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Innovative Medicaid Service Benefits

Intervention Type	Examples of Services	Potential Populations of Focus	Levers & State Examples/Potential Pathways & Authorities	Intervention Impact Examples
Food Care	• Nutritional counseling/ medical nutrition therapy • Medically-tailored meals • Home-delivered meals • Pantry stocking	• Individuals with diet-sensitive chronic conditions, such as Type 2 diabetes, cardiovascular disease, hypertension, and obesity • Individuals experiencing food insecurity • Individuals with complex health needs and unmet non-medical needs who are likely to have avoidable health care costs	• **1115 Waivers:** Illinois Healthcare Transformation (IL); North Carolina Medicaid Reform Demonstration (NC); Oregon Health Plan Demonstration (OR) • **1915(i) State Plan Amendment:** Connecticut Home Care Program for Elders (CT) • **1915(c) HCBS Waivers:** Comprehensive Supports Waiver (GA); Big Sky, DD, SDMI waivers (MT) • **MCO Authorities:** Foodsmart + Medicaid managed care plans • **ILOS:** KanCare 3.0 - Home Delivered Meals (KS); Brook+ Diabetes Prevention (NY) • **State Plan Amendment:** Ohio SPA #24-0016 (OH)	**Foodsmart** Health Impact: RCT in CA found that Medicaid patients with Type II diabetes who received free produce had a significant improvement in blood sugar levels ROI: A matched pair propensity study in Cook County found that MCO beneficiaries receiving food care services had a combined PMPM spend $97 less than the matched control group.
Housing	• Tenancy support • Wraparounds to housing benefits • Medical respite / recuperative care • Home safety and accessibility modifications	• Individuals who are experiencing homelessness or housing insecurity with a clinical risk factor • Individuals with disabilities, serious chronic or mental health conditions, substance use disorders, or incarceration history • Individuals with complex medical needs transitioning out of inpatient or institutional care settings	• **1115 Waivers:** Expanding the Substance Use Disorder (SUD) Continuum of Care (CO); MassHealth Demonstration (MA); North Carolina Medicaid Reform Demonstration (NC); Oregon Health Plan Demonstration (OR) • **Section 1905(a) State Plan Authority:** New York SPA #20-0005 (NY) • **1915(i) State Plan Amendment:** Connecticut Housing Engagement and Support Services (CT); District of Columbia SPA #21-0014 (DC); North Carolina Community Transition (NC) • **State Plan Amendment:** Michigan SPA #24-0009 (MI)	**Massachusetts Medical Respite Pilot Program** Health Impact: Medicaid members experiencing homelessness had statistically significant reductions in BH-related inpatient admissions and 30-day hospital readmissions vs. a matched comparison group. ROI: A difference-in-differences analysis found that program participants shifted from high-cost acute/emergency care to outpatient and preventive care, with total cost of care declining more steeply than matched comparators within months of program entry.
Non-Medical Transportation	• Transport to covered non-medical services (sometimes health-related)	• Individuals with unmet social needs who meet at least one clinical risk factor such as chronic conditions, frequent hospital use, or high-risk pregnancy • Individuals who require transportation to access community services, employment, or school services	• **1115 Waivers:** North Carolina Medicaid Reform Demonstration (NC); New York Medicaid Redesign Team Demonstration (NY); Oregon Health Plan Demonstration (OR) • **1915(c) Waivers**: Big Sky, DD, SDMI waivers and CFC plan services (MT); Ohio HCBS (OH) • **1915(i) State Plan HCBS**: Mississippi Department of Mental Health (MS); Non-Medical Transportation (ND) • **MCO Authorities:** Kaizen Health Pilot (IA)	**Ohio** Pilot: Pregnant Medicaid beneficiaries who could access enhanced smart transportation had increased satisfaction compared to their usual transportation. **Iowa** Pilot: Medicaid beneficiaries used ride services to address health-related social needs, with some reporting that they could not otherwise meet their transportation needs.
Care Management & Coordination	• Targeted Case Management (TCM) • Health system navigation and resource coordination (Community Health Workers)	• Individuals with complex or multiple chronic and behavioral health conditions at risk of preventable hospitalizations and elevated care costs • Rising-risk populations who would benefit from early community-based intervention • Individuals with complex health needs and unmet social needs likely to have avoidable health care costs	• **1915(b) Waivers:** CalAIM Enhanced Care Management (CA) • **MCO Authorities:** Waymark + Aetna Better Health of VA • **Section 1905(a) State Plan Authority:** Utah SPA #25-0012 (UT); Tennessee SPA #25-0004 (TN) • **Section 1915(c) HCBS Waiver:** HCBS Waiver (KY)	**Waymark** ROI**:** Early community-based interventions supported by rising-risk machine learning models were associated with PMPM cost savings. Health Impacts: Those interventions were also associated with decreases in all-cause acute events.

This research is part of the West Health Accelerator at Duke-Margolis, a collaborative initiative to strengthen Medicare accountable care, improving care for older adults, advancing brain health, and integrating transformative therapies into care.

For additional case studies and further insights from the State Rapid Learning Collaborative, visit https://www.acceleratecare.org/rapidlearning/stateleadercasestudies.