



Health Law Lab

CENTER FOR HEALTH LAW AND POLICY INNOVATION
HARVARD LAW SCHOOL

CASE STUDY

**Project Open Hand
Contra Costa Health
Services**

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:

Contra Costa Health Services

CBO:

Project Open Hand

Counties:

Contra Costa County

Intervention(s):

Medically Tailored Meals, Medically Tailored Groceries, Nutrition Education

Eligible Populations:

Type 2 Diabetes

Start Date:

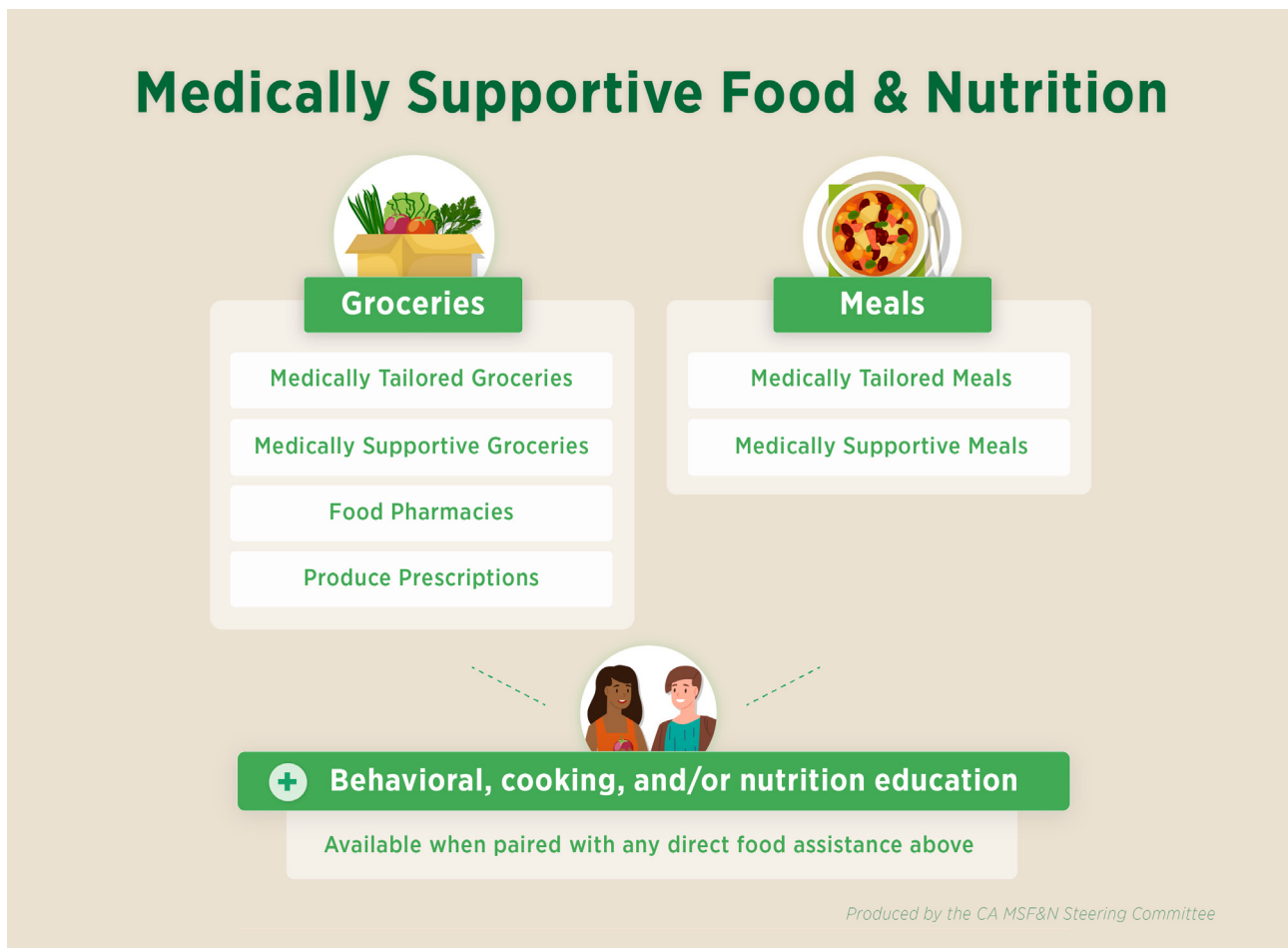
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Project Introduction

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 organizations 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 Open Hand

[Project Open Hand](#) is a community-based organization serving the San Francisco and Oakland, California areas. It provides 2,500 meals and 200 bags of groceries to beneficiaries daily, with a focus on helping individuals facing serious illnesses (including AIDS/HIV, diabetes, and heart disease), isolation, and/or the health challenges of aging. Project Open Hand has also spearheaded and participated in several programs, pilots, and studies to advance the nutrition intervention field.

