



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 27, 2019

Ms. Nicole McKnight
Acting Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #20-0001
Non-Institutional Services

Dear Ms. McKnight:

The State requests approval of the enclosed amendment #20-0001 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective January 1, 2020 (Appendix I). This amendment is being submitted based on 18 CRR-NY 505.38. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

A copy of pertinent sections of 18 CRR-NY 505.38 is enclosed for your information (Appendix III). Copies of the public notices of this plan amendment, which were given in the New York State Register on April 29, 2015 and clarified on June 14, 2017 and November 7, 2018, are also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 0 — 0 0 0 1

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

January 1, 2020

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

7. FEDERAL BUDGET IMPACT

a. FFY 01/01/20-09/30/20 \$ 5,137.00

b. FFY 10/01/20-09/30/21 \$ 9,008.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A Supplement: 3b-13, 3b-14, 3b-15, 3b-16, 3b-17, 3b-18, 3b-19, 3b-26, 3b-27, 3b-28, 3b-29

Attachment 3.1B Supplement: 3b-13, 3b-14, 3b-15, 3b-16, 3b-17, 3b-18, 3b-19, 3b-26, 3b-27, 3b-28, 3b-29

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

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

Attachment 3.1A Supplement: 3b-13, 3b-14, 3b-15, 3b-16, 3b-17, 3b-18, 3b-19, 3b-26, 3b-27, 3b-28, 3b-29

Attachment 3.1B Supplement: 3b-13, 3b-14, 3b-15, 3b-16, 3b-17, 3b-18, 3b-19, 3b-26, 3b-27, 3b-28, 3b-29

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

10. SUBJECT OF AMENDMENT

EPSDT Expansion for Behavioral Health Kids-Crisis Intervention and Youth Peer Support (FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

December 27, 2019

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

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Appendix I
2019 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York
3b-13

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

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

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

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.

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

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3b-14
[Reserved]

Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Behavioral Health Professionals are practitioners possessing a license from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Unlicensed Psychologist employed by State or County Government; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist.

New York
3b-15
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Practitioners who are not Behavioral Health Professionals include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS); with one of the following:

- Two years experience in children’s mental health, addiction, or foster care,
- A limited staff permit issued by New York State of Education Department,
- A student within a DOH approved New York State of Education Department program,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist

Staff who are not Behavioral Health Professionals are eligible to provide crisis intervention services within their scope of practice when under supervision of Behavioral Health Professionals. Non-licensed staff including Qualified Peer Specialists may accompany a licensed practitioner providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

A Qualified Peer Specialist must have the following credentials:

- A practitioner who is at least 18 years of age and has a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS). Note: The educational requirement can be waived by DOH or its designee if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification,
- Demonstrate ‘lived experience’ as an individual who has experienced social, emotional, developmental, health and/or behavioral health care needs or as a parent, primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with and/or behavioral healthcare needs, and
- Credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years.

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3b-16

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Practitioner qualifications (Continued):

- Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification's required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
- A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training on the administration of Naloxone (Narcan).

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law.

Provider Agency Qualifications: CI practitioners must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Crisis Intervention includes three modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need. Qualifications: Mobile Crisis is provided by a trauma informed, culturally and linguistically competent, multidisciplinary team of two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced behavioral health professional must respond. This can be an unlicensed Psychologist employed by State or County Government. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other unlicensed practitioner may not respond alone, except for the CASAC as noted.

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3b-17

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

- Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision. Qualifications: Short-term Crisis Stabilization/Residential Supports is staffed to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual.

Crisis Intervention may include the following components:

- Mental Health and Substance use Disorder Assessment
- Service Planning
- Therapeutic Communication and Interaction (Individual and family Counseling)
- Care Coordination
- Peer/family Support

Mental Health and Substance Abuse Services Assessment includes both Initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

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3b-18

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Development of a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist as defined above in this section.

Therapeutic communication and interaction (Individual and Family) Counseling/Therapy includes alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms. It also includes psychiatric consultation and urgent psychopharmacology intervention, as needed. It includes conflict resolution, de-escalation and, monitoring of high-risk behavior.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant , Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist may also provide support during and after a crisis.

