

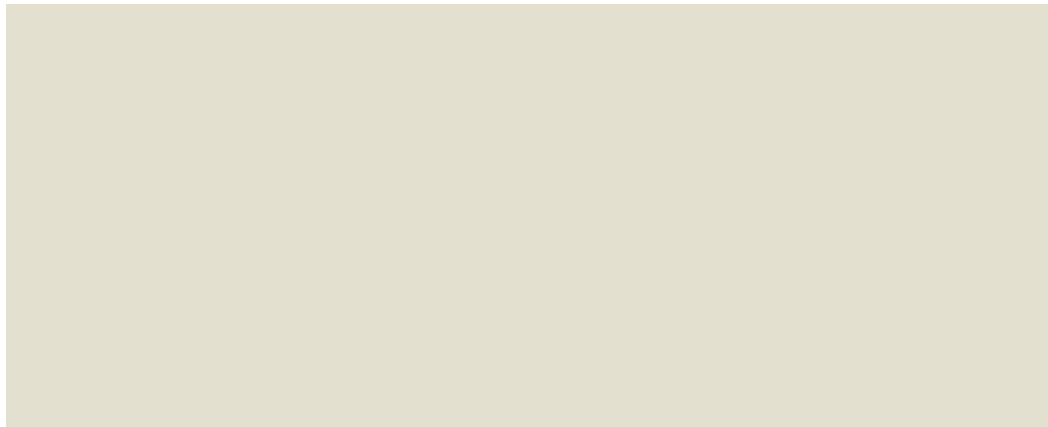


Pennsylvania
Department of Human Services



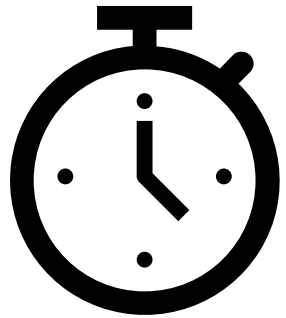
Bridges to Success: Keystones of Health for Pennsylvania

Dr. David Grande, Special Advisor, Dept. of Human Services
April 21, 2025



This document summarizes information from a recently approved five-year demonstration program. All content is preliminary and subject to the budget appropriations process with the General Assembly.

What to expect today?



- **Update** on Keystones of Health
 - Food is Medicine Component
- Opportunity for **discussion**
- **Future sessions** with deeper discussion focused on key factors necessary to drive impact and success

Status Update - Overall

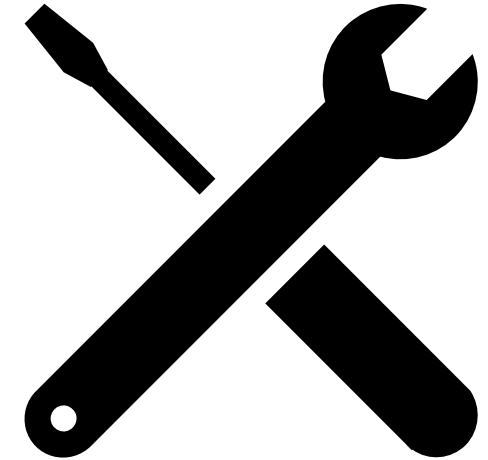
- CMS approvals – November/December 2024
- Focused on phased and stepwise implementation
- SFY 25-26 proposed budget focuses on reentry program with our State Correctional Institutions
- All future implementation is contingent on budget appropriations from the General Assembly
- While this portion of the waiver is not in the Governor's proposed SFY 25-26 budget and future implementation is contingent on budget appropriations from the General Assembly, this "looking ahead" series will help determine what would be necessary for implementation.
- CMS required deliverables due in 2025 regardless of the year we implement.



What is an 1115 Demonstration Waiver?

A vehicle for innovation

- “Waive” certain rules that govern state Medicaid programs
- The Center for Medicare and Medicaid Services (CMS) authorizes **five-year demonstrations** with **independent evaluation requirements**
- Provides federal authorities and **new tools** for states – not entitlements or obligations
- Recent waivers strengthen work to address health-related social needs and reentry programs for people leaving correctional facilities





CMS framework: unmet social needs that directly contribute to poor health and drive health care use

- Clinical risk factors *and*
- Social risk factors

Time-limited programs during key life transitions can have large impact

What are Health-Related Social Needs?



