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TITLE: CalAIM Community Supports Spotlight: Medically Tailored Meals

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SPEAKERS

Jill Donnelly
Michel Huizar
Tyler Brennan
Neha Shergill
Michelle Wong
Richard Ayoub
Katie Ettman

Jill Donnelly:

Good afternoon, everyone. Thank you so much for joining us today. I can go to the next slide. Before we begin, just a couple housekeeping notes, all participants will be on mute during the presentation, unless they're presenting. We'll have some time reserved for questions at the end of the webinar.

Jill Donnelly:

Please submit any questions you have for the presenters via the Q&A feature on Zoom. You can do that at any point during the presentation, and we'll do our best to get questions answered at the end. The PowerPoint slides and all meeting materials, including the recording will be available soon on the DHCS website.

Jill Donnelly:

We'll share details on where to access that information in the chat. Additionally, we have captioning available for this webinar. If you'd like to use this feature, please click on the closed captioning at the bottom of your screen and select subtitles. This is a quick look at today's agenda. We'll do a welcome and introductions.

Jill Donnelly:

A review of Medically Tailored Meals community supports including program requirements, eligibility, service limitations, and program benefits. We will be looking at best practices from the field, including presentations from SPUR and Project Angel Food. Then at the end, we will have some time for Q&A.

Jill Donnelly:

With that, why don't we get into it? I will pass things off to Michel Huizar and his team from the Department of Healthcare Services, Michel.

Michel Huizar:

Thank you so much, Jill. Good afternoon, everyone. My name is Michel Huizar and I'm one of the branch chiefs here at DHCS in the managed care quality monitoring division. As we mentioned in the agenda, the focus of today is around the Medically Tailored Meals, medically supportive foods, community supports.

Michel Huizar:

However, before we do that, I do want to provide a very concise overview of the CalAIM community supports. As some of you may know, the Community Supports are medically appropriate and cost effective alternatives or substitutes to services Medi-Cal managed care plans may provide in lieu of the services traditionally covered by Medicaid under the state plan.

Michel Huizar:

They're optional for plans to provide and also optional for members to accept. The suite of the 14 services are designed to potentially decrease utilization of other Medi-Cal benefits such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Michel Huizar:

As I said, managed care plans are strongly encouraged, but they're not required to provide community supports. In addition, the list of pre-approved community supports is informed by the work and lessons learned under the whole Person Care Pilot Program and the Health Homes Program, which ended at the end of calendar year 2021.

Michel Huizar:

Finally, as outlined in this last graphic here, the Managed Care plans selected community supports to offer when CalAIM went live on January 1st, this year in 2022, and have the option to add new community supports every six months. The Managed Care plans in all counties are encouraged to offer at least one community support by January 1st, 2024. Next slide, please.

Michel Huizar:

This slide outlines the 14 preapproved community supports, as you can see, the menu of services are designed to help members succeed where they are in our more community focused. We do have some housing services some, and then also some services designed to help members stay in the community, such as the community transition services and so forth.

Michel Huizar:

However, for the purposes of this webinar today, it is to focus on the Medically Tailored Meals, support/supportive foods community support, and should help really inform you as you consider offering the support to plan members and patients going forward. Next slide. History of Medically Tailored Meals.

Michel Huizar:

The Medically Tailored Meals pilot program was launched in 2018 and eight counties and really focused on beneficiaries with a diagnosis of congestive heart failure and aimed to reduce hospital and emergency department readmissions. The Medically Tailored Meals pilot is at first of its kind a four-year pilot program that does include an evaluation component.

Michel Huizar:

Which will be released once or at the conclusion of the pilot and will be made available on our website. In recent years, the managed care plans also began to offer the Medically Tailored Meals to their members and through evaluation strategies found evidence of reduced hospital stays and reduced healthcare costs.

Michel Huizar:

Finally, the success of these programs, particularly as it relates to the cost effectiveness, encouraged DHCS really as we were designing the Medically Tailored Meals, supportive food broadly under the CalAIM initiative. We can go to the next slide and I believe I'll be handing it off to Tyler Brennan from the team.

Tyler Brennan:

Hi. Good afternoon, everybody. My name is Tyler Brennan. I'm with DHCS. Today, I'll be providing a summary of the guidance that DHCS has released on Medically Tailored Meals and medically supportive food. Next slide, please. DHCS defines Medically Tailored Meals and medically supportive food as meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission.

