UPDATE to the Children's Waiver Home and Community Based Services (HCBS) Eligibility Determination Documentation

To: Health Homes Serving Children, Care Management Agencies, and Qualified Individuals Identified by the State (QIIS)

Date: June 23, 2026

With the implementation of the 1.23 Uniform Assessment System (UAS-NY) Release, Health Home Care Managers (CMs) and Qualified Individuals Identified by the State (QIIS) can now capture when a Home and Community Based Service (HCBS) Eligibility Determination annual reassessment cannot be completed within the mandated timeframes. This allows CMs/QIIS to document the reason why a timely reassessment could not be conducted and provides documentation of the reason for HCBS ineligibility for a Fair Hearing.

As indicated in the Children's Home and Community Based Services (HCBS) Waiver Eligibility and Enrollment Policy #CW0005, CMs/QIIS are required to start the HCBS Eligibility Determination 60 days prior to the annual (365-day) reassessment due date. If CMs/QIIS are unable to gather the necessary documents and information needed to complete the HCBS Eligibility Determination annual reassessment on time, the CMs/QIIs must document this in the UAS, using the new feature to select the reason why (refer to the attached UAS 1.23 Reference document). The CMs/QIIS must document this reason in the UAS within ten (10) days prior to the 365-day due date and send the *Notice of Decision (NOD) for Discontinuance in the New York State 1915(c) Children's Waiver (DOH5288)* to the member/family indicating the member's disenrollment from the Waiver.

If a new HCBS Eligibility Determination is completed at a later date, the CM/QIIS must send new Notice of Decision *(Notice of Decision for Enrollment or Denial of Enrollment in the New York State 1915(c) Children's Waiver (DOH 5287)* to the member/family indicating the member's enrollment or denial of enrollment in the Children's Waiver.

Note: When a member is disenrolled from the Children's Waiver, the CM/QIIS must discharge the member from all connected HCBS providers, close all open referrals in the Incident Reporting and Management System (IRAMS), and inform all multidisciplinary team members.

In IRAMS, Health Homes, CMs, and QIIS can view participants with eligibility issues (e.g. participants without active Medicaid, missing K-Codes, or overdue HCBS Eligibility determinations). This information can be viewed by navigating to the "HCBS Service Issues" section of the left side menu within the Referral and Authorization Portal. Participants with eligibility issues who have open referrals and/or open connections to HCBS providers should be discharged from services and/or withdrawn from referrals, as appropriate.

Health Homes Serving Children, Care Management Agencies, and Care Managers are expected to enter IRAMS and identify those participants that have "HCBS Service Issues" that have not been discharged from the services but are not eligible for HCBS (due to either losing Children's Waiver eligibility or Medicaid). Care Managers must take action on these children by July 6, 2026 and continually ensure accurate information within the Referral and Authorization Portal.

For more information, please refer to the Health Homes & Home and Community Based Services (HCBS) Notices and Fair Hearings Policy #HH0004. Adherence to this policy ***will be*** reviewed and included as part of the HCBS case reviews and the Health Home Redesignation scores.