Nutrition Incentive Hub

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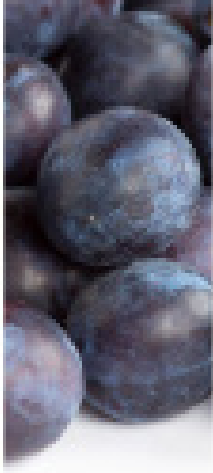
Leveraging 1115 Waivers for Produce Prescription Programs

DAISA ENTERPRISES

November 2023



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Acknowledgments

Thank you to the following health and food systems leaders for their participation in key interviews to inform this resource:

Laura Fisher | Just Roots
Katie Garfield | *Center for Health Law and Policy Innovation of Harvard Law School*
Jennifer Obadia | *Project Bread*
Kim Prendergast | *Community Care Cooperative (C3)*
Hilda Róque | *Nuestras Raíces*

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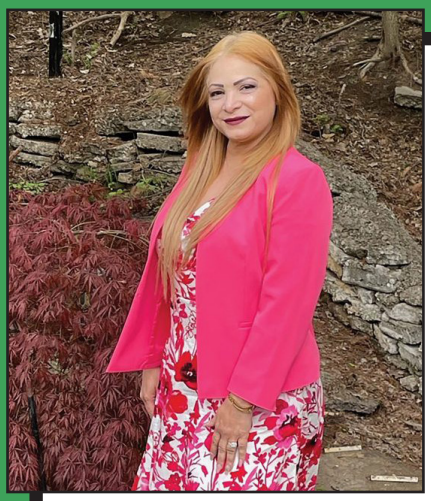
Preface



Hilda Róque, Executive Director of Nuestras Raíces

In the Spring of 2022, Hilda Róque began to assemble the pieces of a powerful model that could simultaneously and elegantly address multiple critical challenges within her organization and community. As the Executive Director of Nuestras Raíces, a trailblazing community food organization in the small industrial city of Holyoke, Massachusetts, Róque was committed to ensuring the Holyoke community of predominantly low-income and Latinx residents could both afford and have ready access to healthy, culturally appropriate foods. She was also determined to establish sustainable markets for the Latinx farmers that Nuestras Raíces supported with land access and training, and sustainable revenue streams for Nuestras Raíces' innovative community food systems work.

Through meetings with the Holyoke Health Center, Róque learned about the healthcare system's interest in a Produce Prescription Program, as well as two funding sources to support this effort: the USDA GusNIP funding program and the Flexible Services program, a component of the Massachusetts' MassHealth Section 1115 Waiver. So, despite facing a produce prescription learning curve, Róque could see how a program of this nature could generate new economic opportunities for the Latinx farmers at Nuestras Raíces, improve community member health, and support Nuestras Raíces staff to run the program. That was all the motivation she needed to begin weaving together existing organizational assets into an exciting new program.

The following case study is about the Massachusetts Medicaid 1115 Waiver and the development of Nuestras Raíces' produce prescription model. This case study aims to offer insight into the current national landscape of 1115 waivers that permit nutrition and produce prescription services and how organizations and states are forging a path forward utilizing 1115 Waiver funds to improve health in their communities.

NUESTRAS RAICES

This case study was commissioned by the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE), funded by the USDA August Schumacher Nutrition Incentive Program (GusNIP). It is designed for produce prescription program leaders, as well as ally institutions and policy makers.

Produce Prescription Programs and Funding Landscape

Over the past decade, produce prescription (PPR) programs have gained widespread recognition and adoption across the United States. While a nationwide landscape assessment conducted by Wholesome Wave and DAISA Enterprises identified a total of 108 PPR programs operating in 32 states between 2010 and 2020, a single USDA grant program, the Gus Schumacher Nutrition Incentive Program (GusNIP), has almost doubled the number of known PPR programs since then (DAISA Enterprises & Wholesome Wave, 2021, p.4).

The rapid proliferation of PPR programs, published research, dedicated coalitions, and dedicated funding mechanisms point to the increasing buy-in that this strategy to address food insecurity and diet-related conditions is worthy of significant investigation and investment.

However, many Community-Based Organizations (CBOs) note that operating PPR programs with government grants and healthcare foundation philanthropy presents challenges: Highly competitive grants require extensive applications that are often not awarded. Short-term funding cycles require ongoing search for piecemeal funding. Piecemeal funding sources require widely varied allowable expenses, reporting, and billing.

As a route to a more sustainable model, many organizations and state governments are leveraging a funding mechanism that bypasses these challenges associated with competitive government grants and philanthropy: Medicaid Section 1115 Waivers.

What is a Section 1115 Waiver?

Medicaid waivers constitute a vital facet of the Medicaid program in the United States by introducing state-level flexibility. While the federal government sets nationwide, standard guidelines and requirements for the Medicaid program, waivers give states "significant latitude to explore new approaches to delivering and paying for Medicaid services" (The Center for Health Law and Policy Innovation of Harvard Law School & Lung Cancer Alliance, 2019, p.2).

Through waivers, states can tailor their Medicaid programs to provide unique or specialized services to their residents that are otherwise outside the scope of the federal guidelines, or to meet the needs of certain populations that may not be covered under traditional Medicaid. Among the Medicaid waivers, Section 1115 Waivers in particular permit states to design and implement innovations in how they administer their Medicaid programs. Current 1115 Waivers offer coverage to new populations, implement managed care programs, provide home and community-based services, address health-related social needs, and pioneer novel delivery and payment models (Medicaid and CHIP Payment and Access Commission, 2022).

In essence, Medicaid waivers, and specifically Section 1115 Waivers, empower states to innovate and shape their Medicaid programs to address their constituents' distinct healthcare needs, while adhering to the overarching federal objectives of Medicaid.

