



**FOOD IS MEDICINE™**  
— COALITION —

# Medically Tailored Meal Nutrition Standards

Medical Tailoring following the FIMC Clinical  
Committee Guidelines

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Version 1.1



# Terms and Definitions

**Agency:** An agency is a legal entity that provides a medically tailored meal (MTM) intervention which meets the requirements of this standard and is accredited by the Food Is Medicine Coalition (FIMC).

**FIMC Clinical Committee:** The FIMC Clinical Committee is comprised of Registered Dietitian Nutritionists (RDNs) from FIMC agencies and provides professional guidance on the nutritional aspects of services provided by FIMC agencies. The Committee develops and maintains relevant and up-to-date Nutrition Standards for medically tailored meals and groceries, informed by evidence-based nutrition guidelines. The Committee is instrumental in providing input regarding the definitions and applications of medically tailored meals, medically tailored groceries, medical nutrition therapy, and industry-standard nutrition practices.

**Culinary Team:** A culinary team includes at least one person experienced in culinary leadership (e.g., has experience running a professional kitchen) and volume food production (e.g., has worked in a hospital or school restaurant).

**Food Is Medicine Coalition (FIMC):** The Food Is Medicine Coalition (FIMC) is a national coalition of nonprofit organizations that provide medically tailored meals (MTMs) and groceries, medical nutrition therapy and nutrition counseling and education to people in communities across the country living with severe, chronic or complex illnesses. FIMC's purpose is to advance equitable access to these life-saving interventions through policy change, research and evaluation, and best practices. FIMC agencies created the medically tailored meal intervention and FIMC is the owner of the MTM Intervention Accreditation Criteria and Requirements (i.e., this document).

**Medically Tailored Meal (MTMs):** An MTM is a component of the MTM Intervention. MTMs are meals delivered to individuals of all ages who live with severe, chronic or complex illness(es) and/or experience activities of daily living limitations, as deemed necessary by a healthcare professional and defined in this standard. A Registered Dietitian Nutritionist (RDN)

tailors meal plans to meet the medical needs of the client according to the FIMC MTM Nutrition Standards. MTMs are designed to improve health outcomes, lower cost of care and increase client satisfaction.

**Client:** A client is a person who receives the medically tailored meal intervention from an agency. Clients live with severe, chronic or complex illness(es) and/or experience activities of daily living limitations. Clients receiving MTMs often require the assistance of family or caregivers and have complex dietary restrictions. As a result, many cannot take advantage of traditional emergency food support systems that may not meet their nutrition needs and/or require participants to leave their homes or shop in stores.

*NOTE: An emerging body of research points to MTMs being efficacious alongside treatment for a variety of conditions and situations besides those listed above, such as for those recently exiting the hospital and needing to stabilize at home, for pregnant and post-partum persons, or for those living with mental or behavioral health issues.*

**FIMC Medically Tailored Meal (MTM) Nutrition Standards:** The FIMC MTM Nutrition Standards are developed using evidence-based guidelines and/or joint consensus nutrition guidelines. The FIMC MTM Nutrition Standards include the table contained in Annex 1 this document.

# PILLAR 5:

## Medical Tailoring following the FIMC Clinical Committee Guidelines

### A. Variety and Number of Meal Plans Provided

**5.1** All meal plans shall be appropriate for persons with diabetes and heart disease.

**5.2** Agencies shall tailor meal plans for at least two of the following additional conditions:

- HIV
- Renal disease
- Chronic Obstructive Pulmonary Disorder (COPD)
- Cancers
- Inability to chew or swallow/Dysphagia
- Gastrointestinal issues
- Gestational diabetes and/or high-risk pregnancy

**5.3** An agency may provide additional medically tailored meal plans to clients living with conditions other than those specified in Annex 1 and indicator 5.2 of this document.

**5.4** An agency shall develop their own Agency-specific MTM guidelines to inform the development of meal plans per diet type in accordance with Annexes 1 and 2.

