



Health Law Lab

CENTER FOR HEALTH LAW AND POLICY INNOVATION
HARVARD LAW SCHOOL

CASE STUDY

Alameda County
Recipe4Health
Alameda Alliance for Health

January 2023

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:

Alameda Alliance for Health

CBO:

Alameda County Recipe4Health

Counties:

Alameda County

Intervention(s):

Medically Supportive Groceries; Produce Prescriptions; Food Pharmacies; Behavioral, Cooking and Nutrition Education

Eligible Populations:

Individuals with chronic conditions, high risk perinatal conditions, chronic or disabling mental/behavioral health disorders; Individuals being discharged from a hospital or skilled nursing facility or at high risk of hospitalization or nursing facility placement; Individuals with extensive care coordination needs

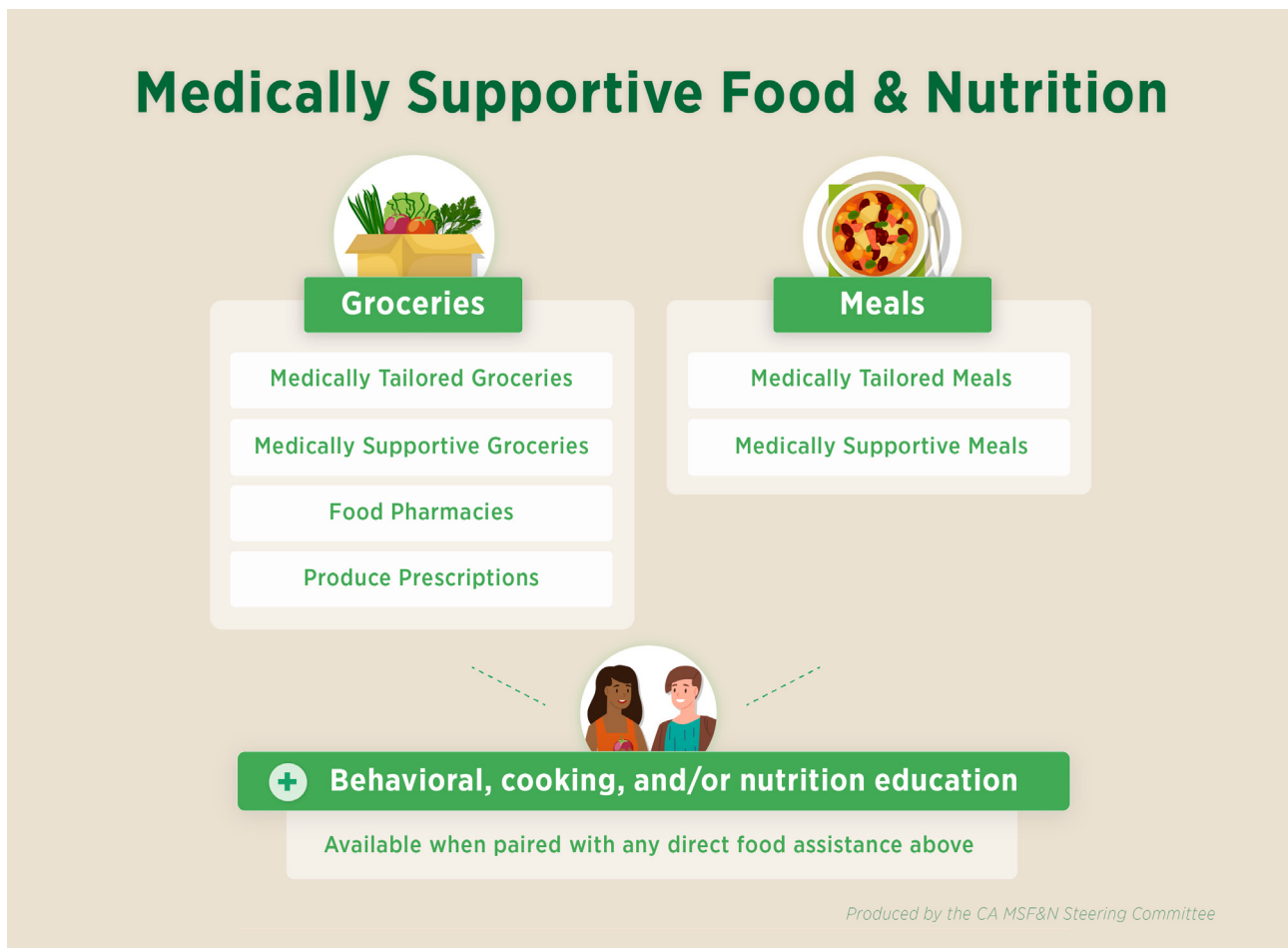
Start Date:

