



**Health Law Lab**

CENTER FOR HEALTH LAW AND POLICY INNOVATION  
HARVARD LAW SCHOOL

# CASE STUDY

**Vouchers 4 Veggies**  
**Health Net**  
**El Concilio**

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:**

Health Net

**CBO:**

Vouchers 4 Veggies

**Community Partner:**

El Concilio

**Counties:**

To Be Determined

**Intervention(s):**

Produce Prescriptions

**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:**

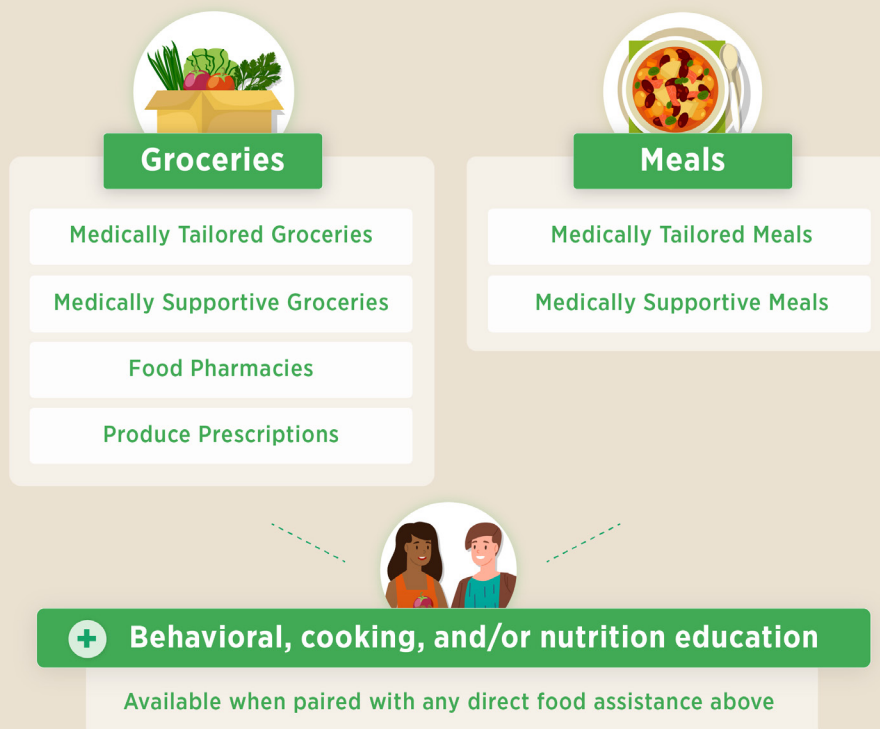
To Be Determined

## 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: Vouchers 4 Veggies

[Vouchers 4 Veggies](#) is a nonprofit program that offers an array of produce prescription services including research, technical assistance, and operating produce prescription programs nationally. Vouchers 4 Veggies programs increase access to and affordability of healthy foods for low-income individuals and families by providing free vouchers or restricted spend cards for fruit and vegetables. Vouchers 4 Veggies partners with local community distribution points for vouchers/cards, such as CBOs and health clinics, as well as corner stores, grocery stores, and farmer's markets where beneficiaries can redeem their vouchers/cards. The program was founded and is housed within the Center for Vulnerable Populations at the University of California San Francisco (UCSF) and has since been scaled nationally, with programs in San Francisco and Los Angeles, California; Boulder, Colorado; Cumberland, Virginia; rural parishes in Louisiana; and additional geographies in the near future.

### Plan Introduction: Health Net

[Health Net](#) is a health plan serving Medi-Cal enrollees in 31 California counties. It serves three million individuals across its health plans that provide coverage at every stage of life including Medicaid, Medicare, and individual and family plans. As part of the Community Supports program, across all its nutrition providers, Health Net has started providing medically tailored meals, medically tailored groceries, medically supportive groceries, and nutrition education for beneficiaries that meet DHCS's standardized eligibility criteria. Additionally, Health Net is looking to partner with Vouchers 4 Veggies to provide beneficiaries who meet these criteria with produce prescriptions. Health Net continues to pilot various MSF&N interventions with CBOs across its service areas.

### Community Partner Introduction: El Concilio

[El Concilio](#) is a community-based organization headquartered in Stockton, California. It serves over 75,000 individuals annually, providing a variety of services across nine preschools, three community centers, two immigration centers, a senior services center, job readiness centers, and a behavioral health center. El Concilio primarily serves high-risk individuals and families from the Hispanic communities of the Central Valley.