Bridges to Success: Keystones of Health - Transforming Medicaid to improve health outcomes

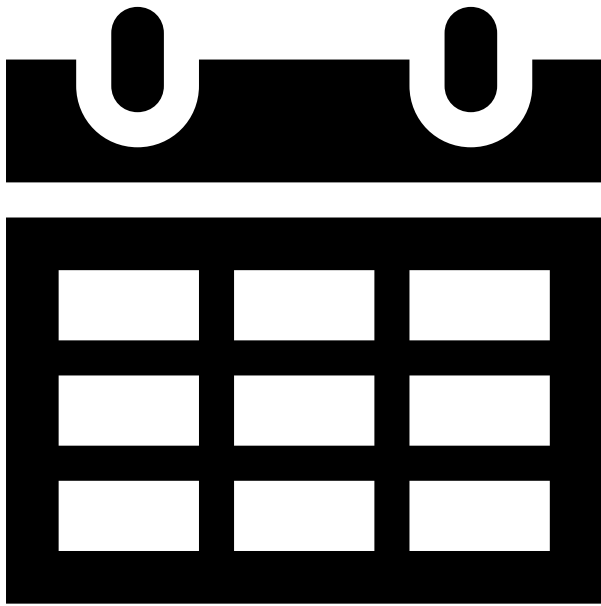
- Bring new tools to our Medicaid program to work upstream
- Reduce avoidable health care use and improve health
- Build on national research and local pilots and programs
- *Targeted* programs focused on *high-risk* populations

Focus Areas

- Reentry supports
- Housing supports
- *Food is Medicine*
- Targeted continuous eligibility policies



Food is Medicine – Application and Approval

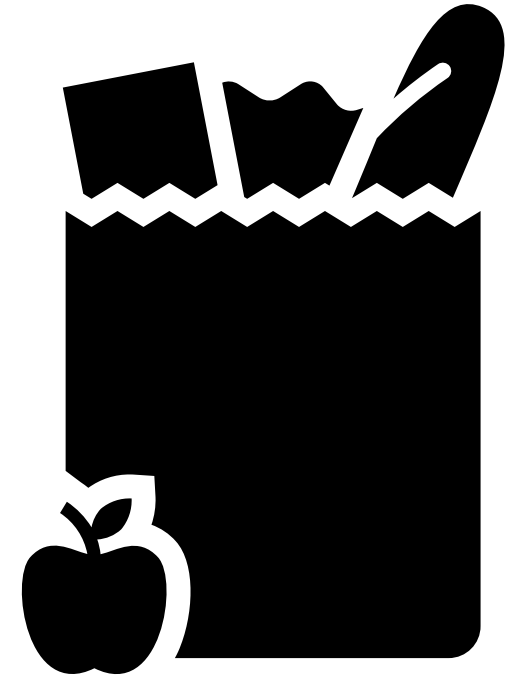


- Phase I: pre-application (mid 2023 – early 2024)
 - Pennsylvania pilots and lessons learned
 - National research and other state demonstrations
 - Stakeholder engagement through public sessions, public comment
- Phase II: CMS review and negotiation (2024)
 - Approval process including budget neutrality terms (capped expenditures)
 - Approval of populations that could be served
 - Approval of food and nutrition service definitions



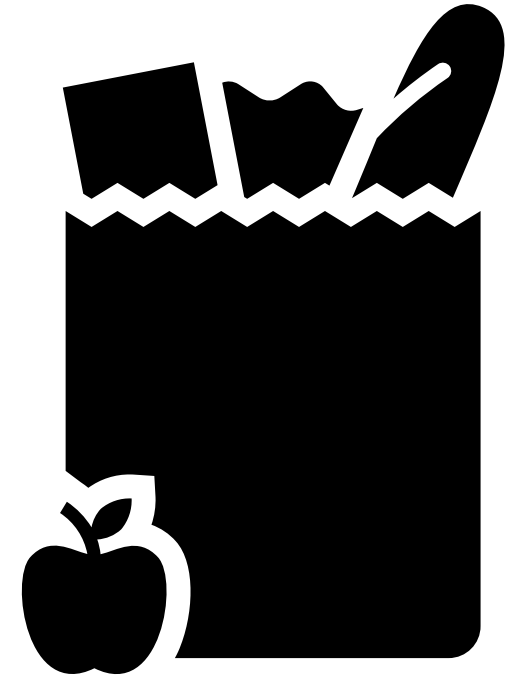
Food is Medicine – Background

- Food insecurity is both common and a cause of worse health.
- Special diets needed for certain conditions are challenging.
- Food insecurity impacted 1 in 8 adults and 1 in 6 children in the Commonwealth in 2021 (PA Dept of Agriculture).
- Nationally, food insecurity is much more common in rural counties.



