Who is the California Food is Medicine Coalition (CalFIMC)?
The CalFIMC is a group of medically tailored food and nutrition service providers across the state whose mission is to develop, refine, and sustain models where medical food nutrition services are an integral part of cost-effective and high quality health care in order to improve the health of all California communities. Members include Ceres Community Project, Food for Thought, The Health Trust, Mama’s Kitchen, Project Angel Food, and Project Open Hand.

What is the Medi-Cal Medically Tailored Meals (MTM) Pilot Program?
The Medi-Cal Medically Tailored Meals Pilot Program is a medical nutrition intervention for Medi-Cal beneficiaries with a diagnosis of congestive heart failure. The pilot Medi-Cal benefit includes complete nutrition of up to three meals per day, for 12 weeks and four medical nutrition therapy sessions during the intervention, at no cost to the patient.

The first-of-its-kind medical nutrition pilot program, California Senate Bill (SB) 97 was signed into law in June 2017 with $6 million dollars funding over a three-year period. The California Department of Health Care Services oversees the program, and will evaluate it at the end of the three years.

What is a Medically Tailored Meal?
Medically Tailored Meals are meals prescribed by a Registered Dietitian (RD) that reflect appropriate dietary therapy based on evidence-based nutrition practice guidelines to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related outcomes. ¹

How is the Medically Tailored Meals Pilot Program service different from other traditional meal providers?
Services provided under the Medically Tailored Meals Pilot Program are designed as a congestive heart failure disease treatment program for those who are at the highest risk for hospital readmissions and worsening health outcomes.

Daily medically tailored meals are offered for 12 weeks in conjunction with four medical nutrition therapy sessions and, if needed, information and referrals to other community-based services to promote adherence to the intervention. Meals are provided by a group of six community-based non-profit organizations with a collective 140 years of expertise in engaging professional staff, volunteers and funders to provide meals and support to individuals facing a serious illness, including many clients who do not qualify for other free and low-cost meal services.

How is Medical Nutrition Therapy (MNT) different from nutrition education or counseling?
Nutrition counseling is a “supportive process to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care.” ² Medical Nutrition Therapy goes further for disease management and includes nutritional diagnostic, therapy, and counseling services directed by a registered dietitian. Medical Nutrition Therapy includes the application of the Nutrition Care Process³ designed to improve the consistency and quality of individual care for patients and the predictability of patient outcomes.

¹ Academy of Nutrition and Education; https://www.eatrightpro.org/payment/coding-and-billing/mnt-vs-nutrition-education
³ Academy of Nutrition and Education, Evidence Analysis Library; https://www.andeal.org/ncp
What does existing research tell us about the effectiveness of Medically Tailored Meals and Medical Nutrition Therapies?
In a study published April 2018, researchers found that participants that engage in Medically Tailored Meals programs result in a 16% net reduction in healthcare costs.\textsuperscript{4} The study suggests that medically tailored home-delivered meals are a cost-effective approach to managing the health of individuals with complex medical and social needs. There is a growing body of research demonstrating the benefits to health care costs and outcomes. When providing complete nutrition for six months, early studies are showing a 63% drop in hospitalizations and a 50% increase in adherence to medication among Type 2 Diabetes and/or HIV/AIDS patients in one 2017 study\textsuperscript{5}, and a 28 to 32% decline in overall health care costs in a 2013 study.\textsuperscript{6}

Are all Medi-Cal beneficiaries eligible to receive Medically Tailored Meals?
If criteria is met, yes. All active Medi-Cal beneficiaries with full scope, no-cost coverage, who meet the criteria are eligible. As a pilot program, clients must have had continuous Medi-Cal for the last 12 months.

Why is the focus only on persons who have had continuous Medi-Cal for the past 12 months?
The greatest opportunity to demonstrate the efficacy of this intervention for persons with congestive heart failure and who has utilized services in the past in order to compare service utilization.

What data or information will be used to demonstrate the effectiveness of the Medically Tailored Meals benefit?
The California Department of Health Care Services will be recruiting evaluators who will use Medi-Cal utilization and claims data to measure the outcome of the pilot program. Additional data may be collected at the point of service to improve the operation and implementation of such programs.

For more information: Visit www.calfimc.org. Email: info@cafimc.org

About the California Food is Medicine Coalition (CalFIMC): The California Food is Medicine Coalition (CalFIMC) is part of the National FIMC and consists of these California-based organizations: Ceres Community Project (Sonoma and Marin Counties), Food for Thought (Sonoma County), Mama’s Kitchen (San Diego County), Project Angel Food (Los Angeles County), Project Open Hand (San Francisco and Alameda Counties), and The Health Trust (Santa Clara County). Communication materials funded, in part, by Archstone Foundation.

The Food is Medicine Coalition (FIMC), a national coalition of medical nutrition providers, is working to document how medically tailored meals – meals that are designed to meet the nutritional needs of a specific illness – can lead to better outcomes and lower health care costs with the goal of changing health care policy so that meals become a reimbursable expense for insurers.


\textsuperscript{6} Published online Journal of Primary Care & Community Health June 3, 2013 doi: 10.1177/2150013913490737