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of Health

# Bi-Monthly HCBS Provider/State Discussion

JUNE 24, 2026

# Agenda:

- ✓ **Recent Announcements**
- ✓ **IRAMS Updates & Reminders**
- ✓ **2026 Waiver Amendment**
- ✓ **HCBS Care Coordination**
- ✓ **1915(c) Waiver Renewal**
- ✓ **HCBS Authorization Fair Hearing**
- ✓ **Future Meetings & Contact Information**



# RECENT ANNOUNCEMENTS



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# ADDITIONAL RURAL COUNTIES

- **The Department announced approval to expand Children’s Waiver HCBS Rural Rates to additional counties effective beginning July 1, 2026.**
- In addition to the counties already eligible for Rural Rates (St. Lawrence, Hamilton, Franklin, Essex, Delaware, Clinton, and Alleghany counties) 21 additional counties are now eligible for Rural Rates:
  - Cattaraugus, Cayuga, Chautauqua, Chenango, Columbia, Cortland, Fulton, Genesee, Greene, Lewis, Livingston, Montgomery, Orleans, Otsego, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Wyoming, and Yates are now eligible for Rural Rates.
- **MMCPs must configure their systems no later than August 1, 2026 with the updated rates and issue retroactive payment adjustments to providers for Rural Rate claims with dates of service on or after July 1, 2026.**
- Refer to the [Children’s Waiver Home and Community Based Services \(HCBS\) Rate Sheet](#) for more information on Designated Rural Counties.

# CFTSS AND HCBS TII RATE ADJUSTMENT

An Announcement is forthcoming, as it is pending Division of Budget (DOB) approval:

The New York State Department of Health (NYSDOH) is processing approval to implement a 2.7% Targeted Inflationary Increase (TII) for Children's HCBS and CFTSS rates retroactive to April 1, 2026.

MMCPs must configure their systems with the updated rates and issue retroactive payment adjustments to providers for dates of service on or after April 1, 2026, no later than 90 days from the announcement issue date.

Adjusted Children's rate schedules can be found at the following links:

- [HCBS Rate Summary \(PDF\)](#)
- [FPSS, YPS, CPST, PSR, CI Rate Summary](#)
- [OLP Rates](#)

# STAFF COMPLIANCE

The Department shared [IRAMS Reminders and Deadlines Related to Staff Compliance Attestations and Participant Discharges](#), asking agencies to verify that information related to **staff qualifications, training, and background checks were entered into the IRAMS Staff Compliance portal and complete the ATTESTATION by June 1, 2026.**

- New employees should be added to the Staff Compliance Tracker within **30 days of hire date** or CHRC verification, whichever comes later.
- Employees that leave employment should be ended in the Staff Compliance Tracker within **30 days of employment end date.**
- New staff hire trainings, and staff annual re-trainings should be added to the Staff Compliance Tracker within **30 days of training completion.**

Additionally, to improve reliability of IRAMS data, the Department of Health requested HCBS providers review their current participant list in IRAMS and make discharges, as appropriate by **June 1, 2026.**

# IRAMS DISCHARGE

HCBS providers are expected to collaborate with care managers to discuss case status and determine appropriateness for discharge. In most scenarios, both an HCBS provider and a care manager have the ability to complete a participant discharge in IRAMS.

- Care managers are reminded that they are **responsible for managing all aspects of a child's care** and should be notifying HCBS providers of Children's Waiver enrollment changes. Together, care managers and HCBS providers are expected to communicate and determine who will discharge the child in IRAMS.
  - There are some scenarios when a CM cannot discharge a member within IRAMS..... when a member has been disenrolled from the Children's Waiver or the Health Home, therefore, the HCBS provider will need to discharge the member within IRAMS
- **This should be regularly monitored by the Health Home and designated HCBS provider organization.**

- Participants who are **no longer eligible** for the Children's Waiver **should be discharged.**
- Participants who **have not received a service from the HCBS provider within the last 60 days should be discharged.**
- The Department has asked any outstanding discharges **occur by June 1, 2026.**

# IRAMS UPDATES & REMINDERS



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# IRAMS UPDATES

An announcement was issued on **June 23, 2026**, introducing new functions within the Referral and Authorization Portal.

