

# 1115 NYS MEDICAID WAIVER

Referrals, Services, Eligibility, Reimbursement and More  
Taken from NYS DOH SCN Operations Manual August 2025

# NYS 1115 Waiver Basics

- Called the NYS Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver (formerly known as the Partnership Plan).
- To provide enhanced services for eligible MMC Medicaid members in underserved populations for a temporary amount of time, 1 week to 6 months or more, to access, quality and cost-effective health services.
- Waiver has been around since 1997; MRT around since 2011.
- Current efforts are to complete those started in 2011.
- We are utilizing Section 1115 of this MRT Waiver for Nutrition Services.
- Funding is set to end March 31, 2027. Efforts are already underway to extend the Waiver.
- SCN Lead Entity to connect members to pre-existing services following completion of Waiver services as able/relevant.

# AHC Sceening Tool-Nutrition Questions

**Table 5-31: Food Security Screening questions**

Food Security Screening	
1. Within the past 12 months, you worried that your food would run out before you got money to buy more	<div><input type="checkbox"/> Often true</div> <div><input type="checkbox"/> Sometimes true</div> <div><input type="checkbox"/> Never true</div>
2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more	<div><input type="checkbox"/> Often true</div> <div><input type="checkbox"/> Sometimes true</div> <div><input type="checkbox"/> Never true</div>

# Eligibility Criteria via Screening-Nutrition

Table 5-13: Social Risk Factors

AHC HRSN Screening Tool Question and Related Unmet Need Response	Risk factor	Risk Factor Description
<p><b>Nutrition:</b> <i>Within the past 12 months, you worried that your food would run out before you got money to buy more.</i></p> <ul style="list-style-type: none"><li>• Often true</li><li>• Sometimes true</li></ul>	Nutrition related need	An individual who screens often true or sometimes true to the nutrition questions on the AHC HRSN Screening Tool and meets the USDA definition of low food security in which the individual reports reduced quality, variety, or desirability of diet; little or no indication of reduced food intake; or very low food security in which the person reports multiple indications of disrupted eating patterns and reduced food intake.
<p><b>Nutrition:</b> <i>Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.</i></p> <ul style="list-style-type: none"><li>• Often true</li><li>• Sometimes true</li></ul>	Nutrition related need	An individual who screens often true or sometimes true to the nutrition questions on the AHC HRSN Screening Tool and meets the USDA definition of low food security in which the individual reports reduced quality, variety, or desirability of diet; little or no indication of reduced food intake; or very low food security in which the person reports multiple indications of disrupted eating patterns and reduced food intake.

**Figure 5-2: Eligibility Assessment activities**

Eligibility Assessment			
Step	Activity*	Details	Data reference
1	Collect Member consent and attestation to complete and accurate information	Ask the Member for verbal consent to conduct Eligibility Assessment and verbal attestation that information provided during the Eligibility Assessment is complete and accurate to the best of their knowledge. Document both consent and attestation in the SCN IT Platform.	• Questions built into SCN IT Platform
2	Confirm Member identity and Medicaid enrollment	Check Member Medicaid enrollment via either MEVS or ePACES	• MEVS or EPACES
3	Confirm HRSN	Check the SCN IT Platform for HRSN Screening results and confirm with Member	• AHC HRSN Screening results
4	Confirm desire for services	Inquire if the Member would like to receive services for unmet needs either via existing services or Enhanced HRSN Services	• Member input
5	Check Enhanced Population	Check if Member is part of an Enhanced Population in the Enhanced Services Member File and through alternate verification pathways (e.g., provider attestation, Member documentation)	• Enhanced Services Member File • Member input
6	Conduct follow-up questions with Member	For each unmet HRSN, ask additional follow-up questions, including whether they are receiving existing services	• Questions built into SCN IT Platform
If Member is part of an Enhanced Population, complete steps 7-9.	7	Confirm eligibility for Enhanced HRSN Services	• Enhanced Services Member File • Member input
	8	Confirm desire for services and inform of potential COI	• Member input
	9	Create care plan	• Questions built into SCN IT Platform

Eligibility Assessment requirements differ by population:

