

Texas MCO NMDOH Learning Collaborative Webinar: Medicaid Funded Nutrition Supports

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HB 26: ILOS Nutrition Support Services

- [HB 26](#) (Hull, Kolthorst) passed during the 89th Texas Legislative Session
 - Many stakeholders worked together on passage of the legislation
- Authorizes HHSC to allow MCOs to offer medically appropriate, cost effective, evidence-based **nutrition counseling and instruction services in lieu of services** specified in the Medicaid state plan
- Allows HHSC to establish a pilot that permits MCOs to offer the following ILOS to high-risk pregnant women through August 31, 2030:
 - **nutrition counseling and instruction services,**
 - **medically tailored meals,** in combination with nutrition counseling and instruction services,
 - **other evidence-based nutrition support services**

HB 26: Nutrition Support Services

- Requires HHSC to collect and **analyze data on the impact of the pilot to maternal and infant health outcomes** and submit a report to the Legislature
- HHSC is **targeting September 2027 as the effective date**
- NMDOH screening data (required by HB 1575) consistently shows nutrition supports as a top identified need of pregnant Medicaid members
- Most MCOs currently offer some type of food intervention as a value-added service - see recent [Rice University's Baker Institute Report: Food-Related Benefits and Policy Opportunities in Texas Medicaid](#)
- There are many programs in Texas focused on providing nutrition support services to improve health outcomes – food banks, CBOs, MCOs, FQHCs, etc. – HB 26 creates an opportunity to expand programs and make them more sustainable

**MEDICAID-FUNDED NUTRITION SUPPORTS:
NEW EVIDENCE FROM MASSACHUSETTS' &
NORTH CAROLINA'S 1115 DEMONSTRATIONS**

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PRESENTATION OVERVIEW

- Massachusetts Flexible Services Description and Findings
- North Carolina Healthy Opportunities Pilots (HOP) Description and Findings
- Similarities and Differences between MA and NC Studies and Results
- The Future of Medicaid Nutrition Interventions

Medicaid Section 1115 Demonstration Waivers

Tests innovative ways to deliver and pay for healthcare services in Medicaid beyond what is available under federal law:

- *Likely to improve health outcomes or increase Medicaid enrollment*
- *Must be budget neutral*

States submit an 1115 Demonstration waiver request and CMS can approve it, typically for 5 years.

Currently, 13 states have approved Waivers to provide Food is Medicine services.

Flexible Services Program (FSP) Eligibility

Enrolled in Accountable Care Organization (ACO) and under age 65

And,

At least one Health Needs-Based Criteria:

1. Behavioral health need
2. A persistent, disabling, or progressively life-threatening physical health condition
3. Needs assistance with Activities of Daily Living (ADLs) or Instrumental ADLs
4. Repeated emergency department use
5. High-risk pregnancy

And,

At risk for nutritional deficiency or imbalance due to food insecurity (nutrition)

At risk for homelessness or housing insecurity (housing)

Nutrition Program Overview

Nutrition Programs Offered:

- Medically tailored meals (14 ACOs)
- Federal assistance programs and food pantries (14 ACOs)
- Produce prescriptions / food vouchers (10 ACOs)
- Kitchen supplies (7 ACOs)
- Food boxes / groceries (6 ACOs)

20,403 MassHealth members received services Jan 2020 – Mar 2023

Average enrollment = 4.6 months, ranging 3 -1004 days



Results

Nutrition Program Findings

Medicaid Nutrition Supports Associated With Reductions In Hospitalizations And ED Visits In Massachusetts, 2020-23

Hospitalizations

23% reduction among FSP recipients vs. comparison group

- aIRR: 0.77 (95% CI: 0.65, 0.90)

ED Visits

13% reduction among FSP recipients vs. comparison group

- aIRR: 0.87 (95% CI: 0.80, 0.95)

Healthcare Costs

Non-significant change of -\$712 per person

Primary Care Visits

No change

aIRR: 1.00 (95% CI: 0.99, 1.02)

