



Food is Medicine Opportunities in Mississippi & the MS Delta

January 2022

Interest in the Food is Medicine (FIM) movement is growing across Mississippi and has the potential to transform the health care and nutrition landscape in the Mississippi Delta. The reasons behind the interest are several; despite the state's vibrant community, Mississippi ranks as the most food insecure state¹ and the second to worst in health outcomes (i.e., mortality; behavioral and physical health).² The FIM movement recognizes the link between nutrition and chronic diseases and seeks to introduce services and health interventions that connect individuals living with or at risk for diet-affected health conditions with nutritious foods.³

This Policy Brief will discuss opportunities to support FIM interventions in Mississippi, with a focus on the Delta region of the state (MS Delta). It is published as a follow up to the Delta Directions Consortium's Food is Medicine Summit held in Spring 2021. The Brief will first describe the MS Delta context, including factors that make FIM interventions necessary and yet challenging to implement as well as community assets that can support FIM's growth. It next defines the spectrum of interventions that fall under the FIM umbrella. It then provides an overview of opportunities to support FIM in Mississippi with a focus on federal funding streams.

Food & Health Care Access in the MS Delta

The MS Delta is best known as the "fertile ground which gave birth to the Blues."⁴ The Delta is as full in culture as it is in its nutrient-rich land, a result of the area's history as an alluvial floodplain.⁵ The Delta is located in the northwestern part of Mississippi and includes 19 counties.⁶ Due to the long history of slavery, racism, and racial segregation, the MS Delta experiences a disproportionate share of systemic problems such as low educational attainment, job scarcity, low access to health providers, and more.⁷ The region has high rates of poverty and food insecurity, with 28.6% poverty and 21% food insecurity, in 2019, as compared to Mississippi's overall rates of 20.3% and 18.5% and United States' rates of 13.4% and 10.9% respectively.⁸ These disparities have significant equity implications; much of the state's African American population is concentrated in the Delta, comprising 59.6% of Delta residents as compared to 37.7% of the state's residents.⁹ The region's legacy of systemic racism and poverty have contributed to and exacerbated barriers to accessing healthy food and health care.

Food Access & Health Care

Mississippi is the most food insecure state in the United States.¹⁰ High poverty levels and the prevalence of areas where residents have limited access to healthy, affordable foods due, in part, to the lack of grocery stores nearby¹¹ and the lack of

public transportation contribute to the even higher rate of food insecurity seen in the Delta.¹² Studies have found that the Delta region’s food environment is not supportive of healthful eating.¹³

Food insecurity has costly and negative effects on individuals. Food insecure individuals experience higher rates of obesity than those who are not food insecure.¹⁴ Obesity has been linked to chronic diseases such as heart disease, stroke, type 2 diabetes, and certain cancers.¹⁵ Mississippi was ranked the most obese state in 2019, with a 40.8% obesity rate.¹⁶ The medical costs for an individual with obesity are estimated to be 30-40% higher than for an individual who does not have obesity.¹⁷

Many Mississippians, particularly in the Delta, experience limited access to health care due to factors such as poverty, lack of health insurance, limited transportation access, and lack of providers or other health care resources nearby.¹⁸ As of 2019, 13% of Mississippi’s population was not covered by any health insurance (public or private) compared to the national rate of 9.2%.¹⁹ Mississippi is one of just twelve states that have not adopted Medicaid Expansion, limiting the ability of adults in the state to qualify for Medicaid coverage.²⁰ For the year 2019, 17.2% of Mississippi adults reported not going to the doctor due to cost compared to 13.4% of all adults nationally, with Black adults reporting at higher rates in both groups (19% and 15.7%, respectively).²¹ Primary care providers (PCPs) are also difficult to come by in Mississippi;²² as of September 2020, Mississippi has 232.3 PCP per 100,000 population compared to 241.9 nationally.²³ Lack of sufficient PCPs puts communities at greater risk of shortened life spans, increased health care costs, and greater health disparities.²⁴

However, as with responses to such problems throughout history, innovative community-based efforts have been developed to address these challenges, and this report seeks to help inform this work. Indeed, one of—if not *the*—first community

health center-based food prescription programs was founded in Mound Bayou, Mississippi.²⁵

Community Assets

Just as important, but often overlooked, are the MS Delta community’s resilience and assets. The MS Delta has many organizations and individuals working to improve quality of life in the region, including a number that focus on socioeconomic development, food insecurity, and health care. These efforts can directly and indirectly support growth of the FIM movement in the region.

