

Policy Title: Transfer Process between the Children and Youth Evaluation Services (C-YES), Qualified Individuals identified the State, and Health Home Serving Children (HHSC)

Policy number: CW0026 (Replacing CW0007)

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This policy supersedes other guidance, webinar presentations, and replaces “Transfer Process between the Children and Youth Evaluation Services (C-YES) and Health Home Serving Children (HHSC) #CW0007”, issued prior to this policy.

Applicability

This policy pertains to the Health Home Serving Children (HHSC), the Department of Health Children and Youth Evaluation Services (C-YES), and other Qualified Individuals identified by the State.

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Definitions

Children and Youth Evaluation Services (C-YES) – serves children and youth who do not have Medicaid who need Children’s Waiver Home and Community Based Services (HCBS) to avoid institutional care. C-YES screens individuals and conducts Children’s Waiver eligibility determinations to ascertain if a children/youth meet Children’s Waiver enrollment criteria.

Qualified Individuals identified by the State - provide HCBS care coordination for children and youth who are eligible and enrolled in the Children’s Waiver who have opted out of Health Home comprehensive 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 includes employees of the Department of Health, the

Office of Mental Health, County Mental Health Departments (Children Single Point of Access (C-SPOA)), and Medicaid Managed Care Plans.

Purpose

This policy outlines the process for making a referral to C-YES, the C-YES eligibility determination process, and the transfer process for Children's Waiver eligible and enrolled children/youth to transition to the entity of their choice to provide HCBS care coordination. Children and youth have the right to select their care coordination entity at the time of the completion of their Children's Waiver initial and annual eligibility determination and when it aligns with the Children's Waiver and the Department policy.

Background

Effective January 1, 2026, New York State assumed the role of C-YES to provide Children's Waiver eligibility determination for children and youth who do not have Medicaid who need HCBS to avoid an institutional level of care. Once determined eligible for Children's Waiver services, and enrolled in Medicaid, the child/youth/family can decide whether to receive comprehensive care management (including HCBS care coordination) through a Health Home, or limited HCBS care coordination through a Qualified Individual identified by the State.

Policy

Care coordination services must be offered to all children participating in the Children's Waiver. Participants are required to be assessed annually for Children's Waiver eligibility and HCBS must be delivered in accordance with 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 HCBS waiver participation by conducting the HCBS Eligibility Determination¹. If the child/family chooses Health Home to meet their on-going care management needs, the Health Home will continue to support the family and complete the annual Children's Waiver Eligibility re-determination, as appropriate.

If the child/youth does not have Medicaid at the time that the need for HCBS is identified, the initial Children's Waiver Eligibility Determination will be completed by C-YES. If the child/youth is found eligible for the Children's Waiver, applies for Medicaid and is approved for Medicaid enrollment, the child/youth has the choice of receiving comprehensive care management through a Health Home, or limited HCBS care coordination from a Qualified Individual identified by the State. Comprehensive care management through the Health Home program is more appropriate for most children/youth enrolled in the Children's Waiver, as these children are at imminent risk of institutionalization and require clinical supports, as well as HCBS that must be coordinated.

Children's Waiver participants who are enrolled in Medicaid under "Family of One" budgeting, who do not need a monthly HCBS, will be referred to a Health Home for comprehensive care management, in order to maintain Children's Waiver enrollment status.

¹ Refer to the [Children's HCBS Waiver Eligibility and Enrollment Policy](#) for additional information.

To ensure quality and continuity of care for the participant, the participant/family choice of Children's Waiver care coordination can only be made or changed at the time of the initial or annual HCBS eligibility determination or if there is significant change with the participant's condition or circumstances that warrants an earlier change of care management/manager. If a change of care coordination needs to occur outside of the annual eligibility determination, then this can only occur if the annual HCBS Eligibility Determination is due more than 90 days, otherwise the transfer will have to be conducted after the HCBS Eligibility Determination outcome has been concluded. To assist the participant/family with an early transfer, the HCBS Eligibility Determination can be conducted earlier than the allowed 60 days prior to the 365 days annual redetermination due date.

