



September 20, 2021

Acting Assistant Secretary Amanda Cassel Kraft
Gary Sing, Director, Delivery System Investment and Social Services Integration
Stephanie Buckler, Deputy Director of Social Services Integration
Aditya Mahalingam-Dhingra, Chief, Office of Payment and Care Delivery Innovation
MassHealth
Via email

Re: Comments on 1115 Demonstration Extension Request

Dear Acting Assistant Secretary Cassel Kraft, Mr. Sing, Ms. Buckler, and Mr. Mahalingam-Dhingra,

On behalf of the Food is Medicine Massachusetts coalition (FIMMA), we are grateful for the opportunity to comment on MassHealth's recently released 1115 Demonstration Extension Request and the proposals it includes regarding the Flexible Services Program (FSP).

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.

Overall, FIMMA is extremely supportive of MassHealth's vision for the next iteration of the FSP. We especially commend MassHealth for proposing to allow provision of nutrition services at the household-level, lengthening the postpartum eligibility timeframe, and expanding the scope of allowable uses to include support for child care. These are critical, substantial changes that will expand the ability of the FSP to meet the real needs of MassHealth members.

FIMMA also recognizes that the next waiver period is crucial to the success of the FSP. Over the next five years, MassHealth, ACOs, and Social Service Organizations (SSOs), will have the opportunity to expand, refine, and evaluate flexible services to inform the future of the program. We therefore urge MassHealth to take the following additional actions as part of its Extension Request to maximize the impact of the FSP in this critical window:

- **Establish infrastructure needed to support and expand SSO participation in the FSP;**
- **Strategically expand the FSP evaluation strategy to maximize learnings;**
- **Expand FSP eligibility to be more inclusive of pediatric populations; and**
- **Provide additional detail regarding the MassHealth's vision for establishing long-term sustainable funding for the FSP.**



Based on the experiences of FIMMA members involved in the FSP, these issues are of utmost importance. We therefore encourage MassHealth to build on the advancements currently outlined in the Extension Request to strengthen the FSP for ACO and SSO participants, to deepen MassHealth’s commitment to prevention, and to fortify pathways for providing nutrition services beyond the next waiver period. Additional detail on each of these recommendations is provided below:

I. Establish infrastructure needed to support and expand SSO participation in the FSP

Infrastructure funding and support have proven to be vital to the success of the FSP. ACOs and SSOs alike have attested to the value of the SSO Prep Fund and have expressed gratitude for the spaces that MassHealth created to navigate new partnerships and systems.¹ Yet, many ACOs and SSOs have relayed that the FSP onboarding process was cumbersome, expensive, and involved a steep learning curve. In fact, this issue was identified as one of the five key themes in a report by Blue Cross Blue Shield Foundation of Massachusetts’ (BCBSMA) Massachusetts Medicaid Policy Institute, the Center for Health Care Strategies, and John Snow, Inc. which analyzed data from 34 FSP stakeholder interviews. In the report, the authors conclude that the “[FSP] is promising, but relationships between Accountable Care Organizations and Social Service Organizations could benefit from more structure.”²

FIMMA therefore urges MassHealth to take the following actions to provide the funding, structure, and technical assistance needed to promote successful ACO-SSO partnerships over the next waiver period:

Recommendation 1: Continue the SSO Prep Fund

The SSO Prep Fund proved to be a lifeline for SSOs looking to participate in the FSP. 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 Prep 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. “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,” said one FIMMA member. Findings of the BCBSMA report echo the value of the Prep Fund but emphasize the need for more support. All SSOs interviewed noted that the Prep Fund, “helped with specific infrastructure needs,” however, “more financial and/or

¹ 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>.

² Houston R, Lloyd J, Crumley D, Matulis R, Keehn A, and Cozier N. The MassHealth Accountable Care Organization Program: Uncovering Opportunities to Drive Future Success. Massachusetts Medicaid Policy Institute, Center for Health Care Strategies, and John Snow, Inc. May 2021; pg. 3. Available from: https://www.bluecrossmafoundation.org/sites/g/files/cspwhs2101/files/2021-05/ACO_Qual-Assess_FullReport_Final_0.pdf.



technical assistance was needed to get SSOs where they needed to be to fully engage in the program.”³

Considering that the FSP is still nascent, now is not the time to abandon supports like the SSO Prep Fund. The resources the Prep Funds provide are critical for onboarding new SSOs and expanding the scope of nutrition organizations able to participate. Additionally, ACO partners have begun to expand the breadth and depth of partnerships. FIMMA members have cited that this creates additional 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.” Another nutrition service provider similarly noted that scaling will require ongoing financial support from a source like the SSO Prep 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 continuing the SSO Prep Fund, MassHealth can provide the supports needed to complete these concrete scaling efforts, thereby expanding the reach and impact of the FSP.