### B. Density and Duration of Nutrition Delivered

**5.5** The number of meals in each client's specific meal program and the duration of the intervention shall be in line with the plan developed by the RDN at the time of their nutrition (re)assessment.

**5.6** Agencies should provide clients no less than 10 meals per week for a minimum of six months, unless requested otherwise by the client or healthcare partner.<sup>15</sup>

### C. Quality of Prepared Meals

**5.7** Meals shall be prepared in a facility under the control of the agency.

**5.8** Meals shall be prepared using as many fresh ingredients as possible and in a way that preserves the nutrient value of the food, e.g., baking, braising, and sautéing rather than frying. The use of some processed or packaged ingredients is allowed in the preparation of meals.<sup>16</sup> See table below for prohibited categories of foods and ingredients.

<sup>15</sup> The 10 meals a week threshold best practice is based on research conducted by Community Servings and Commonwealth Care Alliance. See Berkowitz SA, Terranova J, Hill C, Ajay T, Linsky T, Tishler LW, et al. Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare And Medicaid Beneficiaries. Health Aff. 2018;37(4):535-542. Note that this is an ongoing area of research and the requirements of the ACR will be updated accordingly.

<sup>16</sup> Agencies may develop their sourcing policies using existing guidelines such as the NOVA Classification Reference System. See Center for Epidemiological Studies in Health and Nutrition, "The NOVA Food Classification System," EduChange, 2018, <https://educhange.com/wp-content/uploads/2018/09/NOVA-Classification-Reference-Sheet.pdf>

# PILLAR 5:

## Medical Tailoring following the FIMC Clinical Committee Guidelines



**Table 5C : Prohibited Categories of Foods and Ingredients**

This list is updated continuously by the FIMC Clinical Committee:

Prohibited Meal Ingredients	Exception(s)
Artificial food coloring	Natural food coloring
Artificial sweeteners (i.e., acesulfame-K, aspartame, neotame, saccharin, and sucralose)	
High fructose corn syrup (HFCS)	
Preservatives	Natural preservatives (e.g., sodium chloride, ascorbic acid (vitamin C), sugar, vinegar).  Very limited amounts of phosphate additives and potassium additives.
Trans Fats	
Ultra processed foods (e.g., fried foods, sugar-sweetened beverages, desserts)	Processed foods such as canned or frozen vegetables or meats with no additives are acceptable.  Bread, flour and other staples are also acceptable.  Desserts specially prepared according to the MTM Nutrition Standards are also acceptable.

**NOTE:** The prepared meals section does not apply to bags or boxes of non-perishable foods provided to clients in the event of an emergency.

**5.9** The agency’s Quality Improvement Plan (QIP) (see Section 1.C.) shall include tastings of the agencies’ meal offerings, at least monthly.

- **5.9.1** The food shall be reheated the same way clients would experience the food (e.g., reheated in a microwave).
- **5.9.2** The tasting shall assess the presentation, appearance, texture, flavor, correct labeling, proper portioning, packaging, sealing, and adherence to recipes.
- **5.9.3** If the result of the testing was not satisfactory, the agency shall take steps to improve the quality of their meal offerings.

<sup>15</sup> The 10 meals a week threshold best practice is based on research conducted by Community Servings and Commonwealth Care Alliance. See Berkowitz SA, Terranova J, Hill C, Ajay T, Linsky T, Tishler LW, et al. Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare And Medicaid Beneficiaries. Health Aff. 2018;37(4):535-542. Note that this is an ongoing area of research and the requirements of the ACR will be updated accordingly.

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### D. Menu and Recipe Development and Adherence

**5.10** Agencies shall establish a process for menu and recipe development that includes contributions of the culinary team and RDNs. The process shall specify that:

- **5.10.1** Agencies shall change their menu offerings as often as necessary based on client feedback, seasonality, and procurement options.
- **5.10.2** RDNs shall analyze recipes utilizing the FIMC Clinical Committee MTM Nutrition Standards (see Annexes 1 and 2) and other established guidelines.
- **5.10.3** Agencies shall offer foods that meet the cultural needs of the clients being served.
- **5.10.4** The culinary team shall strictly adhere to RDN-approved recipes and seek RDN approval for ingredient substitution.

