

**MEDICAID FOOD  
SECURITY NETWORK**

# Medicaid Food Security Network Summit

**MAY 7-8, 2025  
WASHINGTON, DC**





# State Food Advocacy Organization Case Studies and Interactive Live Technical Assistance

May 8<sup>th</sup>, 2025

**Medicaid Food Security Network Summit 2025**

# Session Facilitators



**Kathryn Jantz**  
Senior Associate,  
HealthBegins



**Amanda Bank**  
Program Officer, Center  
for Health Care  
Strategies

**MEDICAID FOOD  
SECURITY NETWORK**

# Session Objectives

After this session, attendees will:

- Be able to describe the **Medicaid policy context and Medicaid policy opportunities**
- Receive **real-time technical assistance and peer support** in identifying plausible solutions and next steps toward implementing Medicaid-supported food and nutrition service flexibilities in their state.
- **Connect** with key leaders and peers in other states

**MEDICAID FOOD  
SECURITY NETWORK**



# Session Agenda

Time	Topic	Facilitator
5 min	Welcome	Kathryn Jantz,
5 min	Introduction to Medicaid	Jamila McClean
10 min	Food is Medicine Policy Levers	Katie Garfield
5 min	Introduction to the Policy Dashboard	Craig Moschetti
5 min	Roadrunner Food Bank of New Mexico	Jessica Osenbrugge
5 min	Oklahoma Policy Institute	Austin Webb
5 min	Greater Chicago Food Depository	Beth Kenefick
5 min	Project Angel Heart	Nic Soucy
30 min	Around the World Exercise	

# Table Topics

## Beth & Jamila

- Interagency SNAP and WIC data sharing

## Jess & Amanda

- Food is Medicine coalition building and strategic framework development
- Bridging Food is Medicine and local agriculture

## Nic & Kathryn

- 1115 waiver advocacy
- billing and contracting MCOs

## Austin & Katie

- Integrated public benefit applications
- Legislative advocacy

## Craig & Kelleen

- Policy dashboard

# Session Speakers



**Jamila McLean**  
Princeton University  
State Health & Values  
Strategies



**Katie Garfield**  
Harvard Center for  
Health Law & Policy  
Innovation



**Craig Moschetti**  
Share Our Strength

**MEDICAID FOOD  
SECURITY NETWORK**

# Session Speakers



**Jessica Osenbrugge**  
Roadrunner Food  
Bank of New Mexico



**Austin Web**  
Oklahoma Policy  
Institute

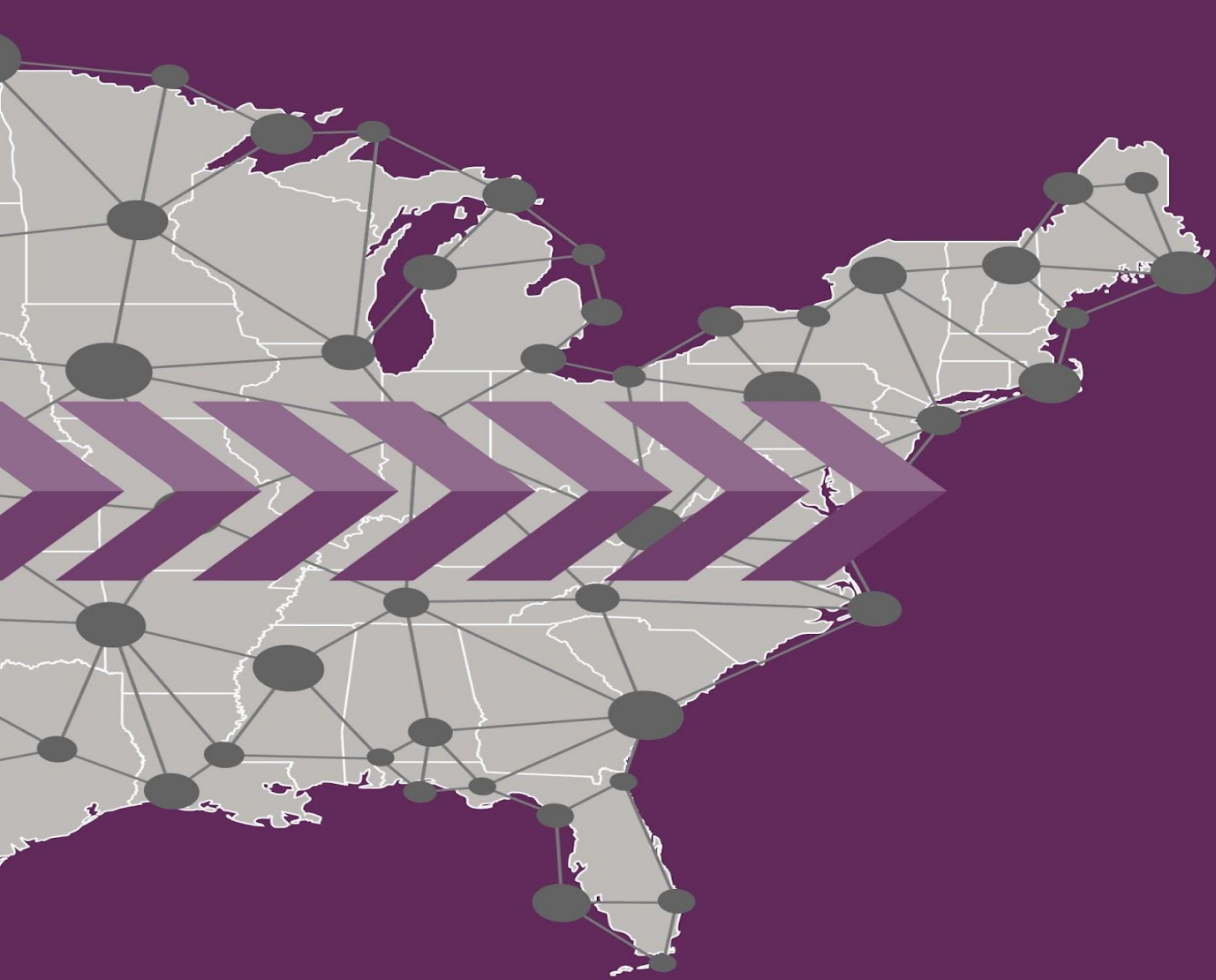


**Nic Soucy**  
Project Angel Heart



**Beth Kenefick**  
Greater Chicago Food  
Depository

**MEDICAID FOOD  
SECURITY NETWORK**



# Medicaid & SNAP Overview

Jamila McLean

May 8 ,2025

**STATE**  
Health & Value  
**STRATEGIES**

*Driving Innovation  
Across States*

*A grantee of the Robert Wood Johnson Foundation*

# About State Health and Value Strategies

---

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

*Support for this webinar was provided by the Robert Wood Johnson Foundation.  
The views expressed here do not necessarily reflect the views of the Foundation.*

# Overview of Medicaid and SNAP



Medicaid provides **health coverage** to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.<sup>1</sup>



The Supplemental Nutrition Assistance Program (SNAP) provides **food benefits** to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.<sup>2</sup>

<sup>1</sup> Medicaid. (2022). Medicaid.gov. <https://www.medicaid.gov/medicaid>

<sup>2</sup> USDA. (2025). Supplemental nutrition assistance program (SNAP) | USDA-FNS. Usda.gov. <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

# Differences, Similarities and Barriers to Coordination

While Medicaid and SNAP both serve to help low-income individuals and families, they have distinct purposes, eligibility criteria, and enrollment processes resulting in an enrollment gap

**Administering Agency**

**Eligibility Criteria**

**Application & Enrollment  
Processes**

**Verification Processes**

**Renewal/ Recertification  
Processes**

## Significant Cuts to Medicaid Under Consideration

- The House Energy & Commerce (E&C) Committee has been directed to find at least **\$880 billion in federal savings**. The Congressional Budget Office (CBO) has established that **most of these savings will need to come from Medicaid**.
- Congress is using **budget reconciliation** to advance legislative priorities. As part of that process, a wide range of proposals that would reduce federal Medicaid spending are being considered.
- Senate instructions **differ significantly** and likely include fewer Medicaid cuts.
- The House is aiming to pass its reconciliation bill before the Memorial Day recess, and we could see **draft legislative text as early as the week of May 5**.