To implement an 1115 Waiver, a state submits a proposal to the federal government's Centers for Medicare and Medicaid Services (CMS) detailing the specific envisioned modifications, encompassing aspects like target population, services to be provided, and funding mechanisms. It is standard for states to engage a wide range of stakeholders during the waiver development process including healthcare providers, beneficiaries, and community organizations. Public hearings at the state level, and public comments at both the state and federal levels, are required prior to the approval of new or extended 1115 Waivers (State Public Notice Process, 2024; Federal Public Notice and Approval Process, 2024). Upon submission, CMS reviews the proposal to ensure it meets federal requirements and is budget neutral, requiring no overall increase in Medicaid spending (Guth et. al., 2020). If approved, new 1115 Waivers typically span five years and extensions can be subsequently approved for additional terms spanning three to five years (Medicaid, n.d.).

Produce Prescription Programs in the Section 1115 Waiver Landscape

Among the categories of Medicaid modifications and innovations seen in today's 1115 Waivers are strategies to address social determinants of health (SDOHs) or health-related social needs (HRSNs), such as housing, transportation, and nutrition services. While some 1115 Waivers target a variety of programmatic strategies or offer limited specificity in their waiver summaries, nutrition services in 1115 Waivers often specify the use of PPR programs. In December 2022, CMS released a framework guiding the use of 1115 Waivers to address SDOHs, specifically naming PPR programs and other Food as Medicine interventions as permissible services for 1115 Waiver use, including the specific allowance of funding for infrastructure and the loosening of the budget neutrality requirements associated with waivers addressing SDOHs (Centers for Medicare and Medicaid Services, 2022).

As of July 2023, there were 19 states that had approved 1115 Waivers with SDOH provisions and 12 additional were pending (KFF, 2023). Among those waivers, nine states – Arkansas, California, Delaware, Maine, Massachusetts, New Jersey, North Carolina, Oregon, and Washington – are actively implementing nutrition services. An additional three states – Illinois, New Mexico, and New York – have waivers including nutrition services pending, and Delaware has a pending waiver that expands its nutrition services to specifically include PPRs. The majority of these waivers specifically identify PPR programs as a key component of their nutrition services.

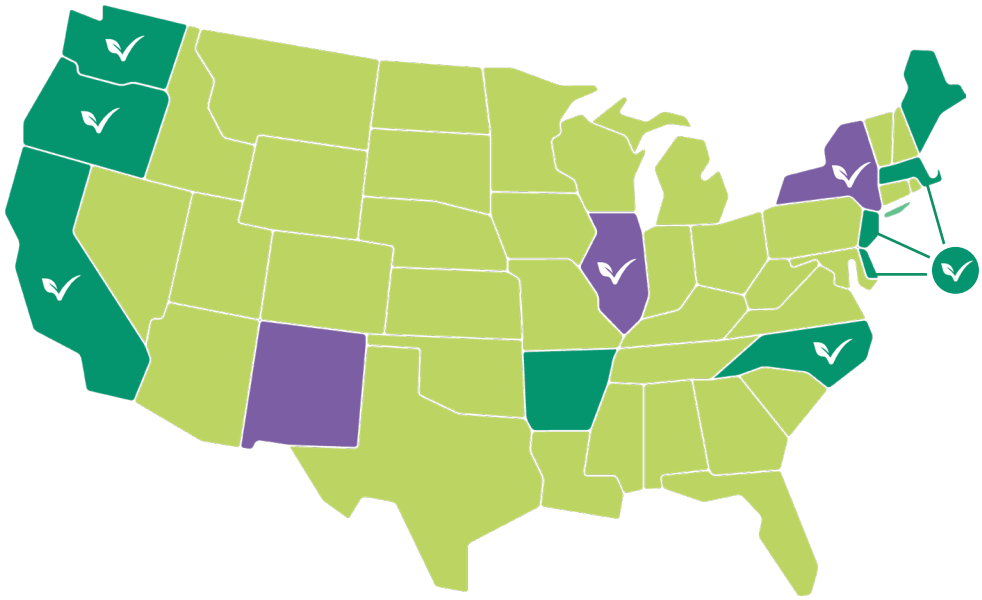
SECTION 1115 WAIVERS WITH NUTRITION SERVICES

Approved

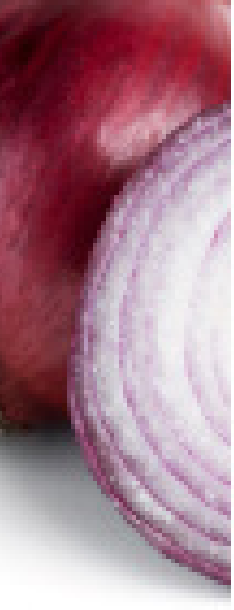
Produce Prescription included as a specified program strategy

Pending

Produce Prescription included as a specified program strategy



As 1115 waivers are designed to allow states to innovate, there is no standard Medicaid-prescribed definition or framework for PPR programs. While there are guidelines and limitations in each waiver, a wide variety of PPR models are funded by 1115 Waivers, including a range of dosage, eligibility requirements, and payment models for compensating the healthcare and CBO implementation partners.



