



**Health Law Lab**

CENTER FOR HEALTH LAW AND POLICY INNOVATION  
HARVARD LAW SCHOOL

# CASE STUDY

**Project Angel Food  
L.A. Care Health Plan**

## **BUILDING PARTNERSHIPS TO ADVANCE NUTRITION IN CALIFORNIA'S CALAIM WAIVER**

California's CalAIM Medicaid waiver presents a pioneering opportunity to build sustainable funding pathways for health-related social need services through community partnerships, facilitating expanded access to and integration of these services into California Medicaid. This case study series explores early lessons and opportunities facing community-based organizations and health plans providing Medically Supportive Food and Nutrition services as they work to establish and operationalize programs under the CalAIM waiver. In addition to informing ongoing work in California, our hope is that these early insights can benefit community-based organizations, plans, and states across the country as they look to expand access to services that address food insecurity and diet-related chronic conditions, as well as other health-related social needs.

### **Partnership At-A-Glance**

**Plan:**

L.A. Care Health Plan

**CBO:**

Project Angel Food

**Counties:**

LA County

**Intervention(s):**

Medically Tailored Meals

**Eligible Populations:**

Chronic Kidney Disease, Congestive Heart Failure, Diabetes

**Start Date:**

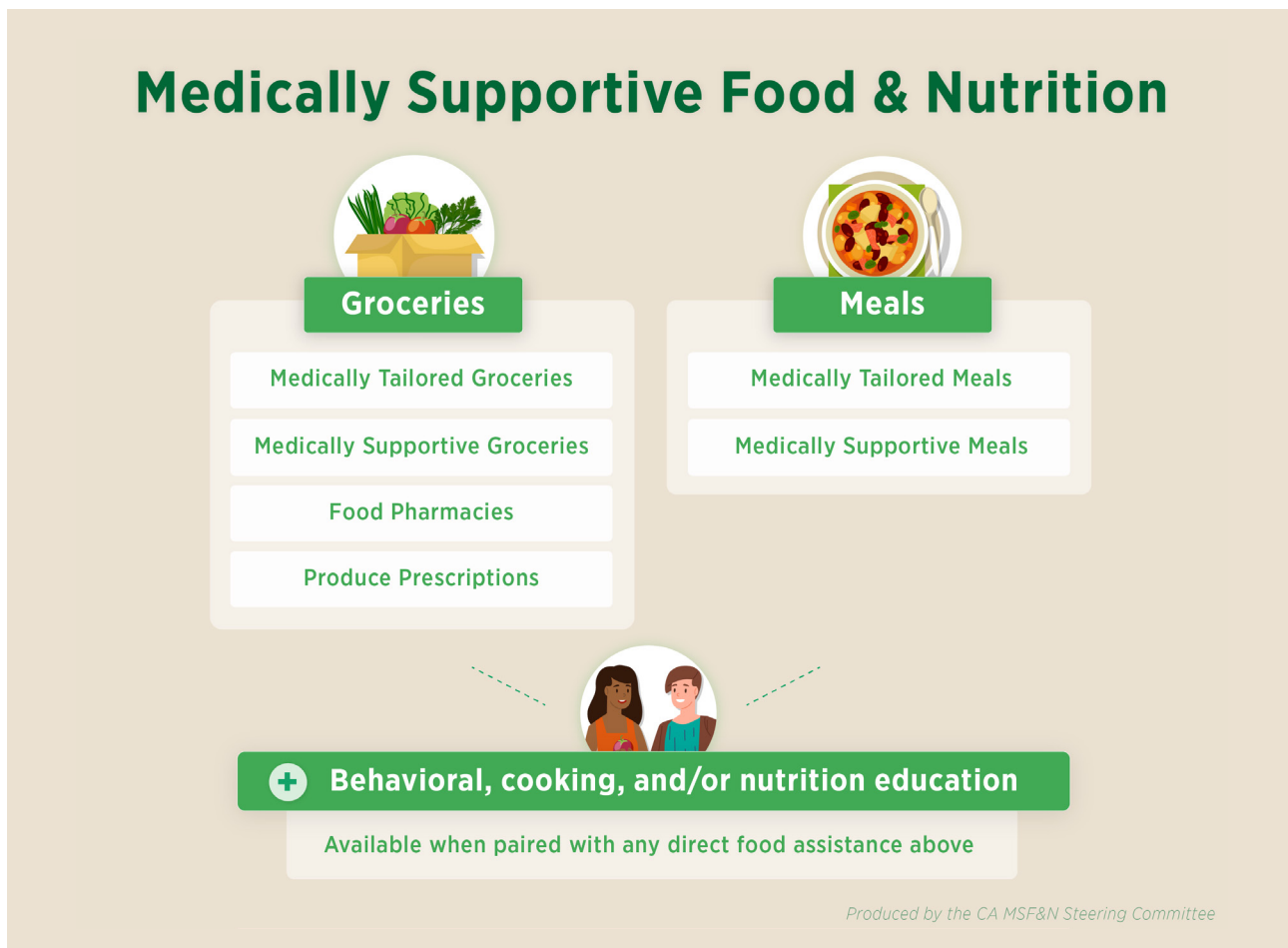
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# Project Introduction