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3b-19

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination:

Description: Care coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a behavioral health professional including individuals with two years of experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse; or a Qualified Peer Specialist may assist with connecting an individual with identified supports and linkages to community services.)

Peer/Family Peer Supports including crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement; assistance with developing crisis diversion plans or relapse prevention plans; and assistance with the identification of natural supports and access to community services during and after a crisis.

Qualifications: Qualified Peer Specialist as defined above in this section.

New York
3b-26

**13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):**

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

New York
3b-27

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training: (Continued)

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

New York
3b-28

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with three years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 3 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues.

New York
3b-29

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid youth peer support and training will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

New York
3b-13

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

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

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

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.

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

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[Reserved]

Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Behavioral Health Professionals are practitioners possessing a license from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse;/ Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Unlicensed Psychologist employed by State or County Government; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Practitioners who are not Behavioral Health Professionals include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS); with one of the following:

- Two years experience in children’s mental health, addiction, or foster care,
- A limited staff permit issued by New York State of Education Department,
- A student within a DOH approved New York State of Education Department program,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist

Staff who are not Behavioral Health Professionals are eligible to provide crisis intervention services within their scope of practice when under supervision of Behavioral Health Professionals. Non-licensed staff including Qualified Peer Specialists may accompany a licensed practitioner providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

A Qualified Peer Specialist must have the following credentials:

- A practitioner who is at least 18 years of age and has a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS). Note: The educational requirement can be waived by DOH or its designee if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification,
- Demonstrate ‘lived experience’ as an individual who has experienced social, emotional, developmental, health and/or behavioral health care needs or as a parent, primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with and/or behavioral healthcare needs, and
- Credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):
Practitioner qualifications (Continued):

- Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification's required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
- A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training on the administration of Naloxone (Narcan).

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law.

Provider Agency Qualifications: CI practitioners must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Crisis Intervention includes three modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need. Qualifications: Mobile Crisis is provided by a trauma informed, culturally and linguistically competent, multidisciplinary team of two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced behavioral health professional must respond. This can be an unlicensed Psychologist employed by State or County Government. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other unlicensed practitioner may not respond alone, except for the CASAC as noted.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

- Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision. Qualifications: Short-term Crisis Stabilization/Residential Supports is staffed to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual.

Crisis Intervention may include the following components:

- Mental Health and Substance use Disorder Assessment
- Service Planning
- Therapeutic Communication and Interaction (Individual and family Counseling)
- Care Coordination
- Peer/family Support

Mental Health and Substance Abuse Services Assessment includes both Initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Development of a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist as defined above in this section.

Therapeutic communication and interaction (Individual and Family) Counseling/Therapy includes alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms. It also includes psychiatric consultation and urgent psychopharmacology intervention, as needed. It includes conflict resolution, de-escalation and, monitoring of high-risk behavior.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant , Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist may also provide support during and after a crisis.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination:

Description: Care coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a behavioral health professional including individuals with two years of experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse; or a Qualified Peer Specialist may assist with connecting an individual with identified supports and linkages to community services.).

Peer/Family Peer Supports including crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement; assistance with developing crisis diversion plans or relapse prevention plans; and assistance with the identification of natural supports and access to community services during and after a crisis.
Qualifications: Qualified Peer Specialist as defined above in this section.

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**13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):**

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

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3b-27

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training: (Continued)

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

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3b-28

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with three years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 3 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues.

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[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid youth peer support and training will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF 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, 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. All rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

TN # #20-0001 **Approval Date** _____

Supersedes TN # 19-0003 **Effective Date** _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

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

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # #20-0001

Approval Date _____

Supersedes TN # 19-0003

Effective Date _____

Appendix II
2019 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #20-0001

This State Plan Amendment proposes to revise provisions of Early & Periodic Screening, Diagnostic & Treatment Services (EPSDT) related to the expansion of behavioral health services provided to individuals under age 21 on and after January 1, 2020 by adding the following services:

