

Medicaid Waivers

Rachel Holtzman

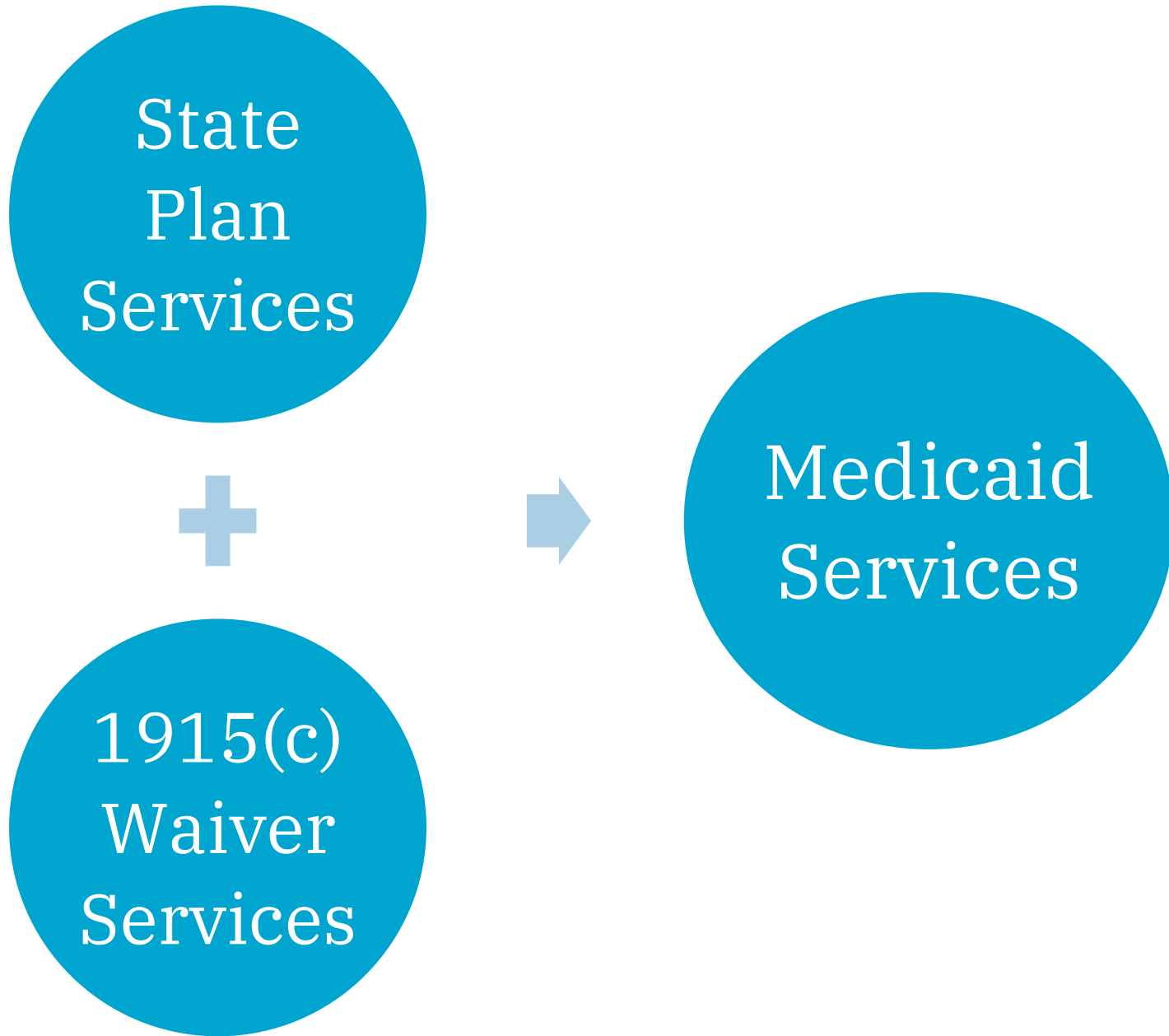
April 24, 2025

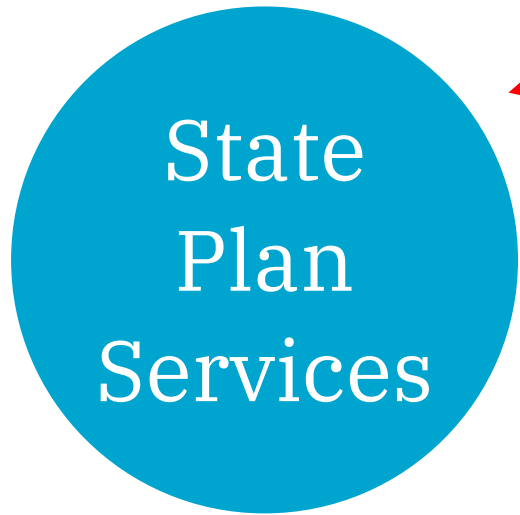


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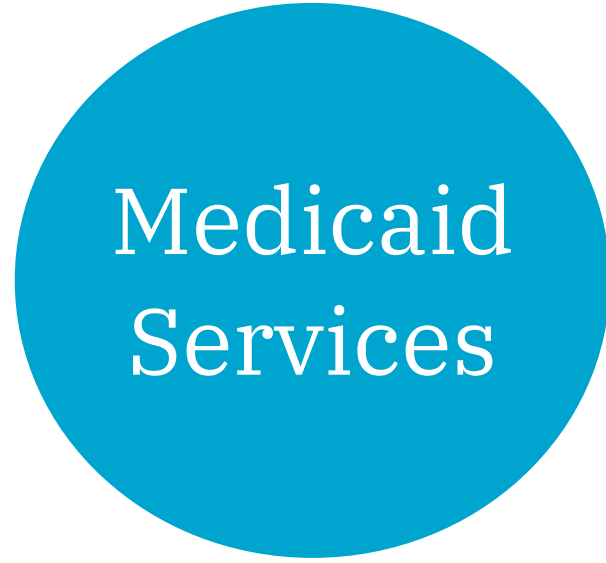
New York  Legal Assistance Group

**REVIEW:
WHAT ARE THE BROAD
CATEGORIES OF MEDICAID
SERVICES?**





- Rehab/Hab. Therapies (Speech, Physical, Occupational)
- Homecare (PCS and CDPAP and PDN)
- Primary Care
- And more!



Differences in SP vs. Waiver services?

State Plan Services

- **Available to:** everyone with Medicaid in New York State who qualifies for the service
- **Enrollment caps allowed?** No
- **Waiting lists allowed?** No

1915(c) HCBS Waiver Services

- **Available to:** only select Medicaid-enrollees who apply into, and are accepted into, the waiver
- **Enrollment caps allowed?** Yes
- **Waiting lists allowed?** Yes

WHAT IS A STATE PLAN ... AND WHERE IS OURS?

Medicaid State Plan

- Each state has a **single state agency (SSA)**, effectively the state Department of Health, which is the ultimate agency responsible for developing, implementing, and overseeing the Medicaid program in that state.
- Each SSA is required to develop its own **Medicaid State Plan**. (Section 1902 of the Social Security Act). It must include 7 sections (single state agency organization, coverage and eligibility, services, general program administration, personnel administration, financial administration, and general provisions).
 - Each plan must be submitted to, and then approved by, the federal Department of Health and Human Services (HHS) before it can go into effect.
- If a state wants to amend its State Plan, it must submit a **State Plan Amendment (SPA)**.
 - SPAs must also be submitted by, and approved by, HHS before they can go into effect.

New York's Medicaid State Plan

OMB No. 0938-0193	
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program	
New York i	
TABLE OF CONTENTS	
SECTION	PAGE NUMBERS
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TN <u> #87-47 </u> Approval Date <u> November 21, 1991 </u>	
Supersedes TN <u> #UNKNOWN </u> Effective Date <u> October 1, 1987 </u> (AT 80-38)	

- New York's Medicaid State Plan is very long ... It's 2,837 pages!
- You can find it on the website below, by clicking on “approved Medicaid State Plan”:
https://www.health.ny.gov/regulations/state_plans/

New York's State Plan Amendments

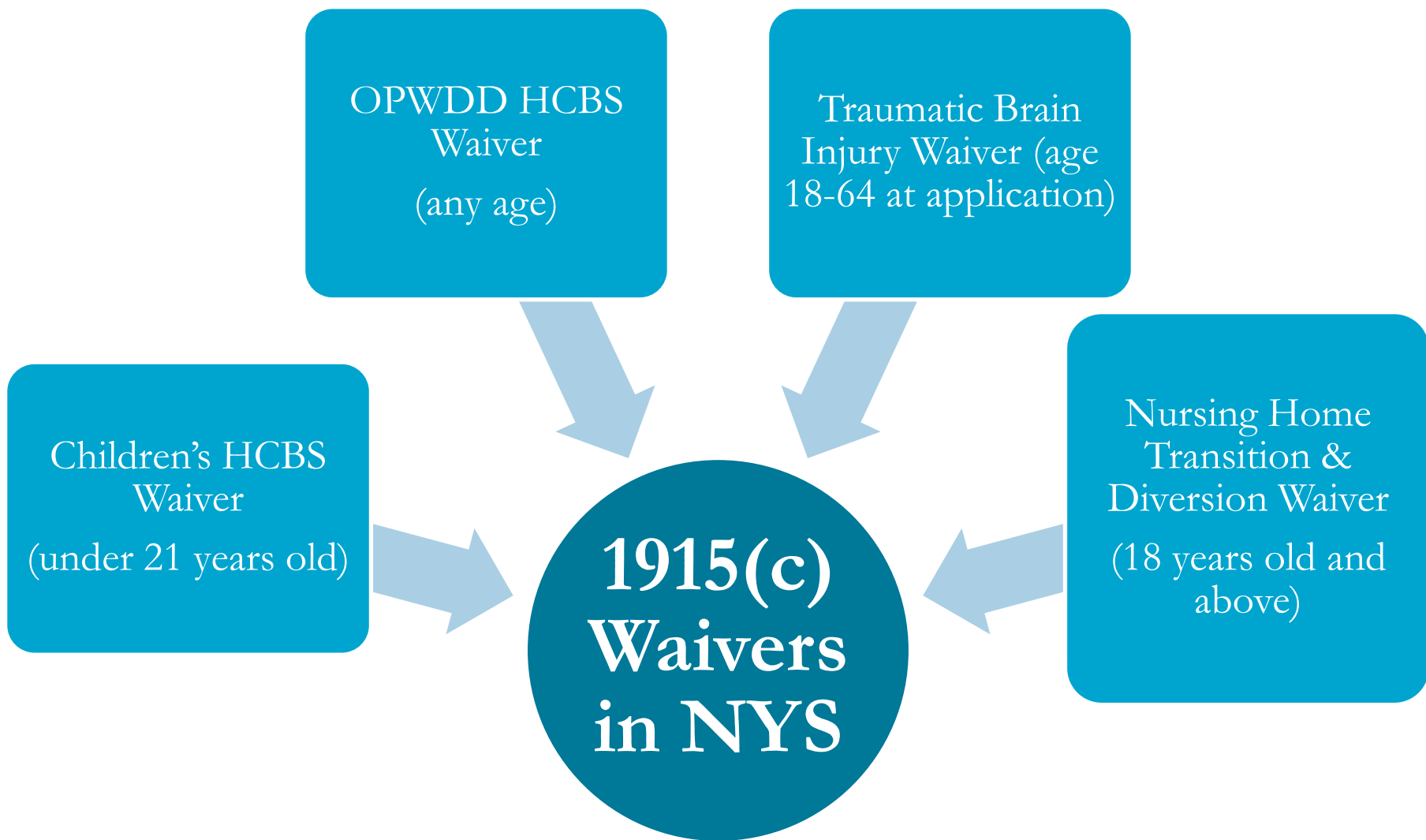
- New York has many!
- You can see them, organized by year (dating back to 2011) here:
https://www.health.ny.gov/regulations/state_plans/status/

Proposed and Approved State Plan Amendments

Amendments by Year and Service Category

- + 2024
- + 2023
- + 2022
- + 2021
- + 2020
- + 2019
- + 2018
- + 2017

WHAT ARE THE 1915(C) WAIVERS IN NEW YORK STATE?



