

NHTD Waiver Cap

THE HCP ADVOCATE 9.16.2025

Waiver Amendment in Progress

In July 2025 the Department of Health (DOH/the Department) applied for an amendment to its Nursing Home Transition and Diversion 1915(c) Medicaid waiver (the waiver) which essentially caps the number of NHTD enrollees at 9,400 beneficiaries for the next three years (7/1/25-8/31/28). For comparison, the waiver currently serves about 9,000 people.

Based at least in part on industry reactions to the NHTD cap, the Department has brought together stakeholders to discuss the waiver program in relation to the cap and alternative cost containment measures for the future. HCP participates in these scheduled meetings which include provider associations, DOH, the Division of Budget, and representatives from the governor's office. The group met last week to learn where the amendment stands and discuss some proposals for the program's future sustainability.

According to the Department, the public comments on the waiver amendment are in final review. When that process is complete, the state will submit the amendment application to the Centers for Medicare and Medicaid Services (CMS). The final application includes all the public comments along with the Department's responses. It will be distributed to the stakeholders when submitted and the entire application will be publicly available. CMS then has 90 days to review the amendment application, although the 90-day time frame is paused if CMS asks NYS for more information. DOH notes that there is no public comment period as part of the CMS process.

The Department is involving the stakeholders in development of beneficiary materials to be used once the cap is activated.

Update for Providers

Per the Department, when CMS approves the waiver amendment the cap will be activated, and no new referrals will be accepted if the state is already at or above the new 9,400-participant limit. DOH notes that only referrals will stop; ***all enrollees "in the pipeline" at that time will continue to be processed.***

It was mentioned in the discussion that some Regional Resource Development Centers (RRDC) have already begun refusing new referrals to the NHTD program. The Department asks that providers report those instances to them. You may [reach out to HCP](#) and we can email the Department on your behalf if you wish to remain anonymous.

The state explained that once the cap is in place, there will not be a waitlist of any kind. Beneficiaries will be given information related to other services and urge them to continue to check for NHTD program openings.

Currently, the vast majority of NHTD enrollees are in New York City and Long Island. DOH explained that when people leave the program, the "open slots" would not necessarily be in that enrollee's region, as the openings will be distributed proportionally according to enrollment.

Industry stakeholders, including HCP, are advocating for a waitlist process of some kind to be used while the cap is in place. DOH explained that such a process requires another amendment, and we responded by strengthening our request that the Department pursue the approval of a waitlist with CMS.

Long-term Proposals

The stakeholder group is exploring long-term solutions to contain costs outside of an enrollment cap, while noting that Home and Community Support Services (HCSS) make up about 98% of NHTD waiver costs.

Proposals being discussed with the Department include supplements to in-home services such as meal and laundry delivery, assistive technology, and environmental modifications. Stakeholders reminded DOH that these supplements must be weighed against the high needs of the individuals in the program.

Other topics reviewed covered assessment process changes and exploring live-in care, which is not currently an option in the NHTD waiver program.

Background

The state cites the large uptick in users of the program, especially over the last five years, as leading to unsustainable, increased costs. Per the Department, these ballooning costs must be contained, and the enrollment cap is the path the state chose to stay within FY2025-26 fiscal parameters.