

Pathways to Enable Food Is Medicine Interventions

Through Select Federal
Health Policies

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The purpose of this resource is to provide foundational information about how select HHS policy guidance can support Food Is Medicine interventions within health systems.

MEDICAID

Food Is Medicine Interventions and Policy Overview

Health-related social needs (HRSN) are an individual's unmet, adverse social conditions that contribute to poor health outcomes. Food Is Medicine interventions are often part of HRSN policies that have gained significant traction in recent years, with a growing number of state Medicaid agencies embracing the concept of using nutrition-based interventions to prevent and manage chronic health conditions.

The Centers for Medicare & Medicaid Services (CMS) supports states in addressing HRSN through coverage of clinically appropriate and evidence-based HRSN interventions, care delivery transformations including improvements in data sharing, and performance measurement to create accountability for HRSN screening and facilitate access to needed supports

as part of successful care management. The specific food/nutrition services provided to Medicaid enrollees depend on the policy authority, local context, and the decision-maker assessment of best alignment.

Specific food/nutrition services should supplement, not supplant, existing federal, state, and local nutrition supports. As [outlined by CMS](#), state Medicaid agencies should partner with other state agencies and social service providers to ensure that beneficiaries experiencing food insecurity are connected to programs like the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Temporary Assistance for Needy Families (TANF).

In November 2023, CMS published guidance on [Coverage of Health-Related Social Needs \(HRSN\) Services in Medicaid and the Children's Health Insurance Program \(CHIP\)](#).



Case management services for access to food/nutrition. Examples:

- Outreach and education
- Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees



and/or specifically for children or pregnant individuals. Example:

- Medically tailored meals to high-risk expectant individuals at risk of or diagnosed with diabetes



Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement. Examples:

- Guidance on selecting healthy food
- Healthy meal preparation



Nutrition prescriptions, tailored to health risk, certain nutrition-sensitive health conditions, and/or demonstrated outcome improvement*. Examples:

- Fruit and vegetable prescriptions
- Protein boxes
- Food pharmacies
- Healthy food vouchers



Home delivered meals or pantry stocking, tailored to health risk and eligibility criteria, certain nutrition-sensitive health conditions



Grocery provisions, for high-risk individuals to avoid unnecessary acute care admission or institutionalization*

* Note: Meal quantities and service duration vary by policy authority. Not previously approved in CHIP HSI.

Ways Food Is Medicine is Provided to People through Medicaid:

(listed A-Z)



Children’s Health Insurance Plan (CHIP) Health Services Initiatives (HSI)

- [CHIP HSIs](#)¹ provide additional services and supports for CHIP and/or Medicaid-eligible children under the age of 19.
- States use a portion of existing CHIP administrative allotment; up to 10% of CHIP expenditures
- Learn more: [CMS: HSI FAQs](#)
- State Implementation Example: [Massachusetts](#)²

Home and Community–Based Services (HCBS) Authorities

- States can develop home and community–based services including waivers ([HCBS Waivers](#)) to meet the needs of people who prefer to get long–term care services and supports in their home or community, rather than in an institutional setting. These supports can include a variety of food, meal, and nutrition services.
- Examples of Home and Community–Based Services include:
 - [Section 1915\(c\) Home and Community–Based Services Waivers](#)
 - [Section 1915\(i\) State Plan HCBS Options](#)
 - [1915\(j\) Self–Directed Personal Assistant Services](#)
 - [1915\(k\) Community First Choice \(CFC\)](#)
- State Implementation Example: [Louisiana](#)³

In Lieu of Services and Settings (ILOS)

- States and managed care plans have the ability to cover services or settings that are substitutes for current or future services or settings covered under the state plan as “[in lieu of services and settings](#)” (ILOSs).
- [The final rule](#) addresses an innovative option that states may consider employing in Medicaid managed care programs to reduce health disparities and address unmet HRSNs.

- Learn More: [CMS Informational Bulletin: Coverage of Services and Supports to address HRSNs in Medicaid and CHIP](#)
- [State Medicaid Director Letter: Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care](#)
- State Implementation Example: [Michigan](#)⁴

Section 1115 Demonstration Pilots

- States can pilot new approaches to delivering Medicaid coverage, including HRSNs, such as [nutrition supports](#), through [Section 1115 Demonstration Waivers](#).
- Eligible participants include Medicaid enrollees with state–defined qualifying clinical and social risk factors for whom a nutrition–related intervention or service is medically appropriate and evidence–based.
- Learn More: [KFF Section 1115 Medicaid Waiver Watch](#)⁵
- State Implementation Example: [North Carolina](#)⁶

Value–Added Services

- Medicaid managed care organizations (MCOs), prepaid inpatient health plans (PIHPs) and prepaid ambulatory health plans (PAHPs) may offer additional services beyond covered contract services which may include Food Is Medicine interventions. These value–added services are offered voluntarily by the plan and the cost of these services cannot be included when determining the Medicaid capitation rates paid by a state to a plan. Services such as food assistance are offered at the plan’s discretion.
- Learn More: [MCO Enrollment by State](#)⁷
- State Implementation Example: [Oklahoma](#)⁸

To learn more about approaches to address patient nutrition needs in state Medicaid and CHIP programs see: the Center for Health Law and Policy Innovation (CHLPI) State Medicaid Policy Toolkit ([published July 2024](#))⁹.

