NYS FOOD AS MEDICINE PROJECT

POLICY AND PRACTICE RECOMMENDATIONS

Fifteen New York State Food as Medicine Project Policy and Practice Recommendations were developed by a statewide coalition of representatives from every region of the state with diverse and deep expertise in healthcare, food systems, policy, government, research, and more. The Recommendations are framed around four goals:

1. **Building an integrated social care delivery system rooted in health equity.**
2. **Supporting the inclusion of robust nutrition treatment and education in practice and program models.**
3. **Creating and maintaining a digital health infrastructure.**
4. **Sustaining, scaling, and demonstrating the impact of programming and implementation beyond the term of the New York Health Equity Reform 1115 Waiver Amendment.**

To support the sustainable and equitable integration of Food as Medicine interventions into New York Medicaid and the broader healthcare system, the New York Food as Medicine Project recommends that New York State:

1. **Provide infrastructure funding, technical assistance, and guidance for the full menu of Food as Medicine (FAM) interventions covered under the New York Health Equity Reform (NYHER) 1115 Waiver Amendment[1] to support:**
    a. Design and implementation of FAM programs (e.g., scope, eligibility criteria, dose, frequency, duration, and delivery);
    b. Administrative costs, capital investments, and incentives for the production, procurement, storage, handling, and transportation of food that supports local sourcing and values-based procurement (i.e., a purchasing approach that emphasizes values other than cost during the bidding or contract solicitation process. These values may be related to the types of products FAM programs seek to procure, for example organic foods, or the

[1] CENTERS FOR MEDICARE & MEDICAID SERVICES, *New York Medicaid Redesign Team* https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82656; NYS DEPT OF HEALTH, *New York State Medicaid Redesign Team Waiver Amendment.* (Proposal, submitted Sept. 2022), https://www.google.com/url?q=https://www.medicaid.gov/sites/default/files/2022-09/ny-medicaid-rdsgn-team-pa-09152022_updated.pdf&sa=D&source=docs&ust=1695739969085561&usg=AOvVaw2u8meh7X6mdPvkrsi0UnFW

characteristics of food producers and vendors, such as local or socially disadvantaged producers[2].);
c. Capacity building to scale and continually support digital and telehealth infrastructure;
d. Language services and program education in accessible formats;
e. FAM program evaluation, inclusive of process and outcome assessments, that are developed concurrently with program design and implemented to demonstrate return on investment, health impact, and patient satisfaction.

2. **Implement a comprehensive, statewide digital health system that includes a standardized payment model, closed-loop referral processes, and interoperable data sharing by prioritizing:**
    a. The development and implementation of user-friendly digital health platforms for healthcare providers, social care providers, and patients;
    b. Commitments to bidirectional information sharing between community based organizations (CBOs), healthcare clinicians, managed care organizations (MCOs) and other health plans, healthcare systems, data sharing platforms and other entities providing services;
    c. Technology that is accessible and compatible with Health Insurance Portability and Accountability Act (HIPAA) requirements to maintain data security and privacy;
    d. Technology and referral systems that enhance the coordination and delivery of services for individuals facing one or more health-related social needs;
    e. Education and training for healthcare clinicians on best practices for using digital health platforms and conducting virtual consultations;
    f. Equitable reimbursement rates to incentivize providers to spend sufficient time educating eligible patients about FAM interventions, thereby increasing access and reach to vulnerable populations;
    g. A plan to evaluate the statewide referral platform(s) for:
        i. Consistency of data collected and assessment of the allocation of funding and technical assistance to CBOs to ensure that all communities have equal access to platform customization and features;
        ii. Utilization of the platform (e.g., barriers to and facilitators of optimal use).

