



Department of Health

KATHY HOCHUL
Governor

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

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

December 28, 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 #23-0098
Non-Institutional Services

Dear Mr. Scott:

The State requests approval of the enclosed amendment #23-0098 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 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 September 27, 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,



Amir Bassiri
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 3 — 0 0 9 8

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabil

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 10/01/23-09/30/24 \$ 92,538
b. FFY 10/01/24-09/30/25 \$ 92,538

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supp: Pages 3b-2, 3b-3, 3b-4, 3b-4.1, 3b-6, 3b-6.1, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12, 3b-12.1
Attachment 3.1-B Supp: Pages 3b-2, 3b-3, 3b-4, 3b-4.1, 3b-6, 3b-6.1, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12, 3b-12.1
Attachment 4.19-B: Pages 3L-2, 3L-3, 3L-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Supp: Pages 3b-2, 3b-3, 3b-4, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12, 3b-12.1
Attachment 3.1-B Supp: Pages 3b-2, 3b-3, 3b-4, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12, 3b-12.1
Attachment 4.19-B: Pages 3L-2, 3L-3, 3L-4

9. SUBJECT OF AMENDMENT

Personalized Recovery Oriented Services (PROS) Redesign and Minimum Wage

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

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

December 28, 2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

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

Annotated Pages

23-0098

Attachment 3.1-A Supplement: Pages 3b-4, 3b-6, 3b-8, 3b-9, 3b-10, 3b-12, 3b-12.1

Attachment 3.1-B Supplement: Pages 3b-4, 3b-6, 3b-8, 3b-9, 3b-10, 3b-12, 3b-12.1

Attachment 4.19-B: Page 3L-2

New York
3b-12

~~13d. Rehabilitative Services~~

~~PROS—continued~~

~~Service Components:~~

~~Intensive Rehabilitation Goal Acquisition~~

~~A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one on one and outside of normally scheduled group programming.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~Intensive Relapse Prevention~~

~~A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~Integrated Treatment for Dual Disorders~~

~~A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm-reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.~~

TN #23-0098

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Effective Date October 1, 2023

New York
3b-12.1

~~13d. Rehabilitative Services
PROS continued~~

~~**Family Psychoeducation/ Intensive Family Support**~~

~~A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.~~

~~**Ongoing Rehabilitation and Support**~~

~~Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

New York
3b-4

**~~13d.—Rehabilitative Services
Personalized Recovery Oriented Services (PROS)—continued~~**

~~Practitioner qualifications:~~

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- ~~Nurse Practitioner;~~
- ~~Physician;~~
- ~~Physician Assistant;~~
- ~~Psychiatric Nurse Practitioner;~~
- ~~Psychiatrist;~~
- ~~Psychologist;~~
- ~~Registered Professional Nurse;~~
- ~~Licensed Mental Health Counselor;~~
- ~~Licensed Clinical Social Worker (LCSW);~~
- ~~Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;~~
- ~~Licensed Creative Arts Therapist;~~
- ~~Licensed Marriage and Family Therapist; and~~
- ~~Licensed Psychoanalyst.~~

~~Each licensed PROS must have a minimum of 40% full-time equivalents of Professional Staff, including:~~

- ~~**Creative Arts Therapist**—an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;~~
- ~~**Credentialed Alcoholism and Substance Abuse Counselor**—an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of Title 14 of the NYCRR;~~
- ~~**Marriage and Family Therapist**—an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;~~
- ~~**Mental Health Counselor**—an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;~~
- ~~**Nurse Practitioner**—an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;~~
- ~~**Nurse Practitioner in Psychiatry**—an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;~~

New York
3b-6

~~13d.—Rehabilitative Services
PROS—continued~~

- ~~Social Worker~~—an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts. However, social workers who have obtained at least a master's degree in social work from a program approved by the New York State Education Department may be considered professional staff for the purposes of calculating professional staff and full-time equivalent professional staff; and

- ~~Therapeutic Recreation Specialist~~—an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

~~A PROS program licensed to provide Clinical Treatment Services must have a minimum of .125 FTE psychiatrist and .125 FTE registered professional nurse for every 40 individuals receiving clinical treatment services. Additional psychiatry staff must be added, as necessary, to meet the volume and clinical needs of participants receiving clinical treatment services.~~

~~Minimum Qualifications for Paraprofessional Staff~~

~~Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff shall have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field.~~

~~Paraprofessional Staff Training~~

~~PROS programs shall ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.~~

~~Required Supervisory Arrangements~~

~~Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of Professional Staff. Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of professional supervision of group delivered services as a condition of program licensure.~~

