



NEW YORK STATE **FOOD AS MEDICINE** COALITION

Recommendations for Strengthening Nutrition Services under the Medicaid 1115 Waiver

Summary

Approved in January 2024, the New York Health Equity Reform Medicaid 1115 Waiver Amendment brings into focus the role of Health Related Social Needs (HRSNs) as they impact overall health and wellbeing. There has been a broad undertaking of standing up the technology and programmatic infrastructure to support these HRSNs by establishing Social Care Networks (SCNs) and starting the process of identifying the enhanced population within Medicaid recipients that are eligible for the newly covered services. The screening of Medicaid recipients to determine eligibility for services under the 1115 waiver started in January 2025. In August 2025, the region with the most screenings screened 10.7% of the eligible population per United Hospital Fund reporting.¹ The screening goal in the SCN Operations Manual is a total of 75% of the Medicaid population by March 31, 2026.²

The New York State (NYS) Food as Medicine (FAM) Coalition represents stakeholders from all areas of the food as medicine landscape within NYS including agriculture, for-profit and non-profit service providers, researchers, government, and representatives from the food supply chain. Since the publication of the first SCN Operations Manual, conversations with both nutrition service providers under the waiver and SCNs have brought up issues around clarity of requirements for programs and finding appropriate partners to provide services. As a result, the Coalition conducted two statewide surveys to formally capture and quantify feedback regarding implementation of FAM services under the waiver.

Provider Survey

To understand the needs of service providers, the first survey included questions about communication with their SCN, ability to network with other providers, desire for additional resources, and to gather feedback on the contracting and onboarding experience. Organizations from all nine SCN regions responded to the survey. The survey was distributed via email to over 20 FAM providers throughout the state. We received 16 survey responses from both for-profit and non-profit entities, and 3 FAM providers provided feedback in a narrative format after the survey window. The overarching theme of the survey results was to have a better understanding of the state and SCN processes, specifically, how their service provision fits with state definitions, and a desire to connect to other service providers.

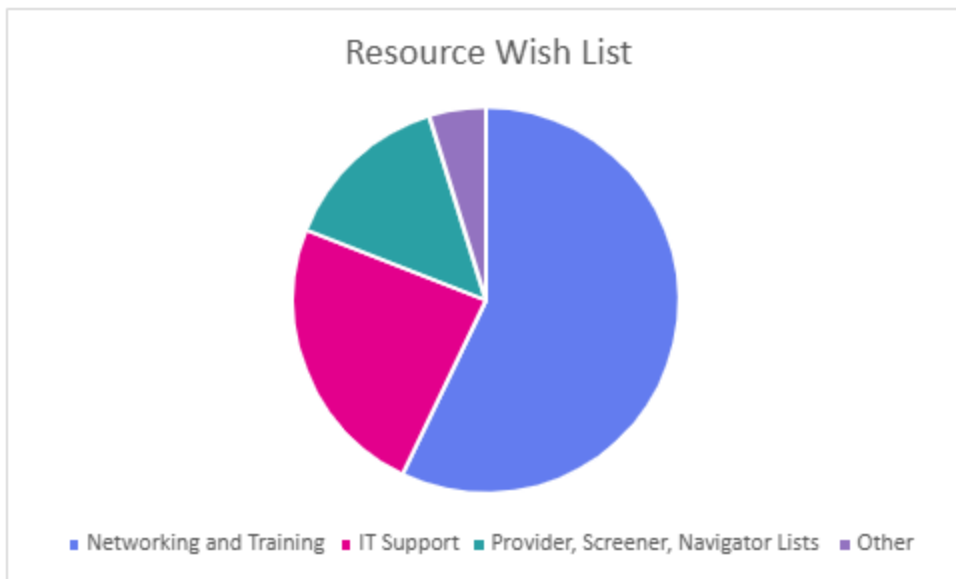


Chart 1: Nutrition Service Provider Resource Wish List

Below are the main issues we found and subsequent recommendations:

1. Call for Process Clarity

- Two thirds of our survey respondents were waiting on capacity funds or were unsure if their organization had received capacity funds. From conversations that led to the creation of this survey, the lack of clarity has kept some community-based organizations (CBOs) from contracting and providing services under the waiver. The original intent of the waiver was to contract with CBOs first to help build community engagement. Lack of CBO involvement can limit the community response to services.
- Recommendation: We recognize that each SCN has a different process for contracting and onboarding service providers. It's the recommendation of NYS FAM Coalition that SCNs publish a clear pathway and timeline for partnership, showing the steps from interest to referral and service provision – including details for the distribution of capacity building funds. This will help CBOs plan for capacity building.

