



CONNECTICUT ASSOCIATION OF NUTRITION AND AGING SERVICE PROVIDERS

Testimony to the Appropriations Committee on the Governor's budget proposals
for the Department of Social Services and State Departments of Aging
February 11, 2016

Good evening Senator Bye, Representative Walker, and members of the Appropriations Committee, my name is Paul Doyle and I am here tonight to speak on behalf of the Connecticut Association of Nutrition and Aging Service Providers CANASP, the 9 regional providers of Elderly Nutrition Programs (ENPs) throughout the state of Connecticut.

You all have been tremendous supporters of Meals on Wheels programs and I am here tonight to ask that you continue that support as you move through this difficult budget period. Meals on Wheels Programs continue to operate in an economy that has had more than a 13% CPI increase since 2007. Statewide we face a shortfall of over \$800,000 each year. I have provided a graph that shows all of the Elderly Nutrition Programs their meals served, cost of meals and the shortfall or differential between the CHCPE reimbursement rates. These programs are struggling to fill that gap through fundraising initiatives and municipal support but have reached amounts that are unsustainable. We have been advocating for a 10% increase in the reimbursement rate for CHCPE meals only. While this seems like a very large request, in the grand scheme of the budget the dollar amount is not that large but the positive impact to the program is tremendous. The present rate for a single meal is \$ 4.84 and double meal \$8.85. A 10% increase would increase the single meal to \$5.32 and double meal to \$9.73. This 10% totals only \$771,268.96 for the entire state.

Elderly Nutrition Programs are also facing another issue in this year's budget. It has been publicized that Older Americans Act (OAA) funding in the Department on Aging is being consolidated into one large account with other programs, and that account is subject to a 5.75% cut if approved by the legislature. While we do not know for sure whether the Meals on Wheels program would be cut, we fear that it could be at risk as part of this new broad account. These cuts would devastate providers. Funding for Elderly Nutrition and Meals on Wheels comes from two main sources OAA and CHCPE these programs are dependent on each other and for most programs could not continue without each other.

Nutrition Services are a vital support for older Americans nationwide, many of whom are low-income, as meals provided through home delivery allow many older Americans to remain independent and living at home for as long as possible, delaying or preventing the need for more costly institutional services. Providing one or two meals a day to an elderly person in their home helps ensure that they are not only eating, but eating food that meets the nutritional standards necessary to keep them healthy and active. Home delivered meals also provide a daily social contact for the elderly person, something that is essential to older adults living alone in the community.

Studies have found that 50 percent of all persons age 85 and over are in need of assistance with instrumental activities of daily living (IADLs), including obtaining and preparing food.ⁱ

Meals on Wheels helps address their needs. Serving Elders at Risk, a national evaluation of nutrition program clients, found that nutrition services recipients are older, poorer, more likely to live alone, more likely to be minorities, in poorer health, in poorer nutritional status, more functionally impaired, and at higher nutritional risk than those in the general population.

Multiple chronic diseases and conditions negatively affect quality of life, contribute to declines in functioning and the ability to remain in the community, adversely impact individuals health, and contribute to increased hospitalizations and health care costs.ⁱⁱ

Many of the most common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis are related to nutrition as a primary prevention, risk reduction, or treatment modality. Data also show that Medicare beneficiaries with multiple chronic conditions are the heaviest users of health care services.

Because the prevalence of multiple chronic conditions is higher among home-delivered meal program participants than for the general Medicare population, the provision of healthy meals, nutrition education and counseling are important to helping these individuals avoid more serious and expensive medical care.

Data from National Surveys indicate that about 72 percent of home-delivered meal participants have 5 or more illnesses and conditions. About 51 percent of home-delivered meal participants take over six medications per day and some take as many as 30 medications. The home-delivered meal program participants are significantly less healthy than the general Medicare population and access to healthy meals is essential to their well-being.ⁱⁱⁱ

Thank you again for raising a bill that would provide much needed support for a crucial program in our state.

ⁱ Hung et al. Recent trends in chronic disease, impairment and disability among older adults in the United States. BMC Geriatrics. 2011. 11:47.

ⁱⁱ Lochner KA, Cox CS. Prevalence of Multiple Chronic Conditions among Medicare Beneficiaries, United States, 2010. Prev Chronic Dis 2013; 10:120137. DOI <http://dx.doi.org/10.5888/pcd10.12037>

ⁱⁱⁱ 2014 National Survey of Older Americans Act Participants. <http://www.agid.acl.gov/>.

