

New York State Medicaid Managed Care In Lieu of Services Request Form

The MMCO should answer each question as comprehensively as practical. Questions should be directed to ILS@health.ny.gov at the New York State Department of Health

MMCO INFORMATION

Date:	
MMCO Plan Name:	
Contact Person:	Title:
Phone:	Email:

SECTION ONE:

Complete only this section to provide State Approved or State Identified ILS. Add additional lines if necessary. If the MCO is modifying *any portion* of the State Approved or State Identified ILS, describe the change by completing the appropriate section(s) in Section Two of this form.

ILS to be Provided	NYS Authorization Number	Expected start date for provision of service	Target area for availability of service	Related to DSRIP/VBP?
A. Medically Tailored Meals (MTM)		January 1, 2022		No
B.				
C.				

2. MCO Monitoring Activities – Describe activities, reports, and/or analyses your MCO will use to monitor the provision, utilization, quality, cost–benefit and/or outcomes of the in lieu of service. **MUST** be completed for State Identified ILS.

SECTION TWO:

Complete this section if the plan is initiating a new ILS. Complete appropriate areas as necessary if the MMCO is modifying a State Approved or State Identified ILS.

1. **In Lieu Of Service Name and Description – Describe the proposed in lieu of service with sufficient detail so that the State can evaluate and assess the nature of this request. (One service per request form)**

Proposed In Lieu of Service	
A. Service Name	Medically Tailored Meals (MTM)
B. Description of service, including which State Plan service this may be offered as a substitute for	<p>Home delivered MTMs will be available to individuals 18yrs or older, living with severe illness through a referral from a medical professional or healthcare plan. Meal plans will be tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and designed to improve health outcomes, lower cost of care, and increase patient satisfaction. MTM services will include an initial intake with an RDN and nutritional therapy to discuss meal composition. Medically Tailored Meals will substitute for one of the following:</p> <ol style="list-style-type: none"> 1. Personal Care Aide (PCA) service – PCA hours allotted for meal preparation and food shopping may be substituted for delivery of Medically Tailored Meals (MTM). Members who opt in to receive MTM in lieu of meal preparation and food shopping hours will incur a reduction in the number of PCA hours they receive. 2. Hospital Inpatient stays and/or Emergency Department visits – high-volume service utilizers with hospital inpatient stays and emergency department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS. High-volume service utilization being defined as: <ul style="list-style-type: none"> ○ Two or more Hospital Inpatient stays related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; or ○ Five or more Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; or ○ One Hospital Inpatient stay AND four Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months.
C. Proposed procedure code(s) defining service	HCPCS Code S5170 – home delivered meal, including preparation, per meal
D. Is this ILS related to a DSRIP project or VBP contract?	No. This ILS is being issued as part of MRTII SDH pilot program. The purpose is to promote social determinant of health interventions.
E. Expected start date for provision of service	
F. Target area for availability of service or indicate ILS will be offered in full MMCP service area.	<p>ILS may be offered in full Medicaid Managed Care Plan (MMCP) service area. MMCOs must contract with an eligible provider for MTM services. Identified MTM providers include:</p> <ul style="list-style-type: none"> • God’s Love We Deliver • The Food Pantries for the Capital District • FeedMore of Western New York. • Mom’s Meals
G. Assessment of capacity to provide this service within each target area	MMCOs must partner with an organization that has the capacity to prepare and deliver meals according to Food is Medicine Coalition (FIMC) MTM nutritional standards, to individuals in their homes under the supervision of a Registered Dietitian Nutritionist (RDN). The provider must have experience providing Medically Tailored Meals; infrastructure to perform necessary tasks and services, including tracking service delivery and data collection.

2. **Information about the Population(s) that may receive the In Lieu Of Service – Describe the anticipated enrolled managed care population that will use/receive the proposed in lieu of service.²**

Population	Age Range	Approximate Number of Expected Users over 12 Month Period	Characteristics of the Population (e.g., acuity level, gender, family status, placement setting, other)
Adults	18+		Eligible individuals must meet the following criteria: <ul style="list-style-type: none"> • High-volume service utilizer (as defined above) with at least one of the following diagnoses: cancer, diabetes, heart failure, and/or HIV/AIDS • Limited in ability to perform ADLs • Recommended for MTM by a healthcare provider or MCO • Must have a secure place to store and heat meals • Must be able to benefit from the MTM intervention to improve overall health

3. **Goals and Objectives**– Describe the rationale for providing this service.

