

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 21-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 23, 2021

Brett Friedman  
Acting State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1432  
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 21-0007

Dear Director Friedman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0007. This amendment proposes to establish outpatient mental health services under the rehabilitative services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that New York Medicaid SPA 21-0007 was approved on November 19, 2021, with an effective date of March 1, 2021.

If you have any questions, please contact LCDR Frankeena McGuire at 215-861-4754 or via email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,



Ruth A. Hughes, Acting  
Director Division of Program  
Operations

cc:  
Regina Deyette, NYS Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 0 7

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

§1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 03/01/21-09/30/21 \$ 1,232.10b. FFY 10/01/21-09/30/22 \$ 2,112.17

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 3.1-A Supplement Pages 3b-49, 3b-50, 3b-51, 3b-52, 3b-53, 3b-54,  
3b-55  
3.1-B Supplement Pages 3b-49, 3b-50, 3b-51, 3b-52, 3b-53, 3b-54, 3b-55  
4.19-B Pages: 8, 8a, 9  
4.19-B Supplement 1 Page: 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)Attachment: 4.19-B Pages: 8, 8a, 9  
4.19-B Supplement 1 Page: 3

10. SUBJECT OF AMENDMENT

OMH Rehab SPA  
(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

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

March 30, 2021

16. RETURN TO

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

March 30, 2021

18. DATE APPROVED

November 19, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2021

20. SIGNATURE

21. TYPED NAME

Ruth Hughes

22. TITLE

Acting Director, Division of Program Operations

23. REMARKS

The State authorizes the following pen and ink changes to the 179:  
Box 8 – Page Number of the Plan Section or Attachment  
Attachment: 3.1-B Supplement Pages 3b-49, 3b-50, 3b-51, 3b-52, 3b-53, 3b-54,  
3b-55

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3b-49

**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Outpatient Mental Health Services:**

The State provides coverage for Outpatient Mental Health Services as defined at 42 CFR 440.130(d) and in this section. The State assures that rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Outpatient Mental Health Services are recommended by a licensed practitioner of the healing arts acting within the scope of his/her professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, and licensed creative arts therapists (LCAT).

Outpatient Mental Health Services are person-centered, recovery-oriented rehabilitative services designed to help individuals achieve and maintain recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Medically necessary Outpatient Mental Health Services are those which are necessary to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level and are provided according to an individualized treatment plan.

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

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**Provider Qualifications:**

Outpatient Mental Health Services as described herein are provided by professionals, paraprofessionals, or peers qualified by credentials, training, and/or experience to provide direct services related to the treatment of mental illness and substance use disorders employed by or under contract with provider agencies licensed or authorized by the New York State Office of Mental Health, as follows:

1. Professional Staff include:

- a. Physician: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. Psychiatrist: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who is either a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by such Board or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by such Board;
- c. Physician assistant: An individual who is currently licensed or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. Nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. Psychiatric nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;
- f. Registered nurse: An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. Licensed Practical Nurse: An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. Psychologist: An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. Social worker: An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. Mental health counselor: An individual who is currently licensed or possesses a permit to practice as a mental health counselor issued by the New York State Education Department;
- k. Marriage and family therapist: An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- l. Psychoanalyst: An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;

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m. Creative arts therapist: An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;

2. Paraprofessional staff are qualified by formal or informal training and professional experience in a mental health field or treatment setting. Paraprofessional staff will be supervised by Professional staff. Paraprofessional staff will be at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma or equivalent and 1-3 years of relevant experience working with individuals with serious mental illness or substance use disorders.

3. Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates are qualified by personal experience and will be certified or provisionally certified as provided below. Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates will be supervised by competent mental health professionals, which include any Professional staff defined above.

**Certified Peer Specialists will:**

1. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey; and
2. Possess a certification from or are provisionally certified as a Certified Peer Specialist by an OMH-approved Certified Peer Specialist certification program.

**Credentialed Family Peer Advocates (FPA) will:**

1. Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child-serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs;
2. Possess a credential from or are provisionally credentialed as a Family Peer Advocate by an OMH-approved Family Peer Advocate credentialing program;

**Credentialed Youth Peer Advocate will:**

1. Demonstrate "lived experience" as a person with first-hand experience with mental health and/or co-occurring behavioral health challenges in juvenile justice, special education, and/or foster care settings who is able to assist in supporting young people attain resiliency/recovery and wellness; and
2. Possess a valid credential from or are provisionally certified as a Youth Peer Advocate by an OMH-approved Youth Peer Advocate credentialing program.

