FIM Policy Update

Biden-Harris Administration National Strategy on Hunger, Nutrition, And Health

https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf

The National Strategy

Pillar 1: Improve Food Access and Affordability

Pillar 2: Integrate Nutrition and Health

Pillar 3: Empower All Consumers to Make and Have Access to Healthy Choices

Pillar 4: Support Physical Activity for All

Pillar 5: Enhance Nutrition and Food Security Research

Pillar 2 Call to Action

- States should leverage all available federal authorities to expand coverage of FIM interventions
- States should collaborate with non-profits/CBOs to establish a state-funded produce prescription program for low-income families
- Health insurance companies should consider providing or expanding coverage of nutrition services, including produce prescriptions and MTM

Check out page 21 for the entire Call to Action

Federal Authorities

CMS Guidance

- Jan. 2021: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)
- Jan. 2023: Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care

January 2021 Guidance

Rural Health Clinics/Federally Qualified Health Centers

"RHCs/FQHCs' role as "safety net providers" presents a unique opportunity to adopt innovative strategies to improve care and reduce health costs for individuals with complex socioeconomic needs. For example, RHCs/FQHCs could be reimbursed under Medicaid to screen individuals to identify social needs, collect and analyze SDOH data to inform interventions, and co-locate social services as long as these activities are delivered as part of a Medicaid-covered RHC/FQHC service."

Taken from Page 12

January 2021 Guidance

Section 1915(i) State Plan Benefit

State-Defined Needs-Based Criteria

"offers states the option to target the benefit to a specific population based on age, disability, diagnosis, and/or Medicaid eligibility group...based on individualized evaluation of need and may include state-defined risk factors, such as risk of experiencing homelessness, risk of food insecurity for individuals with diabetes, or risk of social isolation for older adults with chronic conditions."

Taken from Page 17

January 2021 Guidance

Section 1115 Demonstrations

"...states have the opportunity to test innovative approaches for addressing SDOH...in ways that consider local challenges and response capabilities. States could...elect to pilot services that address SDOH for a specific target population or in a limited geographic area."