- **For FFS members:** Only steps 1-4 and step 6 are required
- **For MMC members who are part of an Enhanced Population:** Steps 1-9 are required
- **For MMC members who are NOT part of an Enhanced Population:** Only steps 1-6 are required

# Enhanced Population Description

**Table 5-12: Enhanced Population Description**

Enhanced Population	Population Description
Medicaid High Utilizer (adults and children)	<p>Individuals with...</p> <ul style="list-style-type: none"> <li>• Five or more Emergency Department visits within the last 12 months; or</li> <li>• Four or more Emergency Department visits and one or more Hospital inpatient stays within the last 12 months; or</li> <li>• Two or more Hospital inpatient stays within the last 12 months</li> <li>• Admission or discharge from an Acute Care hospitalization related to a health condition or illness, as a qualifying condition for Medical Respite Service Only</li> </ul>
Enrolled in a NYS Health Home (adults and children)	<p>Individuals enrolled in a NYS designated Health Home that currently includes individuals with HIV/AIDs, Serious Mental Illness, Serious Emotional Disturbance, Complex Trauma, or two or more chronic conditions (such as, diabetes, congestive heart failure (CHF), chronic kidney disease, chronic obstructive pulmonary disease (COPD), pre-diabetes, obesity, hypertension, malignancies (cancer), asthma, sickle cell, or HIV/AIDS).</p> <p><a href="#">Medicaid Health Homes - Comprehensive Care Management (ny.gov)</a></p>
Individuals with Substance Use Disorder (SUD)	Individuals diagnosed with a Substance Use Disorder
Individuals with Serious Mental Illness (SMI)	Individuals with a persistent, disabling, progressive or life-threatening mental health condition that requires treatment and/or supports in order to be stabilized, prevent the condition from worsening, or maintain health goals. It includes those with a mental health diagnosis, such as schizophrenia, bipolar disorder, as well as those at risk of suicide.
Individuals with Intellectual and Developmental Disability (IDD) (adults and children)	<p>Individuals with an Intellectual Disability or Developmental Disability (I/DD) that requires services or supports to achieve and maintain care goals.</p> <p>Includes a diagnosis of an Intellectual or Developmental Disability, including Autism Spectrum Disorder, Cerebral Palsy, Intellectual Disability, or a genetic condition related to I/DD such as Prader-Willis syndrome, Down syndrome, Angelman syndrome, Fragile X syndrome, Williams syndrome, Rett syndrome, Klinefelter syndrome, other childhood disintegrative disorder, other pervasive developmental disorders, pervasive developmental disorders, Phenylketonuria, Dravet syndrome, Fetal Alcohol Syndrome.</p>
Pregnant and Postpartum Persons	Pregnant and up to 12 months postpartum.
Post-Release Criminal Justice-Involved	Individuals who have been released from incarceration within the last 90 days and have a

Enhanced Population	Population Description
Population with chronic conditions, SUD, or chronic Hepatitis-C	chronic condition <sup>1</sup> , including Substance Use Disorder and hepatitis C.
High Risk Children under the Age of 18	<p>Individuals under 18 who have at least one of the following:</p> <ul style="list-style-type: none"> <li>• A chronic condition, (e.g., mental health condition, developmental delay, chronic life-threatening allergies, physical disability, and asthma);</li> <li>• Overweight, obese, or underweight as a qualifying condition for nutrition interventions only;</li> <li>• Malnutrition or at risk of developmental or growth delay or impairment as a result of insufficient nutrition as a qualifying condition for nutrition interventions only;</li> <li>• Child maltreatment as defined by the CDC;</li> <li>• Is a child with a special health care need (CYSHCN) as defined by HRSA;</li> <li>• Low birth weight of &lt;2500 grams;</li> <li>• A health condition, including behavioral health and developmental syndromes, stemming from trauma, child abuse, and neglect</li> </ul>

