October 19, 2026

Dr. Ryan Schwarz, Medicaid Director, Assistant Secretary for MassHealth
Stephanie Buckler, Deputy Director of Social Services Integration
Martha Farlow, Senior Director of Policy
Allison Rich, Senior Program Manager
Tamara Lange, Director of Delivery System Investment and Social Services Integration

Executive Office of Health and Human Services
MassHealth
1 Ashburton Place
Boston, MA 02108

Via email

Dear Assistant Secretary Schwarz, Ms. Buckler, Ms. Farlow, Ms. Rich, and Ms. Lange,

On behalf of Children's HealthWatch, StreetCred, and Nourishing Our Community at Boston Medical Center (BMC), thank you for the opportunity to comment on MassHealth's 1115 Demonstration Extension Request. Our programs work where pediatric care meets families' food and economic needs, and we see every day how the Health Related Social Needs (HRSN)/Root Cause Intervention (RCI) program can help MassHealth members and their children.

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts based at Boston Medical Center (BMC). Since 1998, we have collected data from caregivers of young children in emergency departments and primary care clinics in Boston, Little Rock, Minneapolis, and Philadelphia to understand how public policies and economic hardships affect children's health. Children's HealthWatch also developed the Hunger Vital Sign™, a validated two-question food insecurity screening tool now used widely across health care settings. StreetCred, founded at BMC, is one of the nation's first medical financial partnerships. StreetCred integrates evidence-based, underutilized economic resources and services into routine prenatal and infant health care by embedding assistance into routine care, including: trauma-informed financial coaching, tax preparation, and an economic bundle that includes access to the Women, Infants, and Children (WIC) Program, Supplemental Nutrition Assistance Program (SNAP), a 529 College Savings Plan, access to BMC's Food

Pantry, and Paid Family Medical Leave (PFML). BMC's Nourishing Our Community programs unite services, partnerships, and research to reduce food insecurity and promote health equity across Boston. This expansive initiative serves as a national model for hospitals by prioritizing access to healthy food and resources as an essential part of care. Included in this initiative is Nourishing at Home, designed to address food insecurity and health-related needs among families with young children receiving care through BMC's Pediatrics Department. The program also supports the local food economy by prioritizing community-based sourcing.

We strongly support MassHealth's proposal to carry the HRSN program forward as the RCI program. Through Nourishing at Home, BMC has seen firsthand what HRSN reimbursement makes possible: nutritious, culturally familiar food delivered to families' doors, paid for through MassHealth, and purchased from a locally owned Boston business.

The next demonstration period is a chance to build on that foundation. Drawing on our work with families with young children, we urge MassHealth to act in three areas:

- **Retain Authority for, and Implement, Household-Level and Benefits Access Nutrition Services**
- **Fund and Implement the Services the Waiver Authorizes**
- **Prioritize Locally Owned SSOs that Build Community Wealth**

Each recommendation is described below, with data and lessons from Children's HealthWatch, StreetCred, and Nourishing at Home.

I. Retain Authority for, and Implement, Household-Level and Benefits Access Nutrition Services

We are encouraged that MassHealth anticipates requesting continued authority for all HRSN Supplemental Nutrition Services (Home Delivered Meals, Food Boxes, Food Prescriptions, Nutrition Education, and Kitchen Supplies). We are especially encouraged that MassHealth is also considering requesting continued authority for four nutrition services that are not currently implemented within the HRSN Supplemental Services framework: **Feeding the Household, Nutrition Transportation, Application Assistance, and Benefits Maintenance**. These services were authorized under the current demonstration but have not been implemented due to budget constraints. We strongly urge MassHealth to include continued authority for all four services in its final Extension Request to CMS, and to set out a clear pathway for implementing them during the next demonstration period.

<u>Recommendation</u>: Retain Authority for Application Assistance and Benefits Maintenance

Federal nutrition and economic supports—including SNAP, WIC, school meals, and refundable tax credits such as the Earned Income Tax Credit and Child Tax Credit—are the largest and most durable sources of food and income support available to MassHealth families. Yet many eligible families are not enrolled, and others lose benefits they still qualify for because of paperwork burdens, missed recertifications, and administrative churn. Application Assistance and Benefits Maintenance would allow MassHealth to pay for the work of connecting members to these programs and helping them stay enrolled. Because these benefits are largely federally funded, each eligible family connected to them brings additional resources into the Commonwealth and complements, rather than duplicates, time-limited HRSN nutrition supports.