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**New York
3b-10**

~~13d.—Rehabilitative Services
PROS—continued~~

~~☐—Clinical Treatment~~

~~If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.~~

~~Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.~~

~~Clinical Treatment services include:~~

~~☐—Clinical Counseling and Therapy~~

~~A service designed to provide goal oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.~~

~~**Practitioners:** Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.~~

~~☐—Health Assessment~~

~~A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.~~

~~**Practitioners:** Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.~~

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New York
3b-12

~~13d. Rehabilitative Services~~
~~PROS—continued~~

~~Service Components:~~

~~☐ Intensive Rehabilitation Goal Acquisition~~

~~A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one on one and outside of normally scheduled group programming.~~

~~Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~☐ Intensive Relapse Prevention~~

~~A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.~~

~~Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~☐ Integrated Treatment for Dual Disorders~~

~~A rehabilitation counseling service based on evidence based practices that include motivational, cognitive behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.~~

~~Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.~~

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New York
3L-2

TYPE OF SERVICE**~~Personalized Recovery Oriented Services (PROS)~~**

~~PROS provider agencies will be reimbursed for Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS) services. A PROS provider agency that has obtained approval from the Office of Mental Health to provide Clinical Treatment Services will be reimbursed for Clinical Treatment Services provided to individuals enrolled in PROS. PROS are provided by provider agencies licensed by the Office of Mental Health. Individual practitioners are not eligible for reimbursement. Only properly documented services provided to eligible individuals who are either enrolled in PROS or in pre-admission status, or to collaterals of an individual enrolled in PROS, will be reimbursed.~~

~~Rates of payment for PROS services shall be the same for governmental and non-governmental providers.~~

~~Monthly Base Rate:~~

~~PROS will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and his/her collaterals. One unit is equal to one hour. Units are accumulated in intervals of 15 minutes.~~

~~Daily services provided during the calendar month determine the monthly base rate tier as follows:~~

- ~~● Tier 1: 2-12 units;~~
- ~~● Tier 2: 13-27 units;~~
- ~~● Tier 3: 28-43 units;~~
- ~~● Tier 4: 44-60 units; and~~
- ~~● Tier 5: 61 or more units per month.~~

~~A minimum of two units must be provided during a calendar month for PROS monthly base rate reimbursement. Units are determined by a combination of the number of PROS service components delivered to an individual or collateral during the course of a day and the duration of participation in structured or supervised activities. Participation is measured in 15-minute increments. Increments of less than 15 minutes are rounded down to the nearest quarter hour to determine the program participation for the day.~~

~~A minimum of one PROS service component must be delivered to an individual or collateral per day in order to accumulate units. If one PROS service component is delivered, a maximum of two units may be accumulated in a day. If two PROS service components are delivered, a maximum of four units may be accumulated in a day. If three or more PROS service components are delivered, a maximum of five units may be accumulated in a day. The number of PROS units per individual per day cannot exceed five.~~

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

New York
3b-2

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

**13d. Rehabilitative Services
Personalized Recovery Oriented Services**

Personalized Recovery Oriented Services (PROS) programs provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support services to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). PROS providers may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to individuals enrolled in PROS for whom such services are determined to be necessary and appropriate by a ~~physician or psychiatric nurse practitioner~~ licensed practitioner of the healing arts (LPHA).

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New York
3b-3

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

13d. Rehabilitative Services

Personalized Recovery Oriented Services - continued

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

~~PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.~~

~~For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.~~

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a **Professional Staff member** licensed practitioner of the healing arts as well as the individual recipient. ~~For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.~~

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New York
3b-4

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

13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Licensed Occupational Therapist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional Staff in PROS include:

- Certified Psychiatric Rehabilitation Practitioner** – an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;
- Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with Part 853 of Title 14 of the NYCRR;
- Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

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3b-4.1

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

13d. Rehabilitative Services
Personalized Recovery Oriented Services (PROS) - continued

Professional Staff in PROS include (continued)

- Mental Health Counselor** - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;
- Nurse Practitioner** - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;
- Nurse Practitioner in Psychiatry** - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

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3b-6

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

13d. Rehabilitative Services

PROS – continued

- Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts; and
- Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff include:

Peer Specialists include Certified Peer Specialists and Credentialed Youth Peer Advocates who are qualified by personal experience and are certified or provisionally certified, as defined below, and supervised by competent mental health professionals, including Professional Staff, as defined above or by Certified Peer Specialists and Credentialed Youth Peer Advocates with at least three years of direct experience providing peer support services.