# Clinical Criteria- Nutrition

Service	Eligible Population	Social Risk Factors	Clinical Criteria
3.1 Nutritional Counseling and Education	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	Enhanced Population
3.2a Medically Tailored Meals	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	<ul style="list-style-type: none"> <li>Chronic condition (such as, diabetes, congestive heart failure (CHF), chronic kidney disease, chronic obstructive pulmonary disease (COPD), pre-diabetes, obesity, hypertension, malignancies (cancer), asthma, sickle cell, or HIV/AIDS), or</li> <li>Pregnant and postpartum persons</li> </ul>
3.2b Clinically Appropriate Home Delivered Meals	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	Enhanced Population
3.3 Medically Tailored or Nutritionally Appropriate Food Prescriptions	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	Enhanced Population



# Clinical Criteria-Nutrition

Service	Eligible Population	Social Risk Factors	Clinical Criteria
3.4 Fresh Produce and Non-Perishable Groceries (Pantry Stocking)	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	<ul style="list-style-type: none"><li>• Pregnant and postpartum persons</li><li>• High-risk children under the age of 18</li></ul>
3.5 Cooking Supplies	All Enhanced Populations	Assessed to have unmet HRSN(s) under food security domain, and  Meets the USDA definition of low or very low food security as determined by having an unmet HRSN need under food security domain per AHC Screening Tool	Enhanced Population



# 1) Nutrition Counseling (RD-required, reimbursable)

DOH Description: Meal prep education, food/diet-related planning in connection with DM, obesity, CKD, pregnancy, postpartum, etc. Individual and Group counseling allowed.

## Process

- Referral from lead entity-independent of other services
- RD accepts referral
- RD conducts nutrition assessment and adds it to Social Care Plan in IT PLATFORM
- SCN Lead determines length of care
- SCN Lead contacts member 60 days and 10 days prior to service completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

## Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home

# 1) Nutrition Counseling Continued

- These services are independent of the other services but can also feed into them concurrently. It is not a precursor for other services but can be used in tandem as appropriate.
- Can include counseling on topics such as healthy meal prep, grocery store budget resources, grocery shopping ed, etc.
- Assessment for nutrition needs based on age, activity level, and special circumstances resulting from medical conditions such as DM, HTN, food allergies and obesity. (Mifflin St. Jor?)
- Assessment will plan and direct food appropriate for physical and dietary needs, tailored nutrition counseling, dietary changes, menu planning, and food prep.

# 1) Nutrition Counseling Continued

**Table 5-33: Nutrition Counseling and Education: eligibility and service details**

Nutrition Counseling and Education: eligibility and service details	
Eligibility	<ol style="list-style-type: none"><li>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13.</li><li>2. Meets the clinical criteria in Table 5-14</li></ol>
Service Limitations and Restrictions	<ol style="list-style-type: none"><li>1. Nutrition Counseling and Education must be approved by a CDN or RDN and be evidence-informed and</li><li>2. Be provided in accordance with evidence-based nutrition guidelines</li><li>3. Service is available for up to 6 months with possibility for re-authorization, up to 6 months per re-authorization, up to the duration of the Waiver as long as the member has an unmet need and is eligible to receive services. As a guiding principle, services are not intended to be permanent solutions, and Social Care Navigators should work to connect members to more permanent resources (existing federal, state, and local services) where possible.</li></ol>
Allowable Providers	<ol style="list-style-type: none"><li>1. CDN or RDN</li><li>2. Nutrition services providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li></ol>

## 2) Medically Tailored or Nutritionally Appropriate Food Prescription (RD-required, reimbursable)

DOH Description: Food boxes or nutrition vouchers including produce and goods delivered only to member's home. Can include perishable items such as dairy and meats.

### Process

- Referral from SCN Lead , who decides if member prefers box or voucher
- RD accepts referral
- RD conducts nutrition assessment/prescription/meal plan (is there a form for this or create one) and adds it to Social Care Plan in IT PLATFORM
- SCN Lead determines length of care
- SCN Lead contacts member 60 days and 10 days prior to service completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

### Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home

## 2) Medically Tailored or Nutritionally Appropriate Food Prescription Continued

- **Vouchers or coupons** Developed by an RDN, will have stated dollar amount to reasonably cover the cost of preparing 21 nutritious meals per week. RDNs must develop and be involved with ongoing redemption with the member. May only be redeemed at food pharmacies, food pantries, grocery stores, farmer's markets, mobile markets, and CSA subscriptions.
- **Food Boxes** Curated by an RDN, will contain enough delivered food items per box to create an estimated, nutritionally appropriate 21 meals (3 meals/day x 7 days) using HPNAP guidelines for support as desired.
- Can include (dairy, produce, meat, grains and spices)
- For members who can prepare their own meals.
- Pregnant and postpartum members are eligible for longer benefits as determined by SCN Lead .
- Reimbursable for intake/assessment, food, delivery, and administrative costs associated with member's food prescription services.

