



Department
of Health

1115 Medicaid Redesign Team (MRT) Waiver Extension Request

Public Hearing

July 2026

Agenda



1 Public Hearing Format

2 Successes of Current Demonstration and Overview of MRT Waiver Extension

- Background on 1115 waivers
- Impact of the NYHER amendment
- Continuing MRT initiatives
- Discontinuing MRT initiatives
- Overview of Health-Related Social Needs (HRSN) Services & Social Care Networks (SCN)

3 Next Steps

Submission timeline

4 Public Comment

Public hearing format



The State is hosting this meeting to comply with the public hearing requirements detailed in 42 CFR § 431.408 and in the Special Terms and Conditions (STCs) for the Medicaid Redesign Team 1115 Demonstration Waiver.

The Purpose of today's public hearing is to:

- 1 Provide information about the proposed MRT 1115 Waiver Extension.
 - 2 Give the public an opportunity to provide comments on the extension application.
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A **recording** and **transcription** of this meeting will be available on the MRT Waiver website after the hearing. A notification will be sent out via the MRT listserv. **Language translation** is available upon request.

1115 Background



Section 1115 Demonstration Waivers grant flexibility to states for **innovative projects that advance the objectives of the Medicaid program.**

Authorized under Section 1115 of the Social Security Act, these waivers:

- 1** Give the Secretary of Health and Human Services the authority to waive certain provisions and regulations for Medicaid programs, and
 - 2** Allow Medicaid funding to be used for approved activities that are not otherwise allowed under federal rules (e.g., making certain investments eligible for federal match).
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Typically, 1115 waivers are approved for 3-5 years.

New York's 1115 Waiver

■ Goal of 2024 NYHER amendment

The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997.

New York's 1115 MRT Waiver was last renewed on April 1, 2022, and is effective through March 31, 2027.

The goals and objectives of the MRT Waiver are as follows:

-  Improve access to health care for the Medicaid Population
-  Improve the quality of health services delivered
-  Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies
-  Advance health equity, reduce health disparities, and support the delivery of health-related social need (HRSN) services

Four core programs in the NYHER amendment



HRSN (Health-Related Social Needs)

Description: Through the State's regional Social Care Networks, eligible New Yorkers can receive **free, direct support for health-related social needs such as housing, food, and case management**

Accomplishments:

Screened **1.5M+ members**

Created a network of **~800 CBOs**, **~600** healthcare partners, and **~3000** social care navigators



HERO (Health Equity Regional Organization)

Description: HERO, managed by the United Hospital Fund, **coordinates research on public health, community services, and clinical care**, with a future potential focus on program integrity

Accomplishments:

In the current demonstration, HERO integrated Medicaid claims, HRSN data, vital statistics, and stakeholder input from regional convenings to identify gaps in health access, quality, and outcomes



MHGBI (Medicaid Hospital Global Budget Initiative)

Description: MHGBI provides financial incentive payments and sustainable **support to financially distressed, safety-net hospitals** that serve a high percentage of Medicaid members and uninsured individuals

Accomplishments:

Worked with CMS to evaluate steps to align with the federal model requirements, which will transform **~\$5B** in healthcare payments to support hospitals and primary care providers



Workforce initiatives

Description: Workforce Initiatives are Medicaid waiver programs designed to **combat critical shortages in high-need health, behavioral health, and social care professions** through fully funded career support and student loan repayment.

Accomplishments:

Over **13,000** participants enrolled in the Career Pathways Training (CPT) Program to date, assisting with tuition and support services for student success

Health Care Access Loan Repayment (HEALR) has received **890** applications, awardees will be notified in Summer 2026, with awards distributed in Fall 2026



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MRT Crosswalk: Initiatives proposed to continue under 1115 authority

Without amendment

- Mainstream Medicaid Managed Care
- Managed Long-Term Care
- Facilitated Enrollment Services
- Community Oriented Recovery and Empowerment
- Residential and Inpatient Treatment for Individuals with Substance Use Disorder (SUD IMD)
- Designated State Health Programs

With amendment

Initiative	Description of amendment
Health Related Social Needs (HRSN) Services	• Continue all services except brokerage fees • Combine child populations into one group • Some financing updates (<i>discussed in more detail later</i>)
Medicaid Hospital Global Budget Initiative	• Continue to work with CMS to align with the federal Achieving Healthcare Efficiency through Accountable Design (AHEAD) model and support hospital readiness
Health Equity Regional Organization	• Increase focus on program integrity and analytics
Workforce Initiatives	• Discontinue new expenditure authority • Request only close-out funding
Eligible populations	• Continue eligibility for HCBS Expansion, Institution to Community, and Family of One Children populations • Discontinue eligibility for TANF Adult population