Licensed Practical Nurses (LPN) who are currently licensed or permitted as a licensed practical nurse by the New York State Education Department and are supervised by a registered professional nurse, licensed physician, or physician assistant; and

- Other individuals who will have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field, and are supervised by any Professional Staff, as defined above.

Qualifications for Certified Peer Specialists:

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

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New York
3b-6.1

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

13d. Rehabilitative Services

PROS – continued

Qualifications for Credentialed Youth Peer Advocates:

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

Paraprofessional Staff Training

PROS programs will ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements for Peer Specialists and Paraprofessional Staff

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of an LPHA. Supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally through regular organizational and recovery planning meetings. Professional Staff must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of appropriate supervision of group-delivered services as a condition of program licensure.

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New York
3b-8

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

13d. Rehabilitative Services

PROS – continued

Complex Care Management

Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the individual to identify solutions to problems that threaten recovery and care coordination services to help the individual to connect with medical or remedial services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Crisis Intervention

A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Engagement in Recovery

A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Individualized Recovery Planning

A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

Practitioners: Professional Staff under the supervision of an LPHA or Paraprofessional Staff under the supervision of an LPHA.

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New York
3b-9

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

13d. Rehabilitative Services

PROS – continued

Peer Support

Peer Support includes psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Peer Support services promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result oriented goals contained in an Individualized Recovery Plan.

Practitioners: Certified or provisionally Certified Peer Specialists and Credentialed or provisionally Credentialed Youth Peer Advocates under the supervision of competent mental health professionals.

Pre-admission screening

A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Psychosocial Rehabilitation

A psychosocial rehabilitation, skills training, and psychoeducation service designed to assist the individual overcome mental health barriers that may have interfered with their ability to function independently and perform normative adult roles in settings where they live, work, learn, and socialize. Rehabilitation counseling, skill building, and psychoeducational interventions are used to support the attainment of person-centered recovery goals and valued life roles and restore the individual's functional level to the fullest possible and promote independence and full community participation.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York
3b-10

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

13d. Rehabilitative Services

PROS – continued

Clinical Treatment

Clinical Treatment Services are designed to help individuals achieve and maintain recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Clinical Treatment services may only be offered by PROS programs licensed by the Office of Mental Health to provide such services.

Clinical Treatment services include:

Clinical Counseling and Therapy

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

Practitioners: Professional staff (excluding Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors) and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff, except Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors.

Health Assessment

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral. This includes continued measurement of specific health indicators associated with increased risk of medical illness and early death, including but not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use.

Practitioners: Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse. Licensed Practical Nurses may also provide health assessment within their scope of practice under New York State law and under the supervision of a registered professional nurse, licensed physician, or physician assistant.

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

13d. Rehabilitative Services

PROS – continued

Medication Management

A service designed to prescribe or administer medication to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

Practitioners: Psychiatrist ~~and~~ or psychiatric nurse practitioner. Registered professional nurses, and licensed practical nurses under the supervision of an registered professional nurse, licensed physician, or physician assistant, may also administer medication.

Psychiatric Assessment

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

Practitioners: Psychiatrist or psychiatric nurse practitioner.

Symptom Monitoring

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services.

Practitioners: Licensed Practitioners of the Healing Arts, as defined in this section and Professional or Paraprofessional Staff under the supervision of a Licensed Practitioners of the Healing Arts, as defined in this section.

Intensive Rehabilitation (IR)

Intensive Rehabilitation services include the following ~~four~~-five psychosocial rehabilitation and counseling services which are designed to be delivered with greater frequency, in smaller group sizes or by specifically qualified staff. Individuals may require IR when they experience episodes of acute loss of functioning increasing their risk of hospitalization, loss of housing or involvement in the criminal justice system or heightened urgency and motivation to work towards a specific rehabilitation goal over a short period of time.

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

13d. Rehabilitative Services
Personalized Recovery Oriented Services

Personalized Recovery Oriented Services (PROS) programs provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support services to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). PROS providers may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to individuals enrolled in PROS for whom such services are determined to be necessary and appropriate by a ~~physician or psychiatric nurse practitioner~~: licensed practitioner of the healing arts (LPHA).