September 2022

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: Alameda County Recipe4Health

The [Alameda County Recipe4Health](#) ("Recipe4Health") model, housed in Alameda County's Health Care Services Agency, works with Alameda County CBO providers and health clinics to integrate medically-supportive food interventions into health care settings to treat, prevent, and reverse chronic conditions, address food and nutrition insecurity, and improve health and racial equity. The Recipe4Health model has three "ingredients," providing clinic patients experiencing food insecurity, social isolation, and/or chronic disease with (1) "Food Pharmacy" produce prescription deliveries of regenerative and organic produce sourced through CBO provider [Dig Deep Farms](#); (2) individual and group health coaching through "Behavioral Pharmacy" CBO provider, [Open Source Wellness](#); and (3) providing health clinic staff with clinical nutrition training and infrastructure support to implement the model. In addition, Recipe4Health engages in policy work with the goal of making MSF&N a fully covered Medi-Cal benefit. Since launching the Alameda County-based initiative at its first partner health center in 2020, Recipe4Health has served over 3,000 patients.

Plan Introduction: Alameda Alliance for Health

[Alameda Alliance for Health](#) ("Alameda Alliance") is a managed care health plan serving Medi-Cal enrollees in Alameda County. It serves over 340,000 people across its Medicaid and employer-sponsored group plan for home care workers. As part of the California Community Supports program, across all its nutrition providers, Alameda Alliance has started providing medically tailored meals, medically supportive meals, medically tailored groceries, medically supportive groceries, produce prescriptions, food pharmacies, and behavioral, cooking and nutrition education to individuals that meet DHCS's standardized eligibility criteria.

Partnership

"Investing in Community Supports is a major change in the way we operate and how we help people to live a higher quality of life."

- Alameda Alliance

Recipe4Health and Alameda Alliance first developed a relationship in 2018, when the health plan began providing grant funding to Recipe4Health. Alameda Alliance has since

continued to champion MSF&N and Recipe4Health. Recipe4Health's and Alameda Alliance's Community Supports partnership began on September 1, 2022. The partnership provides patients in Alameda County with medically supportive groceries, produce prescriptions, food pharmacies, and behavioral, cooking and nutrition education. Alameda Alliance's Community Supports Medically Supportive Foods service eligibility follows [DHCS's standardized eligibility criteria](#), meaning Alameda Alliance members may be eligible for services if they: (1) have a chronic condition (e.g., hypertension, diabetes, cancer), high risk perinatal conditions, or chronic or disabling mental/behavioral health disorders; (2) are being discharged from a hospital or skilled nursing facility or at high risk of hospitalization or nursing facility placement; or (3) have extensive care coordination needs. Alameda Alliance initially authorizes services for 12 weeks, the standard under [DHCS guidance](#), with a 12 week extension (for a 24 week intervention) or re-enrollment at a later date if medically necessary.

Community Supports Experience

While Recipe4Health and Alameda Alliance did not encounter many barriers in setting up their Community Supports program, their experience highlighted challenges for Recipe4Health's CBO service providers. The partners' long-standing previous relationship, Recipe4Health's experience in the health care sector, and Alameda Alliance's flexibility 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.

"There's a distinct pathway. It's a challenging pathway probably for a random farm out there or food vendor. There are a lot of steps and the health plan was trying to figure it out as well because they're used to working with cardiologists or doctors... This is totally brand new."