# Significant Cuts to Medicaid Under Consideration

Congress is considering these and other proposals to reach their targets for cuts in federal Medicaid funds. Draft legislation may include variations on these proposals, or entirely new proposals.

Policy Priority	Description
<b>Reduce Federal Medical Assistance Percentage (FMAP)</b>	Changes to statutory federal financing rubric for the Medicaid program, which may include: <ul style="list-style-type: none"><li>▪ Reducing the 90% federal match for Medicaid expansion populations.</li><li>▪ Reducing the FMAP floor from 50% to 40% for certain states.</li><li>▪ FMAP penalty for states that cover non-citizens using state funds.</li></ul>
<b>Impose Medicaid Per-Capita Caps</b>	A Medicaid federal financing strategy whereby states receive federal funding capped per enrollee, built up from per capita caps for different eligibility groups.
<b>Limitations on Provider Tax Policy</b>	Limit states' ability to use provider taxes to fund the non-federal share of Medicaid expenditures.
<b>Limitations on State Directed Payments (SDPs)</b>	SDPs are additional Medicaid payments states make to providers in Medicaid managed care. Proposals under consideration would reduce the allowable SDP payment level.
<b>Work Reporting Requirements [or Work Requirements]</b>	Condition Medicaid eligibility on enrollees reporting that they have fulfilled work requirements (often 80 hours per month) or meet an exemption; could apply to adults ages 19 to 64.
<b>Eligibility Process Changes</b>	May include more frequent eligibility verifications, and changes to retroactive eligibility, among others.

\*For more on Medicaid proposals under consideration, see the Congressional Budget Office's [Options for Reducing the Deficit: 2025 to 2034 report](#) and House Ways and Means Committee [offset list](#).

---

# Food is Medicine

## Policy Levers



CENTER *for* HEALTH LAW  
*and* POLICY INNOVATION  
HARVARD LAW SCHOOL

*Katie Garfield, JD*

*Director, Whole Person Care*

*CHLPI, Harvard Law School*

---

# Nutrition Supports in Medicaid

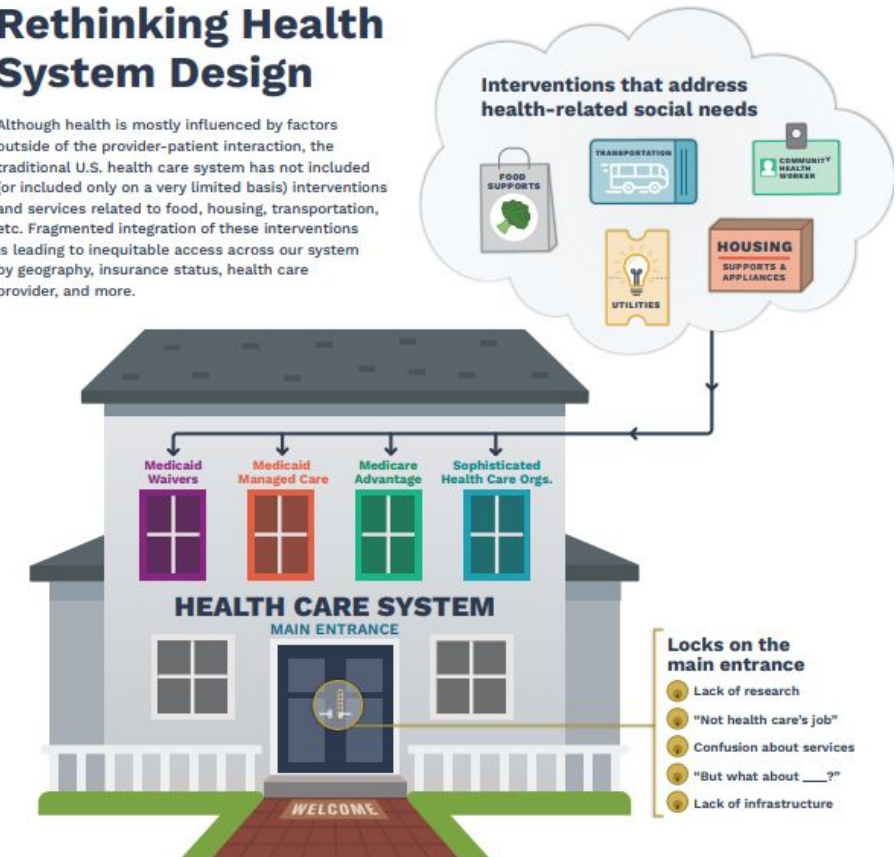
## *The Status Quo*

There is no current coverage of Food is Medicine services (direct provision of food) – beyond limited circumstances – in baseline Medicaid coverage

**Must utilize legal and regulatory flexibilities such as Medicaid waivers and managed care flexibilities**

## Rethinking Health System Design

Although health is mostly influenced by factors outside of the provider-patient interaction, the traditional U.S. health care system has not included (or included only on a very limited basis) interventions and services related to food, housing, transportation, etc. Fragmented integration of these interventions is leading to inequitable access across our system by geography, insurance status, health care provider, and more.



# Primary Medicaid Policy Pathways

## *Options for Coverage of Nutrition Supports*

- **Section 1115 Demonstrations**: authorize states to temporarily modify Medicaid programs with CMS approval through experimental, pilot, or demonstration projects that promote Medicaid's objectives.
- **Home and Community-Based Services (HCBS) authorities**: authorize states to provide eligible individuals services in their home or community rather than through institutional settings.
- **In Lieu of Services (ILOS)**:\* enables states to authorize Medicaid managed care organizations to provide medically appropriate and cost-effective substitutes for traditional state plan covered services.
- **CHIP Health Services Initiatives (HSI)**: enables states to provide direct services and develop public health initiatives that directly improve the health of low-income children aged 19 and below who are eligible for CHIP and/or Medicaid.

\* **Note:** Other pathways are also available in Medicaid Managed Care (e.g., value-added services)

# Nutrition Supports\*

Section 1115	HCBS 1915(c)/(i)	ILOS	CHIP HSI
Case Management	Case Management	Case Management	Case Management
Nutrition Counseling	Nutrition Counseling	Nutrition Counseling	Nutrition Counseling
<b>Meals or Pantry Stocking</b> – up to <b>3 meals/day</b> for up to 6 months with possibility of renewal for additional 6-month periods	<b>Meals or Pantry Stocking</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Meals or Pantry Stocking</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Meals or Pantry Stocking</b> – Not Previously Approved
<b>Nutrition Prescriptions</b> – up to <b>3 meals/day</b> for up to 6 months with possibility of renewal for additional 6-month periods	<b>Nutrition Prescriptions</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Nutrition Prescriptions</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Nutrition Prescriptions</b> – Not Previously Approved
<b>Grocery Provisions</b> – up to <b>3 meals/day</b> for up to 6 months with possibility of renewal for additional 6-month periods	<b>Grocery Provisions</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Grocery Provisions</b> – up to <b>2 meals/day or less than a full nutritional regimen</b>	<b>Grocery Provisions</b> – Not Previously Approved

\*CMS plans to consider state proposals for coverage of nutrition supports on a case-by-case basis moving forward.