Tyler Brennan:

Medically Tailored Meals are meals provided to members at home and they meet the unique dietary needs of those with chronic diseases. The meals are tailored to the medical needs of the member by a registered dietician or other certified nutritional professional. Reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines.

Tyler Brennan:

To address medical diagnoses, symptoms, allergies, medication management, and/or side effects to

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ensure the best possible nutrition related health outcomes. Medically supportive food and nutrition services, including medically tailored groceries, healthy food vouchers and food pharmacies are included. Also, includes behavioral cooking and or nutrition education when paired with direct food assistance.

Tyler Brennan:

Next slide, please. Required services under the Medically Tailored Meals community support. Managed care plans electing to offer this community support should ensure that the services provided align with the service definition that can be found in the Community Support's policy guide.

Tyler Brennan:

As such, managed care plans should be prepared to offer a range of food and nutrition services that will help individuals achieve their nutrition goals at critical times, to help them regain and maintain their health. DHCS strongly encourages managed care plan to offer medically supportive food services.

Tyler Brennan:

Including medically tailored groceries, healthy food vouchers, and access to food pharmacies as part of this community supporter. However, it is not a prerequisite to being able to offer this service. The exact kinds of meals and food provided will vary based on providers and managed care plans.

Tyler Brennan:

Managed care plans have the discretion to define criteria for the level of services determined to be both medically appropriate and cost effective for members. Next slide, please. There are some service limitations, and we'll talk about those here. The medically tailored meal service does allow for up to two meals per day up to 12 weeks or longer, if deemed medically necessary by the managed care plan.

Tyler Brennan:

Meals that are eligible for or reimbursed by alternate programs are not eligible under this program. Medically Tailored Meals are not available to address food insecurity alone. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other state local or federally funded programs in accordance with the CalAIM special terms and conditions and federal and DHCS guidance.

Tyler Brennan:

This means that not everyone will be eligible for this community support. It will only be available to members who meet these eligibility requirements. With that, I will pass things off to Michelle Wong on the next slide. Michelle?

Michelle Wong:

Program benefits, we'll now highlight the benefits of Medically Tailored Meals and how these supports can improve patients' health and reduce healthcare costs. Next slide, please. Why do Medically Tailored Meals matter? Medically Tailored Meals and medically supported food can be a valuable service that support the health and wellbeing of members.

Michelle Wong:

Provision of these services address social drivers of health through upstream prevention. They help to address poor outcomes associated with food insecurity and offer quality nutrition to the people facing socioeconomic disadvantage. They also help people with complex care needs and special dietary requirements to eat the foods that will help them manage their health conditions and stay healthy.

Michelle Wong:

Medically Tailored Meals also reduce hospitalization and readmissions resulting in lowered healthcare costs. Next slide, please.

Michel Huizar:

You're on the improved health outcomes, Michelle.

Michelle Wong:

Sorry. I think my computer's a little bit slower. Improved Health outcomes, research on Medically Tailored Meals has highlighted specific improvements in health outcomes. One study found a 17% reduction in patients with poorly controlled diabetes when patients were providing diabetes appropriate Medically Tailored Meals.

Michelle Wong:

Other research on medically tailored meal delivery among older adults found that 79% of individuals who fallen in the past did not fall again during the study period compared to 46% in the control group showing a 33% increase in fall prevention. Project Open Hand's 2014 study on Medically Tailored Meals recipients with diabetes, HIV, and comorbid conditions found a 50% increase in medication adherence among recipients.

Michelle Wong:

Next slide, please. Patient Story, this patient's story is an example of what Medically Tailored Meals can do for members. Brett from Santa Cruz, California was released from the hospital after a severe hand injury and able to prepare healthy diabetic friendly meals for himself. His doctors were concerned that his diabetes might worsen after he was released from the hospital.

Michelle Wong:

Referred him to the local Medically Tailored Meals program Team Kitchen Project. Brett reported that his diabetes has gotten better with the meals. He's kept his weight down and he feels better now than he has in a long time. He says, "I'm one of the people this program is meant for." Medically Tailored Meals help patients prevent diet-sensitive conditions from worsening.