FSP Nutrition Program Subgroup Analyses

Years 2020-2021, $N=10,409$

No change in any healthcare utilization or costs

Years 2022-2023, $N=9,994$

Greater changes in healthcare utilization

\$1,721 per person reduction during FSP receipt, offset 75% of FSP costs

- $-\$1,721$ (95% CI: $-3,431, -10$)

Children, $N=4,846$

No change in any healthcare utilization or costs

Adults, $N=15,557$

Similar to results for the full study sample

Among ~9,000 adults enrolled >90 days, cost savings of \$210 / person during FSP receipt



Photos: Boston Globe, Washington Post

Limitations

- Comparison group may introduce selection bias if those who were referred but not enrolled differ meaningfully in unmeasured health seeking behaviors.
- Exact start and end dates were unavailable for many participants, and calendar year quarters of enrollment were used instead.

Conclusions

1. Medicaid-funded nutrition services authorized under Massachusetts' 1115 Demonstration were associated with reduced healthcare utilization.
2. Evidence for reduced healthcare spending was strongest after the COVID-19 pandemic subsided in years 2022-23 and among adult participants, especially those with longer program periods.

NORTH CAROLINA HEALTHY
OPPORTUNITIES PILOTS

PURPOSE

The Pilots



To test evidence-based, non-medical interventions for their direct impact on NC Medicaid beneficiaries' health outcomes and healthcare costs, with the purpose of incorporating findings into the Medicaid program.

