



# CalAIM Medicaid Waiver: Expanding Medically-Supportive Food and Nutrition Services



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CalAIM Medicaid Waiver - Expanding Medically-Supportive Food and Nutrition Services to Improve Health Outcomes and Reduce Healthcare Costs

**Opportunity:** Section 1115 of the Social Security Act gives the Centers for Medicare & Medicaid Services (CMS) the authority to waive certain Federal regulations or pieces of law in order to approve experimental, pilot, or demonstration projects outside the parameters of state plans. California's 1115 Waiver expires in December 2020 and the California Department of Health Care Services (DHCS) is in the midst of preparing the renewal and update to the waiver. At the same time CMS is also preparing their 1915b(3) waiver. The 1915b(3) waiver, also known as a Non-Medicaid Services Waiver, allows cost savings to provide additional services to beneficiaries. California Advancing and Innovating Medi-Cal (CalAIM) represents DHCS's comprehensive waiver proposal meant to take effect January 2021. In North Carolina, Massachusetts and Oregon waivers have been used to provide food-based support to improve health outcomes and reduce healthcare costs.

*California should join these pioneering states in their effort to support innovative prevention and treatment strategies. Both waivers provide an opportunity to include medically-supportive food and nutrition into the provision of Medi-Cal to improve health and reduce healthcare costs.* The current CalAIM proposal incorporates home-delivered meals at discharge and medically tailored meals as "in lieu of" services for beneficiaries (see pages 159-160 of the CalAIM Proposal) and is a natural starting point for incorporating additional medically-supportive food and nutrition services that can improve health and reduce healthcare costs.

**Our Proposal to DHCS:**

As part of the overall vision for CalAIM and specifically in an attempt to improve outcomes for the state's most vulnerable populations and reduce costs, we propose expanding medically-supportive food and nutrition services that address food insecurity -- a major social determinant of health -- and nutritional health into Medi-Cal. **To accomplish this goal we propose that CalAIM include "Medically-Supportive Food and Nutrition Services" into its proposal as 1) an expansion of home-delivered and medically tailored meals which are currently included as in lieu of services and/or 2) through other mechanisms within the waiver that would enhance population health and care management.** Healthy food and adequate nutrition are a fundamental part of treating, preventing, and managing chronic disease<sup>1,2,3</sup> and can significantly improve a patient's quality of life and health status<sup>4,5</sup> while also reducing health care costs.<sup>6,7</sup> Expanding the definition of "Medically-Supportive Food and Nutrition Services" would extend allowable services to include other types of medically-supportive food and nutrition that improve health outcomes and reduce healthcare costs in addition to medically tailored meals, services which are already included in the current CalAIM proposal. Evidence suggests that a broader range of healthy food supports beyond medically tailored meals can improve health outcomes<sup>4,8,9,10,11</sup> and reduce healthcare costs.<sup>7,8,10</sup> The level of care provided would range from prevention to treatment based on the level of acuity and need of the individuals.

**Target Populations:**

Meet the health needs-based criteria:

- being food insecure or at risk of food insecurity

AND meet at least one of the risk factors:

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- living with a chronic condition or at risk for a chronic condition
- needing assistance with one or more documented activities of daily living or independent activities of daily living
- being pregnant and up to 24 months postpartum
- being homeless or at risk of becoming homeless
- children and transitional age youth experiencing four or more categories of adverse childhood experiences

**“Medically-Supportive Food and Nutrition Services” would include, but is not limited to:**

- Direct medically-supportive food assistance
  - healthy food boxes, groceries, or meals to prevent or manage chronic disease
  - healthy food vouchers and food prescriptions to prevent or manage chronic disease, including but not limited to fruits and vegetables
  - medically tailored groceries
  - medically tailored meals
- Nutrition education, cooking education, and/or behavioral coaching and counseling, when paired with one of the forms of direct medically-supportive food assistance above
- Linkages to community-based food services (SNAP & WIC application assistance, food bank referrals)
- Transportation for accessing healthy food to prevent or manage chronic disease

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Supporters:

Adventist Health Ukiah Valley  
Alameda County Community Food Bank  
Alameda Health Care Services Agency  
ALL IN Alameda County  
Blue Zones Projects Monterey County  
California FarmLink  
California Food is Medicine Coalition  
California Food Policy Advocates  
CCOF  
Center for Care Innovations  
Ceres Community Project  
Del Norte and Tribal Lands Community Food Council

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Doctors for America  
Everyone's Harvest  
Farm Discovery at Live Earth  
Food as Medicine Collaborative  
Food For Thought  
Fresh Approach  
Go for Health! Santa Cruz County  
IM4US  
Leah's Pantry  
Mesa Verde Gardens  
North Coast Opportunities  
Nutrition and Fitness Collaborative of the Central Coast  
Pajaro Valley Food Farming and Health Policy Council  
Pajaro Valley Health Trust  
Plumas-Sierra Community Food Council  
Project Angel Food  
Project Open Hand  
Reach Out  
Redwood Empire Food Bank  
Regeneración - Pajaro Valley Climate Action  
San Diego Food Bank  
San Francisco Department of Public Health  
San Francisco Marin Medical Society  
SF Marin Food Bank  
Shape Up SF  
Sierra Harvest  
Slow Food California  
Sonoma County Medical Association  
SPUR  
Teen Kitchen Project  
The Health Trust  
The SF Market  
University of San Francisco California  
Vouchers 4 Veggies: Eat SF  
Western Center on Law and Poverty

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References:

<sup>1</sup> Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. [JAMA](#). 2004 Mar 10;291(10):1238-45.