HCBS = Home and Community Based Services

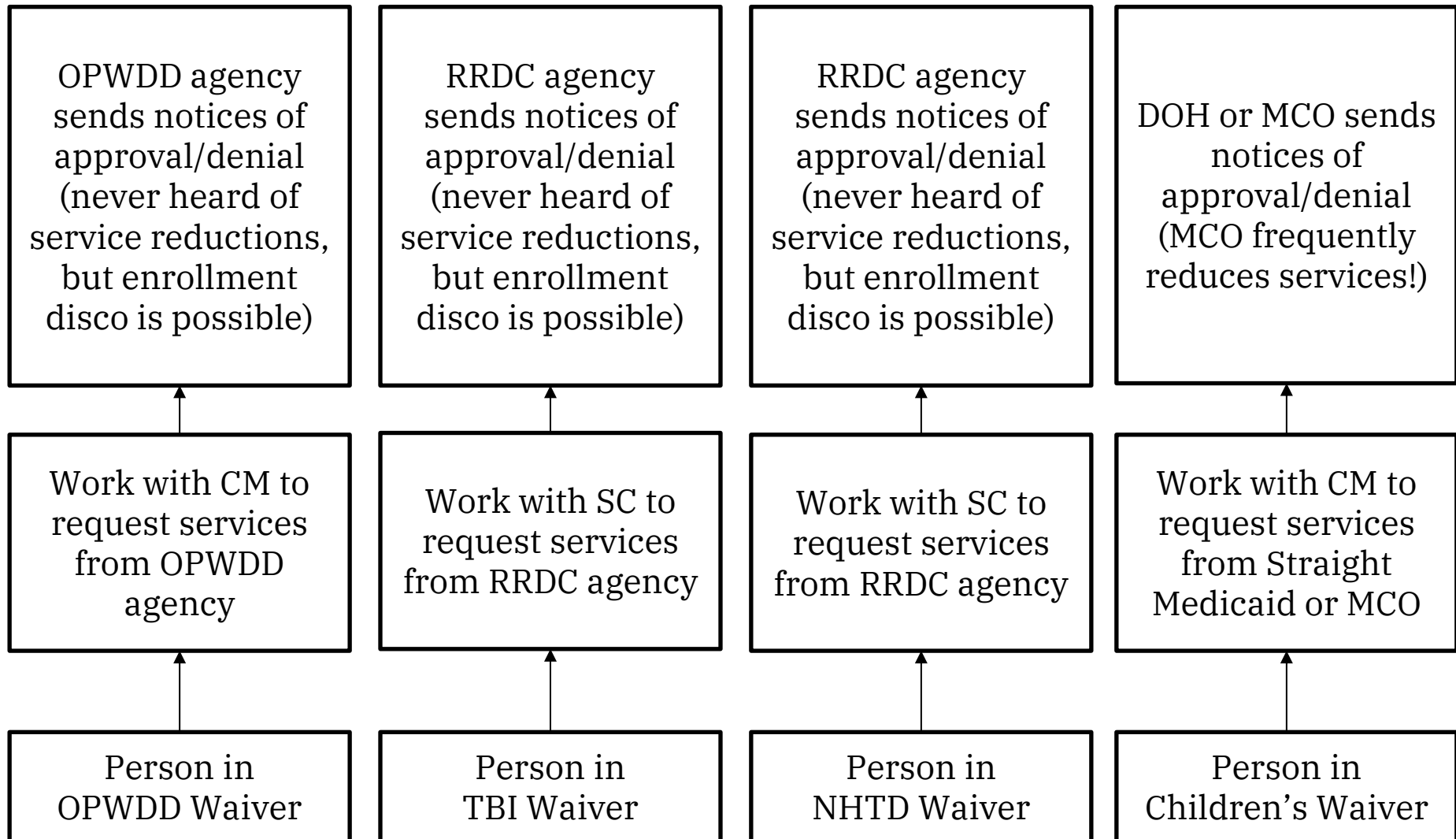
Commonalities across the 1915(c) waivers

- Availability of Home- and Community-Based Services that are not available through the New York Medicaid State Plan
 - These waivers do not include State Plan Services, so someone in these waivers who wanted CDPAP or PCS would seek approval by CASA or MMC Plan (but not MLTC).
- Possibility of special/generous budgeting rules
- Waiver Manual (sub-regulatory guidance) is go-to for information, along with some eMedNY guides
- Role of DRNY (Disability Rights New York): as New York's P&A (Protection & Advocacy organization), DRNY has attorneys who are experts in these waivers, especially:
 - OPWDD Waiver: PADD Team
 - Ben Taylor (he/him): Ben.Taylor@drny.org
 - TBI Waiver: PATBI Team
 - Jara Barrett (they/them): Jara.Barrett@drny.org

Exempt or Excluded from Managed Care?

- OPWDD Waiver – **Exempt**
- TBI Waiver – **Exempt**
- NHTD Waiver – **Exempt**
- Children’s Waiver – **Neither**
 - ***But ...*** make sure to check if the child falls into another exempt or excluded category in the DOH chart! For example:
 - If the child is enrolled into a parent’s comprehensive health insurance from work: **excluded**
 - If the child has an IDD (so they have a code 95 on their epaces): **exempt**
 - If the child is Native American or Alaskan Native: **exempt**
 - DOH chart:
https://www.health.ny.gov/health_care/managed_care/plans/docs/mmc_excl_exempt_chart.pdf

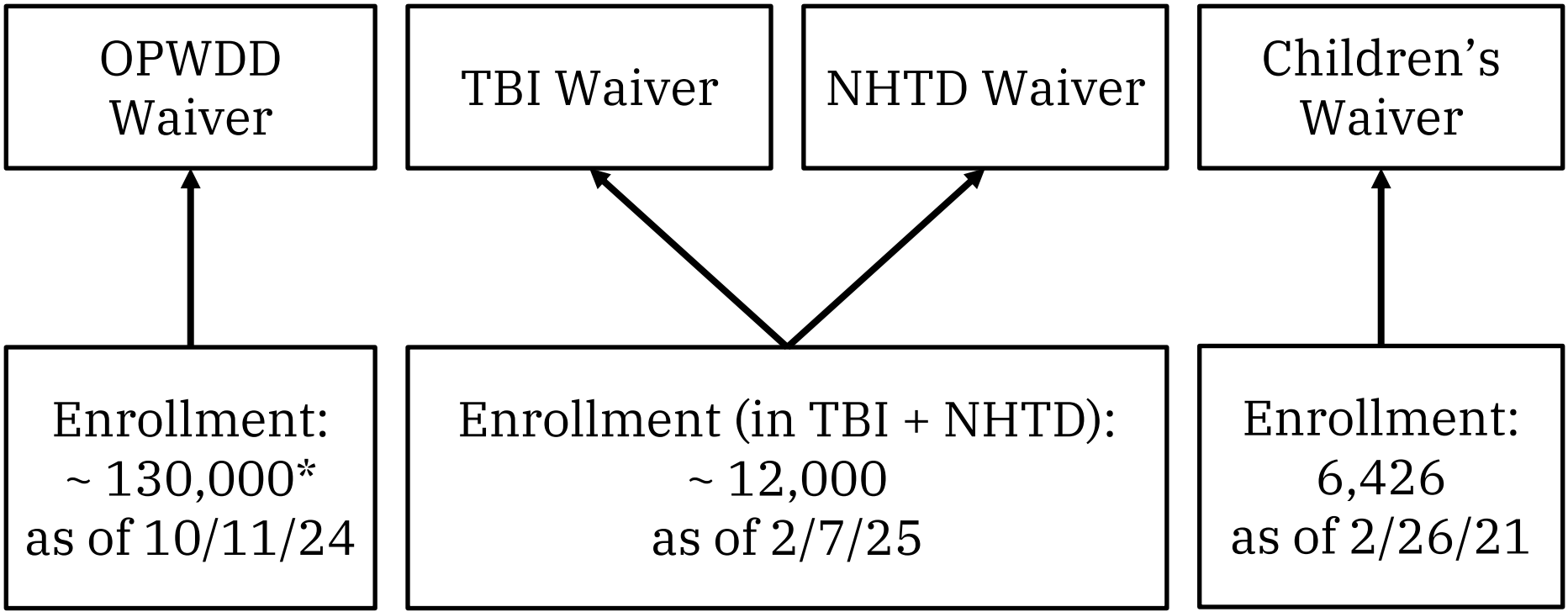
Which Agency Administers Each Waiver?



CM = Care Manager
SC = Service Coordinator

HOW MANY PEOPLE ARE ENROLLED IN THE 1915(C) WAIVERS IN NEW YORK STATE?

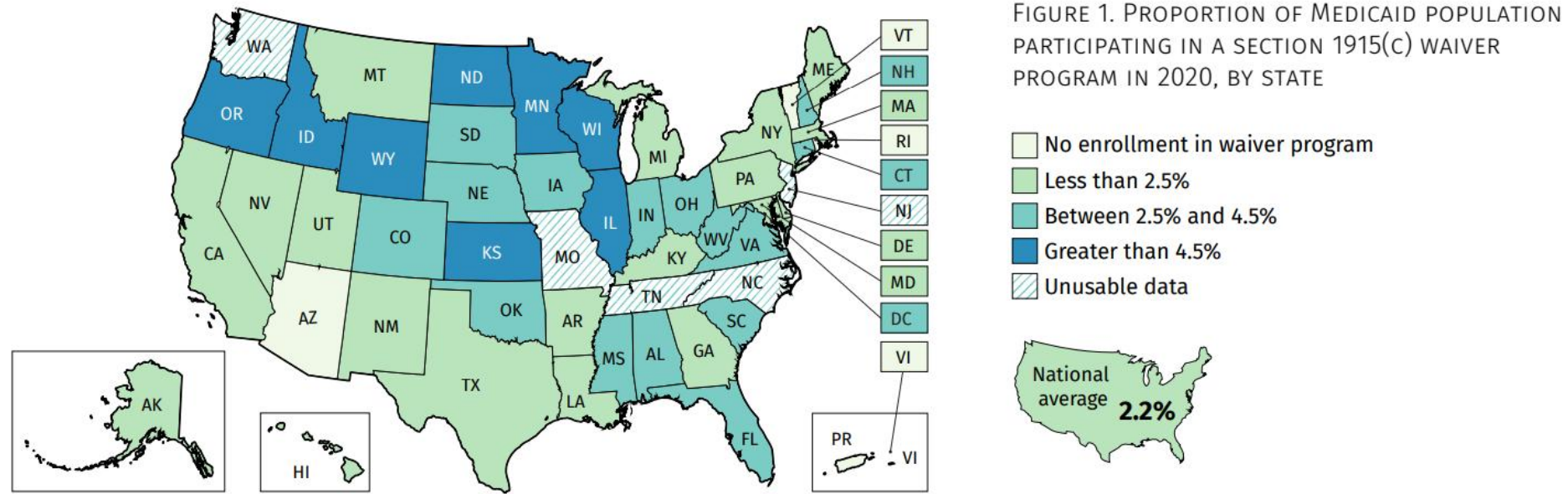
Enrollment Data by Waiver



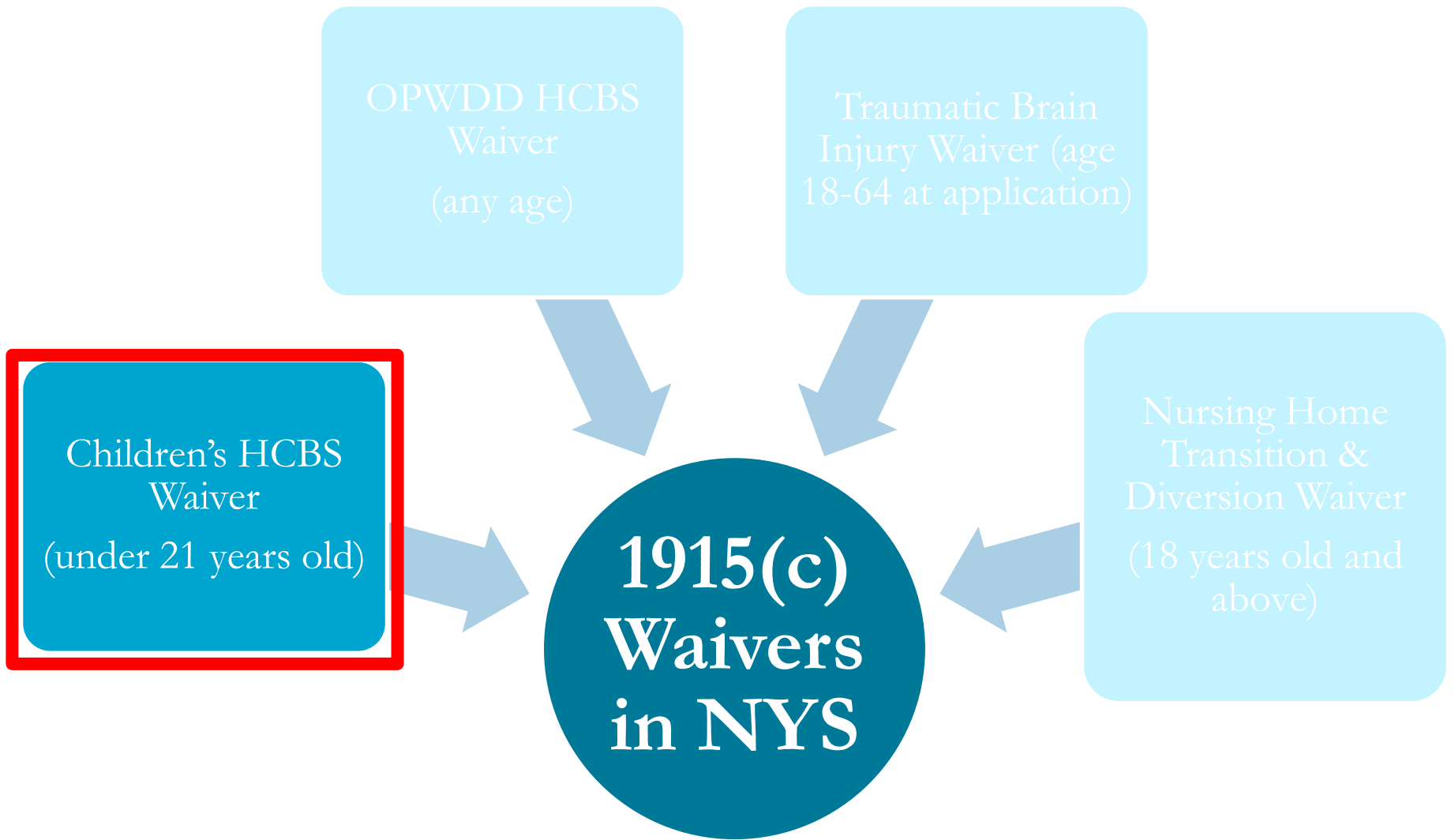
*OPWDD enrollment includes all people who receive any service from OPWDD, including the minority who receive only Family Support Services (FSS), which is an OPWDD service but not a waiver service. However, most people who receive OPWDD services are also enrolled into the OPWDD HCBS Waiver.