- Crisis Intervention
- Youth Peer Support and Training

**Appendix III
2019 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions**

THOMSON REUTERS
WESTLAW New York Codes, Rules and Regulations

18 CRR-NY 505.38
 NY-CRR

OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK
 TITLE 18. DEPARTMENT OF SOCIAL SERVICES
 CHAPTER II. REGULATIONS OF THE DEPARTMENT OF SOCIAL SERVICES
 SUBCHAPTER E. MEDICAL CARE
 ARTICLE 3. POLICIES AND STANDARDS GOVERNING PROVISION OF MEDICAL AND DENTAL CARE
 PART 505. MEDICAL CARE

18 CRR-NY 505.38
 18 CRR-NY 505.38

505.38 Children's behavioral health and health services.

(a) Purpose.

This section promotes the expansion of health and behavioral health services for children/youth under 21 years of age. The New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and the New York State Office of Children and Family Services (OCFS) (the State agencies) shall designate licensed, certified or approved providers to deliver specifically defined services under the Medicaid program.

(b) Services.

The following services shall be available to children and youth who are eligible for Medicaid, when provided in accordance with the provisions of this section.

- (1) Crisis intervention (CI). CI services are provided to a child/youth under age 21, and his/her family/caregiver, who is experiencing a psychiatric or substance use (behavioral health) crisis, and are designed to:
 - (i) interrupt and/or ameliorate the crisis experience;
 - (ii) include an assessment that is culturally and linguistically sensitive;
 - (iii) result in immediate crisis resolution and de-escalation;
 - (iv) develop a crisis plan.
- (2) Other licensed practitioner.
 - (i) A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed and acting within his or her lawful scope of practice under Title VIII of the Education Law and in any setting permissible under State law.
 - (ii) Individual staff qualifications:
 - (a) NP-LBHPs include the following practitioners; each is permitted to practice independently within his or her scope of practice:
 - (1) licensed psychoanalysts;
 - (2) licensed clinical social workers (LCSWs);
 - (3) licensed marriage and family therapists; and
 - (4) licensed mental health counselors;
 - (b) NP-LBHPs also include licensed master social workers (LMSWs) under the supervision of licensed clinical social workers (LCSWs), licensed psychologists, or psychiatrists.
 - (3) Community psychiatric support and treatment (CPST). CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's/youth's individualized treatment plan. CPST is designed to provide community-based services to children or youth and their families or caregivers who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child/youth lives, works,

attends school, engages in services (e.g., provider office sites), and/or socializes. This includes the implementation of evidence based practices with approval by the State agencies.

(4) Psychosocial rehabilitation (PSR). PSR services are provided to children or youth and their families or caregivers to implement interventions outlined in the individualized treatment plan to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as much as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(5) Family peer support (FPS). FPS services are an array of formal and informal services and supports provided to families caring for/raising a child/youth who is experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPS services provide a structured, strength-based relationship between a credentialed family peer with relevant lived experience as determined appropriate by the State agencies as defined in subdivision (a) of this section and the parent/family member/caregiver for the benefit of the child/youth. Activities must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(6) Youth peer support and training (YPST). YPST services are youth formal and informal services and supports provided to youth who are experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary by a credentialed youth peer with relevant lived experience as determined appropriate by the State agencies as defined in subdivision (a) of this section to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment processes. YPST activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. YPST services delivered are based on the individualized treatment plan developed by the licensed practitioner working with the youth.

(c) Provider qualifications.

(1) Any child serving agency or agency with children's behavioral health and health experience must have the necessary licensure, certification, designation, or approval from DOH, OMH, OASAS, or OCFS to provide the services authorized by this section.

(2) Any licensed practitioner providing behavioral health or health services authorized under this section must work in a child serving agency or agency with children's behavioral health and health experience, as described in paragraph (1) of this subdivision.

(3) Crisis intervention practitioners must work in a child serving agency or agency with children's behavioral health and health experience, that obtains or possesses a current license or authorization to provide crisis and/or crisis treatment services, consistent with the requirements of paragraph (1) of this subdivision.

(4) Any organization seeking to provide any service authorized by this regulation and to serve the general population needing mental health services must be licensed or authorized to do so by OMH in addition to obtaining the licensure, certification, designation, or approval described in paragraph (1) of this subdivision.