Usually approved for an initial 5-year period

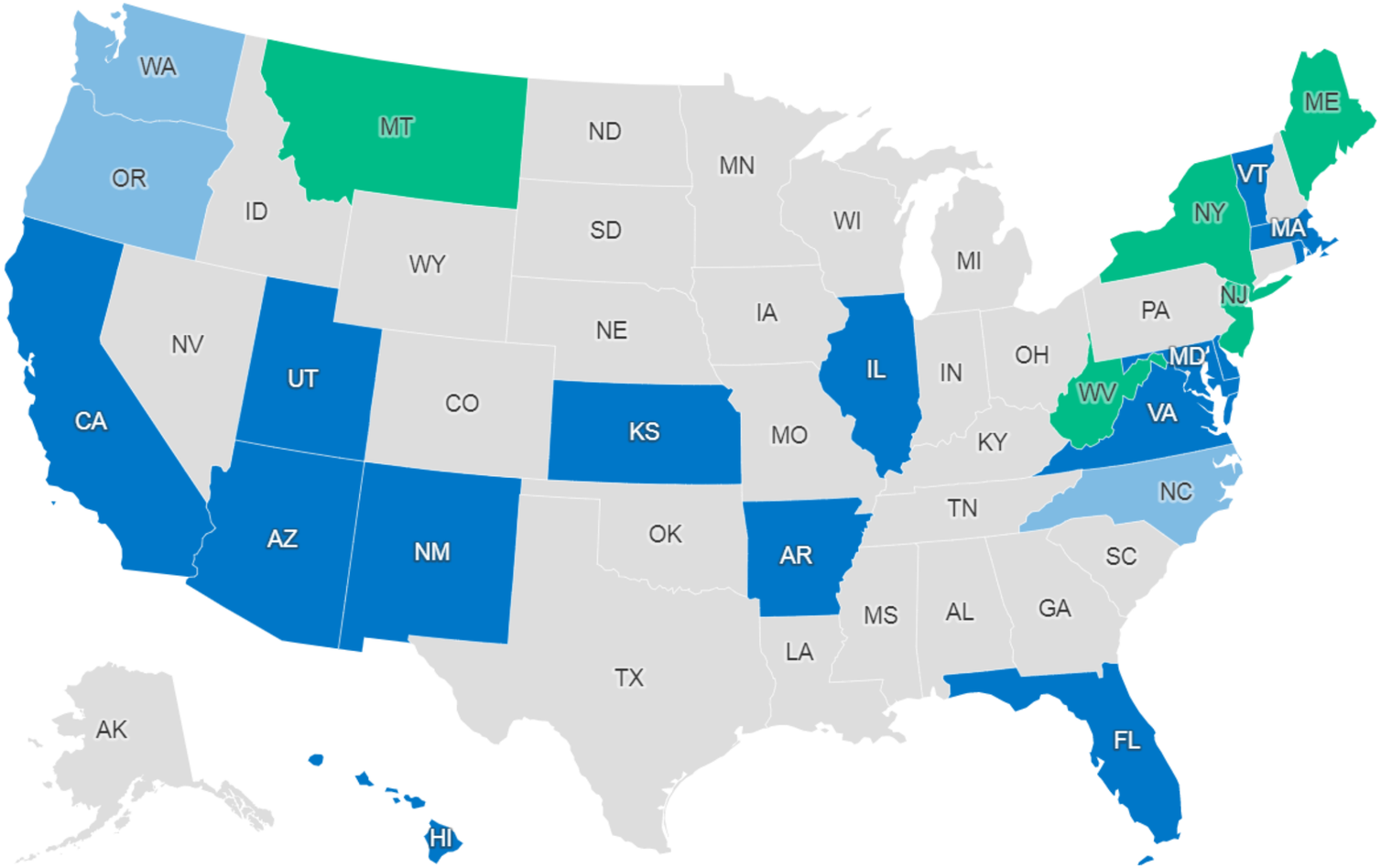
Taken from Page 20

Figure 1

Section 1115 Waivers with Provisions Related to Social Determinants of Health (SDOH), as of 11/2/2022

Status of Section 1115 SDOH Provisions:

Approved (15 states) | Approved & Pending (3 states) | Pending (5 states)



NOTE: Through Section 1115 authority, states can test approaches for addressing the SDOH of Medicaid enrollees, including the use of federal matching funds to test SDOH-related services and supports in ways that promote Medicaid program objectives. For more information on approved and pending SDOH provisions across states, see SDOH table of KFF's waiver tracker.

SOURCE: KFF Section 1115 Waiver Tracker • PNG

KFF

Approved 1115 SDOH Waivers

Massachusetts

$67B. in Medicaid funding over 5 years

- Nutrition counseling
- Up to 6 months of home meal delivery
- Up to 6 months of medically-tailored food prescriptions
- Cooking supplies
- Transportation to nutrition supports

State work driven by Food is Medicine Massachusetts: https://foodismedicinema.org/.

Approved 1115 SDOH Waivers

North Carolina

$650M. in Medicaid funding over 5 years

- Housing Instability
- Transportation Insecurity
- Food Insecurity
- Intimate Partner Violence
- Toxic Stress

Recent study results published:
https://www.linkedin.com/pulse/food-medicine-now-blue-cross-nc-has-data-prove-john-lumpkin/

Approved 1115 SDOH Waivers

Oregon

$1.1B. in Medicaid funding over 5 years

- Nutrition Counseling & Education
- Up to 6 months of:
  - medically tailored meals (MTMs)
  - fruit and vegetable prescriptions
  - meal and pantry stocking

Pending 1115 SDOH Waivers

Addressing Food Insecurity as a SDOH

- Delaware
- New Mexico
- New York
- Expansion of North Carolina
- Expansion of Oregon
- Washington

January 2021 Guidance

Section 1945 Health Homes

"To qualify for health home services, Medicaid beneficiaries must (1) have 2 or more chronic conditions, (2) have 1 chronic condition and be at risk of developing another, (3)have at lead one serious and persistent mental health condition. Chronic conditions are specified in the statute to include, but not be limited to: mental health conditions, SUD, asthma, diabetes, heart disease and being overweight."

Taken from Page 22

January 2021 Guidance

Managed Care Programs

Section 1915(b)(3) Services

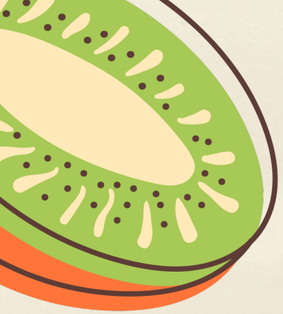
"States could also add home-delivered meals as a service ...and have managed care plans provide this service to individuals with chronic conditions, as long as the meals do not constitute a full dietary regimen and the individuals receiving the service have an assessed need for home-delivered meals documented in their person-centered service plan."