MACPAC Data Shows NY has Average Enrollment

Which states had the largest shares of their Medicaid population participating in a section 1915(c) waiver program?

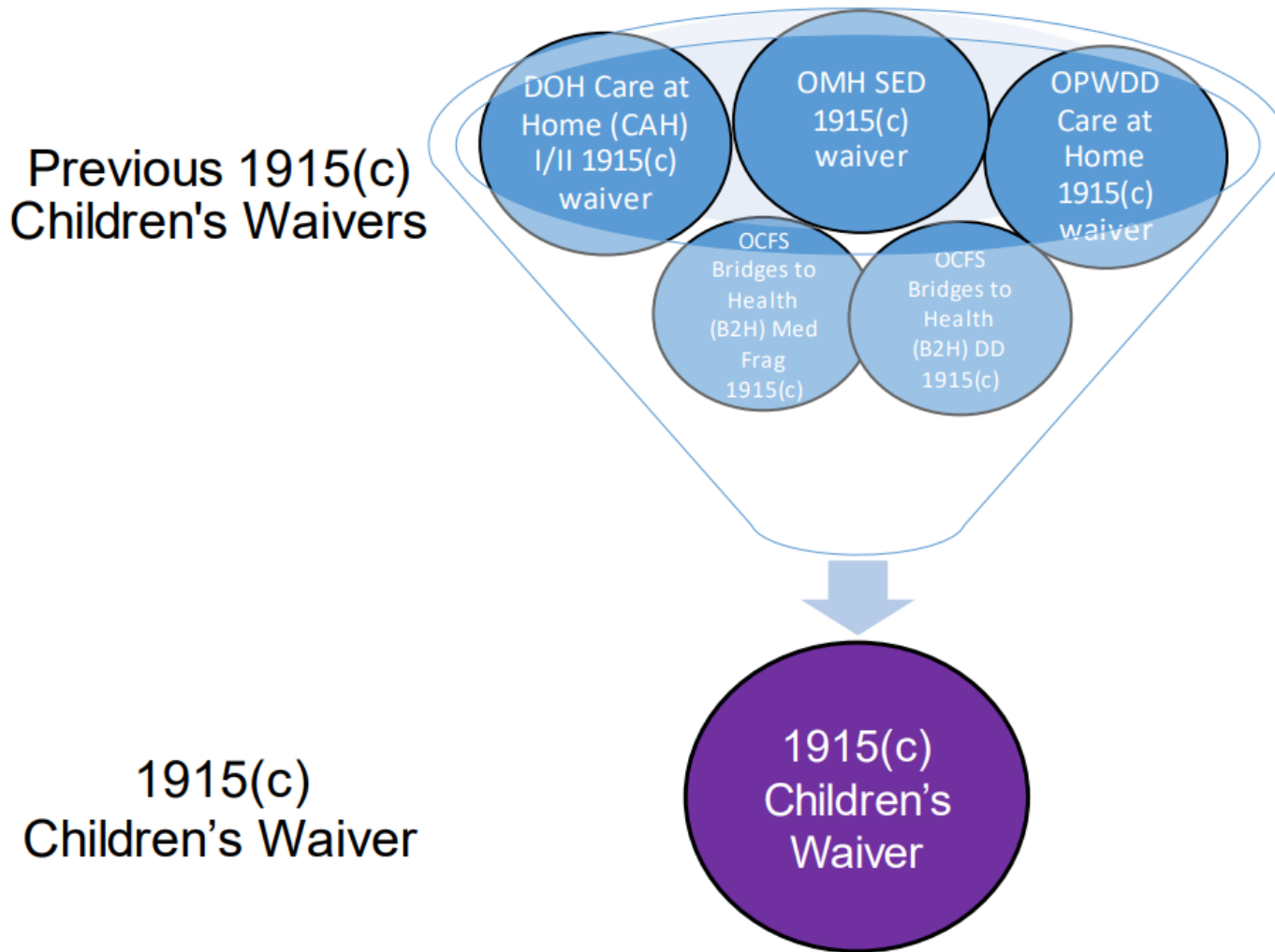


Source: 2020 data from page 4 of <https://www.medicaid.gov/medicaid/data-and-systems/downloads/macbis/sctn-1915-wvr-prgm-data-brf.pdf>



HCBS = Home and Community Based Services

On April 1, 2019, six children's waivers were combined into one 1915(c) Children's Waiver



Source: slide 5 of these DOH slides

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/capacity_management_rre_kcodes_3.11.21.pdf

Children's Waiver Program - Eligibility

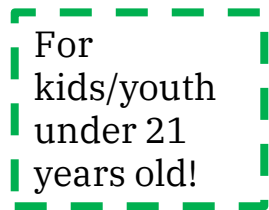
1. Children and youth must be under 21 years old and eligible for Medicaid to receive Children's HCBS.
2. Children's HCBS eligibility is comprised of three components:
 1. target criteria,
 2. risk factors, if applicable, and
 3. functional criteria.
3. Level of Care: Children/youth must meet institutional placement criteria. There are four subgroups for children/youth within the LOC group:
 1. Serious Emotional Disturbance (SED)
 2. Medically Fragile Children (MFC)
 3. Developmental Disability (DD) and Medically Fragile
 4. Developmental Disability (DD) and Foster Care

Children's Waiver Program - Services

1. Community Habilitation
2. Day Habilitation
3. Caregiver/Family Advocacy and Support Services
4. Respite (both Planned and Crisis)
5. Prevocational Services
6. Supported Employment
7. Palliative Care – Expressive Therapy
8. Palliative Care – Massage Therapy
9. Palliative Care – Counseling and Support Services
10. Palliative Care – Pain and Symptom Management
11. Adaptive and Assistive Technology
12. Vehicle Modifications
13. Environmental Modifications
14. Non-Medical Transportation

Children's HCBS Waiver

For kids/youth under 21 years old!



How do Home and Community-Based Services (HCBS) help children/youth and families/caregivers?

Children's HCBS:

- Are provided where children/youth and families are most comfortable — at home or in the community
- Support children and youth as they work toward goals and achievements
- Help children and youth be successful at home, in school, and in other environments
- Offer personal, flexible services to meet the health, mental health, substance use treatment and/or developmental needs of each child/youth



Who can get Children's HCBS?

Children's HCBS are for children and youth who:

- 1) Need extra care at home/in the community
- 2) Want to avoid going to the hospital or a long term facility
- 3) Are found eligible for HCBS
- 4) Are enrolled or eligible to enroll in Medicaid. Note: Some children may be eligible for Medicaid if they are eligible for HCBS.

How can someone access Children's HCBS?

Children/Youth and their families/caregivers can speak with a **Health Home care manager**, or call the Children and Youth Evaluation Service at 1-833-333-2637 to find out how a child/youth can get Children's HCBS.

What is Health Home Care Management?

A Health Home is not a place, it is a person who can help you find services that are right for you and your family. Health Home Care Managers work together as a team with children/youth and their families and service providers to make sure they receive the care and services they need to stay healthy.

All Children eligible for HCBS can get care management services through the Health Home care management program. Children/Youth not enrolled in a Health Home care management program can call 518-473-5269 or email hhsb@health.ny.gov to get more information and/or enroll.

Enrollment in HCBS requires participation in the Children's Traffic Waiver

To find out more about Children's Home and Community-Based Services, contact your healthcare provider, Health Home care manager, Medicaid Managed Care Plan, County SPOA, or the Children and Youth Evaluation Service.

NYS CHILDREN'S MEDICAID Home and Community-Based Services (HCBS) Information for Children/Youth and Families



Children's Home and Community-Based Services

- Find available resources and services that meet child/youth and family needs

Prevocational Services

Youth aged 14 and older can learn skills to help get ready for paid work, or volunteer work that matches their interests

- Skills can include: communicating with supervisors, coworkers, and customers; workplace problem-solving; career planning; and workplace safety

Supported Employment

- Youth aged 14 and older who are ready for a job can get help to stay in a steady job that pays wages
- Get ongoing support while getting a job and while working

Services can include, but are not limited to:

- Help with finding a job that matches your skills and interests; job coaching; benefits support; help with advancing your career; and other workplace support services

Respite Services (Planned Respite and Crisis Respite)

- May be delivered at home, in the community, or in another allowable location
- Planned respite services provide short term relief for families/caregivers and support the child's mental health, substance use and/or health care goals
- Crisis respite is short term relief from a mental health, substance use and/or health care crisis event that without this support the child would need a higher level of care

Palliative Care

Children and Youth with chronic or life-threatening illnesses can get these services:

- Massage Therapy to improve and relieve physical symptoms
- Art, music, and play therapy to help better understand and express emotions
- Pain and symptom management to relieve children/ youth and families cope with grief related to chronic or life-threatening illnesses
- Counseling and Support Services to help children/ youth and families cope with grief related to chronic or life-threatening illnesses



Environmental Modifications

Changes to a child or youth's home to help with their health needs

Vehicle Modifications

Changes to a child or youth's vehicle to help with their health needs

Adaptive and Assistive Technology

Technological aids or other devices needed to support children/ youth health, welfare and safety

Non-Medical Transportation

Transportation to services or activities that support goals



Two-page brochure (shown above) can be found here:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_brochure.pdf
More information can be found on the DOH page for the Children's Waiver, here:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

Children's HCBS Waiver – Care Management

For kids/youth under 21 years old!

How do Home and Community-Based Services (HCBS) help children/youth and families/caregivers?

Children's HCBS:

- Are provided where children/youth and families are most comfortable – at home or in the community
- Support children/youth as they work toward goals and achievements
- Help children/youth be successful at home, in school, and in other environments
- Offer personal, flexible services to meet the health, mental health, substance use treatment and/or developmental needs of each child/youth




Contact Health Home:
Children/youth not enrolled in a Health Home care management program can call **516-475-5589** or email hhcsc@health.ny.gov to get more information and/or enroll. To find a Health Home near you, refer to this website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm

Contact C-YES:
Children/youth not enrolled in Medicaid can call **1-833-333-CYES (1-833-333-2597)** or TTY **1-888-329-1544** to get more information. More information is also on their website: <https://nymedicalchoice.com/connecting-children-home-and-community-based-services>

To find out more about Children's Home and Community-Based Services, contact your healthcare provider, Health Home care manager, Medicaid Managed Care Plan, County SPOA, or the Children and Youth Evaluation Service.

NYS CHILDREN'S MEDICAID Home and Community Based Services (HCBS) Information for Children/Youth and Families Finding the Right Care Manager



Welcome to the New York State Children's Waiver

- Participation in the Children's Waiver requires care management provided by Health Home **or** the Children and Youth Evaluation Service.
- Care management is necessary to coordinate services and provide communication with the child/youth, family, service providers, and collateral contacts. Care managers also develop and maintain a Plan of Care.

Note: Participants who are waiver eligible through "Family of One" Medicaid Budgeting, and receiving only care management as the required monthly HCBS, must be enrolled in Health Home Serving Children.

Home and Community Based Services (HCBS) Choosing the Right Care Management

What is Health Home Serving Children?

- Health Home is an optional care management program.
- Participants already enrolled in Health Home can speak to their current care manager regarding HCBS and other services.
- Health Home conducts HCBS eligibility if requested

What is Children and Youth Evaluation Service (C-YES)?


- C-YES provides care coordination for participants who do not choose Health Home and are not enrolled in a Medicaid Managed Care Plan.
- C-YES works with children/youth and families when services are needed and they are not already enrolled or eligible for Medicaid.
- C-YES conducts HCBS eligibility for participants referred to them.

Benefits of a Health Home Care Manager:

- Provides **comprehensive coordination for all services**, including HCBS.
- Develops and maintains the Plan of Care for all services, including HCBS.
- Conducts **monthly check-ins**.
- Finds and secures needed services, not just HCBS.
- Works with Managed Care Plans and provider agencies to ensure quality services and outcomes.

