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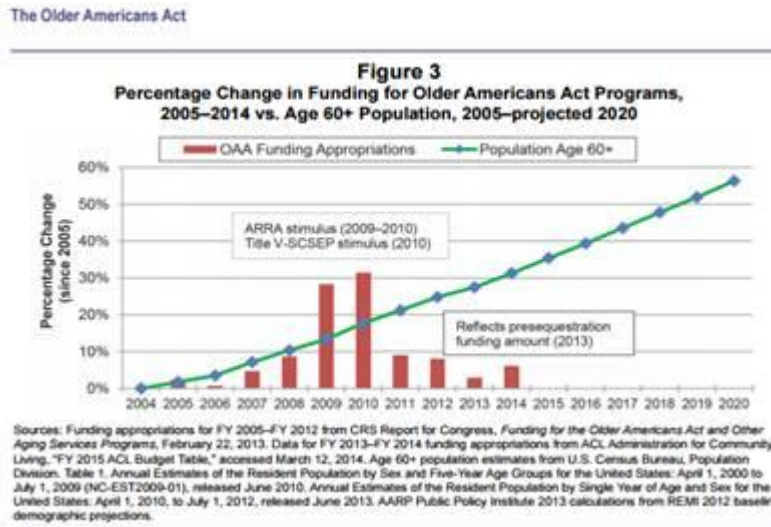
**Testimony regarding H730:** An act relating to Medicaid rates for home- and community-based services and home-delivered meals as a reimbursable covered service Payment for Home Delivered Meals through Choices for Care; February 25, 2016

**HOME DELIVERED MEALS**

- AAAs contract with about 100 meals sites and senior centers to provide home delivered meals.
- Recipients must be “at risk” because they can’t prepare their meals and/or have a temporary or permanent incapacity due to illness or advancing age.
- We serve over 800,000 meals per year to over 5000 people. In the last 10 years, there has been a 28% increase in meals served which is comparable to the growth of the senior population. Based on this, we expect this trend to continue.
- Most clients receive about 3-5 meals per week.

**Payment**

- AAAs pay meal sites less than the cost of the meal, due to the limited and flat funding we get from the Older American’s Act.



- The average cost per meal around the state is about \$7.60. The average reimbursement, paid by AAAs to meal sites is less than \$4.00 per meal and has remained almost level for the past 5 years. Average donations by clients are less than \$1.00 per meal.
- The rest must be made up by fund raising events, grant writing and donations. Most meals sites operate on the edge financially and rely on part-time directors and cooks, with volunteers providing much of the work, including delivering the meals.

**Value of Home Delivered Meals** - a recent survey showed that Home Delivered Meals:

- Helped 92% of participants to remain in their homes
- Helped 61% manage a medical condition
- Helped 75% eat more fruits and vegetables each day
- Helped almost 95% have enough to eat every day
- Allowed for human contact, and 89% of the participants enjoyed the visit from the driver.



### Choices for Care

- Choices for Care participants are “nursing home level of care” and have increased needs due to dementia, frailty, limitations of activities of daily living, etc.
- Many Choices for Care recipients live alone while some have family caregivers.
- Choices for Care participants may currently get Home Delivered Meals; however, the cost is taken from limited Older Americans Act funds which could be used to serve other seniors who are at nutritional risk.
- Additionally, if a Choices for Care participant who gets services from a home health agency gets Home Delivered Meals, “time” for meal preparation is subtracted from their care plan. These participants must choose between getting a Home Delivered Meal and getting hours of personal service.
- If participants are self/surrogate directed, or on Flexible Choices, they have a set budget rather than hours of service. Adding Home Delivered Meals as a waiver option would have no impact on the number of hours of service for these participants.
- 32 states have recognized that nutrition is absolutely essential to care planning and include Home Delivered Meals in their Waiver programs.

### Benefit of paying for Home Delivered meals through Choices for Care

- Many participants will not have to choose between their hours of personal care services and getting a nutritious meal; let’s keep “choice” in “Choices for Care.”
- Home Delivered meals are nutritionally balanced, representing 1/3 of the Recommended Dietary Allowance Intake for seniors, including vitamins, protein, calcium and fiber; menus are reviewed by a Registered Dietician.
- There is a growing body of science based research showing that nutrition has a much broader, deeper impact on physical health and emotional health than once thought. In fact, a Brown University research study indicated that those who lived alone and received daily delivered meals were more likely to report decreases in worry about being able to remain in their home and reported improvements in feeling of isolation and loneliness.
- There is a strong return on investment; if 300 Choices for Care clients (20%) choose Home Delivered Meals, it will cost the state an estimated \$174,000 for a year. This is less than the cost of two Choices for Care clients in a nursing home. Good nutrition pays off.
- This would allow AAAs to pay for more “non- Choices for Care” meals and/or increase our reimbursement rate to support struggling senior centers, thus allowing Older Americans’ Act funds to be used more effectively.

### MEDICAID RATES FOR HOME AND COMMUNITY BASED SERVICES

H730 also deals with parity between institutional and home based services funding. I bring your attention to Act 160, which was passed 20 years ago this year and aimed to “shift the balance” between institutional care and home based care. We have come a long way, but we still have room for improvement. A recent report from DAIL to the legislature (Act 54, Section 27) suggests considering an annual Medicaid rate increase for home and community based providers. If we are to fully allow Vermonters **choice** in where they receive their long term care services, if we are truly committed to shifting the balance and aging in place, we cannot continue fortifying institutional providers with annual cost of living increases, while starving home and community based service providers. It is time to treat long-term care providers equitably. Thank you for your consideration.