Interim Evaluation Report

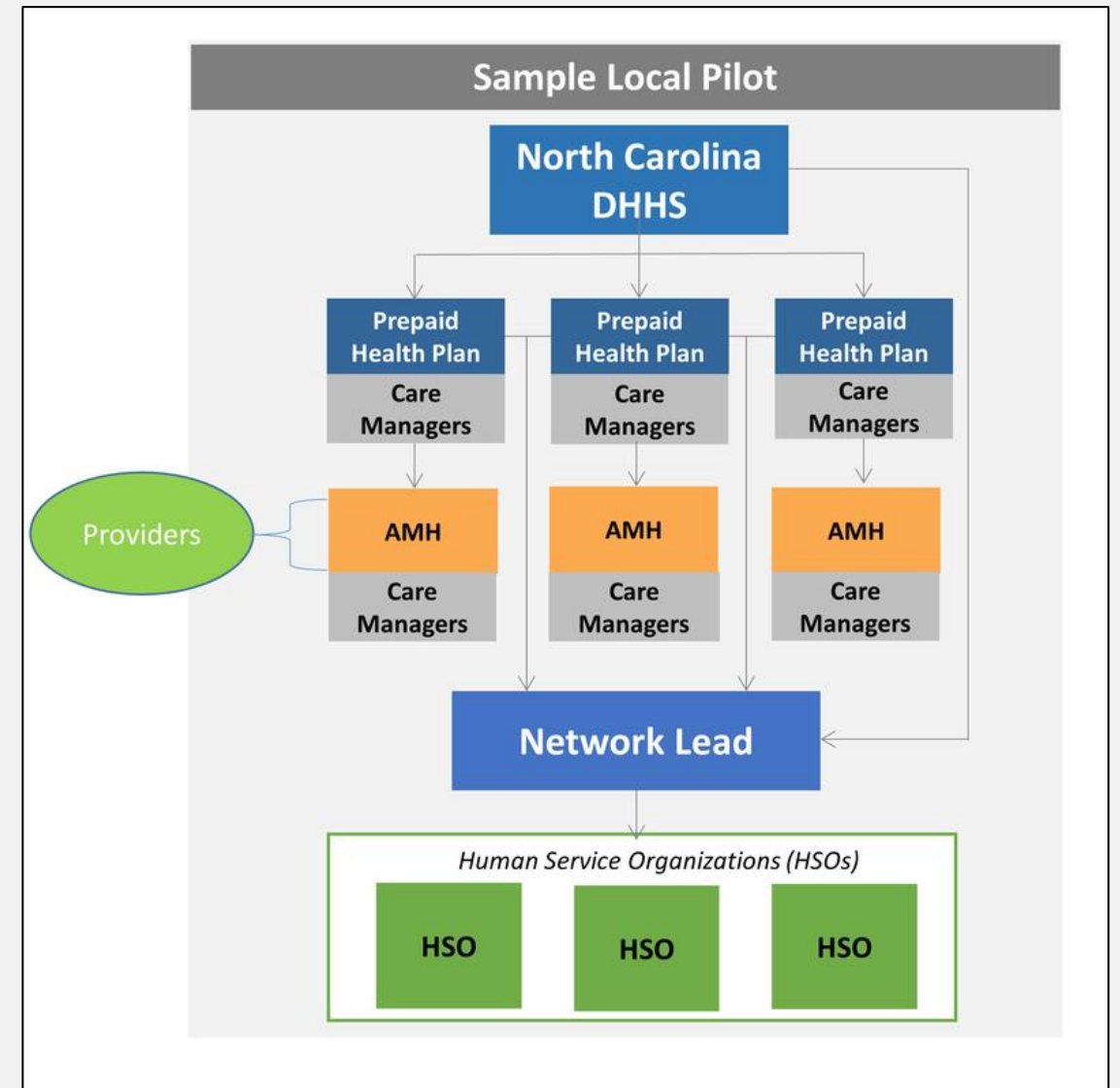


Provide analytic information to guide continued service delivery and programmatic adjustments for the Pilots

PILOTS OVERVIEW

HOP Goal:

Promote health equity by building a well-coordinated system for qualifying Medicaid beneficiaries



OVERVIEW OF PILOT SERVICES

What Services Can Members Receive Through the Pilots?

North Carolina's Pilot Service Fee Schedule defines and prices 29 services that HSOs can offer as part of the Pilot.

Examples include:



Food

- Linkages to community-based food resources (e.g., SNAP/WIC application support)
- Nutrition and cooking education