[2] This purchasing approach is consistent with New York State Executive Order 32, issued by Governor Kathy Hochul in August 2023. NY Executive Order No. 32 (2023). https://www.governor.ny.gov/executive-order/no-32-establishing-state-agency-food-purchasing-goals-new-york-state-agricultural

3. **Provide guidance and technical assistance to the 1115 Waiver Amendment Social Care Networks to promote collaborative, equitable, and diverse vendor networks to foster partnerships between FAM providers, CBOs and healthcare providers.**

4. **Develop appropriate reimbursement rates to support the inclusion of a continuum of FAM services with minimal access barriers by:**
    a. Reimbursing the full cost of services, infrastructure, operations and administration;
    b. Embedding FAM service and administrative costs into standard payment systems (e.g., capitation and fee-for-service) and emerging funding streams;
    c. Conducting a statewide FAM provider cost and rate survey to establish standard rates that are reflective of regional need;
    d. Continuing to guide private and public payers to incorporate the value-based payment roadmap and incentive structures for case management teams who incorporate FAM interventions into the delivery of care.

5. **Identify a standardized nutrition security assessment to supplement the Accountable Health Communities Health Related Social Needs Screening Tool[3] when food insecurity is indicated. Provide onboarding and culturally responsive training guidance for Qualified Health Providers and Community Health Workers to implement best practices in their use of both screening tools to identify and connect vulnerable populations to services addressing social needs.**

6. **Support the Statewide Health Equity Regional Organization (HERO)[4] in their provision of guidance on best practices for compliance, promotion of health equity, data collection and reporting, implementation and evaluation strategies, and the use of enrollment data across social care programs to enhance the impact of the provision of FAM for eligible populations.**

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[3] CENTERS FOR MEDICARE & MEDICAID SERVICES, *The Accountable Health Communities Health-Related Social Needs Screening Tool*, https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf.

[4] NEW YORK STATE DEP'T OF HEALTH, *Medicaid in New York 2023 Conference (Presentation)* (July 2023), https://uhfnyc.org/media/filer_public/2f/dc/2fdc1a24-e4ff-4568-87f8-0db242222ef3/uhf_2023_medicaid_conference_slides_for_publication.pdf; NYS DEPT OF HEALTH, *New York State Medicaid Redesign Team Waiver Amendment*. (Proposal, submitted Sept. 2022), https://www.google.com/url?q=https://www.medicaid.gov/sites/default/files/2022-09/ny-medicaid-rdsgn-team-pa-09152022_updated.pdf&sa=D&source=docs&ust=1695739969085561&usg=AOvVaw2u8meh7X6mdPvkrsi0UnFW

7. **Direct the Statewide HERO under the 1115 Waiver Amendment to promote inclusive and expansive service guidelines when designing value-based payment models with health and social service partners.**

8. **Fund a robust, required, and standardized monitoring and evaluation plan of the New York Health Equity Reform 1115 Waiver Amendment, led by the Statewide HERO, to assess the implementation process, evaluate the health and cost impacts of FAM interventions, and inform the ongoing development of the delivery systems where FAM is provided. Contract with research entities with the vision and capacity to develop and conduct evaluations of the FAM interventions included under the Waiver Amendment, with input from stakeholders, including the NYS FAM Coalition.**

9. **Embed Medicaid coverage in value-based payment arrangements for social determinant of health (SDOH) screening and referrals (including FAM interventions) provided by Community Health Workers, registered dietitians and nutritionists, and food access navigators employed by non-Medicaid billing entities.**

10. **Support the continued education of Qualified Health Providers who are practicing within Medicare and Medicaid by:**
    a. Requiring periodic coursework or training in nutrition, social determinants of health and health related social needs;
    b. Working with expert entities, including but not limited to the Accreditation Council for Education in Nutrition and Dietetics (ACEND)[5] and the American College of Lifestyle Medicine[6] to develop continuing education (CE) courses specific to medical providers who screen for food/nutrition security;
    c. Working with expert entities such as the Academy of Nutrition and Dietetics[7] on the development and maintenance of a resource library related to nutrition CEs and training opportunities on topics that include but are not limited to:
        i. Food as medicine approaches
        ii. Food and nutrition security
        iii. Diet related chronic illnesses
        iv. Prioritizing cultural, religious, and trauma informed best practices

[5] ACADEMY OF NUTRITION AND DIETETICS, *Acend Mission and Values*, (2023), https://www.eatrightpro.org/acend/about-acend/acend-mission-and-vision

[6] AMERICAN COLLEGE OF LIFESTYLE MEDICINE, https://lifestylemedicine.org/

[7] ACADEMY OF NUTRITION AND DIETETICS, *About Us*, https://www.eatrightpro.org/about-us

v. Utilizing nutrition as a prevention strategy
vi. Bio/psycho/social factors/determinants of nutrition choices and habits.