C-YES Children's Waiver Eligibility and Medicaid Application Assistance

The following outlines the C-YES process for determining Children's Waiver eligibility, assisting the child/youth/family in applying for Medicaid, and completing enrollment in the Children's Waiver.

1. C-YES will educate the child/youth/family and community professionals regarding the purpose, goal, and services available under the Children's Waiver. C-YES will review the eligibility requirements, documentation needed to support eligibility, and the Medicaid application process.
2. C-YES will provide an overview of the HCB Services available under the Children's Waiver and their purpose, as well as provide education and resources on other available supports related to the child/youth's needs, as appropriate.
3. C-YES will complete an appropriate screening with the child/youth to determine appropriateness for Children's Waiver enrollment prior to conducting an assessment for Children's Waiver eligibility and assisting with the Medicaid application.
4. C-YES will inform the child/youth/family about their options for care coordination: Health Home comprehensive care management, HCBS **only** care coordination by qualified individuals identified by the State. C-YES will inform the family of the role and responsibilities of the care manager under each option. Comprehensive care coordination is more appropriate for children/youth requiring various services to support the child/youth's complex needs, as HCBS care coordination is limited. Children and youth with Family of One who do not require monthly HCBS must be referred to a Health Home for comprehensive care coordination in lieu of HCBS to maintain waiver enrollment.
5. C-YES will work with the child/youth/family to complete the HCBS Eligibility Determination, if appropriate. If determined HCBS eligible, and the child/youth/family wants to proceed, then C-YES will assist the family with the process of applying for Medicaid.
6. C-YES will inform the child/youth/family that the Children's Waiver eligibility determination is an annual determination and must be reevaluated after a significant life event that may result in the child no longer meeting eligibility criteria. Necessary

documentation must be provided, and all eligibility criteria must be met at the time of each assessment to maintain Children's Waiver.

Transfer to Health Home

When a participant/family working with C-YES opts-in to Health Home during the initial Children's Waiver eligibility determination process, the C-YES team will initiate an immediate transfer of the child/youth to the participant's choice of Health Home upon approval of the Medicaid enrollment. Transfers occur between the lead Health Home and C-YES. If a particular Care Management Agency is requested by the child/youth/family, then that will be part of the transfer information that is sent to the Health Home.

The transfer to the Health Home will include the complete Children's Waiver eligibility supporting documentation and signed consent to share the information with the Health Home. Additionally, the Freedom of Choice form will be reviewed with the child/youth/family and signed, to indicate the opt-in opt-out of Health Home. The Participant's Rights and Responsibilities, Notice of Decision, and the transfer checklist with supporting documentation as noted on the transfer checklist will be sent to the Health Home.

If the participant/family, C-YES staff, or the Health Home believe that a warm hand-off meeting with the child/youth/family present would be beneficial to discuss the cases, family situations, and share additional information, this can be requested by one of the entities. This should be discussed with the child/youth/family so they can make the warm hand-off meeting a priority. C-YES will complete the transfer in accordance with the required policy timeframes, regardless of the timing of the warm hand-off meeting.

Additional information about Children's Waiver Eligibility and Enrollment can be found in the [Children's HCBS Waiver Eligibility and Enrollment Policy](#).

Transfer Process

C-YES staff or the Qualified Individuals identified by the State will complete the ***"Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home"***, to indicate the necessary information and documentation that will be sent and specify the status of the Children's Waiver eligibility determination, services referrals, plan of care, needs, supports, etc. of the participant to the receiving Health Home.

C-YES or the Qualified Individuals identified by the State must send the ***"Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home"*** and signed consent form within three (3) business days from learning Medicaid was obtained for initial HCBS eligibility or seven (7) business days from learning the child/youth/family's choice for Health Home comprehensive care management when providing HCBS care coordination.

Transfer Steps

A Transfer Referral is initiated to the Health Home with the ***"Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home"*** and signed consent form via secure email or secure file transfer in the Health Commerce System (HCS). The Health Home will review this information to determine if they can accept the case.