Benefits of a C-YES Care Coordinator:

- Provides **care coordination for only HCBS** (for enrolled members) to develop and maintain the Plan of Care for HCBS only.
- Conducts **quarterly check-ins**.
- Provides information and can make linkages to resources for other needs.



Children and Youth Evaluation Service

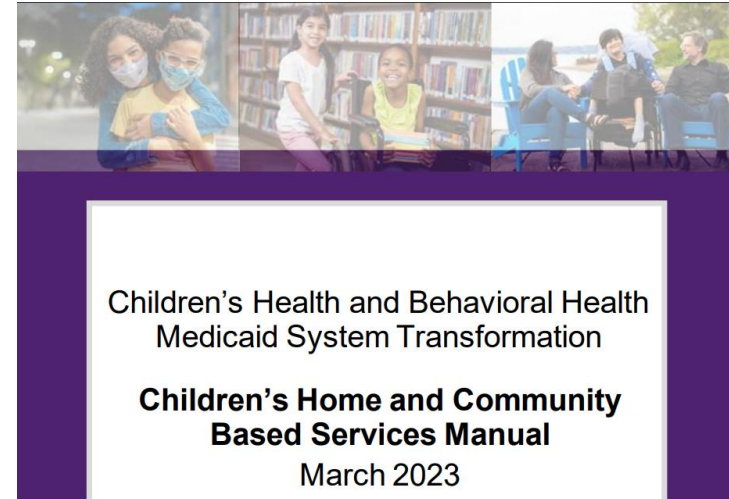
Two-page brochure (shown above) can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_hcbs_care_management_brochure.pdf

More information about Medicaid Health Homes Serving Children (HHSCs) can be found, here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/index.htm

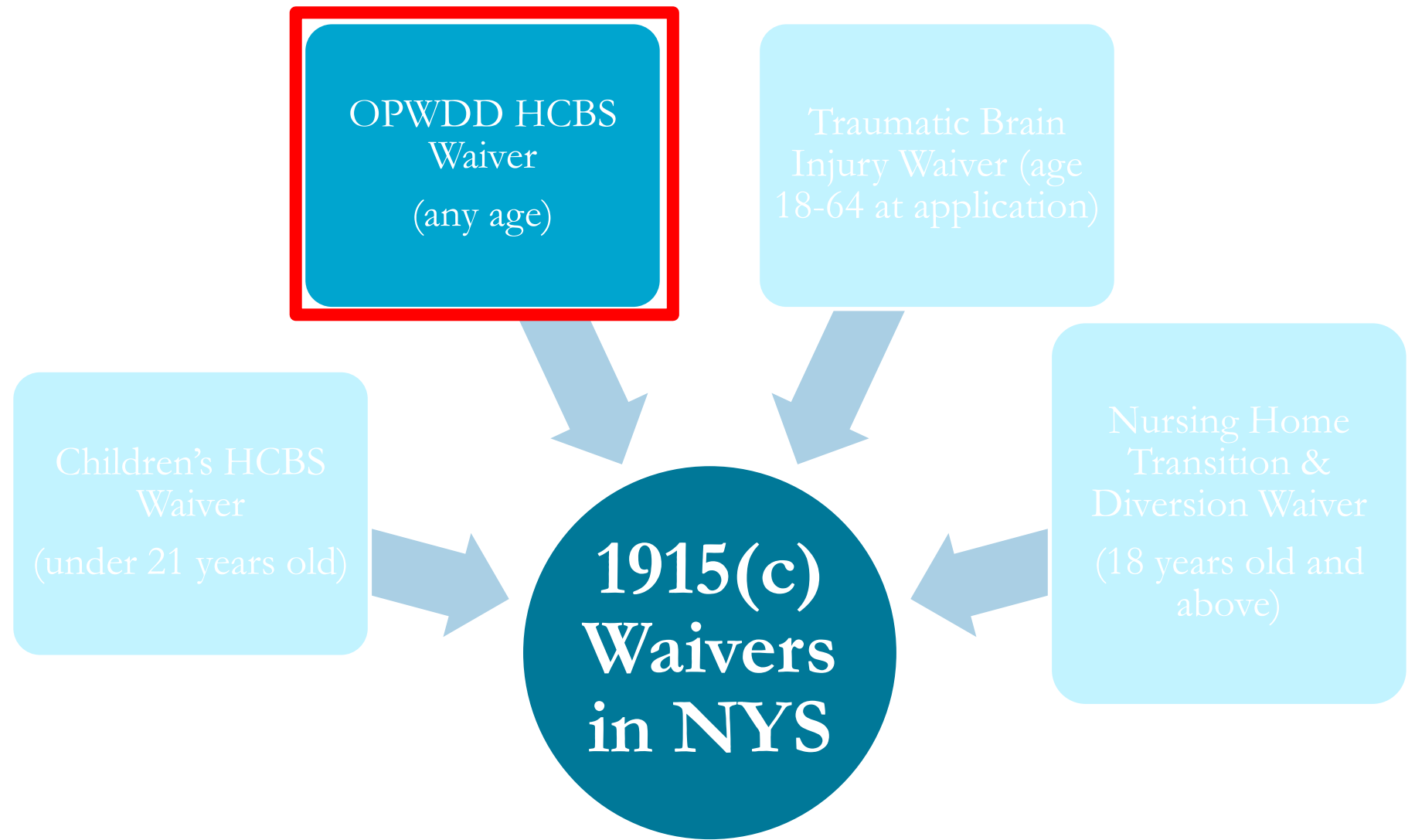
Children's HCBS Waiver – Program Manual

The Children's Waiver Manual (164 pages) can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf



Send questions to BH.Transition@health.ny.gov



HCBS = Home and Community Based Services

OPWDD Waiver Program - Eligibility

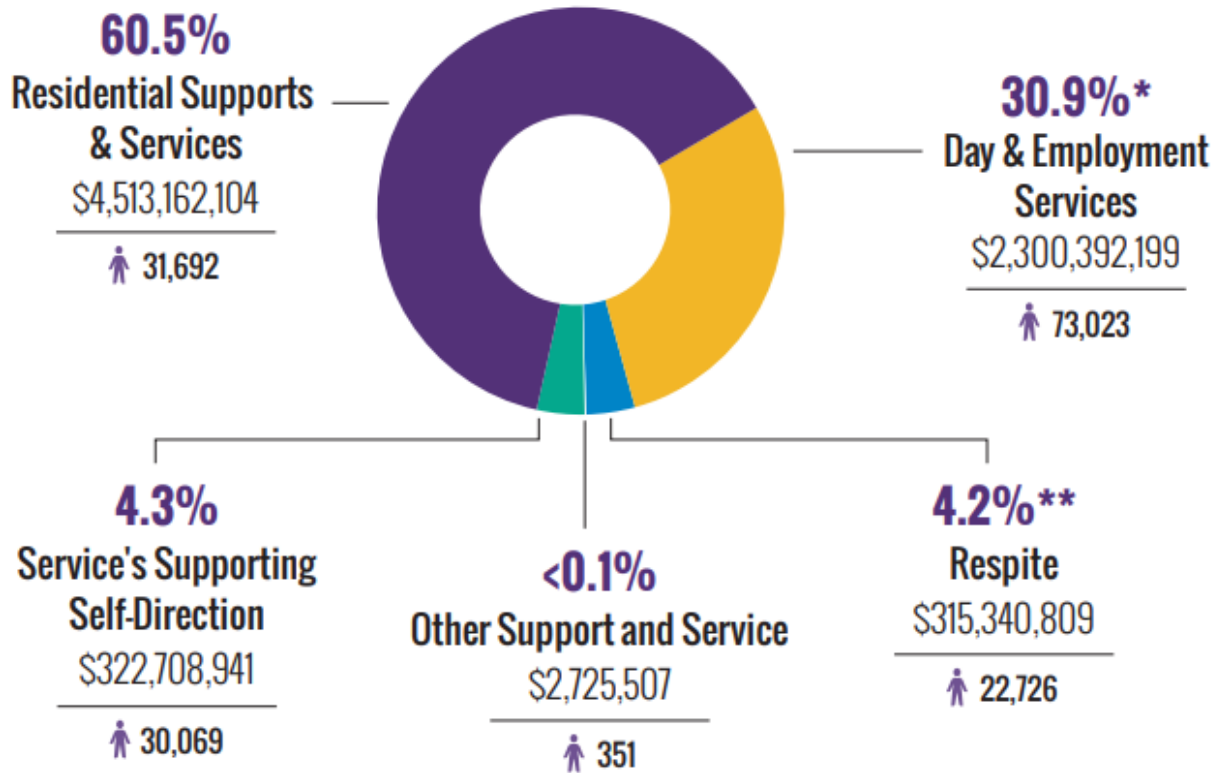
1. Have a developmental disability as defined by New York Mental Hygiene Law Section 1.03(22) that: originated before the age of 22; has continued or can be expected to continue indefinitely; and constitutes a substantial handicap to such person's ability to function normally in society;
2. Need a Level of Care that would be provided in an Intermediate Care Facility for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID);
3. Be a Resident of New York State and live in an appropriate living arrangement, as defined in 14 NYCRR 635-10.3(b)(5);
4. Be in a Medicaid eligibility group that is eligible to enroll in Medicaid as described in the HCBS Waiver and defined in SSA §§ 1634(c) and 1902(a)(10)(A)(i) and (ii) and 42 CFR Part 435;
5. Not be enrolled in another HCBS Waiver or a managed long-term care plan, as described in 42 CFR §433 Subpart D; and
6. Meet the requirement of a Reasonable Indication of Need for Services as defined in 42 CFR §441.302(c) and described in the HCBS Waiver.

OPWDD Waiver Program - Services

1. Community Habilitation
2. Day Habilitation
3. Prevocational Services (Site-based and Community-based)
4. Supported Employment (SEMP)
5. Respite
6. Assistive Technology – Adaptive Devices
7. Environmental Modifications (Home Accessibility)
8. Vehicle Modifications
9. Residential Habilitation
10. Community Transition Services
11. Fiscal Intermediary (FI)
12. Support Brokerage
13. Individual Directed Goods and Services
14. Live-in Caregiver
15. Family Education and Training
16. Intensive Behavioral Services
17. Pathway to Employment

