



REQUEST FOR INFORMATION

Michigan's Comprehensive Health Care Program: Proposed In Lieu of Services to Cover Nutrition Services March 2024

In October 2023, the Michigan Department of Health and Human Services (MDHHS) launched a [competitive procurement](#) for Michigan's Medicaid Health Plans (MHPs). MDHHS seeks to deliver Michigan residents an equitable, coordinated and person-centered system of care that will ultimately provide a healthier future through this rebid process. The new MHP contracts start in October 2024.

In line with this overarching goal, MDHHS [embedded changes](#) in the new MHP contracts to strengthen Medicaid services provided to enrollees. Several of these changes seek to address social determinants of health through investment in and engagement with community-based organizations. The introduction of in lieu of services (ILOS) is one of these important changes and will allow MHPs to pay for nutrition services that have been shown to improve health.ⁱ MDHHS seeks public feedback through this Request for Information on a draft set of ILOS.

MDHHS to Approve Nutrition-Focused ILOS

ILOS are medically appropriate and cost effective services provided by MHPs as substitutes to other Medicaid covered services.ⁱⁱ Michigan will designate a set of federally approved ILOS that MHPs may offer.ⁱⁱⁱ To learn more about Medicaid ILOS, please see this [overview](#).

- **During the next contract, MHPs will be encouraged to offer a set of MDHHS approved ILOS that address eligible enrollees' nutrition needs.**^{iv} Key goals of implementing ILOS are to improve health and reduce the future need for medical services.
- **Supporting individuals made vulnerable to food insecurity is a key priority in Michigan.** Between 2020 and 2022, 12 percent of households in Michigan experienced food insecurity, with over 5 percent of these households experiencing very low food security.^{v,vi} Food security was an identified focus area in the MDHHS SDOH Strategy.^{vii}
- **Addressing food access can improve health outcomes and lower health care costs.** Evidence indicates that services like food prescriptions and home delivered meals are associated with improved health outcomes and decreased utilization of health care services.^{viii}
- **ILOS must be at the option of the MHP and the enrollee.** MHPs are not required to offer ILOS and are prohibited from: requiring enrollees to use ILOS; denying an ILOS if an enrollee is eligible; or restricting enrollees' access to a covered health care service if the enrollee did not want ILOS, received ILOS previously or is receiving ILOS currently.

Seeking Public Comment on Proposed ILOS

Under federal rules, enrollees eligible for ILOS must (1) have a clinical need for which it would be medically appropriate and cost effective to provide the services and (2) be experiencing food insecurity.

- ILOS are intended to complement other initiatives addressing the food and nutrition needs of Michiganders and supporting community-based providers that offer essential nutrition services.
- **MDHHS proposes four evidence-based ILOS to address enrollees' health-related nutrition needs.** MDHHS is seeking input on whether existing community-based providers could deliver these services throughout the state.
- The four proposed ILOS are described in the table below and further detailed in the attachment *Draft ILOS Definitions*. These definitions were informed by:
 - Federal guidance regarding ILOS, including reference to services that were approved in other states
 - The current Michigan nutrition-services landscape
 - Similar services offered through other Michigan Medicaid programs^{ix}
- **MDHHS is also proposing potential populations that would be eligible to receive the proposed ILOS.** MDHHS is seeking input on these potential populations and requests feedback and any supporting evidence that underscores the appropriateness of providing the proposed ILOS to individuals with these clinical criteria.

Service	Description
Medically Tailored Home Delivered Meal	A fresh or frozen home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a certified nutrition or health care professional (e.g., Primary Care Provider (PCP), Nurse Practitioner (NP), Registered Dietitian (RD) or a Registered Dietitian Nutritionist (RDN)) to assess and develop a medically appropriate nutrition care plan, the preparation and delivery of the prescribed nutrition care regimen, and regular reassessment with a certified nutrition professional at least once every 3 months.
Healthy Home Delivered Meal	A nutritionally-balanced, home delivered meal consisting of a hot, cold, frozen, or shelf-stable meal aimed at promoting improved nutrition for the service recipient.
Healthy Food Pack	A healthy food pack consists of an assortment of medically-tailored or nutritionally-appropriate foods provided to an enrollee.
Produce Prescription	A voucher for the enrollee to purchase any variety of fruits and vegetables or plants/seeds that produce fruits and vegetables from a participating food retailer. A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting.

Please refer to the attachment (*Draft ILOS Definitions*) for detailed descriptions of each of the four services.

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MHPs that offer ILOS to eligible enrollees will pay a community-based provider to deliver the services. Examples of community-based providers can include food banks, food pharmacy, meal providers and others. MHPs, health care providers, community-based providers and other community organizations will all be essential in identifying enrollees who may be eligible for ILOS and/or offering and providing these services directly.

