

Question Report

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Topic	Webinar ID	Actual Start Time	Actual Duration (min)
Building Part 833	6729 4758	6/29/23 12:19	70

Question Details

#	Question	Answer	Answer Name
1	Do any of your programs serve Surgery Recovery specifically? Any insights to share on this as a population to focus medically-tailored meal programming?	Pls see below a link to DHCS document. https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Pricing-Guidance-Updated-8-5-2021.pdf	Nai Kasick
2	Are there instances of 'competitive' funding that are preventing CBOs from partnering in a shared area?	live answered	Erika Hanson
3	From the chat (Joe Prickitt): How do you envision the role of promotoras (CHWs) as part of the community engagement and support process for Food is Medicine Community Supports?	Yes, CHW services is a new Medi-Cal (CA) benefit and encourages them to refer MCO members to MTM as long as member's health condition requires it and a provider signs off on it.	Nai Kasick
4	What do you see as the biggest expense related to capacity/infrastructure building to scale this work?	live answered	Erika Hanson
5	Ms. Schwartz: Are the Kaiser dietitians enrolled as providers with Calif Medicaid or are they subcontracted by the MCOs?		
6	How do you envision the role of promotoras in the Food is Medicine community engagement and support process?	Answered by Nai, thanks!	Erika Hanson

How do we make progress in the Food Is Medicine mission without policy makers seeing it as just another short-term “welfare” type food assistance program like

7 SNAP?

live answered

Erika Hanson

With various types of Food is Medicine interventions being provided, is there a need to standardize the Food as Medicine prescriptions to address various

8 chronic diseases?

From the chat (Ana Martinez):
Could you talk about measures of fidelity to the models of FIM? Are there tools that could be shared

9 measuring fidelity?

When you say don't focus on reimbursement of RDs because they already are billable - do you think it makes sense to focus on billing both that and food? Most insurance seems to cover very minimal interactions with RDs (and maybe only a few times).

The role of RDs seem inherently linked to many FIM services,

10 usually in helping them run.

Regarding the technology, are there key players that are offering the TA to develop and

11 scale new programs?

California Department of Health Care Services has contracted with organizations/agencies to support providers including CBOs. Here's a link to technical assistance site.
<https://www.ca-path.com/>

Nai Kasick

Are any of these programs working in more rural CA communities and if so, what are the unique challenges and how have you dealt with them? Thank

12 you, excellent panel.

live answered

Erika Hanson

Dennis mentioned that they are trying to increase support from dietitians. I believe reimbursement for dietitians is quite minimal. Is that a barrier you've encountered? The Medical Nutrition Therapy Act of 2021, if passed, would greatly improve reimbursement for nutrition care. But for the time being, can the waivers also be used to

13 reimburse dietitians? Thanks!

14 thank you!

Roots food group is delivering MTM's to the entire state of

15 California.