2. Building Connections Between Providers

- Half of the Food as Medicine providers surveyed have not been able to connect with other providers of similar services. Networking with other service providers allows for the sharing of best practices and helps move the work forward more effectively. When open ended questions were sorted, over half the responses indicated a request for networking and training opportunities.
- Recommendation: The NYS FAM Coalition recommends starting statewide, service-specific technical assistance groups. The coalition has an existing reach into all 9 SCNs to allow for the cross-sharing of ideas and is uniquely positioned to offer this resource and we ask the DOH/SCNs to allow for and facilitate this approach.

3. Building Connections within the SCN

- Fifteen percent of survey responses indicated they were looking for contact lists for providers, screeners, and navigators within their SCN. While this is a small percentage of responses, building up the network within the SCN will allow for better continuity of service in each region.

- Recommendation: The NYS FAM Coalition recommends each SCN publish an internal contact list of screeners, navigators, and service providers to encourage collaboration between contractors.

4. Information Technology Support

- The second largest request for resources was around technical help with information technology platforms including test patients, EMR integration, and access to screening data.
- Recommendation: The NYS FAM Coalition recommends establishing IT support for onboarding new CBOs. Continued training around specific use cases or specific roles can also be beneficial with the varied services that are offered under the waiver.

SCN Survey

Our second survey targeted SCNs with the goal of capturing how many nutrition service providers have been contracted and number of referrals made. We also asked about any gaps in service coverage or additional resources that would be helpful. The survey was sent electronically to all 9 SCNs, with 4 completing the survey. Responding SCNs identified that preexisting relationships with CBOs was one of the biggest factors that allowed them to build their network of nutrition service providers. This highlights the value of networking and selecting SCNs that know their community.

Below are the main issues we found and subsequent recommendations:

1. Continue to Identify New CBOs

- Each respondent indicated difficulty in reaching new CBOs to fill service gaps. The service gap identified by all respondents was Medically Tailored or Nutritionally Appropriate Food Prescriptions (3.3).
- Recommendation: The NYS FAM Coalition maintains a map of Food as Medicine service providers, both for profit and non-profit, that can help fill these gaps. We recommend continued outreach to share this resource and help connect SCNs to new providers. We recommend including this resource in any regular communication pathways to the SCN lead entities.

2. Screening and Referral Evaluation

- Food as Medicine Programs contracted with SCNs across NYS are receiving more referrals from outside the SCN or referring established clients into their own program, with some programs still waiting for referrals to come in from the SCN.