Massachusetts 1115 Waiver's Flexible Services Program

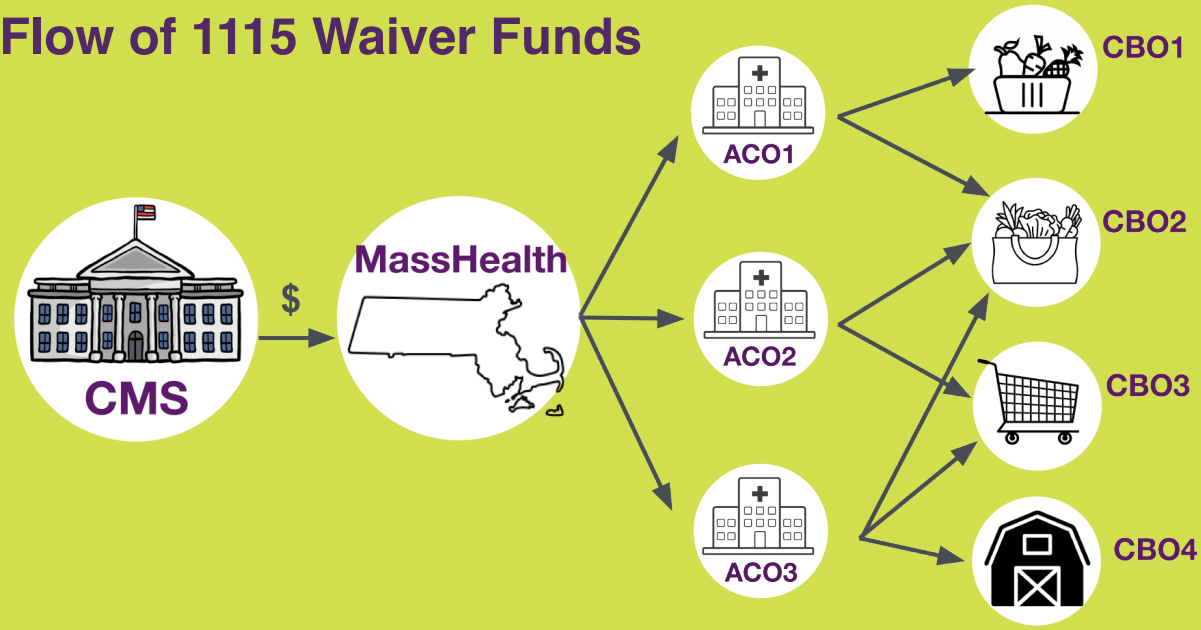
To more clearly highlight the implementation of a Section 1115 Waiver, we'll look to the "MassHealth" Massachusetts Section 1115 Waiver (Medicaid, n.d.).

In 2017, a renewal of the "MassHealth" 1115 Waiver was approved for $1.8 billion. A program within the waiver called the Flexible Services Program allowed MassHealth, the Massachusetts Medicaid program, to pay for SDOHs including housing and nutrition services for a subset of its patients. A total of $149 million over three years was allocated to the Flexible Services Program (McCurley et. al., 2023).

The waiver also permitted the implementation of a value-based care approach to Massachusetts' implementation of Medicaid, utilizing the structure of Accountable Care Organizations (ACOs) for the provision of care (Centers for Medicare & Medicaid Services, n.d.). Through the ACO model, doctors, hospitals, and other healthcare professionals form an ACO entity, and then work together to provide coordinated, patient-centered care, employing shared electronic medical records, shared workflows, centralized care teams, and established risk-based agreements to improve health outcomes while reducing costs of care.

It is the ACO entity that MassHealth identified to roll out the implementation of the Flexible Services Program, including the use of PPR programs. ACOs were instructed to either implement services themselves, or to partner with high capacity Social Service Organizations (SSOs), also known as CBOs, to implement programming (The Center for Health Law and Policy Innovation of Harvard Law School, 2019). While some ACOs provide nutrition services directly, such as offering hospital-based food pantries, overwhelmingly, ACOs identify CBOs who have demonstrated expertise in implementing evidence-based programs, such as medically tailored meals and PPR programs, to deliver services (McCurley et. al., 2023).

The Flow of 1115 Waiver Funds



1115 Waiver funds are distributed by the Centers for Medicare and Medicaid Services directly to MassHealth. MassHealth distributes funds to Accountable Care Organizations (ACOs), which in turn distribute funds to Community Based Organizations (CBOs). CBOs can work with multiple ACOs, each with unique contracts.

Flexible Services Program guidelines required ACOs to consider the following in determining CBO partners:

1. Experience and demonstrated success delivering services to ACOs' target populations
2. Demonstrated cultural competency and adequate resources to address the needs of a diverse population
3. Capacity to partner with healthcare organizations
4. Capacity to accommodate increased number of referrals
5. Ability to work with MassHealth on evaluations of the program

(The Center for Health Law and Policy Innovation of Harvard Law School, 2019)

No Request for Proposals was released for CBO partnerships, but rather ACO and CBO partnerships have developed organically from conferences and coalition meetings, published findings on CBOs' program models, program media coverage, pre-existing healthcare-community partner relationships, and through direct email outreach. As of September 2022, each of the 17 ACOs were providing nutrition services in partnership with at least 14 CBOs through Massachusetts Section 1115 Waiver funds (Commonwealth of Massachusetts Executive Office of Health and Human Services, 2022).

CBOs accustomed to traditional grant-based programs have been enthused to be approached by ACOs through the Flexible Services Program. ACO partnerships are grounded in Memorandums of Understanding (MOUs) that eliminate the need for CBOs to generate and submit competitive applications and allow for a wide range of program designs. Additionally, as a part of Flexible Services guidance, MassHealth provided ACOs with payment structure examples for their CBO partnerships, such as fee for service or prospective lump sums, but permitted ACOs to create payment structures with partners as they saw fit (McCurley et. al., 2023). These flexible and customizable payment structures often align more closely with CBO programmatic needs than most programmatic grants,

especially for agreements that included prospective payments within the fee structure. For CBOs, these customizable payment structures equate to funds being more readily available as needed and, while still accountable to report and reconcile based on true costs, much more ease with budget amendments and timelines.

Additionally, a complementary funding opportunity from Massachusetts' Department of Public Health was released to support CBOs running programs through Flexible Services called the Social Service Organization Flexible Services Preparation Fund (SSO Prep Fund). In acknowledgement of the time and resources necessary to meet the HIPAA regulations, billing standards, and data reporting required by healthcare partners, the Department of Public Health awarded participating CBOs with funds of up to $250,000 specifically allocated to fortifying organizational infrastructure and building CBOs' capacity for these partnerships. Examples of the permissible uses of SSO Prep Funds include "staff time to develop new business protocols and practices, development of billing and performance management systems, buying and installing new software to communicate with ACOs, and training staff on how to use new systems and software" Commonwealth of Massachusetts Executive Office of Health and Human Services, 2019).