Michelle Wong:

By providing access to fresh produce and healthy foods that are not easily accessible during a time when they are discharged from a hospital stay. Brett was able to avoid readmission to the hospital for reasons unrelated to his severe hand injury by managing his diabetes through Medically Tailored Meals Program. I'm going to hand it off to Neha.

Neha Shergill:

Thanks, Michelle. Hi, everyone. This is Neha Shergill and I'm with DHCS. There's been much research on the impact of Medically Tailored Meals on healthcare utilization. Much of this research can also be found on our website and is also available on the resources page of this presentation. We definitely wanted to share some key findings here today.

Neha Shergill:

Studies have found 22% to 58% decreases in emergency department visits among medically tailored meal recipients. That range represents outcomes and studies among different populations from Meals on Wheels recipients to those with type two diabetes, HIV, and other comorbidities.

Neha Shergill:

These studies also found a 27% to 63% decrease in inpatient admissions among the same patients. Studies on heart failure patients and high risk Medicare and enrollees found 38% to 59% decrease in 30-day hospital readmissions. All of these outcomes help patients to stay healthy at home and avoid unnecessary visits to the emergency department and hospital stays.

Neha Shergill:

Next slide, please. Cost Savings, these health outcomes and reductions in service utilization also impact patient healthcare costs. In one study among patients with complex needs, medically tailored meal programs led to savings of 16% in total healthcare costs, which translates to roughly \$220 savings per member per month.

Neha Shergill:

Even though this community support is not meant to solely address food insecurity there are still many cost saving benefits associated with Medically Tailored Meals. Research on the impact of food insecurity on healthcare costs finds that food insecurity leads to more costly care for patients. Another study also found that unaddressed food insecurity can increase cost by \$1,863 per patient per year.

Neha Shergill:

Next slide, please. A case study that was done by Seth Berkowitz and colleagues titled medically tailored meal delivery for diabetes patients with food insecurity was a randomized crossover trial followed a medically tailored meal program for food insecure people with diabetes.

Neha Shergill:

By enabling behavioral changes in addressing neighborhood availability, the program reduced food insecurity by 20% and decreased consumption of solid fats, alcohol, and added sugar. Recipients reported a 31.4 point increase on the healthy eating index, a USDA tool that measures how well a set of foods aligns with the recommended dietary guidelines for Americans. With that, I'll hand it back over to Michel.

Michel Huizar:

Thank you, Neha. Eligibility and providers. We'll be discussing member eligibility and allowable providers over the next couple of slides, so we can go to the next one. This particular community's support as outlined here and in our policy guide is targeted towards the individuals with chronic conditions, including diabetes, cardiovascular disorders.

Michel Huizar:

Congestive heart failure, stroke, chronic lung disorders, HIV, cancer, gestational diabetes, or other high risk perinatal conditions and chronic or disabling mental or behavioral health disorders, excuse me. The Medically Tailored Meals can also help patients with diet sensitive conditions to achieve better health outcomes.

Michel Huizar:

This community support is also for individuals being discharged from the hospital or a skilled nursing facility or at risk of hospitalization or nursing facility placement. As we know from a variety of research supportive meals and nutrition can help prevent readmission to hospitals and help members stay in their community.

Michel Huizar:

This last group here on the graphic of people eligible for Medically Tailored Meals includes individuals with extensive care coordination needs. We can go to the next slide, please. Counties with Medically Tailored Meals Community Supports. This slide depicts counties with Medically Tailored Meals/ the supportive

foods across the state by percent of county managed care plans currently offering the community support.

Michel Huizar:

As you can see by the dark blue shading Medically Tailored Meals are the most commonly offered community support service and available in the majority of our 58 counties here in California. To accomplish this and be successful, the managed care plans have contracted with the variety of providers to provide the Medically Tailored Meals/supportive foods.

Michel Huizar:

That rounds it out for me on this slide. I will hand it back over to Tyler Brennan. Thank you.

Tyler Brennan:

Hello, again. Let's talk about the allowable providers for this Medically Tailored Meals community support. Managed care plans may choose to contract with allowable providers to provide the Medically Tailored Meals, community support. These providers must have experience and expertise in Medically Tailored Meals and can include home delivered meal providers and meals on Wheels providers.