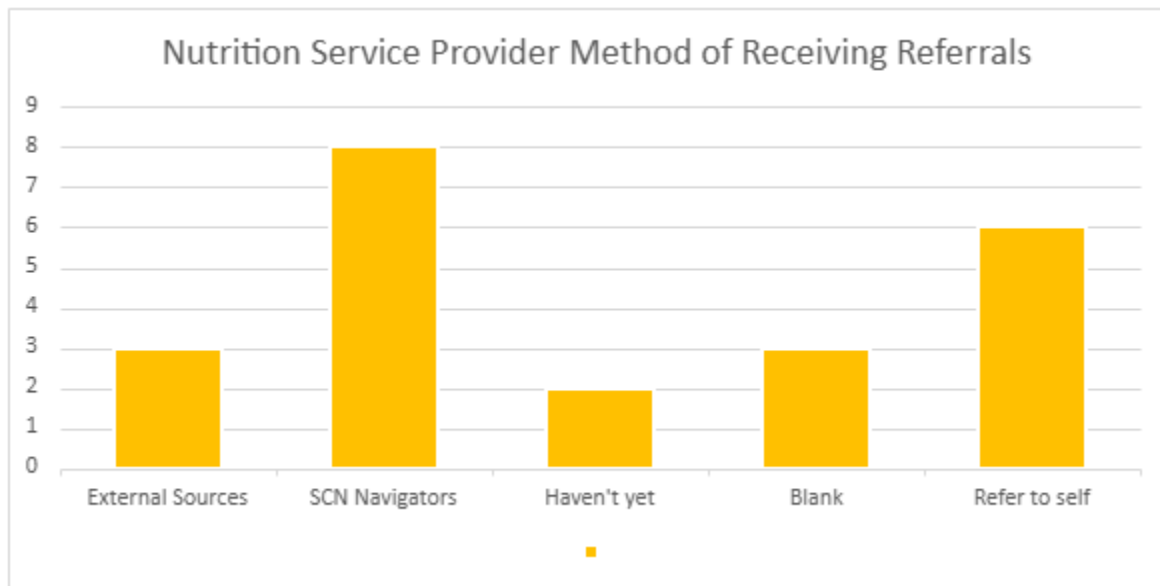


Chart 2: Nutrition Service Provider Method of Receiving Referrals

- Feedback regarding referrals to nutrition services under the waiver was received from four SCNs. These results show that Nutrition Counseling and Education (3.1) is the service with the least number of referrals. Anecdotally, the NYS FAM Coalition has received feedback that when this service is offered, it is frequently turned down by eligible community members. The service with the most referrals, Fresh Produce and Non-Perishable Groceries, has the narrowest eligibility - being offered to pregnant and postpartum women and at-risk children under 18 years of age.

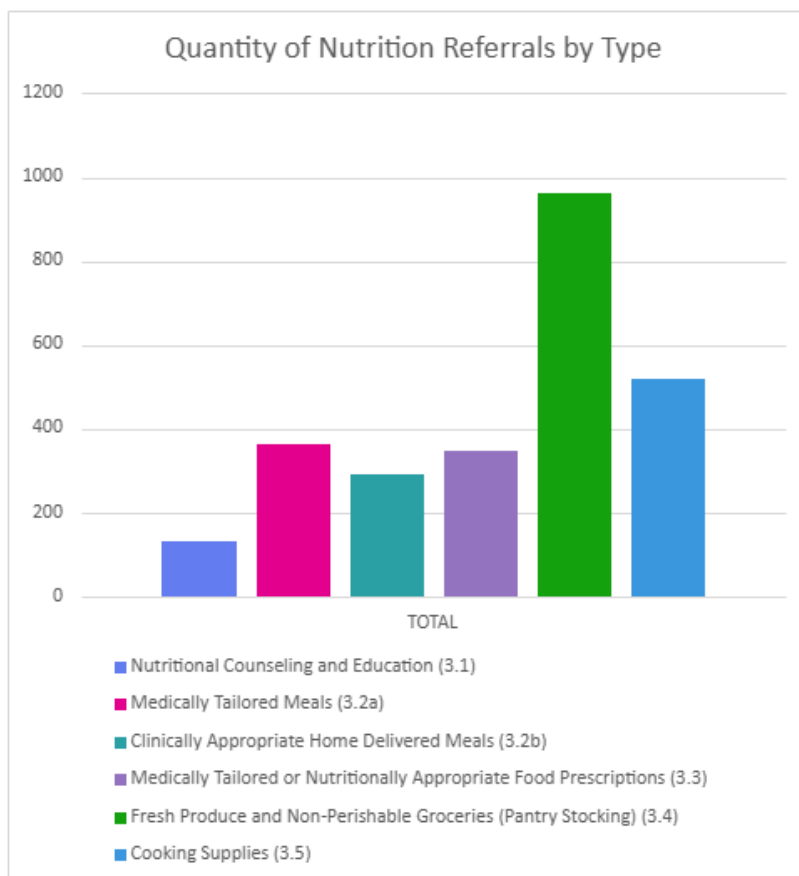


Chart 3: Quantity of Nutrition Referrals from SCNs by Type of Service

- SCNs that responded to the survey reported that they have been able to contract with providers of Nutritional Counseling and Education (3.1) at a higher rate than the service with the highest referral level, Fresh Produce and Non-Perishable Groceries (3.4).
- Fresh produce and Non-Perishable Groceries (3.4) has the narrowest eligibility range – pregnant and postpartum persons and high-risk children under the age of 18. It is not available to the entire Enhanced Population according to the Social Care Network Operations Manual Table 15-4.²

