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Public Health
Seattle & King County

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Susan E. Birch, Director
Washington State Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5502

Subject: Enhancing Collaboration on Health-Related Social Needs for Nutrition Supports

Dear Susan,

I hope this message finds you well. Thank you for responding to Dr. Faisal Khan's request to connect me with staff working on the health-related social needs for nutrition supports. I had the opportunity to meet with Michael Arnis and Emma Oppenheim in August 2024, and our conversation underscored the importance of aligning efforts. I am enthusiastic about building on the collaborative foundation established between Emma's team and my network of nutrition support specialists across the state.

In response to Emma's request for information, I convened a group of experts to conduct focused research, drawing insights from states that have already implemented nutrition support services. Over the past two months, I collaborated weekly with representatives from the Medicaid Medically Tailored Meals Coalition of WA, Albertson's Food Insecurity Solutions, and WA State Department of Health programs, including Fruit and Vegetable Incentives, Supplemental Nutrition Assistance Program - Education, and Children with Special Health Care Needs. We also gathered input from a network of nutrition experts and clinicians serving Medicaid beneficiaries, and direct feedback from Medicaid and SNAP participants through the Department of Health's Community Advisory Network.

The outcome of the research is a comprehensive guiding document that outlines recommendations for nutrition support policy language, definitions, fee schedules, and infrastructure needs. As you review the document, I encourage you to consider the following key recommendations to enhance the success of improving health outcomes:

- Create options that address diverse life circumstances by offering a variety of nutrition supports that encourage long-term behavior change.
- Source nutrition support services from Washington-based suppliers to ensure quality and continuity of care for clients.
- Maintain broad eligibility criteria to promote greater participation and improved health outcomes.

I am dedicated to working closely with your staff to engage a broad network of specialists that bring frontline perspectives and expertise in delivering community-based nutrition supports, coupled with a deep understanding of the challenges in policy development and implementation. This network is well-equipped to offer practical solutions to address potential service gaps and remains committed to supporting the approval and implementation process by leveraging their collective expertise and resources.

As your team develops the nutrition support services, I would like to offer my support to facilitate regular meetings with your staff and the network of specialists. These meetings would provide opportunities to:

- Offer input on policy language and program frameworks.
- Discuss key considerations related to behavioral, quality, and infrastructure aspects.
- Identify opportunities for deeper collaboration and alignment.

I appreciate the opportunity to collaborate toward our shared goal of improving Medicaid outcomes through effective nutrition supports. I look forward to building a strong partnership to ensure the successful implementation of these services.

Warm regards,

Elizabeth Kimball

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Enclosure: 1

WA 1115 Medicaid Waiver Nutrition Supports Proposed Policy Recommendations

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Overarching Policy Recommendations

Offer a continuum of comprehensive services that supports client choice and ease
Create options that cater to various life circumstances by providing a variety of nutrition supports that lead people towards long-term behavior change. For example, nutrition supports should transition clients from meal provisions to grocery or fruit and vegetable prescriptions as their needs become less intensive. Implementing a stepwise plan that starts with providing all meals and gradually introduces groceries for meal preparation is a behaviorally sound model for clients whose health conditions permit them to move to lower intensity interventions over time.

Also, we encourage being innovative with nutrition support services to best meet people's diverse needs. Consider providing e-grocery cards at mainstream and culturally specific grocers that can be used to purchase both hot and cold meals, especially for individuals with inadequate cooking or storage facilities. Tie cooking classes to the process of picking up vouchers or food to foster education and engagement. Nutrition supports should be easily accessible to clients within their local community, with the flexibility for clients to pick up food from community locations such as senior centers, community-based organizations, and houses of worship, where they can also attend nutrition education and cooking classes. For houseless clients, offer delivery of nutrition supports in locations like clinics or other safe, familiar, and accessible locations.

We recommend adding a new "Grocery Provisions" category with broader eligibility than short-term grocery provisions and meal/pantry stocking. This will offer comprehensive support for individuals not in long-term services or those who don't qualify as children or pregnant people.

Source nutrition support services from Washington-based suppliers to ensure quality and a continuity of care for clients
Providing nutrition support services from suppliers near the client's home helps strengthen their connection to the community and other social support networks. Prioritizing accessibility and convenience ensure that clients can fully utilize the services and integrate the habits they learn into their daily routine.