In addition to the financial resource of the SSO Prep Fund, CBOs that received the award joined a peer learning community where they shared best practices and challenges regarding the development of the technology and infrastructure for their Flexible Services programs. As they rolled out their PPR and/or medically tailored meal programs through the 1115 Waiver funds, they had a network of thought partners.

In September 2022, CMS approved a 2022-2027 extension of the "MassHealth" Massachusetts Section 1115 Waiver. This comprehensive waiver secured a new cycle of funding, with further details regarding the specific allocation for the Flexible Services Program and its associated nutrition services pending (MassHealth, 2020). Notable updates in this extension include:

- **Expanded eligibility:** The extension broadens eligibility criteria, allowing for a wider range of individuals to benefit from the program.

- **Required ACO implementation:**
  - Each ACO is obligated to implement at least one component of the Flexible Services Program in both the housing and nutrition domains
  - Each ACO is obligated to have a minimum of 1% of their patients enrolled in a Flexible Service Program component

- **Updated reporting metrics:** The extension sets forth obligatory collection of newly defined clinical and social reporting metrics

- **Program Duration:** Participation in individual PPR programs is now capped at a maximum of 6 months.

- **Technology Funding:** Dedicated funds are allocated to support the adoption and adaptation of technology by CBOs, an evolution of the Massachusetts Department of Public Health's SSO Prep Fund

An additional key shift in this waiver is the requirement that starting January 1, 2025, Flexible Services and the associated PPR programs will be required to be implemented through a new payment model – ACO Managed Care. While the details of this shift are quite nuanced, one key takeaway is that this transition to ACO Managed Care marks a significant stride towards the integration of PPR programs into conventional services and the recognition of healthy food as a billable service. However, with this change, budget amounts, allowable spending, allowable services, and fee schedules may shift as well, and CBOs fear the introduction of reduced, standardized rates and more restrictive allowable services might prove the programs financially unsustainable. The standardized rate approach seen in North Carolina's 1115 Waiver Produce Prescription funding, for example, provides the CBOs with fewer resources and lower reimbursement rates, particularly administratively, than seen in many of the current 1115 Waiver PPR programs in Massachusetts (North Carolina Department of Health and Human Services & North Carolina Healthy Opportunities Pilot, 2023).

Massachusetts Section 1115 Waiver vs Traditional Governmental Grants for Produce Prescription Programs

Flexible Services funds from Massachusetts' 1115 Waiver have appealed to CBOs across the state, as these dollars have provided years of relatively reliable PPR program funds. While CBOs must complete new Scopes of Work on an annual basis, there has been a sense of optimism throughout these partnerships that a path to sustainability may be achieved through ongoing waiver extensions or incorporation of the services into the Managed Care framework.

The table below highlights notable differences between GusNIP PPR funding and 1115 Waiver funding relevant to CBOs:

USDA GusNIP Program	Massachusetts Section 1115 Funding
• Application in response to Request for Applications (RFA) • Competitive, but RFA open to all • Max. Award amount is $500,000 • 3 year max. award period • New grant application required for additional funding, repeat funding not reliable or requiring significant innovation	• Requires relationship building and program pitching via cold calls or being networked to ACOs • Very competitive and harder to get in the door with ACOs • Typically larger budgets per patient and flexibility in allowable categories of expenses • Annual contracting process with new SOWs and budgets required with each year, but repeat funding expected assuming program outcomes are being met

CBO Experience with the Massachusetts Section 1115 Waiver

CBOs often play a key role in the implementation of PPR programs funded by 1115 Waivers. Given the expansive latitude afforded by 1115 Waiver program guidelines, coupled with an absence of standardized CBO applications, a wide range of CBOs have implemented unique programs and agreements with ACOs that fit their specific organizational models and needs.

The following Nuestras Raíces Case Study aims to illustrate the journey of a CBO assessing the PPR model and how one organization's food access efforts led them to successfully securing 1115 Waiver funds. Following the Nuestras Raíces story, brief "Program Journey Highlights" are included for Just Roots and Project Bread in the Appendix and highlight additional CBO experiences with the Massachusetts Section 1115 Waiver.

BACKGROUND

Nuestras Raíces:

Luis Aponte, Nuestras Raíces Farmer

Nuestras Raíces is a hallmark of food justice and community development in the small city of Holyoke, Massachusetts. Established in 1992 by Puerto Rican migrant farmers, the organization emerged with a dual purpose: to cultivate, preserve, and cherish Puerto Rican ancestral crops and food traditions as well as foster equitable food access for the majority low-income, majority Latinx community. Nuestras Raíces began when a group of former migrant farmworkers transformed an abandoned, trash-laden lot into the city's first community garden. Three decades later, the organization is widely recognized for its multifaceted, citywide food access and community

development leadership. Its endeavors span a rich tapestry, ranging from overseeing a network of 14 community gardens across the city and stewarding a 30-acre incubator farm with Latinx farmers to operating a county-wide mobile market, managing multiple farmers markets, and running a fruitful partnership with the city's public school system aimed at fostering youth development.

Guided by its commitment to both Puerto Rican foodways and food security, Nuestras Raíces' key initiatives address both of these pillars collectively. Additional examples of this include an onsite Puerto Rican restaurant, support of farmers growing Puerto Rican and other Latinx ancestral crops, and working with the University of Massachusetts Extension Services to develop seed sources and practices to adapt specialty Caribbean varieties of herbs, squash, beans, and peppers for Massachusetts climates.