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**Service Descriptions:**

Outpatient Mental Health Services include assessments/screening; treatment planning; counseling/therapy; medication treatment; psychiatric consultation; testing services; health monitoring; Screening, Brief Intervention and Referral to Treatment (SBIRT); complex care management; peer/family peer recovery support; and crisis intervention. Except as otherwise noted, all services are for both children and adults.

All Outpatient Mental Health Services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community, or in the individual's place of residence, consistent with guidance issued by the New York State Office of Mental Health. The setting in which the service is provided is determined by the individual's needs and goals documented in the individual's record. Collateral supports, such as identified family members or significant others, may participate in services for the benefit of the Medicaid beneficiary.

Outpatient Mental Health Services include:

- **Assessments/Screenings** – Including initial, immediate needs, risk, psychiatric, and functional/rehabilitative assessments, and health screenings and health physicals, for the purpose of gathering or updating information concerning the individual's mental and physical health history and status, including determination of substance use, in order to determine the appropriate diagnosis, assess the individual's functional limitations, and inform the treatment planning process. Health screenings and health physicals assess the need for and referral to additional physical health services. Assessments may include interactions between the professional and an individual's collateral supports to obtain necessary information for the benefit of the treatment planning for the individual.

**Practitioners:** Initial, immediate needs, and risk assessments are provided by Professional staff. Functional/rehabilitative assessments are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff. Psychiatric assessments are provided by a Physician, Psychiatrist, Psychiatric nurse practitioner, or Physician's Assistant. Health screenings and health physicals are provided by a Physician, Psychiatrist, Physician's assistant, Nurse practitioner, Registered nurse or Licensed Practical Nurse.

- **Treatment Planning** – Is an ongoing, collaborative and person-centered process directed by the individual in collaboration with the individual's family or other collaterals, as appropriate and approved by the individual and a licensed clinician, resulting in the development of treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of Outpatient Mental Health Services.

**Practitioners:** Treatment Planning services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

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- **Counseling/Therapy** – Individual, group, and family counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual’s mental health condition or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual’s capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services. Collateral contact is permitted as needed to address the therapeutic goals of the beneficiary.  
**Practitioners:** Counseling/Therapy Services are provided by Professional Staff and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff.
- **Medication Treatment** – Medication Treatment is a therapeutic and rehabilitative service to treat the symptoms of an individual’s mental illness and/or substance use disorder, including the following components which may be provided by the following professionals:
  - Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications, and ordering and reviewing diagnostic studies, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, or Physician’s assistant; and
  - Preparing, administering and monitoring the injection of intramuscular medications, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, Physician’s assistant, Registered professional nurse or Licensed practical nurse.
- **Psychiatric Consultation** – Psychiatric Consultation services are diagnostic and therapeutic services including an evaluation of a beneficiary who is not currently enrolled in the practitioner’s program when the service is provided. Psychiatric Consultation is not a professional consultation between two health care professionals, but rather direct services provided to a beneficiary for purposes of diagnosis, integration of treatment and continuity of care.  
**Practitioners:** Psychiatric Consultation services are provided by a Physician, Psychiatrist, Nurse practitioner, Psychiatric nurse practitioner, or Physician’s assistant.
- **Testing Services, including Developmental Testing, Neurobehavioral Status Examination, and Psychological Testing** – Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child’s developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes. Neurobehavioral status examination is a clinical assessment of thinking, reasoning and judgment, including attention, language, memory, problem solving and visual spatial abilities and interpretation of the results for treatment planning. Psychological Testing Services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.



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**Practitioners:** Developmental Testing Services and Neurobehavioral Status Examination services are provided by Professional staff. Psychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

- **Health Monitoring** - Health Monitoring is a diagnostic and therapeutic service involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use. For children these indicators include, but are not limited to, BMI, activity/exercise level, substance use, and smoking status.

**Practitioners:** Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician's assistant, Registered nurse or Licensed practical nurse.