Maintain broad eligibility criteria for greater participation and health outcomes.
Adopting new healthy eating habits demands client commitment and consistency to achieve long-term health benefits. Keeping eligibility criteria broad increases the likelihood of enrolling clients who are motivated to improve their diets. Conversely, overly restrictive eligibility may limit participation, reducing the potential for meaningful health improvements and associated cost savings.

If eligibility criteria must be narrowed, we recommend prioritizing populations likely to be motivated by nutrition supports. For example, individuals aged 40 and older are often overlooked for services and are less likely to enroll in SNAP, even when experiencing food insecurity, increasing their risk of malnutrition. This demographic may be receptive to services offered by health care providers. Offering benefits to this age group could address unmet needs and facilitate access to other long-term care services. Pregnant and breastfeeding people should also be prioritized for nutrition supports given the importance of nutrition on fetal growth and development, maternal health, the extra calories needed by breastfeeding people, and evidence that pregnancy is a period when people are more receptive to health promotion and healthy changes in lifestyle.

Connect nutrition supports to client Electronic Health Record
Referrals should be connected to the Electronic Health Record (EHR)/Managed Care Organization (MCO) and should be integrated with a Community Information Exchange (CIE) to facilitate communication between healthcare providers, EHRs, and MCOs and nutrition support service providers. Connecting nutrition supports to client health records is vital for care coordination and continuity of care, tracking delivery of nutrition supports, and evaluating the impact of "food as medicine" on eligible clients, necessary for building a strong case for sustained investment in nutrition supports by the state and CMS. To achieve this, ideally nutrition support services are linked to a client's health record, either through referring providers or a Community Information Exchange (CIE).

Food Insecurity Screening: Use Hunger Vital Sign™ screening tool
For food insecurity screening, we recommend using the Hunger Vital Sign™ (HVS) validated 2-question food insecurity screening tool, that allows providers to accurately identify households at risk of food insecurity. HVS is being recognized as a standard of care for preventive health and can easily be used during routine primary or acute care visits as well as visits to the emergency room. The Hunger Vital

Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

- "Within the past 12 months we worried whether our food would run out before we got money to buy more."
- "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

There are concerns about mandating a longer screener – such as the 6-question USDA screener – since many Federally Qualified Health Centers (FQHCs) and hospitals already use HVS or the PRAPARE screening tool, and a longer food security screener would necessitate a new, more complex workflow. If using a longer screening tool, we recommend that providers start with the HVS or Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) questions as the first pass screener. If the respondent screens positive, then continue with the remaining 6-question USDA screener questions to capture low or very low food security status. This process will reduce staff time and provide consistency in how health systems currently use the HVS to meet reporting requirements.

Utilize existing nutrition support services infrastructure and align with existing nutrition assistance programs
Utilize existing infrastructure and align nutrition supports with established nutrition assistance programs such as SNAP-Ed, the WA Department of Health Fruit and Vegetable Program, and Older Americans Act nutrition services for older adults. This alignment can help optimize current funding and serve a wider audience.

Do not require referring providers to validate client enrollment in federal programs
Referring providers lack the access or capacity to access databases to confirm eligibility or enrollment for SNAP/WIC or other federal programs.

Decouple SNAP/WIC screening from nutrition support referral process
Rather than conducting screening for SNAP/WIC or other federal programs at the time of the nutrition support referral, we recommend that referring providers connect clients to organizations that help people enroll in SNAP/WIC and other nutrition assistance programs. Referring clients to organizations that specialize in enrollment services will reduce the administrative burden on the referring provider and will ensure that the client is properly assessed for a range of nutrition assistance programs.

Remove supplanting or duplicating restrictions
Nutrition support services should not be restricted due to potential overlaps with other nutrition assistance programs, given the widespread food insecurity even among SNAP/WIC participants.

Food banks and pantries should be eligible to provide nutrition support services and supported by capacity building funding.
Many food banks and pantries have the potential to expand their services and offer enhanced nutrition support services. For example, many have relationships with local farmers, making them ideal candidates to provide fruit and vegetable prescriptions through local food boxes. They are also well-positioned to offer culturally relevant items to their members. However, it is important to emphasize the necessity of adding capacity-building support for hunger relief organizations to take on these expanded roles.

