



Health Law Lab

CENTER FOR HEALTH LAW AND POLICY INNOVATION
HARVARD LAW SCHOOL

CASE STUDY

Ceres Community Project Partnership HealthPlan of California

June 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 or planning to provide 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:

Partnership HealthPlan of California

CBO:

Ceres Community Project

Counties:

Marin and Sonoma

Intervention(s):

Medically Tailored Meals, Medically Tailored Groceries, 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:

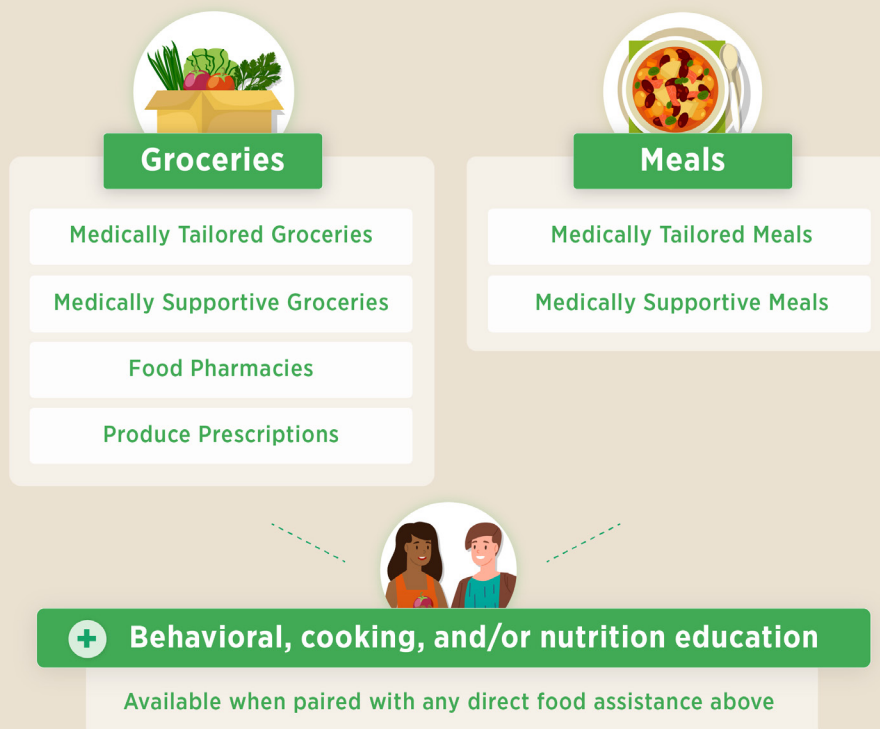
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Project Introduction

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).

Medically Supportive Food & Nutrition



Produced by the CA MSF&N Steering Committee

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: Ceres Community Project

[Ceres Community Project](#) ("Ceres") is a community-based organization based in Marin and Sonoma Counties in California. It serves these and surrounding counties. Ceres provides medically tailored meals and groceries, made with 100% organic and locally sourced ingredients, as well as cooking and nutrition education to beneficiaries facing serious illnesses such as cancer, congestive heart failure, and diabetes. In 2022, Ceres delivered nearly 203,000 meals. Ceres also supports local, state, and federal policy work and research that increases access to affordable, healthy food and establishes a just and sustainable food system.

Plan Introduction: Partnership HealthPlan of California

[Partnership HealthPlan of California](#) ("Partnership HealthPlan") is a health plan serving over 600,000 Medi-Cal enrollees in 14 Northern California counties, including many rural parts of the state—Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo. As part of the California Community Supports program, Partnership HealthPlan has started providing medically tailored meals, medically tailored groceries, and nutrition education to individuals who meet DHCS's standardized eligibility criteria.