<sup>2</sup> Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*, 140(2), 304–310.

<sup>3</sup> Tait CA, L'Abbé MR, Smith PM, Rosella LC. The association between food insecurity and incident type 2 diabetes in Canada: A population-based cohort study. *PLOS ONE*. 2018;13(5).

<sup>4</sup> Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. *Health Aff Proj Hope*. 2015;34(11):1956-1963.

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<sup>5</sup> Hummel Scott L., Karmally Wahida, Gillespie Brenda W., et al. Home-Delivered Meals Postdischarge From Heart Failure Hospitalization. *Circ Heart Fail*. 2018;11(8).

<sup>6</sup> Berkowitz SA, Terranova J, Hill C et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Affairs*. 2018 Apr;37(4):535-542.

<sup>7</sup> Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019 Mar 19;16(3):e1002761.

<sup>8</sup> Feinberg AT, Hess A, Passaretti M, Coolbaugh S, Lee TH. Prescribing Food as a Specialty Drug. *NEJM Catalyst*. 2018 Apr 10.

<sup>9</sup> Cavanagh M, Jurkowski J, Bozlak C, Hastings J, Klein A. Veggie Rx: an outcome evaluation of a healthy food incentive programme. *Public Health Nutrition*. 2016: 20(14), 2636–2641.

<sup>10</sup> Savio B, Bunker-Alberts M, Demonsant E, Williams A. A novel approach to group pediatric obesity care. Childhood Obesity Conference. 2015. Accessed online at: <http://childhoodobesity2015.com/docs/uploads/Bite%20To%20Balance%206-2015%20obesity%20conference.pdf>

<sup>11</sup> Wholesome Wave's Fruit and Vegetable Prescription Program: 2014 Outcomes. 2014. Accessed online at: [https://www.wholesomewave.org/sites/default/files/wp-content/uploads/2014/07/FVrx-NYC\\_2014-Report.pdf](https://www.wholesomewave.org/sites/default/files/wp-content/uploads/2014/07/FVrx-NYC_2014-Report.pdf)



# Health Impact of Medically-Supportive Food and Nutrition

Healthy food and adequate nutrition are a fundamental part of preventing, managing, and reversing chronic disease. CalAIM's October 2019 proposal recognizes the value and health benefits of food supports and includes medically tailored meals (MTM) and home delivered meals as a covered benefit. Building on this great progress, CalAIM can generate *more* cost savings and improve health further by incorporating a broader spectrum of medically supportive foods into its proposal, including:

-  Healthy food boxes, groceries, or meals
-  Healthy food vouchers and food prescriptions
-  Nutritional support when paired with medically supportive food

Evidence suggests that a broad range of healthy food support beyond medically tailored meals can improve health:

## Health Impact

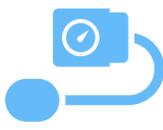
of non-MTM food interventions

↓ HbA1c  
avg blood sugar



0.5-2.1% pts<sup>1,2,3,4</sup>

↓ Blood Pressure



-16 mmHg<sup>6</sup>

↓ BMI



-0.4-0.7 kg/m<sup>2</sup><sup>5,6</sup>

↓ Preterm Birth



37% reduction<sup>7</sup>

↓ Depression  
clinical depression score (PHQ9)



up to 47% reduction<sup>5,6</sup>

## Healthcare Savings

from non-MTM food interventions

↓ ~75%   
fewer ED visits<sup>8</sup> and admissions<sup>6</sup>

↓ 38%   
reduction in emergency transportation<sup>8</sup>

# \$40-100B+

massive potential net savings<sup>9</sup>

## Benefits

to expanding medical food support beyond MTM

### Culturally Relevant



Allows patients to access culturally diverse foods beyond what might be prepared as part of medically tailored meals

### Sustainable



Less prescriptive diets/meals promotes culinary practice and long term nutritional change

### Health Investment



Allows for broader reach of patients earlier in disease course - promoting prevention and greater value

### Cost Effective



Reduces overhead of meal prep and delivery

### References:

- Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. *Health Aff Proj Hope*. 2015;34(11):1956-1963.
- Feinberg AT, Hess A, Passaretti M, Coolbaugh S, Lee TH. Prescribing Food as a Specialty Drug. *NEJM Catalyst*. 2018 Apr 10.
- Savio B, Bunker-Alberts M, Demonsant E, Williams A. A novel approach to group pediatric obesity care. *Childhood Obesity Conference*. 2015. Accessed online at: <http://childhoodobesity2015.com/docs/uploads/Bite%20To%20Balance%206-2015%20obesity%20conference.pdf>
- Tester, J et al. Food as medicine 2017 pilot executive summary of impact on dietary intake and cardiometabolic health. Publication pending.
- Cavanagh M, Jurkowski J, Bozlak C, Hastings J, Klein A. Veggie Rx: an outcome evaluation of a healthy food incentive programme. *Public Health Nutrition*. 2016; 20(14), 2636–2641.
- Emmert-Aronson, B et al. "Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model." *Journal of alternative and complementary medicine*. 2019;25(10):1026-34.
- Seligman, HK et al. Abstract pending publication. Vouchers 4 Veggies.
- Berkowitz SA, Terranova J, Hill C et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Affairs*. 2018 Apr;37(4):535-542.
- Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019 Mar 19;16(3):e1002761.



**If one considers fresh healthy food to be the equivalent of a drug covered by insurance and provided by the health care system, then this is essentially a disease management program – just more successful than most.**

Andrea T. Feinberg, MD referring to the Geisinger Health System "pharmacy" program

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