Medically Supportive Food and Nutrition (MSF&N) refers to a spectrum of interventions—including medically tailored meals, medically supportive meals, medically tailored groceries, medically supportive groceries, produce prescriptions, and food pharmacies – designed to prevent, reverse, and manage certain chronic health conditions such as diabetes, cardiovascular disease, kidney disease, certain cancers, and HIV. Research shows [MSF&N interventions](#) are cost-effective responses to improve health outcomes, reduce food insecurity, and address deep health disparities in California and across the country.

In early 2021, a [comprehensive survey](#) of 145 health care providers, government agencies, nonprofits/community-based organizations (CBOs), and insurers throughout California confirmed that there is a clear need and substantial infrastructure for MSF&N interventions in the state. However, respondents identified sustainable funding as a top barrier to providing these services. California’s innovative Medicaid waiver has presented a groundbreaking opportunity to build sustainable funding pathways for MSF&N and other health-related social need services, paving the way for more widespread access. The five-year waiver, called [California Advancing and Innovating Medi-Cal](#) (CalAIM), began on January 1, 2022 and seeks to address the social determinants of health and health equity through In Lieu of Services (ILOS).



Under [ILOS authority](#), states can provide approval for Medicaid managed care plans to cover otherwise non-covered services as a medically appropriate, cost-effective substitute for covered services. For example, MSF&N interventions can be covered in lieu of the hospitalizations and emergency department visits that they can help to prevent. CalAIM gives California Medicaid managed care plans the option to provide their beneficiaries with 14 categories of ILOS services—which California has named [Community Supports](#)—including Medically Supportive Foods. Within the category of Medically Supportive Foods, managed care plans can offer seven interventions: medically tailored meals, medically supportive meals, medically tailored groceries, medically supportive groceries, produce prescriptions, food pharmacies, and behavioral, cooking and nutrition education (if offered with one of the first six interventions).

Plans can opt into the CalAIM Community Supports program every six months (in January and June) and can opt out every year. To offer these services, plans partner and contract with a provider, like a CBO. Each plan can determine which of the approved Community Supports services it will cover, and the amount and duration of those services, with some limitations. Additionally, while the California Department of Health Care Services (DHCS) has released standardized [eligibility criteria](#) to help guide plans in determining which populations may qualify for services, each plan is [allowed](#) to define their eligibility criteria more narrowly than DHCS.

Through a series of interviews, the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) compiled case studies exploring the challenges and opportunities facing community-based organization and managed care plan partnerships across California using the CalAIM Community Supports program to expand access to MSF&N services and build sustainable funding pathways for these interventions. This report illuminates the work of CBOs and managed care plans to respond to food insecurity and diet-related health conditions while exposing the operational and logistical hurdles that these organizations have had to tackle to get their partnerships and programs off the ground and make them work. It is our hope that CBOs, plans, and states across the country can use these insights to shape their own programs and partnerships as ILOS gains traction as an important tool for addressing food insecurity and nutrition for Medicaid beneficiaries.

## **Project Methodology**

To develop this case study series, CHLPI contacted several health plans and CBOs that are partnering or planning to partner to use California's new Community Supports program to expand Medi-Cal beneficiaries' access to MSF&N services. CHLPI sought to speak with representatives from these organizations about their experiences with implementation of the program and its Medically Supportive Food benefit.