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

13d. Rehabilitative Services

Personalized Recovery Oriented Services - continued

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

~~PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.~~

~~For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.~~

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a **Professional Staff member licensed practitioner of the healing arts** as well as the individual recipient. ~~For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.~~

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

13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Licensed Occupational Therapist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional Staff in PROS include:

- Certified Psychiatric Rehabilitation Practitioner** – an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;
- Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with Part 853 of Title 14 of the NYCRR;
- Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

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13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS) - continued

Professional Staff in PROS include (continued)

Mental Health Counselor - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;

Nurse Practitioner - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;

Nurse Practitioner in Psychiatry - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

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

13d. Rehabilitative Services

PROS – continued

- Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts; and

- Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff include: Peer Specialists include Certified Peer Specialists and Credentialed Youth Peer Advocates who are qualified by personal experience and are certified or provisionally certified, as defined below, and supervised by competent mental health professionals, including Professional Staff, as defined above or by Certified Peer Specialists and Credentialed Youth Peer Advocates with at least three years of direct experience providing peer support services. Licensed Practical Nurses (LPN) who are currently licensed or permitted as a licensed practical nurse by the New York State Education Department and are supervised by a registered professional nurse, licensed physician, or physician assistant; and

- Other individuals who will have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field, and are supervised by any Professional Staff, as defined above.

Qualifications for Certified Peer Specialists:

1. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey; and

2. Possess a valid certification or provisionally certification as a Certified Peer Specialist from an OMH-approved Certified Peer Specialist certification program.

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

13d. Rehabilitative Services

PROS – continued

Qualifications for Credentialed Youth Peer Advocates:

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

Paraprofessional Staff Training

PROS programs will ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements for Peer Specialists and Paraprofessional Staff

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of an LPHA. Supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally through regular organizational and recovery planning meetings. Professional Staff must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of appropriate supervision of group-delivered services as a condition of program licensure.

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

13d. Rehabilitative Services
PROS – continued

Community Rehabilitation and Support (CRS) Services

Community Rehabilitation and Support (CRS) services are an array of recovery-oriented assessment, psychosocial rehabilitation, counseling, family psychoeducation, and crisis intervention services designed to restore, rehabilitate and support individuals to regain skills and functionality lost due to mental illness, and manage the symptoms of their mental illness so that they may live successfully in the community.

Service Components:

Psychiatric Rehabilitation Assessment

With the active involvement of the individual, the Rehabilitation Assessment process involves a multi-disciplinary review of the individual's strengths and barriers encountered as a result of his or her psychiatric condition and identifies life role goals to be addressed in the individual's Individualized Recovery Plan.

Practitioner qualifications: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Alcohol, Tobacco and Other Drug Assessment

An assessment service designed to gather data concerning an individual's substance-related history and current use and assess such data to determine the individual's substance abuse status, the need for substance abuse services or referral.

Practitioner qualifications: Professional Staff.

~~**Basic Living Skills**~~

~~A psychosocial rehabilitation service designed to improve an individual's ability to perform the basic skills necessary to achieve maximum independence and acceptable community behaviors that are critical to his or her recovery. This service focuses on the reacquisition of capabilities and skills, and strategies for appropriate use of skills.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~**Benefits and Financial Management**~~

~~A psychosocial rehabilitation services which assists individuals in reacquiring skills and capabilities that were lost as a result of the onset of mental illness and that are necessary to manage their own finances. This service is designed to support an individual's functioning in the community through understanding, and skill in handling, his or her own financial resources.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

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

13d. Rehabilitative Services

PROS – continued

Complex Care Management

Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the individual to identify solutions to problems that threaten recovery and care coordination services to help the individual to connect with medical or remedial services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Crisis Intervention

A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Engagement in Recovery

A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Individualized Recovery Planning

A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

Practitioners: Professional Staff under the supervision of an LPHA or Paraprofessional Staff under the supervision of an LPHA.

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

13d. Rehabilitative Services
PROS – continued

Clinical Treatment

Clinical Treatment Services are designed to help individuals achieve and maintain recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Clinical Treatment services may only be offered by PROS programs licensed by the Office of Mental Health to provide such services.

Clinical Treatment services include:

Clinical Counseling and Therapy

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

Practitioners: Professional staff (excluding Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors) and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff, except Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors.

Health Assessment

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral. This includes continued measurement of specific health indicators associated with increased risk of medical illness and early death, including but not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use.

Practitioners: Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse. Licensed Practical Nurses may also provide health assessment within their scope of practice under New York State law and under the supervision of a registered professional nurse, licensed physician, or physician assistant.

