

# Advancing Medically Tailored Meals in California

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# Why Invest in Healthy Food Access?



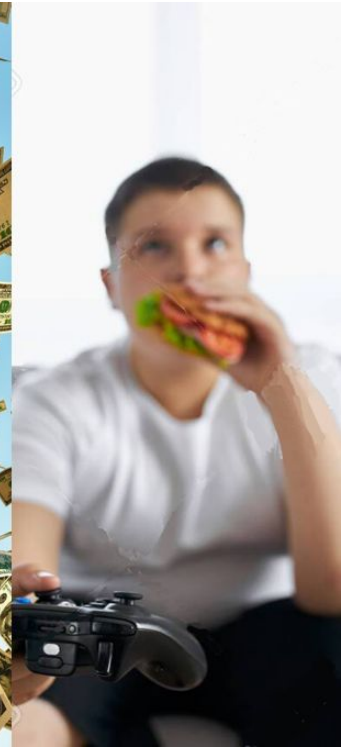
42 million Americans are food insecure – costing \$77B in healthcare costs



Diet-related illness is the leading risk factor for mortality in the US

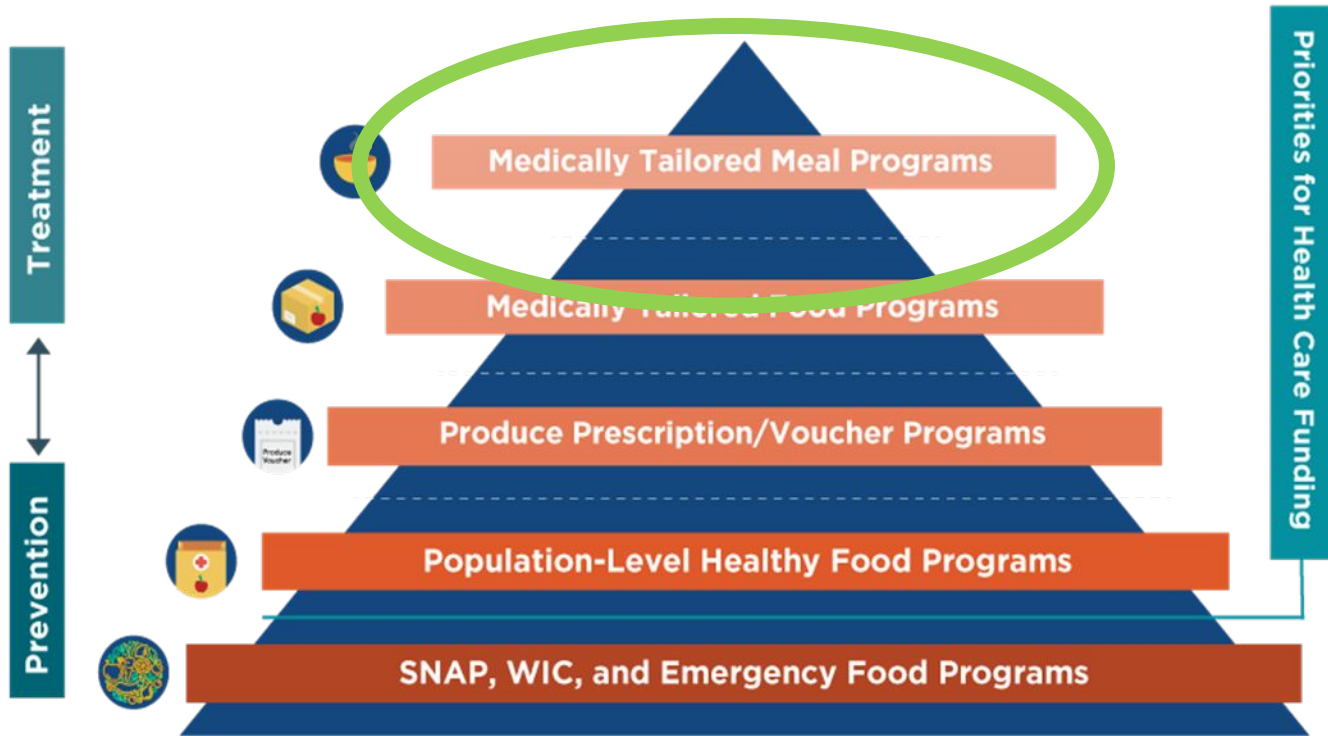


85% of health care spending goes to chronic disease



Three out of four youth don't qualify for military service

# Food Is Medicine Pyramid



Center for Health Law  
Innovation & Policy



# What is a Medically Tailored Meal?

**Medically Tailored Meals** are delivered to individuals living with chronic and serious illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN) and are designed to improve health outcomes, lower cost of care and increase patient satisfaction.

All meals are healthy and low in sodium and saturated fat.

