

November 2025

## **Family Health Centers at NYU Langone: Working with Medicaid Waivers to Address Social Needs**

### **Introduction**

Founded initially as Lutheran Medical Center in the 1800s, Family Health Centers (FHC) at NYU Langone<sup>1</sup> is a Federally Qualified Health Center (FQHC) in New York City, providing high-quality community-based primary and preventive care to individuals regardless of their ability to pay. One of the largest FQHCs in the country, FHC served more than 115,000 patients in 2024, a vast majority of which live below the federal poverty level. In addition to offering primary care, behavioral health care, school health, women's health services, and a dental residency program, FHC provides a variety of wraparound and social support services to help address the social needs of its patients. These services include English as a second language classes, job training, nutrition support programs, and family strengthening services, among others.

### **New York 1115 Medicaid Waiver**

*FHC is currently participating in New York's 1115 waiver program to establish nine Social Care Networks (SCNs) across the state.<sup>2</sup>*

The state received approval to launch the waiver in 2024, and the SCN program was launched in July 2025. Under this waiver, FHC joins a team of healthcare and social service providers to identify the unmet social needs of Medicaid enrollees and connect them with community-

based organizations or providers that can offer them services.

There are three main stakeholders in the upcoming SCN system:

1. The lead SCN entity, **Public Health Solutions**, is responsible for developing the SCN network, reimbursing service providers using the Medicaid funding they receive, and creating a shared technology platform that each provider uses to document patient interactions and referrals. Public Health Solutions serves Brooklyn, Queens, and Manhattan under the SCN program.
2. The social care providers, including **Family Health Centers**, contract with Public Health Solutions or another SCN to screen patients and deliver services. Healthcare providers can also conduct the social needs screening and refer patients to the social care providers.
3. **Managed-Care Organizations (MCOs)** work directly with Public Health Solutions and other SCN entities to identify enrollees who would benefit from social care services and provide reimbursement based on a fee schedule to provider organizations.

Under this program, all Medicaid enrollees, both those in fee-for-service Medicaid and those in Medicaid managed care, receive navigation services. For those enrolled in managed care, tier two patients are those who qualify for enhanced social need services based on one or more unmet needs and fall into specific categories based on health conditions, pregnancy status, or age.

**Enhanced services include four categories: nutrition, housing, social care management, and transportation.<sup>3</sup>**

Service providers can choose to offer enhanced services or only provide screening and navigation services.

FHC staff believe that services provided under the waiver will be built on a strong existing foundation. Like most community health centers, FHC has already incorporated social service screening protocols into its model of care. Additionally, FHC has experience operating a food pantry called “The Table,” where FHC clients can select produce and other food items as if they were shopping in a grocery store.<sup>4</sup> The Table also offers cooking demonstrations and information on how to prepare the produce offered each day.<sup>5</sup> Given this existing programming, Family Health Centers has chosen to scale up their food assistance services under the waiver.

### **Reimbursement Considerations**

FHC has historically not received insurance reimbursement for screening or patient navigation services and will not until the 1115 waiver goes into effect. Consequently, the organization has relied heavily on grant funding and philanthropy to support these services. Even with the waiver, navigation reimbursement will likely not be sufficient to eliminate the need for alternative financing, as there are caps on the number of reimbursable service units

participants are allowed to receive under the waiver. For example, clients are permitted four 15-minute navigation sessions annually, unless they experience a significant life event, in which case they may receive four more.<sup>6</sup>

Additionally, there is some uncertainty regarding federal support for coverage of these services through the 1115 waiver mechanism moving forward. The federal government has indicated that it will not approve additional health-related social needs waivers at this time. Therefore, organizations seeking to emulate this model will likely need to consider other avenues for reimbursement.

One logistical barrier for FHC is bridging the gap between their current data software within the NYU Langone ecosystem and the software utilized by Public Health Solutions under the waiver. Specifically, staff must document patient interactions and referrals in one system for the waiver, in addition to the EPIC electronic health record platform used by NYU Langone. Ensuring data is collected in both systems is critical for internal and external data tracking and receiving reimbursement.

### **Integration into the Community**

Beyond their community-oriented work that will occur under the 1115 waiver, FHC has a long history of community-oriented approaches in their programming and services. For example, the organization prioritizes hiring community members as case managers who have similar lived experiences as their patients.

FHC also regularly receives input from the community on all parts of its programming. Feedback from the community helped shape their food pantry program; participants were asked for input on the produce they wanted to receive and their overall experience with the program. From that feedback, the organization was able to source more Bok Choy for patients

and add recipe cards and instructions on how to use the produce. FHC also regularly meets with community advisory boards and program participants to gather feedback on evaluation surveys and outreach materials, ensuring that the entire program is tailored to the target population.

## Conclusion

*Family Health Centers' participation in New York's 1115 Waiver is a leading example of innovation in providing health and social need services while ensuring service providers can receive reimbursement from insurers.*

As this program began in Summer 2025, the Family Health Centers will need to wait until the program has progressed to assess any outcomes and cost-savings associated with their participation and the overall model.

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## Endnotes

1. NYU Langone Health. Our Story. [nyulangone.org](https://nyulangone.org/our-story). <https://nyulangone.org/our-story>
2. New York Medicaid 1115 Waiver. NYC Health. <https://www.nyc.gov/site/doh/providers/resources/medicaid-1115-waiver.page>
3. Social Care Networks: Summary of Eligibility for Enhanced Health-Related Social Needs (HRSN) Services. New York State Department of Health. May 2025. [https://www.health.ny.gov/health\\_care/medicaid/redesign/sdh/scn/docs/hrsn\\_svs\\_elig\\_sum.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/docs/hrsn_svs_elig_sum.pdf)
4. Family Health Centers at NYU Langone Enhances Access to Food to Improve Community Health. NYU Langone News. Published 2019. Accessed June 26, 2025. <https://nyulangone.org/news/family-health-centers-nyu-langone-enhances-access-food-improve-community-health>
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6. Social Care Network: Program, Billing, and Data Governance Operations Manual. New York State Department of Health. April 2025. [https://www.health.ny.gov/health\\_care/medicaid/redesign/sdh/scn/docs/operations\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/docs/operations_manual.pdf)



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