



**February 3, 2022**

The Honorable Xavier Becerra  
US Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, DC 20201

**Re: Comments on MassHealth's Section 1115 Demonstration Extension Request**

Dear Secretary Becerra,

On behalf of the Food is Medicine Massachusetts coalition (FIMMA), we are grateful for the opportunity to comment on MassHealth's recently submitted Section 1115 Demonstration Extension Request and the proposals it includes regarding the Flexible Services Program (FSP), which provides nutrition and housing supports to address qualifying members' health-related social needs.

FIMMA's mission is to build a health care system that reliably identifies people who have food insecurity and health-related nutrition needs, connects them to appropriate nutrition interventions, and supports those interventions via sustainable funding streams. FIMMA is comprised of over 100 organizations representing nutrition programs, patient and advocacy groups, health care providers, health insurers, academics, and professional associations. Over 40% of FIMMA member organizations are community-based nutrition service providers who either currently participate in the FSP or are interested in doing so in the future. Current FSP participants include Community Servings, Project Bread, Just Roots, Mill City Grows, and About Fresh who collectively hold 20 contracts with Accountable Care Organization (ACO) partners which together provide nutrition services to over 5,000 MassHealth members across the state. FIMMA also includes representatives from a number individual ACOs who participate in the FSP.

FIMMA is extremely supportive of MassHealth's vision for the next iteration of the FSP. While launch of the FSP was delayed until 2020, initial findings underline the value of the program. Participating ACOs have reported improvements such as: (1) lower costs of care; (2) reduced emergency department use; and (3) better disease management.<sup>1</sup> We therefore support the continuation and enhancement of the FSP, and urge HHS to take the following actions with respect to the Extension Request:

- **Approve the Establishment of a Social Services Organization Integration Fund;**
- **Allow Provision of Nutrition Services at the Household Level;**
- **Approve MassHealth's Proposals to Strategically Expand the Flexible Services Program to Better Meet the Needs of Children and Families; and**
- **Continue to Pursue Rigorous Evaluation of the FSP.**

Based on the experiences of FIMMA members involved in the FSP, these changes are of utmost importance as they will improve the reach and impact of the program for both social service

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<sup>1</sup> MassHealth Section 1115 Demonstration Extension Request, 56.



organizations and MassHealth enrollees across the Commonwealth. Additional detail on each of these recommendations is provided below:

**I. Approve the Establishment of a Social Services Organization Integration Fund.**

Infrastructure funding and support have been vital to the success of the FSP. Social Services Organizations (SSOs) participating in the FSP have had to make significant investments in technology, staffing, and capacity-building in order to prepare for ACO-SSO partnerships. Under the current waiver, MassHealth has helped SSOs address these upfront costs through the SSO Preparation Fund. ACOs and SSOs alike have attested to the value of the Fund and have expressed gratitude for the associated spaces that MassHealth created to navigate new partnerships and systems.<sup>2</sup>

The SSO Preparation Fund has proven to be a lifeline for SSOs. Nearly all FSP nutrition service providers benefitted from the grant program. FIMMA members specifically used the funds to increase their staffing capacity and build technological systems that allowed them to partner with ACOs. The Preparation Fund was especially essential for smaller SSOs, which provide critical services and have deep relationships with community members yet often lack the financial cushion needed to prepare for FSP participation. For example, one FIMMA member reported, “We couldn’t have built our API without outside support; if not for the Prep Funds, we would have needed support from elsewhere, which may have been difficult to secure.”

Considering that the FSP is still nascent, now is not the time to abandon supports like the SSO Preparation Fund. FIMMA therefore urges HHS to approve MassHealth’s proposal to continue SSO funding and technical assistance by evolving the SSO Preparation Fund into a new “SSO Integration Fund.” The Integration Fund will provide support for onboarding new SSOs, increasing the number and scope of nutrition organizations able to participate in the FSP. Additionally, ACO partners have begun to expand the breadth and depth of FSP partnerships, creating new infrastructure needs. One participating SSO has said, “we’re learning that the initial investment in our technology was essential but not sufficient. With each new partner, there are additional licenses and set-up fees to join our technology portal.”<sup>3</sup> Another nutrition service provider similarly noted that scaling will require ongoing financial support from a source like the SSO Preparation Fund to continue to adapt their systems to work across diverse platforms with a variety of partners to meet differing needs with data security confidence. By establishing the SSO Integration Fund, MassHealth can provide the supports needed to complete these scaling efforts, further expanding the reach and impact of the FSP.