CHLPI began with email outreach to assess interest. If the health plan and partner CBO agreed to participate, virtual interviews were scheduled with representatives from both organizations. To ensure diverse perspectives, CHLPI contacted organizations in partnerships ranging in size, scale, and geography, and organizations that provide a variety of MSF&N interventions.

CHLPI conducted interviews with representatives from each partner organization separately. Each interview was approximately one hour in length. Interviewees were each asked several questions that included topics such as the types of relevant Community Supports services that the organization is providing or planning to provide, how each organization found their partners, details on the process of setting-up and implementing the program, and reflections on the interviewees' personal experiences and opinions of the program and its impact. The data and information received from the interviewees was then consolidated into this case study and an introduction to each organization was included to provide background.

## Case Study

### CBO Introduction: Project Angel Food

[Project Angel Food](#) is a community-based organization in Los Angeles, California. It provides medically tailored meals and nutrition counseling by a registered dietitian to beneficiaries who are not medically able to shop and cook for themselves and who have been diagnosed with select health conditions linked to nutrient intake, including HIV, cancer, heart disease, lung disease, diabetes, kidney failure, and similarly related illnesses. Project Angel Food takes a holistic approach to care, addressing the ways in which a person's social environment can determine health outcomes. Weekly home deliveries provide Project Angel Food drivers the opportunity to interact with beneficiaries, alleviate social isolation, and do informal wellness checks. Project Angel Food also functions as a part of each beneficiary's health care team, noting and targeting any changes in nutrition and health.

### Plan Introduction: L.A. Care

[L.A. Care Health Plan](#) ("L.A. Care") is the largest publicly operated health plan in the United States, providing health coverage for the most at risk residents of Los Angeles County. Using a mission-driven approach that prioritizes health care quality, access, and inclusion, L.A. Care serves more than 2.7 million members through its four types of health plans, including Medi-Cal. As part of the California Community Supports program, L.A. Care's Health Education Department and Nutrition Services team has started providing medically tailored meals and nutrition education for beneficiaries with chronic kidney disease, congestive heart failure, and diabetes.

## Partnership

Project Angel Food and L.A. Care have worked together for many years on community efforts, including studies, pilots, and grants. In 2020, L.A. Care donated \$500,000 to Project Angel Food to help reduce the organization's medically tailored meals waiting list amid a surge in a need caused by the COVID-19 pandemic.

Project Angel Food's and L.A. Care's Community Supports partnership officially began providing services in February 2022. The partnership provides L.A. Care enrollees in LA County with medically tailored meals. L.A. Care does not contract with Project Angel Food to provide enrollees with Project Angel Food's nutrition education services

“Working with local providers that understand our community, such as Project Angel Food, helps ensure we are addressing the needs of our program participants on multiple levels.”

- L.A. Care

but rather provides that service through its own Health Education Department. Currently, L.A. Care’s Community Supports medically tailored meal benefit eligibility is limited to beneficiaries with three types of chronic illnesses: chronic kidney disease, congestive heart failure, and diabetes. L.A. Care initially authorizes meal services for 12 weeks, the standard under [DHCS guidance](#), but L.A. Care has instituted a seamless process for renewal and extension to 26 weeks (for a six-month intervention), when medically necessary. The partners meet monthly to check-in regarding workflow and smooth-out problems. These meetings have also been important for

building key relationships.

## Community Supports Experience

While Project Angel Food and L.A. Care encountered some challenges in the process of setting up their Community Supports program, such as adjusting billing and invoicing systems and processes, both partners felt that overall, the program was implemented without issue. Utilizing workarounds and embracing flexibility to make process changes were important to building a sustainable partnership in this new and evolving program. The following section explores these and other elements of the partners’ experience implementing their Community Supports program.

### Credentialing

As required by the State, before any Community Supports partnerships between health plans and community-based organizations can be established, health plans must complete [credentialing](#) of the organization with which they are looking to partner. As part of this credentialing process, plans must consider factors such as whether a partner has a history with the service they provide and their ability to work within existing Medi-Cal structures.