- Recipe4Health

As a county and clinically integrated program led by a physician, the credentialing process was familiar to Recipe4Health, and they did not have many issues. However, Recipe4Health works with CBO service providers, such as farms and community-based health coaching organizations, for whom the process was completely new and challenging. Recipe4Health helped these providers understand the steps of the credentialing process, like meeting HIPAA requirements (i.e., federal requirements to keep patient information private and secure), including Business Associate Agreements (i.e., agreements that allow a health care provider or other entity subject to HIPAA to disclose patient information to a business associate). Recipe4Health's CBO providers also needed support to meet credentialing requirements and to determine how Community Supports requirements would change their workflows and revenue structures. All of this

took staff time and resources. Recipe4Health noted that at the time of the credentialing process, applications and details for [CalAIM PATH funding](#) to assist with infrastructure needs were not yet available. Recipe4Health is now applying for that funding.

Alameda Alliance recognized these difficulties and tried to make the process as easy as possible, which Recipe4Health appreciated. Recipe4Health emphasized that regulatory structures (for CBOs and health plans) need to be as flexible as possible to allow non-traditional, non-health care providers to participate in Community Supports without having to expend huge amounts of staff time and resources.

Referral and Authorization Process

For plan beneficiaries to receive a Community Supports Medically Supportive Food service, their health plan must authorize (i.e., approve) the services. In Recipe4Health's county government and clinically integrated model, health clinic providers identify patients with nutrition sensitive chronic conditions and refer these patients to Recipe4Health. Recipe4Health organizes all incoming referrals from multiple health centers and seeks service authorizations for Alameda Alliance members from the Plan. Alameda Alliance members are authorized for services by the Plan if they meet the Plan's eligibility criteria. Alameda Alliance also uses a county-based health information data source and other information from several local CBOs to locate and conduct outreach to enrollees who may be in need of services.

Billing and Reimbursement

Billing is a crucial part of any Community Supports program partnership. Community Supports program funding flows to the health plan, and community-based organizations must bill the health plan and are reimbursed for the services they provide to health plan beneficiaries. At the early stages of the program, Recipe4Health was invoicing using simple spreadsheet invoice templates, as allowed under [DHCS guidance](#). Recipe4Health noted they have been quickly transitioning to more integrated Medi-Cal billing, including building the architecture and support to automate billing processes.

Recipe4Health questioned whether either of these policies—spreadsheet invoicing or integrated medical billing—are the most effective billing mechanism for other community partners, like their farm affiliates. While acknowledging the positives of simple spreadsheet invoicing (e.g., lowering the barrier to entry and costs for many CBOs), Recipe4Health highlighted the importance of more granular tracking of services at the individual patient level, with all the correct patient identifiers (that integrated medical billing provides but spreadsheet invoicing may not capture), in order to evaluate health outcomes and spending, and meet various health care regulatory requirements.

Alameda Alliance agreed that transitioning to integrated Medicaid billing, reporting, and reimbursement based on individual “encounters” with beneficiaries—as opposed to relying solely on grant-based funding—is one of the biggest challenges for CBOs in the Community Supports program. Due to this incremental payment structure, Alameda Alliance emphasized the need for CBOs to determine their capacity to deliver services in the program (i.e., determine how many beneficiaries the CBO can serve) and quickly

scale processes to meet those targets.

Program Evaluation

Recipe4Health has been evaluating its initiative prior to the Community Supports program and plans to likewise evaluate the Community Supports partnership, although the metrics may be adjusted. The program evaluation uses both qualitative and quantitative metrics to measure success including measures on health outcomes (e.g., lab data over time), health care utilization (e.g., inpatient hospital admissions, ER visits, frequency of preventive care visits), patient reported outcomes, health related behaviors, and social determinants of health (e.g., food security). Alameda Alliance has also been evaluating its Recipe4Health partnership programs prior to Community Supports, using similar metrics, and will continue to evaluate the program and metrics in Community Supports. The partners noted that they are invested in long term analysis of the effects of MSF&N on their beneficiaries.

Key Takeaways

Successes

"[CalAIM] is a sustainability pathway for funding food-based interventions and nutrition and behavioral support... It allows us to treat early, rather than just waiting for someone to develop diabetes over 15 years and then treating them with pharmaceutical drugs."