Maintaining proper nutrition is essential for all individuals and is particularly important for those experiencing serious or chronic illness. Poor nutrition is associated with reduced control of chronic conditions. Providing MTM will reduce food insecurity and prevent malnutrition by providing healthy, balanced meals. Providing MTM as a partial substitute for a PCA with allotted meal preparation and food shopping duties can reduce Medicaid spend since the PCA services will not be needed for these tasks. MTM can also reduce costs by decreasing monthly healthcare costs and reducing inpatient hospital stays and ED utilization¹. In addition, the meals will be prepared for the individual based on their specific medical needs, ensuring that they are eating a proper diet to improve their overall health and symptoms of chronic disease.

4. **Expected Outcomes** – Describe the expected outcomes resulting from the provision of this in lieu of service on member’s health status, utilization of services, cost of care, functional status and/or community integration. If your MMCO has provided this service in other programs or states, please describe the outcomes observed. The purpose of this question is to inform how the service will provide the same or better quality of care as the State Plan service for which it is being substituted.²

Increasing research indicates that MTM is an effective strategy for achieving the “triple aim” – better quality care, more cost-effective care, and improved patient satisfaction. MTM can improve care quality by providing meals prepared for each individual’s specific health and dietary needs. MTM can ensure that highly specific dietary needs of those with cancer, HIV/AIDS, heart failure, and diabetes are consuming the nutrients that their bodies need to become and remain healthy. MTM is a low-cost, high-impact intervention that can reduce overall Medicaid spend, inpatient hospitalizations, and ED utilization. Finally, MTM can improve patient satisfaction by providing a diet that will reduce side effects of chronic conditions and prevent malnutrition. MTM deliveries can also provide social interaction for those who are generally isolated from their communities.

5. **Staffing Qualifications, Credentialing Process, and Levels of Supervision, Administrative, and Clinical Required** – Describe the provider’s licensure or certification (if required), staffing patterns, and clinician oversight (if required) over unlicensed practitioners. Describe how your MMCO will enroll/screen qualified providers that meet the requirements to deliver the service with the quality outlined in #4 above.

Medically tailored meal providers must have the capacity to prepare and deliver meals to individuals at their homes. Eligible Medicaid members will be assessed by a RDN and all meal plans must be approved by a RDN. Medicaid members must be referred to the program by a healthcare provider or health plan. In addition, providers must offer nutrition education and counseling to Medicaid members served. Special diets, including diabetic and heart healthy, must be available. All individuals who work with food must receive food safety training and providers must consistently receive passing grades on all safety inspections by the local department of health.

6. **Unit of Service** – For each proposed procedure code listed in question #1, what is the unit of service that defines this alternative in lieu of service (e.g., 1 hour, 1 day, a visit, 15 minutes)? If different units of service apply to different procedure codes, delineate in the following table as applicable. Add more rows as needed.

Procedure Code	Unit of Service Definition	Other Information (optional)
HCPCS Code S5170 – home delivered meal, including preparation; per meal	Per meal	Costs of intake, screening, nutrition assessment and education, meal preparation, and delivery are included in the unit cost of each medically tailored meal.

7. **Anticipated Units of Service per User** – For each proposed procedure code listed in question #1, what is the anticipated average number of expected users and average number of units per expected user over a 12– month period? (**Time frame, LOS, expected units**) If this metric varies by population, delineate by population type.²

Population	Age Range	Approximate Number of Expected Users over 12 Month Period	Procedure Code (must indicate unique identifier to track service)	Approximate Number of Units of Service Per User Per 12 Month Period
Adults	18+		HCPCS Code S5170 – home delivered meal, including preparation; per meal	The total number of units per user (1 unit = 1 meal) for a 12 month period would be 1092 meals (up to 21 meals/ week for 52 weeks) For this ILS, MMCOs will utilize a 6-month authorization period. The total number of units per user will be 546 meals (up to 21 meals/ week for 26 weeks)

8. **Targeted Duration of Service** – For the service, describe the expected average duration of the service to achieve the desired outcomes. This could be the average length of treatment/care (e.g., 6 weeks, 6 months) or, if the service is not directly tied to a course of treatment, it could be the frequency at which the service is expected to be delivered to each user (e.g., weekly, monthly, as needed).