Several entities support socioeconomic development in the Delta. To name just a few, the Community Foundation of Northwest Mississippi (CFNM)ⁱ has distributed more than \$25 million to support charitable organizations and regional programs, particularly nonprofit organizations that prioritize health, food security, education, and children in the MS Delta.²⁶ For instance, in response to the pandemic, CFNM launched the FEED Northwest Mississippi Fund and by May 2021 had awarded over \$1 million in grants to organizations meeting the nutritional, academic, and health needs of children and families, as well as distributed an additional \$500,000 of federal pandemic grant funding.²⁷ CFNM specifically focused on supporting food pantries and nutrition services in the Northwest Mississippi as schools closed during the pandemic and students lost access to school lunch programs. For building community wealth among Mississippi’s Black residents, the Clarksdale-based Higher Purpose Co. engages in asset building through education, access to capital, grants, and other entrepreneurial support services.²⁸ The Delta Council, “an area economic development organization,” influences the region by promoting industry across agriculture, business, and professional leadership and by developing, proposing, and implementing solutions to address local challenges.²⁹ Finally, the Delta Health Alliance leads and supports initiatives to increase access to healthcare and education for Delta residents.³⁰ These organizations are well-

ⁱ The Community Foundation of Northwest Mississippi provided funding to support the Food is Medicine Summit and publication of this Brief.

poised to support private businesses and nonprofits seeking to enter the FIM arena.

Other organizations work to specifically address food insecurity in the region. The Mississippi Food Network (MFN) administers food donations—including food from the U.S. Department of Agriculture’s (USDA) Emergency Food Assistance Program and Commodity Supplemental Food Program—in Mississippi, distributing food and goods through 430 agencies around the state.³¹ MFN has implemented programs such as the Backpack Program, After-School At-Risk Snack Program, the Summer Food Service Program, and Nutrition Education.³² More specific to the Delta, the Delta Fresh Foods Initiative (DFFI) seeks to build local economies and healthy communities, in part by building supply and demand for fresh locally grown food and connecting different components of sustainable community food systems.³³ Since its establishment in 2010, DFFI has led a number of projects, including the Growing Together Garden Network, Coahoma Good Food Revolution Cooking Classes, and Farm to School.³⁴ Finally, the Mississippi Food Policy Council engages in community education, organizing, coalition building, and advocacy to make racially equitable, environmentally sustainable, and economically just policy contributions related to Mississippi’s food systems.³⁵ Over the past few years, the Food Policy Council has engaged in capacity building to center racial equity and other key values into the Council’s ethos, adopting a framework developed by a broader coalition of organizations, the MS Food Justice Collaborative.³⁶

The Delta is also home to a number of health clinics, including the first rural Federally Qualified Community Health Center in the United States, the Delta Health Center (DHC), headquartered in Mound Bayou.³⁷ Today, DHC has locations across the southern part of the Delta,³⁸ offering services that include diabetes clinic, nutritional counseling, pediatrics, social services, wellness exams, and

support services for The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). In the northern part of the Delta, the Aaron E. Henry Community Health Services Center offers services across five counties, including nutrition education, nutritional assessments, meal planning, WIC support services, mobile medical care, and transportation.³⁹ As noted previously, community health centers were early pioneers in what we now think of as food prescriptions, having prescribed and even provided and produced food for under-nourished residents as part of their commitment to social justice.⁴⁰ In addition to these FQHCs, the Delta Health Alliance, mentioned above, provides health services to the Delta Community through its own clinics, including through programs such as the Delta Medicaid Prediabetes Program, the Delta BLUES Diabetes Initiative, a Healthy Pregnancy Program, and the Delta Produce Prescriptions Project.⁴¹

This overview offers just a glimpse of the organizations and programs providing resources and promoting health and community development in the MS Delta. These existing assets could provide the foundation to support the expansion of FIM interventions in the region.