- Recipe4Health

At the time of the case study interviews, it was too early to know the results of the partners' Community Supports program evaluations. However, because the partners have been working on the initiative together for some time, they have a good idea of what their Community Supports evaluation results will be. For example, from previous evaluations, the partners have seen a significant drop in food insecurity, depression scores, anxiety scores, and improvements in patients with high low-density lipoprotein cholesterol (i.e., "bad" cholesterol) comparable to using low dose statins (i.e., cholesterol-lowering medications). The partners expect similar patient improvements to result from

this Community Supports partnership.

Both partners emphasized that Community Supports has been a huge step for sustainably funding and expanding access to MSF&N services that can treat, reverse, and prevent chronic health conditions and food insecurity. According to Recipe4Health, because of the sustainable funding provided through Community Supports, health care providers are no longer just mandated to screen for social determinants of health, like food insecurity, with no way to treat the issue. Now, health care providers can screen and treat. Finally, Alameda Alliance noted that an initiative like Recipe4Health has a strong community-building component for beneficiaries, and a success of Community Supports is linking more people to other people.

Challenges

While Recipe4Health and Alameda Alliance faced few obstacles in operationalizing their Community Supports partnership, their experience has highlighted several Community Supports program challenges. The main challenges the partners encountered include

credentialing and general infrastructure building for CBOs, information sharing, and increasing program service uptake.

As discussed above, Recipe4Health did not have many challenges with the credentialing process or infrastructure building but provided considerable support to their affiliates during the process, who may not have been able to navigate the complex process without the support and more resources. At the time the partners were setting up their program, [CalAIM PATH funding](#) was not yet available but, as noted, Recipe4Health was applying for funding at the time of the case study interviews. Alameda Alliance tried to alleviate these burdens by making their processes as simple as possible. Additionally, Alameda Alliance has connected their contracted CBOs to one another so that they can communicate and assist each other. According to Alameda Alliance, this has been beneficial for their CBO partners and improves care coordination for their beneficiaries.

Alameda Alliance also noted that they are working with Recipe4Health to improve care coordination through improvements to information sharing (i.e., from Recipe4Health and Alameda Alliance to primary care, specialty care, and caregivers). One of the biggest challenges to efficient information sharing in Community Supports has been capturing data, sharing it across multiple platforms, and navigating HIPAA and the other legal requirements that govern these practices.

Finally, the partners have been working to improve uptake of Community Supports services. Recipe4Health provides training for clinicians regarding MSF&N to increase awareness of the interventions and programs. Alameda Alliance has been working to strengthen its CBO provider network, noting that the capacity of the local provider network is key to the success of Community Supports.

Looking Ahead

“The whole focus of CalAIM is for health care to move upstream. Food insecurity is a social determinant of health that is upstream. For it to not be included as an eligible condition to be treated with MSF&N services is counter to the focus of CalAIM.”

- Recipe4Health

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 highlighted that California, through Community Supports, is leading a transformation in health care and addressing important upstream patient health needs. They also identified several areas in which the program could be strengthened.

First, the partners highlighted the program’s eligibility criteria as a barrier to greater uptake. Recipe4Health would like to see “food insecurity” added to the list of eligible conditions. Additionally, Recipe4Health believes that DHCS should make their eligibility requirements mandatory so that health plans do not limit them, as currently allowed.

“[W]e have a strong network of community-based organizations in our county and we are actively seeking more partners to join the CalAIM program. Our success in previous pilots was based on partnership. The Alliance staff are supporting our providers with a broad assortment of start-up services.”

- Alameda Alliance

Next, the partners mentioned the need for revised guidance regarding the duration of and patient re-enrollment in MSF&N services. Currently, [DHCS recommends](#) a duration of up to 12 weeks, or longer if medically necessary. However, as the partners noted, this treatment period is too short for some of the chronic medical conditions that are treated with MSF&N (e.g., diabetes).

Finally, Alameda Alliance stated that the Medi-Cal reimbursement rates are low and could cause problems for the sustainability of the program and the ability for CBOs to stay in Community Supports.

Conclusion

Alameda County Recipe4Health and Alameda Alliance for Health are continuing to grow the reach and sustainability of MSF&N in Alameda County through the CalAIM Community Supports program. They are also using their learnings to harness this innovative program and transform health 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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