- a. C-YES or the Qualified Individual initiating the transfer verifies proper recipient Restriction Exception (R/RE) K-codes are active on the child/youth's file prior to transfer and that the transfer occurs after the initial or annual HCBS eligibility determination has been completed. The HCBS Children's Waiver Eligibility Determination is active for 365 days, so at the time of transfer a new HCBS determination is not required to be completed by the receiving entity.
- b. Review and Acceptance Period (three (3) business days): The lead Health Home will receive, review, and respond to the transfer referral. If they have capacity and can accept the transfer, the Health Home will respond indicating they accept the transfer.
- c. Transfer Documentation (three (3) business days): Once the receiving Health Home indicates the ability to accept the case transfer, the C-YES/ Qualified Individuals identified by the State will transfer all required supporting documentation as indicated on the "**Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home**", including, if applicable, the POC and outstanding referrals to HCBS providers. HCBS referral information will be viewable within the Referral and Authorization Portal by the receiving entity once the transfer has been finalized. If there is missing documentation for the transfer request, the Health Home will request the missing information. Additionally, if needed or requested, C-YES/Qualified Individuals identified by the State/Health Home can schedule a call to discuss the case, answer any questions, and determine if a warm hand-off is needed or requested by the participant/family.
- d. Warm Hand-off Call: If a warm hand off is necessary, C-YES/Qualified Individuals identified by the State must schedule a three-way warm hand off call with the Health Home and the family for introduction, to share pertinent information regarding the participant's condition and involved providers, and for the Health Home to explain to the participant/family the next steps that will occur and the timeframes.

The participant/family should be told why the warm off is important to attend and the purpose of the call, if the request did not come from the participant/family. The warm hand-off call must be scheduled within seven (7) business days from the Health Home's Review and Acceptance Period (a), which is no later than three (3) business days from the sent transfer referral date. If the warm-off call cannot be scheduled within the allotted time, it can still occur, however it cannot delay any of the other timeframes noted below.

- e. Date of Transfer: The Health Home assumes and is responsible for the case, unless a noted issue/concern is shared, within five (5) business days of the Transfer Documentation (b) sent to the Health Home or within five (5) business days from the Warm Hand-off Call, if completed timely.
- f. Notification: The Qualified Individual notifies all involved providers and care team members, including HCBS provider(s) and the Medicaid Managed Care Plan (if applicable) of the transfer of care management services and continued Children's Waiver eligibility.

Participants who Opt-Out of Health Home

C-YES Participants

If during the C-YES Children's Waiver eligibility determination process, the participant/family opts-out of Health Home, a Qualified Individual identified by the State along with their Medicaid Managed Care Plan (MMCP), if enrolled in managed care, will be responsible for developing and monitoring the person-centered Plan of Care and managing HCBS referrals to ensure that the participant is connected to service provider who meets their needs.

Health Home Participants

Health Homes should not transfer or send children/youth/families to C-YES if they have Medicaid or have been serving the member prior to the Children's Waiver eligibility determination. It is the responsibility of the Health Home care manager to assist members and their families to maintain Medicaid whenever possible. Health Homes can assist members up to 90 days after the loss of Medicaid; however, Health Homes should take necessary steps to avoid any lapse in coverage for members they serve.

Additionally, if a Health Home member is at risk of institutionalization and is in need of Children's Waiver HCBS to avoid an institutional level of care, then the Health Home care manager must conduct the Children's Waiver Eligibility Determination, as outlined in [Eligibility Requirements for Health Home Services and Continued Eligibility in the Health Home Program HH0016](#). If the child/youth is HCBS eligible and is at risk of losing Community Medicaid, then the Health Home care manager must notify the county Local Department of Social Services (LDSS) that the child is HCBS Waiver eligible for Family of One budgeting can be conducted.

All transfers of care coordination to a Qualified Individual Identified by the State must be sent through the lead Health Home and not the care management agency (CMA). The Lead Health Home will review the proposed transfer to ensure all requirements and timeframes are followed and transfer documentation is available and completed. The Health Homes/CMA will complete the ***“Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home”*** to indicate the necessary information and documentation that will be sent and specify the status of the HCBS eligibility, services referrals, plan of care, needs, supports, etc. of the participant.