FIM Interventions

Nutrition and food interventions can be organized on a spectrum based on how tailored the nutrition profile of food is to an individual’s health needs.ⁱⁱ From most tailored to least, these interventions include:

1. Medically Tailored Meals: Meals provided upon referral from a health care provider or health plan, designed by a Registered Dietitian Nutritionist to address the recipient’s medical diagnosis or diagnoses, and typically prepared and home-delivered.
2. Medically Tailored Food: Packages of minimally-prepared grocery items selected by a qualified nutrition professional as part

ⁱⁱ Adapted from CTR. FOR HEALTH L. & POL’Y INNOVATION & CMTY. SERVINGS, MASSACHUSETTS FOOD IS MEDICINE STATE PLAN (2019).

of a treatment plan for a recipient with a defined medical diagnosis.

3. Produce Prescriptions: Benefits (e.g., vouchers) distributed by health care providers to patients to purchase produce at food retailers in order to address a recipient's diet-affected health condition.
4. Community-Level Healthy Food Programs: Programs that partner with the health care system to increase access to healthy foods regardless of current health status, an example being a mobile healthy food market operating at a community health center.
5. Nutrition Incentive Programs: Programs that stand apart from the health care system and seek to incentivize household purchasing of nutritious foods.
6. Emergency Food & Anti-Hunger Social Service Programs: Programs that aim to address food security generally and, in doing so, support the health and well-being of all participants. Examples include the Supplemental Nutrition Assistance Program (SNAP) and charitable food organizations such as food banks.

FIM typically connotes a nexus to health care, such that interventions that fall into categories 1–4 would typically qualify as FIM interventions. Programs incentivizing nutritious food purchasing and/or focused on food security (categories 5–6) have important health implications and provide a critical foundation for FIM interventions, but would not fall under the FIM umbrella as defined by many practitioners.

Of the FIM interventions, the lower numbered categories (1–3) are more likely to be prioritized and accepted as appropriate interventions for health care funding. Relatedly, the lower numbered categories have a stronger association with “treatment” while the higher numbered categories increasingly target “prevention.” Thus, for example, health care funding is more likely to be attainable to support medically tailored meal programs, which are

ⁱⁱⁱ The program descriptions included in this section are adapted from CTR. FOR HEALTH L. & POL'Y INNOVATION

more readily regarded as treatment, than other interventions.

Policy Opportunities

One of the main barriers to starting and maintaining FIM programs is a sustainable source of funding.⁴² Many projects receive grant funding that is time-limited and cannot support a permanent service. For this reason, FIM advocates have looked to public funding streams as potential avenues for offering services over a longer period of time.

The remaining sections of this Brief will address public funding opportunities to support FIM interventions and complementary programs, with a focus on federal funding streams that may be leveraged to serve Mississippians.ⁱⁱⁱ For each funding opportunity, we identify opportunities for policymakers and/or advocates to better leverage the available support. The Brief will begin with several programs that already provide funding to support FIM interventions and close with public health care funding streams (Medicare and Medicaid) that may not currently, but potentially could, support FIM services. Because most programs are administered state-wide, much of the analysis looks to state-level opportunities and with information specific to the Delta provided where feasible. This Brief should not be read as proposing a particular strategy for expanding FIM in Mississippi, but as providing an overview of the current landscape and available opportunities.