# Section 1115 vs. ILOS

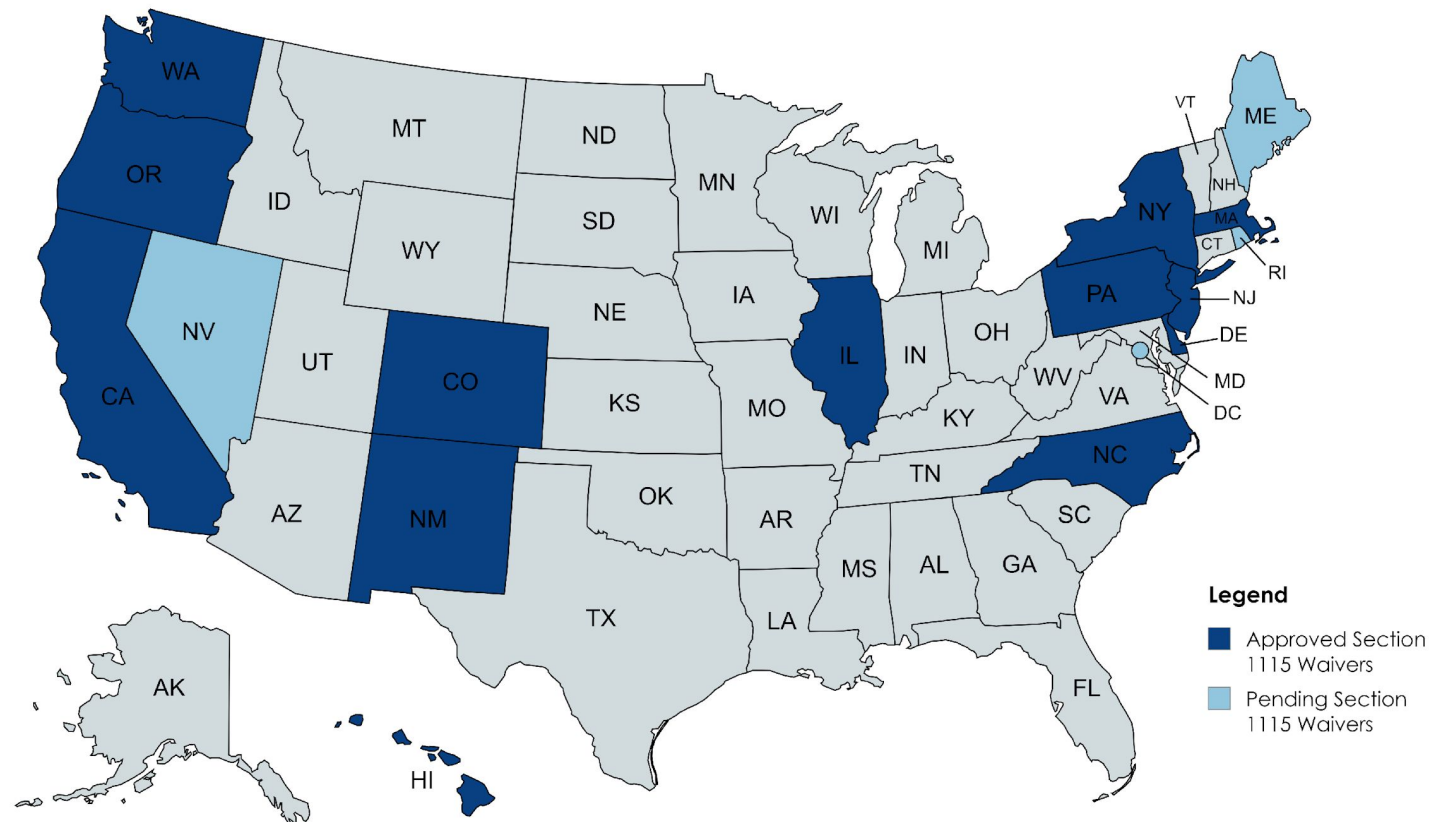
## *Section 1115 demonstration waiver*

- **Population:** Can extend to fee-for-service and managed care population
- **Services:** Can include a full nutritional regimen (3 meals per day)
- **Infrastructure Dollars:** Allowed
- **Approval Process:** Notice/comment at state/federal level, CMS approval for 5 years

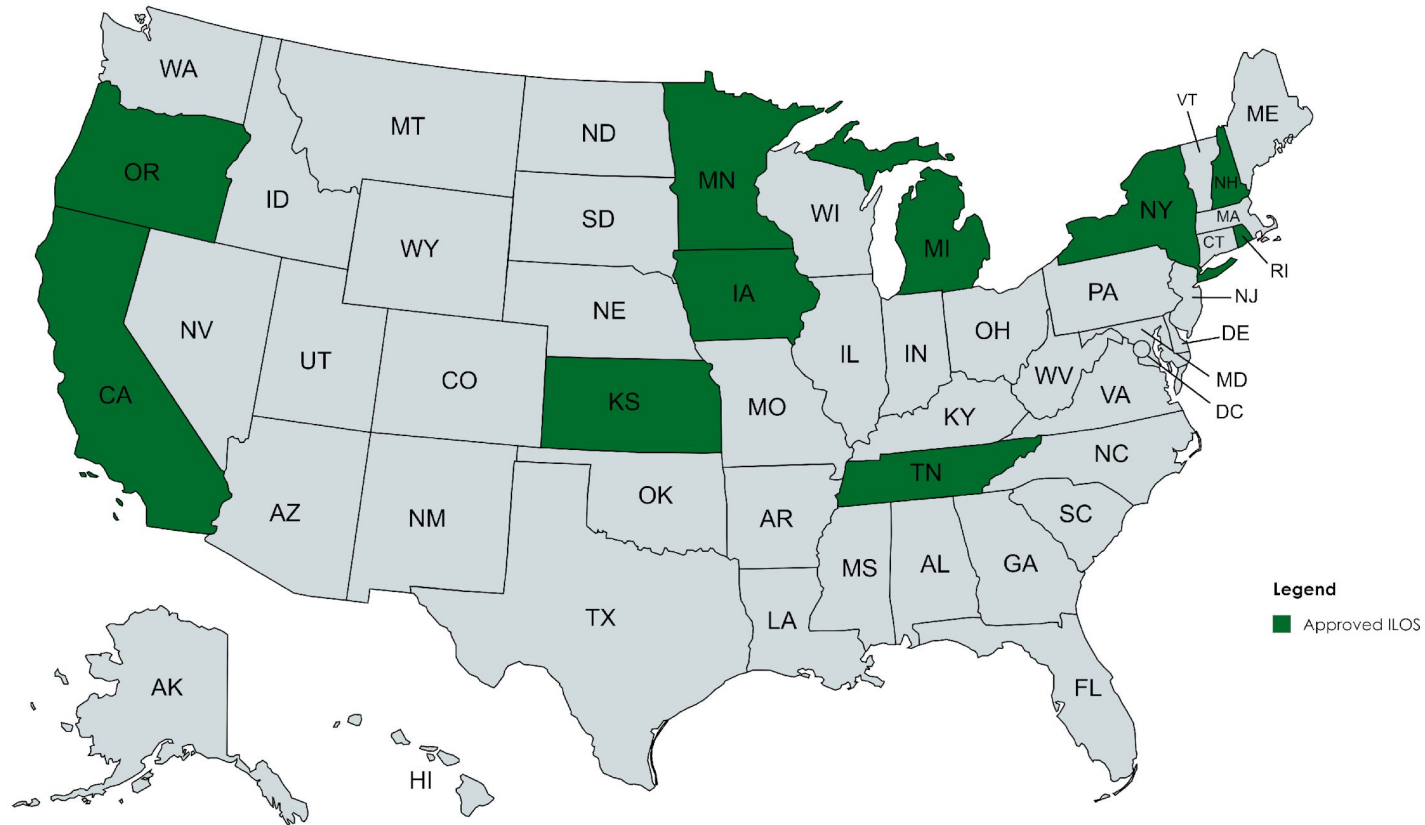
## *In lieu of services (ILOS)*

- **Population:** Limited to managed care population
- **Services:** Cannot include a full nutritional regimen
- **Infrastructure Dollars:** Not allowed
- **Approval Process:** Inclusion in contract between state/MCO

