



#SNP50

# Senior Nutrition Programs

Decreasing isolation,  
improving healthy eating, and  
promoting overall health



**SENIOR NUTRITION  
PROGRAM**

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**Working with Managed Care Organizations & Long Term Care  
Programs for Home Delivered Meals Services**

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Senior Nutrition Program  
Area Agency on Aging - Dane County

# What is a Medicaid Managed Care Organization (MCO)?

## What is a Long Term Care (LTC) Program?

### How does an individual choose an MCO or LTC?

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- **MCOs deliver health benefits through a coordinated care approach**
    - Each member is assigned a care management team – care manager (social worker) & RN
  - **LTC Program members design their own plan to meet their long term care needs (Consultant assigned to help)**
  - **States contract with MCO & LTC Programs to provide services**
    - Preventative care, specialty care, inpatient services, home health, meals
  - **MCO & LTC Programs receive a fixed payment per member per month (capitation)**
    - This fixed payment is used to cover the most important care needs the member has
  - **MCOs & LTC Programs operate with a network of credentialed healthcare providers and organizations**
    - Dane County Dept. of Human Services is a contract organization that provides home delivered meals
  - **Locally, the ADRC of Dane County serves as a valuable resource by providing free, unbiased information to help individuals understand options and make informed decisions about what MCO or LTC Program is right for their situation. Assistance with enrolling into an MCO or LTC Program is also provided.**



# Care Plan – Meal options



- **Dane County Senior Nutrition Program –**
  - Cost: Varies \$9-\$13/meal – changes each year. 2025 =\$12.67
  - (Federally required to charge MCO's full cost of what it takes to make the meal/provide service)
- **National Meal Vendors – Mom's Meals, Homestyle Direct, Midwest Meals etc.**
  - Cost: Varies \$8-10/meal
  - Delivered in bulk (2 weeks of meals in large box) & must be able to heat them up
  - Can provide special diets (renal, low sodium, heart healthy, diabetic, allergen-free meals)
- **Personal Care Worker –** in-home preparation of meals
- **Transition into care facility –** (may use 1 mo. of meal options during transition)

# Service Delivery options w/ Dane County SNP

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Three separation organizations bill for HDMs:

- SSM Health at Home - Madison or Monona
- The Colonial Club - Sun Prairie, Marshall, Deerfield, Cottage Grove
- Dane County Dept. of Human Services – All other areas not mentioned above

Why is the above information important?

- Each organization can choose which MCOs/LTC Programs they contract with
- SSM Health at Home & The Colonial Club – have private pay options (Dane County doesn't)
  - Can service those that don't qualify for HDMS due to being <age 60 or not home bound, etc.



# Managed Care Organizations & Long Term Care Programs

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- **MyChoice WI** - Family Care, Partnership
- **Icare** – Partnership
- **Community Cares** – Family Care (Not SSM Health – No contract)
- **IRIS** – iLife, Premier, GT Independence, FEA – Outreach Health Services, Advocates For U

(No contracts for meal services **at this time** with Inclusa, Lakeland)

# Service #'s

- DCDHS (Not SSM Health or Col. Club) = 50 MCO/LTC Clients
- 75% of clients get 5 meals/week. 25% receive more (7, 10, 14 meals/week)

Service Year	# of Meals Served
2021	10,656
2022	14,343
2023	14,141
2024	10,025
2025	9,400 (estimate)



**>Lower cost  
plans get more  
business**



# Dane County MCO/LTC Program Process

## 1 AAA Gets notified from the ADRC when a client goes onto MCO/LTC

Brin	PD/DD	DOB	BH	2/19/2025	Jenny	x	TMG-IRIS
Debra	FE	DOB	BH	2/19/2025	Jenny	2/19/2025	CC FC
Amanda	DD	DOB	BH	2/19/2025	Jenny	3/1/2025	iCare PS
Todd	PD	DOB	BH	2/19/2025	LaShawne	2/24/2025	iCare PS
Jeannette	FE	DOB	BH	2/19/2025	Becky	2/19/2025	MCW PS
Israel	DD	DOB	BH	2/19/2025	Marcos	x	PCS-IRIS
Lynn	FE	DOB	JP	2/19/2025	Jessica	2/19/2025	iCare PS
Amphone	PD	DOB	LSR	2/19/2025	Anna	2/19/2025	iCare PS
Christopher	PD	DOB	JP	2/19/2025	Nicole	x	PCS-IRIS
Albert	FE	DOB	JP	2/20/2025	Nicole	x	PCS-IRIS
Eli	DD	DOB	JP	2/21/2025	Amanda	2/22/2025	TMG-IRIS
Ethan	DD	DOB	BH	2/21/2025	LaShawne	x	TMG-IRIS
Deanna	FE	DOB	BH	2/21/2025	Stephanie	2/21/2025	MCW PS
Rosetta	PD	DOB	JP	2/21/2025	MaiSee	2/21/2025	MCW FC

## 2 Cindy notifies nutrition/case management providers via email

Hello,

XXXXX, DOB 1/1/1950, meals went onto MyChoice WI Partnership effective 3/2/2025. Their last meal will be 2/28/25 unless a meal authorization is received by 2/28/25.

Please advise XXX to connect with their care manager regarding meal resources. Please move them to the partnership roster for meals effective on the date of meal authorization if they continue to get meals.

CM Names —Please include her on your next 610 report to close out MA Case Management with you guys.

Thank you.

*Cindy Matulle* (pronouns: she/her/hers)

Clerk III, Area Agency on Aging of Dane County

## 3 Shannon emails CM supervisor teams

Good Morning,

Last Name	First Name	DOB
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MCW PS Start Date: 2/4/2025

Service Provider: The Colonial Club

Meal frequency received: 4-5 meals/week

This member is getting HDMs from The Colonial Club. To continue meals, please submit a meal authorization into Midas and send a copy to [jdetert@colonialclub.org](mailto:jdetert@colonialclub.org) If no meal authorization is received, the client's last meal will be received on 2/13/2025. Please reach out to me with any questions.

