

Centers for Medicaid and Medicare Services NYS

1115 WAIVER 101

Known as the New York Health Equity Reform (NYHER) amendment, the 1115 waiver is a federally approved demonstration of new health related services that may eventually be incorporated into Medicaid permanently if found to successfully improve the health of Medicaid members. The waiver aims to address health related social needs (HRSNs) - specifically housing, transportation, and nutrition/food access in hopes that addressing these needs will improve health equity. These demonstrations are time limited, and funding for the 1115 waiver will end on March 31st, 2027.

How is New York State Demonstrating the effectiveness of addressing HRSNs?

NY State aims to screen every Medicaid member once yearly for the above health related social needs (HRSNs). If a member is screened as high risk (at least one of these HRSNs is not being met), they will be connected by a navigator/care manager to services in support of these needs. Throughout the process NY State will collect data on usage of the available programs as well as health outcomes.

How are These Demonstrations Being Put Into Practice?

NY State has divided the state into 9 regions known as social care networks, and has established one organization in each region as the Lead Entity. The Lead Entity's role is to channel and distribute funding, coordinate screenings and service provision, and to collect data. Community Based Organizations (which may be non-profit OR for profit) can contract with these Lead Entities to provide screenings, navigation/care management, and service provision, and can be reimbursed for these services! See below to find out more about the nutrition related services.

Managed Medicaid versus Fee for Service: Managed Medicaid Members are eligible for screening, navigation, and SCN services. Fee for Service members are only eligible for screening and navigation.

SCN: Social Care Network, the 9 regional entities who build a network of CBOs.

HRSN : Health-Related Social Needs, such as transportation, housing, and nutrition.

CBO: Community-Based Organization, those who provide services for social needs.

HERO: Health Equity Regional Organization, tasked with evaluation of the waiver.