Mural on the Nuestras Raíces office building

WHY PRODUCE PRESCRIPTIONS?

Amidst its remarkable three-decade journey of championing food justice in Holyoke, Nuestras Raíces is no stranger to the evolution required to meet the ever-evolving needs of its vibrant community in an ever-changing landscape. As Executive Director Hilda Róque aptly puts it, “the organization, despite its extensive experience, is akin to any younger entity in pursuit of novel strategies.” These strategies are designed to tackle the intricate issues of land and food access with the dynamic and shifting challenges and opportunities. In 2020 and 2021, as the pandemic exacerbated already high levels of food insecurity in Holyoke, **community members voiced an increased need for affordable fresh produce. Simultaneously, incubator farmers voiced the pressing necessity for reliable income to sustain their small farm ventures.** Nuestras Raíces applied for and received COVID relief funds, acquired a delivery truck, and began distributing produce to low-income households, resurrecting a Community Supported Agriculture (CSA) program they had previously operated from 2011-2018.

Meanwhile, the PPR program model gained further recognition from CBOs, healthcare systems, and funders. Nuestras Raíces took note, observing a growing number of PPR programs forming in Massachusetts, and saw the opportunity for a PPR program to address both the identified needs of their food-insecure community members as well as the market needs of their Latinx farmers, particularly for their culturally relevant crops.

WHY PRODUCE PRESCRIPTION PROGRAMS?

Nuestras Raíces identified four core reasons for initially exploring and pursuing funding for PPR programs:

Opportunity to increase access to fresh produce for existing food-insecure community members. Many Nuestras Raíces' community gardeners, volunteers, market customers, restaurant customers, and event attendees living on low incomes seek medical care at the Holyoke Health Center (HHC). A PPR program with the HHC would allow these existing members of Nuestras Raíces' community who are experiencing food insecurity and at-risk for or living with diet-related health conditions to receive fresh local produce at no cost to them.

Opportunity to reach more community members that experience food insecurity. The HHC serves as a healthcare hub for thousands of lower-income community members who have not yet had the opportunity to intersect with or engage in Nuestras Raíces previous initiatives or outreach. A PPR program typically shifts the responsibility of finding eligible members to the healthcare partner, opening up the organization to an expanded community base.

New market opportunity for culturally relevant crops. Now leasing land and providing support to about 15 Latinx farmers each year, a PPR program based on the CSA model would allow Nuestras Raíces to guarantee steady produce sales for its farmers and consistent hours for its distribution staff.

New mission-aligned funding opportunities. Two sources of PPR program funding -- a Massachusetts Section 1115 Waiver through a partnership with a regional ACO that included HHC, and funding through USDA GusNIP -- presented opportunities for significant investment in programming that aligned with Nuestras Raíces' goals to both support food-insecure community members with culturally relevant, fresh foods, while also providing steady income for incubator farmers.

ASSESSING READINESS: IDENTIFYING PROGRAM ASSETS AND GAPS

While there were compelling reasons to run a PPR program, Nuestras Raíces was not an experienced PPR program operator. To help build their capacity to apply for and implement a PPR program, they engaged a sister organization and experienced PPR practitioner, Just Roots, in two half-day PPR meetings. These learning sessions supported Nuestras Raíces in thinking through their program design and concretely identified the opportunities and challenges that lay ahead by employing the PRx Readiness Assessment Tool (DAISA, 2023). With limited resources, it was critical for Nuestras Raíces to contemplate if a PPR program could provide the organization with the opportunities, impact, and funds it was seeking, and the assessment fostered essential internal discussions. Ultimately the tool assisted Nuestras Raíces in revealing the following key insights:

STRENGTHS and ASSETS:

- Nuestras Raíces has an existing relationship with their local Federally Qualified Health Center, HHC, including strong relationships with decision makers
- HHC already has proven its commitment to nutrition and health community initiatives with a track record of dedicating staff to nutrition programming including farm-fresh food initiatives
- Nuestras Raíces is already familiar and experienced with the cultures, demographics, barriers to access, and other needs of the potential referred participants
- Nuestras Raíces Latinx farmers are seeking mission aligned, reliable markets, and are eager for the reliable revenue of the CSA model
- Nuestras Raíces has experience running CSA farm shares (not associated with PPR)
- Nuestras Raíces has the physical infrastructure and facilities, including climate-controlled space for aggregation and storing of produce as well as vehicles for distributing PPR boxes

GAPS:

- Nuestras Raíces would need to build and maintain new HIPAA-compliant collaborative workflows and data tracking systems, and there was not robust capacity and funding for this
- Nuestras Raíces would need to grow staff capacity, including hiring and training new team members to manage and deliver the program but funding opportunities and allowable expenses *were* robust enough to provide for that need
- While Nuestras Raíces did have experience running a CSA program from 2011-2018, they would need to refresh their institutional memory and systems around operating a CSA program, and adapt to meet the additional data collection requirements and healthcare partnership workflows
- While Nuestras Raíces has the necessary facilities and infrastructure to run a PPR Program, current space-sharing would potentially require additional climate-controlled space for aggregation and storing of produce to be acquired depending on scale

Equipped with this knowledge, they explored the allowable activities and expenses of two funding opportunities on their radar: the USDA's GusNIP PRR grant and MassHealth's Flexible Services (a program of the Massachusetts' Section 1115 Waiver).

Gus Schumacher Nutrition Incentive Program Produce Prescription Program (GusNIP PPR)

GusNIP PPR grants provide funds to evaluate and demonstrate the impact of the PPR model. As previous USDA grant recipients, Nuestras Raíces identified a GusNIP PPR grant as a good fit as it was a relatively robust funding stream from an already-known funder. They wouldn't need to search further into the PPR funding landscape or develop relationships with new funders to submit their first PPR application. Additionally, through the GusNIP PPR application process' mandatory technical assistance, they were provided feedback and support at no cost to them on their first PPR project design and budget before it went before a panel of judges.