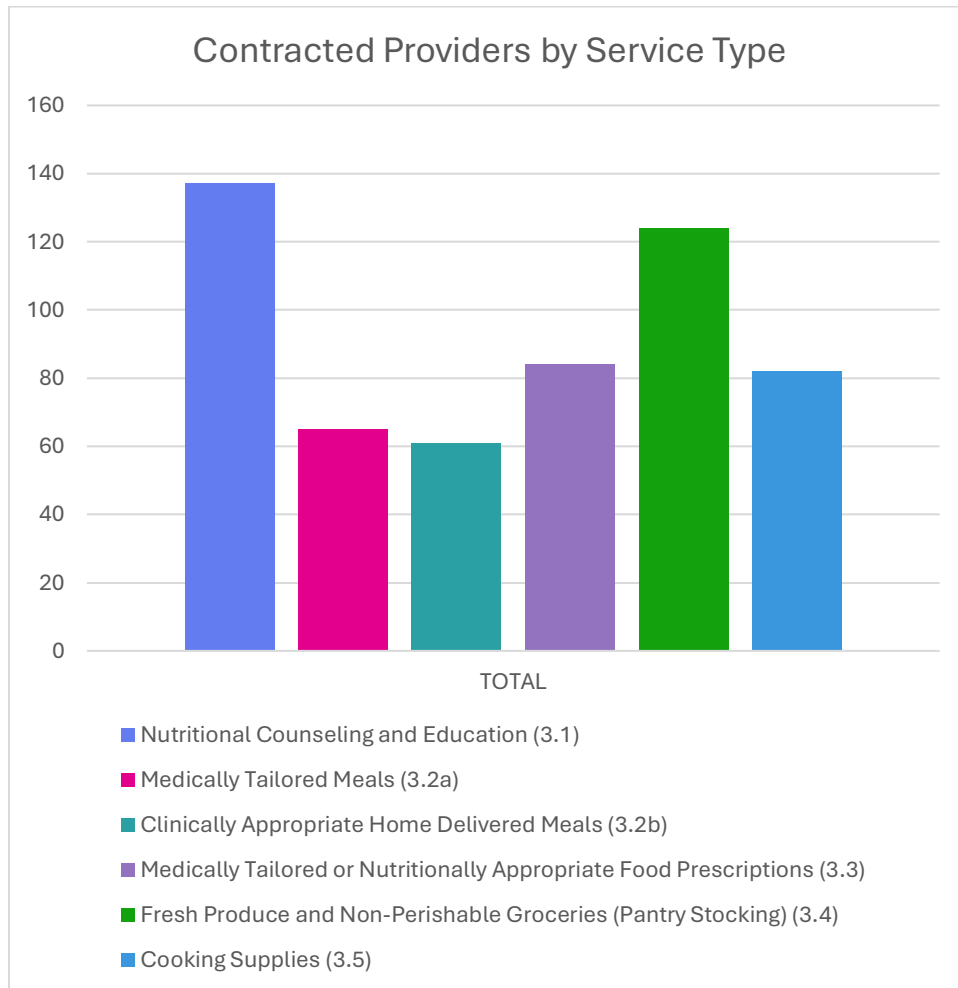


Chart 4: Contracted Providers by Service Type

- The SCNs have been able to contract with providers for Nutrition Education and Counseling, but the referrals are not being made at the same pace as other Nutrition Services.
- Recommendation: The NYS FAM Coalition recommends a full evaluation of all SCN screening, navigation, and referral numbers to help identify possible barriers in the referral pathways and suitability of eligibility criteria. It is imperative to ensure the nutrition services are reaching the full enhanced population and not just a small subset of eligible individuals.

3. Pairing with existing services for enhanced outcomes

- Medical Nutrition Therapy has been shown to improve cardiometabolic risk factors.^{3,4} Medically tailored meals (3.2) and food prescriptions (3.3) both involve at least an initial assessment and nutrition prescription to help frame the intervention. If participants are offered the choice of

pantry stocking, the only option without a nutrition assessment, we will only be able to measure nutrition security for this service rather than a fully integrated Food as Medicine intervention.

- Recommendation: The NYS FAM Coalition recommends incorporating a referral to existing MNT services billable to Medicaid or a referral to Nutrition Counseling and Education(3.1) under the waiver with other nutrition services(3.2 - 3.4).

References

1. United Hospital Fund. (2025, September 16). *Data to inform regional needs assessment* [PowerPoint slides]. [convening_capital_data_v2.pdf](#)
2. NYS Department of Health. (2025, August). Social Care Network: Program, Billing, and Data Governance Operations Manual. Version 5.
https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/docs/operations_manual.pdf
3. The effectiveness of medical nutrition therapy provided by a dietitian in adults with prediabetes: a systematic review and meta-analysis. Dudzik, Josephine M. et al. The American Journal of Clinical Nutrition, Volume 118, Issue 5, 892 – 910.
4. Effectiveness of medical nutrition therapy in the management of adult dyslipidemia: A systematic review and meta-analysis. Mohr, Alex E. et al. Journal of Clinical Lipidology, Volume 16, Issue 5, 547-561.