

Characteristics of High Quality Medically Supportive Food Providers

California Advancing and Innovating Medi-Cal (CalAIM) allows Managed Care Plans to offer a range of Food Is Medicine (FIM) interventions to members with nutrition-sensitive health conditions such as diabetes, heart disease, and hypertension under the [Community Supports program](#) of Medi-Cal Transformation.

The July 1, 2025 [Community Supports Policy Update](#) clarified the definitions of many of these services. Unlike Medically Tailored Meals, Medically supportive groceries, vouchers and food pharmacies have no [industry accreditation process](#) or agreed upon programmatic standards like there is with medically tailored meals. This paper captures features of high-quality medically supportive groceries, vouchers, and food pharmacies according to California-based non-profit organizations currently providing these services. **Managed Care Organizations can use these four key considerations to prioritize which FIM providers should be in their network.**



THE IMPACT OF FIM ON INDIVIDUAL HEALTH

Evidence shows that providing members with the ingredients to support healthy eating can:

- Increase fruit and vegetable consumption²;
- Improve food security status of participants³;
- Improve blood pressure⁴, improve glycemic control⁵, and reduce depression⁶.

¹California Department of Health Care Services. (2025, February) COMMUNITY SUPPORTS: SELECT SERVICE DEFINITION UPDATES. <https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-February-2025-Service-Definition-Updates.pdf>

²Donohue, J. A. (2021, January) The Food Pharmacy: Theory, Implementation, Opportunity. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8315372/>

³HealthBegins. (2025, April) Medically Tailored Food Packaged. HealthBegins Social Needs Investment Lab <https://www.socialneedsinvestmentlab.com/assessment/medically-tailored-food-packages>

⁴Marianna, S. et al. (2018, October) Design and Implementation of a Clinic-Based Food Pharmacy for Food Insecure, Uninsured members to Support Chronic Disease Self-Management. [https://www.jneb.org/article/S1499-4046\(18\)30555-4/fulltext](https://www.jneb.org/article/S1499-4046(18)30555-4/fulltext)

⁵Seligman, H. K. et al. (2015, November) A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among members in Three States. https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0641?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub++0pubmed

⁶Cheyne, K. et al. (2020, January) Food Bank-Based Diabetes Prevention Intervention to Address Food Security, Dietary Intake, and Physical Activity in a Food-Insecure Cohort at High Risk for Diabetes. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6977780/>

FIM COMMUNITY SUPPORTS

Medi-Cal Transformation (CalAIM) covers five types of non-meal FIM services!:



Medically Tailored Groceries

Preselected whole food items that adhere to established, evidence-based guidelines for specific nutrition-sensitive health conditions.



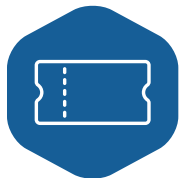
Medically Supportive Groceries

Preselected foods that follow the federal Dietary Guidelines for Americans and meet recommendations for the nutrition-sensitive health conditions of the recipients to whom they are prescribed.



Produce Prescription

Fruits and vegetables, typically procured in retail settings, such as grocery stores or farmers' markets, obtained via a financial mechanism such as a physical or electronic voucher or card.



Healthy Food Vouchers

Vouchers used to procure pre-selected foods that follow the federal Dietary Guidelines and meet recommendations for the nutrition-sensitive health conditions of the recipients, via retail settings such as grocery stores or farmers' markets.



Food Pharmacy

A model that specifically combines MSF and nutrition supports to remove barriers to healthy eating and build the knowledge and skills of participants to cook and eat foods appropriate for their nutrition-sensitive conditions.

FIM services providing groceries, rather than meals, may be preferred by members and providers since they:

- Allow members to tailor their foods to their personal taste preferences by using culturally relevant ingredients and approaches to preparation.
- Help members and their family develop life-long, health-supporting skills through cooking.
- May be more [cost effective](#) than medically tailored meals due to decreased food preparation costs.



Since non-meal FIM supports can vary widely in operation, choosing a high quality FIM provider can be challenging. CHCs and MCPs can use these four criteria to help them choose a high quality provider of medically tailored or supportive groceries, produce prescriptions, or food pharmacies.

HIGH QUALITY FIM ORGANIZATIONS CAN TRANSPARENTLY SHARE:



How they ensure the foods they provide are of **high quality and safe to eat**.



The **nutrition standards or guidelines** they follow to ensure the foods provided support health.



The **member supports** they provide to ensure utilization of food or vouchers.



How they engage members to ensure **satisfaction** with the overall experience.



PROVIDE HIGH QUALITY, SAFE FOODS

The first, and perhaps most important, feature of a high-quality FIM intervention is the quality of the food. FIM providers should:

- Have clear standards to ensure that food is safe and fresh. Ideally, food should be delivered in a timeframe that assures that it will not mold within five days.
- Consider sourcing food from local producers that utilize organic or regenerative practices. Considering the source of food not only ensures that the food has a positive health impact on the individual, but selecting local sources that use regenerative farming practices can also:
 - » Improve the health of the environment by decreasing the use of harmful chemicals and limiting CO2 emissions.
 - » Bolster local economies and spur economic wealth by investing in local growers and producers.