The need for this support is growing. Federal legislation enacted in 2025 expanded SNAP work requirements and requires states to implement new Medicaid community engagement requirements and more frequent eligibility redeterminations for adults in the expansion population.[1] These changes increase the risk that eligible children and families lose coverage and benefits for procedural reasons. Benefits Maintenance services offer a direct, practical way to protect MassHealth members, and the federal resources that support them, from these losses.

Children's HealthWatch research has consistently found that participation in programs such as SNAP and WIC is associated with better health among young children and their caregivers. Young children in families participating in SNAP are healthier, grow better, and are more likely to develop well emotionally and academically for their age compared to their peers in likely eligible families not participating in the program.

Boston Medical Center's StreetCred program shows what this support can look like in practice. Over 6,400 individuals have enrolled in our economic bundle (cash-like economic resources and perinatal asset-building tools) in the past 33 months. Families have accessed an estimated $7.49 million in health-related social benefits like WIC, SNAP, and paid family leave. One of the bundle resources, our clinic-based VITA free tax preparation service, has returned approximately $1.8 million to more than 600 families through tax refunds and credits in the past three years. Despite this impact, StreetCred's application assistance and benefits navigation are not currently reimbursable under the HRSN program, leaving this work dependent on other, often time-limited, funding sources. Implementing Application Assistance and Benefits Maintenance would give programs like StreetCred a sustainable financing pathway and allow them to reach more MassHealth families.

---

[1] One Big Beautiful Bill Act, Pub. L. No. 119-21 (2025).

<u>Recommendation</u>: Retain Authority for Feeding the Household

Food insecurity is experienced by households, not just individuals. When a nutrition intervention is delivered to a single MassHealth member, food is often shared with children and other family members, diluting the intended clinical benefit and leaving other household members' needs unmet. This is particularly true in families with young children, where caregivers often go without so that their children can eat. Feeding the Household would allow nutrition supports to be sized to the household, increasing the likelihood that the eligible member receives the full intended benefit while also supporting the health of children and other family members.

Boston Medical Center's Nourishing at Home program shows why household-level support matters. Launched in 2025 and reimbursed through MassHealth HRSN services, the program delivers locally sourced, culturally familiar food boxes twice a month to pediatric patients who screen positive for very low food security. It also offers nutrition counseling with registered dietitians. Nubian Markets, a locally owned Boston food hub, procures the food. Of the 149 children enrolled between August and November 2025, 93% completed the full six months. Our preliminary research findings are encouraging. Caregivers reported worrying less about food running out (72%) and feeling less stressed about having enough food for their family (68%), and half reported that their child felt healthier. Further, 91.1% of participants reported that they were satisfied or very satisfied with the foods received. Yet the service is tied to one eligible child. Authorizing Feeding the Household would be a significant step toward nutrition supports that reflect how families actually eat. It would also support a two-generation approach that reaches pregnant and postpartum members alongside their young children.

<u>Recommendation</u>: Retain Authority for Nutrition Transportation

Transportation is a persistent barrier to food access, particularly for families without a car, members with disabilities, and residents of communities with limited grocery and public transit options. Nutrition Transportation would help members reach grocery retailers, farmers markets that accept Healthy Incentives Program benefits, food pantries, and nutrition education services, improving the reach and impact of the nutrition supports MassHealth already funds.

II. Fund and Implement the Services the Waiver Authorizes

<u>Recommendation</u>: Request Sufficient Expenditure Authority and Plan for Implementation

Waiver authority sets a ceiling, not a floor. Continued authority for these four services preserves MassHealth's ability to offer them, but members will benefit only if the services

are funded and implemented. We therefore urge MassHealth to (1) request expenditure authority from CMS sufficient to implement these services, so that federal matching funds are available as the Commonwealth's budget allows; and (2) publish a timeline and criteria for phasing in implementation during the demonstration period. Other states' experience underscores the importance of aligning waiver authority with state appropriations: North Carolina's Healthy Opportunities Pilots were paused when state funding was not allocated. We stand ready to support MassHealth in making the case to the Legislature for the appropriations needed to put these services into practice.

III. Prioritize Locally Owned SSOs that Build Community Wealth

Where MassHealth nutrition dollars go matters as much as how many there are. When HRSN reimbursement flows to locally owned food businesses, it can meet a family's immediate food needs and also strengthen the neighborhood economy that shapes whether that family stays food secure. BMC researchers have described this as the difference between Food Is Medicine working as a "drain," where health care dollars pass through communities to outside distributors and vendors, and a "fountain," where those dollars circulate through locally owned businesses and build lasting community wealth.[2] The BMC Nourishing at home program has demonstrated this during the current MA 1115 demonstration period, as HRSN reimbursement fully covered food procurement, packaging, and delivery costs, with 77.3% of reimbursement revenue directed to Nubian Markets, exceeding the program's goal of directing at least 70% of reimbursement funds to local businesses. This showcases the program's ability to channel healthcare reimbursement toward a locally owned food enterprise, although broader economic impacts were not evaluated.