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

13d. Rehabilitative Services
PROS – continued

Service Components:

Cognitive Remediation

A counseling service designed to improve and restore an individual’s functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

Practitioners: Professional Staff or Paraprofessional staff under the supervision of Professional Staff, who have received training approved by the Office of Mental Health.

Intensive Rehabilitation Goal Acquisition

A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Intensive Relapse Prevention

A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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

13d. Rehabilitative Services

PROS – continued

Service Components (continued)

Integrated Treatment for Dual Disorders

A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of “Focused Integrated Treatment” (FIT) training modules.

Family Psychoeducation/ Intensive Family Support

A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual’s symptomatology, restore functioning, and facilitate an individual’s overall recovery.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

Ongoing Rehabilitation and Support

Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace or in an educational program, develop strategies for resolving workplace issues and school or training program issues, and maintain other functional skills necessary to sustain competitive employment or to complete an educational program. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings or participating in integrated educational programs. ORS does not include tutoring, educational, vocational or job training services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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

TYPE OF SERVICE

Personalized Recovery Oriented Services (PROS)

PROS provider agencies will be reimbursed for Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS) services. A PROS provider agency that has obtained approval from the Office of Mental Health to provide Clinical Treatment Services will be reimbursed for Clinical Treatment Services provided to individuals enrolled in PROS. PROS are provided by provider agencies licensed by the Office of Mental Health. Individual practitioners are not eligible for reimbursement. Only properly documented services provided to eligible individuals who are either enrolled in PROS or in pre-admission status, or to collaterals of an individual enrolled in PROS, will be reimbursed.

Rates of payment for PROS services will be the same for governmental and non-governmental providers.

Monthly Base Rate:

PROS will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and their collaterals.

Effective July 1, 2024, one unit is defined as 15 continuous minutes of service provided to an individual or collateral, or 30 continuous minutes of service provided in a group setting. A maximum of five units may be accumulated per calendar day. A minimum of four units of CRS services must be provided during a calendar month for PROS monthly base rate reimbursement. For purposes of calculating the monthly base rate only, service units provided offsite (in a location in the community) for the same duration will be counted as 2 units instead of one. The total number of service units accumulated during the month will determine the monthly base rate, published in the PROS fee schedule on the OMH website available at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/.

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

~~Services provided to an individual must be at least 15 continuous minutes in duration. Services provided in a group format must be at least 30 continuous minutes in duration.~~

Capital Reimbursement:

For a PROS provider that is operated by a hospital licensed pursuant to Article 28 of the Public Health Law, there is an allowance added to the monthly base rate for the cost of capital, which is determined by the application of the principles of cost-finding for the Medicare program. The capital payment is a monthly add-on and is determined by dividing all allowable capital costs of the provider's PROS, after deducting any exclusions, by the annual number of service months for all enrollees of the PROS. Both factors are extracted from the Institutional Cost Report (ICR) submitted annually by hospitals to the New York State Department of Health. The capital payment is updated on a two year rate cycle. The Commissioner of the New York State Office of Mental Health may impose a cap on the revenues generated from the capital add-on.

Clinical Treatment:

PROS providers that offer Clinical Treatment receive additional reimbursement for providing Clinical Treatment Services to individuals enrolled in PROS. Reimbursement will be a regional monthly add-on payment. In order to receive reimbursement, the provider must be eligible for the monthly base rate and a minimum of one Clinical Treatment service must be provided during the month. Additionally, individuals ~~enrolled~~ receiving the Medication Management service in PROS Clinical Treatment must have, at a minimum, one face-to-face contact with a psychiatrist or psychiatric nurse practitioner every three months or more frequently as clinically appropriate.

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1905(a)(13) Rehabilitative Services

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider will not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only. The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Effective July 1, 2024, reimbursement requires a minimum of four 15 minute service units per month, which must occur on a minimum of two separate days. At least one service per month must be with the individual only.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month ~~but no reimbursement is permitted to Clinical Treatment, IR or ORS.~~

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is adjusted as of ~~April~~ July 1, 2023³⁴, however the statutory minimum wage increase will be effective October 1, 2023, and such rate is effective for services provided on or after that date. All rates are published on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/pros.xlsx

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Appendix II
2023 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #23-0098

This State Plan Amendment proposes to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services. Additionally, the proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

SPA 23-0098

New York State Mental Hygiene Laws §7.15

(a) The commissioner shall plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services of prevention, diagnosis, examination, care, treatment, rehabilitation, training, and research for the benefit of the mentally ill. Such programs shall include but not be limited to in-patient, out-patient, partial hospitalization, day care, emergency, rehabilitative, and other appropriate treatments and services. He or she shall take all actions that are necessary, desirable, or proper to implement the purposes of this chapter and to carry out the purposes and objectives of the department within the amounts made available therefor by appropriation, grant, gift, devise, bequest, or allocation from the mental health services fund established under section ninety-seven-f of the state finance law.