Tyler Brennan:

Agencies on aging, nutritional education services, and medically supportive food and nutrition providers. Please note that managed care plan network providers that have a state level enrollment pathway must enroll in the Medi-Cal program as outlined in APL 19-004. If no state level enrollment pathway exists, managed care plans must have the ability to vet community supports providers to ensure that they meet the required provider standards.

Tyler Brennan:

Next slide, please. Becoming a provider. Providers should consider if their services are aligned with Medically Tailored Meals, the service definition and the population they serve and to see if the population they serve are eligible for medical managed care. Prepare questions they may have for county and plan representatives.

Tyler Brennan:

Providers should also reach out to their managed care plans and the county that they serve in to participate in the program. Finally, for more information on potential rates, please see the non-binding pricing guidance released on our department website. Next slide. I think I'm passing things back off to Jill.

Jill Donnelly:

Thanks, Tyler. We are really excited to have a few folks from the field to speak today. We'll now hear Katie Ettman at the Food and Agriculture Policy manager at SPUR. SPUR is a nonprofit public policy organization in the San Francisco and Bay Area that has worked to provide policy support and advocacy for the adoption of Medically Tailored Meals and medically supportive food.

Jill Donnelly:

In her work, Katie has interacted with many community supports providers. We'll hear a bit about their services and impacts. I'll hand it over to you now, Katie.

Katie Ettman:

Thank you so much. Thanks for the kind introduction, Jill. My apologies. Good afternoon, everyone. My name, like I said is Katie Ettman. I'm so excited to be here with you today to talk about medically supportive food Medically Tailored Meals. We can pop on over to the next slide.

Katie Ettman:

First, I want to provide a general overview for folks about how our community based providers conceptualize this work. Here is it is not perfect, but in the progress graphic that describes the full spectrum of medically supportive food, nutrition interventions. We here see medically supportive food nutrition as the umbrella term for seven different interventions that are all food-based and integrated in healthcare.

Katie Ettman:

First on the left, you'll see groceries and different types of pro ways to provide groceries to patients. Medically-tailored groceries, which includes the addition of an RDN saying, "Yes, these groceries fit your particular health concerns." Healthy groceries that's going to be groceries to support someone's chronic disease, but that are not necessarily tailored by an RDN.

Katie Ettman:

We have food pharmacies, which is typically the co-location of food supports. Something that might look like a farmer's market and a clinic or hospital, so that you get both that food in a hospital or clinic setting healthcare setting with lots of wraparound services. That's the nutrition, behavioral, or cooking education truly amplify the effects of that food. Then, we have produce prescriptions.

Katie Ettman:

This is when an individual gets a voucher or card, so they can go to a local retail environment and pick out their own healthy food or fruits and vegetables to improve their health. Then on the meal side of things, very similar distinctions here we've got Medically Tailored Meals, which we've heard a lot about today and we'll hear more.

Katie Ettman:

Then we also have healthy meals. Meals that are not necessarily tailored to an individual of chronic conditions or medications, but are healthy to support them. Then this last bucket you see at the bottom here, this behavioral cooking under nutrition education, which is available when it's paired with any of the provision of food above truly amplify the effects of that.

Katie Ettman:

Those are the seven ways that we like to talk about medically supportive food nutrition, and all of the different ways that providers and health plans can really target the intervention to an individual situation, so that you're making sure that you have the best food based support for the actual incidences for a particular patient.

Katie Ettman:

We can hop to the next slide, which is really why are we prescribing medically supportive food nutrition interventions? What's the point? Next one. Here's just a really simple graph to show you that is people are more food insecure. They often have more chronic diseases, and that leads to huge increases in annual healthcare costs per person.

Katie Ettman:

There is both yes, we can improve health outcomes, but we can also reduce healthcare costs when we use food and medical environments. We can pop to the next slide. To show you a little bit more about this, I'm going to walk through two different examples of medically supportive food nutrition interventions. The first one here being a food pharmacy. Pop on over to the next slide.

Katie Ettman:

You'll just see the definition here talks about that co-location and those wraparound services. This is photo actually from a San Francisco based food pharmacy program. Then, we can hop to the next slide. Here, I want to show you that the food is medicine collaborative, which runs food pharmacies in San Francisco has grown over the last few years and is reaching more and more clinics there up to 16 clinics in San Francisco.