- Fruit and vegetable prescriptions and healthy food boxes/meals
- Medically tailored meal delivery



Housing

- Housing navigation, support and sustaining services
- Housing quality and safety inspections and improvements
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing



Transportation

- Linkages to existing transportation resources
- Payment for transportation to support access to pilot services, (e.g., bus passes, taxi vouchers, ride-sharing credits)



Interpersonal Violence

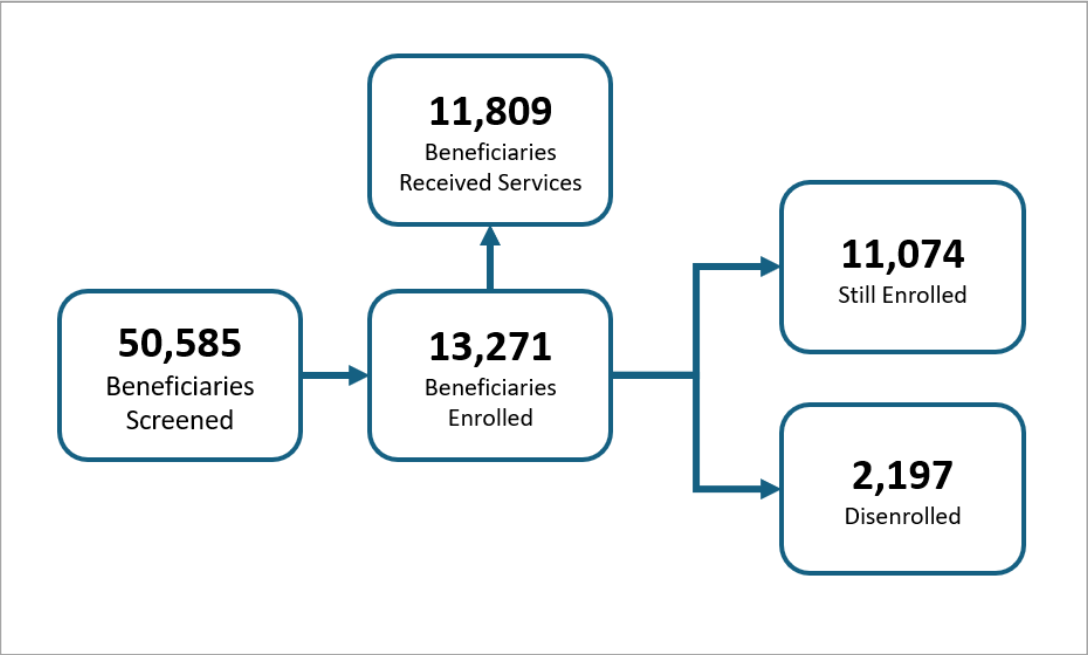
- Case management/advocacy for victims of violence
- Evidence-based parenting support programs
- Evidence-based home visiting services