- **MDHHS requests input on the proposed ILOS definitions and the potential populations that would be eligible to receive ILOS (attached).** Your input will inform refinements to the ILOS that MDHHS ultimately approves. Specifically, we request responses to as many of the following questions as you can provide after reviewing the proposed ILOS definitions and potential eligible populations:
 1. **Enrollee Needs:** As defined, will the proposed service meet enrollee clinical and nutrition needs? Would enrollees likely use the services if offered by their MHP?
 - a. What changes, if any, to the service definitions may be needed:
 - i. To ensure the service meets enrollee needs?
 - ii. To mitigate any challenges enrollees might face in accessing the service? For example, would any of the service definition components inappropriately restrict enrollee access?
 2. **Potential Eligible Populations:** ILOS must be medically appropriate and cost-effective for the enrollee receiving them. MDHHS has proposed potential populations for whom the proposed nutrition-focused ILOS may be appropriate.
 - a. Do you support the inclusion of these potential populations? If so, please share any evidence that indicates it is appropriate to provide the proposed ILOS to any of these potential eligible populations.
 - b. What changes, if any, to the potential eligible populations would you propose?
 - i. Would you remove any populations from the potential list? If so, why?
 - ii. Would you add any additional populations to the potential list? What evidence can you share indicating that it would be medically appropriate and cost-effective to provide these individuals the proposed nutrition-focused ILOS?
 3. **Statewide Service Availability:** As defined, is the service likely to be available across the state? What changes, if any, to the service description would ensure community-based service providers could meet the requirements to provide these services?
 - a. Which, if any, [specific prosperity regions](#) or counties might have limited service availability? What changes might increase enrollee access to these services in these regions?
 4. **Community-based Provider Capacity, Interest and Experience:**
 - a. Which community-based providers currently provide the service as defined (or a similar service)? How many people do they provide the service to on average currently? How many people could they provide the service to if they were reimbursed by MHPs?
 - b. Which community-based providers would be interested in contracting with MHPs and delivering the service to enrollees?

- c. Would these existing community-based providers meet the allowable provider criteria defined in the *Draft ILOS Definition (attached)*?
 - d. Which existing community-based providers have experience contracting with MHPs? If so, what types of activities or services did they provide under contract with MHPs previously?
5. **Technical Assistance Needs:** What would make it more feasible for community-based providers to enter into contracts with MHPs and deliver the proposed services?
 - a. To what extent do community-based providers have experience documenting and invoicing for services? Billing and coding?
 - b. Should MDHHS develop standard terms and conditions (e.g., a “model contract”) that all MHPs and community-based providers would use to contract for ILOS?
 - c. Should MDHHS release suggested ILOS pricing or would MHPs and community-based providers prefer to negotiate directly on payments for ILOS?

Input Submission and Timeline

- MDHHS is requesting input from community-based nutrition-service providers, community-based organizations, advocacy groups, federally recognized Michigan Indian tribes, providers of health care, health systems, and health plans that can bring valuable insights into local needs and cultural considerations, and statewide capacity to deliver different nutrition-focused services.
- Please submit responses to this RFI via email with the subject line “Response to Proposed Food and Nutrition ILOS” to MDHHS-EngageMedicaid@michigan.gov by **April 05, 2024, at 5:00 p.m. ET.**
- When submitting responses to this RFI, please include:
 - Your name
 - Entity or organization you represent
 - Preferred contact information

Healthy Home Delivered Meal

Category	Information
Service Name	Healthy Home Delivered Meal
Service Description	<p>A nutritionally-balanced, home delivered meal consisting of a hot, cold, frozen or shelf-stable meal aimed at promoting improved nutrition for the service recipient.</p> <p>Each meal must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.</p> <p>Meal options must meet enrollee preferences in relation to specific food items, portion size, dietary needs, allergy restrictions, and cultural and/or religious preferences.</p>
Frequency (if applicable)	Up to 2 meals per day (or 14 meals per week) for up 12 weeks, or longer if determined to be medically necessary.
Setting	Meals are delivered to the enrollee’s home.
Allowable Providers	<p>Providers must have experience and expertise with providing these unique services and be locally-based and participate in the local food economy. Providers must have protocols in place to ensure food quality and freshness at the time it is provided to an enrollee and for evaluating and providing food that the enrollee can process (e.g., open) and safely store.</p> <p>They must also meet the following qualifications, at a minimum:</p> <ul style="list-style-type: none"> • Have the capacity to provide two meals per day for at least a sum total of 5 days per week (can be delivered daily, weekly or biweekly). • Operate according to the Michigan Food Code. • Deliver food at safe temperatures. • Document meals served. • Have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. • Have product liability insurance sufficient to cover its operations.
Service Limitations	<ul style="list-style-type: none"> • Eligible enrollees must not have current capacity to shop and cook for self or have adequate social support to meet these needs. • If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> ○ Be enrolled in SNAP and/or WIC, or ○ Be in process of submitting a SNAP and/or WIC application, or ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months.