MMCOs will utilize a 6-month authorization period for MTM services. MTM recipients will participate in the program for a minimum 6-months, with the potential to extend MTM services if the need persists. Members will receive up to 3 meals/day through the program.
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9. **Cost–Effectiveness** – For the population intended to receive the in lieu of service, provide information on the cost–effectiveness of the in lieu of service versus the State Plan service(s) available. The State is requesting this information to determine if the requested in lieu of service is cost–effective, consistent with the provisions of 42 CFR 438.3(e)(2).²

This question requires the MMCO to complete two Parts: Part 1 requests information on expenditures on the State Plan service(s) that the in lieu of service would be offered to replace, and Part 2 requests information on anticipated expenditures on the in lieu of service.**

For the in lieu of service to be considered cost-effective, the total expected expenditure on the in lieu of service must be less than or equal to the total expected cost of comparable State Plan service(s).

Part 1: Computation of Comparable State Plan Service(s) Cost (include type, amount, frequency, etc.)

State Plan Service Name/Description	State Plan Service Identifying Code(s)	Unit of Service Definition	Average Number of Expected Users over 12 Month Period	Average Number of Units of Service Per User Per 12 Month Period	Average Unit Cost
Personal Care Assistant (PCA) with meal prep	S5130, T1019, T1020	Per hour		7.00 – 8.75hrs of PCA meal prep per week. At 7.00hrs/per week, the average number of service unit for 12month period, will be 364hrs of PCA with meal prep. At 8.75hrs/per week, the average number of service unit for 12month period, will be 455hrs of PCA with meal prep.	Average unit cost is \$18.83- \$29.64 per hour
Emergency Department	Professional-CPT 99281 99282 99283 99284 99285 Ambulatory Payment Classification (APC) 5021 5022 5023 5024 5025	Per visit			Average cost per visit: \$278

State Plan Service Name/Description	State Plan Service Identifying Code(s)	Unit of Service Definition	Average Number of Expected Users over 12 Month Period	Average Number of Units of Service Per User Per 12 Month Period	Average Unit Cost
Hospital Inpatient Stays	Professional -CPT 99221 99222 99223 99231 99232 99233	Per day			Average cost per stay: \$12,234

Part 2: Computation of In Lieu Of Services Cost (include type, amount, frequency, etc.)

In Lieu Of Services Name/Description	In Lieu Of Services Identifying Code(s)	Unit of Service Definition	Average Number of Expected Users over 12 Month Period	Average Number of Units of Service Per User Per 12 Month Period	Average Unit Cost
Medically Tailored Meals	S5170	Per meal		For a 6-month intervention, each user will receive 546 meals total (3 meals/day)	\$9.50/meal

** MCOs may propose a different cost analysis approach that includes comparison of state plans services vs ILS to demonstrate projected cost with and without ILS.

10. **Encounter Data Reporting** – Describe the process by which your MMCO will submit valid and complete encounter data applicable to the in lieu of service. If possible, include descriptions of record/claim type(s), provider codes/taxonomies, and other data elements so that the State and its actuary will have the ability to locate and analyze actual encounter data for the requested in lieu of service.

All Medically Tailored Home-Delivered meal encounters will be submitted to the NYS All Payer Database (APD), consistent with the requirement of all other MMCO encounters. Procedure code: S5170.

11. **Financial Statement Reporting** – Please explain your MMCO’s ability to track in lieu of service expenditure. These expenditures will be required to be reported in the plans Operating Reports (i.e., MMCOR). The reporting requirements are under development. The information will inform the State and its actuary the amount of in lieu of expenditure for the development of prospective managed care capitation rates.

NYS will track this service using encounter data reporting used in the process outlined in Question #10. Additionally, MMCO will be required to submit patient level information using attached MTM Reporting template on a quarterly basis, to track utilization and ILS service evaluation.

12. **MMCO Monitoring Activities** – Describe activities, reports, and/or analyses your MMCO will use to monitor the provision, utilization, quality, cost–benefit and/or outcomes of the in lieu of service. This MUST be completed for state identified ILS.

Must be completed by the MMCO in Section 1, question 2 of the application.

13. **Other Information** – Provide any other relevant information for the State’s consideration of this request. This could include, if the MMCO wishes to submit it, information like references to medical and scientific evidence in support of the proposed ILS, provider– and/or enrollee–facing information regarding of the purpose of the ILS, authorization requirements for ILS, or other operational considerations.

N/A for State Identified ILS.

1. [42 CFR 438.3\(e\)\(2\)](#).

References

ⁱ Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association between receipt of a medically tailored meal program and health care use. JAMA Intern Med. 2019;179(6):786-793. doi:10.1001/jamainternmed.2019.0198

Attachment I: Medically Tailored Meals Nutritional Standards

Medically tailored meals are:

- Delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan;
- Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN) and designed to improve health outcomes, lower cost of care and increase patient satisfaction; and
- Delivered in accordance with the [FIMC MTM Nutrition Standards](#).