## Updates included are:

1. New requirement for HCBS providers to report revised F/S/D on FFS authorizations when Partial Approvals are received.
2. Updated format for HCBS providers to report revised F/S/D on MMCP authorizations when Partial Approvals are received.
3. New Discharge Reasons



# IRAMS UPDATES: FFS PARTIAL APPROVALS

HCBS providers will now be required to return to the Portal after receiving a “partially approved” determination from the Department FFS team to enter a revised frequency and scope for the authorization period.

- The revised frequency and scope must align with the total units/hours of the partial approval.

- This information will be entered by selecting “Enter Revised Frequency & Scope” within the Approval Tab of the Authorization.

HCBS Service Authorization

F/S/D Goals Provider Review **Approval** Attachments

Authorized Service Period

Authorization Begin Date\* 01/01/2026 Authorization End Date\* 06/30/2026

ENTER REVISED FREQUENCY & SCOPE

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	220	848	416	1664
H2014	220	848	416	1664

# IRAMS UPDATES: FFS PARTIAL APPROVALS

Enter revised frequency and scope:

Frequency/Scope

H2014 H2015

**Scope\***  
*How long is each session?*

6 Hours

**Frequency\***  
*How often are the sessions?*

4 Every Week

**Modality\***  
*How many people are in each session?*

Individual Group

**Unit Type\***  
*How are units defined?*

15 Mins

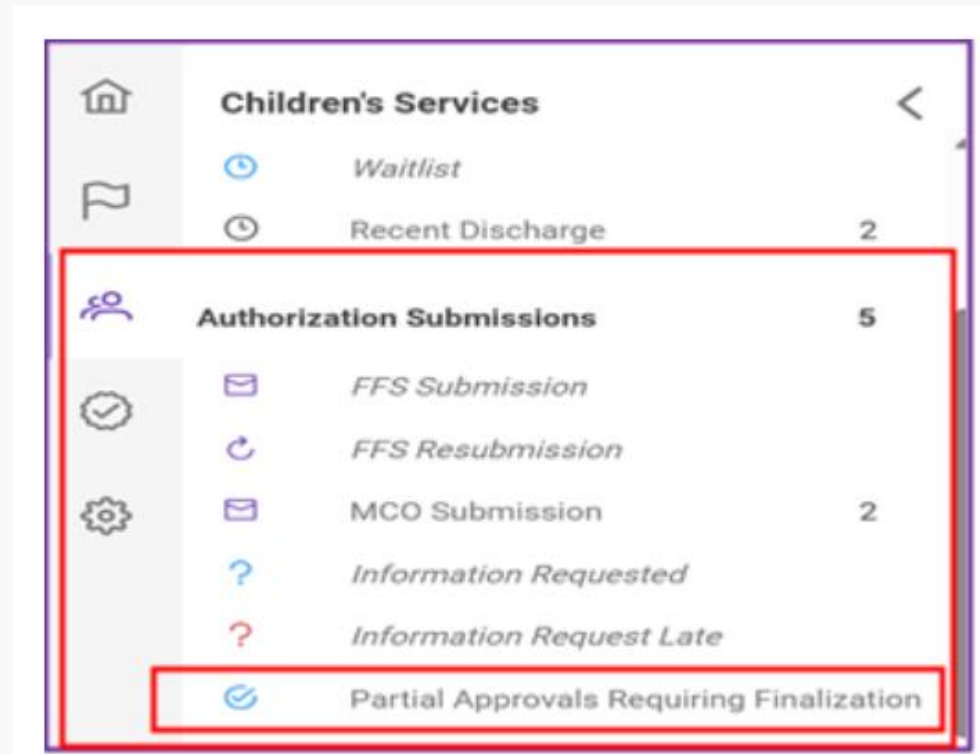
⚠ Exceeds Approved Hours/Units

Finalize the Authorization:

Finalize FSD Revision

# IRAMS UPDATES: FFS PARTIAL APPROVALS

A new menu options has been added to help HCBS providers easily identify Partially Approved FFS authorizations in need of finalization:

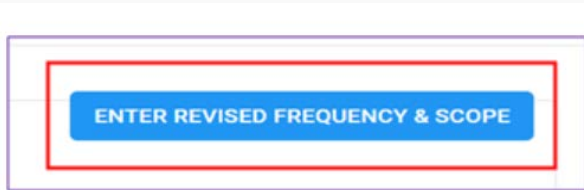


This information is also now included in the HCBS Provider Daily Digest.

