



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Medically Tailored Meals/Medically-Supportive Food	Guideline #	UM CSS 08
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	10/25/23

COVERAGE POLICY

- A. Medically tailored meals are tailored to the medical needs of the Member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on 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.
- B. Medically Tailored Meals: Meals provided to the Member at home that meet the unique dietary needs of Member.
- C. Medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies.
- D. Meals are delivered to the home immediately following discharge from a hospital or nursing home when Members are most vulnerable to readmission.
 - 1. IEHP Members must meet the following to be eligible for Medically Tailored Meals/Medically-Supportive Food: Members with chronic conditions such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.
 - 2. Members being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement.; or
 - 3. Members with extensive care coordination needs.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. Service covers up to two (2) meals per day and/or medically-supportive food and nutrition services for up to twelve (12) weeks. Additional services require IEHP Medical Director approval.
- B. Meals that are eligible for or reimbursed by alternative programs are not eligible.
- C. Meals are not covered to respond solely to food insecurities.
- D. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance

ADDITIONAL INFORMATION

- A. Malnutrition and poor nutrition can lead to devastating health outcomes, higher utilization, and increased costs, particularly among Members with chronic conditions. Meals help individuals achieve their nutritional goals at critical times to help them regain and maintain

their health. Results include improved Member outcomes, lower hospital readmission rates, a well-maintained nutritional health status, and increased Member satisfaction.

CLINICAL/REGULATORY RESOURCE

California Advancing and Innovating Medi-Cal Proposal (CalAIM) is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports, that offer medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer Community Support Services as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Medically tailored meals: meals provided at home to meet the unique dietary needs of those with chronic diseases.

REFERENCES

1. State of California-Health and Human Services Agency, Department of Health Care Services, July 2023. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports Services-Service Definitions.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.