## 2) Medically Tailored or Nutritionally Appropriate Food Prescription-Continued

**Table 5-36: Medically Tailored or Nutritionally Appropriate Food Prescriptions: eligibility and service details**

Medically Tailored or Nutritionally Appropriate Food Prescriptions: eligibility and service details	
Eligibility	<p>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13 and</p> <p>2. Meets the clinical criteria in Table 5-14</p> <p>3. If an eligible member is a high risk child under the age of 18, additional Medicaid Managed Care-enrolled individuals in the member's household may receive Food Prescriptions regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutritional HRSN detected</p> <p>4. If an eligible member is pregnant or postpartum, additional Medicaid Managed Care-enrolled individuals in the member's household may receive food prescriptions regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</p> <p>For any other eligible adult member who is not pregnant or postpartum, their children and other individuals in the member's household must be individually eligible to receive food prescriptions</p>
Service Limitations and Restrictions	<p>1. This service is limited to weekly delivery of food appropriate for complete weekly meals</p> <p>2. This service is limited to food or vouchers to cover three (3) meals a day</p> <p>3. Meal services are provided for:</p> <ul style="list-style-type: none"> <li>Pregnant/postpartum individuals: throughout their pregnancy and up to 12 months postpartum</li> <li>Other eligible individuals: up to 6 months at a time, can be re-authorized one-time for up to 6 additional months as long as the member has an unmet need and is eligible to receive services</li> </ul> <p>If the member is a high risk child (0-18 years of age) or a pregnant or post-partum person meeting needs-based criteria, additional meal support may be provided for eligible household members as determined by individual Screening and Eligibility Assessments. If other household members do not meet the Enhanced Population criteria, they should have the FFS Eligibility Assessment for metric purposes. Services</p>



## 2) Medically Tailored or Nutritionally Appropriate Food Prescription-Continued

Medically Tailored or Nutritionally Appropriate Food Prescriptions: eligibility and service details	
	<p>for these members should be coordinated with the HRSN Service Provider and billed to the high risk child or pregnant or postpartum member.</p> <ol style="list-style-type: none"> <li>Meals can only be delivered to the enrolled member's home or private residence</li> <li>Members who receive Medically Tailored or Nutritionally Appropriate Food Prescription services cannot also receive Pantry Stocking (Fresh Produce and Non-Perishable Groceries) or Medically Tailored or Clinically Appropriate Home Delivered Meals</li> <li>Member must undergo intake / assessment that is approved by RDN or CDN</li> <li>Food boxes or vouchers must be curated by an RDN or CDN to meet all of the member's medical nutrition requirements</li> <li>Medical Nutrition Therapy to support a member's behavior change that can be billed to the service Nutrition Counseling and Education, as needed</li> </ol>
Allowable Providers	<ol style="list-style-type: none"> <li>Contracted Medically tailored or nutritionally appropriate Food Prescription providers that are designated as a non-profit community based organization 501(c)(3)</li> <li>Contracted Medically tailored or nutritionally appropriate Food Prescription providers may be offered by for-profits organizations at the SCN Lead Entity's discretion in absence of an available 501(c)(3) CBO. (See <a href="#">HRSN Network Capacity and Access</a> section for details)</li> <li>Providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li> <li>Food Prescription providers must provide an initial nutritional assessment with approval by an RDN or CDN. RDNs or CDNs must also curate Food Prescription boxes and vouchers</li> </ol>



### 3a) Medically Tailored Meals (RD-required, must be in-house, reimbursable)

DOH Description: Home-delivered meals (member-owned, rented or leased, or their primary caregiver)