L.A. Care looked at several factors in credentialing, contracting with, and on-boarding Project Angel Food, including Project Angel Food’s ability to meet HIPAA requirements (i.e., federal requirements to keep patient information private and secure), ability to submit claims, and experience serving the Medi-Cal population. Given Project Angel Food’s long history and experience with health plans, as well as its status as a well-regarded nonprofit organization, the partners had few issues with the credentialing, contracting, and on-boarding processes, though communicating efficiently while ensuring HIPAA compliance was still challenging, as discussed below. The partners noted that health plan stakeholders should be cognizant of a potential partner’s ability to meet complex industry requirements.

### Referral and Authorization Process

For plan beneficiaries to receive a Community Supports Medically Supportive Food service from a CBO, their health plan must authorize (i.e., approve) the services. L.A. Care plan beneficiaries are usually authorized for Medically Supportive Food services

via L.A. Care's internal platform. For L.A. Care's platform to generate a Medically Supportive Food service authorization, L.A. Care must receive documentation outlining the plan member's specific diet or nutrition plan that the member's health care provider has recommended. Authorizations are automatically sent to L.A. Care's CBO partners using its electronic platform. However, the platform's automatic authorization does not yet capture all the information that Project Angel Food needs to deliver services, such as detailed information regarding the beneficiary's prescribed diet and key dietary needs. Therefore, this information is sent to Project Angel Food via encrypted email or SFTP file transfer and Project Angel Food can begin providing medically tailored meals to the L.A. Care member in line with the authorization and patient needs.

"Every contract with every health plan in every city or county is different, and the health plans are handling referrals differently. One of our biggest challenges is we have, now, four contracts. Each of them has a different referral portal, and most of them are new to the health plans, and new to us."

- Project Angel Food

If Project Angel Food encounters an L.A. Care plan member who may be eligible for the program, Project Angel Food can share this information with L.A. Care. Project Angel Food also noted the growing role of Enhanced Care Management (ECM) providers in the referral process. ECM is another CalAIM initiative providing intensive care coordination of health and health-related social needs services to Medi-Cal populations with the highest needs. Project Angel Food is building relationships with ECM providers so that ECM enrollees in need of Medically Supportive Food services can be referred through the proper Community Supports channels.

The partners highlighted the potential for the referral and authorization process to present a barrier in many other medical settings, particularly where a beneficiary's physician must provide a service referral. L.A. Care addressed this barrier for their plan beneficiaries in need of Medically Supportive Food services by authorizing care when beneficiary documentation and/or internal claims and encounter data can support eligibility for a specific diet or nutrition plan. An L.A. Care Registered Dietitian Nutritionist (RDN) assesses all meal plans and provides guidance to members prior to approval.

### **Billing and Reimbursement**

Billing and reimbursement are crucial parts of any Community Supports program partnership. Community Supports program funding flows to the health plan, and community-based organizations, like Project Angel Food, must bill the health plan to be reimbursed for the services they provide to health plan beneficiaries. While L.A. Care generally prefers its providers use their claims platform to effectuate billing and reimbursement, at the beginning of the program, Project Angel Food was still in the process of building the infrastructure necessary to utilize L.A. Care's claims platform. Project Angel Food was instead directly billing L.A. Care via invoices and providing the plan with spreadsheets noting services provided. Eventually, the partners began transitioning towards more integrated Medi-Cal billing.

The partners noted that [DHCS's policy](#) allowing CBOs to invoice, rather than requiring integrated claims billing, allows Community Support partnerships to get up and running

at early stages, and then move to integrated billing once the partners have their balance. Additionally, L.A. Care's flexibility in adjusting their preferred billing policies to work with Project Angel Food's early invoicing and billing abilities has ensured the continued success of the partnership, particularly during the program's start-up phase.

### **Program Evaluation**

The partners agreed that evaluation of the program generally falls on the health plan. L.A. Care uses clinical parameters to evaluate the success of their program. For example, L.A. Care is assessing the success of medically tailored meals for diabetes patients by looking at changes in HbA1c levels (i.e., a key indicator of blood sugar levels), and for those with chronic kidney disease by aiming to control and prevent the progression of their disease. At the end of the program, L.A. Care also plans to assess data on hospital visits, including hospital admissions and ER visits, to determine whether medically tailored meals are correlated with reductions in hospital visits.

"Our evaluation framework is continually evolving, looking to identify opportunities that support and improve upon our whole person care approach."

