

HEALI Meeting 3/15/23

Updates

- Coordination Center Technology: We are utilizing Unite Us as the closed loop referral technology platform to build out the social care infrastructure. We are slowly building out our capacity as the Coordination Center to provide referral management to make sure referrals are sent, received, and closed. We have about 13 agencies on Unite Us and we are working with AHN-RNS to integrate their behavioral health network. We are looking to onboard Long Island's federally qualified health centers.
- CHW:
 - We have been focusing on CHW workforce development component of the 1115 Waiver. We have been reaching out to our state and federal partners to learn more about the plans for workforce development and reimbursement. The State is planning to submit a State Plan Amendment to request CHW reimbursement for pregnant and postpartum care. The Executive Budget Scorecard detailed a line item to expand on the [established reimbursement](#) for CHWs for more populations (including high-risk populations, maternity, children under 21, etc).
 - We met with CHW leadership at Ibero American Action League, Inc and Health and Human Services of Regional Health Operations.
 - CHW Subcommittee will be meeting in April. If you are interested in joining, please email Sam at sklein@hwcli.com.

Dorella M. Walters, MPA

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(Refer to PDF slides for more information)

- All work of GLWD is led by registered dietitian nutritionists and all meals are freshly prepared on site.
- Populations served:
 - Serving almost 10,000 individuals per year.
- Partnerships:
 - Serve all 5 boroughs, Hudson County, NJ, Long Island, Westchester, Rockland, and Orange Counties through insurance plans or grant opportunities.
- What are Medically Tailored Meals (MTMs)?
 - Meals approved by a Registered Dietitian Nutritionist that reflect evidence-based guidelines for dietary therapy.
 - Meal recommendations are based on the RDN's nutritional assessment and a referral by a healthcare provider.
 - Meals address a medical diagnosis, symptoms allergies, medication management, and side effects to ensure the best possible nutrition related health outcomes.
- Food is Medicine Coalition:
 - Our recommendations include:
 - Modernize Medicare and Medicaid to Make MTMs a Fully Reimbursable Benefit for People Living with Severe Illness;
 - Increase Funding and Institutional Support for New Research on MTMs and other Food Is Medicine Interventions;
 - Improve Quality Standards for Nutrition Interventions;

- Connect Clinical Systems to the Social Services Safety Net
- Payers: Medicaid and Medicare
 - GLWD has been partnering with Managed Long Term Care since 2005 and since then have moving into Value Based Payment opportunities

Q&A

Q: To what degree does the meal prep take cultural background into consideration?

A: We try to make meals as culturally diverse as possible but for now are unable to offer kosher or halal meals because we only have one kitchen. We are growing out of our space, and we are preparing for a new capital campaign and have acquired an interim space as a swing space so hopefully that will provide greater flexibility in the number and variety of meals.

Q: Are you using the participants EBT card in any way to defer some cost?

A: No, we are not. Our services are provided at no cost to the individual. We do raise our funds. Our clients historically receive SNAP benefits if eligible but that doesn't mean they're physically able to go to the store and then cook. We tell people to receive benefits as they need and receive meals.

Q: Expand to Long Island!

A: We are open to expanding to Long Island. We have partnered with Northwell and will soon have a partnership with Catholic Health. The partnerships will help us determine how expanding can look.

Q: Are you flexible with how sick HIV patients are?

A: Yes, we are! Since we have served patients with HIV for so long, we understand that the illness changes depending on side effects and medication. We have seen a large number of clients be on our program years ago and now come back because they're older or experiencing other comorbidities.

Q: As the FQHC larger in NYS, how can we sign the Business Associate Agreement with your organization and help you to expand in Suffolk?

A: The BAA has helped facilitate robust conversations with FQHCs and other providers about sharing medical information and data. We can connect and see what expansion looks like. In the past 2-3 months, we have had 4-5 different grant applications we are partnering on.

Q: How would we make the connection for GLWD and our clients?

A: We have to think about what's a way to start: a particular diagnosis to receive funding, mutual major donors in common, existing partnerships with health providers, insurance plans.

Q: Did GLWD receive any funding from the state for Nourish New York?

A: Certain funds came through to GLWD, but we were not primarily the organizations awarded money.

Q: In the Governor's budget, there was money included for schools to provide fresh food. Is there an opportunity to advocate for GLWD to be involved?

A: We are watching that because language was included about registered nutritionists. In terms of funding, we are still trying to figure out if we are part of the narrative receiving funds listed. If not, then that's where partnerships come into play. If another organization is able to receive funding, then they may cover some of the cost. All of the program costs (nutritionists, drivers, etc.) is folded in the meal rate. There's a rumor that the White House is releasing a budget for the national pilot for medically tailored meals which we would apply for and see what that allows us to do. There may be opportunities to expand to the Island to create innovative impact.

Q: How would organizations apply for grants to partner?

A: GLWD is familiar with creating grants, but we need your help determining what it needs to look like. Dorella is the conduit and works closely with the development team.

Q: In order to make meal programs sustainable, how do we show that this impacts our populations? Has GLWD participated in this kind of research?

A: We have partnered with insurance plans to do evaluations and concept of research are new ideas in some insurance plans and hospital systems. We are working to do research with Mount Sinai and Ryan Health with different diagnosis cohorts. We are excited to further the thought leadership and research to help look at food and nutrition in a new way.

Q: What concrete things could we help with to collaborate for services on LI? What are the barriers to expansion?

A: There are different ways to collaborate. We are providing meals on the Island through our health insurance contracts; think United, Fidelis, Empire. That is for Managed Long Term Care or Value Based Payment (VBP), or In Lieu of Services (ILOS). Those same plans have flexibility with administrative dollars that could cover the cost as VBP design. We are shipping currently to the island due to the lack of addresses to generate a complete route. For the furthest part of the island, we may continue shipping. We have partnered with organizations that have freezer space and have acted as meal distribution centers for their patient populations. Or if they have their own volunteers, we can deliver. Many models are possible.

Discussion

Introduce HEAL to Food is Medicine Coalition: <https://thefoodpantries.org/home/new-york-state-food-as-medicine-project/>

- Important to advocate for which food access models should be available for New York State and funding opportunities.
- How do we as providers speak to honor all of our work? Share the progress of other providers and/or include more players in the room/table of conversation/decision making process.
- Next Steps:
 - As the coordination center, ensure that medically tailored meals access is part of comprehensive provision of care and integrate into other services that individuals might need.
 - Create Food and Nutrition work group to advance preventive health and data will keep the work sustainable.
- Participate in advocacy for the Farm Bill (listening sessions, writing campaigns).