- **Screening, Brief Intervention and Referral to Treatment (SBIRT) services** – SBIRT are evidence-based assessment, counseling, and referral services which provide: (i) screening to identify individuals exhibiting or who are at risk of substance use-related problems; (ii) early intervention, including counseling and skills restoration services to modify risky consumption patterns and behaviors; and (iii) referral to appropriate services for individuals who need more extensive, specialized treatment to address such substance consumption patterns and behaviors.

**Practitioners:** SBIRT services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Peer and Family Peer Recovery Support Services** – Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional.

**Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

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- **Crisis Intervention Services, including crisis response and crisis planning** – Crisis intervention services are provided to address and remediate acute distress and rehabilitate individuals who are experiencing or who are at risk of experiencing acute mental health crises and to avoid the need for emergency or inpatient psychiatric hospital services, as follows:
  - Crisis response services: Services to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
  - Crisis planning services: Rehabilitative skills training services to assist individuals to effectively avoid or respond to mental health crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual and/or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management or safety plan, and/or as appropriate, seeking other supports to restore stability and functioning.

**Practitioners:** Crisis intervention services are provided by Professional staff and Paraprofessional staff under supervision as provided in this section.

- **Complex Care Management** Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the beneficiary to identify solutions to problems that threaten recovery and care coordination services to help beneficiaries to connect with medical or remedial services. Services may involve contacts with collaterals identified by the beneficiary for the direct benefit of the beneficiary.

**Practitioners:** Complex Care Management Services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Outpatient Mental Health Services:**

The State provides coverage for Outpatient Mental Health Services as defined at 42 CFR 440.130(d) and in this section. The State assures that rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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- g. Licensed Practical Nurse: An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. Psychologist: An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. Social worker: An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
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2. Paraprofessional staff are qualified by formal or informal training and professional experience in a mental health field or treatment setting. Paraprofessional staff will be supervised by Professional staff. Paraprofessional staff will be at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma or equivalent and 1-3 years of relevant experience working with individuals with serious mental illness or substance use disorders.

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2. Possess a credential from or are provisionally credentialed as a Family Peer Advocate by an OMH-approved Family Peer Advocate credentialing program;

**Credentialed Youth Peer Advocate will:**

1. Demonstrate "lived experience" as a person with first-hand experience with mental health and/or co-occurring behavioral health challenges in juvenile justice, special education, and/or foster care settings who is able to assist in supporting young people attain resiliency/recovery and wellness; and
2. Possess a valid credential from or are provisionally certified as a Youth Peer Advocate by an OMH-approved Youth Peer Advocate credentialing program.

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**Service Descriptions:**

Outpatient Mental Health Services include assessments/screening; treatment planning; counseling/therapy; medication treatment; psychiatric consultation; testing services; health monitoring; Screening, Brief Intervention and Referral to Treatment (SBIRT); complex care management; peer/family peer recovery support; and crisis intervention. Except as otherwise noted, all services are for both children and adults.

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Outpatient Mental Health Services include:

- **Assessments/Screenings** – Including initial, immediate needs, risk, psychiatric, and functional/rehabilitative assessments, and health screenings and health physicals, for the purpose of gathering or updating information concerning the individual's mental and physical health history and status, including determination of substance use, in order to determine the appropriate diagnosis, assess the individual's functional limitations, and inform the treatment planning process. Health screenings and health physicals assess the need for and referral to additional physical health services. Assessments may include interactions between the professional and an individual's collateral supports to obtain necessary information for the benefit of the treatment planning for the individual.

**Practitioners:** Initial, immediate needs, and risk assessments are provided by Professional staff. Functional/rehabilitative assessments are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff. Psychiatric assessments are provided by a Physician, Psychiatrist, Psychiatric nurse practitioner, or Physician's Assistant. Health screenings and health physicals are provided by a Physician, Psychiatrist, Physician's assistant, Nurse practitioner, Registered nurse or Licensed Practical Nurse.

- **Treatment Planning** – Is an ongoing, collaborative and person-centered process directed by the individual in collaboration with the individual's family or other collaterals, as appropriate and approved by the individual and a licensed clinician, resulting in the development of treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of Outpatient Mental Health Services.