Recommendation 2: Enhance Technical Assistance

ACOs and SSOs have also expressed gratitude for the learning collaborative meetings, facilitated by Health Resources in Action, which allowed stakeholders to share experiences, touch-base on lessons learned, and receive helpful information from experts. FIMMA members have noted that the collaborative meetings were extremely useful for developing relationships between SSOs and ACOs. One participating SSO who is a FIMMA member shared just how beneficial the collaborative meetings were for their organization:

“I was introduced to the people within the various SSOs who were working on flex and was then able to have follow up conversations that ranged from details of our software to program evaluation to best practices for working with different ACO partners. It really began to build a network that I could call on when questions arose.”

Though these meetings were helpful, many stakeholders have still noted having felt as though they were navigating a new system with limited guidance. One FIMMA member shared that, “integrating into the health care system was messy, requiring everyone to reinvent the wheel over and over again with no set of instructions.” For example, confusion around data sharing was common, creating barriers to program implementation. As noted in the BCBSMA report, the launch of one ACO’s FSP was “significantly delayed by the need to research these requirements, implement the steps to ensure compliance, and conduct a separate technology review required by the ACO before data could be exchanged.”⁴

³ Houston R, Lloyd J, Crumley D, Matulis R, Keehn A, and Cozier N. The MassHealth Accountable Care Organization Program: Uncovering Opportunities to Drive Future Success. Massachusetts Medicaid Policy Institute, Center for Health Care Strategies, and John Snow, Inc. May 2021; pg. 10. Available from:

https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2021-05/ACO_Qual-Assess_FullReport_Final_0.pdf.

⁴ Houston R, Lloyd J, Crumley D, Matulis R, Keehn A, and Cozier N. The MassHealth Accountable Care Organization Program: Uncovering Opportunities to Drive Future Success. Massachusetts Medicaid Policy Institute, Center for Health Care Strategies, and John Snow, Inc. May 2021; pg. 10. Available from:



The need for technical assistance on topics such as contracting, HIPAA, IT, and data is a recurring theme across reports that have examined the FSP up to this point,⁵ and remains a core request from nutrition organizations. FIMMA therefore urges MassHealth to include support for technical assistance in its Extension Request in order to assist SSOs and ACOs as they look to onboard or scale flexible services partnerships over the next waiver period. In implementing these supports, FIMMA recommends that MassHealth—at a minimum—create a centralized repository or toolkit of lessons learned/best practices and templates of important documents and forms for ACOs and SSOs. We recommend exploring the Managed Care Technical Center of New York as a model of a training, consultation, and education resource center.⁶

Recommendation 3: Explore Strategies to Improve Technological Interoperability

Technological interoperability was one of the biggest challenges for SSOs launching flexible services programming and continues to be a major concern. Generally speaking, each new ACO partnership has required SSOs to create additional data systems to receive referrals and allow for data sharing. It is expensive and inefficient to continue to create technological bridges for each new ACO system. For example, one SSO in the state estimates that it would cost between \$525,000 - \$1 million to fully integrate their data systems with their ACO partners.

These technological burdens are often cited by FIMMA members, and well-documented in reports examining the FSP.

- **BCBSMA:** In its report, BCBSMA noted that interviewees often had to enter the same data into different programs due to the lack of technological interoperability and that “numerous interviewees expressed a desire for MassHealth to create a single, standardized data-sharing system in place across the Commonwealth that ACOs, CPs, and SSOs could access as needed.”⁷
- **NASHP:** Similarly, NASHP’s report states, “ACOs and CBOs are looking to an electronic platform that would enable medical providers and CBOs to easily

https://www.bluecrossmafoundation.org/sites/g/files/cspwhs2101/files/2021-05/ACO_Qual-Assess_FullReport_Final_0.pdf

⁵ 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. 9. Available from:

<https://www.nashp.org/wp-content/uploads/2021/03/MA-case-study-3-11-2021.pdf>; Sheff A, Vangeli A, Ribble M, Korycinski R, Ramachandran L, Siegrist T. Addressing Health-Related Social Needs: A Report on MassHealth Accountable Care Organization and Community-Based Organization Collaboration. Health Care For All. October 2019; pg. 3. Available from: https://36eh4c5otxj1b3ekp2bd3fk1-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/hcfa_report_on_aco-cbo_collaboration_2019_2.pdf.

