NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 31, 2023

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #23-0034
Non-Institutional Services

Dear Mr. Scott:

The State requests approval of the enclosed amendment #23-0034 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective March 1, 2023 (Appendix I). This amendment is being submitted based on enacted legislation. 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 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 enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on February 22, 2023, is 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,

[redacted]

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0034

2. STATE: NY

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

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

4. PROPOSED EFFECTIVE DATE
March 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(13)Other Diag., Screening, Preventive, and Rehab. Svcs.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 03/01/23-09/30/23 $ 13,125
b. FFY 10/01/23-09/30/24 $ 22,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

Attachment 3.1-B Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A Supplement: 3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

Attachment 3.1-B Supplement:3b-37, 3b-37(ii), 3b-37(iii), 3b-37(v), 3b-37(vi), 3b-37(vii), 3b-37(viii)

9. SUBJECT OF AMENDMENT
OASAS Gambling SPA

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
March 31, 2023

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

Appendix I
2023 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

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

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. 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.

Outpatient Addiction Rehabilitative Services
Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

New York
3b-37(ii)

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

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan* and

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and ~~substance abuse~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

New York
3b-37(iii)

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

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder or problem gambling
- To be eligible for the CRPA, the applicant must:

  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the NYCB/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Peer Recovery Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:
Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be billed per day.

Components include:

- **Assessment -** The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

New York
3b-37(v)

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

13d. Rehabilitative Services

Residential Addiction Rehabilitative Services
Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing ~~substance use disorder symptoms and behaviors~~ symptoms and behaviors of addiction disorder including substance use disorder, gambling disorder or problem gambling. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their ~~substance use disorder~~ addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Provider Qualifications:
Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). For purposes of QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

New York
3b-37(vi)

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

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and ~~substance abuse~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:
An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

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

treatment/recovery plan which occur on the premises of a certified agency." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Peer Recovery Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:
Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

New York
3b-37(viii)

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

Components include:

- **Assessment -** The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

- **Service Planning -** Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.

- **Counseling/Therapy -** Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Medication Management** - Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

- **Care Coordination -** Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.

- **Peer/Family Peer Support** - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with ~~substance use disorders (~~Addiction disorder including substance use disorder, gambling disorder, or problem gambling~~)~~ such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Crisis Intervention -** Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

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

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. 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.

Outpatient Addiction Rehabilitative Services
Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

New York
3b-37(ii)

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

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

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(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan* and

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New York
3b-37(iii)

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

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling
- To be eligible for the CRPA, the applicant must:

  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the NYCB/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Recovery Peer Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:
Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be billed per day.

Components include:

- **Assessment -** The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

New York
3b-37(v)

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

13d. Rehabilitative Services

Residential Addiction Rehabilitative Services
Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing ~~substance use disorder symptoms and behaviors~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These services are designed to help individuals achieve changes in their ~~substance use~~ addiction disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their ~~substance use~~ addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Provider Qualifications:
Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). For purposes of QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

New York
3b-37(vi)

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

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and ~~substance abuse~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:
An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

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

treatment/recovery plan which occur on the premises of a certified agency." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:
Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

New York
3b-37(viii)

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

Components include:

- **Assessment -** The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

- **Service Planning -** Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.

- **Counseling/Therapy -** Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Medication Management** - Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.

- **Care Coordination -** Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.

- **Peer/Family Peer Support** - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with ~~substance use disorders (~~Addiction disorder including substance use disorder, gambling disorder, or problem gambling~~)~~ such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

- **Crisis Intervention -** Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

Appendix II
2023 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #23-0034

This State Plan Amendment proposes to amend the Medicaid State plan to include coverage and reimbursement for gambling treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified services, pursuant to 14 NYCRR Part 818 Chemical Dependence Inpatient Services, 14 NYCRR Part 820 Residential Addiction Rehabilitation Services, 14 NYCRR Part 822 Outpatient Addiction Rehabilitation Services, 14 NYCRR Part 825 Integrated Outpatient Addiction Rehabilitation Services and 14 NYCRR Part 857, with the OASAS gambling designation, when services are for gambling disorder/problem gambling only. The OASAS gambling designation is not required when treatment is provided for individuals whose gambling disorder/problem gambling is secondary to their substance use disorder.

Appendix III
2023 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

Authorizing Provisions
23-0034

SECTION 19.07

Office of alcoholism and substance abuse services; scope of responsibilities

Mental Hygiene (MHY) CHAPTER 27, TITLE D, ARTICLE 19

§ 19.07 Office of alcoholism and substance abuse services; scope of

responsibilities.