## Partnership

Starting with the official launch of Community Supports on January 1, 2022, Health Net planned to and began contracting with medically tailored meal providers under the

program. The Plan also wanted to separately fund pilots working with and testing other Medically Supportive Food and Nutrition services for possible inclusion in its Community Supports offerings. In the summer of 2021, Health Net reached out to Vouchers 4 Veggies to pilot produce prescriptions aimed at addressing food and nutrition insecurity for low-income families with children under the age of five, a population not typically reached by medically tailored meal interventions. Vouchers 4 Veggies, Health Net, and El Concilio first partnered on this produce prescription pilot in spring 2022. The pilot is funded by Health Net and started in Stockton, California. Due to its success, the pilot has since been expanded to Modesto, California. Under the pilot program, Vouchers 4 Veggies provides \$40 monthly to enrollees in the form of an electronic restricted prepaid card that can be redeemed for fruit and vegetables only at local participating grocery retailers. El Concilio distributes the cards and provides enrollees with nutrition education. The pilot has demonstrated that produce prescription programs can be successfully implemented to reach the needs of diverse communities, with positive health outcomes.

Vouchers 4 Veggies and Health Net have not yet contracted to provide produce prescription services through Community Supports. However, following the success of the pilot programs, by January 1, 2024, the organizations hope to reach a contract to provide Health Net enrollees—in some or all of the 31 California

counties that Health Net serves—with produce prescriptions through Community Supports in collaboration with local CBOs, such as El Concilio. Health Net has not yet determined its Community Supports eligibility criteria for this service, but, as it does for its current MSF&N services, the Plan anticipates it will adhere to the [DHCS standardized eligibility criteria](#) for MSF&N services, meaning members may be eligible for produce prescription 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. Health Net initially authorizes its current MSF&N Community Supports services for 12 weeks, the standard under [DHCS guidance](#), with a 14 week extension (for a 26 week intervention). Longer durations can be approved if the member has a medical or nutritional support need.

“[T]here’s a lot of opportunity to build this together, and then strengthen it, and scale over time.”

- Vouchers 4 Veggies

## Community Supports Experience

While Vouchers 4 Veggies, Health Net, and El Concilio have not yet completed contracting to form a Community Supports program, their process thus far has led to several learnings regarding key questions in contracting, funding, and infrastructure development. The following section explores these and other elements of the partners’ experience developing a Community Supports partnership.

### 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](#)

"CBOs have not worked with managed care in the past and vice versa, in any formal contractual relationship besides grant giving or community benefits or community health education. And so [we] are building deep, trusted relationships and providing ongoing technical assistance support for our providers... we've actually had an infrastructure change in order to support that."

- Health Net

[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.

Health Net has started to explore contracting with both Vouchers 4 Veggies and El Concilio under Community Supports but has not yet contracted with either organization. Health Net's overarching goal in Community Supports is to maximize its members' access to the available services throughout the five-year waiver period while evaluating the efficacy of the new services. To that end, at the time of the case study interviews, Health Net had launched services in all 14 categories of Community Supports, but it has not yet launched all available services in each category. CBO readiness to contract and work with health plans has been and continues to be a driving factor for Health Net in determining when to launch new service offerings and CBO partnerships. In the case of MSF&N services, Health Net reports that, compared to many CBO providers, medically tailored meal providers in its service areas had more infrastructure in place at the start of the Community Supports program, and were therefore ready to launch in the Plan's first wave of contracting. Other services have come on board more gradually.

At the time of the case study interviews, Health Net and Vouchers 4 Veggies were assessing important terms of their readiness to contract under Community Supports. Some of these terms included the scope of services, such as the populations (i.e., the eligibility criteria) and service area or counties that would be covered by the partnership; referral and other processes (i.e., the infrastructure needed to operationalize a partnership); and reimbursement rate/payment terms. Many factors affect these terms, such as the partners' timelines and relationships with other organizations. For example, Vouchers 4 Veggies noted that it must consider how to best direct its resources for infrastructure and capacity-building investment. To combine efficiencies, Vouchers 4 Veggies is considering working with medically tailored meals providers that already have a contract with Health Net and/or health plan infrastructure. Health Net expressed a related view that one role for MSF&N services is to work together to provide transitions for beneficiaries. For instance, a beneficiary may require a more intensive MSF&N intervention initially, such as medically tailored meals, and as the beneficiary's health improves, they can then transition to less intensive interventions, like a produce prescription.

