



Department of Health

KATHY HOCHUL
Governor

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

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

September 27, 2024

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 #24-0026
Non-Institutional Services

Dear Director Scott:

The State requests approval of the enclosed amendment #24-0026 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2024 (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 June 26, 2024, 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 <u>2 4</u> — <u>0 0 2 6</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
July 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(13) Other Diagnostic, Screening, Preventative, and Rehab

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 07/01/24-09/30/24 \$ 0
b. FFY 10/01/24-09/30/25 \$ 10,720,263

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supp. Pages: 3b-84, 3b-85, 3b-86, 3b-87, 3b-88, 3b-89
Attachment 3.1-B Supp. Pages: 3b-84, 3b-85, 3b-86, 3b-87, 3b-88, 3b-89
Attachment 4.19-B Pages: 3Q, 3Q-1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

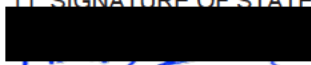
Attachment: NEW

9. SUBJECT OF AMENDMENT

Critical Time Intervention (CTI)

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
September 27, 2024

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

20. TYPED NAME OF APPROVING OFFICIAL

19. SIGNATURE OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2024 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

New York
3b-84

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services

Assurances:

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

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act:

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR §435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

Description:

Critical Time Intervention (CTI) Services are an evidence-based, time-limited, and phased approach to rehabilitate individuals with mental illness during critical times of transition in their lives, such as transitions from inpatient hospitalization or incarceration settings, to address the symptoms of mental illness and restore lost functionality. CTI Services are provided to both adults and children and emphasize assisting individuals, and their families, as applicable, to restore the functional skills necessary to return to or remain in integrated community settings and strengthen linkages to mental health and other supportive services that will remain in place after the time-limited intervention ends. CTI Services also include remedial and care coordination services prior to the individual's discharge from an inpatient hospital to promote community integration.

Provider Qualifications

CTI Services are recommended by a Licensed Practitioner of the Healing Arts. CTI services are provided by a multidisciplinary team of professional and paraprofessional staff under the supervision of professional staff, as defined herein, employed or contracted by an agency licensed or authorized by the NYS Office of Mental Health to provide CTI Services.

TN #24-0026

Approval Date _____

Supersedes TN NEW

Effective Date July 1, 2024

New York
3b-85

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

Licensed Practitioners of the Healing Arts (LPHA): include the following individuals licensed by the New York State Education Department (NYSED), including:

- Physician: An individual currently licensed to practice medicine by NYSED;
- Physician Assistant: An individual currently licensed to practice as a physician assistant by NYSED;
- Nurse Practitioner: An individual currently certified as a nurse practitioner by NYSED.
- Registered Nurse (RN): An individual currently licensed and registered to practice as a registered professional nurse by NYSED;
- Psychologist: An individual currently licensed to practice as a psychologist by NYSED;
- Social Worker: An individual who is either currently licensed by NYSED as a licensed clinical social worker (LCSW) or a Licensed Master of Social Work (LMSW) practicing under the supervision of a psychiatrist, psychologist, or LCSW licensed by NYSED and employed by the agency;
- Mental Health Counselor: An individual currently licensed to practice as a mental health counselor by NYSED;
- Marriage and Family Therapist: An individual currently licensed to practice as a marriage and family therapist by NYSED;
- Psychoanalyst: An individual currently licensed to practice as a psychoanalyst by NYSED; and
- Creative Arts Therapist: An individual currently licensed to practice as a creative arts therapist by NYSED.

Professional Staff: Professional staff are qualified by credentials, training and experience to provide and supervise the provision of CTI Services, consistent with New York State scope of practice laws and rules, including:

Certified Psychiatric Rehabilitation Practitioner, which means an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;

Creative Arts Therapist, which means an individual who is currently licensed or has a limited permit to practice as a creative arts therapist by NYSED, or who has a master's degree in a mental health field from a program approved by NYSED 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, which means an individual who is currently credentialed as a Credentialed Alcoholism and Substance Abuse Counselor by the New York State Office of Addiction Services and Supports;

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3b-86

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

Professional Staff (continued):

Licensed Practical Nurse, which means an individual who is currently licensed or permitted as a licensed practical nurse by NYSED and is supervised by a registered professional nurse, licensed physician, or physician assistant;