Food is Medicine – Background

- Targeted food is medicine programs have been shown to be effective and smart investments
 - Decreasing hospital admissions and ER visits by more than 50%
 - Reducing overall costs (16% median cost reduction).



Food is Medicine – National Priority

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By [Daphne Ewing-Chow](#), Senior Contributor. ⓘ Stories about food & agricultur...

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Mar 19, 2025 at 12:48pm EDT



 American Heart Association

Health Care by Food™

Accelerating the Integration of Food Is Medicine in Health Care

OPINION

THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

America is sick. Healthier food can help patients in recovery.

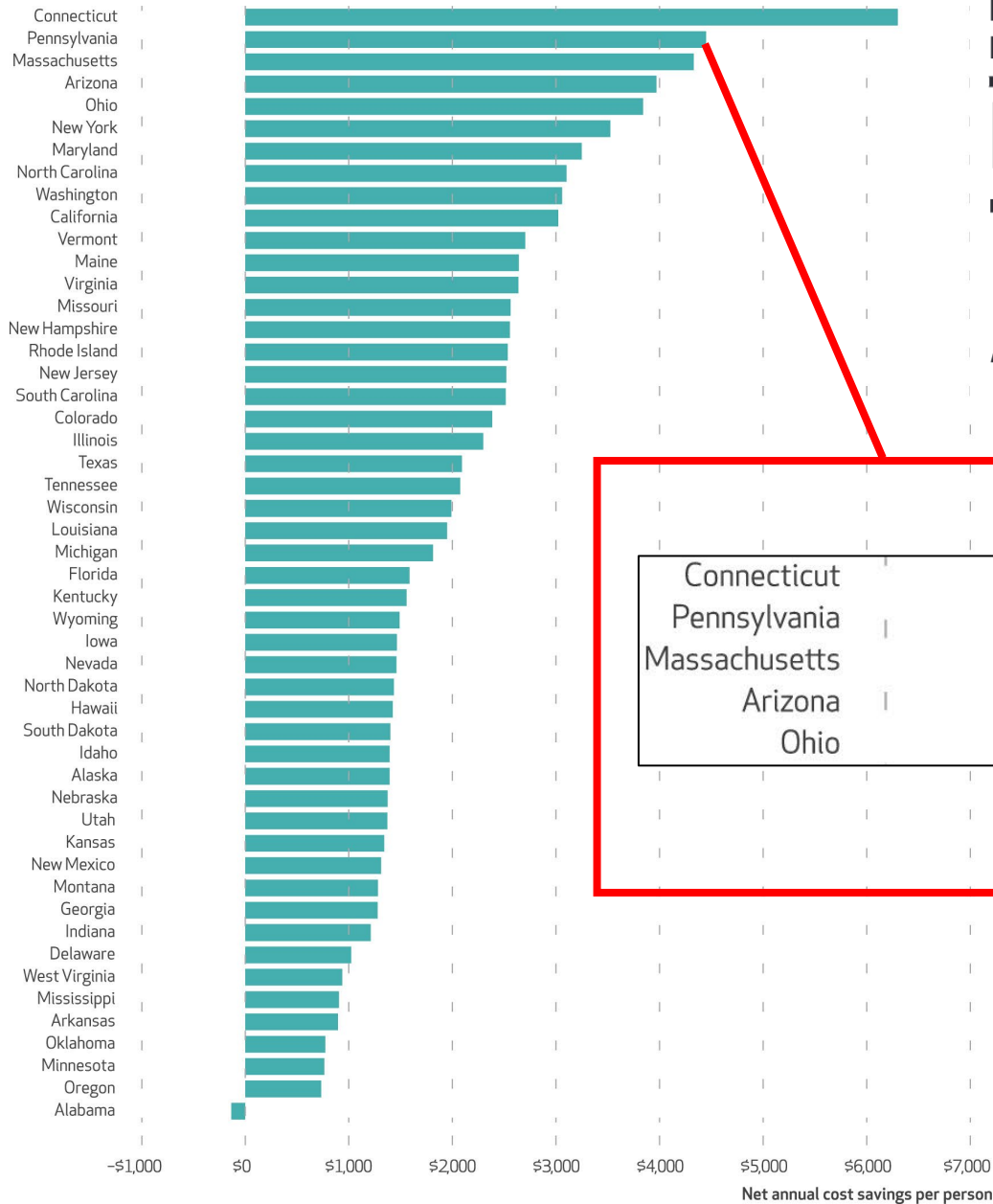
BY REP. VERN BUCHANAN (R-FLA.) AND DR. MARK HYMAN, OPINION CONTRIBUTORS - 02/18/25 1:00 PM ET