Partnership

In 2020 and 2021, as CalAM was being designed, Ceres reached out to Partnership HealthPlan to educate the Plan about the value of medically tailored meals, share research, and discuss the interventions that Ceres offers for a variety of key diagnoses and situations. This education and relationship building was important as Partnership HealthPlan had not previously worked with Medically Supportive Food and Nutrition services. The partners contracted under the Community Supports program in November 2021 and Ceres began providing services by the launch of the program in January 2022. The partnership provides Partnership HealthPlan members in Marin and Sonoma Counties with medically tailored meals, medically tailored groceries, and nutrition consultations. Partnership HealthPlan's Community Supports Medically Supportive Foods service eligibility follows [DHCS's standardized eligibility criteria](#), meaning Partnership HealthPlan 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. Partnership HealthPlan initially authorizes services for 12 weeks, the standard under [DHCS guidance](#), with an additional 12 weeks (for a 24 week intervention) with a compelling reason. Ceres and Partnership HealthPlan have discussed potential expansion of their partnership to cover additional counties and rural areas in the Plan's service area.

Community Supports Experience

While Ceres and Partnership HealthPlan encountered some challenges in the process of launching their Community Supports program—generally regarding differing workflows and operational structures, as well as alignment around treatment authorization requests and claims—both partners felt that overall, they were able to work well together to implement the new services. The partners utilized frequent, open, and honest feedback loops, technical expertise, and infrastructure/workforce investment to form a sustainable and scalable partnership in this new and evolving program. The following section explores these and other elements of the partners' experience implementing their Community Supports program.

Contracting and Credentialing

To provide Community Supports services to Medi-Cal enrollees, CBOs generally need to contract with one of the State's Medicaid managed care plans. Contracts are legally binding agreements that establish the terms of the relationship. While the details of these contracts vary by plan and partnership, DHCS has developed [Community Supports Provider Standard Terms and Conditions](#) to assist organizations in contracting. This guidance covers various standard contract terms including scope of services, provider credentialing and enrollment, payment, data sharing, and compliance with laws and regulations. Additionally, 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.

Partnership HealthPlan reported that it did not have challenges contracting with and credentialing Ceres. The organizations met several times prior to contracting to share an understanding of each other's visions for the services, plans for rollout, and technological platforms. Partnership HealthPlan utilizes an initial questionnaire to assess potential partners, followed by a one-page assessment. Once partners are internally approved by the Plan, the parties can continue to contract negotiation and signature. In contracting under Community Supports, Partnership HealthPlan has a preference for local CBOs. Partnership HealthPlan noted that the deep ties local CBOs have to member communities often lead to greater service uptake as well as other benefits. However, Partnership HealthPlan also works with some national organizations, particularly to deliver MSF&N to its rural members if there are not local service providers available. After establishing a contract, Partnership HealthPlan uses DHCS's guidance to direct its process in credentialing CBOs, which do

"Ceres has a model where they'll deliver the meals and that's another touchpoint for the member. [W]e get feedback, 'gosh, we saw the meals were just left there,' or... 'their microwave is broken' or 'they don't seem to be doing too well.'"

- Partnership HealthPlan

not have an established state pathway for enrollment as Medi-Cal providers. Partnership HealthPlan acknowledged that the State guidance was paramount in helping it navigate this new territory.

“The biggest upfront investment we made was getting an understanding of the technology needs and requirements, having the technology capacity, and investing in the staff to implement and manage this process.”

- Ceres

Ceres extensively prepared for contracting and credentialing under Community Supports. For example, as early as 2021, Ceres participated in HIPAA (i.e., federal requirements to keep patient information private and secure) training and underwent an IT and security assessment. Ceres continues to work with an IT support company, conducts quarterly security vulnerability scans, had a senior staff complete Security Officer training, and is redesigning its proprietary technology systems to operate effectively and efficiently with its contracted health care partnerships.