MRT Crosswalk: Initiatives proposed to discontinue under 1115 authority

MRT Initiative	Rationale
Continuous Eligibility for Children Up to Age Six	Changes needed to comply with July 2025 CMS guidance
Twelve-Month Continuous Eligibility	Changes needed to comply with July 2025 CMS guidance
Behavioral Health Home and Community-Based Services	Decrease in utilization after CORE implementation
Demonstration Population 2: Temporary Assistance for Needy Families (TANF) Adults	Adults applying for TANF and Medicaid no longer need a separate Medicaid eligibility determination
HRSN infrastructure	The State expects to use all available funding by the end of the current waiver period.
Demonstration Services for Behavioral Health Provided under Mainstream Medicaid Managed Care	Services are fully incorporated into the State Plan and will remain available to members despite discontinuation within the 1115
Self-Direction Pilot	Adult Self-Direction services are currently funded exclusively by State; Child Self-Direction Pilot was never implemented



1115 Extension Overview

Health-Related Social Needs (HRSN) / Social Care Network (SCN) Program

Overview of current Social Care Network program

- The Social Care Network (SCN) program was established in 2024 through the New York Health Equity Reform Amendment. It helps Medicaid members meet **health-related social needs (HRSN)** to help improve health outcomes and reduce costs.
- There are 9 Regional SCNs – **local networks** including Lead Entities, health care providers, community-based organizations, and other HRSN service providers – that **screen members to identify unmet social needs and help eligible Medicaid members connect to HRSN services.**
- Enhanced HRSN services include **nutrition, housing, social care management, and transportation services.**
- Since 2024, the State has **established statewide IT, data, and payment infrastructure** and **built provider capacity** to screen for and deliver HRSN services.
- Since the program launch in January 2025, **over 1.5 million members have been screened, 3,200 navigators** have been embedded at clinical and community sites connecting members to services, and **1,400+¹ organizations** have provided care management or HRSN services to members.

Driving Impact: Social Care Networks

Reaching Medicaid members

>1.5 million members have been screened for unmet needs across the 9 SCNs

~4.8X growth in weekly screening rates in the past 12 months

~3,200 social care navigators, including CHWs, are connecting members to services

Building community networks

1,400+ organizations contracted to provide screening, navigation, and enhanced HRSN services



Of those, **~600+** providers offer at least **2 or more** services



~600 community-based organizations received capacity funding to expand services



Enhanced services across housing, nutrition, and transportation are **available across 17 subcategories**

HRSN Service requests for demonstration extension

The State is requesting to:

- **Continue all existing HRSN services** except for brokerage fees¹
- Rollover **unspent and unclaimed Designated State Health Program funds** to pay for HRSN services
- Keep the current HRSN payment approach for one more year and then move to a new payment approach in April 2028²
- Add one **new population category** called “High-Risk Children Under 18,” which combines three existing child populations³

The State is not requesting additional HRSN infrastructure funding.

1. “New York City’s Fairness in Apartment Rental Expenses (FARE) Act prohibits such fees from being charged to tenants. Although brokerage fees persist in some regions of the State, HRSN expenditures on these fees have been minimal to date.”
2. The State requests to maintain non-risk payments for HRSN services for one additional year and transition to risk-based capitation funding in April 2028.
3. The three existing child populations are (1) Juvenile Justice-Involved Youth, Foster Care Youth, and Those under Kinship Care, (2) Children under the Age of 6, and (3) Children under the Age of 18 with one or more chronic condition

HRSN Services provided by the SCN

Screening



- Medicaid members can choose to be screened for HRSNs using the [Accountable Health Communities HRSN screening tool](#)

Navigation services



- Medicaid managed care members are eligible for navigation to existing or enhanced HRSN services
- Medicaid fee-for-service members are eligible for navigation to existing local, state, or federal services (e.g., SNAP)

Nutrition supports



- Nutritional counseling and classes
- Medically tailored home-delivered meals
- Food prescriptions
- Pantry stocking
- Cooking supplies (pots, pans, etc.)

Housing



- Medically necessary home modifications and remediation, incl. asthma remediation
- Medical respite
- Rent / temporary housing
- Utility set-up / assistance
- Housing Navigation
- Pre-tenancy services
- Community transitional services
- Tenancy sustaining services

Care management



- Navigation to social care services (including other enhanced HRSN services and existing services such as education, childcare, interpersonal violence resources, etc.)

Transportation to HRSN



- Public and private transportation to connect to HRSN services and HRSN care management activities (e.g., get to an appointment with housing navigator)

