Integrating Medically-Supportive Food and Nutrition Services into CalAIM to Improve Health Outcomes and Reduce Health Care 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. The 1915b(3) waiver, also known as a Non-Medicaid Services Waiver, allows cost savings to provide additional services to beneficiaries. California's waivers were set to expire in December 2020, but were extended an additional year due to the COVID-19 pandemic. California Advancing and Innovating Medical, CalAIM, represents DHCS's comprehensive waiver proposal meant to take effect January 2022. In Massachusetts, North Carolina and Oregon, waivers have been used to provide food-based support to improve health outcomes and reduce health care costs.

The need for these food-based interventions in Medicaid has been exacerbated by the COVID-19 pandemic which highlighted many health and social inequities, especially for Black and Brown communities. As of November 2020, Black or African American and Hispanic or Latinx patients had greater than 1.7 times the risk of infection and 4.1 times the risk of hospitalization due to COVID-19 compared to white, non-Hispanic patients.[i] Patients with chronic conditions like diabetes and cardiovascular disease are also more likely to be infected by COVID-19 and require hospitalization.[ii,iii] The same people with these types of diet-sensitive chronic diseases, who are at high risk of COVID-19, are also struggling to access healthy food during the pandemic. Food insecurity rates have risen dramatically, which contributes to even worse health outcomes.[iv,v] As of July 2020, the food insecurity rate in California is 25.3%, which is more than double what it was in December 2018.[vi,vii]

Our Position: This pandemic emphasizes the need to use food to treat and prevent chronic disease and to decrease the effects of health disparities and food insecurity on chronic disease. As we face this current crisis, California has included medically-supportive food and nutrition in their draft waiver application (page 217). This exciting development is a critical first step to implementing medically-supportive food interventions across California. If this inclusion is approved in the final waiver application and adopted by local health plans, California will join Massachusetts, North Carolina and Oregon, in providing medically-supportive food to eligible Medicaid recipients.

As part of the overall vision for CalAIM and specifically in an attempt to improve health outcomes, reduce health disparities, and decrease costs, **we support the inclusion of medically-supportive food and nutrition interventions as an In Lieu of Services Benefit**. Evidence suggests that a broad range of healthy food supports can improve health outcomes [viii,ix,x,xi] and reduce health care costs.[xii,xiii,xiv] Healthy food and adequate nutrition are a fundamental part of preventing, managing, and treating chronic disease. [xv,xvi,xvii] They allow for increased patient autonomy as well as more opportunities to ensure the supports are culturally relevant. The prescribed medically-supportive food interventions would be based on health need(s) of the individual and acuity.

In order to leverage this opportunity, we propose that DHCS adopt the following populations and services for administering the Medically-Supportive Food and Nutrition In Lieu of Services benefit:

Eligible Population:

Individuals, aged one to 100+ years, who meet at least one of the following health needs-based criterion:

- Metabolic conditions: Prediabetes, diabetes, obesity
- Cardiovascular conditions: Hypertension, Coronary Artery Disease, Heart Failure
- Renal conditions: Chronic Kidney Disease (III-V)
- Cancer
- High risk pregnancy and limited postpartum period
- Pediatric conditions: preterm birth, iron deficiency anemia, failure to thrive
- High utilizers: frequent hospitalization, at high risk of hospitalization or nursing facility placement, and/or with intensive care coordination needs.

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

- Medically tailored meals
- Medically tailored groceries
- Healthy meals
- Healthy groceries (eg: food pharmacy, grocery boxes)
- Food prescriptions (eg: produce prescriptions, healthy food vouchers)
- Behavioral, cooking, and/or nutrition education, coaching, and/or counseling when paired with one of the forms of medically-supportive food interventions above
- Administrative, application, and enrollment support to help with food delivery and linkages to additional food supports (CalFresh, WIC, food banks, etc.)**
- Transportation for accessing healthy food to prevent or manage chronic disease

*Medically supportive food and nutrition refers to a spectrum of interventions that provide nutrient rich whole food, including any fruit, vegetable, legume, nut, seed, whole grain, low mercury/high omega 3 fatty acid seafood, and/or lean animal protein used for prevention, reversal, or management of certain health conditions.
(Preference for organic, regenerative, and/or humanely raised products)

**Individuals would not receive duplicative support from other State, local or federally funded programs, which should always be considered first, before using Medi-Cal funding.

References

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