Maryland
DEPARTMENT OF HEALTH

REQUEST FOR INFORMATION

Maryland's Comprehensive Health Care Program: Proposed In Lieu of Services to Cover Food and Nutrition Needs

BACKGROUND

Food Is Medicine and the AHEAD Model

In 2025, Maryland signed an agreement with the federal Center for Medicare and Medicaid Innovation ("CMMI") to transition Maryland into the Achieving Healthcare Efficiency through Accountable Design ("AHEAD") model. Under AHEAD, Maryland aims to prevent disease by empowering communities, provide better care for Marylanders, and protect taxpayers and patients by controlling healthcare spending.

With this model, the State was required to create a dedicated fund to support statewide population health improvement initiatives and "address upstream drivers of health" (Health-General Article § 13-5602(k)). This fund (the "Population Health Improvement Fund" or "PHIF") was established in 2025 and is jointly administered by the Maryland Department of Health (MDH) and the Health Services Cost Review Commission (HSCRC).

The first area of focus for PHIF is Food Is Medicine (FIM). FIM is an integration of nutrition-based interventions into healthcare to improve health outcomes and reduce healthcare costs by addressing root causes of poor health. FIM supports Maryland's work to address four of the six AHEAD Population Health Accountability Plan measures, including self-reported health, unplanned readmissions, hemoglobin A1c control for diabetic patients, and food insecurity. Nutrition security and diet quality are key drivers of health.[1] Research has demonstrated clinical benefits and significant economic potential associated with FIM.[2-4] The PHIF is supporting Medically Tailored Meals to treat high-acuity diabetic patients and Produce Prescriptions in high-poverty communities for chronic disease prevention and management. Additionally, MDH is leveraging federal funding from the Rural Health Transformation Program to close critical gaps in the food system by ensuring that more Maryland-produced foods are incorporated into State food programs.

Integrating FIM services into health care delivery

In line with the State's goals under AHEAD, MDH is exploring mechanisms to address upstream drivers of health through reimbursable health care. Many states have implemented In Lieu of Services (ILOS) for

[1] Blankenship, J., & Blancato, R. B. (2022). Nutrition Security at the Intersection of Health Equity and Quality Care. *Journal of the Academy of Nutrition and Dietetics*, *122*(10), S12–S19. https://doi.org/10.1016/j.jand.2022.06.017
[2] Deng, S., et al. (2025). Estimated Impact Of Medically Tailored Meals On Health Care Use And Expenditures In 50 US States. *Health Affairs*, *44*(4), 433–442. https://doi.org/10.1377/hlthaff.2024.01307
[3] Hager, K., et al. (2025). Medicaid Nutrition Supports Associated With Reductions In Hospitalizations And ED Visits In Massachusetts, 2020–23. *Health Affairs*, *44*(4), 413–421. https://doi.org/10.1377/hlthaff.2024.01409
[4] Berkowitz, S. A., et al. (2019). Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Internal Medicine*, *179*(6), 786. https://doi.org/10.1001/jamainternmed.2019.0198

Medicaid to address root causes of poor health, food and nutrition services in particular.[5] ILOS are medically appropriate and cost-effective services or settings provided by State or Managed Care Organizations (MCOs) as substitutes to other Medicaid covered services. **Under Federal rules, enrollees eligible for ILOS must have a clinical need for which it would be medically appropriate and cost effective to provide the services.**

Research examining Medicaid nutrition support programs found that participation in nutrition-related interventions, such as Medically Tailored Meals, is associated with reduced hospitalizations and overall healthcare utilization.[3]

Maryland's key priorities for establishing implementing nutrition ILOS are as follows:

- Prevent and manage chronic disease
- Improve health outcomes
- Reduce and better control health care spending
- Reduce the need for future health care utilization, including hospitalizations and emergency department visits
- Address root causes of poor health, including food insecurity and its close connection to chronic conditions and poor health outcomes

MDH intends to include Medically Tailored Meals as one of the approved ILOS in Calendar Year 2028, given the existing MDH design, investment, and rollout through the PHIF and opportunity to expand statewide via ILOS. In addition to Medically Tailored Meals, MDH is considering approving other evidence-based nutrition ILOS for Calendar Year 2028 and beyond.