(b) The activities described in subdivision (a) of this section may be undertaken in cooperation and agreement with other offices of the department and with other departments or agencies of the state, local or federal government, or with other organizations and individuals.

New York State Mental Hygiene Laws §43.01

(a) The department shall charge fees for its services to patients and residents, provided, however, that no person shall be denied services because of inability or failure to pay a fee.

(b) The commissioner may establish, at least annually, schedules of rates for inpatient services that reflect the costs of services, care, treatment, maintenance, overhead, and administration which assure maximum recovery of such costs.

In addition, the commissioner may establish, at least annually, schedules of fees for noninpatient services which need not reflect the costs of services, care, treatment, maintenance, overhead, and administration.

(c) The executive budget, as recommended, shall reflect, by individual facility, the costs of services, care, treatment, maintenance, overhead, and administration.

(d) All schedules of fees and rates which are established by the commissioner, shall be subject to the approval of the director of the division of the budget. Immediately upon their approval, copies of all schedules of fees and rates established pursuant to this section shall be forwarded to the chairman of the assembly ways and means committee and the chairman of the senate finance committee.

New York State Mental Hygiene Laws §43.02

(a) Notwithstanding any inconsistent provision of law, payment made by government agencies pursuant to title eleven of article five of the social services law for services provided by any facility licensed by the office of mental health pursuant to article thirty-one of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services, as defined in section 1.03 of this chapter, shall be at rates or fees certified by the commissioner of the respective office and approved by the director of the

division of the budget, provided, however, the commissioner of mental health shall annually certify such rates or fees which may vary for distinct geographical areas of the state and, provided, further, that rates or fees for service for inpatient psychiatric services or inpatient chemical dependence services, at hospitals otherwise licensed pursuant to article twenty-eight of the public health law shall be established in accordance with section two thousand eight hundred seven of the public health law and, provided, further, that rates or fees for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities, shall be certified by the commissioner of health; provided, however, that such methodologies shall be subject to approval by the office for people with developmental disabilities and shall take into account the policies and goals of such office.

(b) Operators of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter, licensed by the office for people with developmental disabilities pursuant to article sixteen of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services shall provide to the commissioner of the respective office such financial, statistical and program information as the commissioner may determine to be necessary. The commissioner of the appropriate office shall have the power to conduct on-site audits of books and records of such facilities.

(c) The commissioner of the office of mental health, the commissioner of the office for people with developmental disabilities and the commissioner of the office of alcoholism and substance abuse services shall adopt rules and regulations to effectuate the provisions of this section. Such rules and regulations shall include, but not be limited to, provisions relating to:

(i) the establishment of a uniform statewide system of reports and audits relating to the quality of care provided, facility utilization and costs of providing services; such a uniform statewide system may provide for appropriate variation in the application of the system to different classes or subclasses of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter or licensed or operated by the office for people with developmental disabilities pursuant to article sixteen of this chapter, or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services; and

(ii) methodologies used in the establishment of the schedules of rates or fees pursuant to this section provided, however, that the commissioner of health shall adopt rules and regulations including methodologies developed by him or her for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities; provided, however, that such rules and regulations shall be subject to the approval of the office for people with developmental disabilities and shall take into account the policies and goals of such office.

**Appendix IV
2023 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

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 long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

Long Term Care Services

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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 consistent with the New York State enacted budget. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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.

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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 the enacted New York State budget. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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.

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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 institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals. The following changes are proposed:

Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 million.

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.

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For further information and to review and comment, please contact:
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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 implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

There is no estimated change in gross Medicaid expenditures as a result of this amendment.

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.

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PUBLIC NOTICE

Department of Health

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

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

NON-INSTITUTIONAL SERVICES
State Plan Amendment #23-0098

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.

Payment Type	Non-Federal Share Funding	4/1/23 – 3/31/24	
		Non-Federal	Gross
Monthly Bundled Rate	General Fund; County Contribution	\$0M	\$0M

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 percent 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	\$5.200B
Suffolk County	\$226M
Nassau County	\$217M
Westchester County	\$204M
Erie County	\$194M
Rest of State (53 Counties)	\$1.187B
Total	\$7.228B

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.