Katie Ettman:

This was really in reaction to some of the health disparities that they were seeing in San Francisco. The chart to your right shows that for all patients about 61% of their patients have their blood pressure under control. Then, you will see when that is compared to the black African-American population, that there's about an 8% disparity in that blood pressure controllability.

Katie Ettman:

We realize this is not only a healthcare problem, but also a racial equity problem. To help combat that, they instituted food pharmacy programming in San Francisco with a particular emphasis on the black African-American community. We can hop to the next slide. What I want to show you here it's really the change over time.

Katie Ettman:

Originally we saw that 8% disparity before and then over the course of this program lessen that disparity almost down to 3%. This is just talking about the huge health impacts that is medically supportive food nutrition interventions like food pharmacies can have. We can't say that this is 100% the food pharmacy, there are of course other factors going on, but it does show some huge growth in this process.

Katie Ettman:

We can hop to the next slide. Just some additional outcomes to give you an idea of what's happening here. Obviously, there's those healthier eating practices. There's also the community aspect of a food pharmacy because you come together, it's co-located, you're with other patients who are going through something similar.

Katie Ettman:

Also, means that people were more likely to go access care because they built those relationships in this situation. Lots of positive outcomes from the individual survey data. Then, I really want to take a moment and look in this change in blood pressure before and after food pharmacy. There appears to be a little bit of a fudge up on the slide.

Katie Ettman:

One of the things that's important to point out here is that there was a statistically significant drop in blood pressure. It was so statistically significant that the doctor who was overseeing this program talks about that it is the equivalent of losing 11 pounds. There can be some real changes and encouragement when folks are given the food they need to live their healthiest life.

Katie Ettman:

We can pop to the next slide. I told you, this is an umbrella terms it's got seven interventions. We're going to talk about one more here and that's produce prescriptions. Hop on over to the next slide. Here is the definition of a produce prescription that's used nationally by the National Produce Prescription Coalition.

Katie Ettman:

You'll see the thing that really makes this different is that the individual patient is prescribed a voucher to fulfill it retail. Your local farmer's market, your local grocery store to get access to the food that you need to

be healthy. You can pop on down. This is just a little graphic to show you how vouchers for veggies, which is one example of a produce prescription works.

Katie Ettman:

Obviously, patients are enrolled potentially through a clinic, your hospital, whatever that's going to look like based on your chronic condition, maybe food insecurity, and then you are prescribed \$20 to \$40 a month in fruit and vegetable vouchers, which are redeemable at different partners. This is the basic flow of how folks move through the program.

Katie Ettman:

Just talked about food pharmacies, we can go to the next slide and look at some of the health outcomes. There's been a 30% increase in their food security and 28% extended their monthly food budget by one week or more. This is a really great callback to that original slide, which is when folks are food insecure they have more chronic disease and it costs a lot more money.

Katie Ettman:

These are all systemic steps in the right direction. It's also this increase of fruit and vegetable intake by a daily serving. That's actually enough for immediate health impacts. And then one of my favorite examples on here is this 37% reduction in the odds of pre-term birth and delivery. When focusing this program on pregnant people, there are huge costs associated with pre-term birth.

Katie Ettman:

We can actually reduce those odds a lot by providing fruit and vegetable vouchers. Then of course, we always love to see satisfied patients. Similarly, huge improvements in patient satisfaction when they're using the vouchers for veggies program. Now, I'm going to pop to my last slide here, which is just what a couple of patients had to say about these programs.

Katie Ettman:

Help me balance my health, eating healthier, changing eating habits. Actually reducing the number of medications that you're on. These are personal testimonials about what this has been able to do for folks. Before I toss it back to Jill, I just want to say we're really excited by the breadth of opportunity to provide medically supportive food and nutrition.

Katie Ettman:

The ability of our different managed care organizations to go and figure out what is the suite of interventions that might best meet needs of the individuals that we serve. Thank you. I'm excited to get to Q&A. I'll toss it back to Jill.

Jill Donnelly:

Great. Thank you so much, Katie. We're seeing some great questions come in through the Q&A. Just a reminder that if you have any questions for the panelists, please throw them in there. We will do our best to get to most of them in the Q&A portion of the presentation. We will now pass things over to Richard Ayoub.