Taken from Page 23

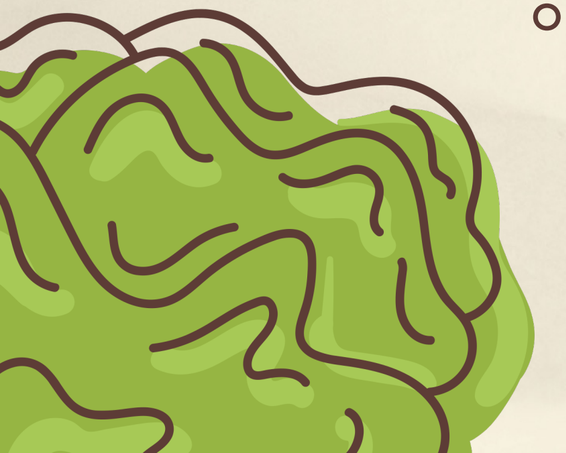
January 2021 Guidance

Managed Care Programs continued

- State Directed Payments
  - incentivize SDOH screenings
- Managed Care Plan Incentive Payments
- Quality Measurement and Improvement
- In Lieu of Services (ILOS)
  - Alternative service is medically-appropriate and cost-effective substitute for the covered service
- Value-Added Services
  - Voluntary coverage in addition to state plan









January 2023 Guidance

- New Terminology: Health-Related Social Needs (HRSN)

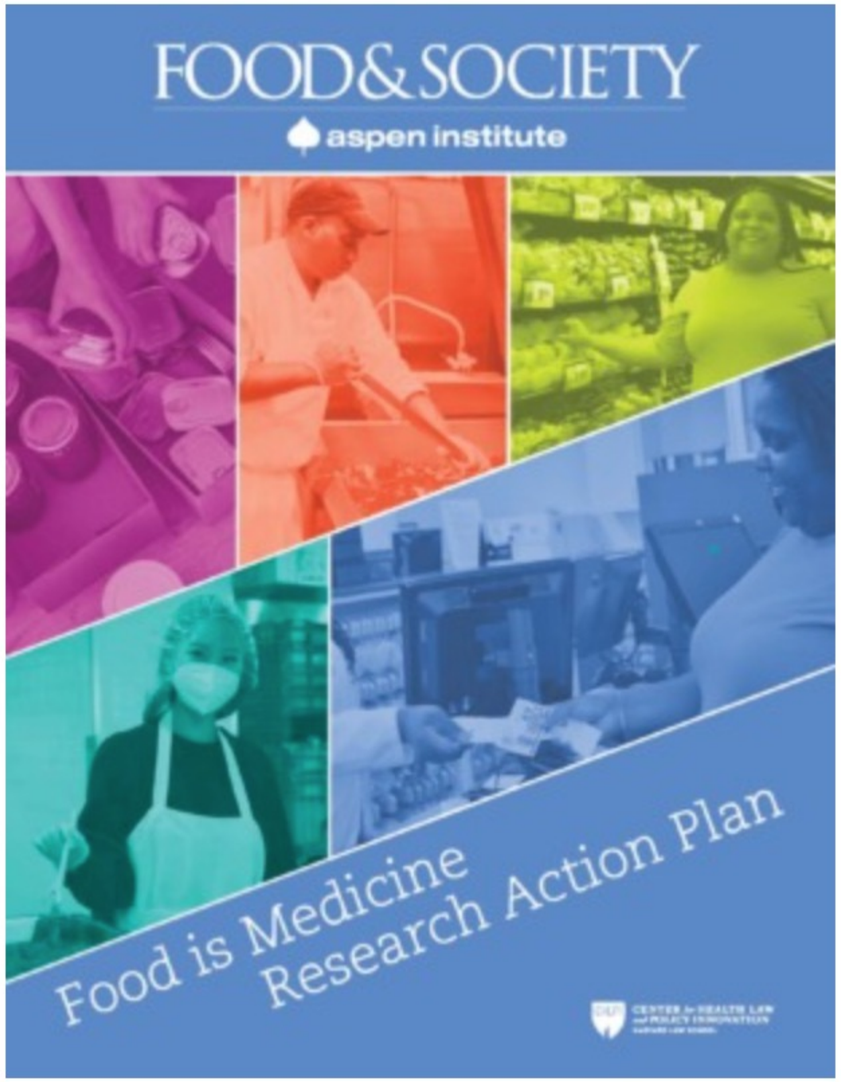
An individual's social needs that may exacerbate poor health and quality-of-life outcomes when they are not met.

- Additional Guidance on In Lieu of Services

In Lieu of Services

6 Principles:

- Advance the objectives of the Medicaid program
- Cost effective
  - ILOS Cost Percentage <5%
- Medically appropriate
  - Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) to identify each ILOS
- Preserve enrollee rights and protections
- Monitoring and oversight
- Retrospective evaluation

