Massachusetts Medicaid 1115 Waiver: Supporting Food is Medicine in FQHCs

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Goals for Today

• About Community Care Cooperative (C3)
• Leveraging Section 1115 Medicaid Waivers
• Our Massachusetts Flexible Services Program Food is Medicine Program
• Discussion
About Community Care Cooperative (C3)

- We are a non-profit, Federally Qualified Health Center (FQHC)-led Accountable Care Organization (ACO)
- Our mission is to **leverage the collective strengths of FQHCs to improve the health and wellness** of the people we serve.
- **Goals of an ACO:**
  1. Ensure patients get the right care at the right time without unnecessary services and procedures – provide high quality care and a great member experience
  2. Share in the savings produced by spending health care dollars more wisely – for C3, this means re-investing in FQHC, workforce, and health equity programs
Our Story

Early 2016
Nine health center leaders created Community Care Cooperative to play a leading role in a redesigned Medicaid program in MA

2018
We launched our MassHealth (MH) ACO with 15 FQHCs and 110,000 Medicaid members

2019-2020
We grew to 17 FQHCs serving 125,000 Medicaid members making us the largest MH ACO in Massachusetts

2021-2022
We added two new FQHCs and new risk contracts

We launched the Flexible Services Program
We launched subsidiaries to support pharmacy and technology

2023-2024
In 2023, we grew to 24 FQHCs including one in Louisiana

For 2024, we will have a presence in 7 states with more than 40 FQHCs and Affiliated Provider Practices.
Our Social Health Strategy

**Identify Health-Related Social Needs (HRSNs)**

- **Screening** members directly (in-person, telehealth, portal) using the Accountable Health Communities Tool
- **Documenting** social needs using Z-codes

**Connections to Resources**

- **Training** webinars for staff on topics such as Food Insecurity, Housing, Utilities, transportation, and more
- **Findhelp.org** resource & referral platform

**Programs & Partnerships**

- **Investing** in Flexible Services Nutrition & Housing programs
- **Creating partnerships** to assure SNAP & WIC application support

**Policy & Dissemination**

- **Conducting** program evaluation
- **Sharing** data and best practices
- **Advocacy** for Social Health programs, CMS HRSN regulations, coding, and funding
Medicaid Section 1115 Waivers: Overview

- **Section 1115** of the Social Security Act gives HHS the authority to approve demonstration or pilot projects that:
  - Promote the objectives of the Medicaid program
  - Demonstrate and evaluate state-specific policy approaches
- Waivers are generally approved for 5 years
- Can be used in a variety of ways, such as support for expanded eligibility, expanded benefits, or continuous enrollment
- Many Section 1115 Waivers allow for Medicaid funds to support **Nutrition/Food is Medicine interventions** as well as other Health-Related Social Needs (HRSN) interventions
- Current Section 1115 waivers for Nutrition Supports: AR, DE, MA, NC, NJ, NY, OR, WA
MA Flexible Services Program

Program Authority
- Section 1115 Waiver allows for Medicaid funding to support Nutrition and Housing needs of eligible members

Program Goals
- Improve Health Outcomes & Health Equity, Reduce Total Cost of Care

Partnership Model
- ACOs partner with high-capacity Social Service Organizations (SSOs) to deliver services.
- Flow of Funds: Medicaid -> ACOs -> SSOs

Eligibility
- Members must 1) meet health criteria and 2) screen positive for food insecurity and/or housing instability
C3 Approach: Food is Medicine Interventions

Food Referral Navigation & Support

Connect members to a **Nutrition Coordinator** for **resource navigation**, including
- Assuring they are connected to programs like SNAP and WIC
- Assessing the household’s food security needs and providing direct services that are appropriate for the member’s needs
  - Support disease management and increase healthy eating and cooking skills through **nutrition education and coaching**
  - Encourage safe and healthy cooking through provision of **kitchen items and appliances**

Nutrition Goods & Supports

- **Healthy Food Vouchers**: Increase access to healthy food by providing reloadable EBT cards or grocery store gift cards.
- **Medically Tailored Meals**: Home delivered prepared meals for members with specific dietary needs to manage their health conditions.
- **Meal Kits**: Home delivered meal kits with ingredients and easy to follow recipes, providing members with a fun cooking experience and healthy eating skills.
- **Produce Prescriptions**: Increase access to healthy food by providing reloadable produce EBT cards for purchasing power for fresh produce or direct delivery of produce boxes.
Roles of Each Partner

**Health Center Staff**
- Identify eligible patients
- Make referrals to Flexible Services SSO providers
- Share relevant details about the member situation and goals

**ACO Staff:**
- Manage partnerships, training, & referrals
- Assure compliance
- Manage budget and pay invoices
- Evaluate program and disseminate learnings

**SSO Staff:**
- Conduct assessment of patients’ specific food needs
- Set goals to improve nutrition access
- Provide goods & services aligned with care plan
- Logs case notes, share updates with ACO & health centers
Our Program Impact

14,000 members referred
Represents members from 24 FQHCs and nearly 300 CHWs and advocates

2000 Active members
1,600 members receiving Nutrition supports from 6 different SSO partners and 600 members from 14 Housing partners (some members receive both)

93% of Members Successfully Connected
Our closed loop referrals assure successful connections

$22 Million in Goods & Services
Investments to expand the capacity of trusted social service partners

Reduced Emergency Department visits
Decreased ED utilization from mean 9.5 visits/year to 5.6 visits/year*

Better diabetes control
HbA1c decrease from Pre-enrollment to post-engagement
- All members with diabetes, mean HbA1c decrease 0.65 (9.9-9.25)*
- Members with poorly controlled diabetes (HbA1c >9.0), mean decrease 1.07 (10.62-9.55)*
Questions & Discussion