Their first step in considering the grant was to assess their incubator farmers' interest in the PPR CSA model. Upon confirmation from the farmers, they proposed the project to the HHC, with whom they had a strong relationship through prior partnership and co-leadership of the Holyoke Food & Fitness Policy Council, among other collaborative initiatives.

In their exploratory conversations, they identified the following questions:

1. Who would be the lead on the grant?
2. What model(s) of PPR were the right fit for both Nuestras Raíces identified goals as well as any additional goals of the HHC?
3. What were the roles and responsibilities for each party in regards to
    - A. Program design
    - B. Budget development
    - C. Patient Identification
    - D. Referrals
    - E. Enrollment
    - F. Program Delivery
    - G. Data Management, Reporting and Evaluation
4. What were each of their budgetary needs in order to execute their roles and responsibilities?
5. GUT CHECK: In reviewing the resulting PPR Program sketch, would they collectively have the capacity, resources, and infrastructure needed to successfully implement their program if awarded the grant? If not, what needed to change?

Within a couple meetings and correspondences addressing these questions, their discussions led them to believe they had a promising program and proposal on their hands. They would submit an application. Nuestras Raíces was the lead and responsible for completing the application, with HHC reviewing the project narrative and budget and submitting a Letter of Support. The model included the following components:

- **Eligibility:** Positive food insecurity screening and at high risk for or living with diabetes
- **Number of participants:** 100 patients/year for 2 years
- **Dosage:** Weekly CSA farm share box for 6 months
- **Distribution method:** Doorstep delivery
- **Nutrition Education:** Healthy and culturally relevant cooking classes offered in-person and online

In Fall 2022, Nuestras Raíces' proposal was awarded a GusNIP PPR program grant. Nuestras Raíces and the HHC commenced biweekly planning and programmatic calls starting in January 2023 and began delivering their first PPR boxes to patients in June 2023.

1115 Medicaid Waiver Funds and Accountable Care Organizations

As Nuestras Raíces and HHC developed their GusNIP PPR application, HHC provided Nuestras Raíces with a critical introduction that would open up the door to diversifying their PPR program funding. That introduction was to HHC's ACO, Community Care Cooperative (C3).

C3 had seen Nuestras Raíces' track record in meeting the food security needs of their predominantly Latinx community and was keen on exploring a partnership. The aim would be to expand C3's 1115 Waiver-funded nutrition services offerings, specifically complementing their current services with a Latinx-tailored program.

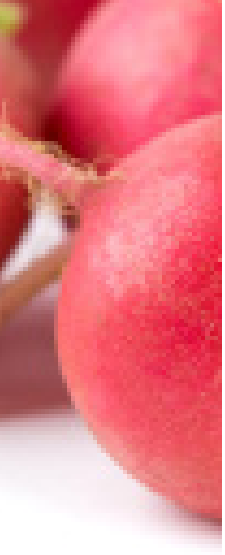
The Vice President of Policy at C3, Kim Prendergast, began joining HHC and Nuestras Raíces' GusNIP PPR planning meetings. As the program design, patient identification, referral, enrollment, program delivery, data management, reporting, and evaluation plans evolved for the GusNIP proposal, Prendergast saw how weaving together 1115 Waiver funds and GusNIP funds could expand the reach of Nuestras Raíces' PPR program. With a unique set of eligibility requirements for each funding mechanism, Nuestras Raíces would have diversified program funding, and HHC would be able to make referrals for both a larger and broader set of their food insecure patients. In reflecting

on the decision to pursue a partnership with Nuestras Raíces, Prendergast emphasized the value of partnering with experienced CBOs, noting, “Community based organizations are already experts at service delivery and immersed in the barriers, culture, and daily rhythms of their communities.” By aligning with such organizations, C3 aimed to not only provide ACO members with services tailored to their unique cultural and social contexts but also to support and strengthen the local community. Prendergast highlighted the mutual benefits of healthcare and CBO collaborations, emphasizing that they are a win-win for everyone involved.

Upon receiving news of Nuestras Raíces’ GusNIP PPR award, C3 approached Nuestras Raíces with a request to prepare a Scope of Work and budget for an 1115 Waiver-funded, 50-patient PPR pilot. They are working through the details in hopes of receiving Medicaid agency approval to add Nuestras Raíces to their program through an initial pilot in summer 2024:

- **Eligibility:** C3 member, positive food insecurity screening, and living with diabetes
- **Number of participants:** 50 patients for 6-month pilot, with anticipated growth
- **Dosage:** Weekly CSA farm share boxes
- **Distribution method:** Doorstep delivery
- **Nutrition Education:** Healthy and culturally relevant cooking classes offered in-person and online

Contact Executive Director Hilda Róque at hroque@nuestras-raices.org for more information on Nuestras Raíces PPR program and 1115 Waiver experience.



Where to Start: Next steps for CBOs interested in 1115 Waiver-Funded Produce Prescription

CBOs around the country have growing opportunities to leverage Section 1115 Waivers to start or expand PPR programs in their communities. With nine states actively implementing nutrition services through 1115 Waivers, and four states with waivers including nutrition services pending, it is possible your state has an opportunity for you to engage in. In some states, it's possible an organization could get involved in running 1115 Waiver-funded programs relatively quickly. In other states, the current step might be advocacy for inclusion of PPRs or improvements on the current implementation guidelines. If there is not yet a Section 1115 Waiver that includes PPR programming in your state, there is significant precedent and a growing number of models for you to point to and learn from as you engage your State Medicaid office in dialogue to promote the inclusion of this program type in an upcoming waiver.