Jill Donnelly:

He is the chief executive officer at Project Angel Food. Project Angel Food is a Medically Tailored Meals provider in Los Angeles county that provides over one million Medically Tailored Meals each year. Thank you so much for joining us, Richard. We'll pass it over to you.

Richard Ayoub:

Thank you, Jill. Great to see you again. Thank you all for giving up your lunch hour to be with us all 294 of you. We appreciate that. I am with Project Angel Food, which covers all 4,000 per hundred square miles of LA county. We can go to the next slide. Our mission is that we prepare and deliver healthy meals to feed people impacted by serious illness.

Richard Ayoub:

We added this last phrase just over the recent two or three years, bringing comfort and hope every day. When you work with a community-based organization like Project Angel Food has been around since 1989, that is about to deliver its 15,000,000th meal in June and has provided 25,000 people with meals through our history.

Richard Ayoub:

When you work with a community based organization like ours you're getting the heart. Our founder Maryanne Williamson says, "When you're delivering meals to a stranger and sometimes they're life-saving meals, you're actually delivering love." Can we change the slide? What's also amazing you're not just adding that human connection, you're bringing really nutritious meals.

Richard Ayoub:

Our meals have these lean proteins, whole grains, vegetables, fruit. They have no extra sugar and no preservatives. That's really important for people to know because sometimes health plans will contract with a for-profit provider and not knowing that they're adding sugar to the meals or preservatives, and may actually be making situations worse in the long run. You can change the slide.

Richard Ayoub:

We've talked a lot about Medically Tailored Meals already today, but the actual definition is these meals are approved by registered dietician nutritionists and they're all based on evidence based guidelines. Project Angel Food and 12 other agencies across the country that do what we do came up with the term Medically Tailored Meals.

Richard Ayoub:

We invented it. We're the ones who got Medi-Cal to use that four-year pilot that Michel talked about. We're the ones that helped DHCS get it as one of the 14 benefits for community supports. We're extremely proud of that. These meals all have to be referred by a healthcare provider. That's what's very different about it.

Richard Ayoub:

There's always a professional that verifies that this person has diabetes not end stage renal disease or vice versa. Of course now, as you know, it's one of the benefits for community supports. We can change the slide. What it provides is proper nutrition, it also helps treat, prevent, and manage chronic diseases.

Richard Ayoub:

Most importantly, in my opinion, it improves the client's quality of life. Now, we have a client Candace with congestive heart failure. She was telling me when she would lay down, she felt like she was drowning. She was retaining so much water, had so much salt in her diet that she couldn't breathe.

Richard Ayoub:

When she walked from one corner of the room to another she had to stop and catch her breath because she just couldn't do it. Once she was on our diet, which has two grams of salt with all the meals combined, she reduced her water retention, lost weight, and got healthier. She said that she just wanted to be around for her children.

Richard Ayoub:

Now, she actually cooks these healthy meals that we taught her to her children, which is really beautiful. Right now, for the first time ever, Medically Tailored Meals are a benefit when the 14 that started in January 2022. We are now five months into it and we have some updates to tell you about it. Change the slide.

Richard Ayoub:

There are six managed care plans in Los Angeles. We have contracts with four of them. LA Care and Blue Shield Pharmacy Care, Anthem, and Health Net. Change the slide. I can tell you that actually LA Care has the most amount of clients. We have 32 clients with them and Blue Shield just sent us our first client yesterday.

Richard Ayoub:

Who benefits? It's clients with one or more illnesses. These are for the clients who are the most complex cases. People who are social economically disadvantaged and people have food and nutrition insecurity. If you're looking for someone to combat food insecurity, we're not the answer for that because we have meals that are good for people who are sick, hungry, and alone.

Richard Ayoub:

As you look at this pie chart, you see we have people from HIV to cancer, to heart disease, to diabetes and stage renal disease. We also have chronic kidney disease, which isn't shown on that chart, so you can change it. What's the difference between Medically Tailored Meals and any other home delivered meals? Well, as you see in this study and we're quoting Seth Berkowitz again.

Richard Ayoub:

You can save probably about \$10 a month with non-Medically Tailored Meals. Home delivered meals that are nutritious, but not necessarily medically-tailored. Yes, you will have cost savings. If you go the medically-tailored route, you will have \$220 per month cost savings. The cost savings is a lot greater.