Transfer Steps

A Transfer Referral is initiated to the Qualified Individuals identified by the State with submission of the ***“Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home”*** and signed Health Home 5201 consent form via secure email or secure file transfer in the Health Commerce System (HCS).

- a. The Health Home initiating the transfer verifies proper recipient Restriction Exception (R/RE) K-codes are active on the child/youth's file prior to transfer and that the transfer occurs after the initial or annual HCBS eligibility determination has been completed. The HCBS Children's Waiver Eligibility Determination is active for 365 days, so at the time of transfer a new HCBS determination is not required to be completed by the receiving entity.

- b. Review and Acceptance Period (three (3) business days): The Qualified Individuals identified by the State will receive, review, and respond to the transfer referral. The Qualified Individuals will respond indicating they accept the transfer.
- c. Transfer Documentation (three (3) business days): Once the Qualified Individuals indicates the ability to accept the case transfer, the Health Home will transfer all required supporting documentation as indicated on the ***“Transfer Form for C-YES, Qualified Individual identified by the State, and Health Home”***, including, the POC and outstanding referrals to HCBS providers. HCBS referral information will be viewable within the Referral and Authorization Portal by the receiving entity once the transfer has been finalized. If there is missing documentation for the transfer request, the Qualified Individuals will request the missing information. Additionally, if needed or requested, the Qualified Individuals identified by the State/Health Home can schedule a call to discuss the case, answer any questions, and determine if a warm hand-off is needed or requested by the participant/family.
- d. Warm Hand-off Call: If a warm hand off is necessary, the Health Home must schedule a three-way warm hand off call with the Qualified Individual and the family for introduction, to share pertinent information regarding the participant’s condition and involved providers, and for the Qualified Individual identified by the State to explain to the participant/family the next steps that will occur and the timeframes.

The participant/family should be told why the warm off is important to attend and the purpose of the call, if the request did not come from the participant/family. The warm hand-off call must be scheduled within seven (7) business days from the Qualified Individual identified by the State’s Review and Acceptance Period (a), which is no later than three (3) business days from the sent transfer referral date. If the warm-off call cannot be scheduled within the allotted time, it can still occur, however it cannot delay any of the other timeframes noted below.

- e. Date of Transfer: The Qualified Individual identified by the State assumes and is responsible for the case, unless a noted issue/concern is shared, within five (5) business days of the Transfer Documentation (b) sent to the Qualified Individual identified by the State or within five (5) business days from the Warm Hand-off Call, if completed timely.
- f. Notification: The Health Home/Care Manager notifies all involved providers and care team members, including HCBS provider(s) and the Medicaid Managed Care Plan (if applicable) of the transfer of care management services and continued Children’s Waiver eligibility.

Care Management Requirements

- As noted, to ensure quality and continuity of care for the participant, children/youth who meet the Children’s Waiver HCBS eligibility criteria and are enrolled in Medicaid under Family of One budgeting, but who do not have a need for a monthly HCBS, will receive Health Home comprehensive care management to maintain Children’s Waiver enrollment status.

- Medicaid members, including Children's Waiver participants, receiving Health Home care management who lose or may lose their Medicaid should not be referred to C-YES for assistance with re-establishing Medicaid. It is the responsibility of the Health Home care manager to assist in restoring active Medicaid status, if possible, by working with the Local Department of Social Services (LDSS). In addition to ensuring the Restriction Exception (R/RE) K-codes are in place, Health Home care managers can share a print-out of the UAS HCBS eligibility if this will assist/verify for the LDSS that the child/youth is in the Children's Waiver.
- The Health Home care manager must conduct the HCBS Eligibility Determination for children/youth who are receiving Health Home care management services and are in need of Children's Waiver HCBS. If a Children's Waiver participant opts-out of Health Home care management at the time of the Children's Waiver eligibility determination, then the Health Home care manager can conduct the transfer at this time following the transfer process outlined above.