### Best Practice:

- ✓ Agencies should develop a medium- and long-term plan toward increasing their meal production in the goal of providing more meals to existing clients (e.g., 3 meals a day where appropriate) and reaching more clients.
- ✓ In the event staff and/or volunteers eat agency-prepared meals (e.g., leftovers), the agency may request they provide feedback on the quality of meals as part of its QIP.
- ✓ Clients should have the option to request less food if they are unable to consume or store all the meals provided, to avoid food waste or disenrollment.

# ANNEX 1: Guidance for the Development of Medically Tailored Meal Plans (based on a 180-pound male)

last updated: June 2023

Nutrient	HIV/AIDS	HIV/AIDS +HLD (hyperlipidemia)	Elderly	Kidney Chronic dialysis) Stages 3-5(non-	KidneyDialysis	Diabetes Pre-diabetes	Heart Failure	DASH TLC Heart Healthy
Calories	Needs vary similar to healthy individuals	Needs vary	Needs vary	23-35 kcal/kg	25-35 kcal/kg	Needs vary	Higher if catabolic	As per individual needs
Protein% of total daily calories	*10-35% of daily calories/individualized (RDA*)	10-35% of daily calories individualized	N/A	0.55-0.6 g/kgW/ diabetes;0.6-0.8 g/kg	1.0-1.2g/kg/with or without diabetes	Individualized macronutrient composition + See MTM Meal Guidelines for nutrient target values	N/A	18% Daily calories/lean meats/plant-based sources
Protein% of body weight	N/A	N/A	<sup>1</sup> -1.25g/kg(NC M)	< 64 g /day	HD 1.2 g/kgPD 1.2-1.3 g/kg		1.1g/kg is stable/1.3 g/kg if depleted for CHF	N/A
Carbohydrate % total daily calories	45-65% (RDA*)Added sugar <10%	N/A	45-65% daily calories	N/A	N/A	N/A	N/A	55% daily calories Emphasize whole grains + vegetables
Total Fat% total daily calories	20-35% (AMDR)	25-35% of total daily calories	20-35% of daily calories	N/A	N/A	N/A	N/A	25-35% daily calories
Saturated Fat% total daily calories	<10% of kcal (DGA)	<7% total daily calories	<10% daily calories (DGA)	N/A	N/A	<7%	<7%	6-7% daily calories
Sodium (mg)	DGACDDR: 2300 mg	DGA	<=2300 mg/day CDDR	<=2100 mg	<2100 mg/day	<2300 mg/day	CHF: 2000-3000 mg/day	<=2300 mg for standard<=1500 mg for lower NA DASH
Cholesterol	DGA	<200 mg/day	<300 mg/day	N/A	N/A	N/A	<200mg/day	150
Fiber (g)	14g/1000 (DGA)	14g/1000 (DGA)	30g/day Male21g/day Female14g/1000 kcal	N/A	N/A	N/A	Female: 21-25 gMale: 25-28 gSoluble fiber 7-13 g	25-31 g
Vitamin D (IU)	600 IU (RDA)	600 IU (RDA)	800 IU (RDA)	N/A	N/A	RDA	600 IU	N/A
Calcium (mg)	1000 mg (RDA)	1000 mg (RDA)	1200 mg (RDA)	Stages 3-5 not to exceed 2000 mg/day	N/A	RDA	1000 mg	1000-1200 mg
Potassium	Male: 3400 mgFemale: 2600 mg(Adequate Intake)	DGA	3400 mg/day	<=3500 mg/day	2400-2700 mg/day	DGA	N/A	4700 mg
Phosphorus	700 mg (RDA)	N/A	700 mg (RDA)	No limit, but pay attention to sources due to bio-availability.Limit to 2 dairy exchanges/day (4 oz fluid milk or 1 oz cheese). Avoid foods with phosphoric additives.	Limit to <1200 mg/day	RDA	N/A	N/A
Reference for Evidence Based Guidelines	EALDGA (link)Dietary patterns for adults should be incorporated	EAL	NCM	NKF-KDOQI/EAL/AND Nutrition Care Manual	NKF-KDOQI/EAL/AND Nutrition Care Manual	ADA EAL	EAL	DASH/TLC dietary patterns for adults should be incorporated.