(5) Any organization seeking to provide any service authorized by this regulation and to serve the general population needing substance use disorder services must be certified, designated or authorized to do so by OASAS in addition to obtaining the licensure, certification, designation, or approval described in paragraph (1) of this subdivision.

(d) Designation of providers.

(1) As a prerequisite to providing any of the services authorized by this section, a provider must receive a designation from DOH, OMH, OASAS, or OCFS. Being designated to provide services authorized by this section is not a substitute for possessing any required State licensure, certification, authorization or credential, and any such designation may be conditioned upon obtaining or modifying a required licensure, certification, authorization or credential.

(2) To be eligible for designation, a provider must submit an application on a form required by the State agencies and must:

(i) be enrolled in the Medicaid program prior to commencing service delivery;

(ii) be a qualified provider as described in subdivision (c) of this section and maintain its license, certification or approval with that State agency;

(iii) be in good standing according to the standards of each agency by which it is licensed, certified or approved;

(iv) be a fiscally viable agency;

(v) meet developed criteria as outlined in the provider designation application guidance and form, including adequate explanation of how the provider meets such criteria; and

(vi) adhere to the standards of care described in the *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Testing (EPSDT)*

Services which have been incorporated by reference in this Part and have been filed in the office of the Secretary of State of the State of New York, the publication so filed being the document entitled: *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Testing (EPSDT) Services*, published in December, 2016, and any subsequent updates. This document incorporated by reference may be examined at the office of the Department of State, 99 Washington Ave., Albany, NY 12231 or obtained from the Department of Health, 99 Washington Ave., Albany, NY 12231.

(3) A provider designated to provide services authorized by this section will be assigned a lead State agency (DOH, OASAS, OCFS or OMH), based on the primary population served, location, and indicated line of business on the provider application, which will be responsible, in collaboration with the other State agencies, for monitoring and oversight of the provider.

(4) If a provider is designated to provide community support and treatment services, it may seek approval of the lead State agency and DOH to utilize, in the provision of services, specified evidence-based techniques drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions.

(5) Nothing contained herein shall authorize a provider to provide medical services, except as otherwise authorized by law.

(e) Rescinding a designation.

(1) A provider who fails to comply with laws, regulations and policies may have its designation rescinded by the lead State agency, which will consult with the other State agencies before taking such action. The provider has 14 business days to appeal the action to the lead State agency. The lead State agency shall respond with a final decision within 14 business days of appeal.

(2) A provider whose designation was rescinded may apply for redesignation pursuant to subdivision (d) of this section. The provider must show that it corrected the problems that led to the rescission. An on-site and/or desk evaluation may be conducted by the lead State agency prior to approving the redesignation request.

(f) Reimbursement.

Reimbursement for children's behavioral health and health services must be in accordance with the rates established by the department and approved by the Director of the Division of Budget.

18 CRR-NY 505.38
Current through July 15, 2019

END OF DOCUMENT

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Appendix IV
2019 Title XIX State Plan
Fourth Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Office of Children and Family Services

The Office of Children and Family Services (OCFS) Bureau of Waiver Management (BWM) will soon submit an application to the Federal Centers for Medicare and Medicaid Services (CMS) to renew the three Home and Community Based Services (HCBS) Bridges to Health (B2H) Medicaid Waiver Programs for children and adolescents with Serious Emotional Disturbance (SED), Developmental Disabilities (DD) or who are Medically Fragile (MedF). The OCFS B2H Waiver Programs have been in operation since 2008 serving children and adolescents who are or have been in the NYS Child Welfare System. They are extremely important components in the spectrum of services for New York State's children with serious emotional disturbance, developmental disabilities, and who are medically fragile, by providing necessary support for these children and adolescents to remain in the community in the most integrated setting as an alternative to institutionalization.

There is one proposed change to the B2H Waiver Programs. Currently, the DD slots and the MedF slots are allocated to each of the 6 NYS Regions and managed by Home Office BWM B2H staff. The proposed change would pool together the DD and MedF slots currently allocated to the 5 Upstate Regions. Those pooled slots would then be managed by Home Office BWM B2H staff. This change does not affect the number of slots. Additionally, there would be no change to slots allocated to Region 6 – New York City.