(a) The office of alcoholism and substance abuse services is charged with the responsibility for assuring the development of comprehensive plans, programs, and services in the areas of research, prevention, care, treatment, rehabilitation, including relapse prevention and recovery maintenance, education, and training of persons who abuse or are dependent on alcohol and/or substances and their families. Such plans, programs, and services shall be developed with the cooperation of the office, the other offices of the department where appropriate, local governments, consumers and community organizations and entities. The office shall provide appropriate facilities and shall encourage the provision of facilities by local government and community organizations and entities. The office is also responsible for developing plans, programs and services related to compulsive gambling education, prevention and treatment consistent with section 41.57 of this chapter.

(b) The office of alcoholism and substance abuse services shall advise and assist the governor in improving services and developing policies designed to meet the needs of persons who suffer from an addictive disorder and their families, and to encourage their rehabilitation, maintenance of recovery, and functioning in society.

(c) The office of alcoholism and substance abuse services shall have the responsibility for seeing that persons who suffer from an addictive disorder and their families are provided with addiction services, care and treatment, and that such services, care, treatment and rehabilitation is of high quality and effectiveness, and that the personal and civil rights of persons seeking and receiving addiction services, care, treatment and rehabilitation are adequately protected.

(d) The office of alcoholism and substance abuse services shall foster programs for the training and development of persons capable of providing the foregoing services, including but not limited to a process

of issuing, either directly or through contract, credentials for alcoholism and substance abuse counselors or gambling addiction counselors in accordance with the following:

(1) The office shall establish minimum qualifications for counselors in all phases of delivery of services to persons and their families who are suffering from alcohol and/or substance abuse and/or chemical dependence and/or compulsive gambling that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in alcoholism and substance abuse counseling and/or counseling of compulsive gambling. Such approved courses of study or equivalent on-the-job experience shall include: providing trauma-informed, patient-centered care; referring individuals to appropriate treatments for co-occurring disorders; and sensitivity training. Such courses shall be updated as needed to reflect evolving best practices in harm reduction, treatment and long-term recovery. For the purposes of this paragraph, sensitivity training shall mean a form of training with the goal of making people more aware of their own prejudices and more sensitive to others.

(i) The office shall establish procedures for issuing, directly or through contract, credentials to counselors who meet minimum qualifications, including the establishment of appropriate fees, and shall further establish procedures to suspend, revoke, or annul such credentials for good cause. Such procedures shall be promulgated by the commissioner by rule or regulation.

(ii) The commissioner shall establish a credentialing board which shall provide advice concerning the credentialing process.

(2) The establishment, with the advice of the advisory council on alcoholism and substance abuse services, of minimum qualifications for counselors in all phases of delivery of services to those suffering from alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling and their families that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in counseling for alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling, and issue credentials to counselors who meet minimum qualifications and suspend, revoke, or annul such credentials for good cause in accordance with procedures promulgated by the commissioner by rule or regulation.

(3) For the purpose of this title, the term "credentialed alcoholism and substance abuse counselor" or "C.A.S.A.C." means an official designation identifying an individual as one who holds a currently registered and valid credential issued by the office of alcoholism and

substance abuse services pursuant to this section which documents an individual's qualifications to provide alcoholism and substance abuse counseling. The term "gambling addiction counselor" means an official designation identifying an individual as one who holds a currently registered and valid credential issued by the office of alcoholism and substance abuse services pursuant to this section which documents an individual's qualifications to provide compulsive gambling counseling.

(i) No person shall use the title credentialed alcoholism and substance abuse counselor or "C.A.S.A.C." or gambling addiction counselor unless authorized pursuant to this title.

(ii) Failure to comply with the requirements of this section shall constitute a violation as defined in the penal law.

(4) All persons holding previously issued and valid alcoholism or substance abuse counselor credentials on the effective date of amendments to this section shall be deemed C.A.S.A.C. designated.

(e) Consistent with the requirements of subdivision (b) of section 5.05 of this chapter, the office shall carry out the provisions of article thirty-two of this chapter as such article pertains to regulation and quality control of chemical dependence services, including but not limited to the establishment of standards for determining the necessity and appropriateness of care and services provided by chemical dependence providers of services. In implementing this subdivision, the commissioner, in consultation with the commissioner of health, shall adopt standards including necessary rules and regulations including but not limited to those for determining the necessity or appropriate level of admission, controlling the length of stay and the provision of services, and establishing the methods and procedures for making such determination.

(f) The office of alcoholism and substance abuse services shall develop a list of all agencies throughout the state which are currently certified by the office and are capable of and available to provide evaluations in accordance with section sixty-five-b of the alcoholic beverage control law so as to determine need for treatment pursuant to such section and to assure the availability of such evaluation services by a certified agency within a reasonable distance of every court of a local jurisdiction in the state. Such list shall be updated on a regular basis and shall be made available to every supreme court law library in this state, or, if no supreme court law library is available in a certain county, to the county court library of such county.