Pennsylvania
Department of Human Services

By Shuyue Deng, Kurt Hager, Lu Wang, Frederick P. Cudhea, John B. Wong, David D. Kim, and Dariush Mozaffarian

Estimated Impact Of Medically Tailored Meals On Health Care Use And Expenditures In 50 US States



Pennsylvania
(\$4,450 per year net savings;
for every 3 people served ~ 1
hospitalization avoided)

Food is Medicine Initiative

Goal: Nutrition to improve health and health care value among high-risk individuals

THE OPPORTUNITY

- Food is Medicine is a widely recognized as strategy to prevent, manage and treat disease
- History of small but strong partnerships across the Commonwealth
- Data shows that programs can decrease ER and hospital visits
- What if we could expand on what works to support those with high-risk conditions like cancer and heart failure and support healthy pregnancies?

NEW TOOLS

- Targeted short-term interventions that create a bridge through a critical high-risk period
- Medically tailored meals up to six months – cancer, hospitalized with heart failure, kidney failure, poorly controlled diabetes
- Food boxes for pregnant and postpartum individuals
- Focus on those with food insecurity and high-risk conditions



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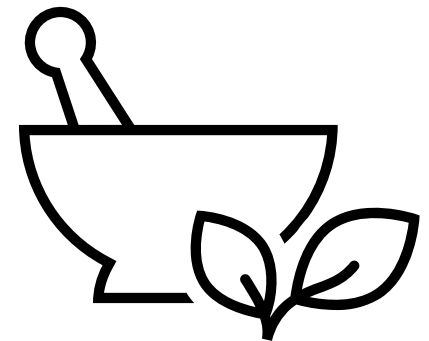
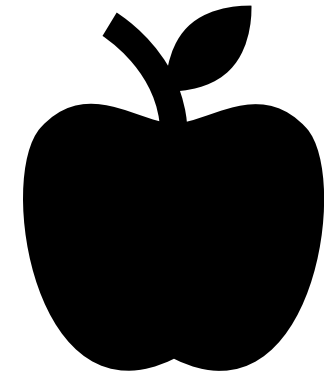
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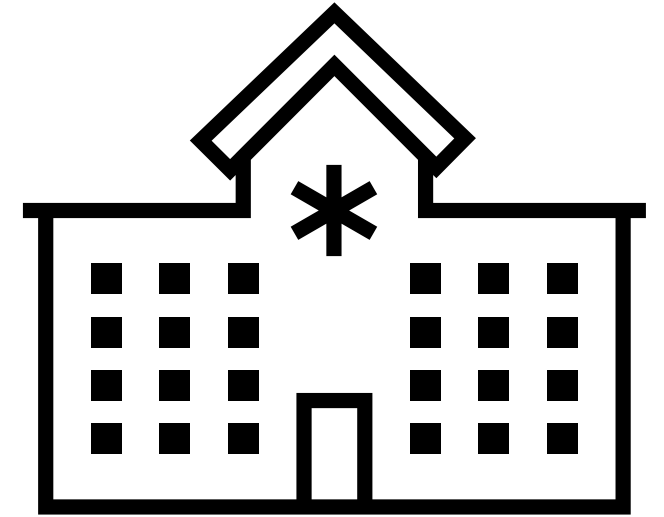
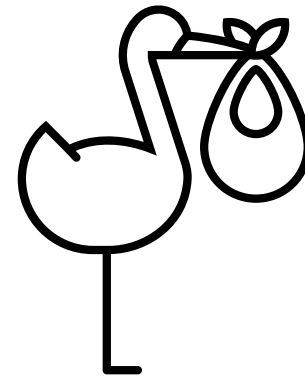
Food is Medicine – Hypotheses and Rationale

- Food insecurity + high-risk conditions → poor outcomes, high cost
- Food is Medicine programs can:
 - Improve health outcomes
 - Reduce avoidable hospitalizations and emergency department use
 - Build stronger and sustainable relationships between food and nutrition providers and health care providers
 - Reduce food insecurity and improve disease management for certain high-risk conditions