#### Process

- Referral from SCN Lead
- RD accepts referral
- RD conducts nutrition assessment (is there a form for this or create one) and adds it to Social Care Plan in IT PLATFORM
- Nutrition counseling must also be available for members receiving this service
- SCN Lead determines length of care
- SCN Lead contacts member 60 days and 10 days prior to service completion and 5 business days after completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

#### Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home
  - **AND** member has chronic condition such as dm, chf, ckd, copd, pre-dm, obesity, htn, cancer, asthma, sickle cell or HIV/AIDS) or is pregnant/postpartum

## 3a) Medically Tailored Meals-Continued

- Medically tailored meals must provide meals designed to meet all of the member's medical nutritional requirements.
- Nutrition counseling must be available to members receiving this service.
- Must adhere to nutrition guidelines established by Food is Medicine Coalition (FIMC) MTM standards based on member's health condition.
- RD involvement and design of meal plan are reimbursable.
- Members offered this service must be unable to prepare their own meals and have a chronic condition or be pregnant.
- 3 meals per day, seven days per week up to 6 months provided (weekly schedule)
- OHIP expects Social Care Navigators (SCN Lead) to recommend maximum duration and dose of service.

# 3a) Medically Tailored Meals-Continued

**Table 5-34: Medically Tailored Meals: eligibility and service details**

Medically Tailored Meals: eligibility and service details	
Eligibility	<ol style="list-style-type: none"> <li>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13.</li> <li>2. Cannot prepare their own meals (<i>see <a href="#">Eligibility Assessment Process</a> for specific questions Social Care Navigator should ask member to make this determination</i>)</li> <li>3. Meets the additional clinical criteria in Table 5-14</li> <li>4. If an eligible member is a high risk child under the age of 18, additional Medicaid Managed Care-enrolled individuals in the member's household may receive MTM regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</li> <li>5. If an eligible member is pregnant or postpartum, additional Medicaid Managed Care-enrolled individuals in the member's household may receive MTM regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</li> </ol> <p>For any other eligible adult member who is not pregnant or postpartum, their children and other individuals in the member's household must be individually eligible to receive MTM</p>
Service Limitations and Restrictions	<ol style="list-style-type: none"> <li>1. This service is limited up to three (3) prepared meals a day, seven days a week</li> <li>2. Meal services are provided for: <ul style="list-style-type: none"> <li>• Pregnant/postpartum individuals: throughout their pregnancy and up to 12 months postpartum</li> </ul> </li> </ol>

Medically Tailored Meals: eligibility and service details	
	<ul style="list-style-type: none"> <li>• Other eligible individuals: up to 6 months at a time, can be re-authorized one-time for up to 6 additional months as long as the member has an unmet need and is eligible to receive services</li> </ul> <ol style="list-style-type: none"> <li>3. If the member is a high risk child (0-18 years of age) or a pregnant or postpartum person meeting needs-based criteria, additional meal support may be provided for eligible household members as determined by individual Screening and Eligibility Assessments. If other household members do not meet the Enhanced Population criteria, they should have the FFS Eligibility Assessment for metric purposes. Services for these members should be coordinated with the HRSN Service Provider and billed to the high risk child or pregnant or postpartum member.</li> <li>4. Meals can only be delivered to the enrolled member's home or private residence</li> <li>5. Members who receive home delivered medically tailored meals cannot also receive Clinically Appropriate Meals, Pantry Stocking (Fresh Produce and Non-Perishable Groceries) or Medically Tailored / Nutritionally Appropriate Food Prescription</li> <li>6. MTM must adhere to standards informed by established nutrition guidelines, such as the Food is Medicine Coalition (FIMC) MTM Nutrition Standards for specific health conditions, and be tailored to member's health condition</li> <li>7. Member must undergo intake / assessment that is approved by RDN or CDN</li> <li>8. Meals must be designed by an RDN or CDN to meet all of the member's medical and nutritional requirements</li> <li>9. Medical Nutrition Therapy to support a member's behavior change can be billed to the service Nutrition Counseling and Education, as needed</li> </ol>
Allowable Providers	<ol style="list-style-type: none"> <li>1. Contracted Home Delivered Meal service providers that are designated as a non-profit community based organization 501 (c)(3) or 501(c)(4)</li> <li>2. Contracted Home Delivered Meal services may be performed by for-profit organizations at the SCN Lead Entity's discretion in absence of an available 501(c)(3) or 501(c)(4) community based organization. (<i>See <a href="#">HRSN Network Capacity and Access</a> section for details</i>)</li> <li>3. Providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li> <li>4. Medically Tailored Meal providers must provide an initial nutritional assessment with approval by an RDN or CDN. RDNs or CDNs must also develop and be involved with ongoing meal design requirements for the member</li> </ol>

