# HOME AND COMMUNITY-BASED SERVICES ACCESS ACT

**DISCUSSION DRAFT RELEASED BY THE OFFICES OF SENATORS MAGGIE HASSAN, BOB CASEY, SHERROD BROWN, AND REPRESENTATIVE DEBBIE DINGELL**

## MEALS ON WHEELS AMERICA COMMENTS

**APRIL 26, 2021**

Meals on Wheels America is the largest and oldest national organization supporting more than 5,000 community-based programs across the country that are dedicated to addressing isolation and hunger among older adults. This network serves virtually every community in America and, along with millions of staff and volunteers, delivers the nutritious meals, social connection and safety checks that enable older adults and individuals with disabilities to live nourished lives with independence and dignity.

Meals on Wheels America thanks Senators Hassan, Casey and Brown and Representative Dingell for the opportunity to submit feedback on this discussion draft of the Home and Community-Based Services Access Act (HAA). We appreciate your work on this legislation that would require Home- and Community-Based Services (HCBS) as a mandatory benefit covered under Medicaid and establish a minimum set of services for states to offer all eligible individuals. HCBS services, especially those that can address both the social and health needs of individuals, offer sustainable long-term care options for a rapidly growing older adult population.

The Meals on Wheels network provides congregate and home-delivered nutrition services primarily to older adults and individuals with disabilities. In recent years, nutrition providers have increasingly been working with public healthcare partners. The programs and partnerships have proven to be even more essential to communities and provide a more favorable long-term care option for older adults and people with disabilities during the COVID-19 pandemic.

A majority of states have successfully used and/or are using the optional Medicaid 1915(c) Waiver Program (HCBS waiver) to offer nutrition services and are contracting with community-based programs like Meals on Wheels to serve targeted populations through their statewide HCBS program. We believe these nutrition services providers – many of whom have been operating within their communities for decades – can be further leveraged to scale up the existing HCBS infrastructure and to provide assistance to more individuals, including those who currently rely on these supports and those who could benefit from them now and/or in the future. Therefore, we recommend that nutrition services be explicitly listed in the mandatory minimum set of services specified in the bill text, as follows:

### TECHNICAL CHANGE:

> **Insert the following paragraph into the list of services required under the minimum set of benefit in Section 3. Requiring coverage of home and community-based services under the Medicaid program. Paragraph (a)(2) Services specified (page 5, line 12):**
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> "Nutrition services, including congregate and home-delivered meals provided by a community-based organization, to address food insecurity, malnutrition and social isolation such as outlined in 42 U.S.C. 3030d–21."

## JUSTIFICATION:

Given the existing role of nutrition providers in the current Medicaid HCBS landscape, and the demonstrated need for nutrition services on a national level, we strongly recommend that nutrition services be explicitly listed as a mandatory covered benefit in the HAA. Inclusion of specific nutrition services in the initial minimum set of services will help support states that already provide this benefit to continue provision as well as allow other states to more quickly adopt the benefit. It acknowledges the demand for nutrition interventions within HCBS and the impact that such services have on positive health outcomes.

Rates of food insecurity and isolation have increased during the COVID-19 pandemic, and the impact are particularly harmful for older individuals.[i] Food insecure older adults have worse health outcomes than those who are food secure, with increased risk for heart disease, depression and decline in cognitive function and mobility.[ii] Social isolation is associated with greater likelihood of falls, dementia, cardiovascular disease and overall decreased mortality among older adults.[iii] Furthermore, the economic cost of malnutrition among seniors alone costs $51 billion annually, while falls account for $50 billion in medical costs.[iv,v]

Older adults who receive nutrition services perceive themselves to have better health as a result of the service, but there is also an increasing evidence base – reflected in the growing body of scientific literature – for improved health outcomes and reduced healthcare service utilization and spending among older adults who receive meals. A rigorously designed study from 2015 found that seniors receiving the Meals on Wheels model of service experienced greater improvements in health than their counterparts who did not receive services. Between baseline and follow up, the group of older adults who received home-delivered meals and safety checks were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls.[vi]

Greater contracting with community-based senior nutrition providers can promote health, reduce associated health care spending, and provide efficient, cost-effective monitoring of health in the home setting. On the ground, program staff and volunteers delivering meals can help identify and promptly notify healthcare providers of a change in an older adult's condition, so that necessary steps can be taken to address urgent health and safety needs. The regular visits through the program can also help individuals to be more secure, less fearful of falling – a major contributor of preventable hospitalizations and healthcare spending among older adults – and address other problems before they escalate into more serious and costly healthcare episodes.

The existing infrastructures of traditional HCBS and the aging support network provides an excellent platform and opportunity to strengthen the ongoing work within Medicaid to address social determinants of health and potential barriers to receiving quality care in the community. Through collaboration with the existing aging and disability systems that includes community-based senior nutrition programs, health plans and providers can deliver their beneficiary populations with foundational in-home support that enables them to enjoy healthier, independent lives at an affordable cost.

## ADDITIONAL COMMENTS:

We appreciate the inclusion of other services within the mandatory minimum set that address the social and safety needs of older adults and individuals with disabilities of all ages, such as home safety modifications and assistive technology.

Furthermore, we support efforts to reduce and eliminate waiting lists for critical services that keep beneficiaries integrated in their homes and communities. As such, we also suggest including provisions that would make the Medicaid Money Follows the Person (MFP) and HCBS spousal impoverishment protections programs permanent.

Thank you again for the opportunity to submit comments and recommendations for this discussion draft. The HAA could help expand access to HCBS programs, such as nutrition services, which are critically needed to improve the delivery, access, and affordability of long-term care for older adults and individuals with disabilities. We look forward to working with you, and please do not hesitate to reach out with questions and if we can serve as a resource.

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[i] U.S. Census Bureau, *Household Pulse Survey: Measuring Social and Economic Impacts during the COVID-19 Pandemic* (2020-2021), available at https://www.census.gov/programs-surveys/household-pulse-survey/data.html

[ii] Ziliak & Gundersen, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, a report prepared for Feeding America and the National Foundation to End Senior Hunger (Chicago, IL: Feeding America, 2017), available at https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf

[iii] Falkner, et al., 2003, "Is social integration associated with the risk of falling older-community dwelling women?" *The Journals of Gerontology*: Series A 58(10) Available at: https://pubmed.ncbi.nlm.nih.gov/14570865/

[iv] Snider et al. "Economic burden of community-based disease associated malnutrition in the United States." *Journal of Parenteral and Enteral Nutrition* (Vol. 38(2S):77S-85S; 2014), available at https://www.ncbi.nlm.nih.gov/pubmed/25249028

[v] Florence et al. "The medical costs of fatal falls and fall injuries among older adults." *Journal of the American Geriatrics Society* (Vol. 66(4):693-698; 2018), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6089380/

[vi] Thomas & Dosa, *More Than a Meal Pilot Research Study,* report commissioned by Meals on Wheels America, (Arlington, VA: Meals on Wheels America, 2015), available at https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6