GusNIP – SNAP Incentives

Though not directly linked with healthcare (and thus not typically regarded as FIM) nutrition incentive programs provide an important foundation for FIM interventions, a supportive “off ramp” for individuals transitioning off of a more tailored program, and promote better nutrition and health in the community. The Gus Schumacher Nutrition Incentive Program (GusNIP) offers federal grant support from USDA for nutrition incentive programs (and produce

MAINSTREAMING PRODUCE PRESCRIPTIONS: A POLICY STRATEGY REPORT (2021), and CTR. FOR HEALTH L. & POL'Y INNOVATION, PRODUCE PRESCRIPTIONS: A U.S. POLICY SCAN (2020).

prescription programs, described next) that target low-income households. The main funding pool supports SNAP Incentive programs. Through a competitive grant process, GusNIP funds projects that make additional dollars available to SNAP participants who spend their benefits on produce.⁴³ Typically, grantees must match federal funds with cash and/or in-kind contributions (i.e., contribute at least 50% of the overall project budget), with some limited exceptions. Congress temporarily reduced the match requirement to 10% of total project budget as part of a COVID-19 relief package.⁴⁴ GusNIP projects increase access to fruits and vegetables by increasing SNAP participants' purchasing power to acquire such produce.

Mississippi is fortunate to have a robust SNAP Incentives grantee program, Double Up Food Bucks MS, sited with the Jackson Medical Mall Foundation. Through the program, SNAP participants shop with their benefits at participating retailers and, for every \$1 spent on fruits and vegetables, earn \$1 to spend on their next produce purchase, up to \$20.⁴⁵ The program is active at 30 locations—including grocery stores, farmers markets, and other farm vendors—across Mississippi, including several in the Delta (Cleveland, Indianola, Marks, Mound Bayou, Shelby). Kicking off with a \$841,000 three-year GusNIP grant—matched by \$841,000 for a total operating budget of \$1.682—the program got fully up and running in the midst of the COVID-19 pandemic.⁴⁶ It then successfully leveraged an influx of COVID-19 relief funds to receive an additional \$5 million, 4-year grant from the GusNIP COVID Relief and Response grants program.⁴⁷

Double Up Food Bucks MS supports fruit and vegetable purchases for many of Mississippi's low-income residents for whom finances might otherwise be a barrier to healthy eating. To expand this intervention's impact:

- Advocates could encourage local retailers to join the program and support establishment of even more locations.
- State policymakers could support the program's impact by contributing additional funds to expand its reach and protect its longevity.

GusNIP – Produce Prescription Grants

The most recent farm bill (the Agriculture Improvement Act of 2018) set aside up to 10% of funding available under GusNIP to support the new produce prescription grant program.⁴⁸ Under the program, a government agency or nonprofit organization, in partnership with a health care provider, can apply for pilot funds to conduct a produce prescription project that demonstrates and evaluates (1) the impact of the project on the improvement of dietary health through increased consumption of fruits and vegetables; (2) the reduction of individual and household food insecurity; and (3) the reduction in health care use and associated costs. Program grantees are not required to match the federal grant award. While the program is the clearest, most direct opportunity to support produce prescription projects, funding streams are time-limited due to the grant structure of the program.

In 2019 and 2020, the National Institute of Food and Agriculture (NIFA) awarded approximately \$4.5 million (each year) to produce prescription grantees.⁴⁹ NIFA currently caps funding at \$500,000 per project, with projects not to exceed 3 years.⁵⁰ The connection to GusNIP gives produce prescription programs access to the newly established Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (GusNIP NTAE), which provides training and technical assistance to GusNIP applicants and grantees and compiles and evaluates data sets from eligible entities.⁵¹

The Delta Health Alliance's (DHA) Delta EATS (Edible Agriculture Teaching Students), in collaboration with Leland Medical Clinic (based in Leland, MS) and Stop N Shop, received one of these GusNIP produce prescription program grants in 2020.⁵² The grant amounted to \$499,979 over three years for a project that planned to provide produce vouchers to participants to spend at the grocery store and/or a weekly farmers market at the clinic, along with cooking classes, consultations with the clinic's

dietitian, and home garden kits and tutorials for those interested in starting a home garden.