## 3b) Clinically Appropriate Home Delivered meals (RD approval-required, doesn't have to be in-house, reimbursable)

DOH Description: Home-delivered meals (member-owned, rented or leased, or their primary caregiver)

### Process

- Referral from SCN Lead
- RD accepts referral
- RD conducts nutrition assessment (is there a form for this or create one) and adds it to Social Care Plan in IT PLATFORM
- Eligible for Nutrition Counseling as desired
- SCN Lead determines length of care
- SCN Lead contacts member 60 days and 10 days prior to service completion and 5 business days after completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

### Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home

## 3b) Clinically Appropriate Home Delivered meals -Continued

- Must provide well-balanced, nutritionally appropriate meals that adhere to evidenced-based nutritional guidelines.
- Promote health and wellness in Enhanced Populations who do not have chronic health conditions and are not pregnant/postpartum (although pregnant/postpartum members are eligible for this service).
- Members must be unable to prepare their own meals and have food insecurity.
- Must be approved by RD.
- RD involvement, assessment and design of meal plan are reimbursable.
- 3 meals per day, seven days per week for up to 6 months at a time.
- OHIP expects Social Care Navigators (SCN Lead) to recommend maximum duration and dose of service.

# 3b) Clinically Appropriate Home Delivered meals - Continued

**Table 5-35: Clinically Appropriate Home Delivered Meals: eligibility and service details**

Clinically Appropriate Home Delivered Meals: eligibility and service details	
Eligibility	<ol style="list-style-type: none"> <li>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13.</li> <li>2. Cannot prepare their own meals (<i>see Eligibility Assessment Process for specific questions Social Care Navigator should ask member to make this determination</i>)</li> <li>3. Meets the additional clinical criteria in Table 5-14</li> <li>4. If an eligible member is a high risk child under the age of 18, additional Medicaid Managed Care-enrolled individuals in the member's household may receive clinically appropriate meals regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</li> <li>5. If an eligible member is pregnant or postpartum, additional Medicaid Managed Care-enrolled individuals in the member's household may receive clinically appropriate meals</li> </ol>

	<p>regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected For any other eligible adult member who is not pregnant or postpartum, their children and other individuals in the member's household must be individually eligible to receive clinically appropriate meals</p>
Service Limitations and Restrictions	<ol style="list-style-type: none"> <li>1. This service is limited to three (3) prepared meals a day, seven days a week</li> <li>2. Meal services are provided for: <ul style="list-style-type: none"> <li>• Pregnant/postpartum individuals: throughout their pregnancy and up to 12 months postpartum</li> <li>• Other eligible individuals: up to 6 months at a time, can be re-authorized one-time for up to 6 additional months as long as the member has an unmet need and is eligible to receive services</li> </ul> </li> <li>3. If the member is a high risk child (0-18 years of age) or a pregnant or postpartum person meeting needs-based criteria, additional meal support may be provided for the household as determined by individual Screening and Eligibility Assessments. If other household members do not meet the Enhanced Population criteria, they should have the FFS Eligibility Assessment for metric purposes. Services for these members should be coordinated with the HRSN Service Provider and billed to the high risk child or pregnant or postpartum member.</li> <li>4. Meals can only be delivered to the enrolled member's home or private residence</li> <li>5. Members who receive clinically appropriate meals cannot also receive Medically Tailored Meals, Pantry Stocking (Fresh Produce and Non-Perishable Groceries) or Medically Tailored / Nutritionally Appropriate Food Prescription</li> <li>6. Clinically appropriate meals must provide well-balanced, nutritionally appropriate meals that adhere to evidence-based nutritional guidelines.</li> <li>7. Member must undergo intake / assessment that is approved by RDN or CDN</li> <li>8. Meals must be designed by an RDN or CDN to meet all of the member's medical nutrition requirements</li> <li>9. Medical Nutrition Therapy to support a member's behavior change can be billed to the service Nutrition Counseling and Education, as needed</li> </ol>
Allowable Providers	<ol style="list-style-type: none"> <li>1. Contracted Home Delivered Meal service providers that are designated as a non-profit community based organization 501 (c)(3) or 501(c)(4)</li> <li>2. Contracted Home Delivered Meal services may be performed by for-profit organizations at the SCN Lead Entity's discretion in absence of an available 501(c)(3) or 501(c)(4) community based organization. (<i>See <a href="#">HRSN Network Capacity and Access</a> section for details</i>)</li> <li>3. Providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li> <li>4. Clinically Appropriate Meal providers must provide an initial nutritional assessment with approval by an RDN or CDN. RDNs or CDNs must also develop and be involved with ongoing meal design requirements for the member</li> </ol>