**II. Allow Provision of Nutrition Services at the Household Level.**

FIMMA also applauds MassHealth’s proposal to allow nutrition supports to extend to a MassHealth member’s household based on the SNAP definition of a household. This change brings the FSP into

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<sup>2</sup> Kaye N. Massachusetts Fosters Partnerships Between Medicaid Accountable Care and Community-Based Organizations to Improve Health Outcomes. National Academy of State Health Policy. March 2021; pg. 10. Available from: <https://www.nashp.org/wp-content/uploads/2021/03/MA-case-study-3-11-2021.pdf>.

<sup>3</sup> Interview with FIMMA member organization participating in FSP.



better alignment with both the practical experience of Massachusetts nutrition service providers and current research on program design. One study analyzing the impact of household size on fruit and vegetable intake with produce vouchers found that household size dramatically reduced fruit and vegetable intake when using produce vouchers. The study found that the difference in the voucher effect between a household of 1 person versus a household of 8 people was about 0.8 cups per day. As a result, study authors recommended that “subsidies for food purchases should be adjusted for household size because food is shared across the household.”<sup>4</sup> Our coalition enthusiastically agrees with MassHealth that “this approach would maximize the impact of the nutritional supports for the individual member, and would also significantly simplify program implementation.”<sup>5</sup> We therefore strongly support this critical change, and urge HHS to approve its inclusion in the Waiver Extension.

### **III. Approve MassHealth’s Proposals to Strategically Expand the Flexible Services Program to Better Meet the Needs of Children and Families.**

FIMMA commends MassHealth’s additional proposals to strategically expand the FSP to better meet the needs of children and families. These proposals include the expansion of FSP services to include childcare while accessing nutrition or housing services; extension of FSP eligibility for pregnant individuals from 60 days to 12 months postpartum; and a requirement that each ACO ensure that at least some of their Flexible Services Programs serve children.

- **Inclusion of childcare (while accessing nutrition or housing services) in FSP:** The inclusion of childcare (if needed to access a nutrition or housing support service) as an allowable service in the FSP aligns well with both existing FSP strategy and current research. The FSP already recognizes that individuals may face a variety of barriers to participation in nutrition support programs. It therefore provides coverage of transportation to access FSP services.<sup>6</sup> Research indicates that lack of childcare can present a similar barrier to care, especially for interventions involving participation in a classroom setting.<sup>7</sup> Inclusion of childcare as an allowable service is therefore a natural expansion of the program which will reduce the risk of inequitable access to services among FSP participants with young children.
- **Extension of eligibility to 12 months postpartum:** Ensuring access to sufficient, nutritious food can have lasting and important effects for postpartum individuals and their children. Infant nutrition can have an impact on health and well-being across the lifespan, and is, for many infants, dependent on the health and nutrition status of the mother.<sup>8</sup> Research has also shown a potential link between food insecurity and postpartum

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<sup>4</sup> White JS, Vasconcelos G, Harding M, Carroll MM, Gardner CD, Basu S, et al. Heterogeneity in the Effects of Food Vouchers on Nutrition Among Low-Income Adults: A Quantile Regression Analysis. *American Journal of Health Promotion*. 2021 Feb;35(2):279-283. doi: 10.1177/0890117120952991. Epub 2020 Sep 3.

<sup>5</sup> MassHealth Section 1115 Demonstration Extension Request, 58.

<sup>6</sup> MassHealth Section 1115 Demonstration Extension Request, 59.

<sup>7</sup> See, e.g., Testerman J, Chase D. Patient-Reported Barriers and Limitations to Attending Diabetes Group Visits. *Diabetes Spectrum*. 2018 Feb;31(1): 47-57. <https://doi.org/10.2337/ds16-0046>.

<sup>8</sup> See, e.g., 1,000 Days, *The First 1,000 Days: Nourishing America's Future* (2016), available at [https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/custom\\_download/1000Days-NourishingAmericasFuture-Report-FINAL-WEBVERSION-SINGLES\\_0.pdf](https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/custom_download/1000Days-NourishingAmericasFuture-Report-FINAL-WEBVERSION-SINGLES_0.pdf).

depression, reinforcing the importance of nutrition support in this critical period.<sup>9</sup> Given these potential risks, we agree that FSP eligibility should be extended from 60 days to 12 months postpartum.