Weighing produce at Nuestras Raíces

The list below provides action steps PPR leaders can take to engage in the Section 1115 Waiver landscape of their respective states:

Start or join a Food is Medicine (FIM) or PPR coalition or working group. With the growing field of FIM and PPR programs, coalitions have formed in many states. Join meetings or start a coalition to gather FIM stakeholders in your state. Leverage the power of a collective to educate your Medicaid office about PPR programs inclusion in 1115 Waivers and the needs of CBOs for an 1115 Waiver to best support PPR programs in your state.

Sign up for relevant newsletters. Many healthcare advocacy and FIM groups are tracking and advocating for Food is Medicine services in 1115 waivers. Search for existing healthcare advocacy groups in your state and subscribe to a relevant newsletter to stay up-to-date.

Assess your CBO's Goals and Readiness. Is your organization ready to launch a PPR program through a Section 1115 Waiver? While Nuestras Raíces, Project Bread, and Just Roots all note the significant impact that 1115 Waiver funds have contributed to their communities, they also acknowledge the extensive capacity required to meet administrative requirements of this funding stream. If you are interested in pursuing 1115 Waiver funds, these organizations have shared the following suggestions:

- Build sufficient time into your project timeline and budget to account for PPR program staffing, especially for the following categories of staffing that can be easy to overlook:
  - **Administration, billing, and annual contracting.** Administering PPR programs, billing, and finalizing your agreements each year takes time with a healthcare partner (ACOs are the healthcare partners when working under a Massachusetts 1115 Waiver, but it might be a different entity in another state). Anticipate a number of months for correspondences and edits with each healthcare partner to establish or update custom MOUs and budgets.
  - **New IT infrastructure and systems.** Adhering to HIPAA regulations is a steep learning curve for those entering into healthcare partnerships for the first time. If possible, prioritize resources to hire an expert to support you in setting up your new systems. At the very least, identify an internal staff member as lead for researching and implementing workflows and data storage that are HIPAA compliant.
  - **Reporting.** Healthcare partners often require specific, patient-level reporting. Allow time, especially in the program development stage, to set up data collection tools and data sharing processes to make these workstreams smooth once programming has commenced.
- Think critically about the hidden costs of your PPR program, such as new or upgraded software to meet HIPAA regulations or new program scale, IT consultants, packaging, fuel, grocery redemption card technology, and survey stipends.
- Plan for referrals to be inconsistent as the program first gets established and to fluctuate with the capacity of the healthcare partner and referral teams.

Tell your State Medicaid office what you want to see regarding PPR programs in your state's next waiver. New 1115 Waivers can be introduced at any time, and new programs can be added to waivers up for renewal. Section 1115 Waivers commonly undergo years of discussion and drafting prior to their submission to CMS, so any time is opportune to advocate for PPR programs to be included, expanded, or amended in your state's next 1115 Waiver development.

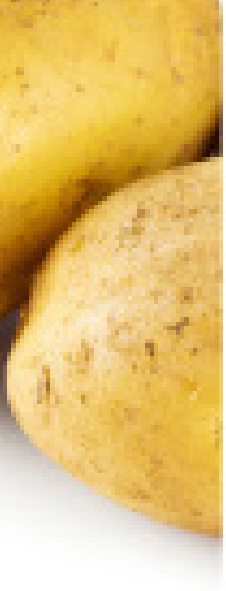
Testify at an 1115 Waiver public hearing and provide written comments during comment periods. For all 1115 Waivers, public hearings are required at a state level, and comment periods are required at the state and federal level before approval. State Medicaid agencies and CMS are required to publish information on these opportunities for input on their websites. Let your voice be heard. Include in your testimony and comments what your CBO would need to be most successful, such as necessary allowable services, rates and fee schedules conducive to your operational realities, and funds to set up and maintain FIM technology and infrastructure, like a HIPAA compliant database and a delivery vehicle or grocery store redemption card technology.

Conclusion

Section 1115 Waiver funds may come with challenges – a long road from idea to implementation, different requirements from state-to-state, hard to get one's foot in the door, requires complex reporting and significant new capacity for organizations lacking internal expertise in contracting, HIPAA compliance, and data management. As the Massachusetts Waiver has demonstrated, in some cases they come with more flexibility in fee schedules, multi-year funding periods, rates that more closely match the true costs of programming than many traditional grants offer, and a wider range of allowable expense categories. They also typically don't require a rigorous application process, and CBOs have overwhelmingly celebrated the collaborative spirit between them and their healthcare partners for Section 1115 Waiver-funded programming.

In Róque's case at Nuestras Raíces, the efforts have been promising: by working through the challenges, the PPR program she envisioned launched with GusNIP PPR funds the summer of 2023, initially serving 50 diabetic patients with veggie boxes delivered by a mobile market. The products are culturally appropriate herbs, vegetables, and fruits, sourced from the farmers at Nuestras Raíces incubator farm in Holyoke, providing steady weekly sales. Nuestras Raíces will finalize the Scope of Work and budget for an expansion of their program through 1115 Waiver funds during the winter and hopes to begin distribution to additional HHC patients identified by C3 in the summer of 2024. Nuestras Raíces has taken off on a journey, partnering with the healthcare sector, which has allowed them to equitably and sustainably build experience, systems, and capacity.

While the heart of the programs CBOs like Nuestras Raíces run lies in their care for and connection to their community, sustainable funds are at least one key ingredient in the food that feeds that care. Section 1115 Waivers have the potential, with continued research and advocacy, to provide those funds for CBOs, and pave a path toward a future where healthcare more seamlessly integrates FIM programs like PPRs into standard care.