***Recommendation*: Keep the Preference for Massachusetts-Based SSOs**

MassHealth's ACO contracts already direct ACOs to use out-of-state HRSN providers only when there are an "insufficient number of qualified providers located in Massachusetts."[3] We support keeping this requirement and recommend restating it in the HRSN Service Manual so that ACOs apply it consistently.

---

[2] Olivia Thomas, Ismail Samad, Norma Gonzalez, Kevin Nguyen & Megan Sandel, How Ownership-Based 'Food Is Medicine' Initiatives Can Advance Structural Change, Health Affairs Forefront (June 26, 2026), https://doi.org/10.1377/forefront.20260617.577872.

[3] *See, e.g.,* Massachusetts Exec. Office of Health and Human Servs., 3rd Amended and Restated ACPP Contract Fallon Atrius, at 281 (Dec. 2025), https://www.mass.gov/doc/3rd-amended-and-restated-acpp-contract-fallon-atrius/download.

<u>Recommendation</u>: Prioritize Locally Owned SSOs and Recognize the Anchor Institution Role

BMC's partnership with Nubian Markets shows what this can look like. Nubian Markets grew out of a community planning process in Roxbury, where residents called for both a grocery store and a community gathering space. When financing barriers threatened the project, BMC helped structure a $1 million investment that included a zero-interest loan, support for build-out costs, and a lease-to-own pathway for the market's operators. Today, Nubian Markets is the primary food vendor for Nourishing at Home. Approximately 75 percent of the program's reimbursement dollars go directly to this locally owned business, which in turn buys from regional farmers and producers.[4]

The model works because BMC takes on the clinical and administrative functions that would otherwise keep a small neighborhood business from participating in Medicaid at scale: patient screening, clinical documentation, medical billing, and delivery logistics. These functions carry real costs. Our preliminary evaluation of Nourishing at Home found that HRSN reimbursement fully covered food procurement, packaging, and delivery, but the program also relied on substantial in-kind health system staffing for care coordination, patient navigation, and billing.[5]

To help more MassHealth nutrition dollars build lasting value in Massachusetts communities, we recommend that MassHealth:

- Encourage ACOs to prioritize SSOs that are locally owned or that source from locally owned growers, producers, and distributors, including partnerships in which an anchor institution helps a small business participate.
- Set HRSN rates that reflect the full cost of delivery, including care coordination, patient navigation, billing, and program management, so that health systems and SSOs can sustain partnerships with small local businesses.
- Ask ACOs to report the share of nutrition-service reimbursement that goes to locally owned Massachusetts businesses, and use those data to set reasonable targets over the demonstration period.
- Include community economic outcomes, such as local revenue retention and business ownership, alongside clinical and utilization outcomes in the demonstration's evaluation.

---

[4] Thomas et al., supra note 2.
[5] Olivia Thomas et al., Reenvisioning Food as Medicine: A RE-AIM Evaluation of a Pediatric Health and Community Economic Development Model (manuscript in preparation).

Thank you for considering these comments. Children's HealthWatch, StreetCred, and Nourishing Our Community would welcome the chance to share data, lessons learned, and family perspectives as MassHealth finalizes the Extension Request and plans for implementation. Please contact Rich Sheward, Director of System Implementation Strategies at Children's HealthWatch (richard.sheward@bmc.org), with any questions.

Sincerely,

Megan Sandel, MD, MPH

Professor, Boston University Chobanian & Avedisian School of Medicine

Vice Chair for Entrepreneurship and Innovation at the Department of Pediatrics

Lucy Marcil, MD, MPH

Assistant Professor, Boston University Chobanian & Avedisian School of Medicine

Co-Founder and Executive Director, Boston Medical Center's StreetCred program

Rachel Sagor, MD

Clinical Associate Professor of Pediatrics, Boston University Chobanian & Avedisian School of Medicine

Medical Director, Boston Medical Center's StreetCred program

Olivia Thomas, MS, RDN

Director of Nutrition Innovation and Implementation, Nourishing Our Community, Boston Medical Center

Rich Sheward, MPP

Assistant Professor, Boston University Chobanian & Avedisian School of Medicine

Director of System Implementation Strategies, Children's HealthWatch, Boston Medical Center