El Concilio and Health Net have had a long-standing relationship in various areas and the partners are discussing contracting and credentialing through Community Supports.



El Concilio works with many different collaborators to deliver services to their constituents. The CBO noted that this further complicates credentialing, requiring considerable information sharing and time.

"It's just a long process. They require a lot of information and so when we're applying for...parts of the CalAIM, it's just very time-consuming and very tedious."

- El Concilio

### **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. This referral process typically entails the submission of a request for services to the plan by the beneficiary, a family member, health care provider, and/or CBO; verification of eligibility by the health plan; and communication of the approval through HIPAA-compliant means (i.e., compliant with federal requirements to keep patient information private and secure) to the CBO that will be providing the services.

Unlike in Community Supports, under Health Net, Vouchers 4 Veggies, and El Concilio's produce prescription pilot program, no health plan authorization or referral process is required for individuals to receive services. Rather, El Concilio is responsible for identifying its clients that are most in need of the Vouchers 4 Veggies produce prescriptions and distributing cards and nutrition education to these individuals. Transitioning from this grant-funded pilot process to a health care referral and authorization process requires critical thought and infrastructure development, particularly for Vouchers 4 Veggies, who supplies the intervention. Vouchers 4 Veggies has anticipated these changes and is in the process of determining how to best optimize, upgrade, or create the technology to support Health Net's referral and communication processes. An additional challenge for Vouchers 4 Veggies is creating an infrastructure for multiple health plans, as each plan has different referral, communications, and billing systems. While this is a considerable undertaking, both Health Net and Vouchers 4 Veggies see Community Supports as an opportunity to build systems that work for health-related social needs and CBOs, which have not traditionally been integrated with health care.

### **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 Vouchers 4 Veggies and El Concilio, must bill the health plan to be reimbursed for the services they provide to health plan beneficiaries. Transitioning to Medicaid billing, reporting, and reimbursement based on encounters with beneficiaries—as opposed to relying on grant-based funding—can be one of the biggest challenges for CBOs in the Community Supports program.

At this stage in the Community Supports contracting process, Vouchers 4 Veggies, El Concilio, and Health Net have not yet discussed billing and reimbursement. DHCS has issued non-binding guidance for [reimbursement rates](#), guidance for [billing and invoicing](#), and [billing code options](#) to assist plans and CBOs with Community Supports rate negotiations and, once a contract is in place, the billing processes. However even with this guidance, for the partners to determine their opportunities and risks, they will likely need to answer questions such as the scope of the partnership's covered populations and

service areas. Despite these unanswered questions, the organizations agree that there is considerable potential in a Community Supports partnership given Health Net's large service area, Vouchers 4 Veggies' scalable program, El Concilio's deep community ties, and the parties' successful pilot experience thus far.

### Program Evaluation

As a part of UCSF, Vouchers 4 Veggies not only provides produce prescription services and operations, but also conducts research. Vouchers 4 Veggies has been evaluating the Stockton and Modesto produce prescription pilot programs; initial results have been promising. As part of the evaluation, Vouchers 4 Veggies administers pre- and post-intervention surveys. The evaluations measure various metrics including food security, dietary nutrient intake, consumption of fruit and vegetables, rates of benefit redemption, program satisfaction, and self-reported health outcomes. Analyzed data from the Stockton pilot shows results consistent with other Vouchers 4 Veggies studies including improvements in food security, high participant program satisfaction, and high utilization. This success prompted Health Net's decision to expand the pilot to Modesto.

Both Vouchers 4 Veggies and Health Net anticipate that program evaluation under a Community Supports partnership may differ from the pilot evaluations. For example, Vouchers 4 Veggies anticipates that the Community Supports program will be much larger than the pilots, which may make conducting its current pre- and post-intervention surveys for every service beneficiary unmanageable. Health Net noted that it must assess whether each Community Supports service is "[medically appropriate and cost effective](#)." To measure this, Health Net anticipates evaluating health outcome metrics such as hospital admissions. However, the Plan emphasized that before conducting data analysis for a Community Supports service, it wants to be sure that it has an adequate sample size. Therefore, in evaluating its Community Supports programs, Health Net has also been focusing on service uptake, connectivity between service providers, and reducing administrative barriers in the referral process.