OPWDD Waiver Program - Services

2023 HCBS Waiver Services Spending
 Total Spending: \$7,454,329,560

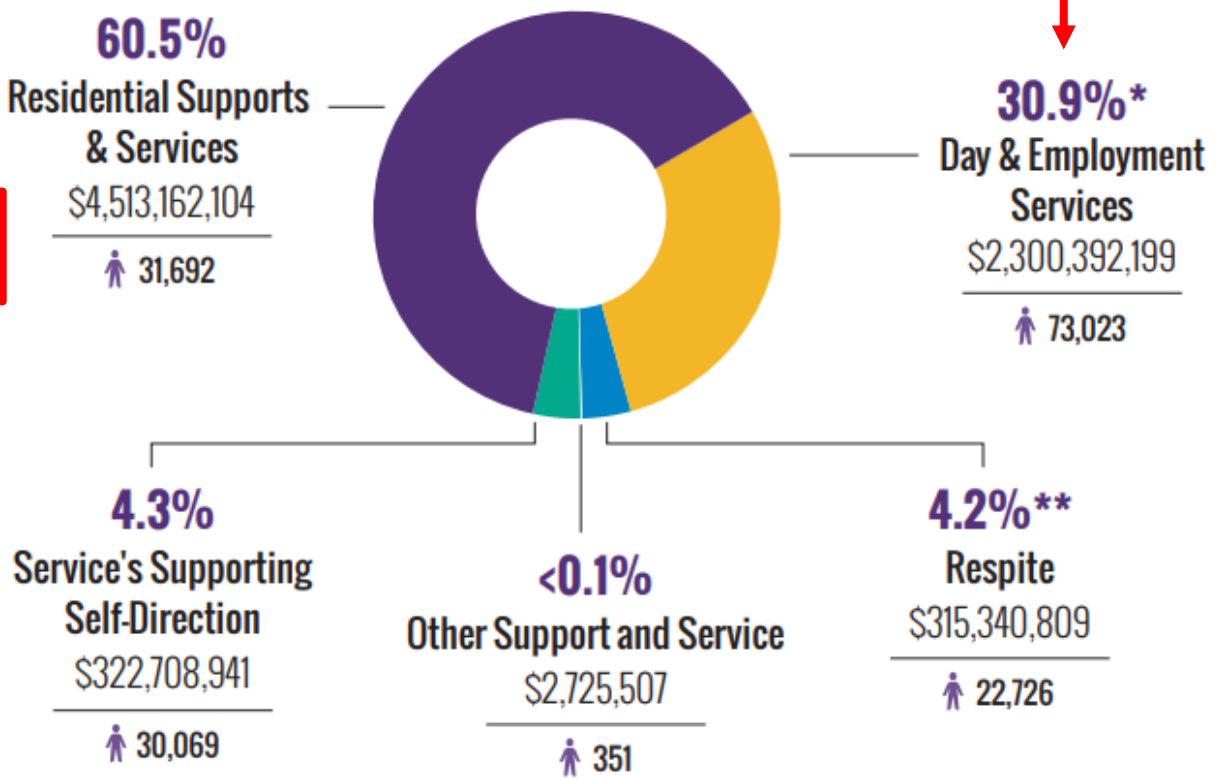


OPWDD Waiver Program - Services

2023 HCBS Waiver Services Spending
Total Spending: \$7,454,329,560

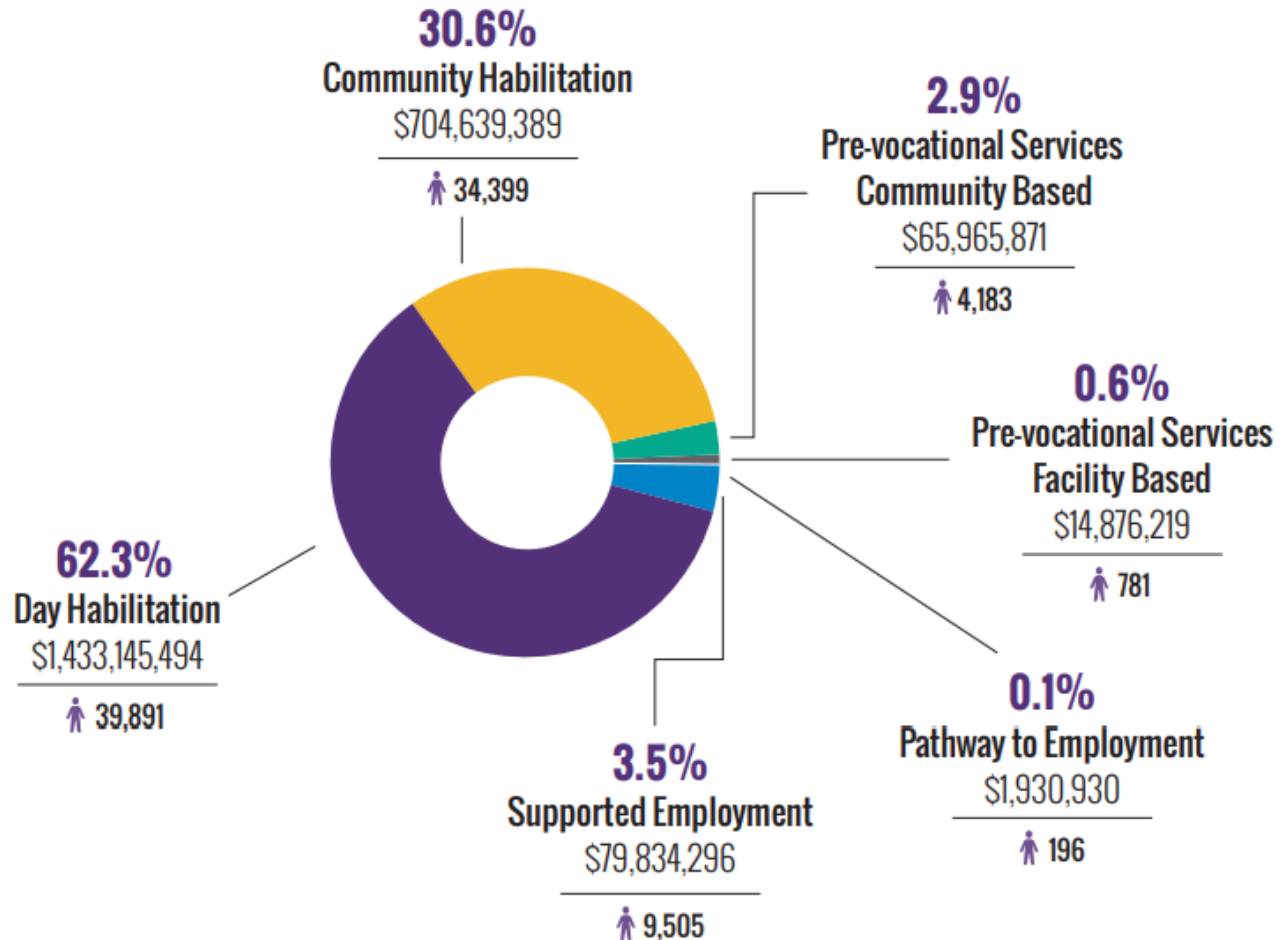
Such as: Community Habilitation, Day Habilitation, and Supported Employment.

Such as: Group Homes and Family Care homes



OPWDD Waiver Program – Day and Employment Services

Day and Employment Services
Total Spending: \$2,300,392,199



Self Direction for OPWDD HCBS services

6 OPWDD HCBS services cannot be included in the Self Direction budget. Everything else must come out of the budget.

Within the Self Direction Budget, the family must pay for some services out of pocket and seek reimbursement from the Fiscal Intermediary (FI). These are called Individual Directed Goods and Services (IDGS). For other services, the provider bills Medicaid directly via eMedNY (so the family does not need to pay out of pocket/seek reimbursement). Below are all OPWDD services in Self Direction Budgets.



Individual Directed Goods and Services (IDGS): services, equipment or supplies not otherwise provided through the OPWDD waiver or the Medicaid State Plan.

- Community Classes & Publicly Available Training/Coaching
- Transportation
- Camp
- Paid Neighbor
- Staffing Support (staff management supports)
- Health Club/Organizational Membership (membership dues)
- Others! (See the full chart of IDGS allowable expenses, below.)

Provider bills eMedNY directly for these services

- Supported Employment (SEMP), Community Habilitation (CH), and Respite (may be Direct Provider Purchased, Self-Hired, or Agency Supported)
- Group Day Habilitation (GDH), Prevocational Services (Pre-Voc), and Pathways to Employment (available only as Direct Provider Purchased)

Other services

- Support Broker
- Fiscal Intermediary
- Live in Caregiver (LIC)
- Other Than Personal Services (OTPS)
- Housing Subsidy/ISS
- Family Reimbursed Respite (FRR)
- Family Supports and Services

What is NOT paid for through OPWDD HCBS waiver?

Medicaid State Plan services

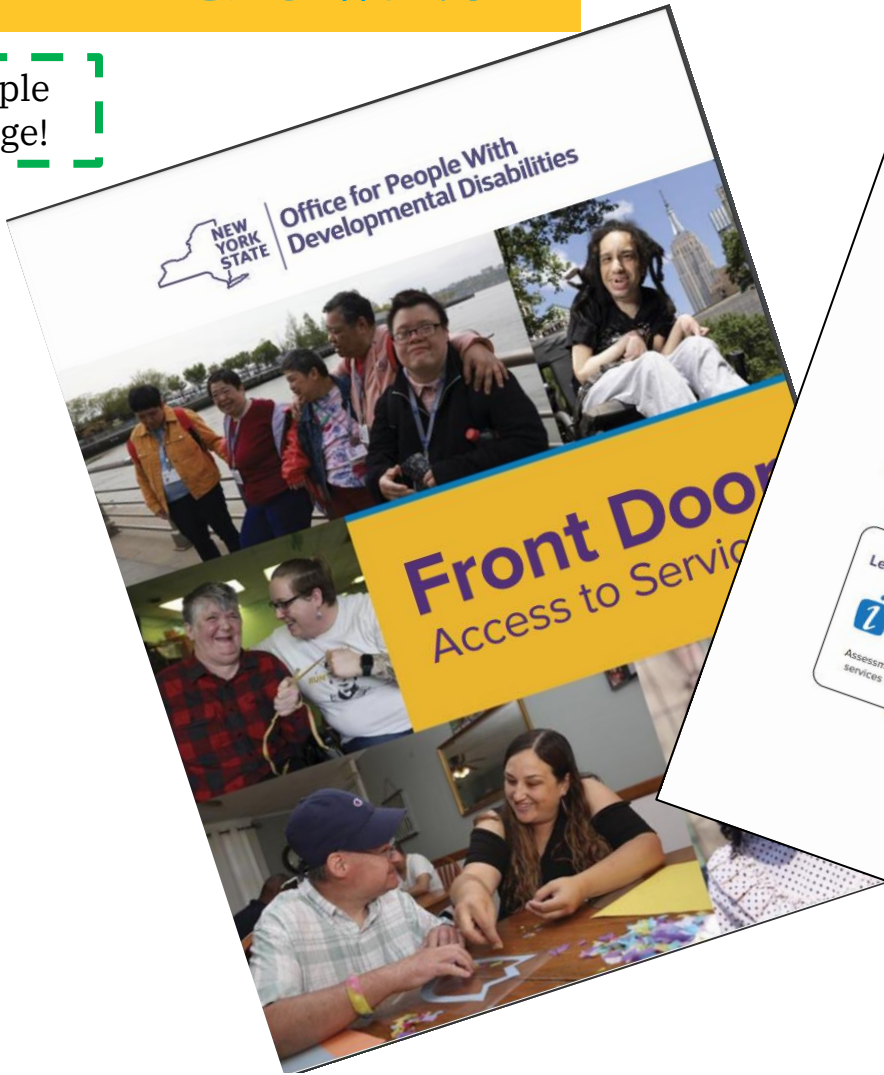
(like Physical Therapy, Occupational Therapy,
Speech Therapy, CDPAP, Personal Care Services,
and Private Duty Nursing)

are not paid for under Self Direction/IDGS.

Families can talk with their primary care doctors
to ask for a referral to these services. No waiver
application, nor Self Direction budget, is needed!

OPWDD HCBS Waiver

For people
of any age!



32-page guide (shown above) can be found here: https://opwdd.ny.gov/system/files/documents/2024/01/040_front-door-access-to-services_11024_english.pdf

A 2-page Front Door Welcome Flyer can be found here: https://opwdd.ny.gov/system/files/documents/2024/02/fd-welcome-flyer_11024_english.pdf

Advocates for Children's 7-page guide on applying for OPWDD can be found here: https://www.advocatesforchildren.org/sites/default/files/library/applying_for_opwdd.pdf?pt=1

More information can be found on the OPWDD page about the Front Door here: <https://opwdd.ny.gov/get-started/front-door>

People With Developmental Disabilities

Getting Started with OPWDD

Care Management Provider Front Door Facilitator



People With Developmental Disabilities

The Front Door Process

Eligibility



People With Developmental Disabilities

The Front Door Process


Eligibility



People With Developmental Disabilities

OPWDD Services

Devices, equipment or modifications are available to assist with your independence.



People With Developmental Disabilities

Residential and Housing Support


They are paid for housing, mileage and other expenses.



People With Developmental Disabilities

Employment Services

First Time Job Seeker



People With Developmental Disabilities

Self-Direction

You decide




People With Developmental Disabilities

OPWDD Care Management

your Care Planning Team includes the people you choose.

Family
Friends



People With Developmental Disabilities

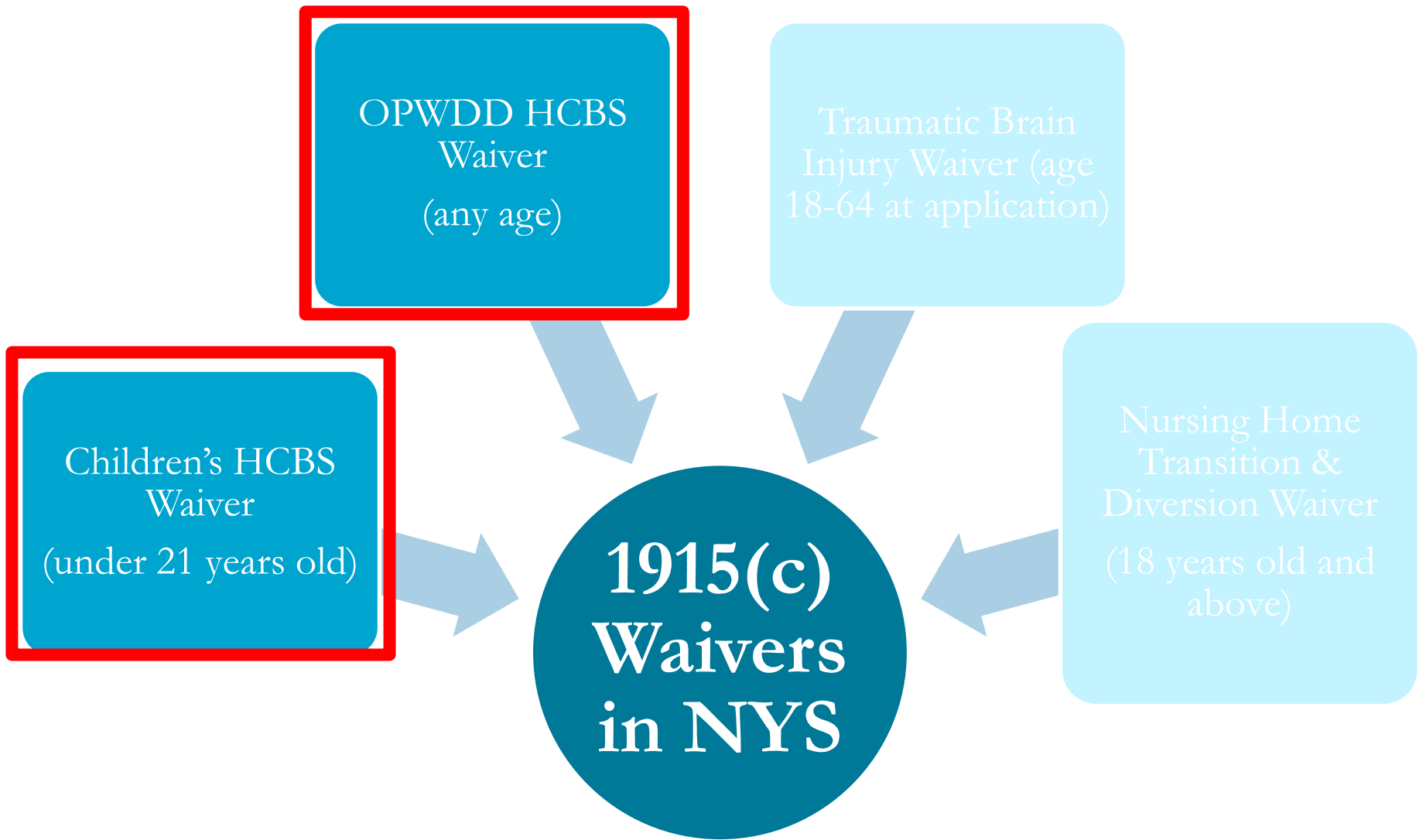
OPWDD Care Management

your Care Planning Team includes the people you choose.