# Nutrition Supports: Section 1115 Demonstration Waivers



# Nutrition Supports: In Lieu of Services



# Open Questions: HHS/CMS Approach

## February 13, 2025

- Robert F. Kennedy, Jr. sworn in as Secretary of HHS
- EO: “Make America Healthy Again”(MAHA) Commission

## March 4, 2025

- Rescission of CMS 2023/2024 guidance
- **No** impact on existing approvals
- Will consider state applications on “case-by-case” basis

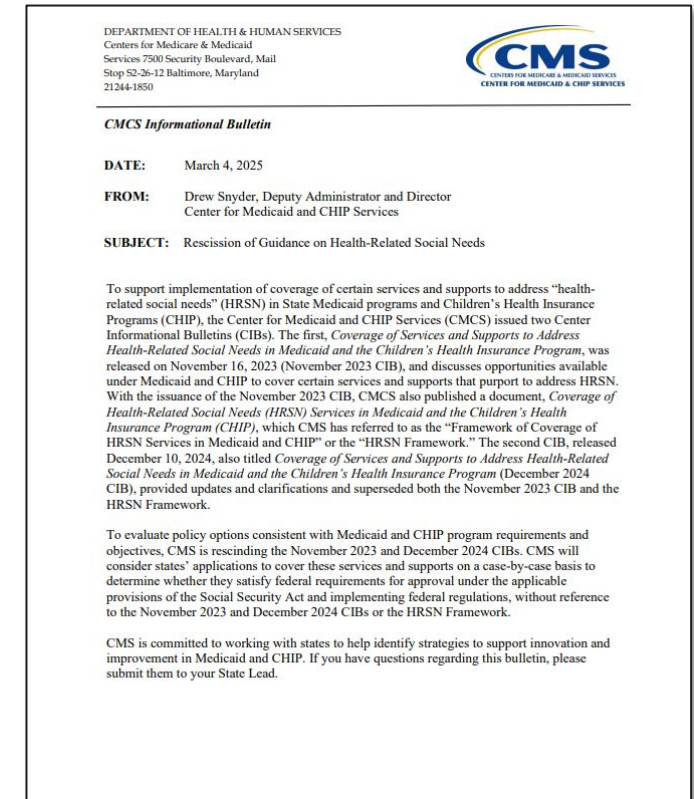
## April 10, 2025

- CMS will not approve new proposals for Designated State Health Program (DSHP)/Designated State Investment Programs (DSIP) Funding
- Forecloses one pathway to help states pay for 1115 initiatives
- **No** impact on existing funding or ability to propose HRSN policy



## Pending

- 1115 waiver proposals from DC, NV, RI (and soon ME)



**Source:** CMCS,  
<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/AID/cib03042025.pdf>

A photograph of four children sitting outdoors, eating. One child on the left is eating a green apple. Another child in the center is eating a sandwich. A third child on the right is also eating. They are all smiling and appear to be enjoying their meal. The background is a soft-focus green, suggesting an outdoor setting with trees or bushes.

# Medicaid Food Security Policy Dashboard

**Craig Moschetti** | Share Our Strength | [cmoscetti@strength.org](mailto:cmoscetti@strength.org)

**MEDICAID FOOD  
SECURITY NETWORK**

# Supporting Medicaid Policy Change

- Exploratory dashboard
- Innovative approaches to improving food/nutrition security
- Focus on children and families
- Emphasis on closing SNAP and WIC enrollment gaps

186 policies from 42 states + DC

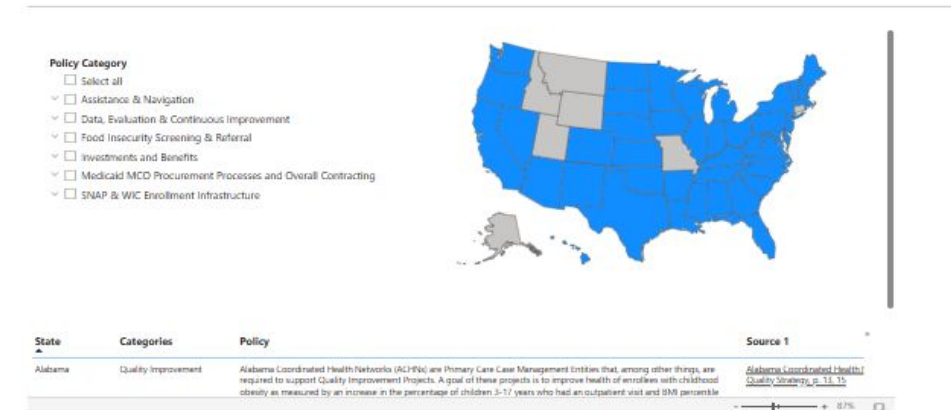
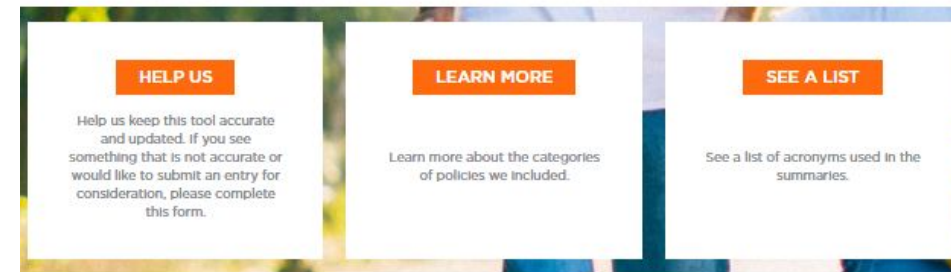


<https://medicaidfoodsecuritynetwork.org/dashboard/>

## About the Medicaid Food Security Policy Dashboard

The Medicaid Food Security Network is a group of healthcare and food security stakeholders, mobilizing Medicaid systems to become a key partner in addressing food and nutrition insecurity, with an emphasis on closing the enrollment gap in SNAP and WIC. To support the network, we have reviewed 1115 waivers, Medicaid Managed Care Contracts, and other policy documents across the country to develop a compendium of examples of how Medicaid is addressing food insecurity among children and families.

This tool is not an exhaustive list of programs and policies that address food insecurity through Medicaid. As the focus of this tool is children and families, **we excluded programs that would not serve most children and their parents** (such as programs with very high clinical acuity criteria or programs focused on people needing long term services and supports) and in our descriptions of the policy, we included the details necessary to show how the policy would impact this population. To see full eligibility and service criteria we have linked the original sources. The page numbers that are listed in the citations refer to the page number on the document which may not match the page number of the pdf.