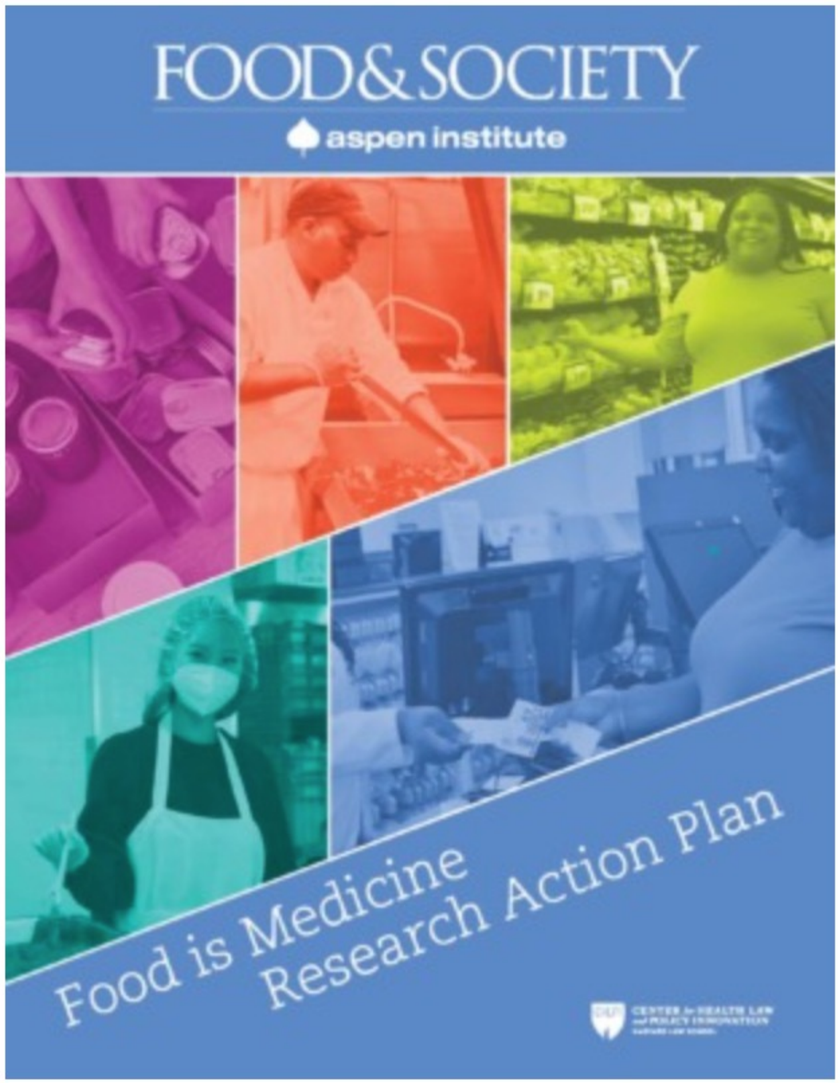


ACTION PLAN RECOMMENDATIONS AT A GLANCE

EQUITY THROUGHOUT THE FOOD IS MEDICINE RESEARCH CONTINUUM

1. Understand the diverse experiences and broader context of the population that will receive or has already received the intervention.
2. At all stages of the research, plan to include the perspectives of potential study participants and the broader population that will receive or has already received the intervention.
3. In addition to including the perspectives of individuals with lived and/or local experience, researchers and funders should seek out perspectives and potential partnerships with community-based organizations that either provide similar services or support the study's target population in other ways.
4. Investigate the composition of the research team, including the team's perspectives and potential biases. Fully engage all team members in planning and decision-making.
5. Monitor study recruitment and retention.
6. All Food is Medicine researchers and funders should encourage academic research institutions to change policies that inhibit equity-centered research.
7. Research funders and researchers must ensure they adjust timelines and funding amounts to reflect the additional effort and investment of resources that may be required to do research that is truly equity-centered.
8. Whenever possible, qualitative research should be used to complement quantitative data.
9. Food is Medicine research design should reflect the reality of household composition and household equipment, with particular attention to the household member who buys and prepares most of the household's food.

26 Recommendations Pertaining to Design, Evaluation and Scaling of



THE FUTURE OF FOOD IS MEDICINE RESEARCH: CONSIDERATIONS IN RESEARCH DESIGN

10. Research should be appropriately powered to meaningfully evaluate the primary outcomes.
11. Researchers should prioritize rigorous study designs with a combination of qualitative and quantitative approaches, balancing the pursuit of rigor with the reality of Food is Medicine interventions.
12. Research should always report process and engagement metrics.
13. Researchers should carefully consider whether the intensity and duration of Food is Medicine intervention is likely to influence outcomes of interest.
14. Multi-sector stakeholders, including individuals in the target intervention demographic, should be convened to identify meaningful metrics across the Food is Medicine field. Metrics for specific health conditions should be developed in collaboration with primary care and specialist clinicians.

Stay Tuned!

Regional FIM Best Practices/Networking Event Tentatively Planned for Jan or Feb 2024 (Sunflower Foundation and Aspen Institute Co-Hosting)

Thank you!

Do You Have Any Questions?