We want to advise you of this opportunity to comment because feedback from the community is essential in our renewal process. The current B2H SED, DD and MedF waivers are available for viewing on the OCFS website at <http://ocfs.ny.gov/main/b2h/>. Comments may be forwarded within the next thirty days as we work toward the renewal of this important waiver program. Please direct all comments to:

Mimi Weber, Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

Kimberly Jefferson, Assistant Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for May 2015 will be conducted on May 12 and May 13 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology on or after July 1, 2015. The following changes are proposed:

The Ambulatory Patient Group (APG) reimbursement methodology is revised to mitigate fiscal disincentives for rendering multiple service visits at integrated service clinics certified pursuant to Part 404 Subchapter A of Chapter V of 10 NYCRR. Multiple minor changes to the APG reimbursement methodology will be implemented for these clinics which include eliminating multiple behavioral health service discounting and multiple Evaluation and Management (E&M) service consolidation so that the second E&M pays at a discounted rate rather than consolidating.

The estimated annual impact of these changes will be nominal since less than one percent of claims will be affected.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under age 21 years on or after May 1, 2015 by adding the following new services:

- Crisis Intervention;
- Other Licensed Practitioner;
- Community Psychiatric Supports & Treatment;
- Psychosocial Rehabilitation Services;
- Family Peer Support Services; and
- Youth Peer Support and Training.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at: http://www.health.ny.gov/regulations/state_plans/status.

For the New York City district, copies will be available at the following places:

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95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Federally Qualified Health Center (FQHC) reimbursement methodology. The following changes are proposed:

Effective on May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index (MEI) for FQHC providers only. Also, the reimbursement methodology for out-of-state FQHCs will be that the Department may use the currently approved FQHC rate of the provider's home state. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$2,417.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), or e-mail: spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to Title 9, Article 54 of the Environmental Conservation Law, the New York State Office of Parks, Recreation and Historic Preservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, that the State of New York acting by and through the New York State Office of Parks, Recreation and Historic Preservation intends to acquire a Conservation Easement from the following: Finger Lakes Land Trust, Inc. in Town of Spaford, Onondaga County, New York; D&H Canal Historical Society, Inc. in Town of Marletown, Ulster County, New York; County of Erie in City of Buffalo, New York.

For further information, contact: Beatrice Gamache, Regional

- ESG U.S. equity strategies using the Russell 3000, Russell 1000 or S&P 500 as their primary benchmark will be considered. Strategies with an extreme style bias, sector focus or small cap orientation will not be considered.

The RFP process for both the Opportunistic Growth and ESG options is open to evaluating mutual funds, CIT's, or other daily valued, daily liquid pooled vehicles that are funded and able to accept NYSDC participant assets. Separate accounts and unfunded commingled vehicles will not be considered for these RFPs.

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the April 29, 2015, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after July 1, 2018.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports
- Family Peer Support Services, and
- Youth Peer Support and Training

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

Effective on or after October 1, 2017, the Commissioner of Health will amend the State Plan for Health Home services to reduce the per member per month (pmpm) "outreach" payment for members in the case finding group that have been assigned to a Health Home from \$135 (pmpm) to a rate no less than \$100. In addition, the billing cycles applicable to outreach will be modified, and may include limiting payments for outreach to two consecutive months and requiring a face-to-face meeting in the second month.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

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1916 Monterey Avenue
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Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

The New York State Department of Health is submitting a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend New York State's Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver.