Cross-Domain

- Holistic high intensity enhanced case management
- Medical respite
- Linkages to health-related legal supports

DELIVERY OF PILOT SERVICES

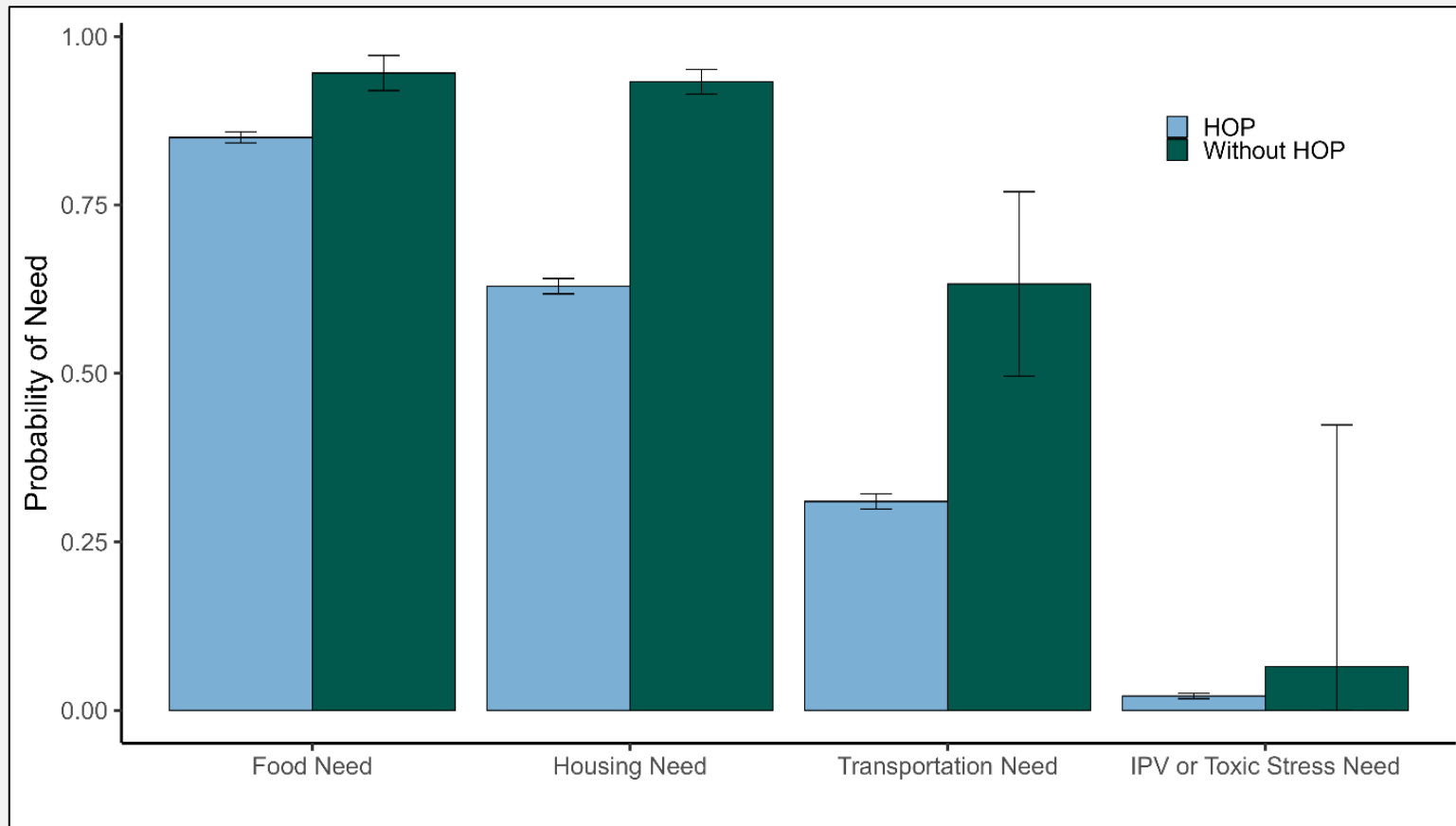


As of Nov 30, 2023:

- 90% of beneficiaries received at least 1 service
 - Median time-to-service: 7 days
- 147 HSOs provided at least 1 service
- 75% of invoices paid within 45 days
- \$36 million in service spending

SOCIAL RISK FACTORS

- HOP decreases the probability of all specific needs except IPV/Toxic Stress*



***NB:**

- IPV services only available since April 2023 and low prevalence of IPV needs reduces power
- Positive signal for IPV needs in the subgroup of pregnant individuals

COST AND UTILIZATION ANALYSES

JAMA | Original Investigation

Medicaid Spending and Health-Related Social Needs in the North Carolina Healthy Opportunities Pilots Program

- Comparative interrupted time series design
- All HOP participants
- Medicaid beneficiaries in non-HOP counties with + HRSN
 - Exposed to similar shocks and secular trends
 - COVID-19 PHE, macroeconomic changes, other aspects of 1115 waiver
- Gamma regression models for cost
- Poisson regression models for utilizations
- Adjusted for age, gender, race and ethnicity, index date, quarter, disability, rurality