N/A: not applicable because guidelines do not exist for this value, is not relevant for condition or listed elsewhere on chart

NCM: Academy of Nutrition and Dietetics Nutrition Care Manual (member only site)

AI: Adequate Intake

CDDR: Chronic Disease Risk Reduction Level

AMDR: Acceptable Macronutrient Ranges and Recommendations - <https://www.nutritioncaremanual.org>

DGA: Dietary Guidelines for Americans - <https://www.dietaryguidelines.gov/>

NKF KDOQI: National Kidney Foundation Kidney Disease Quality Initiative - <https://www.kidney.org/professionals/guidelines>

RDA/DRI Reports: <https://www.nal.usda.gov/fnic/dri-nutrient-reports>

DRI's Interactive: <https://www.nal.usda.gov/fnic/interactivedri/>

EAL: Evidence Analysis Library form and the Evidence-based Nutrition Practice Guideline - <https://www.andeal.org/> (member only access)

ADA Standards of Medical Care for Diabetes: Volume 46 Issue Supplement 1 | Diabetes Care | American Diabetes Association ([diabetesjournals.org](https://diabetesjournals.org/))

TLC: Therapeutic Lifestyle Changes (NIH/NHLBI)- [Therapeutic Lifestyle Changes \(TLC\) To Lower Cholesterol](https://www.nhlbi.nih.gov/health/therapeutic-lifestyle-changes) | NHLBI, NIH

DASH Eating Plan: [DASH Eating Plan](https://www.nhlbi.nih.gov/health/dash-eating-plan) | NHLBI, NIH

# ANNEX 2: Medically Tailored Meal Guidelines and Plans

As per **5.4**, an agency shall develop its own MTM guidelines for each meal plan to be appropriate for the average population served, for example considering age and level of activity.

An agency’s MTM guidelines shall establish the nutritional needs (quantities or ranges) of clients by diet type and shall include, at a minimum:

- Kilocalories (kcal)
- Carbohydrates (where relevant)
- Protein
- Total fat
- Saturated fat
- Sodium
- Dietary fiber
- Potassium (where relevant)
- Phosphates (where relevant)

Agencies may develop their MTM guidelines using any of the templates provided in this annex and shall provide information by diet type and:

- Per meal type (see Template 1)
- Per meal and day (see Template 2), and/or
- Per week (see Template 3).

A completed table is provided as an *example* below.

## Template 1 – MTM Plan by diet type and per meal type

Diet Type	Breakfast (if applicable)	Lunch (if applicable)	Dinner (if applicable)	Conditions / Disease:
<b>Regular:</b> Heart Healthy				
<b>Diabetic Friendly:</b>				

# ANNEX 2: Medically Tailored Meal Guidelines and Plans

## Template 2 – MTM Plan by diet type per meal and per day

Diet Type	Per Meal	Per Day	Conditions / Disease:
<b>Regular:</b> Heart Healthy			
<b>Diabetic Friendly</b>			

## Template 3 – MTM Plan by diet type per week

Diet Type	Per week based on 10 meals per week	Per week based on 14 meals per week	Per week based on 21 meals per week	Conditions / Disease:
<b>Regular:</b> Heart Healthy				
<b>Diabetic Friendly</b>				

# ANNEX 2: Medically Tailored Meal Guidelines and Plans

## Example of MTM Guidelines per diet type:

Below is an *example* of MTM guidelines by diet type per meal (assuming the nutritional value of breakfast, lunch and dinner meals is the same) and per day. Individual MTM agencies should use Annex 1 to develop their own guidelines for meal plans for their unique populations.