Beginning no earlier than January 1, 2018, New York is seeking approval with this demonstration amendment to:

- Expand the 1115 benefit package to include those OPWDD Medicaid services targeted for individuals with intellectual and developmental disabilities not previously included in the waiver benefit package.
- Transition coverage under the Office for People with Developmental Disabilities (OPWDD) 1915(c) Comprehensive Home and Community Based Services (HCBS) waiver to the 1115 demonstration.
- Remove the exemption from mandatory enrollment into Medicaid Managed Care (MMC) for Medicaid eligible persons who have an intellectual and/or developmental disability (IDD) as defined in Mental Hygiene Law 1.03, unless the individual is otherwise excluded from enrollment, i.e., available comprehensive Third Party Health Insurance and/or Medicare. Individuals who have an intellectual and/or

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the June 14, 2017, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after January 1, 2019.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports

- Family Peer Support Services, and
- Youth Peer Support and Training

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

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Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of State F-2018-0034

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York, and are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0034ForPN>

In F-2018-0034, Carver Realty, LLC proposes to stabilize ~490 linear feet of Coeymans Creek shoreline using heavy armor stone and plantings. When complete the bank will have a 2:1 to 3:1 slope. A portion of the proposed work would be conducted below the Mean High Tide Line. The activity is proposed along the southern shoreline of Coeymans Creek near the creek's confluence with the Hudson River. The property is owned by the applicant and is operated as the Coeymans Landing Marina.

The stated purpose of the proposed activity is to provide bank stabilization along the bank of Coeymans Creek and reduce further erosion of the stream bank.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State

F-2018-0736

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0736_Application.pdf

In F-2018-0736, Ciarletta Enterprises, LLC, is proposing waterfront enhancements in the Great South Bay at 32 Unqua Place, Village of Amityville, Nassau County. The applicant proposes to install a boat ramp, reconstruct a 119-linear foot vinyl bulkhead landward of the existing concrete rip-rap shoreline, replace the existing concrete debris seaward of the bulkhead with native stone/boulder, and install a fixed pier (30 feet by 4 feet), offshore deck (12 feet by 12 feet), and a ramp (15 feet by 3 feet) to a float (20 feet by 6 feet) in a similar location as a prior dock that was damaged by Hurricane Sandy. A boat lift and jet ski lift would be affixed to the proposed offshore deck. Access stairs to the water that were damaged by Hurricane Sandy would also be constructed.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or November 22, 2018.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State

F-2018-0757

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities

described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2018-0757, the applicant, Village of Kings Point, proposes to remove invasive vegetation at several locations immediately east of and along the East Shore Road (approximately 620 feet north of the intersection of Ravine Road and East Shore Road) in Kings Point, Nassau County. The project area borders the Manhasset Bay and all property is owned by the Village of Kings Point. Invasive species targeted include several invasive trees, shrubs, and vines as well as invasive common reed or Phragmites. Mechanical and chemical treatment with EPA approved herbicide glyphosate is proposed and long-term management of the various species will be employed as well as planting of the areas with native vegetation. Mechanical means will be employed to the maximum extent practicable. A 32+/- linear foot root barrier at the southern portion of the site will be installed to prevent further Phragmites spreading. Best management practices include use of coir matting and silt fencing as needed. Native trees and plants will be protected during the treatment of invasive target species. All work is to be completed in one phase.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State

F-2018-0777

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0777GosierCantileverSystem.pdf>

In F-2018-0777, or the "Gosier Cantilever System", the applicant – Mary Gosier – proposes to construct a cantilever system at ground level. The proposed cantilever system includes a 300 square foot composite deck built on steel super structure. The project includes steel stairs from the steel structure to the water. The steel beam structure will be a total of 37 feet long by 11 feet-eight inches wide. The project is located at 20849 Hess Shore Drive in the Town of Hounsfield, Jefferson County, New York on Black River Bay. The application states purpose of the project is "to provide stairs for access to the water from the property. To also provide a deck and means to pull a boat out of the water."

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, December 7, 2018.

Appendix V
2019 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #20-0001

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
- (i) a complete list of the names of entities transferring or certifying funds;**
 - (ii) the operational nature of the entity (state, county, city, other);**
 - (iii) the total amounts transferred or certified by each entity;**
 - (iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
 - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

Response: Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health.

The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new provider taxes and no existing taxes have been modified.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: The payments authorized for this provision are not supplemental or enhanced payments.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

Response: The services we are proposing are for EPSDT only; they are not hospital or clinic services and not calculated for the UPL. This question does not apply.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: No. Governmental providers will receive payments based on a uniform fee schedule which is the same for both governmental and private providers. These payments will not exceed their costs to provide these services.

ACA Assurances:

- 1. Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

MOE Period.

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included

with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.