⁶ The Community Technical Assistance Center of New York (CTAC) and the Managed Care Technical Assistance Center of New York (MCTAC). Available from: <https://ctacny.org/about-us>.

⁷ Houston R, Lloyd J, Crumley D, Matulis R, Keehn A, and Cozier N. The MassHealth Accountable Care Organization Program: Uncovering Opportunities to Drive Future Success. Massachusetts Medicaid Policy Institute, Center for Health Care Strategies, and John Snow, Inc. May 2021; pg. 17. Available from:

https://www.bluecrossmafoundation.org/sites/g/files/cspwhs2101/files/2021-05/ACO_Qual-Assess_FullReport_Final_0.pdf



exchange referrals, including ‘closing the loop’ to ensure that the medical providers learn the results of the referral.”⁸

- **Independent Evaluation Interim Report:** Lastly, the recently released Interim Report for the current MassHealth Demonstration Waiver Extension summarizes this issue through a direct quote from a participating organization:

“When you look at information sharing from an infrastructure or foundational perspective, one of the practical challenges we face as a CP is working with 15, 16 different ACOs, and because of the way the numbers game is right now, you’ll often have a care coordinator who ultimately needs that information but is servicing a dozen or so ACOs.”⁹

FIMMA member experience aligns with the findings of these reports. Like the authors of the reports, we recommend that MassHealth take action through the waiver extension to address the barriers presented by technological interoperability. Specifically, in the long-term, MassHealth should explore opportunities to standardize and promote interoperability.¹⁰ In the short-term, MassHealth should provide resources and guidance to improve data sharing between organizations. As the health care system continues to explore addressing health-related social needs through partnerships with CBOs, technological interoperability will remain a costly and imbalanced barrier for SSOs. We therefore believe it is time for MassHealth to seriously explore solutions to address this issue.

II. Strategically expand the FSP evaluation strategy to maximize learnings

MassHealth’s goal to be data-driven reads prominently in the Extension Request, especially with the inclusion of an evaluation plan to assess each goal proposed within the demonstration.¹¹ FIMMA supports MassHealth’s data-driven approach and thoughtfulness in balancing quantitative and qualitative evaluation methods. Given the critical role evaluation will ultimately play in determining the future of the FSP, we urge MassHealth to use the Extension Request to specifically and strategically enhance flexible services evaluation.

⁸ 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>

⁹ Draft Independent Evaluation Interim Report Massachusetts Medicaid 1115 Demonstration Extension 2017-2022. Commonwealth Medicine Research and Evaluation Unit and Department of Population and Quantitative Health Sciences at the University of Massachusetts Medical School. August 2021; pg. 103. Available from: <https://www.mass.gov/doc/1115-demonstration-interim-evaluation-report/download>.

¹⁰ The Interim Report recommends that in the long-run, “MassHealth should seek opportunities to standardize health and social information exchange and promote interoperability.” See Draft Independent Evaluation Interim Report Massachusetts Medicaid 1115 Demonstration Extension 2017-2022. Commonwealth Medicine Research and Evaluation Unit and Department of Population and Quantitative Health Sciences at the University of Massachusetts Medical School. August 2021; pg. 103. Available from: <https://www.mass.gov/doc/1115-demonstration-interim-evaluation-report/download>.

¹¹ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 90-93. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.