Family
Friends



There are 10 Front Door videos. They can be found here: <https://opwdd.ny.gov/access-supports/front-door-videos>



HCBS = Home and Community Based Services

Service comparison: Children's Waiver vs. OPWDD Waiver

Services circled in red are similar services across the two waivers!

Participants who meet eligibility criteria for the Consolidated Children's Waiver may be able to receive the services below:	Participants who meet eligibility criteria** for OPWDD Comprehensive Waiver:
<p><i>Community Habilitation</i></p> <p><i>Day Habilitation</i></p> <p><i>Prevocational Services</i></p> <p><i>Supported Employment</i></p> <p><i>Planned and Crisis Respite</i></p> <p><i>Adaptive and Assistive Technology (AAT)</i></p> <p><i>Environmental Modifications (EMods)</i></p> <p><i>Vehicle Modifications (VMods)</i></p>	<p><i>Community Habilitation</i></p> <p><i>Day Habilitation</i></p> <p><i>Prevocational Services- (Site-Based and Community-Based)</i></p> <p><i>Supported Employment (SEMP)</i></p> <p><i>Respite</i></p> <p><i>Assistive Technology - Adaptive Devices</i></p> <p><i>Environmental Modifications (Home Accessibility)</i></p> <p><i>Vehicle Modifications</i></p>
<p><i>Caregiver/Family Advocacy and Support Services</i></p> <p><i>Non-Medical Transportation</i></p> <p><i>Palliative care - Expressive Therapy</i></p> <p><i>Palliative care – Pain and Symptom Management</i></p> <p><i>Palliative care – Counseling and Support Services</i></p> <p><i>Palliative care – Massage Therapy</i></p> <p>*Please see the Appendix for a description of these services*</p>	<p><i>Residential Habilitation</i></p> <p><i>Community Transition Services</i></p> <p><i>Fiscal Intermediary (FI)</i></p> <p><i>Support Brokerage</i></p> <p><i>Individual Directed Goods and Services (IDGS)</i></p> <p><i>Live-in Caregiver</i></p> <p><i>Family Education and Training</i></p> <p><i>Intensive Behavioral Services</i></p> <p><i>Pathway to Employment</i></p> <p>*See Appendix for a description of these services*</p> <p>**per ADM 23-ADM-06: https://opwdd.ny.gov/system/files/documents/2023/07/final-waiver-enrollment-and-eligibility-adm_7.17.pdf</p>

https://www.health.state.ny.us/health_care/medicaid/redesign/behavioral_health/children/2025/docs/2025-04-22_cw-opwdd_overview.pdf

Care coordination comparison: Children's Waiver vs. OPWDD Waiver

<p>Each participant enrolled in the Children's Waiver must receive care management through either a Health Home or Children and Youth Evaluation Service (C-YES). Health Homes provide the following Care Coordination Services:</p>
<p><i>Comprehensive Care Management</i> - Assess needs, develop care plan</p> <p><i>Care Coordination and Health Promotion</i> - Work with providers</p> <p><i>Comprehensive Transitional Care</i> - Discharge planning, help connecting to new programs</p> <p><i>Enrollee and Family Support</i> - Assist with appointments and meetings</p> <p><i>Referral to Community and Social Supports</i> - Link to Services and Resources, including Children's Waiver HCBS</p>
<p>*Children/families who opt-out of Health Home but remain enrolled in the Children's Waiver can receive care management through C-YES. C-YES offers a less intensive version of care management and only coordinates HCBS. C-YES does not assist with coordination of other supports/services outside of Children's HCBS.</p>

<p>Each participant enrolled in the OPWDD Waiver must receive care coordination through a Care Coordination Organization/Health Home (CCO)/HH which provide the following Care Coordination Services:</p>
<p><i>Comprehensive Care Management</i> - Assess needs, develop care plan</p> <p><i>Care Coordination and Health Promotion</i> - Work with providers</p> <p><i>Comprehensive Transitional Care</i> - Discharge planning, help connecting to new programs</p> <p><i>Enrollee and Family Support</i> - Assist with appointments, and meetings</p> <p><i>Referral to Community and Social Supports</i> - Link to Services and Resources</p>

Health Homes Serving Children (HHSC) are umbrella entities that each contract with multiple Care Management Agencies (CMAs). The care managers work at the CMAs. There is no publicly-available list of all CMAs across NYS. Instead, you have to contact each HHSC and ask them which CMAs they work with, and which have availability to take a new child onto their caseload. If a family is unhappy with the specific care manager, they can speak with the CMA and request to change.

You can see a list of all HHSCs by county here:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm

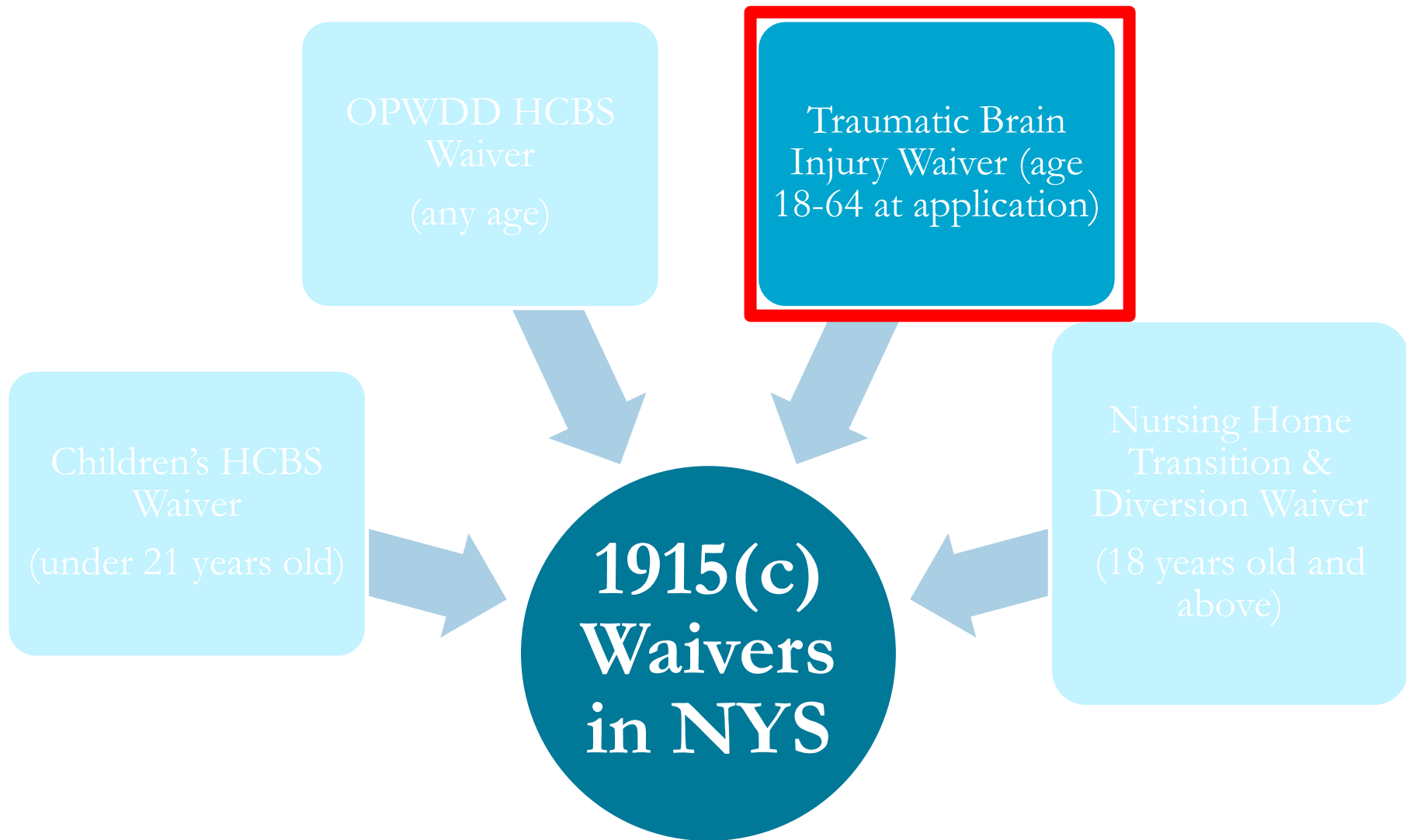
If you have questions about HHSCs, you can email:
HHSC@health.ny.gov

The Care Coordination Organizations (CCOs) employ their own care managers. After you pick the CCO, they will assign you a care manager. If you're unhappy with the care manager, you can switch! Just go to the website of your CCO, look for the supervisor in your borough, tell them why you are unhappy with your care manager, and ask them to switch you to a new care manager. It is easier to switch care managers than to switch CCOs, so if a family is unhappy, it is worthwhile to try switching CMs first!

You can see a list of all CCOs by county here:
https://opwdd.ny.gov/system/files/documents/2024/07/043_cco-coverage-chart-7_10_24_0.pdf

If you have questions about the CCOs in Queens, Brooklyn, Manhattan, or the Bronx, you can email:
childrensliaisonregion4@opwdd.ny.gov

Care managers in either waiver can help families request HCBS services (and other services) from the MCO or FFS/OPWDD, and following an IAD, may put in the initial Plan Appeal. But care managers generally can not help with External Appeals or Fair Hearings.



HCBS = Home and Community Based Services

TBI Waiver Program - Eligibility

1. Be a recipient of Medicaid coverage that supports community based long term care services.
2. Have a diagnosis of traumatic brain injury (TBI).
3. Be between the ages of 18 and 64 upon application to the waiver.
4. Be assessed to need a nursing home level of care as a direct result of the traumatic brain injury.
5. Choose to participate in the waiver rather than reside in a nursing facility.
6. Identify the residence in which the waiver participant will be living when receiving waiver services.
7. Complete an Initial Service Plan and Application Packet in cooperation with a Service Coordinator and be approved by the RRDS.
8. Have a completed Plan for Protective Oversight (PPO).