CHCPE Cost of doing Business

January 1, 2015- June 30, 2015 EMP	UOS 2 pack	UOS Single	Meals served 6 Mo	Cost	Meals Cut before Billing	Cost	Meals Denied after Billing	Cost	Total Unpaid Meals	Cost	% lost	Total Payment received	Additional Labor per Month billing	Average Meals lost per Month	Average Cost per Month
Torrington	\$8.85		18810	\$166,468.50	238	\$2,106.30	324	\$2,867.40	562	\$4,973.70	3.0%	\$161,494.80		93.67	828.95
New Opp.	\$8.85		84312	\$746,170.59	1460	\$12,912.15	662	\$5,852.40	2122	\$18,764.55	2.5%	\$727,406.04	\$416.00	353.67	3,129.95
Cath. Charities	\$8.85									\$0.00	0.0%	\$0.00	\$910.00	0.00	0.00
Life Bridge	\$8.85		13162	\$116,483.70	240	\$2,124.00	346	\$3,062.10	586	\$5,186.10	4.5%	\$111,297.60	\$2,000.00	97.67	864.35
Life Bridge		4.84	11979	\$57,978.36	240	\$1,161.60	210	\$1,016.40	450	\$2,178.00	3.8%	\$55,800.36		150.00	76.00
CWR	\$8.85		132848	\$1,175,704.80	220	\$1,947.00	1582	\$14,000.70	1802	\$15,947.70	1.4%	\$1,159,757.10	\$1,650.00	300.33	2,657.95
CWR		4.84	31084	\$150,446.56	38	\$183.92	476	\$2,303.85	514	\$2,487.76	1.7%	\$147,958.80		171.00	827.64
CRT	\$8.85		97732	\$864,928.20	1052	\$9,310.20	3321	\$29,390.85	4373	\$38,701.05	4.5%	\$826,227.15	\$533.18	728.83	6,450.18
CRT		4.84	5023	\$24,311.32	76	\$367.84	371	\$1,795.64	447	\$2,163.48	8.9%	\$22,147.84		74.50	360.58
TVCCA	\$8.85		34142	\$302,165.39	630	\$5,576.76	674	\$5,970.49	1304	\$11,547.25	3.8%	\$290,618.14	\$2,500.00	217.33	1,923.40
TEAM		4.84	6086	\$29,456.24	117	\$566.28	9	\$43.56	126	\$609.84	2.0%	\$28,846.40	\$100.00	21.00	101.64
Estuary		4.84	5316	\$26,673.00	0	\$0.00	54	\$261.36	54	\$305.00	0.0%	\$26,368.00		7.0	50.83
Totals			440,494	\$3,660,786.66	4,311	\$36,256.05	8,029	\$66,564.75	12,340	\$102,864.43		\$3,557,922.23	\$8,109.18	2,215.00	17,921.47
Singles	4.84		59488	\$288,865.48	471	\$2,279.64	1120	\$5,420.81	1591	\$7,744.08		\$281,121.40	\$100.00	423.50	\$2,066.69
2 Packs	8.85		381006	\$3,371,921.18	3840	\$33,976.41	6909	\$61,143.94	10749	\$95,120.35		\$3,276,800.83	\$8,009.18	1791.50	15,854.78
total meals single			821,500		8151		14938		23089			Highlighted Rows Reflect single meals - All others are 2pk.			

REASONS FOR DENIALS

Meals were delivered however meal recipient was not home to receive them. Common reasons for not being home:
Hardressers, visiting friends, went to the bank or store, went to the senior center for a party, doctor's appointment
 Meals were delivered but client was on vacation. MOW was never notified.
 Meals were delivered and accepted by spouse, as usual. Spouse never mentioned that meal recipient was in the hospital/conv home
 Service order does not match service requested by case manager resulting in non-payment for all or a portion of the meals.
 Dates of service overlap with hospital admission or other service so MOW provider does not get paid.
 Meals are delivered to Adult Day Care Center as instructed by case manager however meal recipient(s) are not there. They decided not to go
 that day, they were sick or it was bad weather and day care closed early and sent everyone home.
 Case worker calls on a Thursday afternoon to cancel a 7 day meal recipient's meals because she no longer wants it. Meal provider loses
 payment for Friday, Saturday and Sunday meals. If it's a holiday weekend then Monday is also lost.
 Caseworker starts a new meal provider for recipient without cancelling the old provider. One provider has to suffer the loss