## 4) Fresh Produce and Non-perishable Groceries (aka Pantry Stocking, Reimbursable, RD not required)

DOH Description: Fresh produce and non-perishable groceries-no dairy or meat (can be delivered or for pickup weekly)

### Process

- Referral from SCN Lead
- RD or CBO accepts referral
- Provider with knowledge of nutrition, waiver, and food safety guidelines can assist with this service.
- SCN Lead determines length of care
- SCN Lead contacts member 60 days and 10 days prior to service completion and 5 business days after completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

### Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home
  - **AND** must be pregnant/postpartum member or a high-risk child under 18 yrs old



## 4) Fresh Produce and Non-perishable Groceries (aka Pantry Stocking) -Continued

- Pantry stocking cannot include perishable dairy or meat items.
- This serves to nutritionally supplement for an estimated 3 meals/day, 7 days per week for a total of 21 meals based on HPNAP guidelines.
- Box/items will be delivered or picked up by the member in a weekly box.
- OHIP recommends food items provided be nutritionally appropriate (fresh, canned fruits/veggies, canned meats, shelf-stable milk, plant-based protein, dried goods, grains, spices)
- Providers can charge for food, delivery and admin costs.

## 4) Fresh Produce and Non-perishable Groceries (aka Pantry Stocking)-Continued

**Table 5-37: Fresh Produce and Non-Perishable Groceries (Pantry Stocking): eligibility and service details**

Fresh Produce and Non-Perishable Groceries (Pantry Stocking): eligibility and service details	
Eligibility	<ol style="list-style-type: none"> <li>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13 and</li> <li>2. Meets the clinical criteria in Table 5-14</li> <li>3. If an eligible member is a high risk child under the age of 18, additional Medicaid Managed Care-enrolled individuals in the member's household may receive Pantry Stocking regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</li> <li>4. If an eligible member is pregnant or postpartum, additional Medicaid Managed Care-enrolled individuals in the member's household may receive Pantry Stocking regardless of if those individuals are part of an Enhanced Population. Additional individuals in the household must first receive a Screening and have an unmet nutrition HRSN detected</li> </ol> <p>For any other eligible adult member who is not pregnant or postpartum, their children and other individuals in the member's household must be individually eligible to receive Pantry Stocking</p>
Service Limitations and Restrictions	<ol style="list-style-type: none"> <li>1. Pantry Stocking service is limited to high-risk children under age 18 and pregnant/postpartum individuals who qualify under criteria in Table 5-12</li> <li>2. Meal services are provided for: <ul style="list-style-type: none"> <li>• Pregnant/postpartum individuals: throughout their pregnancy and up to 12 months postpartum</li> <li>• Other eligible individuals: up to 6 months at a time, can be re-authorized one-time for up to 6 additional months as long as the member has an unmet need and is eligible to receive services</li> </ul> </li> <li>3. If the member is a high risk child (0-18 years of age) or a pregnant person meeting needs-based criteria, additional meal support may be provided for eligible household members as determined by individual Screening and Eligibility Assessments. If other household members do not meet the Enhanced Population criteria, they should have the FFS Eligibility Assessment for metric purposes. Services for these members should be coordinated with the HRSN</li> </ol>