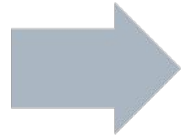
**MEDICAID FOOD  
SECURITY NETWORK**

# Dashboard Workflow



## Collect Documents

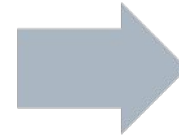
- MCO contracts
- 1115 waivers
- Quality improvement plan
- Legislation / regulation
- Other policy docs



## Code for provisions of interest

- 13 Policy Categories in 4 domains\*
  - FI Screening & Referral
  - Assistance & Navigation
  - Quality Improvement, Population Health, Social Drivers of Health Plans
  - Investments & Benefits
- Inclusion / exclusion (i.e. children and families)

*\*See dashboard webpage for definitions*



## Visualize



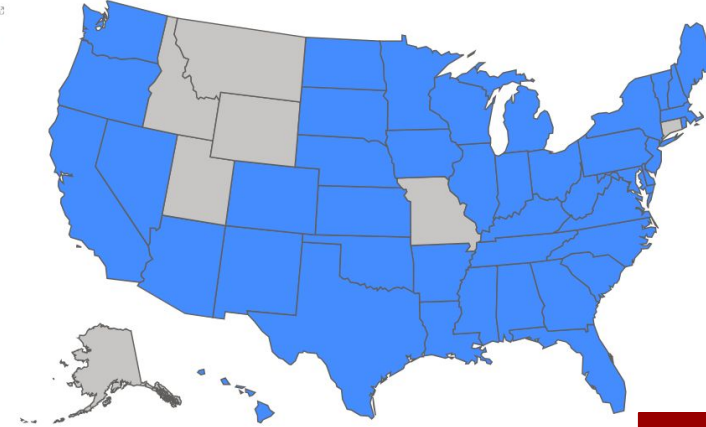
**MEDICAID FOOD  
SECURITY NETWORK**

# A Quick Tour: Dashboard Components



## Policy Category

- ☐ Select all
- ▼ ☐ Assistance & Navigation
- ▼ ☐ Data, Evaluation & Continuous Improvement
- ▼ ☐ Food Insecurity Screening & Referral
- ▼ ☐ Investments and Benefits
- ▼ ☐ Medicaid MCO Procurement Processes and Overall Contracting
- ▼ ☐ SNAP & WIC Enrollment Infrastructure



State	Categories	Policy	Source 1
Alabama	Quality Improvement	Alabama Coordinated Health Networks (ACHNs) are Primary Care Case Management Entities that, among other things, are required to support Quality Improvement Projects. A goal of these projects is to improve health of enrollees with childhood obesity as measured by an increase in the percentage of children 3-17 years who had an outpatient visit and BMI percentile documentation. The ACHNs engaged in a variety of childhood obesity projects include promoting well-child visits; distributing MyPlate educational materials; supporting food gardens in schools; activities to promote healthy lifestyle changes, physical activity, and nutrition counseling through a licensed dietitian; and supporting food box distribution programs.	<a href="#">Alabama Coordinated Health Quality Strategy, p. 13, 15</a>
Arizona	Coding	Medicaid MCOs must "monitor, promote, and educate providers on the use and importance of 'Z' codes" with the goal of identifying and addressing health disparities.	<a href="#">Arizona Health Care Cost Cont (AHCCS), Contract Amendmen October 1 2023, p. 47</a>
Arizona	Community Reinvestment	Medicaid MCOs must contribute 6% of their annual profits to community reinvestment. MCOs must submit a plan for their	Arizona Health Care Cost Cont

**MEDICAID FOOD  
SECURITY NETWORK**

# Visit the dashboard

Follow link [bit.ly/MFSNdash](https://bit.ly/MFSNdash) or QR code →



# Roadrunner Food Bank of New Mexico: Food Is Medicine Coalition Building Project



# Introduction

- Jessica Osenbrügge, Senior Director of Community Health and Engagement
- Serving the New Mexican community through Roadrunner for 6.5 years
- Serve on the New Mexico Primary Care Council, New Mexico Social Driver's of Health Collaborative, New Mexico Chronic Disease Prevention Council, and more
- Come from healthcare – previous Executive Director of a free clinic



# We are building a state-wide, multi-sectoral Food Is Medicine Coalition

- .When we think of “food” and “medicine”, it brings a spectrum of stakeholders in this work!
- Our work is to:
  - Build a coalition
  - Build a Food Is Medicine framework for the state
  - Leverage SNAP and WIC as program access to food and nutrition alongside Food Is Medicine interventions
  - And more!



# New Mexico Partnership

- 1115 Medicaid waiver, Turquoise Care
  - Advocacy provided through the NM Primary Care Council and Healthcare
- 2025 support of 4.7 million state and 16.7 million Medicaid towards Food Is Medicine
  - Advocacy provided by many groups including the Roadrunner and The Food Depot
- 2025 Legislative support of 30 million to food banks in New Mexico over 3 years
  - Advocacy provided by Roadrunner and The Food Depot
- 2025 Healthy Food Financing of 2 million
  - Advocacy provided by many stakeholders
- 2025 Medicaid Managed Care Organization and Food Providers Monthly Meeting
  - Created by Roadrunner and Blue Cross Blue Shield New Mexico



Farmer's Markets

Grocers

Government

Meal Providers

Public Health

Healthcare

Researchers

Ranchers

Shippers

Academia

Community

Farmers

Community Health Workers



# **At the Heart of it all is New Mexico's Farmers and Ranchers: They Grow the Food**

- There are 24,700 farms and ranches in New Mexico with 95% of them family-owned.
- 40 million acres in land for farms.
- New Mexico crop and livestock product sales in 2021 totaled \$3.17 billion.

As we build the Coalition, we will be engaging local agriculture and family farms who have already been supporting the local community and connecting community, schools, Roadrunner, food and nutrition providers, and more with foods grown in New Mexico.

We have already begun the work developing a work plan to build a Food Is Medicine Coalition!

*Source: New Mexico Department of Agriculture Presentation to the New Mexico Legislature, October 3<sup>rd</sup>, 2023*

# Roadrunner Contact



**Jessica Osenbrügge**

**Senior Director of Community Health and Engagement**

505-349-5342

[Jessica.osenbrugge@rrfb.org](mailto:Jessica.osenbrugge@rrfb.org)



**Katy Anderson**

**Vice President of Strategy, Partnerships, and Advocacy**

505-349-5344

[Katy.anderson@rrfb.org](mailto:Katy.anderson@rrfb.org)

# Single Point of Entry & Legislative Advocacy

Austin Webb | Northeast Regional Organizer

[awebb@togetherok.org](mailto:awebb@togetherok.org)

918-384-9797



**OKPOLICY.ORG**  
Oklahoma Policy Institute

# HB 1575 - Universal Application

- OKDHS
  - SNAP
  - LIHEAP
  - TANF
  - Child Care Subsidy
  - Medicaid for Disability/Medicare Recipients
- OHCA
  - Medicaid
- Health Department
  - WIC

*How do we make these agencies talk to each other? How do we make this user friendly and client centric?*