Infrastructure Needs and Costs

Consider the infrastructure needs and costs of Washington based nutrition supports services

- Infrastructure dollars are needed help smaller entities with cash flow during the first few months before Medicaid payments are received.
- Funding amounts should be, in part, based on client enrollment forecasts and a minimum floor to make meaningful infrastructure improvements.
- Prioritize funding infrastructure that builds the capacity of entities to participate in the referral system, such as:
    - Hiring and training staff to manage referrals,
    - Staff time to develop new business protocols and practices,
    - Development of billing and performance management systems,
    - Upgrading computer systems to manage referrals and billing,
    - Buying and installing new software to manage referrals and billing,
    - Training staff on how to use new systems and software,
    - Outreach, translation, and interpretation
    - Capital expenses, including food storage and transportation

Proposed WA Nutrition Supports Plan

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
WA approved nutrition supports per CMS	Nutrition counseling and education, including healthy meal preparation	Medically tailored meals, up to 3 meals a day delivered in the home or private residence, for up to 6 months	Meals or pantry stocking for children under 21 and pregnant individuals, up to 3 meals a day delivered in the home or private residence, for up to 6 months	N/A - Not currently a WA nutrition support but recommended by this group. Grocery provisions delivered in the home or private residence, for up to 6 months	Fruit and vegetable prescriptions, for up to 6 months	Short-term (no more than 30 days) grocery provision, for a long-term services and supports (LTSS) eligible beneficiary experiencing a significant disruption in the ability to obtain an adequate level of nutrition that would avoid an unnecessary emergency department visit, hospital admission, or institutional placement
Proposed cost basis Suggest including: **Delivery Fees** 1 unit = 1 delivery fee or membership fee for free delivery, Actual cost up to $100 Multiple units per member per month allowed until member reaches $100 maximum Average delivery fee for minimum grocery order for major grocery store chains statewide ($5 fee per order or $10/month membership for Door Dash and Uber Easts)	**Nutrition Counseling** 1 unit = 15 mins, $40/unit The market rate for a one-hour nutrition consultation in WA state is $150/hour. or $37.5/unit RDN reimbursement rates in area or average market rate of a 1-hour nutrition consultation. Services should be reimbursed at the determined rate and be inclusive of other RDN work related to client counseling such as chart notes, follow up calls or material provision, scheduling, etc.	Assume variability based on numerous factors, such as regional and individual provider criteria. Note that large corporate brands charge less ($7.99/meal) but are ultra processed and produced out of state. This rate set would require significant philanthropic support for non-profits to participate in and would be unsustainable to scale. 1 unit = 1 meal, $15.50-$19.50/unit Allowing up to $19.50/meal accounts for upper payment limit of	**Meals** 1 unit = 1 meal, Up to $15/unit Average cost of a home delivered meal in 2015 Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis was $11.06. CPI Inflation Calculator 2024 cost is $14.94. **Pantry Stocking** 1 unit = 1 month value of groceries, Up to $584/unit for household size of 1 1 large order or multiple smaller orders	1 unit = 1 month value of groceries, $292/unit for household size of 1 1 large order or multiple smaller orders Capped at 100% of the most current Maximum Monthly U.S. Department of Agriculture (USDA) SNAP Allowance for household size which is based on the USDA Thrifty Meal Plan.	1 unit = 1 month cost of electronic voucher Actual cost of $45.30/unit for household size of 1-5, $88.50/unit for household size of 6+. Include a future option for more specific household size adjustments. Benefit amount aligns with DOH Fruit and Vegetable Prescription allotments. DOH allotments based on the USDA Thrifty Food Plan, which is 38% fruits and vegetables.	1 unit = 1 month value of groceries, $584/unit for household size of 1 1 large order or multiple smaller orders For 1 month or up to 1 unit This service may take into account an individual's household size. Capped at 200% of the most current Maximum Monthly U.S. Department of Agriculture (USDA) SNAP Allowance for household size which is based on the USDA Thrifty Meal Plan.