Category	Information
	<ul style="list-style-type: none"> Enrollee cannot be currently receiving duplicative support through other federal, state, or locally-funded programs. This service cannot be covered if the Enrollee would be eligible for substantially the same service as a Medicaid covered service.

Medically Tailored Home Delivered Meal

Category	Information
Service Name	Medically Tailored Home Delivered Meal
Service Description	<p>A fresh or frozen home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a certified nutrition or health care professional (e.g., Primary Care Provider (PCP), Nurse Practitioner (NP), Registered Dietitian (RD) or a Registered Dietitian Nutritionist (RDN)) to assess and develop a medically appropriate nutrition care plan, the preparation and delivery of the prescribed nutrition care regimen, and regular reassessment with a certified nutrition professional at least once every 3 months.</p> <p>Meals must be in accordance with evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes.</p> <p>Meal options must meet enrollee preferences in relation to specific food items, portion size, dietary needs, allergy restrictions, and cultural and/or religious preferences.</p>
Frequency and duration (if applicable)	On average, individuals receive 2 meals per day (or 14 meals per week) for up 12 weeks, or longer if determined to be medically necessary.
Setting	Nutrition assessment is conducted in person, in a clinic environment, the enrollee's home, or telephonically as appropriate. Meals are delivered to the enrollee's home.
Allowable Providers	<p>Medically Tailored Home Delivered Meal providers must have experience and expertise with providing these unique services and be locally-based and participate in the local food economy. Providers must have protocols in place to ensure food quality and freshness at the time it is provided to an enrollee and for evaluating and providing food that the enrollee can process (e.g., open) and safely store.</p> <p>They must also meet the following qualifications, at a minimum:</p> <ul style="list-style-type: none"> Have the capacity to provide two meals per day for at least a sum total of 5 days per week (can be delivered daily, weekly or biweekly). Operate according to the Michigan Food Code. Deliver food at safe temperatures. Document meals served. Document the nutritional practice guideline used.

Category	Information
	<ul style="list-style-type: none"> • Have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. • Have product liability insurance sufficient to cover its operations.
Service Limitations	<ul style="list-style-type: none"> • Eligible enrollees must not have current capacity to shop and cook for self or have adequate social support to meet these needs. • If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> ○ Be enrolled in SNAP and/or WIC, or ○ Be in process of submitting a SNAP and/or WIC application, or ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months. • Enrollee cannot be currently receiving duplicative support through other federal, state, or locally-funded programs. • This service cannot be covered if the Enrollee would be eligible for substantially the same service as a Medicaid covered service.

Healthy Food Pack

Category	Information
Service Name	Healthy Food Pack
Service Description	<p>A healthy food pack consists of an assortment of medically-tailored or nutritionally-appropriate foods provided to an enrollee.</p> <p>The healthy food pack may only contain items that are consistent with one of the following guidelines:</p> <ul style="list-style-type: none"> • WIC-eligible foods • SNAP-eligible foods • Double Up Food Bucks Michigan-eligible foods <p>Healthy food packs may also be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions. This is an optional addition to the benefit.</p> <p>Healthy food packs must meet enrollee preferences in relation to specific food items, portion size, dietary needs, allergy restrictions, and cultural and/or religious preferences.</p>
Frequency and Duration (if applicable)	Typically weekly for up to 12 weeks, or longer if determined to be medically necessary.
Setting	Healthy food pack is offered for pick-up by the enrollee in a community setting, for example at a food pantry, community center, or a health clinic; <u>or</u> healthy food pack is delivered to the enrollee's home.

Category	Information
Allowable Providers	Providers must have experience and expertise with providing these services and be locally-based and participate in the local food economy. Providers must have protocols in place to ensure food quality and freshness at the time it is provided to an enrollee and for evaluating and providing food that the enrollee can process (e.g., open) and safely store. Providers may also have the ability to provide nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.
Service Limitations	<ul style="list-style-type: none"> • The value of the food must be equivalent to less than 3 meals per day. • If being delivered, the enrollee does not have current capacity to shop for self or get to food distribution site. • If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> ○ Be enrolled in SNAP and/or WIC, or ○ Be in process of submitting a SNAP and/or WIC application, or ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months. • Enrollee cannot be currently receiving duplicative support through other federal, state, or locally-funded programs. • This service cannot be covered if the Enrollee would be eligible for substantially the same service as a Medicaid covered service.