# IRAMS UPDATES: MMCP PARTIAL APPROVALS

When an HCBS Provider receives a **Partial Approval** determination on an MMCP authorization request, they will now report a revised F/S/D in the same manner that this information is reported for FFS Authorization Partial Approvals.

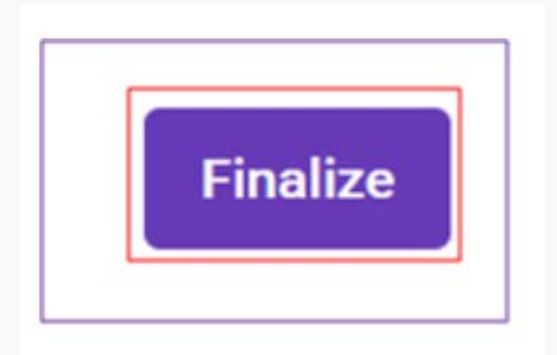
- 1 Providers will select “Enter Revised Frequency & Scope” on the Approval tab:



- 2 Providers will enter the revised F/S, which will align with the partial approval:

A screenshot of a web form titled "Frequency/Scope". The form has a header with "H2014" and "H2015" tabs. Below the header, there are several sections: "Scope\*" with a dropdown menu set to "6" and "Hours"; "Frequency\*" with a dropdown menu set to "4" and "Every Week"; "Modality\*" with radio buttons for "Individual" (selected) and "Group"; and "Unit Type\*" with a dropdown menu set to "15 Mins". At the bottom of the form, there is a red dashed border containing a warning icon and the text "Exceeds Approved Hours/Units".

- 3 Providers will select “Finalize”:



# IRAMS UPDATES: NEW DISCHARGE REASONS

IRAMS now includes two additional discharge reasons of “**Provider Change**” and “**Provider Closure**”.

- When completing discharge documentation, select the appropriate reasons from the updated list.

## When to use the new discharge reasons:





- **Provider Change:** The participant is being discharged due to a change that has occurred with the provider (i.e. agency no longer contracted with Child’s MMCP, etc.)
- **Provider Closure:** The participant is being discharged as the current provider is closing their agency, de-designating, or ceasing to provide care.



# IRAMS REMINDERS

## Finalizing HCBS Authorizations in IRAMS

- After receiving notification of the finalized authorization determination, the HCBS provider will re-enter the Portal to report the determination. There are a number of HCBS providers who have ***unfinalized authorizations*** in IRAMS.

<b>HCBS Service Issues</b>	<b>1,399</b>
 HCBS Eligibility	295
 No Authorization	871
 Expired Authorization	270
 Auth Expiring Soon	235

- **HCBS providers are asked to review their current authorizations and ensure all necessary authorizations are finalized.**
- Use the **HCBS Service Issues Menu** to identify cases that might fall into this category

# 2026 WAIVER AMENDMENT



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# 1915(C) AMENDMENT- EFFECTIVE 4/1/26

## Additional Services

Transitional Care  
Coordination

Transitional Services

## Sunseting of Day Habilitation

Transition Participants  
to Community  
Habilitation providers.  
Provide the same type of  
service/support in a less  
restrictive setting.

## Changes to Children's Waiver care management services

Department operated  
Children and Youth  
Evaluation Services (C-  
YES)

QIIS Care Coordination  
beginning 7/1/26

The Department announced Amendment Approval on April 7, 2026.

The Department presented an overview of the Children's Waiver Amendment in a webinar on April 22, 2026.

# TRANSITIONAL CARE COORDINATION (TCC)

## What is TCC?

- TCC is a Children's Waiver service designed to **address 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.
- Provides coordination of needed services and support to families during the transition period to maintain stability after discharge.
- A [webinar](#) on this topic was held for presumptive TCC providers and Health Homes.



## Who is TCC for?

### 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 12 weeks (children under 1 year of age)
- Are experiencing non-medical barriers to discharge
- Can be medically discharged within the next 6 months, however there is a safety and/or continued care concern

TCC is carved out of Managed Care and will be billed through the Fee-for-Service delivery system.

# DAY HABILITATION

## **Sunsetting of Children's Waiver Day Habilitation Service**

Within the proposed Children's Waiver Amendment, Day Habilitation is to be eliminated.

