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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID FIELD OPERATIONS EAST

April 10, 2019

Donna Frescatore
State Medicaid Director
New York State Department of Health
Office of Health Insurance Programs
One Commerce Plaza, Suite 1211
Albany, NY 12237

Dear Ms. Frescatore:

The Centers for Medicare & Medicaid Services (CMS) has approved your request to adopt New York's State Plan Amendment (SPA) #16-0007, Office for People With Developmental Disabilities (OPWDD) Preventive and Rehabilitative Services- Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) into the State Medicaid Plan with an effective date of April 1, 2016. This SPA outlines the qualifications for IPSIDD that will be covered through preventive and rehabilitative services which include: Occupational Therapy; Physical Therapy; Speech and Language Pathology; and Psychotherapy.

We would like to express our gratitude for the effort and cooperation provided by your staff during our review of your amendment request. If you have any questions on this matter, please contact Christopher Semidey at (212) 616-2328 or Christopher.Semidey@cms.hhs.gov.

Sincerely,


Ricardo Holligan
Acting Deputy Director
Division of Medicaid Field Operations East

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
16-0007

2. STATE
New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2016

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
§ 1902(r)(5) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 04/01/16-09/30/16 \$0.00
b. FFY 10/01/16-09/30/17 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A Supplement: Pages ~~2(c.2.8), 2(c.2.9), 2(c.2.10),~~
~~2(c.2.11), 2(c), 2(c.1), 2(c.2), 2(c.3)~~ Page: 2 (c.1.1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1B Supplement: Pages ~~2(c.2.8), 2(c.2.9), (c.2.10),~~
~~2(c.2.11), 2(c), 2(c.1), 2(c.2), 2(c.3)~~ Page: 2 (c.1.1)

Attachment 4.19-B: Page 5(a)(ii)

10. SUBJECT OF AMENDMENT:
OPWDD Preventive and Rehabilitative Services
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jason A. Helgerson

14. TITLE: Medicaid Director
Department of Health

15. DATE SUBMITTED: JUN 3 0 2016

16. RETURN TO:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
APRIL 10, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
APRIL 01, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
RICARDO HOLLIGAN

22. TITLE: Acting Deputy Director
Division of Medicaid Field Operations East

23. REMARKS:

*Pen + ink changes were made to box #8
to read: Attachment 3.1-A Page: 2 (c.1.1)
Attachment 3.1-B Page: 2 (c.1.1)
Attachment 4.19-B Page: 5 (a)(ii)
as instructed by New York on April 1, 2019.*

New York
2(c.1.1)

Other Licensed Practitioners. A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York, operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Clinical Social Worker (LCSW)

NP-LBHPs also includes the following individuals who practice psychotherapy services:

- Licensed Master Social Worker (LMSW);
- Applied Behavioral Sciences Specialist (ABSS) – An Applied Behavioral Sciences Specialist (ABSS) with a Master’s degree in a clinical and/or treatment field of psychology from an accredited institution and/or a NYS license in Mental Health Counseling, who has training in assessment techniques and behavioral program development.
- **Supervision requirement:** Services delivered by an ABSS must be performed under the supervision of a NYS Licensed Psychologist in accordance with the supervisory functions described in the scope of practice in state law. Services delivered by an ABSS will be billed under the NPI of the supervising Licensed Psychologist who is ultimately responsible for services rendered. Services delivered by an LMSW must be performed under the supervision of a NYS Licensed Psychologist or LCSW in accordance with the supervisory functions described in the scope of practice in state law. Services delivered by an LMSW will be billed under the NPI of the supervising Licensed Psychologist or LCSW (whichever is applicable), who is ultimately responsible for services rendered.

Limitations: Services cannot duplicate services available through other State Plan options and must be prior authorized. An annual prior authorization for a maximum of 50 visits for psychotherapy service will be granted based upon attestation of medical necessity by a qualified billing provider. Further visits beyond the initial 50 visits can be prior authorized upon the State’s review and approval of documentation supporting medical necessity.

**New York
2(c.1.1)**

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**New York
5(a)(ii)**

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
- (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
- (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018 and forward:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
- (2) IPSIDD is available for the following services:
- (i) Occupational Therapy;
 - (ii) Physical Therapy;
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN #16-0007 Approval Date 04/10/2019
Supersedes TN NEW Effective Date 04/01/2016