# Advocacy Efforts

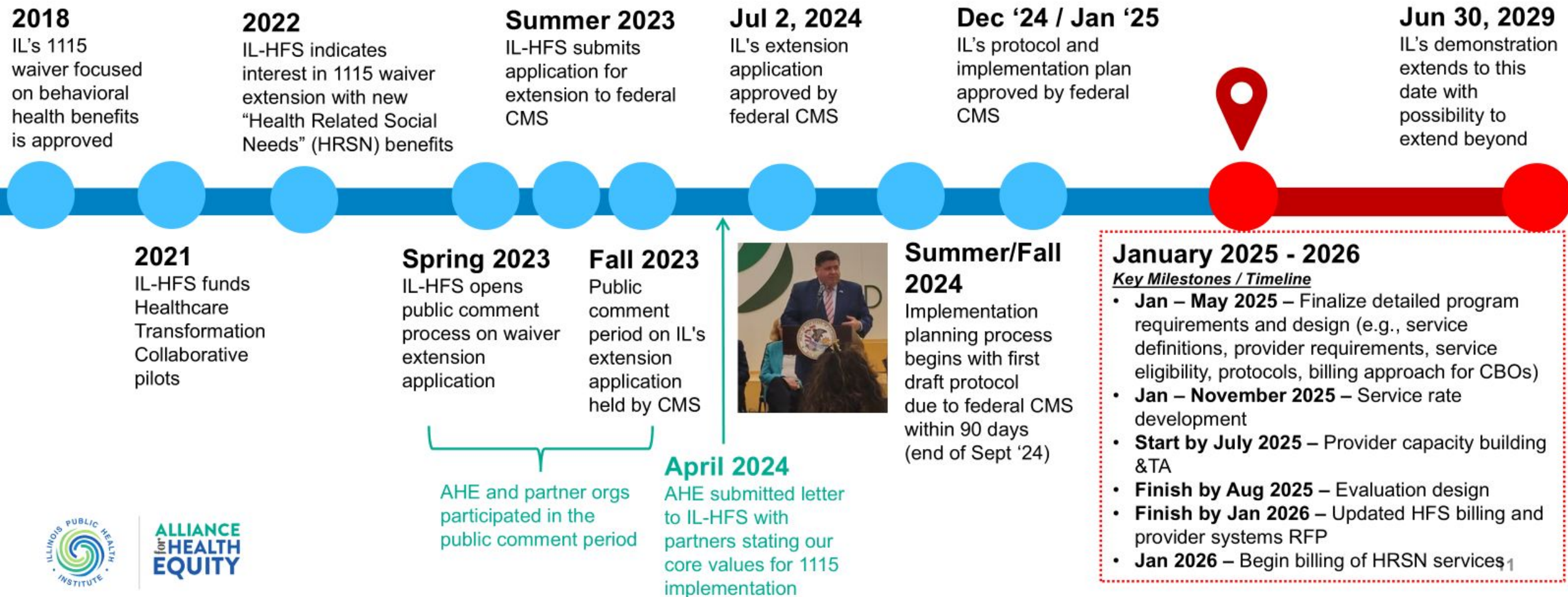
- *Grassroots Engagement with Lawmakers*
  - *visits at the capitol*
  - *in district meetings*
  - *advocacy training*
- *Gathering Feedback*
  - *service providers & clients*
  - *agency employees*
- *Affinity Groups*
- *Together Oklahoma Communities*



**Beth Kenefick**  
Greater Chicago Food  
Depository



# Illinois' Medicaid 1115 Waiver Timeline



ALLIANCE  
for  
HEALTH  
EQUITY



GREAT  
CHICAGO  
FOOD  
DEPOSITORY

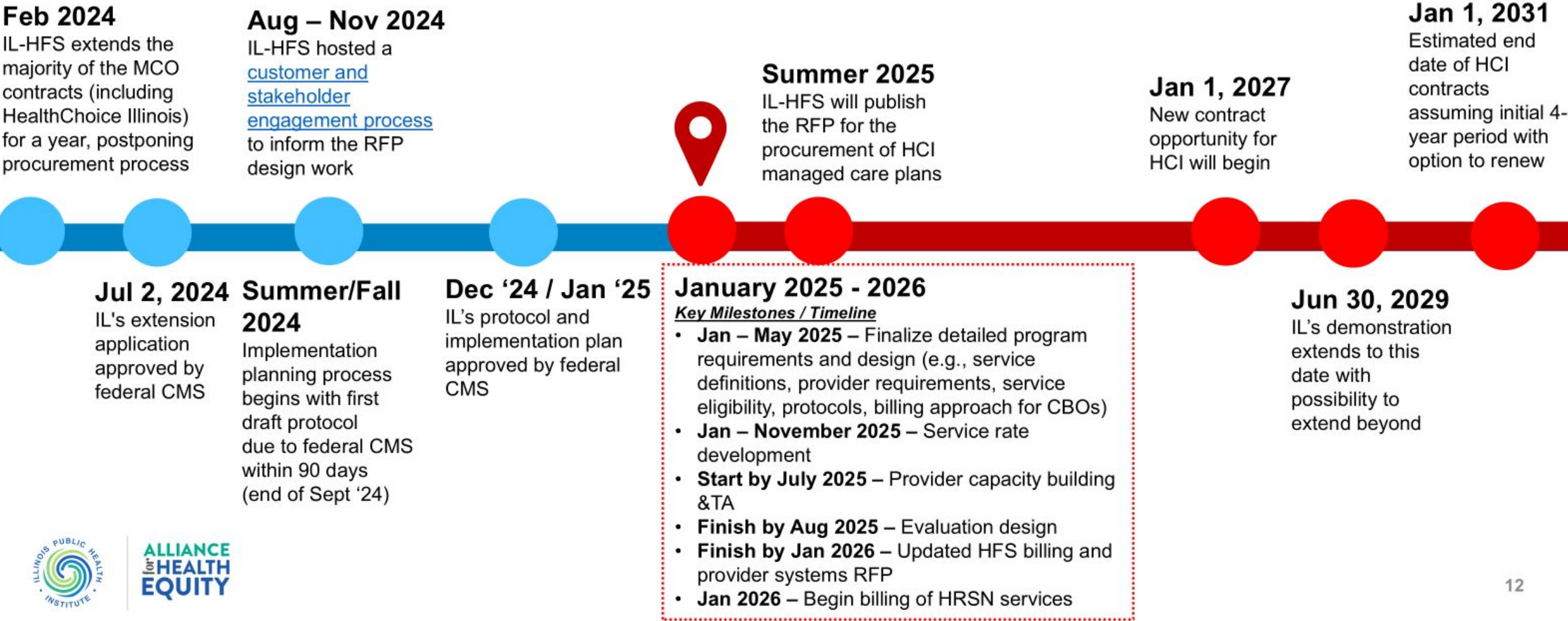
As approved July 2, 2024 by Federal CMS.

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/il-healthcare-trans-appvl-07022024.pdf>

And updated Jan 10, 2025 by Federal CMS.

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/il-healthcare-trans-imp-plan-appvl-ltr-01102025.pdf>

# Illinois' Medicaid 1115 + RFP Timeline

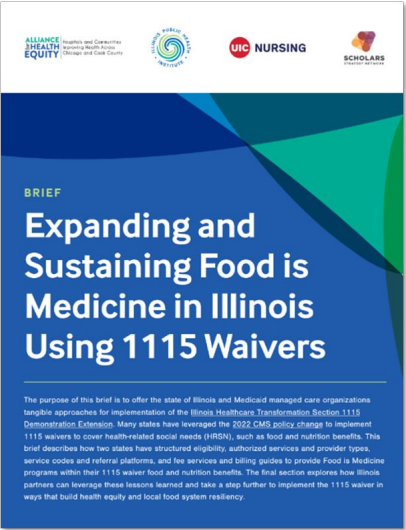


As approved July 2, 2024 and updated Jan 10, 2025 by Federal CMS.  
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81581>

As updated Aug 2024 by IL-HFS.  
<https://hfs.illinois.gov/info/procurement/customer-and-stakeholder-listening-session--medicaid-mco-experie.html>



# Relationship Building in Illinois



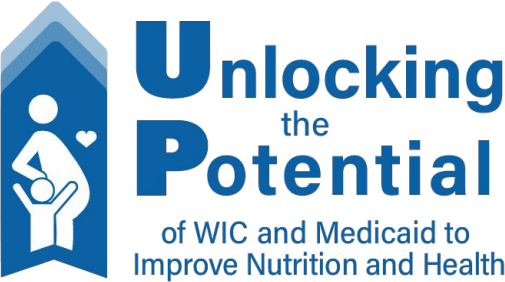
Expanding and Sustaining Food is Medicine in Illinois Using 1115 Waivers, October 2023, <https://bit.ly/IL1115food>

## Food is Medicine Committee Values for 1115 Waiver

Shared in letter to IL-HFS in April 2024

- **Value 1** – Collaborate with multisector partners to inform implementation
- **Value 2** – Create community hubs/networks and fund other infrastructure
- **Value 3** – Prioritize local food system development
- **Value 4** – Rigorously evaluate pilots
- **Value 5** – Support other food and nutrition programs outside the waiver

<https://www.allhealthequity.org/blog/1115-waiver>



The image shows a collection of logos at the top of a document. From left to right, they are: Alliance for Health Equity (Hospitals and Communities Improving Health Across Chicago and Cook County), Illinois Public Health Institute, Greater Chicago Food Depository, and Cook County Health.

