



Project Open Hand
meals with love

MEDI-CAL SHOULD EXPAND COVERAGE OF MEDICALLY TAILORED MEALS

California should incorporate food and nutrition services (FNS), including medically-tailored meals (home delivered or meals available for pick-up) into the 1115 waiver program for individuals in Medi-Cal, who have specific medical conditions and are too ill to feed themselves.

For Critically and Chronically Ill Individuals, Lack of Access to Healthy Foods Results in Poor Health Outcomes

For people living with HIV/AIDS (Weiser study), food insecurity leads to:

- Lower CD4 counts and lower likelihood of having undetectable viral loads
- More ER visits and utilization of acute-care facility for primary care
- Increased morbidity and mortality
- More missed primary care appointments and reduced use of antiretroviral therapy

When patients get effective FNS they keep scheduled primary care visits, score higher on health functioning, are at lower risk for inpatient hospital stays and more likely to take their medicines.

Access to FNS and Medically Tailored Meals (MTM) Results in Significant Cost Savings

- Healthcare dollars saved (MANNA study)
 - Clients' average monthly healthcare costs fell 62% after first 3 months on the program
 - If hospitalized, MANNA clients costs were 30% lower, hospital length of stay was cut 37% and discharge was 20% more likely to a home rather than a more expensive institution
- Malnourishment is a leading cause of hospitalization: 1 in 3 people admitted to the hospital in US are malnourished.
- Health care dollars saved through offset to home care services, on hospital admission and readmission and on lower use of ER, hospital and nursing home care.

FNS is a low-cost intervention: preventing one day of hospitalization feeds someone for more than half the year.

Current Medi-Cal benefits in CA do not extend to medically tailored meals (MTM) for most individuals

Currently, MTM are through Medi-Cal waivers directed primarily to help elderly and severely disabled individuals remain in their community. Examples:

- CA HIV/AIDS waiver: administered through DHCS Long-Term Care Division
- Community Living Support Benefit Waiver: For individuals in state-approved housing (Direct Access Housing or Adult Residential Facilities)

Significant cost-savings are lost through this omission, as critically and chronically ill individuals who are not yet at a level of illness requiring nursing home care do not have access to the MTM that could prevent them from ever reaching that point, resulting in greater use of expensive health care options like the ER, and/or the more frequent need for inpatient services and for longer periods of time.

Increasing Access to MTM Will Improve Health Outcomes and Reduce Health Care Costs for At-Risk Medi-Cal Enrollees

- Discretion to offer MTM would remain with administrators of Medi-Cal plans only where meals are medically necessary.
- Expansion of Multipurpose Senior Services Program (MSSP) waiver for MTM and/or congregate meals for seniors.
- Inclusion of MTM in Cal MediConnect demonstration programs for patients eligible for both Medi-Cal & Medicare.
- CA should incorporate access to MTM into 1115 research & demonstration waivers as an innovative health service that will ultimately lead to better health outcomes and lower health care costs for otherwise expensive-to-care populations.

Conclusion

Greater inclusion of FNS and MTM in Medi-Cal benefits packages will lead to more positive health outcomes and health care savings by facilitating access to care, maintenance and adherence to care and by preventing malnutrition, all of which keep people in their homes and out of the emergency room and more expensive institutions. We look forward to working together to integrate this successful medical intervention into Medi-Cal plans.

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