Thank you,  
Shannon

## 4 Shannon receives confirmation that CM team has been notified

Thank you, Shannon, for bringing this to our attention.

I have escalated this to the team for follow up and auth entry if appropriate. I did ask that they confirm with you when this has been entered or if services are no longer needed past 2/13. 😊

**Tara Lewandowski, BSN, RN | Manager, Health Care Services**  
Partnership Program  
My Choice Wisconsin by Molina Healthcare

**Every month:**

- AAA tracks meals delivered. DCDHS accountant bills each MCO/LTC Program for meals served.
- Clients get approved for only 3 or 6 months at a time. When meal authorizations expire, we have to start the notification process all over again in order to get a new meal auth in place and keep the delivery service going.

**Problems:**

- Care teams discontinue authorized meals, but don't tell their client or DCDHS. So we continue to deliver meals. (They've updated this information in the database, but there are 1000's of members and we're not checking for updates daily.) When we go to bill for a month's worth of meals – we find the authorization has been cancelled and we can't get reimbursed. (Sometimes a PCW was hired, or a national meal vendor, but the client doesn't realize they shouldn't be getting our meals too, and keeps accepting them)
- Member goes into care facility or passes away but family member keeps accepting the meals.
- Care team switches to national meal vendor due to cheaper cost and doesn't inform us.
- MCO/LTC Program staff turnover – I end up spending time with customer service, then reaching out by phone, email, to supervisors. Very time consuming.
- Due to the meals being delivered by the senior centers, members continue to stay connected with senior center case managers instead of utilizing their own care team. This puts a lot of strain on the senior center staff.



Question: Should DCDHS continue contracting with MCO's  
& LTC Programs to provide a home delivered meal service?

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## ~Small Group Discussion in Breakout Rooms~

Designate one note-taker per breakout room

Email notes to [Gabriel.Shannon@danecounty.gov](mailto:Gabriel.Shannon@danecounty.gov)

Shannon will be sharing feedback with Dane County upper management

### What if Dane County Senior Nutrition Program no longer partnered with MCO/LTC's?

(Asked nutrition site coordinators, case managers, AAA staff, POS Agency Directors, DCDHS Billing Accountant, Nutrition & Wellness Committee members)

1. Pros (of no longer working with MCOs)
2. Cons (of no longer working with MCOs)
3. Please share any recent difficult/positive scenarios of helping a client receive home delivered meal services when they transition on to a MCO/LTC plan.  
(Don't include PHI, but MCO/LTC names are helpful to include with your scenario)
4. Other – Any other details you'd like to share to help DCDHS make this decision.



# Key Benefits of DCDHS Discontinuing HDM service with MCOs & LTC Programs

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- Nutritional Variety: National vendors meet federal standards and offer customizable diets
- Reduced Admin Load: POS Agency Case managers can focus on their core clients/duties
- Improved Title III Services: Enables ~10,000 more meals/year for older adults (60+)
- Encourages MCOs to Step Up: Pressures MCOs to improve service delivery & be accountable for client care
- Reveals Need for Higher-Level Care: Removes artificial support masking long-term care needs
  - Ex: HDM drivers delivering a meal, then being asked to clean up the kitchen or help with toileting, etc.

# Key Benefits of DCDHS Discontinuing HDM service with MCOs & LTC Programs:

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- Frees Up Catering Funds: Reallocates resources to primary client population
- Decreases Volunteers Needed: less volunteers needed to provide program services
  - Several WI counties have wait lists due to not having enough volunteers to deliver the meals – some of these counties immediately refer MCO clients to national meal vendors and others are contemplating starting that process.
- Limited net revenue after expenses – may even be losing money to provide service
- Avoid Authorization Delays: Many individuals go without meals while MCO care manager sets up the plan slowly and local providers (senior centers) and AAA are blamed for this....
- Avoid Re-authorization Delays (6 months later) same delayed process starts all over.
- Avoid Denied Claims – Meal auths are cancelled without notice (so we don't know to stop meals) and this causes invoices to go unpaid even though we provided the service they asked for. Can opt to submit an appeal, but that takes even more staff time.



# Drawbacks of Discontinuing Partnering with MCOs & LTC Programs:

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- Loss of Daily Check-ins: Volunteer drivers provide social/safety touchpoints
- Quality Concerns: refrigerated national vendor meals seen as less appealing
- Burden on Clients: National meals require handling, storage, prep
- Continued Local Involvement: Some staff (POS agency case managers) may still assist MCO clients without getting Medicaid reimbursement. (Long time relationship makes it hard to turn away when they need help but should be receiving it from their MCO care manager)

# Service Gaps & Real-World Impacts

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- Rural Clients at Risk: Fewer care options, HDMs critical for aging in place
- Delayed Care: Long lags in starting MCO services
- Emotional Toll on Staff: Long-term relationships disrupted. Often times rural POS agencies and case managers can be a one-stop shop and it's hard to turn clients away.



# Stories from the Field

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- Forgotten Refrigeration: spoiled meals, don't realize the box needs unpacking – it sits in a pile with their mail.
- Volunteer Life-Savers: Deaths discovered by HDM volunteers, not MCO staff.
- Unreachable Care Managers: Case managers at POS agencies have had to file grievances on clients' behalf since repeated phone calls aren't returned when help and services are needed. Care manager turn-over is a real problem.

# Feedback

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- All feedback gathered was compiled into a report and submitted for upper management to review to make an informed decision on how to move forward in 2026.
- Thoughts, Feedback?