### Hungry for Solutions: Addressing Food Insecurity

2023 IAMHP Annual Conference

The image shows a collection of logos at the top of a document. From left to right, they are: Illinois Public Health Institute, Alliance for Health Equity (Hospitals and Communities Improving Health Across Chicago and Cook County), Greater Chicago Food Depository, and Ann & Robert H. Lurie Children's Hospital of Chicago.

### Hungrier for Solutions: Addressing Food & Nutrition Insecurity Part 2

2024 IAMHP Annual Conference  
October 22, 2024

The image shows logos for EverThrive Illinois and START Early (Chicagoans for Early Learning).

October 3, 2024

Elizabeth M. Whitehorn, Director  
Illinois Department of Healthcare and Family Services  
401 S. Clinton St.  
Chicago, IL 60607  
lizz.whitehorn@idhs.gov

Sent Via Electronic Mail Only

Re: Managed Care Organization Contract Rebidding

Dear Director Whitehorn,

EverThrive Illinois, a maternal and infant health advocacy organization, comments to the Department of Healthcare and Family Services managed care contracts for HealthChoice Illinois.

For nearly 40 years, EverThrive Illinois has advocated for the access to quality healthcare. We have worked to ensure that quality comprehensive health care and services they need to ensure that people from communities most impacted by healthcare to create and sustain healthy families on their own terms.

In addition to the recommendations in these letters, we welcome comments and recommendations for your consideration in the Care in the Period Covered by Illinois' Participation in the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

We know that other letters have been submitted to you are provided by Legal Counsel for Health Justice (especially the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

In addition to the recommendations in these letters, we welcome comments and recommendations for your consideration in the Care in the Period Covered by Illinois' Participation in the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

• Require all MCOs to ensure and report data to support the provision of a plan for continuity of appropriate care.

October 18, 2024

Elizabeth M. Whitehorn, Director  
Illinois Department of Healthcare and Family Services  
401 S. Clinton St.  
Chicago, IL 60607  
<http://idhs.gov/office-of-the-director>

Sent Via Electronic Mail Only

Re: Medicaid Managed Care Organization Contract Rebidding

Dear Director Whitehorn:

The Greater Chicago Food Depository ("Food Depository") respectfully provides the following suggestions to the Illinois Department of Healthcare and Family Services ("the Department") as it prepares to rebid the contracts for HealthChoice Illinois, the statewide Medicaid managed care program.

For more than 40 years, the Food Depository has been driven by a mission that puts the needs of our neighbors first. We believe that food is a basic need and work together to advance solutions that end hunger and its root causes. As Chicago's food bank and a member of the Feeding America network, we serve a network of 800 food pantries, soup kitchens and meal programs across Chicago and Cook County, providing them with free food to distribute at no cost to our neighbors. We proudly serve anyone in need, including individuals, families with children, older adults, veterans, etc.

We also recognize federal nutrition programs and the emergency food system work together to protect Illinoisans from hunger and improve their access to nutritious food. Data has shown that the safety net works, but unfortunately not all eligible families and individuals access the programs. For example, Illinois is one of three states with the lowest coverage rates in the nation for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Only 39.4 percent of people eligible for WIC in Illinois were enrolled, and for below the national average of 53.5 percent to the high of 72.6 percent. Likewise, nationwide only 39 percent of WIC-eligible Medicaid enrollees participated in WIC. While participation in SNAP is much stronger in Illinois, there are still certain groups whose utilization is particularly low such as among elderly adults and mixed-immigration status households." We know that the state has been dedicated to increasing enrollment in these and related programs for years and the implementation of the Enhanced Eligibility System (EES) and ongoing data sharing projects (the Innovation Initiatives) (II) have helped immensely. We use the new contracts for HealthChoice Illinois in conjunction with the implementation of the Illinois Healthcare Transformation Section 1115 Demonstration<sup>1</sup> as an opportunity

TOGETHER WE CAN END HUNGER

FEEDING AMERICA

Start Early 2024 MCO Contract Renewal Comments

October 2024

Elizabeth M. Whitehorn, Director  
Illinois Department of Healthcare and Family Services  
401 S. Clinton St.  
Chicago, IL 60607

Re: Managed Care Organization Contract Rebidding

Dear Director Whitehorn,

START Early, a maternal and infant health advocacy organization, comments to the Department of Healthcare and Family Services managed care contracts for HealthChoice Illinois.

For nearly 40 years, START Early has advocated for the access to quality healthcare. We have worked to ensure that quality comprehensive health care and services they need to ensure that people from communities most impacted by healthcare to create and sustain healthy families on their own terms.

In addition to the recommendations in these letters, we welcome comments and recommendations for your consideration in the Care in the Period Covered by Illinois' Participation in the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

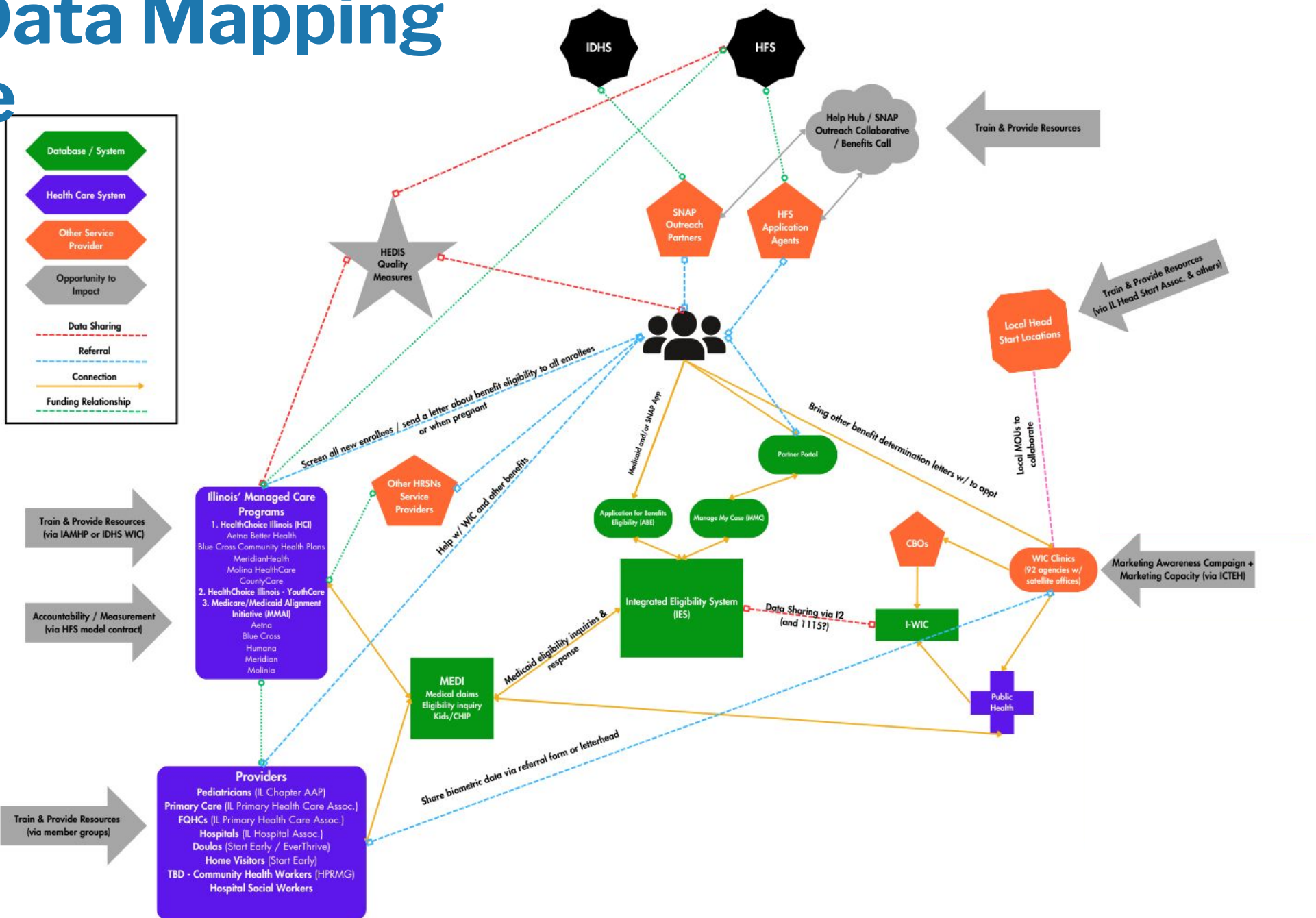
We know that other letters have been submitted to you are provided by Legal Counsel for Health Justice (especially the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