Marriage and Family Therapist, which means an individual who is currently licensed or has a limited permit to practice as a marriage and family therapist by NYSED or who has at least a master's degree required for licensure as a marriage and family therapist pursuant to the NYS Education law;

Mental Health Counselor, which means an individual who is currently licensed or has a limited permit to practice as a mental health counselor by NYSED or who has at least a master's degree required for licensure as a mental health counselor pursuant to the NYS Education law;

Nurse Practitioner, which means an individual who is currently certified or has a limited permit to practice as a nurse practitioner by NYSED;

Nurse Practitioner in Psychiatry, which means 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 NYSED;

Physician, which means an individual who is currently licensed or has limited permit to practice as a physician by NYSED;

Physician Assistant, which means an individual who is currently registered or has a limited permit to practice as a physician assistant or a specialist's assistant by NYSED;

Psychiatrist, which means an individual who is currently licensed or has a limited permit to practice as a physician by NYSED and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;

Psychoanalyst, which means an individual who is currently licensed or has a limited permit to practice as a psychoanalyst by NYSED or who has at least a master's degree required for licensure as a psychoanalyst pursuant to the NYS Education law;

Psychologist, which means an individual who is currently licensed or limited permit to practice as a psychologist by NYSED, or who has at least a master's degree in psychology;

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3b-87

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

Professional Staff (continued):

Psychoanalyst, which means an individual who is currently licensed or has a limited permit to practice as a psychoanalyst by NYSED or who has at least a master's degree required for licensure as a psychoanalyst pursuant to the NYS Education law;

Psychologist, which means an individual who is currently licensed or limited permit to practice as a psychologist by NYSED, or who has at least a master's degree in psychology;

Registered Professional Nurse, which means an individual who is currently licensed or has a limited permit to practice as a registered professional nurse by NYSED;

Rehabilitation Counselor, which means an individual who has either a master's degree in rehabilitation counseling from a program approved by NYSED or current certification by the Commission on Rehabilitation Counselor Certification;

Social Worker, which means an individual who is currently licensed or has a limited permit to practice as a master social worker (LMSW) or clinical social worker (LCSW) by NYSED or who has at least a master's degree required for licensure as a social worker pursuant to the NYS Education law;

Therapeutic Recreation Specialist, which means an individual who has either a master's degree in therapeutic recreation from a program approved by NYSED or registration as a therapeutic recreation specialist by the National Therapeutic Recreation Society.

Paraprofessional Staff: Paraprofessional staff must be at least 18 years of age and have attained a bachelor's degree or be at least 18 years of age, have attained a high-school diploma or equivalent, and at least six (6) months of direct care experience with individuals with serious mental illness.

Staff Supervision and Training Requirements

Staff supervision for professional and paraprofessional staff in the provision of CTI Services occurs both formally, through direct supervision and consultation, as well as informally through regular team meetings. All CTI staff, including professionals and paraprofessionals are required to complete State-approved training in the CTI model.

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

CTI Services: CTI services are provided based upon an individual's assessed mental health condition and immediate needs screening, which forms the basis for establishing a person-centered plan of care for CTI Services. CTI services may involve contact with collaterals, including family and others significant in the individual's life, for the direct benefit of the beneficiary and in accordance with the individual's person-centered plan of care.

Medically necessary CTI Services include:

- **Person-Centered Planning:** Person-centered planning is a continuous process of assessing an individual's strengths, goals, barriers to achieving goals, and service needs, through the observation and evaluation of the individual's current mental, physical, and behavioral health condition and history. This service engages each individual and collaterals, as applicable, as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and community integration.

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

- **Psychosocial Rehabilitation Services:** Psychosocial rehabilitation services motivate and support individuals receiving CTI Services to engage in mental health and other community-based supportive services and continue to participate in the recovery process. Psychosocial rehabilitation services also motivate and support collaterals to engage in the treatment and discharge planning process for the benefit of the Medicaid beneficiary. Psychosocial Rehabilitation services assist in developing and enhancing an individual's stability in the community and address the symptoms of mental illness that interfere in the individual's ability to function in the community. Psychosocial rehabilitation services also include skill development and relapse prevention training services for the individual or collaterals, as applicable, to help the individual identify solutions to and resolve problems that threaten recovery and to restore age-appropriate skills which were lost or delayed due to the symptoms of mental illness.