**MTM programs include both:**

- 1) home delivered medically tailored meals, and
- 2) nutrition education or therapy



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# Benefits of MTMs: Peer Reviewed Research

## The Outcomes



**16%**  
net healthcare  
cost savings



**50%**  
reduction in  
hospitalizations



**23%**  
more likely to  
be discharged  
to home



**50%**  
increase in  
adherence



**11**  
new studies on the impact of  
MTM are in progress across  
the country at FIMC agencies



**70%**  
Reduction in  
ED visits



**72%**  
Reduction in  
admission to  
skilled nursing  
facilities



Decrease in days  
where mental health  
interfered with quality  
of life

2019; JAMA; Berkowitz et al.  
2019; J. Gen. Internal Med.; Berkowitz et al.  
2018; Health Affairs; Berkowitz et al.  
2017; J. Urban Health; Palar et al.  
2013; J. Primary Care & Community Health;  
Gurvey et. al.

Full references available in closing slides.

# Who Benefits from MTMs?

## Eligible Conditions Include:

- Diabetes
- Congestive Heart Failure/Heart Disease
- Renal Disease
- HIV/AIDS
- Pulmonary Disease
- Cancer
- High-risk pregnancy
- Post-hospital discharge



## Target Populations

- One or more complex, chronic or acute illnesses
- Socioeconomically disadvantaged
- Food and nutrition insecure
- Often have mobility challenges



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# State Funded MTM Pilot

## State Funded MTM Pilot Program

- Pilot funded by \$6 million from CA legislature; Overseen by DHCS: 2018-2021
- 1,000+ Medi-Cal Congestive Heart Failure patients
- Meals for 12 weeks plus Medical Nutrition Therapy

## Results

- 1,168 participants
- Received 214,291 meals and 2,246 MNT sessions
- 61% completed the full intervention
- Evaluation being completed in 2022



# CalFIMC Member Agencies & Coverage

- Ceres Community Project – Sonoma, Marin, and Solano Counties
- Food For Thought – Sonoma County
- Fresno EOC – Fresno, Kings, Madera, and Tulare Counties
- The Health Trust – Santa Clara County
- Mama's Kitchen – San Diego County
- Project Angel Food – Los Angeles County
- Project Open Hand – San Francisco, Alameda, San Mateo, and Contra Costa Counties
- Teen Kitchen Project – Santa Cruz County





# Impact

- Collectively, over 4,500,000 meals to about 20,000 people in 2021
- Nearly double capacity in 2020, responding to COVID-19 impacts; need has remained at this level
- Emphasis on Equity & Inclusion:
  - 52% are People of Color
  - 51% are over 60 years old
  - 52% are under the poverty line



# Recent Findings on MTM Benefits – CalFIMC Members & California Health Plans

## **Central California Alliance for Health (2018-2020) Pilot in Santa Cruz, Monterey, and Merced counties:**

495 patients with CHF or COPD

- Positive ROI of 360%
- **Cost saving of \$532 Per member per month** over 9-month evaluation period.

## **Anthem Pilot (2019-2021) in L.A., SF, and Santa Clara counties:**

252 Patients with gestational diabetes, CHF, ESRD, & hypertension

- **35%** reported they improved quality of life.
- **87%** reported maintaining or decreasing the number of the times they were hospitalized by the end of the program (over 6 months)



# Funding Meals in MediCal: ILOS

42 CFR § 438.3(e)(2): An MCO, PIHP, or PAHP may cover, for enrollees, services or settings that are *in lieu of services or settings* covered under the State plan as follows:

- (i) The State determines that the alternative service or setting is a *medically appropriate and cost-effective substitute* for the covered service or setting under the State plan
- (ii) The enrollee is not required by the MCO, PIHP, or PAHP to use the alternative service or setting
- (iii) The approved in lieu of services are **authorized** and identified in the MCO, PIHP, or PAHP **contract**, and will be offered to enrollees at the **option** of the MCO, PIHP, or PAHP



# Medically Tailored Meals/Medically-Supportive Food Benefit

- Home Delivered Meals at discharge from a hospital or skilled nursing facility.
- Medically Tailored Meals delivered to members at home that need the unique dietary needs for chronic conditions
- Medically Supportive Food and Nutrition Services, including medically tailored groceries, healthy food vouchers and food pharmacies.

## How it Works

- Plans contract with MTM providers
- Plans refer patients to providers, or
- Providers receive referrals and submit treatment authorization requests
- Providers submit claims for services and are paid



# What's Involved in Contracting

- NPI number
- HIPAA compliance / need to sign BAA with plan
- Referral partners/medical referral form
- Ability to safely and securely track and report client data and services provided
- Ability to submit and track approvals for treatment authorization requests (TARs)
- Ability to submit and manage claims



# Community Supports – What’s Working & Not?

- 18 of 21 plans are offering meal/food benefit
- Plans with previous food pilots are moving quickly
- Out of state for-profits leveraging lack of coverage by CBOs in some areas
- Reimbursement rates don’t fully cover costs; limits ability of CBOs to scale
- Unclear how success is being evaluated – impacts how plans are implementing
- Need to align around vision for state