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. Partnership HealthPlan has a “no wrong door” policy for service authorization requests, meaning providers (e.g., primary care physicians, hospital discharge staff, Federally Qualified Health Centers), care teams, and CBOs, all can submit a request for Medically Supportive Food services. If the request meets one of Partnership HealthPlan’s service eligibility criterion, the Plan approves the beneficiary for the service. Ceres worked with Partnership HealthPlan to determine eligibility criteria for services, and continues to advocate for additional conditions when necessary for the member’s health. When a service is approved, a service authorization report is faxed to Ceres containing the approved service(s), the number of weeks approved, and the date span of the approval. Ceres can also check the status of a request in Partnership HealthPlan’s provider portal. Both partners have dedicated contacts to call if issues arise. Partnership HealthPlan noted that this escalation process is critical. For example, the partners may be working to authorize services for a hospital discharge or for a newly diagnosed beneficiary, in which case, a delay could be detrimental.

Billing and Reimbursement

Billing and reimbursement are crucial parts of any Community Supports program partnership. Community Supports program funding flows to the health plan as part of its payments from the State, and community-based organizations, like Ceres, must bill the health plan to be reimbursed for the services they provide to health plan beneficiaries. Transitioning to Medicaid billing, reporting, and reimbursement from grant-based funding can be one of the biggest challenges for CBOs in the Community Supports program. To ease this transition, DHCS [billing and invoicing](#) guidance allows CBOs to invoice (e.g., use a spreadsheet to track services provided), rather than requiring integrated Medi-Cal claims billing.

While Partnership HealthPlan accepts invoice billing from many of its CBO partners, it prefers electronic claims submission. As a result, Ceres has prioritized integrated electronic claims submission and billing. At the time of the case study interviews, Partnership HealthPlan reported that Ceres’ claims and billing are operating just like a standard Medi-Cal provider. The partners agreed that this process took considerable investment, expertise,

and time to refine. Both Ceres and Partnership HealthPlan hired staff to handle the additional administrative responsibilities of CalAIM and Community Supports including billing/claims. Moreover, two Ceres' staff come from clinic backgrounds and have billing workflow experience that has proven invaluable in Community Supports work. Partnership HealthPlan has also designated staff to assist CBOs with billing. Ceres' infrastructure expansion has been assisted by substantial funding afforded through [CalAIM PATH funding](#), awarded by the State through a granting process and [CalAIM Incentive Payment Program funding](#), provided through Partnership HealthPlan.

"We had to get to know each other and the differences in how we work and then find these workarounds that made the [claim] actually go through."

- Ceres

Still, although Ceres began providing services in January 2022, it was not able to submit its first claims until May 2022, and the claims were not fully paid until August 2022. Both partners agreed that as early adopters of Community Supports, numerous conversations were required to understand each other's workflows. For example, Ceres delivers meals once per week for the whole week. When Ceres initially billed for these services, it submitted claims for 14 meals (two meals per day, for seven days) on one date (the delivery date). Partnership HealthPlan denied these claims because it only allows two meals per day. The partners had to communicate about their workflows and limitations in order to make the proper adjustments to these submissions. Similar exchanges regarding various processes occurred often. Ceres and Partnership HealthPlan continue to streamline processes. Additionally, Partnership HealthPlan confirmed with DHCS that Ceres could retroactively bill for services delivered since January 2022.

Program Evaluation

At the time of the case study interviews, Partnership HealthPlan was in the process of collecting data for evaluation of its Community Supports services and partnerships, but it stressed the importance of acknowledging that it has taken time to set-up the program and it will also take time to see results. Additionally, the Plan noted that DHCS was not explicit about its evaluation metrics at the beginning of Community Supports, which made it harder to implement systems to capture and monitor data (e.g., enrollee HbA1c—a key indicator of blood sugar levels). The Plan stressed the importance of identifying evaluation metrics at the outset. At this stage, Partnership HealthPlan is collecting authorization and claims data as well as data from CBO partners for the purposes of evaluation. However, the Plan is doing its best to balance the need for data with the burden of collection and reporting on CBOs. Ceres is also collecting data that could be used in evaluation, including pre- and post-intervention surveys, which include information about emergency room utilization and hospitalization. Ceres noted that it is working to strengthen its relationships with health care to understand how it can leverage its services to affect other health outcomes, such as preventive care visits.