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
This amount covers Boost membership, which the bigger chains offer. For $99 membership, you get free delivery for 1 year	**Nutrition Education and Healthy Meal Preparation** 1 unit = 15 mins, $33/unit Average cost of a WA State SNAP-Ed nutrition education class = $131/1 hour class SNAP-Ed, funded by the USDA, offers curriculum-based nutrition education in a series of six 1-hour sessions, conducted in person or virtually. Each session requires approximately 3 staff hours, including preparation, grocery shopping for food demonstrations, and evaluations.	~125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies.	For 6 months or up to 6 units for household size of 1 This service may take into account an individual's household size. Capped at 200% of the most current Maximum Monthly U.S. Department of Agriculture (USDA) SNAP Allowance for household size which is based on the USDA Thrifty Meal Plan.		Prescription amount covers 10-50% of cost estimates for fruits and vegetables in the Thrifty Food Plan (variance due to benefit not being exactly tailored to household size at this time). Benefit cost: $40 or $80/month based on household size plus operational and administrative costs.	
Proposed client eligibility	Broadest: 1 at-risk and/or diagnosed chronic condition AND positive food insecurity screening If limited: Diagnosed chronic condition OR Adults 40 and over, pregnant, and breastfeeding people	Broadest: 1 diagnosed chronic condition AND positive food insecurity screening If limited: Adults 40 and over, pregnant, and breastfeeding people	Broadest: Children under 21 and pregnant/postpartum people, 1 at-risk chronic condition AND positive food insecurity screening within the last 12 months.	Broadest: 1 at-risk and/or diagnosed chronic condition AND positive food insecurity screening within the last 12 months	Broadest: diagnosed or at risk for chronic condition AND positive food within the last 12 months If limited: Adults 40 and over, pregnant, and breastfeeding people	Broadest: 1 at-risk condition AND positive food insecurity screening Per CMS: Eligibility. The LTSS beneficiary eligible for this benefit has been identified by the state as being at-risk due to an acute behavioral or physical health episode or due to clinical factors is unable to procure groceries on an emergency basis.

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
Proposed service requirements	Income relevant, aimed at providing information coinciding with foods available through WIC, SNAP, and emergency food services Culturally relevant, including language translation and recipe relevance Recipes minimize cooking utensils and appliances needed to prepare foods, i.e. electric stove top, oven, and microwave Recipes are tested for palatability and readability Medical nutrition information comes from a reputable source, e.g. state departments of health, USDA, FDA, CDC, .org and/or .gov websites, or licensed RDNs	Initial evaluation with a PCP, NP, RD or RDN to assess and develop a medically appropriate nutrition care plan and (type of service) Reassessment with a certified nutrition professional at least once every 6 months. Medically tailored for a specific disease or condition Meals must be in accordance with evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes. Each meal must provide at least 500 calories and one-third of the recommended Dietary Reference Intakes for carbohydrates and protein as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.	Nutritionally balanced, aimed at promoting improved nutrition for the service recipient. Each meal must provide approximately one-third of the recommended Dietary Reference Intakes for energy and nutrients as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences with the exception of meals tailored for inborn errors of metabolism. Must offer accommodations in dietary needs, allergy restrictions, and cultural preferences Hot, cold, frozen or shelf-stable For meals, limit shelf stable meals to emergency situations (i.e. unhoused) rather than a longer-term benefit to minimize ultra-processed foods. Pantry stocking can be an electronic card benefit	The grocery benefit may only be used on purchases consistent with Supplemental Nutrition Assistance Program (SNAP) guidelines Can be medically tailored for a specific disease or condition Must offer accommodations in dietary needs, allergy restrictions, and cultural preferences Can be an electronic card benefit	An electronic card benefit for the enrollee to purchase fruits and vegetables as defined below from a participating food retailer. Items purchased must align with WIC-eligible fruits and vegetables. Use the DOH Fruit and Vegetable prescription solution. An electronic card will be usable in all settings (bodegas, small grocers, large chains, farmers markets, CSAs, food pantries). It will either be an update to the POS, a standalone terminal, or scanning of a QR code.	The grocery benefit may only be used on purchases consistent with Supplemental Nutrition Assistance Program (SNAP) guidelines The grocery benefit will be capped at 200% of the Maximum Monthly U.S. Department of Agriculture (USDA) SNAP Allowance; and the benefit can be utilized no more than once per calendar year. The state agrees it will work with the state SNAP agency and others to provide assistance to beneficiaries in enrolling with SNAP during the benefit period, where appropriate, and work with the beneficiary where appropriate to address lasting health or physical needs that lead to the disruption in nutrition