Thus far, the FSP evaluation strategy has prioritized assessing the program’s impact on health care costs and utilization, two specific and meaningful indicators that both determine overall success for the demonstration and allow for cross-program and cross-institutional comparison. Notably, preliminary results indicate that the FSP has been successful in these arenas. One ACO reported that they reduced total cost of care by nearly \$11,000 more for members participating in the FSP compared to eligible members not participating.¹² Similarly, data showed remarkable reductions in emergency department visits for FSP participants.¹³

MassHealth’s current FSP Protocol document outlines two additional evaluation requirements for ACOs participating in the FSP. ACOs must report on:

- At least one health outcome measure (such as hemoglobin A1c) and
- At least one indicator of change in members’ risk factors or a program implementation/process measure.¹⁴

These reporting requirements have also proven useful. For example, by evaluating the impact of providing nutrition and housing supports on hemoglobin A1c, one ACO was able to demonstrate that the FSP was associated with improved diabetes management since the program resulted in both an average reduction of hemoglobin A1c levels and decreased the number of members experiencing uncontrolled type-2 diabetes.¹⁵

However, while illustrative of impact at the program-or-ACO level, the flexibility of the requirements surrounding health outcomes and implementation/process measures has made it challenging to compare impacts across programs or ACOs. Additionally, the current evaluation framework may not address certain priority questions for the next waiver period. To address these issues, FIMMA recommends that MassHealth take the following actions:

Recommendation 4: Enhance FSP Evaluation Alignment Across ACOs

ACOs have expressed a desire for enhanced guidance and coordination related to FSP evaluation. The broad evaluation requirements outlined by MassHealth have resulted in great variability in health outcome and implementation/process measures across ACOs. To explore this issue, FIMMA’s Research Task Force convened FSP stakeholders to discuss and compare evaluation plans. The discussion found that sometimes, when ACOs were assessing the same health metric, there were even slight changes in approach. For example, in the Research Task Force evaluation discussion, we learned that organizations measuring the

¹² Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 55. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

¹³ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 56. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

¹⁴ Performance Year 3-5 (PY3-PY5) Delivery System Reform Incentive Payment (DSRIP) Flexible Services (FS) Program Guidance Document for MassHealth Accountable Care Organizations and MassHealth Community Partners. August 2020; pg. 62. Available from: <https://www.mass.gov/doc/flexible-services-guidance-document/download>.

¹⁵ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 55. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.



impact of programs on mental health often used different screeners, making data comparison across groups difficult. Similarly, diabetes control may be evaluated based on the percent reduction in HbA1c, the average HbA1c, or the % of members with HbA1c </>9%. Implementation and process measures captured tended to differ even more, spanning referral processes, partnership characteristics, and technology barriers.

MassHealth should offer specifications for key standardized outcomes of interest so that data can be compared across partnerships for both health and implementation/process measures. Guidance informing process measures may be particularly useful in assessing the broad value of nutrition services beyond ROI. Beyond those key metrics, MassHealth could suggest – and provide support for – that ACOs capture changes in patient churn, primary care engagement, and specific program quality measures. By providing such guidance, MassHealth can better ensure that the FSP achieves its fundamental goal of establishing a robust set of data that can be compared across institutions and illustrate system-wide outcomes to guide future decision-making.

Recommendation 5: Seize Opportunities to Build the Evidence-Base for Providing Nutrition Services at the Household-level

As discussed below, FIMMA is highly supportive of the expansion of nutrition services to the household-level, as doing so will better respond to the needs of MassHealth members. However, the current evaluation framework may not capture the impact of this crucial change. Given the importance of this question, we recommend that MassHealth specifically call for its examination as part of the FSP evaluation framework.

III. Expand FSP eligibility to be more inclusive of pediatric populations

FIMMA applauds all three changes MassHealth has proposed in the demonstration Extension Request regarding scope of services and eligibility for the FSP. We are particularly pleased that MassHealth is proposing 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 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. Study authors therefore recommended that “subsidies for food purchases should be adjusted for household size because food is shared across the household.”¹⁶ Our coalition enthusiastically agrees with MassHealth that “this approach would maximize the impact of the nutritional supports for the

¹⁶ 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.



individual member, and would also significantly simplify program implementation.”¹⁷ We therefore strongly support this critical change.

FIMMA similarly commends MassHealth’s inclusion of childcare (while accessing nutrition or housing services) as an allowable use for FSP funding and MassHealth’s extension of FSP eligibility for pregnant individuals from 60 days to 12 months postpartum. These changes illustrate MassHealth’s attention to creating a person-centered program that responds to the practical needs of families across the state. Lastly, we appreciate that MassHealth has valued flexibility in the delivery of services and “meeting members where they are” by strengthening telehealth and other electronic service delivery.¹⁸ We recommend that this strategy carries over to the FSP as well.

Overall, FIMMA has also been impressed by MassHealth’s attention to the unique needs of children throughout the extension request. However, FIMMA continues to urge MassHealth to further amend FSP eligibility to be more inclusive of pediatric populations.

