

Children's Waiver Home and Community Based Service (HCBS) Amendment Approval

April 7, 2026

TO: Children's Waiver HCBS Providers, Health Homes Serving Children (HHSC), Children's Care Management Agencies (CMAs), and Medicaid Managed Care Plans (MMCPs) including Mainstream Managed Care Plans and HIV Special Needs Plans

The New York State Department of Health's (Department) [Children's Waiver \(NY.4125.06.03\)](#) was approved by the Centers for Medicare and Medicaid Services (CMS) effective April 1, 2026. The following outlines some of the changes that will be implemented:

New Services

Transitional Care Coordination (TCC)

- TCC is designed to address non-medical barriers to discharge from institutional care and support safe, timely transitions to home and community settings. The service promotes continuity of care by supporting coordination across settings, timely communication among providers and connection to appropriate follow-up services for children and families.
- TCC is for children and youth who are in an institutional level of care (e.g., hospital or inpatient setting) for at least 1 year (children aged 1+ years) or at least 12 weeks (children under 1 year of age), are experiencing non-medical barriers to discharge and can be medically discharged within the next 6 months, however there is a safety and/or continued care concern.
- TCC can be provided for up to 180 consecutive days while the participant is in an institution and for up to 60 days following transition to home/community.
- TCC services will be carved out of Managed Care and will be billed Fee-For-Service (FFS) for all participants.

Transitional Services (TS)

- Transitional Services are intended to assist a waiver participant in transitioning from a nursing home or institutional setting to living in the community.
- TS provides funds that can be utilized to help address the barriers that are preventing children/youth from returning home from an institutional setting.
- TCC will utilize Transitional Services to provide coordination of needed services and support to families during the transition period to maintain stability after discharge.
- TS service includes funding for various items including but not limited to: the cost of moving furniture and other belongings; purchasing essential home furnishings; health and safety assurances, pest removal, allergen control, etc.

- TS is administered by the Financial Management Service (FMS) and will be carved out of Managed Care and will be billed FFS for all participants.

Removal of Services

- Removal of Day Habilitation as a service under the Children’s Waiver. Participants in need of strengthening skills related to ADLs/IADLs can receive these services through Community Habilitation, which cover the same needs, however, does not have the added restriction to be delivered on an OPWDD certified sites. Additional information about this change can be found in the following:
 - Discontinuation of HCBS Day Habilitation Service Effective January 1, 2026 Announcement - [\(Web\)](#) - [\(PDF\)](#) - 12/24/25

Environmental Modifications (EMods), Vehicle Modifications (VMods), Adaptive and Assistive Technology (AAT), and Financial Management Services Updates

- EMods can be initiated while a participant is in an institutional setting, up to 180 days prior to their planned discharge from the institutional setting.
- In addition to administering EMods, VMods, and AAT, FMS will now also administer Transitional Services.
- AAT requests can no longer be used to obtain Service Dogs.
- VMod providers must be certified by the National Mobility Equipment Dealers Association (NMEDA). This is a clarification of previous Waiver language which inaccurately indicated that VMod providers were required to be certified by ACCESS-VR.
- Clarified in Environmental Modifications that the practice of “balance billing” or requiring/allowing families to fund some of the cost of a service from their own funds is prohibited under Federal and New York law.
- Language in the EMod, VMod, and AAT definitions have been clarified to refer to an established limit per service and that limit cannot be exceeded without special circumstances, medical necessity documentation meeting specific NYSDOH requirements, and prior approval from FMS/NYSDOH.
- Increased the Financial Management Services (FMS) administrative rate for Environmental Modifications, Vehicle Modifications, and Adaptive and Assistive Technology. New rates can be found on the HCBS rate sheet:
 - [HCBS Rate Sheet](#)

Children and Youth Evaluation Service (C-YES) Updates

- Maximus will no longer perform the functions of the Independent Entity/C-YES for the Children’s Waiver. Children currently enrolled in Medicaid in need of an HCBS Eligibility Determination should be referred to a Health Home in their area for completion of this Determination. Children not currently enrolled in Medicaid in need of an HCBS Eligibility Determination should be referred to the State operated C-YES program for completion of the Determination and assistance with applying for Medicaid. Additional details about the C-YES referral process can be found in the previously issued announcement:

- Update to C-YES Transition Referral for Children's Waiver Eligibility Determination Process for Children/Youth Without Medicaid - ([Web](#)) - ([PDF](#)) - January 29, 2026
- Participation in care management continues to be a requirement for all Children's Waiver participants. Most Children's Waiver participants are expected to meet this requirement through enrollment in Health Home Care Management, a comprehensive care management option that can assist in coordinating all aspects of the participant's care.
 - Children/youth who opt-out of Health Home comprehensive care management will receive HCBS **only** care coordination from a Qualified Individual Identified by the State and their Medicaid Managed Care Plan (MMCP), if enrolled.

Additional Language, Restriction, & Requirement updates

- Clarifying limits in HCBS and provisional plan of care service necessity limits for all HCBS to align with the limits outlined in HCBS Service Definition and Necessity Criteria Policy #CW0020 issued in June 2026.
- Removed wording that OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General because this is already a Medicaid provider enrollment requirement for all providers and their employees.
- Updated language regarding the ability to utilize Non-Medical Transportation (NMT). NMT can be used for a specific period and specified duration as outlined in the NYS Children's HCBS manual. NMT cannot typically be used for recurring trips (i.e. regular commuting for work, etc.) however can be used for these purposes when typical transportation or support cannot be provided for a period of time (i.e. car repair needed or caregiver can no longer transfer child due to temporary schedule change, etc.). Individuals receiving residential services are not eligible for NMT.
- Removal of references to Teaching Family Homes as allowable settings for Overnight Respite since these no longer exist in New York.
- Clarified that Community Habilitation direct service worker and supervisory staff must have at least a high school diploma or equivalent education.
- Clarified that Community Habilitation is used to teach participants how to complete ADL/IADL/ Health-Related tasks rather than to directly provide ADL/IADL/health-related tasks by staff for the participant, which are not allowable.

The Department appreciates the stakeholder feedback, suggestions, and workgroup work that have contributed to this Waiver Amendment to improve the delivery of Home and Community Based Waiver services to children in New York State.

Questions on this amendment can be sent to bh.transition@health.ny.gov