(g) The office of alcoholism and substance abuse services shall

develop and maintain a list of the names and locations of all licensed agencies and alcohol and substance abuse professionals, as defined in paragraphs (a) and (b) of subdivision one of section eleven hundred ninety-eight-a of the vehicle and traffic law, throughout the state which are capable of and available to provide an assessment of, and treatment for, alcohol and substance abuse and dependency. Such list shall be provided to the chief administrator of the office of court administration and the commissioner of motor vehicles. Persons who may be aggrieved by an agency decision regarding inclusion on the list may request an administrative appeal in accordance with rules and regulations of the office.

(h) The office of addiction services and supports shall monitor programs providing care and treatment to incarcerated individuals in correctional facilities operated by the department of corrections and community supervision who have a history of alcohol or substance use disorder or dependence. The office shall also develop guidelines for the operation of alcohol and substance use disorder treatment programs in such correctional facilities, based on best practices, and tailored to the nature of the individual's substance use, history of past treatment, and history of mental illness or trauma, which may include harm reduction strategies, in order to ensure that such programs sufficiently meet the needs of incarcerated individuals with a history of alcohol or substance use disorder or dependence and promote the successful transition to treatment in the community upon release. No later than the first day of December of each year, the office shall submit a report regarding: (1) the adequacy and effectiveness of alcohol and substance use disorder treatment programs operated by the department of corrections and community supervision; (2) the total number of incarcerated individuals in correctional facilities that have been screened for, and determined to have, a substance use disorder; (3) information regarding which substances incarcerated individuals are most dependent upon and the available treatment for such individuals within each correctional facility; (4) the total number of individuals who participate in each of the treatment programs operated by the department of corrections and community supervision; and (5) the total number of individuals who participated in a substance use disorder treatment program but failed to complete such program, as well as whether such failure to complete the program was a result of disciplinary action taken by the facility against the individual for instances unrelated to their participation in the treatment program. The department of corrections and community supervision shall provide the office with information needed to complete this report. Such report shall be sent to the governor, the temporary president of the senate, the speaker of the assembly, the chairman of the senate committee on crime victims, crime and correction, and the chairman of the assembly committee on

correction.

(i) The office of alcoholism and substance abuse services shall periodically, in consultation with the state director of veterans' services: (1) review the programs operated by the office to ensure that the needs of the state's veterans who served in the U.S. armed forces and who are recovering from alcohol and/or substance abuse are being met and to develop improvements to programs to meet such needs; and (2) in collaboration with the state director of veterans' services and the commissioner of the office of mental health, review and make recommendations to improve programs that provide treatment, rehabilitation, relapse prevention, and recovery services to veterans who have served in a combat theatre or combat zone of operations and have a co-occurring mental health and alcoholism or substance abuse disorder.

(j) The office, in consultation with the state education department, shall identify or develop materials on problem gambling among school-age youth which may be used by school districts and boards of cooperative educational services, at their option, to educate students on the dangers and consequences of problem gambling as they deem appropriate. Such materials shall be available on the internet website of the state education department. The internet website of the office shall provide a hyperlink to the internet page of the state education department that displays such materials.

(k) Heroin and opioid addiction awareness and education program. The commissioner, in cooperation with the commissioner of the department of health, shall develop and conduct a public awareness and educational campaign on heroin and opioid addiction. The campaign shall utilize public forums, social media and mass media, including, but not limited to, internet, radio, and print advertising such as billboards and posters and shall also include posting of materials and information on the office website. The campaign shall be tailored to educate youth, parents, healthcare professionals and the general public regarding: (1) the risks associated with the abuse and misuse of heroin and opioids; (2) how to recognize the signs of addiction; and (3) the resources available for those needing assistance with heroin or opioid addiction. The campaign shall further be designed to enhance awareness of the opioid overdose prevention program authorized pursuant to section thirty-three hundred nine of the public health law and the "Good Samaritan law" established pursuant to sections 220.03 and 220.78 of the penal law and section 390.40 of the criminal procedure law, and to reduce the stigma associated with addiction.

(l) The office of alcoholism and substance abuse services, in

consultation with the state education department, shall develop or utilize existing educational materials to be provided to school districts and boards of cooperative educational services for use in addition to or in conjunction with any drug and alcohol related curriculum regarding the misuse and abuse of alcohol, tobacco, prescription medication and other drugs with an increased focus on substances that are most prevalent among school aged youth as such term is defined in section eight hundred four of the education law. Such materials shall be age appropriate for school age children, and to the extent practicable, shall include information or resources for parents to identify the warning signs and address the risks of substance abuse.

(m) (1) The office shall report on the status and outcomes of initiatives created in response to the heroin and opioid epidemic to the temporary president of the senate, the speaker of the assembly, the chairs of the assembly and senate committees on alcoholism and drug abuse, the chair of the assembly ways and means committee and the chair of the senate finance committee.