- Community Habilitation can be utilized to serve participants with Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) skill development within the home and community, instead of an OPWDD setting which is required for Day Habilitation.
- Day Habilitation HCBS providers will be de-designated in March 2026.
- Care Managers will work with families and participants to transition children/youth to Community Habilitation, if needed and appropriate.



# C-YES TRANSITION & UPDATES

On January 1, 2026, New York State Department of Health began reviewing Children's Waiver referrals and conducting HCBS eligibility determinations for children/youth who are not already enrolled in Medicaid and may need Children's Waiver services.

- Children and youth **currently enrolled in Medicaid** who are at risk of institutionalization or who are being discharged from an institution, must be referred to a Health Home Serving Children (HHSC) in their area for a Children's Waiver eligibility determination.
- If the child/youth is not already enrolled in HHSC, locate an HHSC in your area using the [Find a Health Home](#) matrix. Once an appropriate Health Home has been identified, contact them by phone or email to request an HCBS eligibility determination.
- The HHSC will meet with the child/youth/family to learn about their needs, assist to determine the appropriate services and complete the Children's Waiver Home and Community Based Service (HCBS) eligibility determination, if appropriate.

# C-YES TRANSITION & UPDATES

On April 1, 2026, the Office of Mental Health and County Single Point of Access (C-SPOA) began reviewing Children's Waiver referrals for children/youth identified with mental health or a serious emotional disturbance (SED)

- The Department/C-SPOA operated Children and Youth Evaluation Services (C-YES) can determine Children's Waiver eligibility and assist with the Medicaid application.
- Children and youth who are found Children's Waiver HCBS eligibility will be sent to the Local Department of Social Services (LDSS) to determine Medicaid.
- If determined ineligible for Community Medicaid (whole family), then the LDSS will conduct Family of One Medicaid budgeting (regardless of family income) due to their HCBS eligibility.
- To refer a child/youth who is not enrolled in Medicaid, who is at of risk of institutionalization or is being discharged from an institution, complete and submit a [C-YES Online Referral](#).

# WAIVER AMENDMENT RESOURCES

The Department has hosted several webinars and issued multiple announcements, guidance documents, policies, etc. related to the April 1, 2026 Waiver Amendment. These Resources can be found on the Stakeholder Engagement page of the DOH website.

These resources are available on the [Stakeholder Engagement](#) page of the DOH Website

<a href="#">Overview of 1915c Children's Waiver and 1115 Waiver</a>	<a href="#">Stakeholder Engagement</a>	<a href="#">Information for Children/Youth and Families</a>	<a href="#">Children's HCBS Waiver Provider Guidance, Policies, &amp; Webinars</a>
<a href="#">Children's HCBS Manuals and Rates</a>	<a href="#">Capacity Management</a>	<a href="#">HCBS Eligibility, Services, and Plan of Care</a>	<a href="#">Care Management Guidance, Policies, &amp; Webinars</a>
<a href="#">EMods, VMods, AT, &amp; Non-Medical Transportation</a>	<a href="#">Critical Incident, Staff Compliance Tracker, &amp; HCBS Referral and Authorization Portal</a>	<a href="#">OPWDD Resources</a>	<a href="#">Archive</a>



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# HCBS CARE COORDINATION OPTIONS & ROLES



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# CARE COORDINATION OPTIONS

All Children's Waiver participants must be offered choice of care coordination while enrolled in the Children's Waiver. Children's Waiver participants must be assessed for Waiver eligibility and must have a person-centered Plan of Care.

All Children's Waiver participants are eligible for Health Home Serving Children (HHSC) care management services. If the child/youth is enrolled in Medicaid at the time that the need for Children's HCBS is identified, the Health Home Care Manager (HHCM) determines a child/youth's eligibility for the Children's Waiver participation by conducting the HCBS Eligibility Determination.

Once found eligible, the Health Home Care Manager must inform the participant/family regarding their care coordination options, and the distinction between comprehensive care management provided by the Health Home and HCBS-only care coordination provided by Qualified Individuals Identified by the State (QIIS).

# HEALTH HOME COMPREHENSIVE CARE MANAGEMENT

**Comprehensive Care Management** is provided by Health Home Care Management Agencies (HHCMA) with the goal of integrating all aspects of care for the individual's medical, mental health, substance use, social service, and HCBS needs in a comprehensive person-centered plan of care (POC).



