

Dose, Delivery, and Duration for Key FIM Programs

Intervention	Description	Outcomes with Evidence for Benefits in Diabetes	Typical Dose	Duration	Delivery Mode	Clinical Staffing Recommendations
Medically Tailored Meals (MTM)	Fully prepared meals designed by a Registered Dietitian Nutritionist (RDN), tailored to the patient's nutrient and health needs	<ul style="list-style-type: none"> • Food security • Diet quality • HbA1c • Mental health • Healthcare utilization: reduced hospitalizations, ED visits, total cost of care 	10 meals per week	3-6 months ¹	Home delivery (most common)	Provider or clinic staff to support referral <i>Meals typically delivered by MTM distributor</i>
					In clinic	Clinic staff to support referral, MTM storage, and distribution.
					Community location (e.g., food pantry, school)	Clinic staff to support referral <i>Meals typically produced and distributed by a community-based organization.</i>
Medically Tailored Groceries (MTG)	Specific food items from an approved product list (APL) that are both linked to improved health outcomes <i>and</i> generally underconsumed in the U.S. or in the target population of interest ²	<ul style="list-style-type: none"> • Food security • Diet quality • HbA1c • Blood pressure • Mental health 	From \$50 to \$200 USD per month ³	3-6 months ⁴	Home delivery	Clinic staff to support referral <i>Typically delivered by food retailers and/or food delivery companies.</i>
					In clinic	Clinic staff to support referral <i>Food may be picked up or delivered by retailer or distributor, then collated and distributed by clinic staff.</i>

					Community location or retailer (e.g., food pantry, grocer)	Clinic staff to support referral <i>Food may be picked up from a central community location or retailer.</i>
					Voucher, credit, or electronic debit card	Clinic staff to support referral
Produce Prescriptions (PRx)	Fruits and vegetables, fresh and sometimes frozen, jarred, or canned; with little or no added salt, sugar, or fat	<ul style="list-style-type: none"> • Food security • Diet quality • HbA1c • Blood pressure 	From \$50 to \$150 USD per month ⁵	3-6 months	Home delivery	Clinic staff to support referral Typically delivered by food retailers, food delivery companies, and in some instances, farmers that operate community-supported agriculture (CSA) programs.
					In clinic	Clinic staff to support referral Food may be picked up or delivered by retailer or distributor, then collated and distributed by clinic staff.
					Community location or retailer (e.g., food pantry, grocer, farm)	Prescribing health team member <i>Food may be picked up from a central community location or retailer.</i>
					Voucher, credit, or electronic debit card	Prescribing health team member

¹ Evidence suggests that patient health outcomes improve within 3 months, whereas measurable reductions in avoidable health care utilization require at least 6 months of continuous enrollment. At the end of each enrollment period, reassess patient needs and re-enroll the patient in MTM again or step down to MTG/PRx if needs are less acute (e.g., mobility has improved, food preparation and cooking are feasible).

² Some standard-setting organizations are considering alternative criteria for foods that appear on an APL, such as the total percentage of an individual’s daily nutritional needs. Research on this guidance is forthcoming; recommendations will be updated when available.

³ Both lower (e.g., \$50/month) and higher (e.g., \$200/month) benefit amounts are currently used across FIM programs. There is limited evidence to support a specific dollar amount or a clear dose-response relationship. Program dosage should be determined based on available resources and health system program infrastructure. Some interventions adjust benefits based on household size, though the impact of such scaling on outcomes remains understudied.

⁴ Patients may experience improvements in clinical outcomes at 3 months, and some programs require a renewed prescription at this interval. For these reasons, 3 months is indicated as the lower anchor for initial program duration. However, evidence suggests that longer periods yield greater improvements. Many programs require reenrollment through a new prescription at 6 months, providing an opportunity for clinicians to reassess patients' health and social needs. At that point, patients may continue with the MTG benefit, transition to a lower-intensity option (PRx), or shift to complementary lifestyle interventions alone (e.g., MNT, nutrition education, or culinary medicine).

⁵ Like MTG, PRx programs offer a range of monthly benefit amounts, with lower doses typically around \$50/month and higher doses up to \$150/month. There is limited evidence to support a specific dollar threshold or a clear dose-response relationship. Program dosage should be guided by available resources and local food costs. Some PRx programs scale benefits based on household size, though the impact of such scaling on clinical outcomes remains understudied.