of life-changing services, such as these offered by Meals on Wheels. Community-based nutrition programs are a critical and strategic component of delivering person-centered care and have become recognized as a natural "hub" for impacting health and well-being. After all, no organization has better access to the homes of seniors than Meals on Wheels.

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Furthermore, we support expedited CMS approvals of smaller scale models submitted by health plans and others that propose to test innovative services, including those provided through community-based organizations like Meals on Wheels, in order to evaluate and scale effective care models. Expediting the small scale testing process at CMS will enable promising services to be evaluated more quickly, and, if successful, to become more readily available to beneficiaries who need these services. Having to wait, in the case of MA plans, until a project is included in a health plan's bid and then until the next calendar year, unnecessarily and counterproductively delays the ultimate availability of often essential and life-saving services, such as nutrition, that will actually lead to greater healthcare cost savings. As referenced above, Medicare costs for the top 10 percent of the sickest Medicare FFS beneficiaries are over six times the average costs of all beneficiaries with a disproportionate amount spent on acute inpatient and skilled nursing facility use; these vulnerable beneficiaries also have a much higher than average mortality rate when measured over a three-year period.[ii]

Therefore, we think it is important that CMS makes testing models of care for the sickest and mostly costly beneficiaries a priority as the agency seeks out new ways to innovate in the Medicare program. In particular, we recommend CMS implement processes to expedite the approval of such testing models in MA and Value Based plans, which are designed to be comprehensive, integrated coverage models with extensive care management experience.

We believe that, through the Innovation Center waiver process, there is potential to unlock opportunities for health plans to provide enhanced care through utilization of community-based services and offer benefits not normally reimbursed, such as nutrition-related services, to achieve better outcomes. This allows beneficiaries, providers and clinicians the ability to choose high-value services and plans that can be scaled across states. We also encourage the Innovation Center to review and remove barriers against incorporating nutrition as a benefit in supplemental plans. We support waiver models that increase opportunities for coverage and do not reduce the available baseline of care. Additionally, we support rigor in both assessing innovative models that achieve positive outcomes and reevaluating programs that provide lesser value of care.

IMPACT OF NUTRITION ON HEALTH

Increased focus on and appreciation of the impact of social determinants of health on healthcare delivery and outcomes is shaping so much of how we look at the continuum of care. In considering the new direction of the Innovation Center, it is imperative to encourage partnerships between health plans and community-based organizations that offer high quality care, based on local need, that effectively address social determinants of health. Hunger and malnutrition play a critical role in determining an individual's ability to live a healthy and fulfilling life. The consequences of hunger and malnutrition are especially significant for older adults. Today, nearly 10 million seniors are food insecure, which represents a 109% increase since 2001. Additionally, 50% of all older adults are at risk for malnutrition, with minority groups at a disproportionately higher risk. A senior facing the threat of hunger has the same functional limitations as someone who is 14 years older. Furthermore, older adults are more physically susceptible to hunger as their cognitive and physical functions begin to decline due to age, coupled with coping with the onset and ongoing management of chronic disease. These complications are further exacerbated for individuals living on fixed incomes and/or in poverty, with limited food access and mobility challenges.[iv]

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Malnutrition has been found to further diminish an individual's ability to manage and overcome sickness and increase the likelihood of further illness, disability and/or injury. As a result, malnourished seniors have higher utilization rates of expensive healthcare services, higher rates of hospitalization admissions and readmissions and a greater need for long-term care services and facilities. This puts additional strain on both seniors and our healthcare system. Annual healthcare costs attributable to malnutrition in older adults are estimated to be $51.3 billion.[v]

Despite the magnitude of this problem, there are solutions that can be instituted through federal and state healthcare delivery systems to support our "*More Than a Meal*" model of nutritious meals, safety checks, socialization, and connections to additional community-based services. Seniors who consume meals provided by Meals on Wheels demonstrate improved diet quality, increased intakes of vital nutrients, reduced food insecurity and a reduction in indicators of nutrition risk.[vi] Community-based nutrition program participants also benefit from more of the nutrients that are typically under-consumed in the senior population (i.e., protein, fiber, and calcium).[vii] For example, recent research in Florida reveals that the rate of "well-nourished" nutritional status among new Meals on Wheels clients more than tripled after two months of services (from 8% to 29%),[viii] and that 96% of Meals on Wheels clients self-report that receiving meals helps them eat healthier foods and maintain a healthier weight.[i] It is our recommendation to encourage additional pilots, research and assessments to further evaluate the devastating impact of hunger and malnutrition on our nation's seniors and the testing of interventions to combat these solvable issues.