Diet Type	Per Meal	Per Day	Conditions/ Diseases
<b>Regular:</b> Heart Healthy Based on DGA for micronutrients Macronutrients based on EAL for HIV/AIDS	500-700 kcal (25-30 kcal/kg) 25 g protein (1g /kg) 23-31 g total fat (35% kcal) 6-9 g saturated fat (10% kcal) < 800 mg sodium 8-9 g dietary fiber (14g/1000kcal)	1500-2100 kcal 70-80 g protein 70-74 g total fat 21 g saturated fat 1500-2000 mg sodium 25-28 g dietary fiber (14g/ 1000 kcal)	HIV/AIDS Hepatitis C Breast Cancer CVD Overweight/obesity Heart failure End stage liver failure Ascites
<b>Diabetic Friendly:</b> 2019 update: fat 20=35% Fiber 14 g/1000 kcal CHO- individualized	500-700 kcal (25-30 kcal/kg) 55-60 g carbohydrate 25g protein (15-20%) 23-31 g total fat 4-5 g saturated fat < 800 mg sodium 8-9 g dietary fiber (14g/1000 kcal)	1500-2100 kcal 165-180 g carbohydrate 75 g protein 69-93 g total fat 12-15 g saturated fat 2300 mg sodium 25-28 g dietary fiber (14g/1000 kcal)	Pre-diabetes Diabetes Heart disease Weight loss CKD GFR<30
<b>Dialysis – ESKD</b>	500-700 kcal (25-30 kcal/kg) 35 g protein 23-31 g total fat (35% kcal) 6-9 g saturated fat (10% kcal) 8-9 g dietary fiber (14g/1000kcal) 700 gm sodium <b>No Phosphorus Parameters rec: limit dairy to one 4 oz serving/ day and not Phosphate additives.</b> <b>Whole grains may be used as long as potassium remains at or below the limit.</b> 900 mg potassium	1500-2100 kcal 70-80 g protein 70-74 g total fat 21 g saturated fat 2100 mg /day sodium 25-28 g dietary fiber (14g/1000 kcal) &lt;1200 mg/day phosphorus 2730 mg/day potassium	CKD stages 4-5 or on dialysis
<b>Chronic Kidney Disease</b> 500-700 kcal (25-30 kcal/kg)	500-700 kcal (25-30 kcal/kg) < or = 20 g protein 23-31 g total fat (35% kcal) 6-9 g saturated fat (10% kcal) 700 mg sodium 8-9 g dietary fiber (14g/1000 kcal) 1200 mg potassium No phosphorus parameters, limit foods with phosphorus additives	1500-2100 kcal < 64 g protein 70-74 g total fat 21 g saturated fat 2100 mg per day sodium 25-28 g dietary fiber (14g/1000 kcal) 3500 mg/day potassium 2 dairy exchanges /day (i.e., 4 fl oz dairy or 1 oz cheese)	CKD stages 3-4
<b>GI-Friendly</b> Lower fiber without strong odors or acidic foods.	500-700 kcal 25 g protein 23-31 g total fat (35% kcal) 6-9 g saturated fat (10% kcal) < 800 mg sodium 4-6.5 g dietary fiber	1500-2100 kcal 75 g protein 70-74 g total fat 21 g saturated fat 2300 mg sodium 13-20g fiber	Nausea/vomiting Diarrhea Cancer treatment side effects Post GI surgery IBD/IBS
<b>Texture Modified</b> <b>Soft – IDDSI level 6</b> <b>Minced – IDDSI level 5</b> <b>Pureed – IDDSI level 4</b>	Same as other diet types but texture modified, i.e. minced or pureed.	Same as assigned MTM	Dysphagia due to: Alzheimer's Disease Parkinson's Post CVA/Stroke Poor dentition/edentulous



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