- L.A. Care

While noting that generally, health plans are best suited for program evaluation given their access to clinical data, Project Angel Food also suggested that future programs and partnerships may want to include community-based organization partners in the evaluation process, as they can provide valuable insights into the program's success. For example, community-based organization partners can provide qualitative testimonials from clients, client survey data, and/or participate in the cost-benefit analysis process.

## **Key Takeaways**

### **Successes**

By measures thus far, the Community Supports partnership between Project Angel Food and L.A. Care has been a success. At the time of the case study interviews, the partnership had provided medically tailored meals to 170 patients through the program. L.A. Care members have reported to both partners that the program has improved their lives and health. Finally, although it is early in L.A. Care's evaluation process, there has been a notable decrease in emergency room visits and inpatient stays, and improvement in other clinical measures. Member satisfaction with and adherence to the program is high.

Both partners noted the importance of the Community Supports program to fund and integrate services with documented efficacy, like medically tailored meals, into Medi-Cal and the health care space. For patients, the partners are realizing the potential of the program to maximize health impact and whole person care by connecting care communication across different providers (e.g., connecting primary care to meal providers to housing providers). The partners also believe that the program is structured to boost the chances of success for "non-traditional" health care providers, like CBOs, by understanding the challenges that these providers may face in trying to break into the Medicaid-provider space (e.g., allowing invoicing instead of claims billing).

## Challenges

Despite the many successes of their Community Supports partnership so far, the partners have experienced challenges in operationalizing their program. The major challenges during this early phase of the program include technological infrastructure, efficient communication, and program service uptake.

“There were some challenges. Most of the challenges were around new providers meeting our HIPAA, IT and security requirements.”

- L.A. Care

Both partners noted that they have had to institute and learn new technologies under Community Supports. This includes the referral platform and L.A. Care’s claims platform. Moreover, the partners had to ensure that they could communicate efficiently while sharing patient information in a confidential, HIPAA compliant manner. To overcome these challenges, the partners had to be patient and willing to adjust their processes. For example, while L.A. Care is not fully using its referral platform, it is still communicating securely through SFTP, fax, or encrypted email. While all technologies and communications are compliant with privacy and security requirements, the partners noted that they are still working on minimizing redundancies, increasing automation, and improving efficiency.

Finally, the partners agreed that planning for and generating referrals has been a challenge. Project Angel Food noted that it was initially hard to plan for the infrastructure they would need to handle this new program, but referrals have started slowly. L.A. Care also stated that low initial uptake is one of the program’s most pressing challenges. Now that the partners are standardizing their program processes, they have started addressing this issue in several different ways, as discussed below.

## Looking Ahead

Both organizations reflected on the Community Supports program, drawing from lessons learned and focusing on opportunities that will drive continued success in the future. The partners noted that while they are still in the early stages of working with Community Supports, they have already started to recognize its great potential and have started to look towards improving uptake of Community Supports services.

Both partners emphasized the need for more involvement from primary care providers, and in turn, provider education and training regarding Community Supports. The partners have already started outreach and education efforts with primary care providers and ECM providers but noted that this outreach is labor and resource intensive. Project Angel Food is currently seeking [CalAIM PATH funding](#) to assist with this and other necessary infrastructure support.

The partners are also hoping to increase uptake by expanding eligibility beyond the current conditions covered in the partnership (chronic kidney disease, congestive heart failure, and diabetes). According to L.A. Care, this is part of a larger effort, at the request of DHCS, for health plans to align various Community Supports program features,



"[W]e're thrilled with this development in California... this is a really forward thinking, progressive in the best sense of the word, development that is really trying to look at how we help our neighbors in a holistic person-centered cost-effective way. It's really exciting. There are challenges, but this is a really exciting development that we all firmly believe is going to help a lot of people."

- Project Angel Food

such as eligibility and exclusion criteria and authorization processes. This effort should reduce current barriers to success in Community Supports.

## Conclusion

Project Angel Food and L.A. Care are dedicated to building a sustainable partnership through CalAIM's Community Supports, continuing to learn and grow, and

making adjustments to their partnership to fully harness this valuable opportunity to expand access to medically tailored meals and whole person care in California.

### About the Authors

This case study series is a joint project of the [Center for Health Law and Policy Innovation of Harvard Law School](#) (CHLPI) and the [California Medically Supportive Food & Nutrition Steering Committee](#).

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