IMPACT OF MEALS ON WHEELS ON MENTAL AND BEHAVIORAL HEALTH

Meals on Wheels America supports CMS' exploration of potential mental and behavioral health interventions to improve care delivery to beneficiaries, particularly those in-community. Meals on Wheels is a prime example of a local intervention that has for decades successfully helped to identify and address mental and behavior health issues. The population receiving community-based nutrition services are at a higher risk of mental and behavioral health issues. According to the American Community Survey, nearly 16 million—or 25% of people aged 60 and older—lived alone in 2015, and living alone is a significant risk factor for social isolation and loneliness.[ix] Vulnerability to loneliness has been proven to be associated with poor mental health outcomes, and social isolation leads to higher rates of depression.[x] Loneliness is additionally found to be related to dietary inadequacies in seniors who live independently. Fourteen percent of households with a senior living alone skipped at least one meal in the past 30 days, and nearly 6% visited a food pantry during the year.[xi] According to the bipartisan National Commission on Hunger Commission report, seniors who experience hunger are three times more likely to suffer from depression than seniors who do not. Hunger can lead to depression in seniors, as well as reduced capacity to engage in activities of daily living. Social isolation, therefore, can play a central role in decreased food intake and can be detrimental to overall mental health outcomes.

In addition to addressing the issues of hunger and malnutrition, community-based nutrition programs can also improve the associated mental and behavioral health issues that arise from the interaction of social isolation and access to nutrition. In collaboration with Brown University and AARP Foundation, our 2015 *More Than a Meal* study found that those seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, home-delivered meal, friendly visit and safety check), experienced the greatest improvements in health and quality of life. Specifically, between baseline and follow-up, seniors receiving daily home-delivered meals were more likely to report or exhibit:[xii]

- Improvements in mental health (i.e., levels of anxiety)
- Improvements in self-rated health
- Reductions in the rate of falls and the fear of falling
- Reductions in hospitalizations
- Improvements in feelings of isolation and loneliness
- Decreases in worry about being able to remain in home

Meals on Wheels is effective at reducing the social isolation that occurs due to functional decline as well as helping to prevent costly hospitalizations and nursing home placement.[xiii] Frequent and consistent visits by a Meals on Wheels volunteer or staff member offer companionship and support, successfully reducing social isolation and feelings of loneliness. These visits are an example of a specific way that home and community-based nutrition programs like Meals on Wheels can sever the trajectory from isolation to chronic illness. As such, CMS should seek to further embed these programs and services into the healthcare ecosystem as a cost-effective intervention to improve health and reduce Medicare and Medicaid expenditures.

ADDITIONAL MODELS FOR COORDINATED CARE AND COST SAVINGS

Partnerships with community-based organizations are essential to creating an effective healthcare delivery system that fulfills CMS' goal of enhanced, efficient and cost-effective care integration. For example, Meals on Wheels has the ability and trust to cross the threshold into the homes of homebound seniors and disabled individuals on a daily basis, providing the opportunity to assess, monitor and report changes in health and behavior that are critical to effective medical care. As a result of this unique position of having 'eyes and ears' in the home, each meal delivery offers critical access that can facilitate communication with medical providers and 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 the national readmission rates of 15-33% over the same period.[xiv] 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.[xv] 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 healthcare costs for individuals and taxpayers annually.[xvi]

Meals on Wheels has demonstrated its ability to successfully provide connections to other social services and supports that may be available in the community and to encourage collaboration with other community-based organizations toward that end. Thirty-seven percent of home-delivered meal clients received at least two other services in the last year,[i] providing many opportunities for home and community-based programs to partner through services like care coordination. Furthermore, Meals on Wheels is a popular program that is consistently rated high among recipients:[i]

- 86% rate meals as good or excellent
- 93% like their meals

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- 95% would recommend home-delivered meals to a friend
- 83% say it helps them eat healthier foods
- 81% say it helps improve their health
- 92% say it helps them stay in their own home
- 90% say it helps them feel better
- 86% say it helps them live independently

Encouraging the expansion of community-based benefits, like home delivered meals, into MA plans and other value-based care models offers states and ultimately beneficiaries and their families, providers and clinicians greater choice and flexibility of services for their care and health. Using empirically-proven methods of service leads to higher-quality care, and most importantly, true patient-centered care, where an individual is allowed to thrive in the environment most suitable to his/her preferences and healthcare needs.

SUMMARY OF RECCOMENDATIONS TO IMPROVE HEALTH AND REDUCE COSTS

Given our shifting demographics, a growing senior hunger problem and need to reduce healthcare expenditures, we urge CMS and the Innovation Center to adopt the following recommendations to improve both the health of high-risk, high-cost beneficiaries and our nation's fiscal future.

1. Expand MA and Medicaid plans to include coverage for home-delivered meals prepared and delivered by a community-based organization as a reimbursable cost for durations determined by health providers.
2. Create efficiency in the waiver and testing processes to pilot innovative models to better address social determinants of health, including access to appropriate nutrition, safety and isolation interventions.
3. Fund, support and engage in research to empirically evaluate successful models of care utilizing food deliveries by Meals on Wheels as a means of care coordination and cost reductions.

As the CMS Innovation Center makes decisions regarding a new direction, we ask that social determinants of health and the unique needs and preferences of the millions of homebound seniors and disabled Americans who struggle with hunger, isolation and poverty are considered at every step. Community-based programs like Meals on Wheels are on the front lines battling these issues every day, and we urge CMS to more fully consider and facilitate the beneficial role that these programs can provide in addressing the goals of CMS and the broader health needs of the nation's highest risk populations.

Thank you for consideration of our comments. Please do not hesitate to reach out to me or my staff at 571.339.1604 for additional information or assistance. We look forward to working with you.

Most sincerely,

Ellie Hollander
President and CEO

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