# QUALIFIED INDIVIDUALS IDENTIFIED BY THE STATE

**HCBS-only Care Coordination** is provided by the Qualified Individuals Identified by the State (QIIS) to develop and coordinate the person-centered HCBS-only plan of care (POC) for Children's Waiver participants who opted-out of comprehensive Health Home care coordination

QIIS provide HCBS-only care coordination for Children's Waiver participants who have opted out of comprehensive Health Home care management. Qualified Individuals include those who are identified by the State as meeting the requirements to conduct Children's Waiver eligibility determinations and provide HCBS care coordination, and include employees of the Department of Health, the Office of Mental Health, and Medicaid Managed Care Plans (MMCP).



# ELIGIBILITY, ENROLLMENT, & INFORMED CHOICE

The QIIS will vary depending on the participant's circumstances:

- I. If the participant has **Fee-for-Service Medicaid** and is enrolled in the **Children's Waiver in the Serious Emotional Disturbance (SED) Target Population**, **the QIIS function will be fulfilled by the Office of Mental Health (OMH)**.
- II. If the participant has **Fee-for-Service Medicaid** and is enrolled in the **Children's Waiver in the Medically Fragile or Developmental Disability Target Populations**, **the QIIS function will be fulfilled by the Department of Health (DOH)**.
  - ❖ OMH and DOH will be responsible for developing the person centered POC, managing HCBS referrals, and coordinating HCBS care for the participant including completion of the annual HCBS eligibility determination.
- III. If the participant is enrolled in **Medicaid Managed Care**, **the QIIS will be the MMCP in collaboration with OMH (for the SED Population) or DOH (for the Medically Fragile or Developmental Disability Populations)**.
  - ❖ The MMCP will be responsible for monitoring and updating the person centered POC and coordinating HCBS care for participants. OMH/DOH will develop the initial Plan of Care, make referrals to HCBS providers for HCBS in accordance with the POC and as directed by the MMCP, and be responsible for completing the annual HCBS eligibility determination.



# CARE COORDINATION OPTIONS

All Children's Waiver participants must be offered choice of care coordination while enrolled in the Children's Waiver. Children's Waiver participants must be assessed for Waiver eligibility and must have a person-centered Plan of Care.

Children's Waiver participants can receive either Qualified Individual Identified by the State (QIIS) Care Coordination or Health Home Care Management but **cannot receive both**.

Children's Waiver participants who do not need HCBS on a monthly basis and are enrolled in Medicaid under "Family of One" budgeting, who have a need for comprehensive care coordination, must be referred to a Health Home for comprehensive care management.

Children who do not require comprehensive care coordination or monthly HCBS should be discharged from the Children's Waiver.

# CARE COORDINATION OPTIONS

The Department issued an [announcement](#) to MMCPs on May 12, 2026, explaining the role of the MMCP in providing HCBS Care Coordination.

The Department hosted the [Children's Waiver Care Coordination Options and Process \(PDF\)](#) webinar on June 4, 2026.

The Department released the [Children's HCBS Waiver Care Coordination Requirements Policy #CW0027](#) on June 11, 2026.

The Department also released the [Transfer Process between the C-YES, Qualified Individuals identified the State, and HHSC Policy](#) and [DOH-5845 - Transfer Form for C-YES, Qualified Individual Identified by the State, and Health Homes](#)

Information about care coordination options for Children's Waiver participants was [released](#) on June 11, 2026.



# 1915(C) WAIVER RENEWAL



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# HCBS PROVIDER DISCUSSION



The Department must submit a 1915(c) Children's Waiver renewal application to CMS for approval April 1, 2027, which will be submitted in the **Fall 2026**.

The Department is soliciting information, feedback, ideas, and changes from stakeholders

**What feedback and updates would you like to see to the Children's Waiver?**



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# HCBS AUTHORIZATION FAIR HEARING



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# FAIR HEARING REQUEST WITH AID CONTINUING

The [Children's Waiver HCBS Authorization Policy for Fee-for-Service \(FFS\) CW#0019](#) Policy will be updated to clarify the number of units/hours that can be utilized when there is a pending Fair Hearing with Aid Continuing.

- **Aid Continuing** – The right of a Children's Waiver participant to have services continue until After the Fair Hearing Decision is issued; Aid Continuing directives are issued by the Office of Temporary and Disability Assistance (OTDA).
- **Aid Continuing** is only after a participant has been found eligible or been receiving a service, and not for the first ineligible or denial for services.

