

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**      **23-0075**

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  
Centers for Medicare & Medicaid  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 26, 2024

Amir Bassiri  
Medicaid Director  
Deputy Commissioner of the Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza  
99 Washington Avenue, Suite 1715  
Albany, NY 12211

Re: New York State Plan Amendment (SPA) – 23-0075

Dear Director Bassiri:


The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0075. This amendment proposes to establish Medical Assistance coverage and rates of payment for Coordinated Specialty Care (CSC), an evidence-based practice model for the treatment of young people experiencing a first episode of psychosis (FEP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that New York's Medicaid SPA TN 23-0075 was approved on September 26, 2024, with an effective date of July 1, 2023.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at 215-205-3968 or via email at [Melvina.Harrison@cms.hhs.gov](mailto:Melvina.Harrison@cms.hhs.gov).

Sincerely,

  
James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Regina Deyette

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 7 5

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

§1905(a)(13) Other Diagnostic, Screening, Preventative, and Rehab

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 07/01/23-09/30/23 \$ 794,578  
b. FFY 10/01/23-09/30/24 \$ 3,178,313

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement Page: 3b-79,  
3b-80,3b-81,3b-82,3b-83, 3b-83(a)

Attachment 3.1-B Supplement Page: 3b-79,  
3b-80,3b-81,3b-82,3b-83, 3b-83(a)

Attachment 4.19-B Page: 3P

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

NEW

9. SUBJECT OF AMENDMENT

OMH Coordinated Specialty Care (CSC) program

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED September 29, 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 09/29/2023

17. DATE APPROVED 09/26/2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS The State authorizes the following pen and ink changes to the 179:

Box 7. Page Number of The Plan Section Or Attachment

Attachment 3.1-A Supplement Pages: 3b-79, 3b-80, 3b-81, 3b-82, 3b-83, 3b-83(a)

Attachment 3.1-B Supplement Pages: 3b-79, 3b-80, 3b-81, 3b-82, 3b-83, 3b-83(a)

Attachment 4.19-B Page: 3P

New York  
3b-79

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

**13.d Rehabilitative Services**  
**Coordinated Specialty Care Services**

**Assurances:**

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of the Medicaid-eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP 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.

**Description:**

Coordinated Specialty Care (CSC) is an evidence-based practice service model recognized by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for the treatment of young people experiencing a first episode of psychosis (FEP). CSC services are services for adolescents and young adults with the recent onset of a psychotic disorder that are designed to reduce disability, restore functionality, and reduce acute service use.

CSC services are provided by a team of specialists who work with the beneficiary and their family to create a personalized treatment plan. CSC principles of care include shared decision-making, youth-friendly and welcoming environments, equity and inclusion, and flexible and accessible services to minimize barriers for young people who have difficulties engaging in treatment during initial psychosis symptom onset.

CSC Services are recommended by a licensed practitioner of the healing arts acting within the scope of their professional license and applicable New York State law, including licensed Physicians, Physician Assistants, Nurse Practitioners, Registered Professional 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 Creative Arts Therapists (LCAT), and Psychoanalysts.

**Provider Qualifications:**

CSC services are provided by a multidisciplinary team of professional and paraprofessional staff under the supervision of professional staff.

TN #23-0075

Date Approved: 09/26/2024

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Effective Date: 07/01/2023

New York  
3b-80

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

Professional staff include the following licensed, permitted, or otherwise authorized individuals acting within NYS scope of practice laws: Physicians; Psychiatrists; Physician Assistants, Nurse Practitioners; Psychiatric Nurse Practitioners; Registered Professional Nurses; Psychologists, including Psychologists who have obtained a Master's degree in Psychology while under the supervision of a Licensed Psychologist; Psychoanalysts, Licensed Clinical Social Workers; Licensed Master Social Workers; Social Workers who have obtained a Master's Degree in Social Work while under the supervision of a Licensed Clinical Social Worker, Licensed Psychologist, or Psychiatrist; Licensed Mental Health Counselors; Mental Health Counselors who have obtained a Master's Degree required for licensure and are supervised by a Psychologist, Licensed Clinical Social Worker, or a Licensed Mental Health Counselor; Licensed Marriage and Family Therapists; Licensed Creative Arts Therapists; and Licensed Occupational Therapists who meet the qualifications set forth in 42 CFR § 440.110(b)(2).

Professional staff also include Psychiatric Rehabilitation Practitioners certified by the Certification Commission of the Psychiatric Rehabilitation Association; Rehabilitation Counselors who have obtained a master's degree in rehabilitation counseling or are certified by the Commission on Rehabilitation Counselor Certification; and Therapeutic Recreation Specialists who have obtained a master's degree in therapeutic recreation or are certified by the National Council for Therapeutic Recreation Certification.