Per Federal rules, **ILOS must be at the option of the MCO and the Medicaid enrollee.** MCOs will not be required to offer ILOS to their enrollees. Some states have included incentives to increase the number of plans that offer these services. Medicaid enrollees can choose to accept or decline services offered by their MCOs.

Request for Information (RFI)

To determine which food and nutrition services will be offered under ILOS in Calendar Year 2028, Maryland will examine available scientific evidence on the impact of different interventions on health, evaluate the impact of the PHIF Medically Tailored Meals and Produce Prescriptions programs on the health of Marylanders, and assess public feedback on key priorities for integrating food and nutrition services into health care delivery.

The Department is interested in gathering information on a variety of topics including the types of services and interventions, eligible populations, procurement of services, enrollee needs, health care provider needs, community organization needs, and other priority needs for consideration in future years. **Your input will help inform MDH's work to implement ILOS for food and nutrition services in 2028 and beyond.**

[5] Garfield, K., Hanson, E., Shachar, C., Stain, P., & Dariush Mozaffarian. (2025). States' Use Of Medicaid Managed Care 'In Lieu Of Services' Authority To Address Poor Nutrition. *Health Affairs*, *44*(4), 422–428. https://doi.org/10.1377/hlthaff.2024.01349

Your input can be submitted to mdh.ilosrfi@maryland.gov or through https://forms.gle/HvHRV2ZNpMhEFU5J7. **Submissions are due by 5PM on October 14, 2026.** Your submission will not be publicly shared. MDH will issue a summary of the feedback.

Respondent Information

Name: _____

Email address: _____

Affiliation or organization (N/A if not applicable): _____

Which of the following best describes you? Check all that are applicable.

- ☐ Medicaid enrollee
- ☐ Healthcare provider or provider group
- ☐ Managed Care Organization (MCO)
- ☐ Community-based organization delivering programs to address health-related social needs
- ☐ Local government
- ☐ Local Health Department (LHD)
- ☐ State government
- ☐ Faith-based organization
- ☐ Health System or Hospital
- ☐ Federally qualified health center (FQHC)
- ☐ Social service provider or community based provider
- ☐ Farmer or seafood producer
- ☐ Foundation, philanthropy, or funder
- ☐ Employer
- ☐ Not-for-profit
- ☐ For-profit
- ☐ Registered Lobbyist
- ☐ Other (please describe): _____

Please describe your organization, including your role in the Maryland health, human services, or community-based service delivery system, and your experience (if any) with Maryland Medicaid. *(Free response)*

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MD Jurisdiction of Residence or where your organization is located (N/A if not applicable):

- ☐ Statewide
- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Calvert County
- ☐ Caroline County

- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ St. Mary's County
- ☐ Somerset County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County
- ☐ N/A

Medically Tailored Meals (MTMs)

Maryland intends to include Medically Tailored Meals as ILOS in Calendar Year 2028. As we consider a full service definition and parameters, what additional feedback do you have on MTMs based on the following description?

> Medically Tailored Meals are healthy meals prescribed for people of any age with serious, long-term, or diet-sensitive illnesses. A Registered Dietitian Nutritionist designs each meal plan to meet a client's specific health and nutrition needs.

(Free response) _____

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Potential Services

What other services would you like Maryland to consider including in ILOS in Calendar Year 2028 or in future years? (*Select all that apply).*

- ☐ **Medically Tailored Groceries**: Medically Tailored Groceries are healthy foods prescribed to meet a person's specific health and nutrition needs. They include ingredients such as fruits and vegetables, whole grains, beans, and lean proteins that can be prepared into meals at home.
- ☐ **Produce Prescriptions (PRx)**: Produce Prescriptions provide healthy produce to eligible patients with diet-related health risks or conditions, food insecurity, or challenges accessing nutritious foods. Patients who have been prescribed PRx receive produce selected to support their health at low or no cost.
- ☐ **Nutrition Counseling and Education:** Nutrition Counseling is a supportive service where a Registered Dietitian Nutritionist works with clients to assess their food intake, identify nutrition needs, and create a personalized plan to manage severe, complex, or chronic illnesses. Nutrition Education helps clients develop knowledge and skills related to food, cooking practices, and

therapeutic diets through activities like cooking demonstrations, group workshops, and peer support.