**Practitioners:** Treatment Planning services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

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- **Counseling/Therapy** – Individual, group, and family counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual’s mental health condition or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual’s capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services. Collateral contact is permitted as needed to address the therapeutic goals of the beneficiary.  
**Practitioners:** Counseling/Therapy Services are provided by Professional Staff and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff.
- **Medication Treatment** – Medication Treatment is a therapeutic and rehabilitative service to treat the symptoms of an individual’s mental illness and/or substance use disorder, including the following components which may be provided by the following professionals:
  - Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications, and ordering and reviewing diagnostic studies, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, or Physician’s assistant; and
  - Preparing, administering and monitoring the injection of intramuscular medications, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, Physician’s assistant, Registered professional nurse or Licensed practical nurse.
- **Psychiatric Consultation** – Psychiatric Consultation services are diagnostic and therapeutic services including an evaluation of a beneficiary who is not currently enrolled in the practitioner’s program when the service is provided. Psychiatric Consultation is not a professional consultation between two health care professionals, but rather direct services provided to a beneficiary for purposes of diagnosis, integration of treatment and continuity of care.  
**Practitioners:** Psychiatric Consultation services are provided by a Physician, Psychiatrist, Nurse practitioner, Psychiatric nurse practitioner, or Physician’s assistant.
- **Testing Services, including Developmental Testing, Neurobehavioral Status Examination, and Psychological Testing** – Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child’s developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes. Neurobehavioral status examination is a clinical assessment of thinking, reasoning and judgment, including attention, language, memory, problem solving and visual spatial abilities and interpretation of the results for treatment planning. Psychological Testing Services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

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**Practitioners:** Developmental Testing Services and Neurobehavioral Status Examination services are provided by Professional staff. Psychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

- **Health Monitoring** - Health Monitoring is a diagnostic and therapeutic service involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use. For children these indicators include, but are not limited to, BMI, activity/exercise level, substance use, and smoking status.

**Practitioners:** Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician's assistant, Registered nurse or Licensed practical nurse.

- **Screening, Brief Intervention and Referral to Treatment (SBIRT) services** – SBIRT are evidence-based assessment, counseling, and referral services which provide: (i) screening to identify individuals exhibiting or who are at risk of substance use-related problems; (ii) early intervention, including counseling and skills restoration services to modify risky consumption patterns and behaviors; and (iii) referral to appropriate services for individuals who need more extensive, specialized treatment to address such substance consumption patterns and behaviors.

**Practitioners:** SBIRT services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Peer and Family Peer Recovery Support Services** – Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional.

**Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.



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- **Crisis Intervention Services, including crisis response and crisis planning** – Crisis intervention services are provided to address and remediate acute distress and rehabilitate individuals who are experiencing or who are at risk of experiencing acute mental health crises and to avoid the need for emergency or inpatient psychiatric hospital services, as follows:
  - Crisis response services: Services to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
  - Crisis planning services: Rehabilitative skills training services to assist individuals to effectively avoid or respond to mental health crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual and/or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management or safety plan, and/or as appropriate, seeking other supports to restore stability and functioning.

**Practitioners:** Crisis intervention services are provided by Professional staff and Paraprofessional staff under supervision as provided in this section.

- **Complex Care Management** Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the beneficiary to identify solutions to problems that threaten recovery and care coordination services to help beneficiaries to connect with medical or remedial services. Services may involve contacts with collaterals identified by the beneficiary for the direct benefit of the beneficiary.

**Practitioners:** Complex Care Management Services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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[RESERVED]

**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services**

**Reimbursement Methodology**

Ambulatory Patient Group (APG) reimbursement for all OMH outpatient mental health services licensed by the New York State Office of Mental Health (OMH) will begin January 1, 2021. There are six peer groups based on provider type: Freestanding Upstate, Freestanding Downstate, county-operated, Hospital-based Upstate, Hospital-based Downstate and State-operated. Assignment to a peer group is based on the corporate information related to the licensure of the owner's primary location.

Providers with sites designated to different peer groups will receive reimbursement based on the peer group where the services are provided. New providers of OMH outpatient mental health services will be paid the same as other providers in their peer group.

Under the APG payment methodology, payments are determined by multiplying a dollar base rate, varying by peer group, by the weight for each procedure. The weight is a numeric value that reflects the relative expected resource utilization for each procedure as compared to the expected resource utilization for all other procedures. Procedure weights are the same for all OMH outpatient community-based mental health rehabilitative services providers. Where permitted by the APG reimbursement methodology, multiple services in a single visit will be discounted by 10%.

