Human Resources Administration
Department of Social Services

Medical Assistance Program (MAP)
MEDICAID ALERT

Updated January 23, 2026

Renewal/ Recertification for OPWDD HCBS Waiver for Minors

This is an important reminder for Medicaid providers, Community-Based Organizations (CBOs), Client Representatives, Entities Designated by New York State to provide care management for the HCBS Waiver participants and Authorized Renewal Representatives assisting households with a minor child who gets the Office of People With Developmental Disabilities (OPWDD) 1915(c) Comprehensive Home and Community-Based Services (HCBS) Waiver. **This is an update to the Alert published December 31, 2025**

Annual Medicaid Recertification Required

Apart from some limited exceptions, clients who are not eligible for Medicaid through Supplemental Security Income (SSI) **must complete** an annual Medicaid renewal/recertification.

The individual, parent/guardian, or authorized representative is responsible for submitting the following:

- A completed Medicaid renewal/recertification form, and
- All required/requested supporting documentation

NOTE: To ensure expedient processing of the renewal, submit either a copy of the certificate of disability (if available) or a completed MAP-3177 Disability Determination Request form.

Failure to provide requested documentation may result in a discontinuation of Medicaid benefits due to non-compliance.

HCBS Waiver Services Do Not Guarantee Medicaid Eligibility

Receipt of HCBS waiver services does not confer Medicaid eligibility.

Clients who get HCBS Waiver services must still meet Medicaid eligibility criteria to receive coverage with waiver easements and remain enrolled in the HCBS Waiver. This includes complying with annual Medicaid eligibility renewal requirements, which may need a certificate of disability or disability determination forms from the Human Resources Administration (HRA) Customized Assistance Services (CAS)/Disability Services Program (DSP) or the State Disability Review Team (SDRT) , if available.

1st Assessment- MAGI-LIKE Budgeting

At renewal/recertification, the Medical Assistance Program (MAP) will use Modified Adjusted Gross Income (MAGI-like**)** budgeting rules to determine continued Medicaid coverage **if there is a minor on the case who is**:

- receiving HCBS Waiver services without a State-issued disability determination or without a disability determination on file (e.g., no SSDI or SDRT determination of Group I or Group II status)
- found in a non-Modified Adjusted Gross Income (non-MAGI) case without a documented disability determination, and without parental income

MAGI-like budgeting rules, which require proof of parental income, will be used regardless of whether the case was initially established as non-MAGI or as MAGI-like.

If the minor is **eligible** for Medicaid under MAGI-like budgeting, Medicaid coverage can be established and a disability determination from SDRT is not necessary.

If the minor child is determined to be **financially ineligible** under MAGI-like rules (including parental income), MAP may proceed with an assessment under Disabled, Aged or Blind (DAB) budget rules. However, this can only occur **after** the child has received a formal disability determination from the State Medicaid Disability Review Team (SDRT).

Medicaid coverage for the minor can be extended temporarily while a disability determination is pending.

State Medicaid Disability Referrals

Following MAP's referral, the SDRT will conduct direct outreach to the household as part of the disability determination process. *The disability determination process can take **up to 90 days** to complete.*

If SDRT contacts a household requesting documentation, it is critical that the household responds promptly and provides all requested information within the allotted timeframe. Timely compliance helps prevent delays in the disability determination process, which can delay MAP's ability to reestablish the child's Medicaid eligibility under Disabled Aged Blind (DAB) budgeting rules.

Once SDRT renders their determination, they will categorize the child's status as one of the following:

- Group I (permanently disabled)
- Group II (temporarily disabled)
  ***NOTE**: A Group II determination includes an expiration date, after which the client may need to be referred back to SDRT to be re-evaluated for another Group II classification, if appropriate.*

Children under an OPWDD HCBS Waiver who are developmentally disabled may be determined to be Group II up until age 18.

At age 18 a temp ad renewal is generated, and a new disability determination is required. If determined disabled, the parent's income is disregarded. Parental income is not counted for a disabled individual between the ages of 18-21.

2nd assessment Disabled, Aged, Blind (DAB) Budgeting

Once SDRT has classified the applicant as Disabled, MAP can then proceed with the Medicaid eligibility evaluation under DAB (Disabled, Aged, or Blind) budgeting rules. **MAP does not remove or add OPWDD waiver coding on cases.**

When to Request a Fair Hearing

If Medicaid coverage is discontinued and the household disagrees with the determination, they have 60 days from the date on the determination notice to ask for a State fair hearing. The State fair hearing is held by the New York State Office of Temporary and Disability Assistance.

If a fair hearing is requested before the "Effective Date" stated on the determination notice, the client has the option to continue to receive their benefits unchanged or stop their benefits until the fair hearing decision is issued.

Requesting a State fair hearing and opting to continue receiving benefits help ensure that Medicaid eligibility and access to HCBS Waiver services can be maintained while the disability determination is pending and until MAP is able to establish categorical Medicaid eligibility.

A State fair hearing can be requested by phone (800-342-3334), online, by fax or mail, and in person. Visit www.otda.ny.gov/hearings/request for more information about State fair hearing requests.