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
		Alterations to caloric and/or nutrient content are permitted when consistent with evidence-based medical nutrition therapy standards and approved by a registered dietitian, i.e. lowering carbohydrate content for meals tailored for type 2 diabetes. Must offer accommodations in dietary needs, allergy restrictions, and cultural preferences Prioritize whole foods or from-scratch prepared meals, with the exception of meals tailored for inborn errors of metabolism Fresh or frozen				
Proposed frequency & duration	Recipes and print materials are provided as available and relevant to the coinciding nutrition supports service Medical Nutrition Therapy (MNT) is provided as deemed appropriate by the service provider	Up to 3 meals per day for up to 6 months	Up to 3 meals per day for up to 6 months For postpartum up to 3 meals a deal for 8 weeks post pregnancy.	Up to dollar amount per month for up to 6 months	Up to 6 months, or longer if determined to be medically necessary, and allow for monthly enrollment Scale the fruit and vegetable prescription to accommodate entire households or the number of Medicaid beneficiaries within a household is essential for maximizing the benefit's reach and impact.	

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
Proposed setting	Medical Nutrition Therapy can take place in person, virtually or telephonically Recipes and other materials can be made available via paper, web address, webpage link, and/or QR code	Nutrition assessments are conducted in person, in a clinic environment, the enrollee's home, virtually or telephonically as appropriate. Meals are delivered to a location of choice OR can be picked up.	Meals are delivered to a location of choice OR can be picked up. Pantry stocking can be an electronic card benefit	Groceries are delivered to a location of choice OR can be picked up Can be an electronic card benefit	Enrollees redeem prescription at participating food retailers.	
Proposed allowable nutrition support services	Medical Nutrition Therapy is provided by a PCP, NP, RD or RDN It is recommended that recipes be provided by WIC, SNAP, and SNAP-Ed organizations or developed by licensed RDNs Medical nutrition information comes from a reputable source, e.g. state departments of health, USDA, FDA, CDC, .org and/or .gov websites, and licensed RDNs	Have experience and expertise with providing these unique services Be in Washington State For meals tailored for inborn errors of metabolism, use of a distributor through DOH Metabolic Treatment Product (MTP) program Have protocols in place to provide clients with storage, heating, and perishability instructions. Meet the following qualifications, at a minimum: Have the capacity to provide up to three meals per day for at least a sum total of 5 days per week (can be delivered daily, weekly or biweekly)	Have experience and expertise with providing these unique services Be in Washington State For meals tailored for inborn errors of metabolism, use of a distributor through DOH Metabolic Treatment Product (MTP) program Have protocols in place to provide clients with storage, heating, and perishability instructions. Meet the following qualifications, at a minimum: Have the capacity to provide up to three meals per day for at least a sum total of 5 days per week (can be delivered daily, weekly or biweekly)	Have experience and expertise with providing these unique services Be in Washington State For meals tailored for inborn errors of metabolism, use of a distributor through DOH Metabolic Treatment Product (MTP) program Have protocols in place to provide clients with storage, heating, and perishability instructions. Meet the following qualifications, at a minimum: Have the capacity to provide groceries up to monthly dollar limit. Operate according to the Washington Food Code – active health permit	MCO contracts may include, but are not limited to, the following types of providers to issue healthy food prescriptions: Health care providers, Local health departments, Community Health Workers May refer clients to screen for eligibility: Community Based Organizations and Food Banks – tied to CIE network Be in Washington State	Groceries purchased and delivered by caregivers or facilities. Be in Washington State

	Nutrition Counseling and Education (Healthy Meal Prep)	Medically Tailored Meals	Meals and Pantry Stocking	Grocery Provisions	Fruit and Vegetable Prescriptions	Short Term Grocery Provisions (LTSS)
		Operate according to the Washington Food Code – active health permit Deliver food at safe temperatures Document meals served Document the nutritional practice guideline used Have available written plans for continuing services in emergency situations. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. Have product liability insurance sufficient to cover its operations	Operate according to the Washington Food Code – active health permit Deliver food at safe temperatures Document meals served Have available written plans for continuing services in emergency situations. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. Have product liability insurance sufficient to cover its operations	Deliver food at safe temperatures Document quantity supplied to client Document the nutritional practice guideline used for Medically Tailored Groceries Have available written plans for continuing services in emergency situations. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. Have product liability insurance sufficient to cover its operations		
Proposed service enhancements	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services	Referring provider should connect client to organization that specializes in nutrition assistance enrollment services