Actions to further support FIM through GusNIP's produce prescription grants include:

- Other Mississippi organizations could apply to receive a GusNIP grant for a produce prescription program serving different patients in the state.
- State policymakers and advocates could support growth of DHA's current produce prescription program with additional funding.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a supplemental nutrition program focused on pregnant, breastfeeding, and postpartum individuals as well as infants and children under age five.⁵³ Qualifying individuals may enroll in WIC once a health professional determines they are at nutritional risk.⁵⁴ The participant is then prescribed one of seven federally approved food packages.⁵⁵ Since 2007, packages for adults and children include a "cash-value voucher" (or "cash-value benefit")⁵⁶ (CVB) that provides a cash amount for the purchase of fruits and vegetables.⁵⁷ The federal benefit is set at \$11 a month for adults and \$9 a month for children.⁵⁸ Due to the COVID-19 pandemic, Congress authorized USDA to temporarily increase the CVB up to \$35 per month until September 30, 2021.⁵⁹ When that authorization expired, Congress reauthorized an increase through the end of the calendar year (then again until February 18, 2022), but at the rates the National Academies of Science, Engineering and Medicine had recommended in an earlier report on improving WIC. Those rates, adjusted for inflation, are \$24/month for children, \$43/month for pregnant and postpartum participants, and \$47/month for breastfeeding participants.⁶⁰

WIC, by employing a clinical model and then providing participants with a tailored package of supplemental nutritious foods, is a federally funded, state-administered FIM intervention. Further, by

providing a cash supplement specific to fruits and vegetables, WIC also operates as a produce prescription program.

WIC supports approximately 76,000 Mississippians monthly, with rates varying by month.⁶¹ The State recently disbanded its old system of WIC warehouse distribution sites and paper vouchers and has transitioned to electronic benefit transfer (EBT) cards, or eWIC. Through eWIC, participants use their EBT card to purchase WIC-eligible food and infant formula at participating grocery stores and pharmacies. Currently, no farmers markets are authorized to accept eWIC or the CVB.⁶²

FIM advocates seeking to target WIC-eligible individuals can leverage WIC's existing infrastructure to provide even greater nutrition support and promote positive health outcomes. For instance, one program, Vouchers 4 Veggies, in San Francisco, CA, partnered with its local Department of Health and WIC agency to enroll pregnant WIC participants into its fruit and vegetable voucher program, providing participants with an additional \$40 each month to purchase produce.⁶³ A recent study of the program's outcomes found that recipients experienced increased food security and improved dietary nutrition as compared to non-recipients and a lower risk of pre-term birth as compared to the historical comparison groups.⁶⁴

Advocates and policymakers in Mississippi can also leverage WIC as a FIM intervention by expanding its reach. Potential actions include:

- The State or private funders could supplement the federal CVB amount to increase participants' purchasing power and access to healthy fruits and vegetables.
- The Mississippi Department of Health could stand up a system to approve and monitor (in accordance with 7 C.F.R. § 246.12) farmers and farmers markets accepting the CVB,⁶⁵ thereby increasing participant access to fresh produce and supporting Mississippi farmers and local economies.

Farmers Market Nutrition Programs

USDA funds two Farmers Market Nutrition Programs (FMNP): WIC FMNP and Senior FMNP. WIC FMNP participants—a subset of WIC recipients—receive checks or coupons to purchase fruits and vegetables at state-approved, participating farms, farmers markets, and farm stands. Farmers then submit the checks or coupons to banks or state agencies for reimbursement. Senior FMNP operates similarly, with benefits distributed to low-income seniors over 60 and with the additional option of purchases from community supported agriculture (CSA) programs. The annual benefit amount for WIC participants is capped at \$30 (min. \$10), while Senior FMNP benefits range from \$20 to \$50 per household annually. Despite their limited budgets, both programs connect target populations with fresh produce from local farmers.

