


Letter of Direction #57

Date: June 3, 2025

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: 1115 Demonstration Waiver Benefit: Food Is Medicine (FIM) for Community Benefit (CB) Members

Title: Community Benefit Medically Tailored Home Delivered Meals

The purpose of this letter of direction is to provide the Turquoise Care (TC) Managed Care Organizations (MCOs) with information on implementing and monitoring the Food Is Medicine benefit for Community Benefit (CB) members. This service is intended to support vulnerable home-bound CB members, is implemented under the 1115 waiver and includes up to two home-delivered medically tailored meals per day. The effective date for Agency-Based CB Home-Delivered Medically Tailored Meals (MTMs) is July 1, 2025. It is anticipated that Self-Directed CB (SDCB) MTMs may be implemented in 2026, and HCA will provide additional guidance to the MCOs prior to the SDCB MTM implementation.

1. Definitions:

CB Home-Delivered Medically Tailored Meals (MTM): CB MTMs are fully prepared meals that are designed by a registered dietitian nutritionist (RDN) to meet the unique nutritional requirements of members with various health conditions. CB MTMs should incorporate local agriculture, local food vendors and local food preparation services to the extent practicable.

2. Provider Requirements:

- a. Must be enrolled in New Mexico Medicaid as Provider Type 363 Community Benefit with specialty type 330.
- b. Must have knowledge of principles, methods, and procedures of the covered nutrition interventions meant to support an individual in obtaining food security and meeting their nutritional needs.

- c. Must be able to receive referrals from Turquoise Care MCOs.
- d. Must be able to deliver to the member's residence or other appropriate location, including last mile delivery, and track and report on service delivery (including unsuccessful deliveries).
- e. Must comply, during all stages of food service operation, with applicable federal, state and local regulations, codes, and licensure requirements relating to fire; health; sanitation; safety; building and other provisions relating to the public health, safety, and welfare of individuals receiving CB MTMs.
- f. Must follow best practice guidelines and industry standards for food safety. This includes meals remaining at safe temperatures, hot or cold, during transit and delivery.
- g. Must include a Registered Dietician or Registered Dietician Nutritionist or other comparable professional to develop the nutritional content of the CB MTMs.
- h. Must be able to customize meals to a member's cultural, religious and personal preferences.
- i. Must ensure that any employee or volunteer who delivers CB MTMs to a member's home has passed a background check, or the provider must use a delivery service such as U.S. Mail.
- j. Must not solicit payment or donations from any Medicaid member or their families/representatives.
- k. The provider will survey/connect with members on regular intervals to ensure quality of food and address any concerns.

3. Eligible Members:

- a. Turquoise Care members in Care Coordination Level 2 (CCL2) who meet a Nursing Facility Level of Care (NF LOC) and have an Agency-Based Community Benefit (ABCB) Setting of Care ADB or ANW may be eligible based on their comprehensive needs assessment (CNA).

4. Covered Services and Limitations:

- a. CB Medically tailored home delivered meals are provided on a regularly scheduled basis, for one or more days per week, or as specified in the comprehensive care plan (CCP), in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the member. Services are furnished consistent with the member's person-centered care plan.
- b. Meals provided as part of this service shall not constitute a "full nutritional regimen" (3 meals per day).
- c. The receipt of MTM may reduce, but not replace, needed Personal Care Hours allotted for meal preparation. For example, MCOs must allow time for defrosting and heating meals as needed to ensure that members are able to consume CB MTMs.
- d. CB MTMs are not provided to CB members who reside in a licensed assisted living facility (ALF).
- e. CB MTMs may be provided to members who receive adult day health (ADH) services, if MTMs are not provided at the licensed ADH facility.
- f. CB MTMs may not be provided if the member already receives full medically tailored nutritional support from another program.

5. Billing and Reimbursement:

- a. **Procedure Code:** CB Providers with provider type 363 and specialty type 330 will bill procedure code S5170.
- b. **Units:** One meal is one unit. Two units are allowed per day.
- c. **Reimbursement:** MCOs should reimburse providers at a minimum of \$8.00 per home delivered meal. If an MCO is not able to reimburse at this level, notice must be provided to HCA no later than 7/1/25. The notification will include justification as to how the MCO will ensure a sufficient network of CB MTM providers and how it intends to track, evaluate, and mitigate any potential negative impacts to access to care that could result from reimbursing at an amount less than \$8.00 per meal.

6. Managed Care Organization Requirements

- a. As with other CB services, MCOs must develop provider training and contracting information and provide network support for CB MTM providers.
- b. CB MTM providers will be audited annually with other CB providers.
- c. MCOs must develop and widely disseminate information to members and community stakeholders regarding access to the CB MTM benefit.
- d. MCOs must collaborate with Community Based Organizations (CBOs) to develop infrastructure that will eliminate barriers to becoming a CB MTM provider and to increase utilization of regional vendors and food producers.
- e. MCOs must implement oversight, monitoring and measures to ensure that CB MTMs are meeting generally accepted dietary guidelines for the member's condition(s).
- f. CB MTMs will be added to MCO Community Benefit - Report #4 and Network Adequacy –Report #3; and the MCOs will report on CB MTMs service approval and utilization as required by HCA.
- g. MCOs will ensure that care coordinators are trained to discuss CB MTMs with members by using, at a minimum, the following questions to prompt conversation. MCOs may develop additional questions as needed:
 - i. Do you ever find yourself without enough money to buy the food you need, or face challenges in accessing healthy food due to factors like availability or transportation?
 - ii. Do you have any dental, oral, or other medical conditions that make eating or swallowing difficult?
 - iii. Has a healthcare professional recommended that you change your diet due to a condition or illness, leaving you unsure about which foods are considered healthy?
 - iv. Do physical limitations make it challenging for you to prepare and consume healthy meals, shop for groceries, cook, or feed yourself?
 - v. Have you had any unintended weight loss in the past 6 months?
 - vi. Are you able to store frozen or refrigerated meals until you are ready to eat them?
- h. MCO Care Coordinators must verify members are able to properly store meals to ensure food safety.
- i. HCA will update the CB Brochure, CB Services Questionnaire (CBSQ) and CB Member Agreement (CBMA) to include CB MTMs and will provide these updated documents to the MCOs for use once they are finalized.

7. **Implementation Plan:** By June 13, 2025, MCOs must submit an implementation plan detailing how they will operationalize the CB MTM service. The implementation plan narrative shall include:
- i. How the MCO will incorporate local agriculture, food vendors, and food preparation services in their implementation of this benefit
 - ii. How the MCO will address the need for culturally responsive and culturally appropriate food for recipients
 - iii. How the MCO will communicate with and train CB MTM providers on the needs of the ABCB population.
 - iv. How the MCO will train care coordinators on CB MTM; and
 - v. Any other information or supportive documentation pertaining to implementation of this benefit.

This LOD will sunset with the addition of the CB MTMs in the Managed Care Policy Manual and 8.308.12 NMAC.