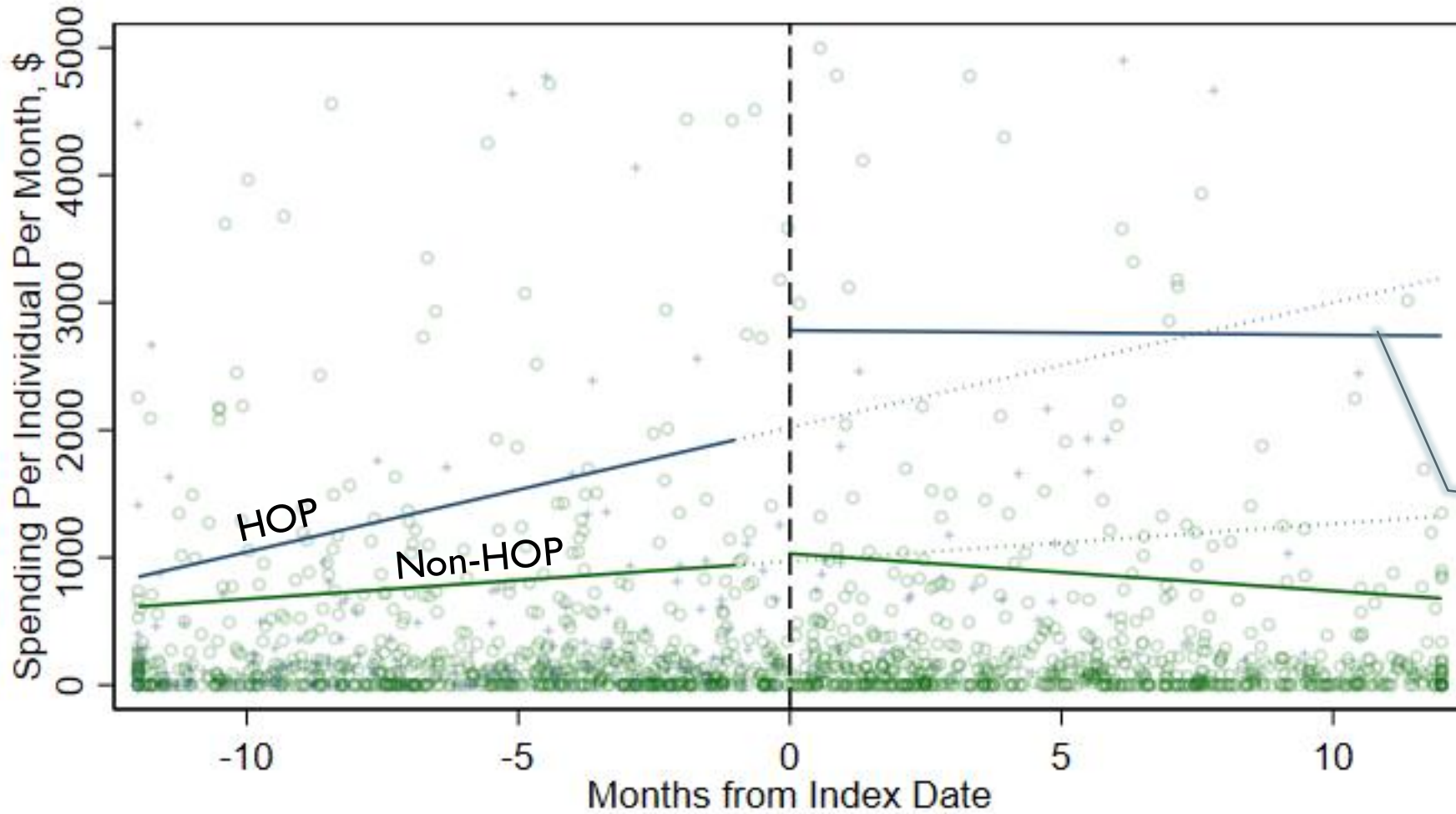
Background

Results

Summary

Limitations

COST OF CARE

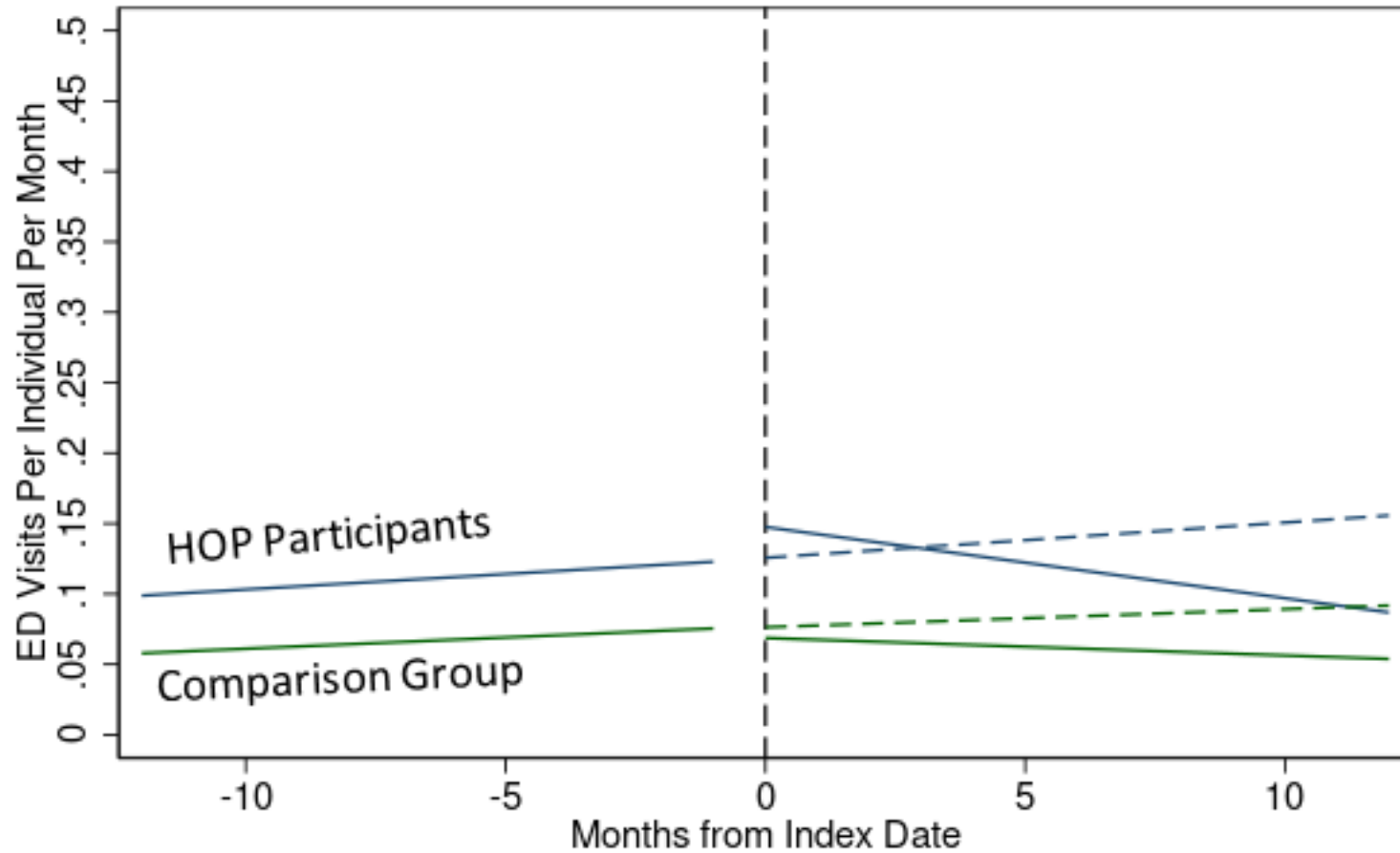


Δ Intercept: \$687 (95%CI: \$420 to \$954)
 Δ Trend: \$-85/month (95%CI \$-122 to \$-48; $p < 0.001$)