TBI Waiver Program - Services

1. Service Coordination
2. Independent Living Skills Training and Development (ILST)
3. Structured Day Program (SDP)
4. Substance Abuse Program (SAP)
5. Positive Behavioral Interventions and Support Services (PBIS)
6. Community Integration Counseling (CIC)
7. Home and Community Support Services (HCSS)
8. Respite Services
9. Environmental Modifications Service (E-mods)
10. E-mods for Vehicles
11. Assistive Technology Services
12. Waiver Transportation
13. Community Transitional Services (CTS)

TBI Waiver Program - Services

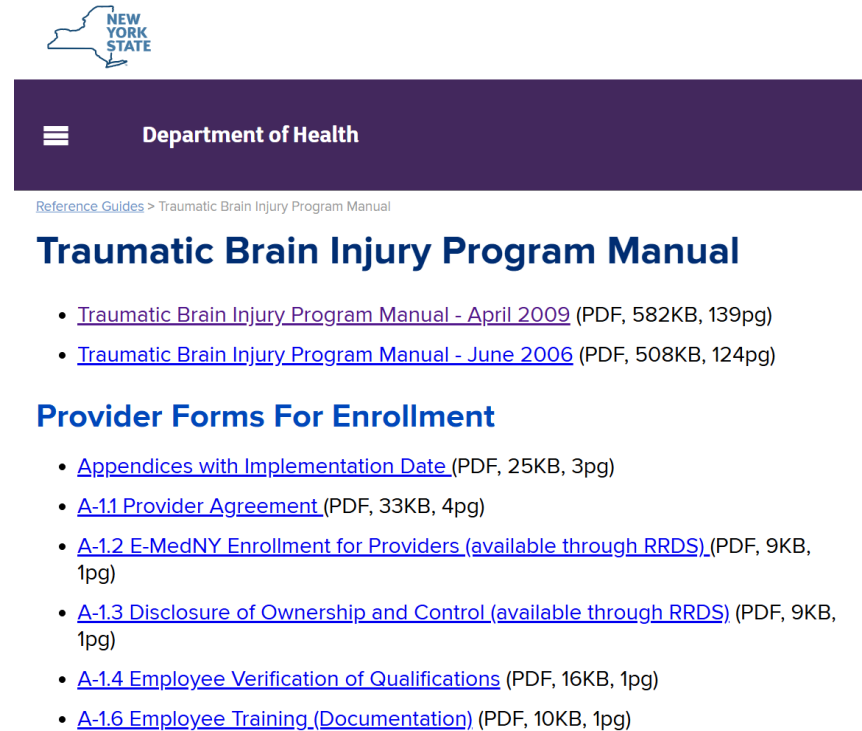
1. Service Coordination
2. Independent Living Skills Training and Development (ILST)
3. Structured Day Program (SDP)
4. Substance Abuse Program (SAP)
5. Positive Behavioral Interventions and Support Services (PBIS)
6. Community Integration Counseling (CIC)

7. Home and Community Support Services (HCSS)

- **HCSS is similar to Personal Care Services! HCSS workers are trained as PCAs and can do Level I and Level II PCA tasks.**
- **HCSS doesn't require the client to go through NYIAP.**
- **HCSS only has split shift (not live in). Worker must be awake 24/7!**
- **[Example: HCSS would have been a good fit from my client with night terrors who needed overnight assistance, but had no ADL/IADL needs!]**

TBI Waiver Program - DOH Website

- Contains the Program Manual, provider forms, RRDS interview forms, service plan forms, e-mods and AT info, and more.
- It can be found here:
https://www.health.ny.gov/health_care/medicaid/reference/tbi/



The screenshot shows the New York State Department of Health website. At the top left is the New York State logo. Below it is a dark purple navigation bar with a white hamburger menu icon and the text "Department of Health". Underneath the navigation bar is a breadcrumb trail: "Reference Guides > Traumatic Brain Injury Program Manual". The main heading is "Traumatic Brain Injury Program Manual". Below this heading are two links to PDF manuals: "Traumatic Brain Injury Program Manual - April 2009 (PDF, 582KB, 139pg)" and "Traumatic Brain Injury Program Manual - June 2006 (PDF, 508KB, 124pg)". The next section is "Provider Forms For Enrollment", which lists six links to PDF forms: "Appendices with Implementation Date (PDF, 25KB, 3pg)", "A-1.1 Provider Agreement (PDF, 33KB, 4pg)", "A-1.2 E-MedNY Enrollment for Providers (available through RRDS) (PDF, 9KB, 1pg)", "A-1.3 Disclosure of Ownership and Control (available through RRDS) (PDF, 9KB, 1pg)", "A-1.4 Employee Verification of Qualifications (PDF, 16KB, 1pg)", and "A-1.6 Employee Training, (Documentation) (PDF, 10KB, 1pg)".

TBI Waiver Program Manual

- The most recent program manual is from 2009.
- It's 139 pages.
- It can be found here: https://www.health.ny.gov/health_care/medicaid/reference/tbi/docs/tbiprovidermanual2009.pdf

OFFICE OF LONG TERM CARE

Traumatic Brain Injury Initiatives

Home and Community-Based Services

NEW YORK STATE DEPARTMENT OF HEALTH

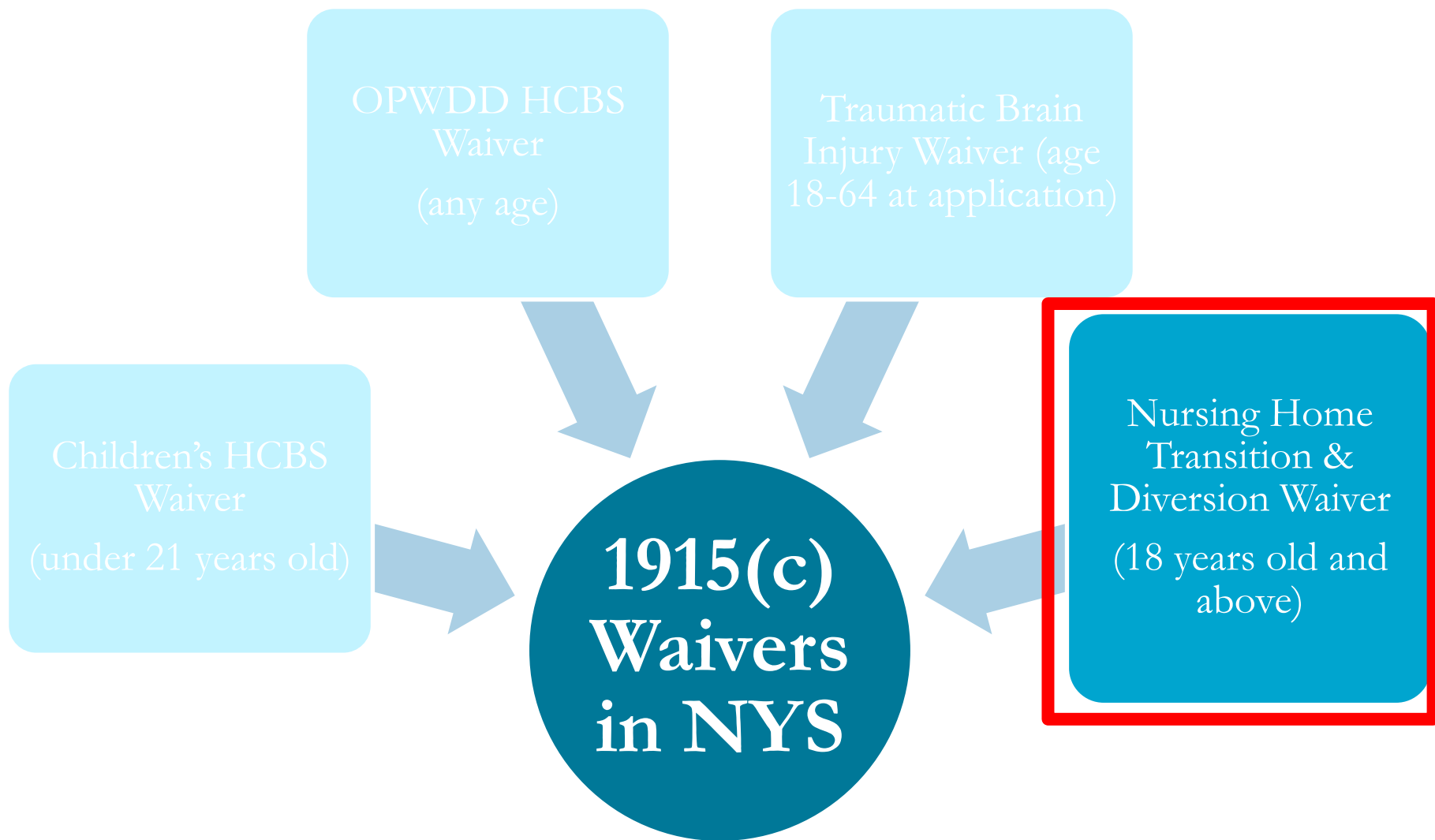
Medicaid Waiver for Individuals with

Traumatic Brain Injury

PROGRAM MANUAL

April 2009

NOTE: Full implementation of the Program Manual and all TBI waiver forms is required by OCTOBER 1, 2009.



HCBS = Home and Community Based Services

NHTD Waiver Program - Eligibility

1. Be between age 18 and 64 with a physical disability, or age 65 and older upon application to the waiver; if under age 65, the physical disability must be documented.
2. The individual must identify a Home and Community Based (HCB) Settings compliant residence in which they will reside when receiving waiver services.
3. The individual and/or their legal guardian must choose to participate in the waiver by indicating consent on the Freedom of Choice form.
4. Be a recipient of Medicaid coverage that supports community-based long-term care services.
5. Be assessed to need a nursing facility level of care (LOC) and live safely in the community.
6. The applicant must select a Service Coordination provider who will assist the applicant in the completion and submission of an Application Packet, including the Initial Service Plan, in cooperation with the Service Coordinator.
7. Included in the Initial Service Plan, the applicant must have a completed Plan for Protective Oversight (PPO).
8. Informal supports and Medicaid state plan and waiver services must be sufficient to safely serve the individual in the community.
9. Entrance to the waiver is further based on confirmation that the applicant chooses to participate in waiver services, completion of a service plan and applicable forms signed by the applicant, and confirmation that the applicant can be safely and appropriately cared for in a community setting.

NHTD Waiver Program - Services

1. Service Coordination
2. Assistive Technology (AT)
3. Community Integration Counseling (CIC) Services
4. Community Transitional Services (CTS)
5. Congregate and Home Delivered Meals
6. Environmental Modifications Services (E-mods)
7. E-mods for Vehicles
8. Home and Community Support Services (HCSS)
9. Assessment Process
10. Home Visits by Medical Personnel
11. Independent Living Skills Training (ILST)
12. Moving Assistance Services
13. Nutritional Counseling/Educational Services
14. Peer Mentoring
15. Positive Behavioral Interventions and Supports (PBIS)
16. Respiratory Therapy
17. Respite Services
18. Structured Day Program Services (SDP)
19. Transportation Services (Social Transportation)
20. Wellness Counseling Service

NHTD Waiver Program - Services

1. Service Coordination
2. Assistive Technology (AT)
3. Community Integration Counseling (CIC) Services
4. Community Transitional Services (CTS)
5. Congregate and Home Delivered Meals
6. Environmental Modifications Services (E-mods)
7. E-mods for Vehicles

8. Home and Community Support Services (HCSS)

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10. Home Care Services
11. Independent Living Training (ILST)
12. Moving Assistance Services
13. Nutritional Counseling/Educational Services
14. Peer Mentoring
15. Positive Behavioral Interventions and Supports (PBIS)
16. Respiratory Therapy
17. Respite Services
18. Structured Day Program Services (SDP)
19. Transportation Services (Social Transportation)
20. Wellness Counseling Service

NHTD Waiver Program - DOH Website

- Contains the Program Manual, broken out by section.
- It can be found here:
https://www.health.ny.gov/facilities/long_term_care/nhtd/manual.htm

[Long Term Care](#) > NURSING HOME TRANSITION and DIVERSION MEDICAID WAIVER

NURSING HOME TRANSITION and DIVERSION MEDICAID WAIVER

N.Y.S. DEPARTMENT OF HEALTH

Office of Health Insurance Programs Division of Long Term Care

Program Manual 2021

- [Manual](#) is also available in Portable Document Format (PDF)

Expand All

Collapse All

+ Introduction

+ Program Manual - Purpose and Layout

TABLE OF CONTENTS

+ Section I: Introduction to the NHTD Waiver

+ Section II: Becoming a Waiver Participant

NHTD Waiver Program Manual

- The most recent program manual is from 2021.
- It's 206 pages.
- It can be found here:
https://www.health.ny.gov/facilities/long_term_care/nhtd/docs/manual.pdf

N.Y.S. DEPARTMENT OF HEALTH
Office of Health Insurance Programs
Division of Long Term Care

**NURSING HOME TRANSITION
and DIVERSION MEDICAID
WAIVER**

Program Manual
2021

**HOW CAN YOU IDENTIFY
WHETHER THE CLIENT IS
ENROLLED INTO A WAIVER –
AND IF SO, WHICH ONE?**

Look at the codes on their ePACES!

OPWDD HCBS waiver:

- **46:** Person is enrolled into the OPWDD HCBS waiver.
- **I codes:** Person is enrolled into a CCO Health Home, and shows the acuity of the member.
 - **I5:** CCO/HH Enrollment Level 1
 - **I6:** CCO/HH Enrollment Level 2
 - **I7:** CCO/HH Enrollment Level 3
 - **I8:** CCO/HH Enrollment Level 4

Traumatic Brain Injury (TBI) Waiver:

- **81:** person is enrolled into the TBI waiver.

Nursing Home Transition & Diversion (NHTD) Waiver:

- **60:** Person is enrolled into the NHTD waiver.

Developmental Disability (not a waiver!)

- **95:** Person has a developmental disability, and is thus exempt from the managed care enrollment requirement. This code does not say whether the person is enrolled into any particular waiver.

Children's HCBS waiver:

• **A codes**

- **A1:** The child is being outreached for or enrolled into a Care Management Agency, through the Health Home Program.
- **A2:** The child is being outreached for or enrolled into a Health Home through the Health Home Program.