Plan Introduction: Contra Costa Health Services

[Contra Costa Health Services](#) ("Contra Costa Health") is a health plan serving Medi-Cal enrollees in Contra Costa County. It serves over 200,000 people across its Medicaid, Medicare, Contra Costa County employees, private individuals and families, and business plans. As part of the California Community Supports program, across all its nutrition providers, Contra Costa Health has started providing medically tailored meals, medically supportive meals, medically tailored groceries, medically supportive groceries, and nutrition education for certain beneficiaries with type 2 diabetes.

Partnership

"[W]e had been partnering with Project Open Hand and our providers to get patients over to them even ahead of the Community Supports launching just because we saw this as an important and also available and much needed service that people weren't leveraging."

- Contra Costa Health

Project Open Hand and Contra Costa Health first partnered prior to Community Supports through a short-term, state-funded, pilot program. Their Community Supports partnership began providing services in January 2022. The partnership provides Contra Costa Health enrollees in Contra Costa County with medically tailored meals, medically tailored groceries, and nutrition education. Contra Costa Health's Community Supports Medically Supportive Foods benefits eligibility is limited to beneficiaries with type 2 diabetes. Contra Costa Health initially authorizes services for 13 weeks, longer than the standard 12 weeks under [DHCS guidance](#), to ensure coverage for three full months. Contra Costa Health also allows

for renewal and extension for an additional six months (for a nine-month intervention). Contra Costa Health and Project Open Hand have discussed potential expansion of the partnership offerings, including allowing class-based nutrition education and potential expansion of eligibility to populations with other diet-sensitive conditions.

Community Supports Experience

While Project Open Hand and Contra Costa Health encountered some challenges in the process of setting up their Community Supports program—generally regarding technological systems—both partners felt that overall, the program was implemented without issue. Utilizing experience, community and institutional support, and partner communication were essential 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.

“[Credentialing] was definitely baked into the process, but it was notable... there were definitely very specific questions around credentialing... we had the advantage of having been working with DHCS for some time on other projects.”

- Project Open Hand

Project Open Hand reported that Contra Costa Health’s credentialing process was thorough and similar to other health plans’ processes. Project Open Hand had to meet several credentialing requirements, including providing their National Provider Identifier (NPI) numbers (i.e., identifiers that are assigned to health care providers by the Centers for Medicare & Medicaid Services), demonstrating their ability to meet HIPAA requirements (i.e., federal requirements to keep patient information private and secure), and demonstrating IT security. While exhaustive, the process was familiar to Project Open Hand given their history and experience with health plans and DHCS projects, and the partners did not have any issues. Contra Costa Health noted that DHCS has provided various guidance documents for more inexperienced non-traditional providers navigating the credentialing process and Community Supports. For example, DHCS has released a step-by-step [NPI application guide](#).

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. For Contra Costa Health to issue a Medically Supportive Food service authorization, providers, care teams, CBOs, and other organizational providers can submit a request using Contra Costa Health’s electronic medical record system or a web-based form. Contra Costa Health beneficiaries and their families or friends can submit a request

by calling Contra Costa Health's member services, and Contra Costa Health case management will initiate the referral process. Requests must include an attestation or documentation showing that the beneficiary's HbA1c (i.e., a key indicator of blood sugar levels) meets Contra Costa Health's eligibility criteria (i.e., is greater or equal to eight) and that the patient is willing to adhere to care. Contra Costa Health can verify medical information, like HbA1c levels, through existing patient data.

Once Contra Costa Health reviews and approves a beneficiary for a Community Supports Medically Supportive Food service, a referral is sent to Project Open Hand via Contra Costa Health's provider portal. Due to some issues with the provider portal when this process first began (a number of referrals did not make it through the system), Contra Costa Health will also fax and mail approved referrals to Project Open Hand. Fax has become the most reliable and preferred method of receipt for Project Open Hand.

Contra Costa Health welcomes all partners, including Project Open Hand, to submit Community Supports referrals on behalf of patients. To further educate stakeholders about this new program, Contra Costa Health hosted sessions where their Community Supports partners had the opportunity to present (to patients and providers) about their partnerships with Contra Costa Health and provide their contact information to interested parties.

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 Open Hand, must bill the health plan to be reimbursed for the services they provide to health plan beneficiaries. Contra Costa Health generally follows the DHCS guidance for [billing and invoicing](#), [billing codes](#), and [reimbursement rates](#). The Plan noted that this approach prepares them for the future, as they will have to follow state-issued guidance if Medically Supportive Foods eventually become fully covered Medi-Cal benefits.

Contra Costa Health prefers its providers use their claims portal to effectuate billing and reimbursement, but they do accept spreadsheet invoices as required by DHCS guidance. At the time of the case study interviews, Project Open Hand was in the process of submitting their first invoice to Contra Costa Health using Contra Costa Health's template invoice and portal. Project Open Hand noted that they have identified some problems during this process, such as an inability to find certain required claim information, such as enrollee CIN numbers. Project Open Hand has been working with Contra Costa Health's provider relations team to resolve these issues, as well as the general details of submitting their claims and using the claims portal.

Program Evaluation

At the time of the case study interviews, the partners were still considering approaches for evaluation of the program. The partners have discussed both organizations playing a role in the process. Project Open Hand asks all clients a standard set of outcomes-related questions (e.g., questions regarding general health, hospital admission, medication

"[Evaluation metrics] would be nice to have available... I think the main problem for us is the resources to do that evaluation in a meaningful way. I don't believe we're set up appropriately and resourced appropriately to be able to do that."