Richard Ayoub:

Right there at Community Servings our sister agency in Boston, there was a 16% reduction in the average monthly classifications. Then, you are going to hear this a lot, there were fewer immune emergency room visits and fewer admissions into the hospital. We can change that slide. Here are some other studies.

Richard Ayoub:

I'm not going to go over all of them, but they were done in Denver, San Francisco, and Philadelphia, every single one of them showed reductions in readmissions, hospitalizations, emergency room visits. What's also a nice byproduct of Medically Tailored Meals is it increases medical adherence or medication adherence.

Richard Ayoub:

The doctor will tell you, "Take this pill with food." When they get our food, it triggers that memory and they take their pills with the food. You can change the slide. We did a pilot, not only where we part of that congestive heart failure four-year program that the state of California funded and DHCS administered. We're waiting for the evaluation results from Mathematica, which will be released in late December or early January.

Richard Ayoub:

We understand that we have very positive outcomes. Anthem was part of that pilot. They were already

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seeing some very good early returns so they said, "We want to expand it. We want to expand it to people with gestational diabetes and stage renal disease and hypertension. We want to do it in L.A., San Francisco and Santa Clara counties.

Richard Ayoub:

They did it for two years and there were 252 patients. Project Angel Food provided 25,000 meals during that time. Each client received two meals a day for 13 weeks and had three nutritional counseling sessions, which is really important because the nutrition education is a key component of the work that we do. Let's change the slide. You can see the results 35% said they had a better quality of life.

Richard Ayoub:

87% maintained or decreased in the number of times they went to the hospital and 83% were able to maintain or improve the medication adherence. That's even better than the previous study, 83%. Let's change the slide. This is what the client experience is about. You get an initial nutrition assessment. Meals are chosen by the registered dietitians.

Richard Ayoub:

We have about 20 different meal plans tailored to specific conditions. For instance, if someone has a preference against fish, we accommodate for that. If they're allergic against nuts we accommodate. If they have a religious preference against pork we also accommodate for that. There are seven entrees per week. Most clients will receive 90 days, three months of non-duplicate meals.

Richard Ayoub:

If you have meatloaf today, you won't see it for another three months, which is pretty incredible. If the only thing you look forward to during the day is a healthy meal you got to make it special. We also have additional entrees, breakfast for underweight clients. We can include appointment reminders and inspirational messages. Anything that the managed care plan wants.

Richard Ayoub:

We've got this new phone buddy program called Telephone Angels where volunteers will call clients who need an extra connection point and they will stay on the phone as long as that client needs it. We also can do wellness checks and real time reporting. One of the most important things that really Anthem loved is that we complete the feedback loop.

Richard Ayoub:

When we get feedback from the client, for instance, if we find out they're being evicted or we find out they've changed their phone number, or they're address we can report back to the health plan and give it to you. We are there every single week. They want to make sure we have the most up to date information because they want their food. We can change the slide.

Richard Ayoub:

We have these amazing personal veterans on their birthdays they get a gift. For any woman under the age of 50, we have feminine hygiene kits. On Veterans Day, all our veterans get a care package. We have holiday gifts, children's, and caregivers meals. Of course, that Telephone Angels Buddy program that we told you about. Let's change the slide.

Richard Ayoub:

Let's talk about Diane. Diane is sitting there looking at her meal and she says she's grateful because Project Angel Food has taught her that what she can eat to stay alive because she wants to be alive for her grandchildren. Let's change the slide. This is what project angel food brings to table. 33 years of

CalAIM Community Supports Spotlight: Medically Tailored Meals service. We have experience working with both providers and payors.

Richard Ayoub:

We deliver high quality delicious meals. We have better health outcomes and really impressive cost savings. We're always mission-focused and service-oriented. Very nice to be here with you all today. Thank you for taking time to listen to us and hear our stories. I'm excited to hear some of your questions. Back to you, Jill.

Jill Donnelly:

Thanks so much, Richard. We've had a lot of really wonderful questions come through the chat. Let's dive into them. One question we're hearing a bit is... We're hearing quite a few questions around referrals. Maybe Michel, we can direct this question towards you.

Jill Donnelly:

"Does a provider have to be a community supports provider or an ECM provider in order to refer a client into the program? If not, and they think they have someone who may be eligible for the program, who do they reach out to?"