Proposed Definitions

At-Risk Chronic Conditions: Enrollee is and currently has, has a history of, or is at risk for at least one (1) of the following: prediabetes, postpartum, high-risk pregnancy, history of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth, hyperemesis gravidarum and other causes of dehydration, maternal low birth weight of less than 2500 grams, multiple pregnancy, malnutrition, an acute or chronic respiratory condition, infection, mental health condition, heat stroke or heat exhaustion, hypothermia, frostbite, or chilblains, anemia, and inadequate or excessive gestational weight gain, or maternal age ≤16 years.

Diagnosed Chronic Condition: Enrollee has a nutrition-sensitive conditions, including diabetes, cardiovascular disease, history of, chronic lung disorders including chronic obstructive pulmonary disease (COPD), hypertension, heart attack, stroke, human immunodeficiency virus (HIV), cancer, obesity, oral health disease, sickle cell disease, chronic kidney disease, malnutrition, metabolic syndrome, hyperlipidemia, gestational diabetes, inborn errors of metabolism*, other high-risk pre-or-perinatal conditions (i.e. preeclampsia) or chronic or disabling mental/behavioral health disorders including eating disorders and substance use disorders.

*Modified Protein Foods are indicated for inborn errors of protein metabolism such as Phenylketonuria (PKU), Maple Syrup Urine Disease (MSUD), Tyrosinemia (TYR), Propionic Acidemia (PA), Methylmalonic Acidemia (MMA), Homocystinuria (HCU), Urea Cycle Disorders (UCD), Isovaleric Acidemia (IVA)

Dietary Reference Intakes: An agency's Medically Tailored Meal guidelines shall establish the nutritional needs (quantities or ranges) or clients by diet type and shall include, at a minimum: kilocalories, carbohydrates, protein, total fat, saturated fat, sodium, dietary fiber, potassium (when relevant), phosphorous (when relevant).

Evidence-based nutrition practice guidelines: American Heart Association, American Diabetes Association, Academy of Nutrition and Dietetics, CDD guidelines

Max monthly SNAP allowance: SNAP COLA Memo FY25 (azureedge.us)

Medically necessary - WAC and this document provide good definitions: Providing and Documenting Medically Necessary Services

Pantry Stocking - The provision and maintenance of a supply of nutritious and essential food items within a household pantry setting. This service aims to address food insecurity and support healthy eating habits by ensuring that eligible recipients have consistent access to a variety of food products. The stocked pantry typically includes fresh produce, dairy, proteins, grains, and other essential food items that meet dietary guidelines and cultural preferences.

SNAP eligible foods: What Can SNAP Buy? | Food and Nutrition Service (usda.gov)

Ultra-processed foods (UPF) - UPF are foods whose ingredients have gone through multiple "industrialized processes", meaning they require sophisticated technology well beyond what is possible in a restaurant or home kitchen. As with other processed foods, they have salt, fat, and/or sugar added to increase palatability. However, in the case of UPF, those components are added in forms with "no or rare culinary use" i.e. as high fructose corn syrup, hydrogenated oils, and protein isolates. UPF also contain cosmetic additives (i.e. flavorings/sweeteners, colors, emulsifiers, thickeners, etc.) and preservatives designed to make them suitable for long-term packaging. Those same items not used in kitchens appear in the beginning or in the middle of the lists of ingredients of ultra-processed foods.

Examples include but are not limited to:

- mass-produced packaged breads and buns
- margarines and other spreads
- processed meats (poultry and fish 'nuggets' and 'sticks', sausages, burgers, hot dogs, and other reconstituted meat products)
- cookies/pastries/cakes
- many ready to heat products including pre-prepared pasta and pizza dishes; and powdered and packaged 'instant' soups and noodles.

USDA weekly and monthly food costs: Official USDA Food Plans: Cost of Food at Home at Three Levels: Low, Moderate, Liberal; August 2024 (azureedge.us)

WIC eligible fruits and vegetables: Category 19 of the WIC APL = fresh, frozen, canned without added salt, sugar, fat 962-975-WICVendorAuthorizedProductList.xlsx