

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **23-0094**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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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March 26, 2024

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza Rm. 1605  
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 23-0094

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0094. This amendment proposes to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services (CFTSS) by agencies designated in Other Licensed Practitioner (OLP) and/or Community Psychiatric Supports and Treatment (CPST) by the New York State designation process that have completed the EBP training and certification process.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 23-0094 was approved on March 25, 2024, with an effective date of November 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at [Melvina.Harrison@cms.hhs.gov](mailto:Melvina.Harrison@cms.hhs.gov).

Sincerely,

  
James G. Scott, Director  
Division of Program Operations

cc: Regina Deyette, NYDOH

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

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>9</u> <u>4</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**November 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
~~§ 1905(a)(6), 1905(a)(4)(B), 1905(a)(13), 1905(r)~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 11/01/23-09/30/24 \$ 278,685  
b. FFY 10/01/24-09/30/25 \$ 557,701

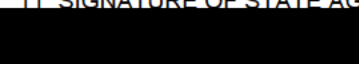
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)  
  
3.1-A Supplemental Pages: ~~2(xv)(1), 2(xv)(1a), 2(xv)(1a)(i), 3b-20, 3b-21, 3b-21(a), 3b-22, 3b-23, 3b-24~~  
3.1-B  
3.1-A Supplemental Pages: ~~2(xv)(1), 2(xv)(1a), 2(xv)(1a)(i), 3b-20, 3b-21, 3b-21(a), 3b-22, 3b-23, 3b-24~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)  
  
3.1-A Supplemental Pages: ~~2(xv)(1), 3b-20, 3b-21, 3b-22, 3b-23, 3b-24~~  
3.1-A Supplemental Pages: ~~2(xv)(1), 3b-20, 3b-21, 3b-22, 3b-23, 3b-24~~

9. SUBJECT OF AMENDMENT  
**Evidence-Based Practices in Other Licensed Practitioner (OLP) and Rehab Svc (CFTSS)**

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Amir Bassiri

13. TITLE  
Medicaid Director


14. DATE SUBMITTED  
December 28, 2023

15. 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 CMS USE ONLY**

16. DATE RECEIVED December 28, 2023	17. DATE APPROVED <b>03/25/2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.03.26 13:32:08 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS **State authorized pen and ink changes on 3/21/24.**

Box 5: FEDERAL STATUTE/REGULATION CITATION: § 1905(a)(6), 1905(a)(13) Box 8: PAGE NUMBER OF THE SUPERCEDED PLAN SECTION OR ATTACHMENT (if applicable):  
Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)

Box 7: The change to box 7 reflects the removal of all but one 3.1-A page and one 3.1-B page originally submitted.  
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)  
Attachment 3.1-A Supplement: Pages: 3b-21(a)  
Attachment 3.1-B Supplement: Pages 3b-21(a)

**Pen and Ink Changes**

**NY SPA 23-0094**

**Box 5: FEDERAL STATUTE/REGULATION CITATION**

§ 1905(a)(6), 1905(a)(13)

**Box 7: PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**

Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)

Attachment 3.1-A Supplemental Pages: 3b-21(a)

Attachment 3.1-B Supplemental Pages: 3b-21(a)

**Box 8: PAGE NUMBER OF THE SUPERCEDED PLAN SECTION OR ATTACHMENT (if applicable)**

Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)

New York  
3b-21(a)

**1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services**

**13d. Rehabilitative Services: EPSDT only (Continued)  
Community Psychiatric Support and Treatment (CPST) Description (Continued)**

**Evidence-based Practices**

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice for youth with behavioral and emotional disorders. FFT includes assessment of family functioning, and targeted counseling and education to help family members better address the child's behavioral health needs. Services involving family members are for the direct benefit of the beneficiary.

**Practitioner Qualifications:** Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in FFT by a certifying entity designated by the state.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

TN           #23-0094          

Supersedes TN           #NEW          

Approval Date: 03/25/2024

Effective Date: November 1, 2023

New York  
3b-21(a)

**1905(a)(13) Other Diagnostic, Screening Preventive, and Rehabilitative Services**

**13d. Rehabilitative Services: EPSDT only (Continued)  
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TN           #23-0094          

Supersedes TN           #NEW          

Approval Date: 03/25/2024

Effective Date: November 1, 2023

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: New York  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF  
CARE  
1905(a)(6) Medical Care, or Any Other Type of Remedial Care**

**Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)**

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York. Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Other Licensed Practitioner.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/23, new rates were created to implement Evidenced Based Practices reimbursement, including:  
Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).

**All Other Licensed Practitioner rates are published on the Department of Health website:**

**[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/child-family\\_rate\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf)**

TN           #23-0094          

Supersedes TN           #23-0090          

Approval Date: 03/25/2024

Effective Date: November 1, 2023

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: New York  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Rehabilitative Services (EPSDT only)**

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency’s rates were set as of January 1, 2019, for Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date.

Provider agency’s rates were set as of July 1, 2019, for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of January 1, 2020, for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/23, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

**All Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Family Peer Support Services, Crisis, Intervention and Youth Peer Supports and Training rates are published on the Department of Health website:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf)

TN           #23-0094          

Supersedes TN           #23-0090          

Approval Date: 03/25/2024

Effective Date: November 1, 2023