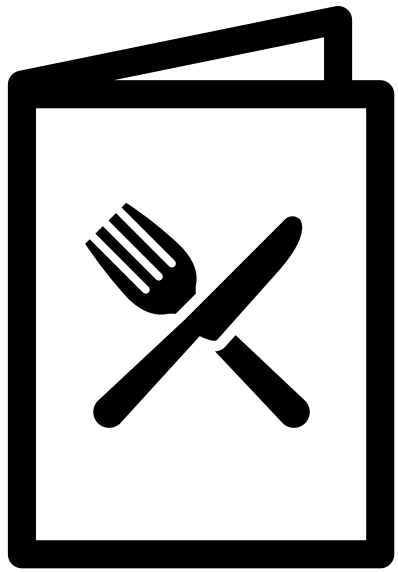


Food is Medicine – Approved Populations

- Cancer with active chemotherapy
- Diet-sensitive chronic health conditions
 - at least one hospitalization with:
 - Congestive heart failure
 - End stage renal disease
 - Diabetes
- Gestational diabetes
- Pregnant or post-partum



Food is Medicine – Medically Tailored Meals



- **Fully prepared meals** approved by a **registered dietitian nutritionist (RDN)** or a **nutrition & dietitian technician, registered (NDTR)** to help eligible enrollees receive appropriate nutrition to support their **specific medical condition**. The quantity of meals provided will be **no less than 7 meals per week and no more than 14 meals per week** and will not constitute a full nutritional regimen.

Food is Medicine – Medically Tailored Meals

- Meals approved by a RDN or NDTR overseen by an RDN based on the beneficiary's specific condition, and with consideration for any co-morbidities, nutrient-drug interactions, and allergies.
- Develop or review meal composition and compare against evidence-based dietary guidelines that are appropriate for the beneficiary's medical profile.
- Meals reflect the appropriate nutritional needs of the enrollee based on their defined medical diagnosis and standards reflecting evidence-based practice guidelines.
- For specific medical conditions, evidence-based guidelines being used should be documented and made available as requested.



Food is Medicine – Medically Tailored Meals



- Comply with applicable state and federal food safety laws.
- Appropriately label meals to note all ingredients, with specific labels for all potential allergens.



Food is Medicine – Pregnancy Food Boxes

- Assortment of nutritious foods that will include, but is not limited to, nutritionally appropriate fresh fruits and vegetables, fresh proteins, dried goods (i.e., grains, beans, pasta), seasonings, and/or spices. Frozen, canned and/or dehydrated nutritionally appropriate items are acceptable if they do not include any added salt and/or sugar.
- The healthy food box can be delivered to an enrollee's home or made available for pick-up and is aimed at promoting improved nutrition for the service recipient. It is designed to **supplement the daily food needs** for food-insecure individuals that are pregnant or postpartum and their household.



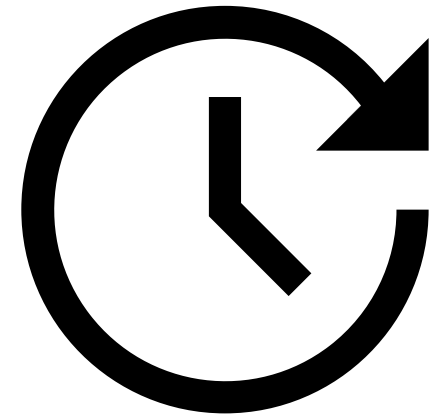
Food is Medicine – Pregnancy Food Boxes

- This service will provide a **minimum of 25% of a nutritional regimen** and not more than a full nutritional regimen (three meals per day per person).
- Healthy food boxes **must include nutrition education materials related to the food provided**, including, but not limited to, healthy eating guidance, cooking instructions, and/or recipe ideas.
- The quantity of meals provided will not exceed a full nutritional regimen (three meals per day per person) when combined with any other service payments that include payment for food made on behalf of the beneficiary.