- Contra Costa Health

adherence, and food insecurity) at intake and at periodic intervals during service provision. Contra Costa Health noted that while the scientific support for the effectiveness of these interventions is already clear, they still hope to conduct program evaluations, such as by looking at metrics like HbA1c reduction and utilization reduction. However, they do not currently have the resources to do meaningful program evaluation. Project Open Hand and Contra Costa Health worked closely to evaluate their previous pilot program, and there is motivation to leverage that work in any future evaluations of this Community Supports partnership. The partners have also been exploring

coordination of broader evaluation efforts across multiple health plans.

Key Takeaways

Successes

While still early, the partners agreed that Project Open Hand's strong reputation as a local CBO, coupled with Contra Costa Health's championing of MSF&N, has helped make their Community Supports partnership a success thus far. At the time of the case study interviews, the partners had provided medically tailored meals, medically tailored groceries, and nutrition education to 35 patients through the program. Contra Costa Health also noted that Project Open Hand is a "provider of choice," consistently being selected by patients and prescribing providers for referrals.

According to Project Open Hand, Community Supports has provided a funding stream that has allowed them to sustainably provide services in Contra Costa County for the first time. Moreover, the program has created opportunities for Project Open Hand to become more integrated with health plans and in the Medi-Cal system. For example, the process has required the partners to establish several ongoing meetings and check-ins. As a result, Project Open Hand has been integrated into Contra Costa Health's and other health plans' regular meeting schedules and routines, just like more traditional health care providers.

"[T]his is the first time we've had an ongoing sustainable way to provide medically tailored meals and grocery supports in Contra Costa County. So, that right there... is a huge success."

- Project Open Hand

Challenges

In addition to successes, the partners also faced challenges in operationalizing their Community Supports partnership. The major challenges during this early phase of the program generally centered on technological infrastructure, including referral mechanisms, information sharing, and invoice and billing systems. The partners agreed that these challenges have been or are being best addressed by continuous and open communication. Additionally, Project Open Hand has applied for [CalAIM PATH funding](#) to assist with capacity and infrastructure support and has secured [CalAIM Incentive Payment Program funding](#) for IT and technical support through partnerships with other health plans.

As discussed above, the partners experienced early reliability issues in transmitting referrals using Contra Costa Health's provider portal. As a result, Contra Costa Health has been sending service authorizations to Project Open Hand via fax and mail in addition to the portal communication. Project Open Hand has appreciated having access to Contra Costa Health's provider portal, despite these referral issues, because it gives them useful access to patient demographic information. However, Project Open Hand also noted that the sharing of patient information beyond the authorization and this demographic information has been a challenge. For example, the authorization usually does not contain the patient's diagnosis, which Project Open Hand's dietitians need to develop meals, groceries, and education plans (e.g., diagnosis is helpful in determining a need for a renal-friendly diet). Project Open Hand has adjusted their patient intakes and onboarding to collect this information while they work with Contra Costa Health and their other health plan partners to better facilitate information sharing within the plans' technological systems. Finally, at the time of the case study interviews, the partners noted they were working together on Project Open Hand's first claims submission, including addressing Project Open Hand's questions regarding the invoicing template and claims portal.

Looking Ahead

Both organizations reflected on the Community Supports program, discussing its biggest barriers, as well as what is needed to be successful in the future.

The partners agreed that while Community Supports is still in its early stages, the program is already providing an avenue for ongoing and sustainable provision of MSF&N. Contra Costa Health noted that looking forward, making MSF&N a fully covered benefit, instead of an in-lieu-of-services benefit, would further cement sustainable access. For example, with more dedicated funding to cover the cost of services, health plans could utilize more data-driven outreach and enrollment to increase uptake.

The partners also observed several areas in which DHCS could release further guidance to strengthen Community Supports. Both partners highlighted the need for revised guidance regarding the duration of MSF&N services. Currently, [DHCS recommends](#) a duration of up to 12 weeks, or longer if medically necessary. Project Open Hand noted that this duration is fairly limited for some of the diagnoses treated with MSF&N and that in their experience, few patients have been approved for extensions. Contra Costa Health commented that duration is an unsettled issue across the program. Also, in light of rising raw food prices, labor costs, and infrastructure outlays, Project Open Hand would like to see reimbursement rates updated.

"The reimbursement rate is going to be a continued issue. Particularly in California. We have seen our raw food price go up by 30%. Our labor price is going up constantly... So, rates are going to be a very important issue."

- Project Open Hand

Finally, Contra Costa Health emphasized that DHCS has already released many [guidance documents](#) for stakeholders interested in Community Supports and these stakeholders should not be scared to get involved in "health care."

Conclusion

Through CalAIM's Community Supports, Project Open Hand and Contra Costa Health are building sustainable access to Medically Supportive Food & Nutrition for Medi-Cal enrollees in Contra Costa County. Their work is also building sustainable partnerships and infrastructure between health care and non-traditional providers in the community for long-term change 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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