- ☐ **Home-Delivered Meals:** Home-Delivered Meals are nutritionally balanced meals provided directly to the homes of individuals who are unable to shop for groceries or safely prepare their own food due to physical, medical, or cognitive limitations.
- ☐ **Food Delivery or Home-Delivered Groceries:** Home-Delivered Groceries provide fresh fruits and vegetables directly to the homes of individuals who are unable to shop for groceries or access nutritious foods due to physical, medical, transportation, or other limitations.
- ☐ **Healthy Food Vouchers**: Healthy Food Vouchers provide coupons, EBT cards, tokens, or cash-match incentives that make nutritious foods, such as fruits, vegetables, and whole grains, more affordable for individuals.
- ☐ **Food Pharmacies**: Food Pharmacies are clinic-based food interventions that support patients in managing chronic conditions, improving their overall health and well-being, and building trusting relationships with their healthcare providers. Healthy foods are provided on-site at clinics or other locations, typically each week.
- ☐ **Case Management Services for Access to Food**: Case Management Services are targeted interventions in which social workers, case managers, or other health professionals assess an individual's nutrition needs, connect them to food resources, and provide education on healthy eating within their budget.
- ☐ **Other (please describe): _____**

For each service that you recommend, please share your rationale for selection, including its connection to Maryland's priorities, available evidence, alignment to existing federal ILOS rules, and readiness for implementation. (*Free response).*

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For any of the services you recommended, do you have any feedback on the full service definition, parameters or potential scope? (*Free response).*

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What data, outcome measures, or evaluation approach would you recommend MDH use to assess the impact of these interventions over time? (*Free response).*

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Please share any relevant data, reports, evaluations, cost analyses, or research (including from other states' ILOS programs) that MDH should review. (*Free response).*

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Eligible Populations

Which Medicaid enrollee population would you most like to see prioritized in Maryland's ILOS plan? Under Federal rules, enrollees eligible for ILOS must have a clinical need for which it would be medically appropriate and cost effective to provide the services. (*Select one).*

- ☐ High-acuity patients with diet-sensitive chronic illnesses (eg, patients who have had repeated hospitalizations or ED visits due to poor control of an illness that is diet-sensitive)
- ☐ Patients diagnosed with diet-sensitive chronic illnesses
- ☐ Patients at risk of developing a diet-sensitive chronic illness
- ☐ Other (please describe): _____

Enrollee Needs

Which of the following is important for enrollees to be able to benefit from ILOS food and nutrition services in Maryland? (*Select all that apply).*

- ☐ Patient choice in the type of food being provided
- ☐ Home delivery of food
- ☐ Providing food for the whole family, not just one individual patient
- ☐ Strict quality control of the food provided
- ☐ Community-tailored interventions
- ☐ Connections to providers and other wraparound services
- ☐ Easy referral process
- ☐ Other (please describe): _____

What recommendations do you have for patient/client-centered design for ILOS food and nutrition services? (*Free response).*

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Procurement of Services

Maryland intends to encourage procurement that favors 1) local food from Maryland agricultural and seafood producers, 2) services from Maryland community-based organizations, and 3) promotes job creation to local communities partners and CBOs to deliver services. What policies, tools, and or incentives should Maryland consider to achieve these priorities? (*Free response).*

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Health Care Provider Needs

What barriers do you anticipate for health care providers in referring eligible patients? (*Free response).*

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What should be the role of health care providers in tracking program adherence and retention? (*Free response).*

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If you are a healthcare provider, what is your current role in addressing your patients' food and nutrition needs? (*Free response).*

Community Organization Needs

What barriers do you anticipate for community-based services providers seeking to deliver services under an ILOS framework? (e.g., billing MCOs, scaling food aggregation) (*Free response).*

What factors may affect the successful implementation of the service across the state? (*Free response)*

Beyond Food - Other Root Causes of Poor Health

In future years, other root causes of poor health could be addressed through ILOS. Please describe additional needs (e.g., housing supports) that you would like to see prioritized in subsequent years. (*Free response).*

Other Comments

What other information would you like to share with us? (*Free response*)