Recommendation 6: Amend Health Needs-Based Criteria for Children

In addition to allowing the provision of nutrition services to the household, MassHealth has proposed enhanced care coordination support services for children with rising, moderate, and high medical complexities and has proposed providing “preventative behavioral health services to youth who screen positive for behavioral health symptoms, but who do not meet the clinical threshold for diagnosis and treatment.”¹⁹ The coalition encourages MassHealth to also consider the unique needs of children by adjusting the health needs-based criteria of the FSP for this population as well. In line with the proposed expansion of FSP eligibility criteria to serve postpartum members for 12 months, we urge MassHealth to include among its FSP eligibility criteria, which states “members must meet at least one health needs-based criteria (e.g., behavioral health need or repeated emergency department use) and have at least one risk factor (e.g., homelessness)²⁰,” the flexibility required to improve FSP accessibility for a rising, moderate, and high risk pediatric population. Evidence demonstrates that, for children, social risk factors alone are associated with adverse health

¹⁷ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 57. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

¹⁸ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 37. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

¹⁹ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 47. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

²⁰ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 58. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.



outcomes and increased health services utilization.^{21,22,23} Requiring a health needs-based criteria *and* a risk factor is therefore too onerous to advance the goal of improving accessibility to the FSP for pediatric populations. Thus, we recommend FSP eligibility criteria for this population include *either* a health need *or* a risk factor. We believe that this will bring our state one step closer to addressing health disparities as the pediatric population ages.

IV. Provide additional detail regarding the MassHealth’s vision for establishing long-term sustainable funding for the FSP

Finally, FIMMA applauds MassHealth for proposing to continue the FSP which has quickly become an indispensable program in the Commonwealth. We also applaud the amount of funding MassHealth is proposing to allocate to the FSP throughout the next waiver period. Adequate FSP funding in the waiver will expand access to vital nutrition and housing services for many Massachusetts residents over the next five years. However, we continue to urge MassHealth to outline a pathway to transition the FSP away from reliance on waiver savings/set aside funds and towards sustainable funding pathways.

Recommendation 7: Develop Sustainable Pathways to Support Flexible Services Beyond the Next Waiver

To support long-term sustainability, we encourage MassHealth to begin to develop pathways to support flexible services beyond the next waiver cycle. States such as New York and California are taking innovative steps to utilize ‘in lieu of’ services authority to cover health-related social needs interventions. Similarly, Oregon has incorporated payment for HRSN interventions into the capitation rates for its Coordinated Care Organizations based on regulations governing “activities that improve health care quality.” The nutrition and housing services provided through the waiver-dependent FSP warrant long-term integration into MassHealth programs. We therefore encourage MassHealth to examine approaches used by other states to create sustainable funding streams that protect access to these vital supports.

Finally, while FIMMA is particularly focused on the continuation and refinement of the FSP, we also applaud MassHealth’s broader efforts to advance access to care, improve care coordination, and reduce disparities through the waiver process. FIMMA is especially supportive of MassHealth’s attention to health equity throughout the Extension Request. We appreciate the proposed three tiered approach of pay-for-reporting, pay-for-performance, and incentivizing process on reducing

²¹ Bovell-Ammon A, Mansilla A, Poblacion A, Rateau L, Heeren T, Cook JT, Zhang T, Ettinger de Cuba S, and Sandel MT. Housing Intervention For Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial. *Health Affairs*. 39, NO. 4 (2020): 613–62.

²² 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.

²³ 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>.



health disparities.²⁴ Dedicating \$190 million²⁵ across ACO-participating hospital and non-state-owned hospital classes for these incentives is an essential first step, yet we encourage MassHealth to go beyond imposing an incentive structure to ensure greater health equity accountability.

Thank you for the opportunity to provide feedback on the 1115 Demonstration Extension Request. If there are any questions regarding these recommendations, please contact Kristin Sukys (ksukys@law.harvard.edu) and Katie Garfield (kgarfield@law.harvard.edu). We look forward to deepening our conversations with MassHealth in pursuit of our shared long-term vision.

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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²⁴ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 20. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.

²⁵ Section 1115 Demonstration Project Extension Request. Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid. August 2021; pg. 49. Available from: <https://www.mass.gov/doc/1115-demonstration-extension-request/download>.



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