• **K codes**

- **K1:** The child is marked as meeting the HCBS LOC (Level of Care) requirement for the Children's HCBS waiver.
- **K3, K4, K5, K6:** The child is enrolled in the Children's HCBS waiver through one of the four eligibility pathways:
 - **K3:** Serious Emotional Disturbance
 - **K4:** Medically Fragile
 - **K5:** Developmental Disability and Medically Fragile
 - **K6:** Developmental Disability and in Foster Care

ePACES
Example 1:
Child with
I/DD, in the
Children's
HCBS waiver

Client Information:

Client ID:	[REDACTED]	Client Name:	[REDACTED]
Gender:	[REDACTED]	SSN:	[REDACTED]
Date of Birth:	[REDACTED]	Address 1:	[REDACTED]
Anniversary Date:	[REDACTED]	Address 2:	[REDACTED]
Recertification:	[REDACTED]	City, State Zip:	[REDACTED]
County:	[REDACTED]	Office:	[REDACTED]
Date of Service:	[REDACTED]	Plan Date:	[REDACTED]

Medicaid Eligibility Information:

ELIGIBLE PCP

Co-pay Remaining: \$0.00

Covered Services

Code	Description
88	Pharmacy

Medicaid Managed Care:

Plan name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED]
Plan Code: [REDACTED]

Medicaid Exceptions:

Exception Code	Provider
A1	1417028804 CAH HAMASPIK OF ROCKLAND CNTY
A2	1447641493 CHHUNY LLC
K1	
K4	

Medicaid/MC Exemptions:

Exemption Code
95

ePACES
Example 2:
Child with
I/DD, in the
OPWDD
HCBS waiver

Client Information:

Client ID:	[REDACTED]	Client Name:	[REDACTED]
Gender:	[REDACTED]	SSN:	[REDACTED]
Date of Birth:	[REDACTED]	Address 1:	[REDACTED]
Anniversary Date:	[REDACTED]	Address 2:	[REDACTED]
Recertification:	[REDACTED]	City, State Zip:	[REDACTED]
County:	[REDACTED]	Office:	[REDACTED]
Date of Service:	[REDACTED]	Plan Date:	[REDACTED]

Medicaid Eligibility Information:

ELIGIBLE PCP

Co-pay Remaining: \$0.00

Covered Services

Code	Description
88	Pharmacy

Medicaid Managed Care:

Plan name:	[REDACTED]
Address:	[REDACTED]
Phone:	[REDACTED]
Plan Code:	[REDACTED]

Medicaid Exceptions:

Exception Code	Provider
15	1215435607 CARE DESIGN NY LLC CCO
46	

Medicaid/MC Exemptions:

Exemption Code
95

HOW DO WAIVERS RELATE TO EPSDT?

What does EPSDT require?

“The Act provides for **coverage of all medically necessary services**

that are included within the categories of **mandatory and optional services** listed in section 1905(a),

regardless of whether such services are covered under the State Plan.”



All 1905(a) Medicaid Benefits Required under EPSDT

Mandatory Benefits

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services

Optional Benefits

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services

But for kids, every state MUST cover all of these, including the “mandatory benefits” and the “optional benefits.”

- Transportation to medical care
- Tobacco cessation counseling for pregnant women
- Medication Assisted Treatment (MAT)
- Routine patient costs of items and services for beneficiaries enrolled in Qualifying Clinical Trials

- Private duty nursing services
- Personal Care
- Hospice
- Case management
- TB-related Services
- Primary and secondary medical strategies, treatment and services for individuals with Sickle Cell Disease
- Primary Care Case Management
- Services in an intermediate care facility for individuals with Intellectual Disability
- Inpatient psychiatric services for individuals under age 21

How does EPSDT relate to HCBS waiver services?

Social Security Act 1905(a) services must be covered for kids if they are medically necessary (because of EPSDT). This does not mean that HCBS waiver services must be covered if they are medically necessary!


“Home and community based services (HCBS) waiver programs ... provide for coverage of services that are not otherwise available through the Medicaid program (including EPSDT) because they do not fit into one of the categories listed in section 1905(a). This includes habilitative services, respite services, or other services approved by CMS that can help prevent institutionalization.

... Children under age 21 who are enrolled in an HCBS waiver program are also entitled to all EPSDT screening, diagnostic, and treatment services. Because HCBS waivers can provide services not otherwise covered under Medicaid, waivers and EPSDT can be used together to provide a comprehensive benefit for children with disabilities who would otherwise need the level of care provided in an institutional setting.

... The HCBS waiver services essentially “wrap-around” the EPSDT benefit.”

**WHERE CAN YOU LEARN
MORE?**

Where can you learn more about waivers?




MACPAC Medicaid and CHIP Payment and Access Commission

[MACPAC](#) > [Medicaid 101](#) > [Waivers](#)

Waivers

States seeking additional flexibility in design of their Medicaid programs may apply for formal waivers of some statutory requirements from the Secretary of the U.S. Department of Health and Human Services (HHS). For example, certain eligibility and benefit provisions of the Medicaid statute may be waived in order to explore new approaches to the delivery of and payment for acute care and long-term services and supports (LTSS). States can use waivers to offer a specialized benefit package to a subset of Medicaid beneficiaries, to restrict enrollees to a specific network of providers, or to extend coverage to groups beyond those defined in Medicaid law. States can also use waivers to make policy changes to respond to disasters and [public health emergencies](#).

All states operate one or more Medicaid waivers, which are generally referred to by the section of Social Security Act granting the waiver authority and are categorized either as program waivers or research and demonstration projects. Approval of states' waiver applications is at the discretion of the Secretary. In some cases, waivers may be coordinated with efforts involving other programs, such as Medicare or health insurance exchanges.



MACPAC Medicaid and CHIP Payment and Access Commission

[MACPAC](#) > [Waivers](#) > [1915\(c\) waivers](#)

1915(c) waivers

Published On
June 24, 2019

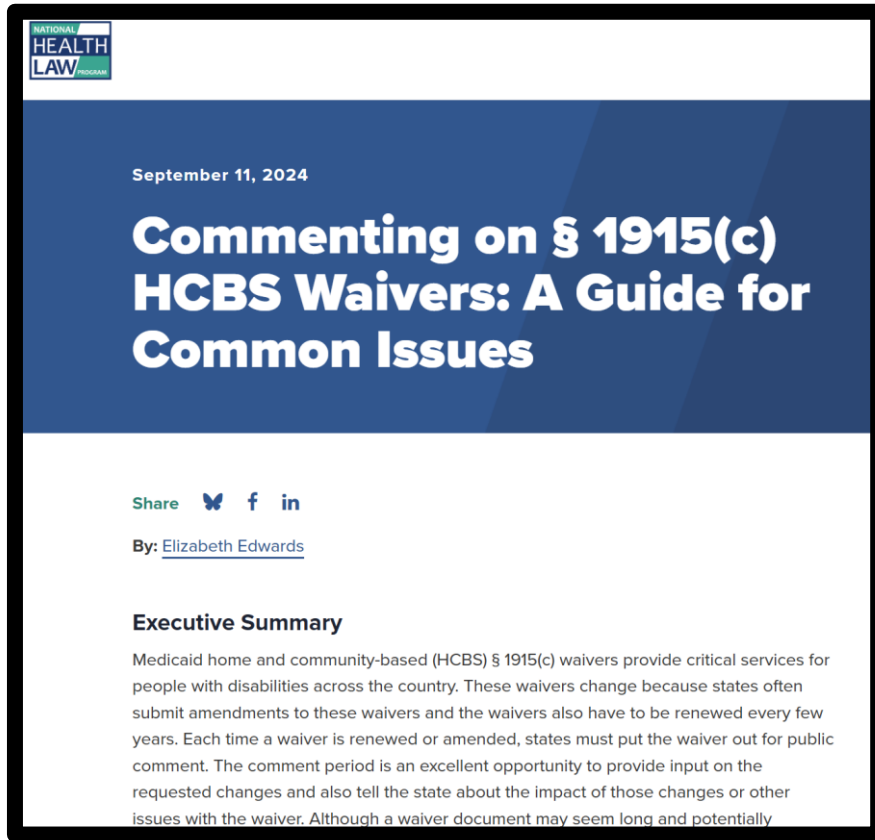
Enacted in the same 1981 legislation as Section 1915(b) freedom-of-choice waivers, Section 1915(c) allows states to obtain waivers of comparability requirements, in order to offer home- and community-based services (HCBS) to limited groups of enrollees as an alternative to institutional care. These waivers also allow states to cap the number of individuals who can receive HCBS.

A few other provisions of the Medicaid statute can be waived as well. For example, under usual state plan rules, an applicant's family income includes the spouse's income unless the applicant is institutionalized. By waiving §1902(a)(10)(C)(i)(III), states can exclude the spouse's income in order to keep individuals eligible for Medicaid and enrolled in HCBS, without requiring institutionalization.

<https://www.macpac.gov/medicaid-101/waivers/>

<https://www.macpac.gov/subtopic/1915-c-waivers/>




Where can you learn more about waivers?



NATIONAL HEALTH LAW PROGRAM

September 11, 2024

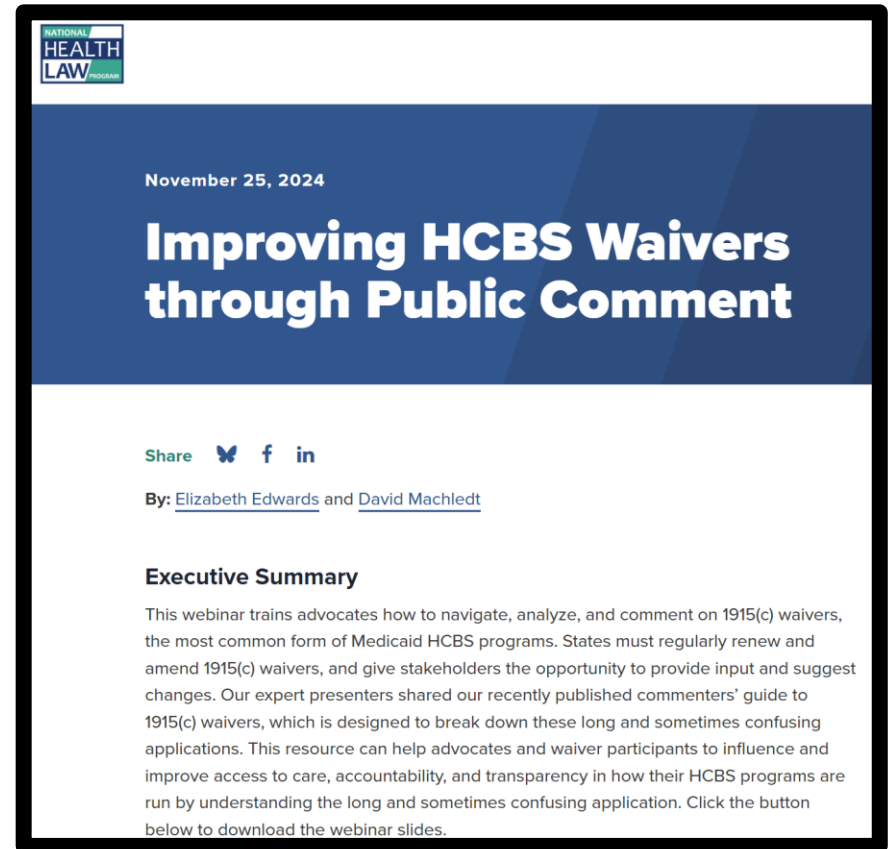
Commenting on § 1915(c) HCBS Waivers: A Guide for Common Issues

Share   

By: [Elizabeth Edwards](#)

Executive Summary




Medicaid home and community-based (HCBS) § 1915(c) waivers provide critical services for people with disabilities across the country. These waivers change because states often submit amendments to these waivers and the waivers also have to be renewed every few years. Each time a waiver is renewed or amended, states must put the waiver out for public comment. The comment period is an excellent opportunity to provide input on the requested changes and also tell the state about the impact of those changes or other issues with the waiver. Although a waiver document may seem long and potentially



NATIONAL HEALTH LAW PROGRAM

November 25, 2024

Improving HCBS Waivers through Public Comment

Share   

By: [Elizabeth Edwards](#) and [David Machledt](#)

Executive Summary

This webinar trains advocates how to navigate, analyze, and comment on 1915(c) waivers, the most common form of Medicaid HCBS programs. States must regularly renew and amend 1915(c) waivers, and give stakeholders the opportunity to provide input and suggest changes. Our expert presenters shared our recently published commenters' guide to 1915(c) waivers, which is designed to break down these long and sometimes confusing applications. This resource can help advocates and waiver participants to influence and improve access to care, accountability, and transparency in how their HCBS programs are run by understanding the long and sometimes confusing application. Click the button below to download the webinar slides.

<https://healthlaw.org/resource/commenting-on-%C2%A7-1915c-hcbs-waivers-a-guide-for-common-issues/>

<https://healthlaw.org/resource/improving-hcbs-waivers-through-public-comment/>

Caveat: The NHeLP resources above are about what is true, generally, across the country. New York is special in that we cover some home-based services (like the possibility of 24/7 CDPAP/PCS and PDN) through our State Plan! So, the information above may not be an exact fit for New York.