APPENDIX:

Additional Massachusetts CBO Pathways to Section 1115 Waiver Funding

As the Massachusetts 1115 Waiver does not define a standard application for CBOs nor a standard PPR model, organizations chart unique courses to developing PPR programs and acquiring Section 1115 Waiver funds to support them. To showcase the diversity of approaches and strategies employed by organizations, two additional Section 1115 Waiver journey highlights follow:

BACKGROUND

Just Roots:

Just Roots is a food justice organization and community farm in Greenfield, MA. From its inception, Just Roots modeled sustainable land stewardship and equitable access to farm-fresh food through its community garden, on-farm educational programs, and an all-income CSA farm share program. Self-reported surveys from CSA participants throughout the first five years of the program consistently revealed the adoption of significant shifts in food habits and health – reduced consumption of processed and fast foods, increased consumption of fresh fruits and vegetables, and increased willingness to try new vegetables. The shifted behaviors resulted in healthier weight management, more communal cooking, and improvements in the ease of completing daily tasks like carrying groceries and climbing a flight of stairs.

Just Roots, Vegetables and fruits

These notable changes inspired Just Roots to partner with leading diet-related health researcher Dr. Seth Berkowitz and the Community Health Center of Franklin County (CHCFC). Utilizing USDA Farmers Market Promotion Program grant funds, the partners launched a study to examine the CSA program's impact on food-insecure patients' fruit and vegetables consumption and total cost of care. Results were published in the American Journal of Preventive Medicine and the American Journal of Public Health. This clinical research study marked Just Roots' first PPR initiative.

In 2019, Just Roots joined the Food is Medicine Massachusetts Coalition's Steering Committee and

its Research Task Force. Through the coalition, Just Roots partnered with Boston Children's Hospital ACO on a budget and program delivery model for a CSA-modeled PPR program. Through MassHealth's 1115 Waiver funds and with the infrastructure support of the Massachusetts Department of Public Health's SSO Preparatory Fund, Just Roots launched its Farm to Family PPR program in 2020. The program provides year-round CSA deliveries, nutrition education, and cookware to referred patients.

Just Roots, Vegetables and fruits

The home-delivered farmshare model with wraparound supports gained the attention of Massachusetts General Brigham ACO, and in 2021, Just Roots partnered with World Farmers in Lancaster, MA to deliver the Farm to Family program for patients in the eastern part of the state. In 2023, upon the renewal of the MassHealth 1115 Waiver through 2027, Just Roots added a new partnership with Fallon Health-Atrius Health Care Collaborative ACO to launch a third Farm to Family referral program.

As of September 2023, Just Roots – in partnership with three ACOs and World Farmers – provides home-delivered, locally grown CSA shares to over 440 patients throughout Massachusetts through the Farm to Family program. Ripples of the program's success gained the attention of Massachusetts General Hospital ACO.

Contact Executive Director Laura A. Fisher at laura@justroots.org for more information on Just Roots, the Farm to Family Program, and 1115 Waiver experience.

BACKGROUND

Project Bread:

PROJECT BREAD

Project Bread is a non-profit organization dedicated to enhancing food access and transforming the landscape of federal nutrition programs for Massachusetts residents. Its mission to improve accessibility of federal nutrition programs for Massachusetts households and increase utilization of the programs is done through a combination of partnerships and advocacy, as well as household outreach, awareness campaigns, and direct referrals. Core to Project Bread's food access strategy is its commitment to meeting individuals where they are. This principle can be seen in how the organization leverages schools, camps, and healthcare institutions as information dissemination points.

With a decade of healthcare partnership experience through its work increasing SNAP eligibility and enrollment in the healthcare space, Project Bread followed the developments of the Massachusetts Section 1115 Waiver renewal in 2016 with great interest. They identified the Flexible Services Program as another significant opportunity to leverage healthcare institutions as access points to address food security.

In 2019, as the launch of the Flexible Services Program neared, Project Bread was approached by ACOs to explore the development of nutrition support services. Whereas the organization typically focuses on outreach, awareness campaigns, and referrals, they sought out this opportunity to provide direct services to inform their approach to advocacy and ensure their policy recommendations are guided by individuals with lived experience. They would connect patients to healthy food choices through a Section 1115 Waiver, with the goal of not only providing direct services, but also contributing to a body of evidence and feedback loops that could influence the state's emerging FIM strategy. Part of this advocacy strategy included applying for and participating in the CBO Section 1115 Waiver working group, one of three working groups convened by MassHealth in order to get input on the implementation of the waiver.

As Project Bread began approaching ACO partners, they found immediate synergy with Community Care Collaborative ACO and its resolute commitment to combating food insecurity. With this shared mission and easeful collaboration, Project Bread embarked on the delivery of a case-management model, that included a PPR program. In their first year, they launched a 500-patient pilot, providing grocery store gift cards, nutrition education, and cookware to patients starting in Spring 2020.

In 2021, they partnered with Boston Children's Hospital ACO to center fighting hunger in children and families. Project Bread's expansion continued, joining forces with Boston Medical Center and three additional ACOs affiliated with the Managed Care Organization WellSense. With each partnership, the ACOs defined the patient eligibility requirements within the parameters set forth by MassHealth. Some ACO partners chose to enroll patients who were eligible based on any MassHealth-identified health conditions, while others narrowed their scope on a particular health condition. MassHealth eligibility guidelines were defined as patients who identify as food insecure and have any of the following health conditions: complex physical health, complex behavioral health, high risk pregnancy, frequent emergency department utilization, or challenges with activities of daily living.

As their program and understanding of the 1115 Waiver has matured, Project Bread has identified key priorities for new ACO partners including prioritization of ACOs with a substantial youth patient demographic, a baseline annual referral threshold, and alignment with Project Bread's mission. In 2023, Project Bread anticipates 7,000 patient referrals for their program through the 1115 Waiver.

Contact Senior Director of Health Care Partnerships Jennifer Obadia at jennifer_obadia@projectbread.org for more information on Project Bread, their Flexible Services program, and 1115 Waiver experience.

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The Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) is supported by Gus Schumacher Nutrition Incentive Program grant no. 2019-7003030415/ project accession no. 1020863 from the USDA National Institute of Food and Agriculture.

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