Mississippi participates in both programs, which are administered by the state's Department of Agriculture and Commerce. Beneficiaries in each program receive a once-per-year benefit of \$25. According to the website, approximately 23 markets are authorized to accept WIC FMNP and 30 are authorized to accept Senior FMNP; approximately 7 markets in the Delta accept WIC FMNP, with the same number accepting Senior FMNP.⁶⁶

Many existing produce prescription programs have built their programs off of the structure FMNP already provides. Markets and vendors in this system are already accustomed to accepting vouchers and cashing them in, thus reducing the barrier to entry for similarly structured programs hoping to collaborate with local markets.

Actions to increase FIM opportunities through FMNP include:

- Advocates can use the systems established by FMNP to stand up new produce prescription programs or supplement the benefit already offered to WIC participants and seniors.
- The Department of Agriculture and Commerce could work with farmers markets to further increase the number of markets

accepting FMNP, particularly in core Delta counties.

Medicare

Medicare provides health insurance coverage for individuals aged 65 and older, some individuals with disabilities, and individuals living with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). Roughly two thirds of Medicare beneficiaries receive their Medicare coverage directly from the federal government through the Original Medicare program (Medicare Parts A & B). Unfortunately, Original Medicare does not currently offer coverage of food or FIM interventions.⁶⁷

Roughly one third of Medicare enrollees receive their Medicare coverage from private insurers through the Medicare Advantage program (Medicare Part C). Medicare Advantage plans must generally cover all services covered in Original Medicare. However, Medicare Advantage plans also have some flexibility to go beyond Original Medicare to cover additional services as “supplemental benefits,” which has historically included meals (under certain circumstances, for limited duration).⁶⁸ These supplemental benefits must typically be “primarily health related” (i.e., the primary purpose of the item or service is to prevent, cure, or diminish an illness or injury) as defined by the Centers for Medicare and Medicaid Services (CMS).⁶⁹ Additionally, as of 2020, Medicare Advantage plans may offer a new category of supplemental benefits known as Special Supplemental Benefits for the Chronically Ill (SSBCI).⁷⁰ Under this new category, Medicare Advantage plans may provide additional supplemental benefits to individuals who are chronically ill, including benefits which are not primarily health related. Guidance from CMS has indicated that SSBCI may include food and produce.⁷¹

Finally, the Value Based Insurance Design Model (VBID) is a demonstration project operated by the Center for Medicare and Medicaid Innovation (CMMI). Medicare Advantage plans from all 50 states may apply to participate in this demonstration project. The VBID Model gives participating plans the flexibility to use cost-sharing and health plan design

to encourage patients to “use the services that can benefit them the most.”⁷² As part of this flexibility, participating plans may provide additional supplemental benefits to target populations based upon chronic illness, socioeconomic status, or both.⁷³ These supplemental benefits do not need to be primarily health related. CMS guidance has indicated that non-primarily health related supplemental benefits provided via the VBID program may include a variety of food items (meals, food, groceries).⁷⁴

To summarize, while Original Medicare does not currently offer FIM intervention opportunities, Medicare Advantage plans provide several potential avenues. Medicare Advantage plans can:

- Cover medically tailored meals as supplemental benefits.
- Cover food and produce under SSBCI for certain chronically ill individuals.
- Cover food and produce as a supplemental benefit while participating in the VBID Model.

At some point in the future, Medicare may offer additional opportunities to cover FIM interventions, but those opportunities would need to be enacted at the federal policy level.

FIM interventions administered through Medicare could impact a great number of older and disabled Mississippians. For the year 2020, Mississippi’s total monthly enrollment for Medicare beneficiaries with hospital/medical coverage was 609,795 people, with just over three quarters (464,521) enrolled in Original Medicare and one quarter (145,275) enrolled in Medicare Advantage and other health plans.⁷⁵ Of those enrollees, 490,279 qualified due to age and 118,442 qualified owing to disability.⁷⁶ For the year 2021, 54 Medicare Advantage plans were available in Mississippi, up from 40 plans the year prior.⁷⁷ According to CMS, 5 of those plans would offer enrollees “innovative benefits such as wellness and healthcare planning, reduced cost sharing, and rewards and incentives programs.”⁷⁸