For providers operated by hospitals, excluding state-operated hospitals, reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its OMH licensed outpatient programs, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

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**[RESERVED]**

**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued**

**I. Definitions:** The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:

- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

**II. Quality Improvement (QI) Program**

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI finding and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

**III. Minimum Wage Increases**

The minimum wage methodology described in the “Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics” section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

**IV. Reimbursement Rates:** APG peer group base rates for all OMH outpatient mental health services providers, including base rates for providing participating in the OMH Quality Improvement program, are published on the State’s website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

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[RESERVED]

**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services reimbursement methodology continued**

**Behavioral Health Utilization Controls**

Utilization thresholds for outpatient mental health services providers are established by the Office of Mental Health. These thresholds target unusually high utilization with payment reductions and are established by the licensing state agency as follows:

1. For persons 21 years of age or older at the start of the state fiscal year, payment for the 31st through 50th visits in a state fiscal year by one or more providers operated by the same agency will be subject to a 25% reduction in the otherwise applicable payment amount.
2. For persons 21 years of age or older at the start of the state fiscal year, payment for visits in excess of 50 in a state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
3. For persons less than 21 years of age at the start of the state fiscal year, payment for visits in excess of 50 in that state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
4. Off-site visits, medical visits and crisis visits, when billed under their applicable rate codes, will be disregarded in computing the number of visits pursuant to the preceding paragraphs.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE  
Payment of Medicare Part A and Part B Deductible/Coinsurance**

**Explanation of Medicare Part B Coinsurance Payment for Medicaid Recipients**

This Medicare coinsurance policy applies to:

- Qualified Medicare Beneficiaries (QMBs)
- Qualified Medicare Beneficiaries Plus (QMBs+)
- Any other persons who have both full Medicaid and Medicare

For all recipients noted above New York State Medicaid will pay as follows:

1. If the Medicare payment amount is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
2. If the Medicare payment is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount.
3. If a procedure is designated "inactive" on the procedure code file, i.e., procedures that are not covered by Medicaid and have been assigned a \$0 amount, Medicaid will not reimburse any portion of the Medicare Part B coinsurance amount for these procedures.
4. If the service is an outpatient service certified under Articles 16, 31, or 32 of the Mental Hygiene Law, an Independent Practitioner Service for Individuals with Developmental Disabilities (IPSIDD), or is an ambulance or psychologist service, Medicaid will pay the full Medicare coinsurance liability.
5. If the service is an Independent Practitioner Service for Individuals with Developmental Disabilities (IPSIDD), Medicaid will pay up to the regular Medicaid fee, even if that fee is higher than the Medicare approved amount.
6. If the service is an outpatient service certified under Article 28 of the Public Health Law, Medicaid will pay as follows:
  - a. If the Medicare payment is greater than the amount that Medicaid would have paid for that service, then Medicaid will pay \$0.
  - b. If the Medicare payment is less than the amount that Medicaid would have paid for that service, then Medicaid will pay the lower of the difference between the Medicaid rate and the Medicare payment, or the Medicare coinsurance amount.
  - c. If the Medicare payment is equal to the amount that Medicaid would have paid for that service, Medicaid will pay \$0.
7. If the service is a Products of Ambulatory Care Clinic, a clinic primarily serving the developmentally disabled, a Mental Health comprehensive outpatient program services (COPS) program<sup>1</sup>, provided by a free standing clinic service certified under Article 28 of the Public Health Law to Traumatic Brain Injury waiver member, or provided by clinic or hospital outpatient department certified under Article 28 of the Public Health Law to an individual with a developmental disability, Medicaid will pay up to the regular Medicaid fee, even if that fee is higher than the Medicare approved amount.

<sup>1</sup>Effective 10/1/2010, COPS program means [Freestanding Clinic and Outpatient Hospital] Services licensed pursuant to the Mental Hygiene Law reimbursed pursuant to the APG reimbursement methodology and Partial Hospitalization, Continuing Day Treatment, and Day Treatment for Children [and Intensive Psychiatric Rehabilitation and Treatment] Services.