Food is Medicine – Post-Approval & Looking Ahead

- Phased, stepwise implementation – proposed budget includes reentry program
- This portion of the demonstration is not in the Governor's proposed budget for SFY 25-26
- Future implementation is contingent on budget appropriations from the General Assembly
- This “looking ahead” series will lay the groundwork for what would be necessary for future implementation
- This series will inform CMS-required deliverables due in summer/fall 2025 regardless of the year we implement

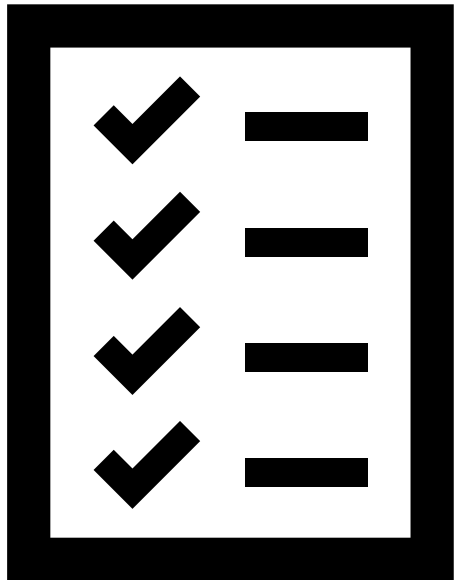


Food is Medicine – Next Steps



- Deliverables do not obligate us to implementation, but we must meet them to have these tools available to us
 - Evaluation plan
 - Implementation plan
- Upcoming virtual sessions to facilitate dialogue and discussion and inform key performance indicators and needs for program success

Food is Medicine – Key Performance Indicators



☐ Screening and referrals

- Health care providers screening to identify need
- Effective referral mechanisms to food and nutrition organizations

☐ Client enrollment and engagement

- Successful engagement and initiation of services

☐ Service delivery and maximizing impact

- Maximizing the quality and impact of services delivered

☐ Long-term impact

- Leveraging short-term interventions for long-term impact

[illegible]

Questions



- How can we use local farms to provide food as medicine in the most effective manner for farmers and for recipients?
- How to take FIM programs from being hyper-local, variable, and inefficient to a major statewide effort?
- How will community organizations and healthcare organizations be able to work together to implement?
- How can we work together to provide a seamless personalized health experience that realizes the promise of meals-as-engagement?

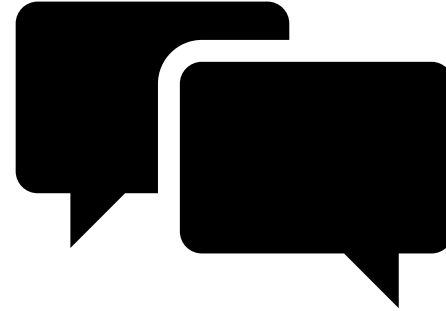
Questions



- How will this program be administered, and what is the timeframe for this to get implemented once authorized?
- What will the system be for reimbursement?
- How quickly can we get people the healthy food they need?
- How do we set people up for a sustainable life with a short-term intervention?
- When can we get started?



Food is Medicine

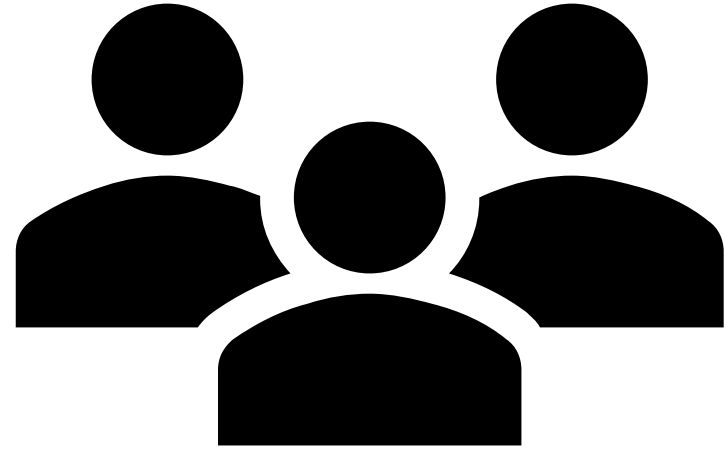


What factors will be most important for success?



Food is Medicine – Future Sessions

- Preliminary topics for future sessions (3rd Mondays 1-2pm)
 - Screening and referrals (i.e., identify need, connections to providers)
 - Client enrollment and engagement (i.e., service delivery and quality)
 - Service delivery and quality (i.e., maximizing impact)
- Identify factors that can maximize long term impact in all sessions (education, other benefits, etc.)
- Expect to hear from us!



Additional Information and Resources

Please see the following for more information about the potential program.

Where you can find more information:

1115 DEMONSTRATION WEBSITE

Read detailed context and information about Pennsylvania's 1115 with helpful resources:

[Keystones of Health | Commonwealth of Pennsylvania \(pa.gov\)](#)

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