ENSURE FOODS SUPPORT HEALTH

Foods provided should also support an overall healthy dietary pattern, and in the case of medically tailored groceries, should support individual disease management. Look for FIM providers that:

- Follow specific nutrition guidelines such as the [Dietary Guidelines for Americans](#), [MyPlate](#), [WIC nutrition standards](#), or the [American Heart Association's Heart-Check Food Requirements](#). These guidelines will dictate sodium content, added sugar, as well as criteria such as percent of the medically tailored or supportive groceries that should be fruits and vegetables. For example, MyPlate recommends 50% of a meal be fruits and vegetables.
- Provide a variety of foods to ensure recipients consume the range of macro and micro nutrients that support health such as protein, vitamins, and minerals.
- Provide primarily whole, minimally processed food. (see the NOVA Food Classification example below).

Example 1: [NOVA Food Classification System](#) examples

Whole, Minimally Processed Food Examples



- Fresh, frozen, or canned fruits or vegetables
- Dried fruits
- Fresh or frozen herbs and spices
- Nuts and Seeds



- Grains such as white or brown rice, oats, or grits
- Dried or fresh pasta, couscous, or polenta
- Canned legumes with no added salt, sugar, or fat



- Eggs
- Chilled, frozen, or canned meat, poultry, fish, or seafood
- Pasteurized milk
- Yogurt without added sugar

⁷ National Institutes of Health. (2011, June) Dietary Data Brief No. 4 Snacking Patterns of U.S. Adults. <https://www.ncbi.nlm.nih.gov/books/NBK589773/>



SUPPORT MEMBER USE OF FIM SERVICES

FIM is a short-term intervention intended to have a long-term impact on behavior change and health. Ensuring members have a positive experience with FIM supports boost intervention retention which can lead to increased impact on personal health. Some ways to promote a positive experience are the following:

- Consider mechanisms that make it easier for members to have choice in what food they receive and for the food to be tailored for personal preference and dietary needs.
- Source foods that are culturally relevant to members. Consider providing foods that are dietary staples, such as bread or tortillas.
- Consider including items that would support healthy snack options. On average, individuals consume 25% their daily calories from snacks, making it essential to provide health promoting snack items, such as fruits and vegetables, as part of a healthy diet.
- Offer foods that can accommodate cooking adaptations that support the member's physical needs such as pre-chopped vegetables or easy to open cans.
- Provide non-perishable foods for members that lack cold storage.
- Provide members with a combination of food that they know how to prepare and supports to navigate ingredients that are new to them. See the example below.



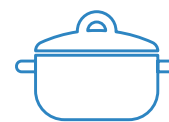
Example 2: Ways to provide nutrition and culinary education



Provide **grocery lists or recipe cards** to increase familiarity with potentially unknown foods and ingredients



Spotlight an uncommon ingredient to teach members how to select, store, prepare, and cook an unfamiliar food



Conduct **cooking demonstrations or group cooking classes** to build health-supporting skills



PRIORITIZE MEMBER EXPERIENCE AND ENGAGEMENT

- Adopt [trauma-informed practices](#) and train all staff in trauma-informed care.
- Hire local staff with similar lived experiences to the members, such as shared life experiences with food insecurity, culture, and language.
- Create a warm and welcoming environment by ensuring members have regular touchpoints with staff either through access to a physical location within their community, or through virtual meetings or phone-based communication. This community accountability and presence provides social connection that is directly linked to reduced depression, anxiety, and exacerbation of physical health conditions. This social support can also increase the adoption of FIM dietary changes.
- Engage and build relationships with the community through outreach events, such as providing cooking demonstrations or nutrition education opportunities at community health fairs.
- Connect members to additional resources such as SNAP or WIC through application assistance or referrals to trusted community partners. In addition, effective FIM providers may encourage and support increased engagement in preventive clinical care.
- Collect and implement member feedback at least on an annual basis using feedback mechanisms such as surveys, interviews, or focus groups.



FUNDING HIGH QUALITY FIM INTERVENTIONS AS A KEY COMPONENT OF THE FIM CONTINUUM OF CARE

High quality FIM providers prioritize high quality foods and optimal member experience to ensure positive health outcomes. This means that these interventions have a higher cost but also a higher benefit. Work with FIM providers in your area to determine and set reimbursement rates that reflect the cost and quality of the services provided.

Medically tailored or supportive groceries, healthy food vouchers, and food pharmacies are critical components of the FIM intervention continuum and can be used sequentially after a more intensive intervention (like Medically Tailored Meals) or for members who do not require or prefer Medically Tailored Meals.