Select Examples of State Food Is Medicine Programs*:

*Non-Exhaustive List

State	Policy Name	Type of Service	Summary of Intervention
North Carolina	Healthy Opportunities Pilot (NC-HOP) ¹⁰	Case management services	Food and nutrition access case management services billed in 15-minute interactions
Oregon	Oregon Health Plan (OHP) ¹¹	Nutrition counseling and instruction	Nutrition and cooking education
Massachusetts	MassHealth ¹²	Nutrition prescriptions	Medically-tailored or nutritionally appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in various forms such as nutrition vouchers and food boxes, for up to 6 months, with options for renewal
California	CalAIM ¹³	Home-delivered meals and/or pantry stocking	Members receive deliveries of nutritious, prepared meals and healthy groceries to support their health needs. Members also receive vouchers for healthy food and/or nutrition education.

Food Is Medicine Interventions and Benefits Overview:

MEDICARE ADVANTAGE

Medicare Advantage (MA) plans offer Medicare beneficiaries an alternative to Original Medicare through private insurance companies, referred to as Medicare Advantage Organizations (MAOs), that contract with Medicare to provide Part A, Part B, and usually Part D. Plans may offer some extra benefits that Original Medicare does not cover; these are referred to as “supplemental benefits” and can include a variety of FIM interventions.

Opportunities

While MAOs may offer several food/nutrition-related related supplemental benefits, eligibility and supplemental benefits vary by plan.



Food Is Medicine Interventions and Benefits Overview Continued:

	Purpose	Target population	Example Offering
Special Supplemental Benefits for the Chronically Ill (SSBCIs)	Allow MA plans to better tailor benefit offerings, address gaps in care, and improve health outcomes for the chronically ill population	Enrollees who have one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee; are at high risk of hospitalization or other adverse health outcomes; and require intensive care coordination	<ul style="list-style-type: none"> • Meals beyond a limited basis, either home-delivered and/or offered in a congregate setting • Food and produce to assist chronically ill enrollees in meeting nutritional needs
Supplemental Benefit	Provide benefits not covered under Part A, Part B, or Part D but are covered by the MAO	Must be uniformly available to all enrollees	<ul style="list-style-type: none"> • General nutritional education furnished by practitioners • Home-delivered meals immediately following surgery or an inpatient hospital stay, for a temporary duration, typically a four-week period, per enrollee per year, provided they are ordered by a physician or non-physician practitioner
Value-Based Insurance Design Model (VBID)	Test a broad array of MA service delivery and/or payment approaches to more fully address the medical and health-related social needs of beneficiaries, advance health equity, and improve care coordination for patients	MAOs can target benefit design to enrollees based on chronic condition, socioeconomic status, and/or place of residence in the most underserved area derivation index (ADI) areas	<ul style="list-style-type: none"> • Healthy, home-delivered meals for enrollees with low-income subsidy (LIS) status • Food and produce targeted to assist enrollees with multiple chronic health conditions to improve their nutritional status • Interventions are based on plan discretion

Food Is Medicine Interventions and Benefits

Overview: HRSA's Health Center Program

At the direction of the Health Resources & Services Administration (HRSA), HRSA-Supported Health Centers (health centers) are required to provide a set of primary health care services and may also provide additional health services, including certain specialty services. HRSA considers specialty services to be within the broad category of "additional" health services defined in [Section 330¹⁴](#) as services that are not included as required primary health care services and that are:

1. necessary for the adequate support of primary health services, and
2. appropriate to meet the health needs of the population served by the health center.

Food Is Medicine Interventions through health centers

Nutrition:

- Nutrition services prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment.
- These services may include medical nutrition therapy, nutrition education and counseling, and other interventions to enhance knowledge and impact behaviors related to healthy eating, nutrition and health.
- These services may include the nutrition services of a WIC program, if the health center receives United States Department of Agriculture (USDA) WIC program support.

Pharmaceutical Services:

- Pharmaceutical services provide access to prescribed medications.

- These services may include a broad spectrum of functions ranging from the dispensing and tracking of medications to pharmacist-delivered patient care services (e.g., disease state management, medication reconciliation, therapeutic monitoring, wellness promotion, and disease prevention).

Additional Supportive Services:

- Additional supportive services support a health center patient's access to medical, social, housing, educational or other related services.
 - Such services may include access to food banks and/or meals.

Each health center must determine whether adding additional health services as part of an approved scope of a project is appropriate for the population served, demonstrates unmet need, and other relevant factors.

Learn more about HRSA's service descriptors in [Form 5A¹⁵](#).



Pathways to Enable Food Is Medicine Interventions Reference List

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