Michel Huizar:

In order to provide the service, they do need to be contracted with the managed care plan. They don't need to be enrolled as a Medi-Cal provider, especially for Medically Tailored Meals, but they do need to be vetted through the managed care plan as a perspective provider.

Michel Huizar:

I'm sorry, because I think there's another part of the question. Jill, can you ask?

Jill Donnelly:

I think I maybe asked this a different way. Do you have to have a contract with the managed care plans in order to refer someone into the program?

Michel Huizar:

You do, but there is a no wrong door approach to how members can be referred into the program, but they do need to be participating with the managed care plan in the county. We would encourage them to reach out to the managed care plan to discuss with them further.

Jill Donnelly:

Anyone can refer someone into the program, but in order to provide services, they need to be contracted with the managed care plan. If they think they have someone who may benefit from Medically Tailored Meals or other medical nutritional services, what's the best entity to reach out to do they reach out to? Do they reach out to the managed care plans directly to submit that referral?

Michel Huizar:

Yes, that's correct.

Jill Donnelly:

There are a lot of questions around reimbursement rates. "Are reimbursement rates for Medically Tailored Meals set by DHCS?"

Michel Huizar:

CalAIM Community Supports Spotlight: Medically Tailored Meals

No, they are not set by DHCS. We did provide non-binding pricing guidance for the community supports that the managed care plans and providers negotiate those final rates. Thank you for that question.

Jill Donnelly:

Quite a few questions around eligibility and how eligibility is determined, what kind of documentation might be needed. Is that another set of questions that would best be directed towards the managed care plans?

Michel Huizar:

Yes. Also, that we do have our policy guide that's posted on our DHCS website, our webpage. It includes the within the policy guide for each of the 14 services. There's our eligibility criteria and definitions, but first review that, take a first pass at that, and then reach out to the managed care plan.

Jill Donnelly:

We are seeing some questions about where can we find the billing guide and the pricing guidance? Maybe our team can pull up that link and throw it in the chat, so you can find that, but it is centrally located as Michel was just referring to on the DHCS website.

Richard Ayoub:

I can jump in here if you'd like for medically supported meals or own delivered meals and Medically Tailored Meals, the price range is \$7 to \$12 a meal.

Jill Donnelly:

We would expect to see variation by MC and by region. Those are private negotiations, I think for the most part under community supports between providers and managed care plans, not managed by DHCS in any way.

Richard Ayoub:

Absolutely.

Jill Donnelly:

There are some questions around whether someone who's receiving Enhanced Care Management or ECM benefits, are they still eligible for community supports or Medically Tailored Meals?

Michel Huizar:

Yes, they are. The service, the Enhanced Care Management community supports are oftentimes go hand in hand, but they can be provided independently as well.

Jill Donnelly:

If an organization is interested in becoming a community supports provider for Medically Tailored Meals, but they're not currently contracted with any of the managed care plans in the area, is it too late to join this program, or is it still possible to join if they reach out to the managed care plans?

Michel Huizar:

Neha, do you want to take that one?

Neha Shergill:

This one. No, the plans are permitted to expand their networks to meet the need in the community. If you're interested in becoming a provider, please reach out to your local plans to determine the provider application process.

Jill Donnelly:

Thank you. I see a lot of other very specific questions. We've seen a lot of good ones coming in. Some of them are about the studies that were mentioned here, and we will be sending out these slides. Each of the studies mentioned has citations. So we really encourage you to check those out. A lot of great articles and research is linked.

Jill Donnelly:

I think we can, we can probably close that here, but we want to thank everyone on the line for joining. I thank all of our presenters, especially Katie and Richard for their really wonderful presentations. As a reminder, again, slides will be sent out soon following the webinar and the recording will be available as well.

Jill Donnelly:

The Community Supports' explainer is linked on the DHCS website, as well as some of the other resources mentioned in this webinar. The next community support spotlight webinar will be held on June 15th at one o'clock. We'll be focusing on Sobering Centers and Day Rehabilitation Services.

Jill Donnelly:

We hope you can join us then thank you to everyone for your participation and for your great questions. We'll see you in about a month. Thank you so much.

Michel Huizar:

Thank you. Bye-bye.