Key Takeaways

Successes

Although still growing, the partners agreed that their Community Supports partnership has been a success thus far. Through March 2023, the partners had provided over 13,000 meals

"We all kept acknowledging we're all new at this and we're all figuring it out together.... that went a long way to us being able to work through the problems."

- Partnership HealthPlan

to 227 enrollees via the program. Partnership HealthPlan also noted that Ceres is its top-delivering MSF&N provider.

Partnership HealthPlan emphasized the value that assuming best intentions has played in the success of its partnership with Ceres, particularly in the early stages of Community Supports, when guidance from DHCS was unclear. With responsive and respectful feedback loops, the partners have been able to successfully integrate Ceres' services into many aspects of health care delivery and adjust their systems so that the partnership can continue to scale.

Challenges

In addition to successes, the partners faced challenges in operationalizing their Community Supports partnership. The major challenges during this phase of the program generally centered on differing understandings of expectations, workflows, and technologies. The partners agreed that these challenges are best addressed by continuous communication and education.

Partnership HealthPlan noted that a lack of guidance from the State/DHCS prior to the start of the Community Supports program made it difficult for the Plan to set clear expectations and confirm the systems that it needed to put in place to operationalize the program. Both Partnership HealthPlan and Ceres found the changing expectations challenging. Partnership HealthPlan did appreciate that DHCS conducted several listening sessions and various webinars during which the agency clarified its expectations. At times, the Plan would learn through these fora that it had interpreted a requirement incorrectly. For example, at one listening session, Partnership HealthPlan learned it could issue authorizations for longer than 12 weeks, a policy change service providers and beneficiaries welcomed. Ceres noted that it would still like additional clarity regarding the duration of MSF&N services. Specifically, the documentation or other requirements needed to establish that a beneficiary qualifies for an extension beyond 12 or 24 weeks. Because Ceres is a CBO, not a health care provider, it is often more difficult for it to access labs or other data showing medical necessity. Therefore, more guidance on this point would be beneficial.

As discussed above, the partners reported that many of the challenges with their Community Supports partnership have been resolved through regular, open communication. Additionally, both Ceres and Partnership HealthPlan emphasized Ceres' efforts to educate the Plan regarding its services and processes. Ceres noted that while there has been significant emphasis on technical assistance for CBOs in Community Supports, there has been very little attention to education for plans, particularly for health-related social needs services (like MSF&N) with which they may not be familiar.

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 Community Supports is an innovative opportunity to advance health and make a difference in the lives of Californians. Both organizations also identified

the importance of the program as an acknowledgment of the connections between healthy food and overall health. Partnership HealthPlan hopes that its successful experience with Community Supports shows other plans, CBOs, and states that they can launch similar programs.

Looking ahead for the partnership, both parties are examining how to better serve residents of rural areas in Northern California. Ceres is hoping to secure more PATH funding to launch pilot projects to provide its services in neighboring counties. A major barrier to this work has been low [reimbursement rates](#) in Community Supports, particularly for medically tailored meal services. Ceres reports that even without considering administrative overhead, the current reimbursement rates do not cover the cost of providing services—especially considering inflation-affected food prices, labor costs in California, and the costs of providing quality services. As raised by Ceres, this creates equity issues for rural residents, who do not have access to the same, locally sourced and provided, high-quality services. Partnership HealthPlan also acknowledged that reimbursement rates have been a challenge.

“Everyone has had a family member who’s sick, everybody has had a family member struggling after a hospitalization... it’s not just a California thing.”

- Partnership HealthPlan

Conclusion

Through CalAIM’s Community Supports, Ceres Community Project and Partnership HealthPlan of California have created a sustainable pathway for expanded access to vital Medically Supportive Food and Nutrition services for Medi-Cal enrollees in Marin and Sonoma Counties. The partnership resulting from their hard work and investments is also a prime example of how this program can be used to integrate health care and non-traditional providers in the community for systems 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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