Produce Prescription

Category	Information
Service Name	Produce Prescription
Service Description	<p>A voucher for the enrollee to purchase any variety of fruits and vegetables or plants/seeds that produce fruits and vegetables from a participating food retailer. A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting.</p> <p>Items purchased must align with one of the following guidelines:</p> <ul style="list-style-type: none"> • WIC-eligible foods • SNAP-eligible foods • Double Up Food Bucks Michigan-eligible foods <p>Vouchers may also be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions. This is an optional addition to the benefit.</p>
Frequency and Duration (if applicable)	One voucher per enrollee for up to 6 months, or longer if determined to be medically necessary. Each voucher will have a duration as defined by the CBO providing it. For example, some CBOs may offer a monthly voucher while others may offer a weekly voucher.
Setting	Enrollees redeem vouchers at participating community food retailers.
Allowable Providers	<p>MHP contracts may include, but are not limited to, the following types of providers to issue healthy food prescriptions:</p> <ul style="list-style-type: none"> • Health care providers; • Local health departments; • Community Health Workers; • Housing programs; • Senior serving agencies; and • Senior centers
Service Limitations	<ul style="list-style-type: none"> • The value of the voucher must be equivalent to less than 3 meals per day. • If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> ○ Be enrolled in SNAP and/or WIC, or ○ Be in process of submitting a SNAP and/or WIC application, or ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months. • Enrollee cannot be currently receiving duplicative support through other federal, state, or locally-funded programs. • This service cannot be covered if the Enrollee would be eligible for substantially the same service as a Medicaid covered service.



Potential Population Eligible for ILOS

Per federal requirements, populations eligible for ILOS must be clinically defined. MDHHS is considering a set of potentially eligible populations for whom the proposed nutrition-focused ILOS would be medically appropriate and cost-effective. These populations are subject to change prior to approval of ILOS.

<p>Potentially Eligible Populations Eligible Populations</p>	<p>Individuals will be eligible for services if they meet at least one of the clinical risk factors <u>and</u> the social risk factor. The need for services must be documented, for example, in the enrollee’s care plan or medical record. The provided service must be medically appropriate for the documented need.</p> <p>Clinical Risk Factors:</p> <ol style="list-style-type: none"> 1. Individuals with nutrition-sensitive conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, hypertension, human immunodeficiency virus (HIV), cancer, obesity, oral health disease, malnutrition, or mental/behavioral health disorders 2. Individuals being discharged from the hospital or a skilled nursing facility 3. Individuals identified by the MHP to be at risk of unnecessary emergency department visit, hospital admission or institutionalization 4. At-risk pregnant individuals, including those with gestational diabetes and other high-risk perinatal conditions 5. Former foster care youth 6. Children with elevated blood levels^x, experiencing adverse childhood experiences (ACEs) or at risk of developing chronic or acute conditions due to food insecurity (e.g., failure to thrive, childhood obesity, asthma, depression, skin allergies) 7. Children eligible for the Children’s Special Health Care Services (CSHCS) program 8. Individuals eligible for the Persons with Special Health Care Needs (PSHCN) program 9. Individuals who are eligible for Medicaid based on an eligibility designation of disability <p>Social Risk Factor:</p> <ol style="list-style-type: none"> 1. The member is at risk for nutritional deficiency or nutritional imbalance due to food insecurity, defined as being unable to obtain nutritionally adequate, medically appropriate, and/or safe foods
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ⁱ Social determinants of health (SDOH) are the conditions in which people are born, grow, work, and age. Adverse SDOH can lead to health-related social needs (HRSNs), an individual's unmet social conditions (e.g., housing instability or homelessness, food insecurity). Unmet HRSNs can drive worse health outcomes, reduced access to care, and higher downstream medical costs. (Source: [Kaiser Family Foundation](#))

ⁱⁱ For example, a state might determine that a medically tailored home delivered meal is a medically appropriate and cost effective substitute to mitigate future emergency department services, home health agency services, inpatient services, outpatient hospital services, and more.

ⁱⁱⁱ In order to be approved by CMS, ILOS must: 1) advance the objective of the Medicaid program, 2) be cost-effective substitutes for already covered services or settings under the state plan, 3) medically appropriate, 4) provided in a manner that preserves enrollee rights and protections, 5) subject to monitoring and oversight, and 6) subject to retrospective evaluation as applicable. (Source: [42 CFR § 438.3.\(e\).\(2\).](#))

^{iv} While MHPs will be strongly encouraged to offer some or all of the approved ILOS, the decision to provide ILOS are at the option of each MHP.

^v Very low food security is the severe range of food insecurity where one or more household members experience reduced food intake and disrupted eating patterns due to limited money and other resources for obtaining food.

^{vi} [Household Food Security in the United States in 2022](#)

^{vii} [Michigan's Roadmap to Healthy Communities \(2022-2024\)](#)

^{viii} [Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts \(2022\)](#)

^{ix} Michigan offers Home Delivered Meal services in its Home and Community-Based Services Waivers.

^x In April 2022, [MDHHS](#) lowered the definition of elevated blood lead level to 3.5 µg/dL or greater, based on an updated BLRV from CDC.