## Key Takeaways

"CalAIM is about systems change and systems connection, really trying to connect systems that have been siloed in the social care world with behavioral health, physical,... even the various community support services. So that theme of connecting is going to be so impactful in the long run... working together for our communities and for our members. "

- Health Net

### Successes

All three organizations identified several opportunities in their potential Community Supports partnership and expressed confidence in the future as they continue to work through the details of setting up a program under the waiver.

The organizations consider Community Supports an opportunity to break down traditional health care and social service silos and think differently about systems to expand access to services. For example, the pilots have identified a model that works in Stockton,

highlighting the importance of a community partner with deep ties to the community. Vouchers 4 Veggies noted that it also frequently partners with clinics, which may be



beneficial to integrate into the piloted model when working with health plan referral systems in Community Supports.

Vouchers 4 Veggies and El Concilio have also worked together under the pilots to resolve issues that have arisen with the use of the produce prescription cards. For example, if a beneficiary reported a card did not work or that a participating grocery retailer did not know how to use the card, Vouchers 4 Veggies has been able to fix problems quickly—often testing cards at retailers in person and checking with stores and markets regarding staff training. As a result, El Concilio expressed that it is confident that the program can be scaled beyond the partners' present pilots.

## Challenges

In addition to successes, the organizations have faced challenges in developing a Community Supports partnership. The major challenge identified at this stage in the partnership generally centered on capacity building and infrastructure development.

As discussed above, Vouchers 4 Veggies identified several areas of focus for capacity building and investment (e.g., referral mechanisms, communication systems, and billing technology and infrastructure). El Concilio echoed funding and capacity challenges. Health Net also identified capacity building and administrative processes (e.g., expansion of IT systems and hardware, HIPAA and privacy training) as the areas in which CBOs in Community Supports have needed the most support. Health Net has been assisting its CBO partners with this infrastructure development through [CalAIM Incentive Payment Program](#) funding. CBOs are also able to apply for support via [CalAIM PATH](#) funding, however, Vouchers 4 Veggies noted that it has been unable to apply for the [PATH Capacity and Infrastructure Transition, Expansion and Development](#) funding, which supports capacity building and infrastructure, because this funding requires CBOs to already be or have an attestation that it will soon be contracted with a Medi-Cal managed care plan.

In addition to funding, the partners agreed that these challenges can be improved by continuous and open communication. Vouchers 4 Veggies noted that an exchange of information between CBOs and plans could lead to a deeper understanding of each partner's operations at the outset and allow for the development of systems that suit the emerging space of health care integrated health-related social needs. For example, to develop a plan regarding capacity building and investment for referral processes, the health plan should share information about its standard referral processes and then the CBO should share information about how the service it provides affects and is delivered to populations served by the intervention. Relatedly, Health Net noted that it often provides support interpreting DHCS and other regulatory language for its CBO partners, which can help make expectations and requirements more explicit.

## Looking Ahead

The organizations reflected on the Community Supports program, discussing opportunities and challenges for partnership ahead.

The partners agreed that while Community Supports is still in early stages, they are eager to take advantage of the five-year waiver period to expand access to services. Health Net is placing substantial emphasis on both service expansion and service uptake through its piloting of new services and seeking Community Supports contracts with new providers such as Vouchers 4 Veggies and El Concilio.

All three parties stressed the importance of exploring solutions to inequitable service access—including access to culturally appropriate foods—and identified Community Supports as a potential pathway for those solutions. For example, El Concilio noted that in semi-rural and/or food deserts in the pilot program areas, beneficiaries often had to travel far (30 minutes) to purchase fruits and vegetables. Both El Concilio and Vouchers 4 Veggies agree that if Community Supports could provide the funding to cover transportation for these beneficiaries and/or to give beneficiaries a choice to utilize Vouchers 4 Veggies' paper vouchers (which tend to be more likely to be accepted at local corner and ethnic markets than the produce prescription cards), uptake of the services could be even greater. Vouchers 4 Veggies noted that ultimately, making MSF&N a fully covered benefit will expand equitable access to care for individuals with diet-sensitive chronic conditions, and Community Supports is a step in that direction.

"The big picture in the future is to get these medically supportive food and nutrition benefits baked into Medicaid."

- Vouchers 4 Veggies

## Conclusion

Vouchers 4 Veggies, Health Net, and El Concilio are looking to CalAIM's Community Supports as a sustainable avenue to continue the success of their produce prescription pilots and to expand equitable access to healthy food. While not yet completed, their process of developing a partnership under this new program is already making impactful changes for Californians and the health care system.

### 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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