Given the number of plans available in Mississippi, it is unclear what benefits—including food—are currently available to Mississippians. Although there was a large nationwide uptick in Medicare Advantage plans offering SSBCI—a jump from 267

plans in 2020 to 942 plans in 2021,⁷⁹ it is difficult to discern what benefits might be specifically available to an individual within a particular county in the state (plans are typically available by county). As for the VBID model, two Medicare Advantage Organizations are participating in the Model and operate plans in Mississippi: Humana and UnitedHealth Group.⁸⁰ However, information is not readily available as to whether these plans cover food or produce as benefits.

Advocates and policymakers seeking to advance FIM interventions through Medicare can:

- Advocate directly with Medicare Advantage plans to offer meals, food, and/or produce in line with the flexibilities outlined above.

For further guidance on Medicare Advantage opportunities, see *Produce Prescriptions as a Novel Supplemental Benefit in Medicare Advantage*.⁸¹

Medicaid

Medicaid is the public health insurance program serving certain individuals who are both financially (e.g., low-income) and categorically (e.g., children, pregnant women, elderly) eligible.⁸² Approximately 1 in 5 low-income Americans rely on Medicaid.⁸³ Under the Affordable Care Act, states now also have the option to provide coverage to the Medicaid expansion population, which includes all adults with incomes up to 138% of the federal poverty level (FPL). Federal law and regulations establish a baseline of mandatory benefits that all states must cover for their traditional Medicaid population as well as a series of optional benefits.⁸⁴ Federal law and regulations also establish ten categories of Essential Health Benefits (EHBs) that states must cover for their Medicaid expansion population.⁸⁵

In Mississippi, over 25% of the state’s population receives Mississippi Medicaid health benefits.⁸⁶ Despite some recent political activity in support of expansion, Mississippi remains one of twelve states that has not adopted Medicaid expansion.⁸⁷ As of December 2019, Mississippi’s total Medicaid enrollment was just over 670,000.⁸⁸ Medicaid coverage is generally available in Mississippi for

children, adults with dependent children, and adults with disabilities or who are pregnant, so long as they are below the designated household income limit and meet the other qualifications.⁸⁹

The primary opportunities to support FIM interventions through Medicaid are through (1) Medicaid Managed Care and (2) state waivers or plan amendments.

Medicaid Managed Care

As of 2017, roughly two-thirds of Medicaid enrollees received Medicaid coverage through private insurers known as Medicaid Managed Care Organizations (MCOs). MCOs must generally provide coverage of all benefits in their Medicaid State Plan (or a designated set of these services), but have historically had some flexibility to go further, providing coverage of additional items and services including food. These flexibilities include regulatory provisions regarding “in lieu of” services, value-added services, and, potentially, quality improvement activities.

- In lieu of services: Services provided as a cost-effective substitute to a service covered under the State Plan.
- Value-added services: Services not otherwise covered in the State Plan but voluntarily provided by the MCO.
- Activities that improve health care quality: Activities conducted by the MCO designed to improve health quality and outcomes.

In Mississippi, there is a comprehensive Medicaid Managed Care program called the Mississippi Coordinated Access Network (MississippiCAN).⁹⁰ The Mississippi Division of Medicaid contracts with Molina Healthcare, Magnolia Health, and UnitedHealthcare Community Plan—the three coordinated care organizations (CCOs)—to provide services to MississippiCAN participants.⁹¹ Approximately 65% of the state’s Medicaid beneficiaries are enrolled in MississippiCAN.⁹²

Mississippi allows these CCOs to request approval to provide “enhanced services” (i.e., in lieu of services or value added services) to enrollees in addition to standard Medicaid benefits. Notably, Mississippi’s

CCOs already appear to be offering some FIM-related services under this option. UnitedHealthcare offers a Farm to Fork Program⁹³ and Molina Healthcare provides vegetables through its Farm to Table program.⁹⁴ Enhanced services may therefore present a promising avenue for FIM programs in the state.