Each Notice of Determination/Decision (NOD) **is specific to the action it represents**. Each authorization/re-authorization **requires its own** Notice of Determination/Decision (NOD) and **does not replace or supplant the previous or other** Notice of Determination/Decision (NOD) with Aid Continuing.

# FAIR HEARING EXAMPLE

Each Fair Hearing with Aid Continuing filed **is specific to a particular NOD**. Therefore, the Fair Hearing decision by the OTDA Law Judge is a determination **ONLY** on the specific NOD action and not subsequent authorizations or NODs issued.

1. When filing a Fair Hearing with Aid Continuing that is approved by OTDA, **the same amount/frequency of service must remain in place until** a Fair Hearing Decision is made.
  - Participant was receiving 100 hours of Respite for six months Jan – June 2024
  - Re-authorization request for 200 hours of Respite for six months July – December 2024, which was partially approved for 125 hours. Fair Hearing with Aid Continued is filed with OTDA and accepted.
  - **Participant continues to receive the continued services they were receiving at the same frequency until a hearing is heard**, the 100 hours of Respite.



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# FAIR HEARING EXAMPLES

The following are the processes to follow depending on the timing when the Fair Hearing occurs and a decision is issued:

2. If the Fair Hearing is heard **prior** to the expiration of the re-authorization duration July – December 2024 request of 200 hour, the HCBS provider and MMCP/FFS must follow the Law Judge’s decision.
3. If the Fair Hearing is heard **after** the expiration of the re-authorization duration July – December 2024 request of 200 hour, the decision is on the requested Fair Hearing has passed and the participant has already received services for the duration of July – December 2024.
  - The HCBS Provider should have already submitted a **new re-authorization** request if services are appropriate to continue past December 2024.
  - All new authorization request must be **submitted timely** regardless of a pending Fair Hearing
  - A NOD must be given for **all** authorization request



# FUTURE MEETINGS & CONTACT INFORMATION



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# 2026 HCBS PROVIDER & DOH DISCUSSION SCHEDULE

The Department has updated the [2026 HCBS Provider/State Discussion schedule](#).

Overview of 1915c Children's Waiver and 1115 Waiver

Stakeholder Engagement

Information for Children/Youth and Families

**Children's HCBS Waiver Provider Guidance, Policies, & Webinars**

Children's HCBS Manuals and Rates

Capacity Management

HCBS Eligibility, Services, and Plan of Care

Care Management Guidance, Policies, & Webinars

Children and Youth Evaluation Services (C-YES)

EMods, VMods, AT, & Non-Medical Transportation

Critical Incident, Staff Compliance Tracker, & HCBS Referral and Authorization Portal

OPWDD Resources

Archive

- + Policy
- + Guidance
- Webinars and Provider Meetings
- State Discussion with Children's Waiver HCBS Providers
- 2026
  - 2026 HCBS Provider/State Discussions Schedule - ([Web](#)) - ([PDF](#))

**Reminder:** In order to attend these meetings, participants are required to register for each meeting individually using the corresponding link above.

Date	Time
Wed, Aug 26, 2026	1:00 PM - 2:30 PM
Wed, Oct 28, 2026	1:00 PM - 2:30 PM
Wed, Dec 23, 2026	1:00 PM - 2:30 PM

# CONTACT US

All **Children's Waiver HCBS** questions and concerns should be directed to the NYS Department of Health at [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov) mailbox or (518) 473-5569.

Questions related to specific **Fee-for-Service case issues** can be submitted through the Health Commerce System (HCS) Secure File Transfer to [hcbsffsauthorization@health.ny.gov](mailto:hcbsffsauthorization@health.ny.gov)

For questions about the **Referral and Authorization Portal, Staff Compliance, and HCBS Critical Incidents/Grievances** email [Health Homes](mailto:HealthHomes@health.ny.gov) with a subject line of "IRAMS Questions Only – No PHI"

Questions regarding the **HCBS Settings Final Rule** can be directed to [ChildrensWaiverHCBSFinalRule@health.ny.gov](mailto:ChildrensWaiverHCBSFinalRule@health.ny.gov).

**NYS Department of Health Managed Care Complaint Line**  
1-800-206-8125 or [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov).



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