11. **Direct health and social service partners to adopt flexible program guidelines that will maximize the impact of FAM interventions by:**
    a. Creating pilot programs and alternative payment methods to extend FAM services for up to 12 months with reauthorizations/extensions granted upon medical necessity;
    b. Providing additional nutrition support to the household of primary recipients in the form of meal support with deliveries of up to 3 meals a day for prepared meals or sufficient groceries (via home delivery, pick-up, or voucher/card) to create a minimum of 10 meals a week (follow Hunger Prevention and Nutrition Assistance Program (HPNAP) guidelines), for a minimum of 6 months or as long as the primary recipient is enrolled in a program;
    c. Prioritizing trauma informed care;
    d. Including all diagnoses that are impacted by nutrition support services, including but not limited to: cardiovascular disease, prediabetes/diabetes, kidney disease, cancer, HIV/AIDS, substance abuse, mental and behavioral health, gastrointestinal conditions, high risk pregnancy, diet related autoimmune diseases, obesity, and malnutrition;
    e. Adopting incentives for values-based food procurement that:
        i. Ensure food provided meets quality, quantity, clinical nutrition, and safety standards as developed by the Food is Medicine Coalition (FIMC)[8];
        ii. Offer culturally and personally preferred food options to patients;
        iii. When possible, prioritizes seasonal food sourced from New York producers or within a 400-mile radius;
        iv. Support and prioritize good food purchasing values, including positive impact on local economies, environmental sustainability (e.g., seasonal, vegetarian, organic, or regeneratively produced foods), valued workforce, animal welfare, nutrition, equity and diversity (e.g., socially disadvantaged producers), and support for small, medium, and family farms;
        v. Establishes clear goals and/or financial incentives as well as mechanisms for tracking outcomes and impacts of values-based food procurement;
    f. Allowing for and providing guidance on best practices for referrals to step-down or step-up interventions on the FAM continuum that address the changing needs of participants.

[8] FOOD IS MEDICINE COALITION, https://www.fimcoalition.org/

12. **Ensure that individuals receiving FAM interventions have access to an appropriate level of medical nutrition therapy and education services from a registered dietitian nutritionist (RDN) to best address medical and nutrition needs. Specifically, in the provision of medically tailored meals, RDNs should be integrated into the entire intervention process, from menu design to intake, assessment, ongoing medical nutrition therapy, nutrition counseling, and nutrition education based on the assessment of eligible participant needs.**

13. **Enable Medicaid Managed Care and encourage Medicare Advantage plans to reimburse for SDOH screening and FAM eligibility referrals as a part of care coordination and case management programs.**

14. **Broaden the scope and depth of FAM evaluation by partnering with the philanthropic community and private payers to fund research extending beyond the required statewide 1115 Waiver Amendment monitoring and evaluation plan to inform future FAM policies by generating evidence regarding:**
    a. The dose, frequency, and duration of services sufficient to meet health impact and cost saving goals;
    b. Which FAM benefits and program activities contribute to improved health outcomes for the Medicaid population and at what cost ratios;
    c. A sustainable financial plan for FAM providers to provide and continue programming for vulnerable populations beyond the term of the Waiver Amendment.

15. **Partner with the NYS FAM Coalition to regularly review and integrate evidence from monitoring and evaluation activities—including recommendations from FAM stakeholders and program participants—to regularly update implementation policies and to inform best practices for the delivery of FAM services.**