(2) Such reports shall include, to the extent practicable and applicable, information on:

(i) The number of individuals enrolled in the initiative in the preceding quarter;

(ii) The number of individuals who completed the treatment program in the preceding quarter;

(iii) The number of individuals discharged from the treatment program in the preceding quarter;

(iv) The age and sex of the individuals served;

(v) Relevant regional data about the individuals;

(vi) The populations served; and

(vii) The outcomes and effectiveness of each initiative surveyed.

(3) Such initiatives shall include opioid treatment programs, crisis detoxification programs, 24/7 open access centers, adolescent club houses, family navigator programs, peer engagement specialists, recovery community and outreach centers, regional addiction resource centers and the state implementation of the federal opioid state targeted response initiatives.

(4) Such information shall be provided quarterly, beginning no later than July first, two thousand nineteen.

* (n) The office in consultation with the office of mental health, the department of health, the division of housing and community renewal and any other agency that may oversee an appropriate program or service shall monitor and ensure funds appropriated pursuant to section ninety-nine-nn of the state finance law are expended for services and programs in accordance with such section.

* NB There are 2 sb (n)'s

* (n) The office of addiction services and supports, in consultation with the commissioner of health, shall provide and publish, in electronic or other format, training materials for health care providers, as defined by subdivision six of section two hundred thirty-eight of the public health law, and qualified health professionals, recognized by the office to enable the implementation of the screening, brief intervention, and referral to treatment program (SBIRT). Such training materials shall include any and all materials necessary to inform health care providers and qualified health professionals of the method for administering the SBIRT program to a patient in the care of health care providers or qualified health professionals. Such training materials shall be made available to health care providers and qualified health professionals through the official websites of the office and the department of health and by any other means deemed appropriate by the commissioner.

SECTION 32.02

Regulation and quality control of compulsive gambling services

Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 32

§ 32.02 Regulation and quality control of compulsive gambling services

(a) The commissioner may adopt any regulation reasonably necessary to regulate and ensure high quality of services to individuals suffering from compulsive gambling.
(b) The requirements of this article are applicable to this section.

Appendix IV
2023 Title XIX State Plan
First Quarter Amendment
Public Notice

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 to comply with 14 NYCRR Part 857, 14 NYCRR 818, 14 NYCRR 820, 14 NYCRR 822 and 14 NYCRR 825, which authorize Medicaid reimbursement for standalone problem gambling disorder treatment. Currently, problem gambling treatment is authorized when it is secondary to treatment for substance use disorder. The following changes are proposed:

Non-Institutional Services

Effective on or after March 1, 2023, the Department of Health will amend the Medicaid State plan to include coverage and reimbursement for problem gambling treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified services, pursuant to 14 NYCRR Part 818 Chemical Dependence Inpatient Services, 14 NYCRR Part 820 Residential Addiction Rehabilitation Services, 14 NYCRR Part 822 Outpatient Addiction Rehabilitation Services, and 14 NYCRR Part 825 Integrated Outpatient Addiction Rehabilitation Services, with the OASAS gambling designation, when services are for problem gambling only. The OASAS gambling designation is not required when treatment is provided for individuals whose problem gambling disorder is secondary to their substance use disorder.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State fiscal year 2022/2023 is $3,750 and the net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State fiscal year 2023/2024 is $45,000.

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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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, 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 in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

Non-Institutional Services

Effective on or after March 1, 2023, the Department of Health will adjust rates for Office of Addiction Services and Supports (OASAS) State Plan Service NYCRR Title 14 Part 820 Residential Services. The stabilization element of the service in the downstate region will receive a parity adjustment with respect to the upstate region. Stabilization will also receive a 15.0% rate increase and rehabilitation will receive a 4.5% rate increase.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change $1,746 for State Fiscal Year 2023 and $20,956 for State Fiscal Year 2024.

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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

Appendix V
2023 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #23-0034

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.

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 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 receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

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 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 government 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: The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

		4/1/22 – 3/31/23	
Payment Type	**Non-Federal Share Funding**	**Non-Federal**	**Gross**
Normal Per Diem	General Fund; County Contribution	$30.19M	$60.38M

A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State's General Fund are authorized from Department of Health Medicaid.

1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State's General Fund to offset Medicaid costs.

   In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

B. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State "capped" the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three precent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	$4.882B
Suffolk County	$216M
Nassau County	$213M
Westchester County	$199M
Erie County	$185M
Rest of State (53 Counties)	$979M
Total	**$6.835B**

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

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 Medicaid payments under this State Plan Amendment are not supplemental 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. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

   Response: The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

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: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

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 complies 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.