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

CTI Services (continued):

- **Crisis Prevention Services:** Crisis Prevention services to safely and respectfully de-escalate situations where individuals are experiencing or are at risk of acute distress or agitation which require immediate attention.

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

- **Health Services:** Health services include gathering of data concerning the individual's physical health, history, and any current signs and symptoms, and need for referral to appropriate medical services.

Practitioner Qualifications: Health Services are provided by a Registered Professional Nurse, Licensed Practical Nurse, Physician Assistant, Nurse Practitioner, Physician, or Psychiatrist.

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

Practitioner Qualifications: Care coordination services are provided by professional staff and paraprofessional staff.

Limitations on amount and duration of CTI Services:

Due to the time-limited nature of CTI services and to promote the transition to other appropriate services, reimbursement for CTI services will be limited in the event that the beneficiary is also enrolled in and receiving other Medicaid-funded care coordination services, including Assertive Community Treatment, and Coordinated Specialty Care Services for individuals experiencing first-episode psychosis. Reimbursement for CTI services will be limited to one full calendar month during which both a CTI service provider and the other care coordination services provider qualify for Medicaid reimbursement.

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New York
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New York
3b-85

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

13.d Rehabilitative Services

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

Professional Staff (continued):

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

Professional Staff (continued):

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Paraprofessional Staff: Paraprofessional staff must be at least 18 years of age and have attained a bachelor's degree or be at least 18 years of age, have attained a high-school diploma or equivalent, and at least six (6) months of direct care experience with individuals with serious mental illness.

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

CTI Services: CTI services are provided based upon an individual's assessed mental health condition and immediate needs screening, which forms the basis for establishing a person-centered plan of care for CTI Services. CTI services may involve contact with collaterals, including family and others significant in the individual's life, for the direct benefit of the beneficiary and in accordance with the individual's person-centered plan of care.

Medically necessary CTI Services include:

- **Person-Centered Planning:** Person-centered planning is a continuous process of assessing an individual's strengths, goals, barriers to achieving goals, and service needs, through the observation and evaluation of the individual's current mental, physical, and behavioral health condition and history. This service engages each individual and collaterals, as applicable, as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and community integration.

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

- **Psychosocial Rehabilitation Services:** Psychosocial rehabilitation services motivate and support individuals receiving CTI Services to engage in mental health and other community-based supportive services and continue to participate in the recovery process. Psychosocial rehabilitation services also motivate and support collaterals to engage in the treatment and discharge planning process for the benefit of the Medicaid beneficiary. Psychosocial Rehabilitation services assist in developing and enhancing an individual's stability in the community and address the symptoms of mental illness that interfere in the individual's ability to function in the community. Psychosocial rehabilitation services also include skill development and relapse prevention training services for the individual or collaterals, as applicable, to help the individual identify solutions to and resolve problems that threaten recovery and to restore age-appropriate skills which were lost or delayed due to the symptoms of mental illness.

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

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New York
3b-89

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

13.d Rehabilitative Services

Critical Time Intervention (CTI) Services (Continued)

CTI Services (continued):

- **Crisis Prevention Services:** Crisis Prevention services to safely and respectfully de-escalate situations where individuals are experiencing or are at risk of acute distress or agitation which require immediate attention.

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

- **Health Services:** Health services include gathering of data concerning the individual's physical health, history, and any current signs and symptoms, and need for referral to appropriate medical services.

Practitioner Qualifications: Health Services are provided by a Registered Professional Nurse, Licensed Practical Nurse, Physician Assistant, Nurse Practitioner, Physician, or Psychiatrist.

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

Practitioner Qualifications: Care coordination services are provided by professional staff and paraprofessional staff.

Limitations on amount and duration of CTI Services:

Due to the time-limited nature of CTI services and to promote the transition to other appropriate services, reimbursement for CTI services will be limited in the event that the beneficiary is also enrolled in and receiving other Medicaid-funded care coordination services, including Assertive Community Treatment, and Coordinated Specialty Care Services for individuals experiencing first-episode psychosis. Reimbursement for CTI services will be limited to one full calendar month during which both a CTI service provider and the other care coordination services provider qualify for Medicaid reimbursement.