Duration of each service varies depending on service type and Member need

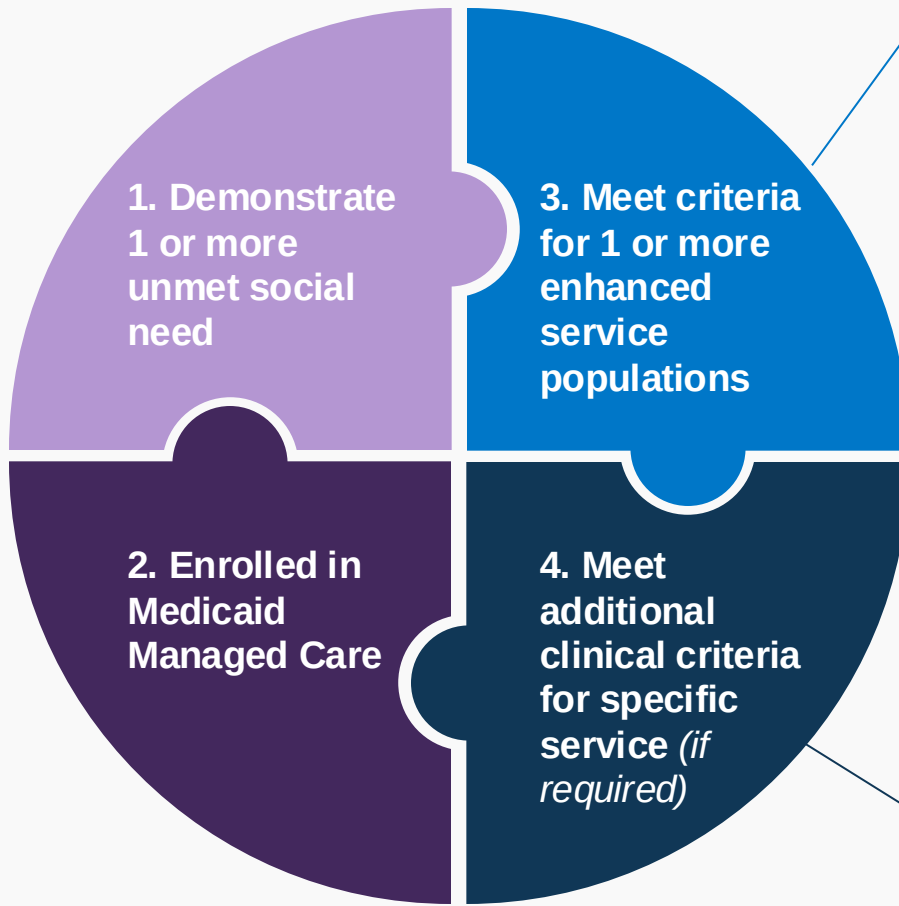


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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

Eligibility Criteria for Enhanced HRSN Services

Criteria to receive enhanced services



Populations of focus

- Members with substance use disorder and/or serious mental illness
- Members with intellectual and developmental disabilities
- Pregnant or postpartum persons
- Members recently released from incarceration and have chronic health condition(s)
- **High-risk children under 18**
- Frequent health care users (e.g., emergency room and hospital stays)
- Members enrolled in a Health Home



Certain enhanced HRSN services require additional clinical criteria be met (e.g., physical disability)

Impact on New Yorkers

Member voices:



*"After working with the SCN, I was **connected to enhanced housing services** and now have a safe home for my granddaughter and me." Long Island*



*"I didn't know about this program until it was mentioned by my doctor, and it has been **very helpful with food and support for me finding work** ... it really has made a difference." Staten Island*



*"I became homeless. When I told the navigator my situation, they helped me get into a place. The program did **my deposit and first month rent**. I was so grateful." North Country*



*"The program's access to iron-rich, healthy foods has significantly improved my iron levels and overall well-being ... **weekly food deliveries ensured consistent access to nutritious meals**" Long Island*

Provider voices:

*"This program has allowed us to **reach communities and people** we wouldn't normally be able to. When we can advertise that there are specific resources and services available, people are more willing to come in and ask for those services."*

*"Partnership with SCN LEs enable our organization to address **root causes** of being on Medicaid, by providing **myriads of social services** in a streamlined manner."*

*"I love working with our SCN Navigator, she is a part of our team. She is so **passionate about helping our patients find social care** services. SCN program is the best thing DOH is doing for us."*



Next Steps



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Timeline of Public Comment for NY's 1115 Waiver Extension

Activity	Date
Public Comment Period Begins	July 8, 2026
Public Hearing 1 (In-Person)	July 31, 2026
Public Hearing 2 / Annual 1115 Public Forum (Virtual)	August 11, 2026
Public Comment Period Ends	August 21, 2026
Waiver Extension Submitted to CMS	September 30, 2026
End of Current Demonstration	March 31, 2027



Public Comment



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Resources



[New York 1115 Waiver Website](#)



[Current Special Terms and Conditions](#)



[1115 MRT Waiver Extension Application for Public Comment](#)



If you have questions regarding New York's 1115 Waiver or the waiver extension application, please contact us at:
1115waivers@health.ny.gov



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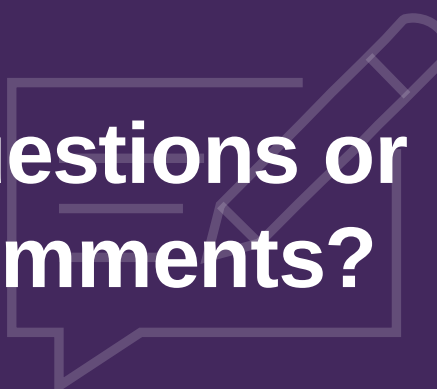
Guidelines for public comments

- Commenters will be called to speak in the order indicated by the pre-register commenter list
- Comments will be timed, please limit your comment to **five minutes**

Written comments will be accepted through **August 21, 2026**, by email at 1115waivers@health.ny.gov or by mail at:



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Questions or
Comments?

**For further information,
please contact us at:**
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