Paraprofessional staff must have obtained a bachelor's degree or have attained at least 18 years of age and a high-school diploma or equivalent. Paraprofessional staff also include Licensed Practical Nurses (LPN) who are currently licensed or permitted as a licensed practical nurse by the New York State Education Department and are supervised by a registered professional nurse, licensed physician, or physician assistant.

CSC services are also provided by peer specialists, who are individuals who have lived experience with mental health challenges. Peer specialists must have attained at least 18 years of age, a high-school diploma or equivalent, and possess a New York State Peer Specialist certification or provisional certification or a New York State Youth Peer Advocate credential or provisional credential. The New York State Peer Specialist certification and Youth Peer Advocate credential requires the completion of specific training and ongoing training to maintain the certificate/credential. Peer specialists are supervised by competent mental health professionals, who are defined as a professional staff above.

TN #23-0075

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New York  
3b-81

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

**Staff Supervision and Training Requirements**

Professional staff provide supervision to the CSC team members in the provision of CSC Services. Professional staff supervision for paraprofessional staff occurs both formally, through direct supervision and consultation, as well as informally through regular team meetings, which are a hallmark of the CSC evidence-based practice model. All CSC providers, including professionals, paraprofessionals, and peer specialists, are required to complete training in the CSC model and role-specific training.

**Services**

CSC services will be provided based upon the assessment of an individual's mental, physical and behavioral condition and history, which will be the basis for establishing a Person-centered Treatment Plan. CSC services may involve contact with collaterals, including family, and others significant in the individual's life, for the direct benefit of the beneficiary and in accordance with the individual's Treatment Plan.

**Medically Necessary CSC Services include:**

- a. **Screening and Assessment Services:** Screening services are assessment services provided by professional staff to determine whether a beneficiary is experiencing first episode psychosis. Assessment services include a multi-disciplinary, continuous process of identifying an individual's strengths, barriers to achieving goals, and service needs, through the observation and evaluation of the individual's current mental, physical and behavioral health condition and history. Assessment services also include risk and safety assessments for suicide prevention and assessment of trauma and for any symptoms of post-traumatic stress disorder.

Practitioner Qualifications: Screening and Assessment services are provided by professional staff.

- b. **Person-centered Planning Services:** Person-centered Planning Services is a continuous process that engages each individual as an active partner in developing, reviewing, and modifying a course of treatment that supports the individual's progress toward recovery and accomplishing the individual's rehabilitation goals. Services also include safety planning for suicide prevention.

Practitioner Qualifications: Person-centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

TN #23-0075

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New York  
3b-82

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

- c. **Crisis Intervention Services:** Crisis Intervention Services are assessment, therapeutic, and rehabilitative services, including a safety assessment, safety planning, medication therapy, and counseling services to address acute distress and associated behaviors to ameliorate a mental health crisis.

Practitioner Qualifications: Crisis Intervention Services are provided by professional staff or paraprofessional staff under the supervision of professional staff. Medication therapy services delivered in a crisis visit are provided by a Physician, Psychiatrist, Physician Assistant, Nurse Practitioner, or Registered Professional Nurse.

- d. **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. These indicators include, but are not limited to, blood pressure, body mass index (BMI), activity/ exercise level, substance use, and tobacco use.

Practitioner Qualifications: Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician Assistant, Registered nurse or Licensed practical nurse.

- e. **Medication Management Services:** Medication Management Services include a full range of medication services including supporting medication decision making using a shared decision making framework, prescribing and administering medication, evaluating the appropriateness of the individual's existing medication regimen, medication education, monitoring the effects of medication on the individual's mental and physical health, and counseling and skill development to support individuals in obtaining and self-administering medications and recognizing and coping with the side-effects of the medication(s).

Practitioner Qualifications: Medication evaluation, prescription, administration, and education services are provided by a Physician or a Nurse Practitioner. Medication administration and education services are provided by a Physician, Nurse Practitioner, Physician Assistant, Registered Professional Nurse, or Licensed Practical Nurse. Counseling and skill development regarding medications are provided by professional or paraprofessional staff under the supervision of professional staff.

- f. **Psychoeducation, including Family Psychoeducation Services:** Psychoeducation is a psychosocial education service to assist individuals and their families or other identified collaterals recognize the onset of psychiatric symptoms and prevent, manage, or reduce such symptoms.

Practitioner Qualifications: Psychoeducation services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-83

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

- g. **Integrated Dual Disorder Treatment:** Integrated Dual Disorder Treatment is a counseling service using an evidence-based practice model for integrating treatment of substance use disorder and mental health conditions. Services provide motivational interviewing, stage-wise interventions, cognitive-behavioral therapy, harm reduction techniques, and linkage to community support groups, to restore functionality and promote recovery for individuals with dual recovery substance use disorder and mental illness.

Practitioner Qualifications: Integrated Dual Disorder Treatment services are provided by professional staff.