In addition to the recommendations in these letters, we welcome comments and recommendations for your consideration in the Care in the Period Covered by Illinois' Participation in the Chicago Food Depository, and Start Early (especially the Start Early) reducing time and distance to care, birth-friendly design workforce recommendations).

• Require all MCOs to ensure and report data to support the provision of a plan for continuity of appropriate care.

# Illinois Data Mapping Exercise

*\*Draft\**



# Nic Soucy

## Project Angel Heart



# Project Angel Heart

Project Angel Heart's vision is for all Coloradans with severe illness to have access to nutritious food that supports their health and well being. To that end, we compassionately deliver comfort and support through high-quality nutrition services, including medically tailored meals, while advocating for the principles of "Food is Medicine".



# 1115 waiver advocacy + legislation

Table 3. Nutrition Services and Target Populations

HB24-1322 Feasibility Study Requirements	Submitted HRSN 1115 Waiver Amendment	Services & Populations* Remaining for Study in HB24-1322 (covered in this report)
<b>Services</b> <ul style="list-style-type: none"><li>Medically tailored meals</li><li>Pantry stocking</li><li>Nutrition prescriptions</li></ul>	<b>Services</b> <ul style="list-style-type: none"><li>Medically tailored meals</li><li>Pantry stocking</li></ul>	<b>Services</b> <ul style="list-style-type: none"><li>Medically tailored meals</li><li>Pantry stocking</li><li>Produce prescriptions</li></ul>
<b>Populations</b> <ul style="list-style-type: none"><li>Individuals who are medically and/or socially vulnerable</li><li>Children and youth</li></ul>	<b>Populations</b> <ul style="list-style-type: none"><li>Community Access Treatment vouchers: Individuals leaving institutions or at-risk of institutionalization</li></ul>	<b>Populations</b> <ul style="list-style-type: none"><li>Individuals who are medically and/or socially vulnerable</li><li>Children and youth*</li><li>Pregnant people*</li></ul>
<ul style="list-style-type: none"><li>Pregnant people</li></ul>	<ul style="list-style-type: none"><li>Colorado Fostering Success vouchers: Youth in or leaving foster care, and former foster care youth</li><li>Individuals eligible for permanent supportive housing</li></ul>	

## HB24-1322: A HOME AND NUTRITIOUS FOOD ARE THE FOUNDATION OF YOUR HEALTH

MEDICAID COVERAGE HOUSING AND NUTRITION SERVICES

SPONSORS: REPRESENTATIVES BROWN AND BIRD, SENATORS KIRKMEYER AND RODRIGUEZ

A stable and safe home and access to nutritious food is the foundation to living a healthy life; yet, too many Coloradans either cannot secure housing, are on the verge of homelessness, or cannot get the food they need to stay healthy. Unstable housing and lack of food access combined are leading factors in poor health outcomes, increased health care costs, and first-time homelessness.

### HOUSING AND NUTRITION SUPPORT LEADS TO HEALTHIER LIVES FOR COLORADANS

- Long term housing stability
- Homelessness prevention
- Access to mental health and substance use services
- Reduced emergency room visits
- Prescription drug access and adherence
- Fewer admissions to skilled nursing facilities

### WHAT WOULD HB24-1322 ACCOMPLISH?

HB24-1322 directs the Colorado Department of Health Care Policy & Financing (HCPF) to conduct a feasibility study and pursue an 1115 waiver so that Medicaid can fund housing and nutrition services. The feasibility study would determine how Medicaid could pay for:

#### HOUSING SERVICES

- Temporary housing, rent, and utility assistance
- Housing navigation services and housing transition cost supports
- Tenancy services, including eviction prevention and tenant support

#### NUTRITION SERVICES

- Medically tailored meals
- Pantry stocking
- Nutrition prescriptions

The study would also determine the eligibility requirements to access these services and which populations would benefit the most. HB24-1322 builds on HB23-1300 by expediting the feasibility study on housing and nutrition services specifically and authorizing HCPF to pursue an 1115 waiver in a cost-neutral way. HCPF would be responsible for submitting the findings and recommendations to the Joint Budget Committee no later than November 10, 2024.

### HB24-1322 WILL SAVE COLORADO MONEY

Supportive housing and nutrition supports have been proven to reduce reliance on local and state services and save taxpayer dollars.

- 40% reduction in shelter stays,
- 40% reduction in arrests,
- 65% reduction in detoxification services

### STABLE HOUSING PREVENTS CRIMINAL JUSTICE INVOLVEMENT AND HOMELESSNESS

### NUTRITION SUPPORTS PREVENT EXPENSIVE HEALTH EMERGENCIES

- 62% reduction in inpatient care costs
- 1.6 million avoided hospital visits
- \$14 billion in savings for our health care systems nationwide

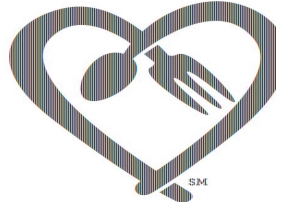
## HB24-1322 Feasibility Study

December 2, 2024

Submitted to the Colorado Joint Budget Committee in compliance with HB24-1322



1 | HB24-1322 Feasibility Study



Project  
Angel Heart  
a meal with heart given

# Food is Medicine Colorado (FIMCO)



**FIMCO**'s vision is to have high-quality, sustainably funded medically tailored food and nutrition services, ranging from a medically tailored meal to a produce prescription, available to patients who reside in any community across Colorado.

Members include:

- Community-based organizations that currently provide/are future providers of Food is Medicine interventions (medically tailored food and/or medical nutrition therapy)
- State agencies
- Regional Accountable Entities (RAEs)
- Hospitals/health care payers



# Around the World Exercise: How it Works

- You will see **five labeled tables**, each hosted by two faculty.
- You'll spend **15 minutes** at your first table.
- After 15 minutes, you'll **switch to another table**.
- **We'll announce when it's time to switch** (no need to watch the clock!)



**MEDICAID FOOD  
SECURITY NETWORK**

# Table Topics

## Beth & Jamila

- Interagency SNAP and WIC data sharing

## Jess & Amanda

- Food is Medicine coalition building and strategic framework development
- Bridging Food is Medicine and local agriculture

## Nic & Kathryn

- 1115 waiver advocacy
- billing and contracting MCOs

## Austin & Katie

- Integrated public benefit applications
- Legislative advocacy

## Craig & Kelleen

- Policy dashboard

# THANK YOU

Your feedback is important to us, please take a moment to fill out our survey. The first 10 respondents get a \$10 e-gift card, and you can submit the survey multiple times if you think of more to share.