Nutrition Standards

Nutrient	DASH TLC Heart Healthy (Standard Diet)	HIV/AIDS	HIV/AIDS + HLD (hyperlipidemia)	Elderly	Kidney Chronic Stages 1-5 (non-dialysis)	Kidney ESRD/Dialysis	Diabetes/Pra-diabetes	Heart Failure
Calories	As per individual needs	Needs vary similar to healthy individuals	Needs vary	Needs vary	23-35 kcal/kg	25-35 Kcal/kg	Needs vary	Higher if catabolic
Protein % of total daily calories	18% Daily calories Lean meats/plant based sources	*10-35% of daily calories Individualized	10-35% of daily calories Individualized	N/A	N/A	N/A	Individualized macronutrient composition addressed in practice.	N/A
Protein g/kg body weight	N/A	N/A	N/A	1-1.25g/kg (NCM)	GFR<50=0.6-0.8g/kg	HD 1.2 g/kg PD 1.2-1.3 g/kg		1.1g/kg is stable 1.3 g/kg if depleted for CHF
Carbohydrate % total daily calories	55% daily calories Emphasize whole grains + vegetables	N/A	N/A	45-65% daily calories	N/A	N/A		N/A
Total Fat % total daily calories	25-35% daily calories	N/A	25-35% of total daily calories	20-35% of daily calories	N/A	N/A		N/A
Saturated Fat % total daily calories	6-7% daily calories	<10% **	<7% total daily calories	<10% daily calories	N/A	N/A	<7%	<7%
Sodium (mg)	2300 mg for standard 1500 mg for lower NA DASH	DGA	DGA	2300 mg/day	<2400 mg/day	<2400 mg/day	<2300 mg/day	CHF: 2000-3000 mg/day *
Cholesterol	150	DGA	<200 mg/day	<300 mg/day	N/A	N/A	N/A	<200mg/day
Fiber (g)	25-31g	*14g/1000	*14g/1000	30 g Male 21 g female 14g/1000 Kcal	N/A		N/A	Female: 21-25g Male: 25-28 g Soluble fiber 7-13 g
Vitamin D (IU)	N/A	600 IU**	600 IU	800	N/A	N/A	RDA	600 IU
Calcium (mg)	1000-1200 mg	1000 mg **	1000 mg	1200	Stages 3-5 not to exceed 2000 mg/day		RDA	1000 mg
Potassium	4700 mg	DGA	DGA	4700	Stages 3-5 <2400 mg/day	<2400 mg/day	DGA	N/A
Phosphorus	N/A	N/A	N/A	700	Stages 3-5 800-1000mg/day or 10-12 mg P04/g protein	800-1000 mg or 10-12 mg/g protein	RDA	N/A
Reference for Evidence Based Guidelines	DASH TLC	² EAL **DGA (link)	EAL	NCM	EAL	NKF-K/DOQI EAL AND Nutrition care Manual	ADA EAL	EAL

N/A= not applicable because guidelines do not exist for this value, is not relevant for condition or listed elsewhere on chart
 NCM= Academy of Nutrition and Dietetics Nutrition Care Manual (member only site) <https://www.nutritioncaremanual.org>
 DGA= Dietary Guidelines for Americans – <https://health.gov/dietaryguidelines/2015/guidelines/>
 NKF KDOQI = National Kidney Foundation Kidney Disease Quality Initiative – <https://www.kidney.org/professionals/guidelines>
 RDA/DRR Reports: <https://www.nal.usda.gov/fnic/dri-nutrient-reports>
 DRI's Interactive - <https://www.nal.usda.gov/fnic/interactiveDRI/>
 EAL = Evidence Analysis Library from AND and the Evidence-based Nutrition Practice Guideline -(member only access) <https://www.andeal.org>
 ADA Standards of Medical Care for Diabetes- 2017- http://care.diabetesjournals.org/content/diabetes/suppl/2016/12/15/40.Supplement_1.DC14_DC_40_S1_final.pdf
 TLC: Therapeutic Lifestyle Changes (NIH/NHLBI)- <https://www.nhlbi.nih.gov/files/docs/public/heart/tlc.pdf>
 DASH Diet - https://www.nhlbi.nih.gov/files/docs/public/heart/hbp_low.pdf

* Refers to the EAL (Updated from AND November 2017)

Courtesy of: www.fimcoalition.org

Attachment II: MTM Reporting Template

MMCOs will utilize the attached template to collect and report member level information on a quarterly basis, for the purpose for tracking MTM utilization and evaluation.



MTM Data
Collection.xlsx