TN #24-0026

Approval Date _____

Supersedes TN NEW

Effective Date July 1, 2024

New York
3Q

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13d. Rehabilitative Services

Critical Time Intervention (CTI) Reimbursement

CTI services are reimbursed regional monthly fees as follows.

Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of CTI services. The agency's fee schedule rate is effective as of July 1, 2024, and such rate is effective for services provided on or after that date. All rates are published at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/cti.xlsx

Monthly fees are based on projected costs necessary to operate a CTI team of corresponding caseload and specialization and are calculated by dividing allowable projected annual costs by 12 months, caseload size, and annual volume. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit monthly claims because a minimum contact threshold cannot be met. No costs for room and board are included when calculating CTI reimbursement rates.

CTI services are reimbursed a monthly fee based on the number of contacts in which CTI services, including any combination of medically necessary CTI subcomponent services are provided during a calendar month. A CTI services provider may not bill more than one monthly fee for the same individual in the same month.

No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

CTI services provided by New York State Office of Mental Health licensed or authorized adult CTI services providers to individuals aged 16 and over will be reimbursed a tiered, regional monthly fee based on the number of contacts in which CTI services were provided to the eligible individual or collateral during the calendar month, as follows: There are three fee levels. Level 1 for a minimum of eight contacts; Level 2 for a minimum of six contacts; and Level 3 for a minimum of four contacts per calendar month.

TN #24-0026

Approval Date _____

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**New York
3Q-1****1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services****13d. Rehabilitative Services****Critical Time Intervention (CTI) Reimbursement (Continued)**

CTI services provided by New York State Office of Mental Health licensed or authorized youth CTI services providers to individuals up to and including age 18 (or up to age 19 if CTI services began prior to the individual's 18th birthday), will be reimbursed a tiered, regional monthly fee, based on whether the youth resided in a Transitional Residential Setting during the calendar month. (Transitional Residential Settings are non-IMD residential placements for youth who require a step-down from inpatient or emergency services prior to returning to their home or other residential setting.) For youth residing in such residences during a calendar month, CTI services are reimbursed a tiered, regional monthly fee based on the number of days the individual resided in the residence during a calendar month and the number of contacts in which CTI services were provided to the eligible individual or collateral during the calendar month, as follows: There are three fee levels. Level 1 for 15 or more days in residence; Level 2 for 8-14 days in residence; and Level 3 for 1-7 days in residence. For level 3, the minimum number of contacts for the full level 3 fee is 8, however a minimum of 4 contacts will be reimbursed a fee equivalent to half the level 3 fee. For levels 1 and 2, the minimum number of contacts is 8.

For youth who did not reside in a Transitional Residential Setting during a calendar month, CTI services are reimbursed a tiered, regional monthly fee based only on the number of contacts in which CTI services were provided to the eligible individual or collateral during the calendar month, as follows: There are two fee levels. Level 1 for a minimum of 8 contacts; and Level 2 for a minimum of 4 contacts per calendar month.

For CTI services for both adults and youth, service contacts above eight for billing any of the above-referenced monthly fees, will be reimbursed a per contact add-on fee, not to exceed 10 per recipient per calendar month.

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

The State also monitors the provision of CTI services to ensure that beneficiaries receive the types, quantity and intensity of services required to meet their needs through services and provider monitoring tools including regular reporting to OMH, CTI Dashboard, and PSYCKES data and provider licensing activities to monitor for compliance with New York State requirements. Providers of CTI services are required to perform patient-specific reporting to the State at routine intervals as a condition of licensure.

TN #24-0026 _____

Approval Date _____

Supersedes TN NEW _____

Effective Date July 1, 2024 _____

Appendix II
2024 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #24-0026

This State Plan Amendment proposes to establish Critical Time Intervention services under the medical assistance program.

Appendix III
2024 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 24-0026

New York State Mental Hygiene Law §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 Law §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
2024 Title XIX State Plan
Third Quarter Amendment
Public Notice**

ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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 sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 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:

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1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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
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1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center

Appendix V
2024 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #24-0026

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	4/1/24 – 3/31/25	
		Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$2.9M	\$5.8M

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	\$5.210B
Suffolk County	\$243M
Nassau County	\$231M
Westchester County	\$215M
Erie County	\$205M
Rest of State (53 Counties)	\$1.260B
Total	\$7.364B

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.