- h. **Individual, Group, and Family Counseling/Therapy:** Counseling/Therapy services are problem-specific and goal-oriented therapeutic services using evidence-based and evidence-informed practices, such as cognitive-behavioral therapy, for the purpose of alleviating symptoms or dysfunction associated with an individual's mental health condition, 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.

Practitioner Qualifications: Individual, Group and/or Family Counseling/Therapy Services are provided by professional staff.

- i. **Psychosocial Rehabilitation Services:** Psychosocial Rehabilitation services to develop and enhance an individual's stability and to address the symptoms of mental illness that interfere in the individual's ability to function in the community, such as a school or workplace setting. Psychosocial Rehabilitation services include skills training and relapse prevention training, which includes structured protocols, such as role-playing, for restoring age-appropriate skills which were lost or delayed due to the symptoms of FEP. Psychosocial rehabilitation also includes skill building to help the beneficiary to identify solutions to and resolve problems that threaten recovery.

Practitioner Qualifications: Psychosocial Rehabilitation Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-83(a)

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

- j. **Peer Support Services:** Peer Support Services include person-centered goal planning, co-creating tools to support wellness, offering hope and support around the possibility of recovery, and facilitating community connections to support participants in achieving their goals and increase engagement in rehabilitative services. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan.

Practitioner Qualifications: Peer Support Services are provided by certified, credentialed, or provisionally certified or credentialed peer support specialists under supervision as provided in this section.

- k. **Care Coordination Services:** Care Coordination services to support beneficiaries living in the community or transitioning between levels of care. Care coordination is an active process that includes helping beneficiaries by coordinating services and supports, referral and linkage, and identification or modification of supports, to promote community tenure and manage behavioral and physical health needs.

Practitioner Qualifications: Care coordination services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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New York  
3b-79

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New York  
3b-80

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New York  
3b-82

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New York  
3b-83

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

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Practitioner Qualifications: Psychosocial Rehabilitation Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-83(a)

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

- j. **Peer Support Services:** Peer Support Services include person-centered goal planning, co-creating tools to support wellness, offering hope and support around the possibility of recovery, and facilitating community connections to support participants in achieving their goals and increase engagement in rehabilitative services. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan.

Practitioner Qualifications: Peer Support Services are provided by certified, credentialed, or provisionally certified or credentialed peer support specialists under supervision as provided in this section.

- k. **Care Coordination Services:** Care Coordination services to support beneficiaries living in the community or transitioning between levels of care. Care coordination is an active process that includes helping beneficiaries by coordinating services and supports, referral and linkage, and identification or modification of supports, to promote community tenure and manage behavioral and physical health needs.

Practitioner Qualifications: Care coordination services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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**New York  
3P**

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

**13.d Rehabilitative Services**

**Coordinated Specialty Care Services**

**Reimbursement Methodology for Coordinated Specialty Care Services**

Effective July 1, 2023, for services provided by OMH licensed providers, reimbursement for Coordinated Specialty Care (CSC) services will be made in the form of a monthly fee if the minimum number of services, as defined herein is provided. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

Monthly fees were calculated using provider-submitted Consolidated Fiscal Reports (CFR) for Coordinated Specialty Care services and were calculated by dividing allowable annual costs by 12 months and by provider case size. Such monthly fees are then adjusted by a factor to account for fluctuations in case load and the expected frequency of full or partial month claims based on established minimum contact thresholds.

CSC services are reimbursed either the full or half month fee based on the number of discrete contacts of at least 15 minutes in duration in which CSC services are provided. Providers will not bill more than one monthly fee, including the full or half month fee, for the same individual in the same month.

CSC services are reimbursed the full month fee for a minimum of four contacts per month, at least two of which must be with the individual. CSC services are reimbursed the half month fee for a minimum of two and fewer than four contacts per month, of which one must be with the individual. CSC services are also reimbursed the half-month fee for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full monthly fee will be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of four contacts per month, of which two contacts will be provided while the individual is admitted to the hospital. Such reimbursement for individuals admitted to a general hospital is limited to five continuous months. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one contact with an individual and one collateral contact. Services provided using telehealth technology and services with collateral contacts are included for purposes of determining total monthly visits.

OMH Coordinated Specialty Care providers will maintain complete case records which form the basis of all claims and statistical and financial reports for at least six years from the date of service. All such records will be subject to audit for six years from the date the claim was submitted. Providers must also submit annual cost reports. The State periodically reviews case records, claims data, and provider cost reports to evaluate the adequacy and efficiency of bundled reimbursement rates.

The State also monitors the provision of CSC services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their needs through services and provider monitoring tools including required client and program-level data reporting and annual fidelity assessment. Providers of CSC services are also required to perform patient-specific reporting to the State at routine intervals as a condition of authorization to provide CSC services.

Fees for CSC Services are available on the OMH website at:  
[http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

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