Fresh Produce and Non-Perishable Groceries (Pantry Stocking): eligibility and service details	
	<p>Service Provider and billed to the high risk child or pregnant or postpartum member.</p> <p>4. Members who receive Fresh Produce or Non-Perishable Groceries (Pantry Stocking) cannot also receive Medically Tailored or Nutritionally Appropriate Food Prescription or Medically Tailored or Clinically Appropriate Home Delivered Meals</p>
Allowable Providers	<ol style="list-style-type: none"> <li>1. Contracted Pantry Stocking service providers that are designated as a non-profit community based organization 501(c)(3)</li> <li>2. Contracted Pantry Stocking services may be performed by for-profit organizations at the SCN Lead Entity's discretion in absence of an available 501(c)(3) CBO. (See <a href="#">HRSN Network Capacity and Access</a> section for details).</li> <li>3. Providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li> </ol>

## 5) Cooking Supplies (Reimbursable, RD not required)

DOH Description: Provision of materials necessary for meal preparation (ex. pots, pans, silverware, etc.)

### Process

- Referral from SCN Lead
- RD or CBO accepts referral, SCN Lead can also handle directly
- SCN Lead determines length of care
- SCN Lead contacts member 5 business days after completion
- SCN Lead offers existing services as HRSN services end
- SCN Lead or RD closes referral

### Who's eligible

- All Medicaid MMC members who are part of the enhanced populations who meet USDA definition of low or very low food security as determined by having unmet HRSN need under food domain in AHC Screening Tool
- Clinical criteria includes:
  - Members with substance abuse disorder and/or serious mental illness
  - Members with intellectual/developmental disabilities
  - Pregnant/postpartum members
  - Members recently released from incarceration and have chronic health conditions
  - Kids under 18 yrs who are at high risk or have chronic health conditions
  - Frequent healthcare users (ED, hospital stay, transitioning from institutional setting)
  - Members enrolled in Health Home

## 5) Cooking Supplies-Continued

- SCN Lead will cap amount available per member, which can include a fridge or:
  - Kitchenware (plates, bowls, cooking utensils, mixing bowls, pots and pans, chef's knife, cutting board, eating utensils, silverware, glassware, can opener, colander, etc)
  - Small appliances such as microwave, blender, toaster, etc are now covered.
  - Members may not access these services if they can receive supplies through the housing part of the waiver.
  - Social Care Navigators can complete these purchases as desired.
  - Reimbursement is for time spent coordinating the purchase of member's cooking supplies, as well as actual costs of product. Coordination cost is capped at X% of member's cooking supplies (determined by SCN Lead).

## 5) Cooking Supplies-Continued

Table 5-38: Cooking Supplies: eligibility and service details

Cooking Supplies: eligibility and service details	
Eligibility	<ol style="list-style-type: none"><li>1. Meets at least one of the Enhanced Population criteria for Enhanced HRSN Services in Table 5-12 and Social Risk Factors in Table 5-13 and</li><li>2. Meets the clinical criteria in Table 5-14</li></ol>
Service Limitations and Restrictions	<ol style="list-style-type: none"><li>1. Medicaid Managed Care members may not qualify for this service if provision for cooking supplies is being offered by another program or if the member received Community Transitional Supports authorized under this 1115 Waiver</li><li>2. Service is available up to a capped per member amount, as set by SCNs, based on the SCN-level cap listed in the HRSN Fee Schedule</li><li>3. If the HRSN service provider is a tax-exempt entity (e.g., 501(c)3), the HRSN service provider must ensure their purchases are tax-exempt</li></ol>
Allowable Providers	<ol style="list-style-type: none"><li>1. Contracted Cooking Supply service providers that are designated as a non-profit community based organization 501(c)(3)</li><li>2. Contracted Cooking Supply service providers may be offered by for-profits organizations at the SCN Lead Entity's discretion in absence of an available 501(c)(3) community based organization. (See <a href="#">HRSN Network Capacity and Access section for details</a>).</li><li>3. Nutrition services providers must have knowledge of principles, methods, and procedures of the Nutrition services covered under the 1115 Waiver, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs. Nutrition service providers must follow best practice guidelines and industry standards for food safety</li></ol>