Actions to increase FIM opportunities through Medicaid Managed Care include:

- The MS Division of Medicaid could provide guidance regarding FIM interventions that CCOs may cover as “enhanced services.”
- Advocates could push CCOs to cover a broader range of food and nutrition services as part of their “enhanced services” package.

Waivers & Plan Amendments

State Medicaid agencies may also apply for certain waivers or State Plan Amendments (SPA) to provide additional services or test innovations with CMS approval. The following waivers and State Plan options are available and may support some FIM interventions:

- Section 1115 Waivers are used to test new approaches that promote the objectives of the Medicaid program and may include the provision of additional benefits to enrollees. Several states have used Section 1115 Waivers to provide coverage of produce prescriptions and other nutrition services.
- 1915(c) Waivers are used by states to provide home and community-based services to individuals who would otherwise require an institutional level of care. CMS has allowed states to cover meals, but not “board” (defined as 3 meals a day or any other full nutritional regimen), under this waiver.
- 1915(i) SPAs are used to provide home and community-based services to individuals with incomes below 150% of the federal poverty level (FPL) who meet certain needs-based criteria but do not yet require an institutional level of care. States may go a step further and submit a waiver to provide these benefits to additional individuals in certain conditions. CMS has allowed some coverage of meals, but not “board,” under these options.

- 1915(k) SPAs are used to provide home and community-based attendant services and support to individuals who qualify for Medicaid, require an institutional level of care, and are either in a Medicaid eligibility category that has access to nursing facility services or have an income under 150% of the federal poverty level. Meals, but not “board,” may be covered under this option.

Mississippi has several active Medicaid waivers from the above list.⁹⁵ One of these waivers currently provides some support for nutrition services. Mississippi’s Elderly and Disabled 1915(c) Waiver supports provision of home delivered meals for aged individuals who require nursing facility level of care.⁹⁶ Though positive and individually impactful, this Waiver benefits a narrow slice of Mississippians receiving Medicaid.

The most broadly impactful actions policymakers could take, and advocates could push for, in Medicaid are:

- Apply for a Section 1115 waiver that includes FIM interventions (i.e., medically tailored meals, produce prescriptions) as additional

benefits to be offered to Medicaid enrollees. Mississippi policymakers can look to North Carolina’s Section 1115 Waiver—which authorizes Medicaid funds to pay for services, including food—as a model.⁹⁷

- Adopt Medicaid expansion so that many more Mississippians have access to health care and will benefit from future FIM expansion within Medicaid.

Conclusion

There are a number of opportunities to increase access to FIM interventions across Mississippi and the Delta region. Several programs tapping federal funding sources are already under way and many other FIM projects have been launched across the state. As advocates and organizations leading privately funded projects start looking toward the long term, the federally-based opportunities outlined in this Brief offer promising avenues for expanding upon existing programs or implementing policies to open up new funding sources, particularly through the health care sector.

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Portions of this Policy Brief have been adapted from the following publications by the Center for Health Law & Policy Innovation:

MAINSTREAMING PRODUCE PRESCRIPTIONS: A POLICY STRATEGY REPORT (2021)

PRODUCE PRESCRIPTIONS: A U.S. POLICY SCAN (2020)

PRODUCE PRESCRIPTIONS AS A NOVEL SUPPLEMENTAL BENEFIT IN MEDICARE ADVANTAGE (2021)

MASSACHUSETTS FOOD IS MEDICINE STATE PLAN (2019), coauthored by Community Servings

Published in partnership with the Delta Directions Consortium, with support from the Community Foundation of Northwest Mississippi.

The ideas expressed in this Brief are those of the authors and do not necessarily reflect Delta Directions as a whole or its partner organizations.

ENDNOTES

- ¹ See FEEDING AM., THE IMPACT OF THE CORONAVIRUS ON LOCAL FOOD INSECURITY 7 (2021), https://www.feedingamerica.org/sites/default/files/2021-03/Local%20Projections%20Brief_3.31.2021.pdf.
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