- **Requiring ACOs to ensure FSP serves children:** Given the evidence regarding the impact of food insecurity on child health,<sup>10,11</sup> including children in FSP interventions should be a priority for the program. We therefore applaud MassHealth’s statement that it will require ACOs to ensure that at least some of their Flexible Services Programs serve children.<sup>12</sup>

#### **IV. Continue to Pursue Rigorous Evaluation of the FSP.**

By continuing the FSP and making these changes in the next waiver period, Massachusetts will have an unprecedented opportunity to expand our understanding of the connections between nutrition services and health. As noted in a recent report from the Aspen Institute and the Center for Health Law and Policy Innovation, nutrition is known to have a tremendous impact on health outcomes and costs, but critical gaps exist in our knowledge of how to best leverage nutrition interventions to respond.<sup>13</sup> FIMMA therefore supports not only the continuation of the FSP, but also efforts to ensure rigorous evaluation of outcomes from the program. We therefore applaud MassHealth’s acknowledgement of the importance of FSP evaluation, and its commitment to continue to consider recommendations to refine evaluation efforts moving forward (e.g., standardization of evaluation metrics).<sup>14</sup>

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In closing, we appreciate MassHealth’s thoughtful approach to expanding and refining the FSP in its Extension Request. Each of the proposed changes described above will help to shape the FSP into a more person-centered program that responds to the practical needs of families across the state. We therefore support their inclusion in the Waiver Extension.

Thank you for the opportunity to provide feedback on the 1115 Demonstration Extension Request. If there are any questions regarding these recommendations, please contact Katie Garfield ([kgarfield@law.harvard.edu](mailto:kgarfield@law.harvard.edu)) and Jean Terranova ([JTerranova@servings.org](mailto:JTerranova@servings.org)).

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<sup>9</sup> See, e.g., Tarasuk V et al. Maternal Food Insecurity is Positively Associated with Postpartum Mental Disorders in Ontario, Canada. *The Journal of Nutrition*. 2020 Nov.; 150(11): 3033-3040. <https://doi.org/10.1093/jn/nxaa240>.

<sup>10</sup> Drennen CR, Coleman SM, Ettinger de Cuba S, et al. Food Insecurity, Health, and Development in Children Under Age Four Years. *Pediatrics*. 2019;144(4): e20190824.

<sup>11</sup> Ettinger de Cuba S, Casey PH, Cutts D, Heeren TC, Coleman S, Bovell-Ammon AR, Frank DA, and Cook JT. Household food insecurity positively associated with increased hospital charges for infants. *Journal of Applied Research on Children: Informing Policy for Children at Risk*. 2018. Vol. 9 : Iss. 1 , Article 8. Available at: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol9/iss1/8>.

<sup>12</sup> MassHealth Section 1115 Demonstration Extension Request, 27, 57.

<sup>13</sup> See, Sarah Downer et al., Food is Medicine Research Action Plan, Center for Health Law and Policy Innovation & Aspen Institute Food & Society (Jan. 2022), available at [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).

<sup>14</sup> MassHealth Section 1115 Demonstration Extension Request, 95.



Sincerely,

## **Food is Medicine Massachusetts (FIMMA)**

*Food is Medicine Massachusetts (FIMMA) is a multi-sector coalition comprised of over 100 organizations representing nutrition programs, patient and advocacy groups, health care providers, health insurers, academics, and professional associations. FIMMA's overall mission is to build a health care system that reliably identifies people who have food insecurity and health-related nutrition needs, connects them to appropriate nutrition interventions, and supports those interventions via sustainable funding streams.*

### **Organizations**

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**Center for Health Law and Policy  
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**Community Servings**  
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**About Fresh**  
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**Boston Public Health Commission**  
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**EatWell Meal Kits**  
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**Grow Food Northampton**  
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**Health Care Without Harm**  
Nancy Kohn, U.S. Eastern Regional Director of  
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**Just Roots**  
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**Project Bread**

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**The Salem Pantry**

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**UMass Memorial Health****Victory Programs, Inc.**

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**Women's Lunch Place**

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