## New York State Food as Medicine Coalition 1115 Waiver Public Comment

## July 31, 2026

**Introduction & Core Stance:** The New York State Food as Medicine Coalition represents over 130 stakeholders across the State, including community-based organization (CBO), non-profit, and for-profit nutrition service providers, as well as healthcare, academic, agriculture, and lived-experience members. We fully support extending the New York State Medicaid Redesign Team (MRT) Section 1115(a) demonstration (the "1115 Waiver") to integrate nutrition care into healthcare delivery. To ensure the continued success, growth, and sustainability of nutrition services under the 1115 Waiver, our Coalition recommends the following:

### Funding

1. **Support Ongoing Infrastructure & Capacity Investment:** We strongly urge the State to maintain Health-Related Social Needs (HRSN) infrastructure and capacity-building funds to ensure CBOs can scale effectively alongside growing member enrollment. The screening of 1 million members, 82% of whom reported unmet nutrition needs, demonstrates both powerful early momentum and the immense need ahead for the remaining 2.5 million members that have not yet been screened. Sustaining infrastructure funding is essential to completing this build-out and securing long-term program impact.

2. **Establish Standardized Yet Flexible Reimbursement Tiers:** Create standardized reimbursement tiers for all nutrition services across all Social Care Network (SCN) regions to eliminate arbitrary regional inconsistencies, while embedding flexibility into reimbursement rates to account for geographic cost variations and seasonal food price fluctuations.

3. **Fund Cultural Inclusivity & Language Access:** Explicitly integrate culturally necessary foods into the tiered reimbursement structure across all SCNs, and provide dedicated funding for translation and language access services.

### Eligibility

4. **Streamline Real-Time Eligibility Verification:** Integrate automated eligibility checking tools and rapid status updates directly within SCN IT platforms to eliminate the operational dilemma wherein HRSN providers must choose between using valuable staff time on constant manual re-checks or absorbing financial losses by delivering unbillable services to members whose coverage lapsed.

5. **Simplify Reauthorizations & Step-Down Roadmaps:** Reduce the administrative burden of completing a full screening for eligibility to ensure continuity of service

delivery. Establish clear "step-down" roadmaps when members transition between service levels, and mandate wrap-around referrals (e.g., SNAP, WIC, CBO and other public food access programs, non-1115 Waiver Medical Nutrition Therapy (MNT)) when 1115 Waiver enrollment closes.

6. **Expand Eligible Populations:** Expand eligibility and coverage of nutrition services for all Medicaid members with food insecurity and a diet-related chronic condition.

**SCN Operations & IT Standardization**

7. **Standardize Operational Workflows Across SCNs:** In order to ease administrative burden and duplication of work: Establish standardized processes and workflows, including eligibility and re-authorization timelines, claims documentation requirements, and claims approval timelines across all SCN regions. Include clear changelogs for any updates to the SCN Operations Manual.

8. **Facilitate Increased Communication Between HRSN Providers:** Publish internal SCN contact lists for screeners, navigators, and HRSN providers to boost regional collaboration and communication.

**Healthcare Integration & Service Gaps**

9. **Overcome Healthcare Provider Bottlenecks:** Address low medical provider awareness of 1115 Waiver services through targeted provider outreach and streamlining of burdensome provider attestation requirements that currently leave eligible members unserved.

10. **Pair Food Interventions with MNT & Education:** Increase the low uptake of standalone Nutrition Counseling (3.1) by systematically pairing all food package deliveries (3.2–3.4) with MNT or Registered Dietitian services.

11. **Update Service Guidelines to Fill Current Gaps:** Explicitly approve chest freezers as cooking supplies, allow shelf-stable/canned proteins in pantry stocking boxes, and increase food box portion sizes for multi-person households with children.

**Evaluation of Nutrition Outcomes**

12. Ensure the 1115 Waiver evaluation measures nutrition-service-specific health and food security outcomes, member experience, service completion rate, and total cost of care (ROI) to build actuarial evidence for future sustainable provider reimbursement rates.

**Prepare HRSN Providers for 2028 Transition to Value-Based Payments**

13. While we support delaying risk-based capitation to April 2028, HRSN service providers, especially CBOs, require dedicated technical assistance to ensure financial survival in a value-based payment ecosystem.

**Closing Call to Action:** Food as medicine is healthcare. We urge the New York State Department of Health to partner with CBOs and other service providers to maintain capacity funding, simplify administrative pathways, and build a truly sustainable and integrated Food as Medicine ecosystem in New York State.

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