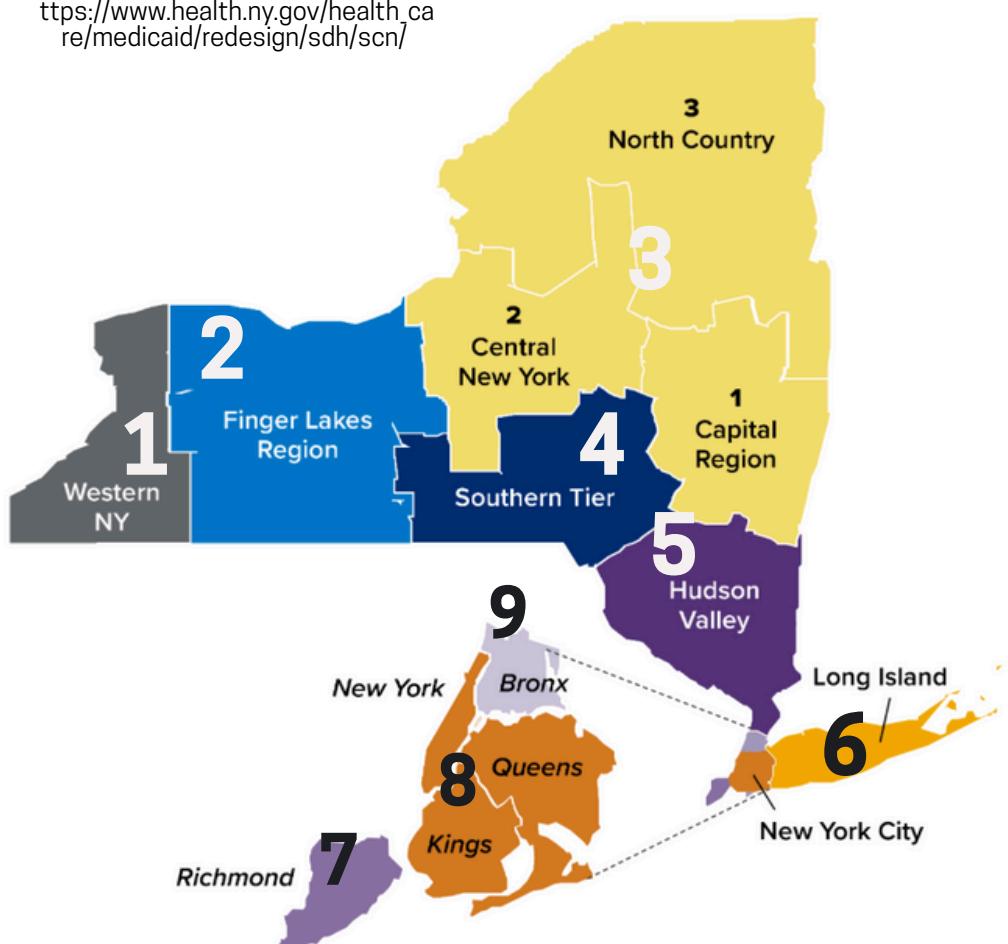
CMS NYS 1115 WAIVER 101

Known as the New York Health Equity Reform (NYHER) amendment, it is a federally approved initiative aimed at transforming Medicaid services to address social drivers of health and enhance health equity.

Social Care Networks:

SCNs, established across **9** regions in NYS, are responsible for coordinating service delivery, data exchange, and reimbursement.

Source:
https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/



Eligibility Criteria:

To qualify for receiving food and nutrition services, individuals must:

- Be enrolled in Medicaid Managed Care, **and** belong to a specific enhanced service population.
- Demonstrate one or more HRSNs, as identified through a standardized state assessment.

Food and Nutrition Services:

6 Services are Eligible for Reimbursement



1. Nutrition Education and Counseling*



2. Medically Tailored Meals*



3. Clinically Appropriate Meals*

4. Food Prescriptions*

5. Fresh Produce and Pantry Stocking

6. Cooking Supplies

Enhanced Service Populations:

SCNs coordinate with Community-Based Organizations to **serve**:

- Individuals with Substance Use Disorder (SUD); Serious Mental Illness (SMI); and Intellectual and Developmental Disabilities (I/DD)
- Pregnant or postpartum persons
- Individuals up to 90-days post-release from incarceration with a chronic condition
- Children under 18 with select conditions
- Frequent healthcare users
- Members enrolled in a Health Home

*** Require Registered Dietitian involvement.**

https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/

HOW REGISTERED DIETITIANS OFFER SERVICES THROUGH THE 1115 WAIVER

The waiver covers six food and nutrition services. The first four require the involvement of a registered dietitian:



1. Nutrition Education and Counseling



2. Medically Tailored Meals



3. Clinically Appropriate Meals



4. Medically Tailored Food Prescriptions



5. Pantry Stocking and
6. Cooking Supplies



Registered Dietitians and CDNs



Contract directly with a Social Care Network

Be employed by a Social Care Network or CBO

Subcontract directly with a Community-Based Organization

Both 501c3 and PLLC businesses are invited to participate. The fee schedule is separate of Medicaid reimbursement. RDs do not need to be credentialed with Medicaid to participate.

[Operations Manual and Fee Schedule Here.](#)

Registered Dietitians Can Apply to Join Social Care Networks With Links Below

1



WNY Integrated Care Collaborative

<https://www.wnyicc.org/>

2 WeLinkCare

Forward Leading IPA



[forwardleadingipa.org/welinkcare/providers #join](https://forwardleadingipa.org/welinkcare/providers/#join)

3

Healthy Alliance



<https://www.healthyalliance.org/>

4 Care Compass

Collaborative



CARE COMPASS COLLABORATIVE

carecompasscollaborative.org/contact/

5

Hudson Valley Care

<https://hudsonvalleycare.org/>

6

Health and Wellness Council of Long Island



<https://healny.org/>

7

STATEN ISLAND Performing Provider System



statenislandpps.org/

8 WHOLE YOU



WholeYouNYC

wholeyou.nyc/

9

SOMOS Community Care



somascommunitycare.org/