Spending equivalent to counterfactual by month 8 and lower thereafter

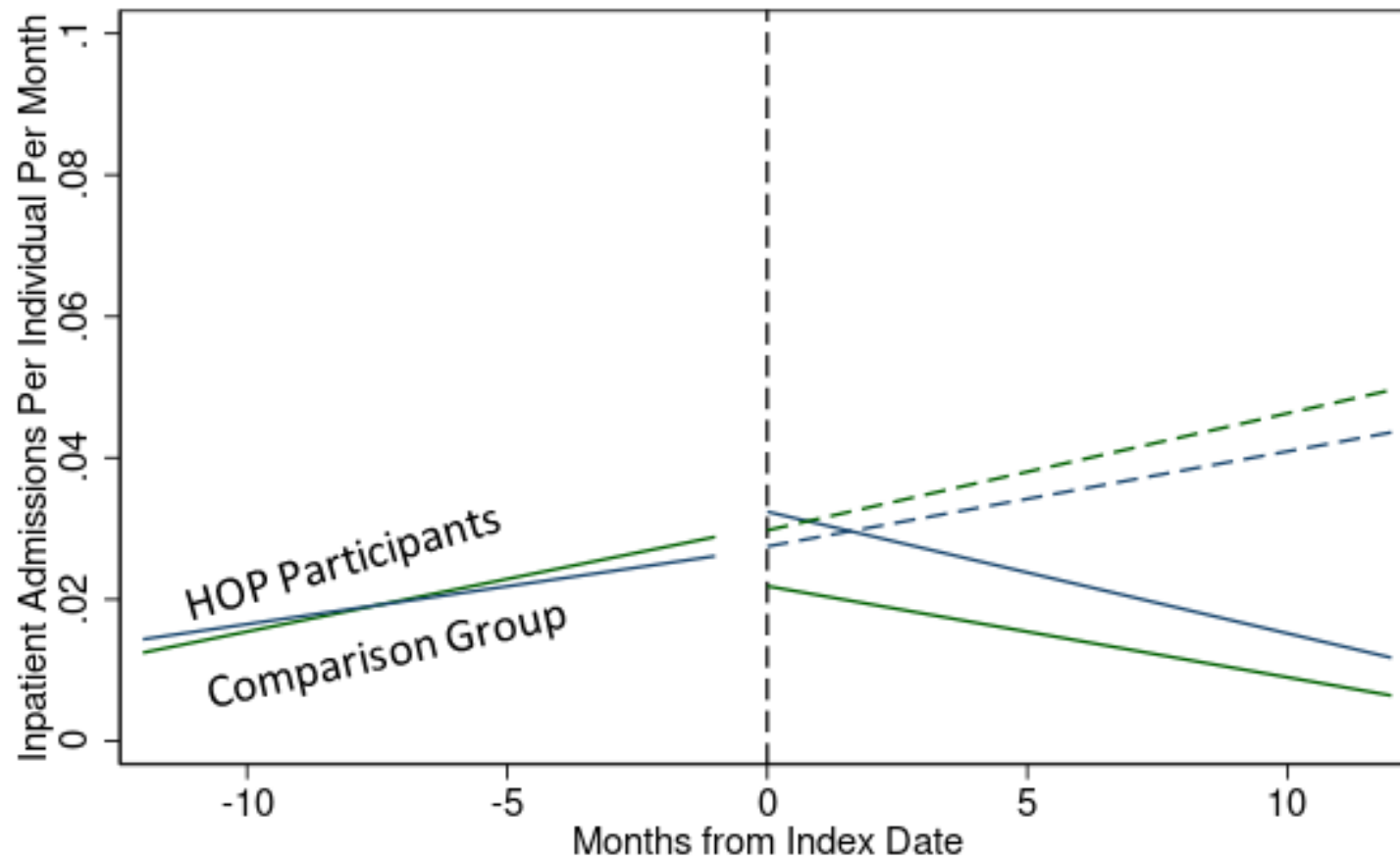
HEALTHCARE UTILIZATION

HOP significantly reduced ED Visits both overall and for all subgroups



HEALTHCARE UTILIZATION

HOP impact on inpatient admissions was heterogenous



LIMITATIONS



Receipt of services was not randomly assigned. Aspects of a participant's clinical or social situation could have influenced both what type of service they received for their need and the likelihood that such a need would resolve or utilization would improve.

SIMILARITIES IN MASSACHUSETTS AND NORTH CAROLINA

- **After the peak of the COVID-19 pandemic (beginning in 2022) both states found fewer emergency department visits and reduced healthcare costs among program participants.**
- **Both states found evidence of greater program benefits with longer enrollments.**
- Used Medicaid claims data to assess similar utilization and cost outcomes and employed quasi-experimental techniques to account for confounding.
- Represent a pooled effect across a range of FIM programs (*plus, housing & transportation in NC*)

Medicaid Policy Implications

Mixed Messaging from CMS

- CMS rescinded Biden-era guidance encouraging states to apply for 1115 Waivers to address HRSNs
- DHS Food is Medicine Initiative paused
- MIPS activity improvement for food insecurity screening suspended

Yet,

- CMMI issued new strategy focused on disease prevention, nutrition, and exercise
- Make America Healthy Again report has a focus on nutrition
- CMS CY2626 Physician Fee Schedule: a MTM benefit?



CMCS Informational Bulletin

DATE: March 4, 2025

FROM: Drew Snyder, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Rescission of Guidance on Health-Related Social Needs

Budgetary Impacts

State-level budgets will be strained by shifting more costs for Medicaid and SNAP from the federal government to states from the 2025 federal budget bill (OBBBA).

State governments are concerned about program costs:

Massachusetts

- The state narrowed eligibility criteria to those with very low food insecurity and reduced number of eligible medical conditions to address budgetary concerns.

North Carolina

- HOP funding was caught-up in state-level budgetary negotiations and has been paused since July 2025.

The Future of Medicaid Food is Medicine

We see two obstacles for the future of Medicaid-funded FIM:

- 1) Under-recognition of nutrition as a core, biological component of clinical care.
- 2) Viewing clinical FIM intervention and federal food assistance programs as competing substitutes, rather than being complementary approaches.

THANK YOU!

Questions or Feedback?

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