



CONNECTICUT ASSOCIATION OF NUTRITION AND AGING SERVICE PROVIDERS

**Testimony of the Connecticut Association of Nutrition and Aging Service Providers
Regarding the Program Review and Investigations Study
*Factors Influencing Receipt of Long Term Care Services and Supports in Home and
Community Based Settings*
September 21, 2016**

To Senator Fonfara, Representative Carpino, and members of the Program Review and Investigations Committee,

We write to you today on behalf of 9 Elderly Nutrition Programs (ENPs) who provide home delivered and congregate meals to individuals aged 60 and over statewide. Our programs service individuals eligible for meals under both the federally instituted Older Americans Act Title III program, and the Connecticut Home Care Program for Elders. We are pleased to see that the PRI committee has decided to take up a study which focuses on long term care services and supports in home and community based settings, as we feel with Connecticut's rapidly aging population, it is imperative that the state be prepared to provide the necessary long term care services. First and foremost, as part of this preparation, Connecticut must have a complete understanding of exactly what the needs are for a person who truly wants to "age in place", and what the true costs are to fulfill that need effectively.

The ENPs are proud to provide what is known to be one of the least expensive, yet effective, services for older adults who live independently in their own homes. Many studies have shown that the benefits for those receiving this service extend beyond the meal, though as we know malnutrition is a leading factor in deteriorating health, and daily nutritional meals are essential to preventing the onset of illness. However, there are many tangential, yet valuable, benefits the daily visit by a meals on wheels provider offers to an individual living in the community. As these folks often live alone, basic socialization is welcomed when drivers come into the home to drop off a meal. The driver is also able to identify possible changes in behavior or health status that may be of concern, and alert other healthcare professionals so that they may step in if need be. Meals on Wheels providers often are the first to know if someone has been ill or has fallen if they are unable to come to the door to receive their meal. Additionally, as the providers do often come into the home, they may be able to identify and work to address environmental hazards such as unsanitary or unsafe conditions in the home. This type of early identification is key to preventing unnecessary hospital visits and helps delay the need for institutional care.

Yet, while the benefits of this inexpensive service are well documented, the ENP programs in Connecticut are struggling to meet their costs to provide meals to CTHCPE participants under what has been relatively flat reimbursement since 2007, with the exception of a slight 1% increase in 2015. Unfortunately, this has not been enough to make up for years of flat funding and increasing costs, and in the year 2015 the programs on the whole lost \$974,164. The ENPs' costs vary by region as driving distance and conditions differ, along with availability and cost of

catering services, food, and staff. However, the struggles plague the programs statewide, and some providers are considering halting their participation in the CTHCPE. The CTHCPE is, as the PRI study scope states, one of two primary programs servicing individuals as they age in the community. It is essential that the meal delivery aspect of this program remain viable.

We hope the study under consideration can evaluate the costs for all services provided to individuals on state assistance living in the community, and we hope there can be an in depth look at whether the reimbursement is adequate to meet the costs to allow for sustainability of Connecticut's home and community based services. We fear the state has under-reimbursed for these services for so long that with the aging population we will not be able to supply the demand for services.

Lastly, as the overall healthcare landscape is changing rapidly, many states and programs are looking at ways to address the totality of a person's health. Up to one out of two older adults are at risk for malnutrition. Up to 60% of hospitalized older adults may be malnourished which on average leads to increasing their hospital stay by 4-6 days. Proper nutrition is key to long term health, and we hope that any studies which look at ways to improve our long term care health system include evaluating access to nutritious meals. There are small pilot programs beginning to pop up which bring meals on wheels providers into the fold as providers across the continuum work together to improve population health and address unnecessary hospital admissions and readmissions. One of the ENP programs in Connecticut is involved in such a pilot program, and we have included a link below for more information.

The ENP providers would love to be a resource as the committee continues their evaluation of long term care services in Connecticut, and we hope that you may find the links below useful for more information on the benefits meals on wheels and elderly nutrition programs can provide to individuals who wish to age independently in their own home. Please do not hesitate to contact us with any questions, thank you.

Resources of interest:

<http://www.mealsonwheelsamerica.org/theissue/problemandsolution/meals-on-wheels-health>
www.DefeatMalnutrition.Today/resources

Respectfully submitted,

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