



New York State Medicaid Evidence Based Benefit Review Advisory Committee

Thursday, April 10, 2025
10:00 a.m. – 3:30 p.m. (EDT)

90 Church Street, New York, NY 10007 – Meeting Room 4AB

Meeting Summary

Attendees	
Committee Members:	Edmund Altone, Victor M. Badner, Elisabeth Benjamin, Ronald Braithwaite, Katherine Breslin, Douglas DeLong, James De Meo, Marie-Carmel Garçon, Emily Leish, Peter Newell, Sanjiv Shah, Joseph Truglio, Jacob Wallace, Deirdre Wheat, Kaare Weber, Douglas Fish*, Nathan Graber**
NYS DOH Staff:	Shirley Belotte, Kate Bliss, Myla Harrison, Patrick Javarone, Suzette Sadio, Trisha Schell-Guy, Thomas Sciortino, Nora Lewis
NYS Office of Addiction Services and Supports (OASAS):	Ashly Jordan
Center for Evidence-based Policy Staff:	Elizabeth Brown, Beth Church, Jami Hoffman, Valerie King, Allison Leof, Laura Pavlech, Susan Stuard
Public Comment:	Jared Weiss

*Chair of the Committee

**Chair Designee

Welcome and Introductions	
Discussion	<p>Dr. Nathan Graber welcomed the Committee members. Two members joined for the first time: Dr. Kaare Weber and Dr. Deirdre Wheat.</p> <p>EBBRAC members present introduced themselves.</p> <p>Nathan Graber reminded Committee members to fill out financial disclosure forms if not done so already, declare any changes in potential financial conflicts of interest, or declare any potential conflicts related to the topic being reviewed today. No members had anything new to declare.</p>

Action Items /Decisions	None
New York Department of Health Updates	
Discussion	<p>Nathan Graber announced that NYSDOH had received approval to offer supplemental payments to primary care clinics who receive certification as a New York State Patient Centered Medical Home (NYS PCMH). If certified as a NYS PCMH, clinics can receive a non-claims based, per-member-per-month (PMPM) payment of \$6.00 per Medicaid member (rate is \$7.00 a month in Adirondack County.) For Medicaid enrollees in fee-for-service, the payment is an add on to claims. NYSDOH recently received approval from Centers for Medicare & Medicaid Services (CMS) to have an enhanced NYS PCMH payment if the primary care office participates with their regional social care networks. The social care networks connect members to services that address social care needs including transportation, nutrition, housing, and care management. The enhanced payments add \$4.00 PMPM for patients under age 21 and \$2.00 PMPM for age 21 and over. Clinics need to attest that they have created a workflow to make referrals to social care networks by April 1, 2025 to receive the enhanced payments.</p> <p>Nathan Graber announced that NYSDOH amended its eConsults benefit to encourage consultation between physical health and behavioral health providers. Medicaid has reimbursed for eConsults since April 1, 2024. Beginning June 1, 2025, the department will reimburse an enhanced rate for eConsults between physical health and behavioral health providers. Under the policy, both the inquiring and consulting clinicians can receive reimbursement for the consultation.</p> <p>Nathan Graber said NYSDOH clarified its policy for inpatient admission and observation status to standardize the decision-making process and promote consistent application of inpatient admission criteria across health care facilities. The department generally follows Medicare’s two-midnight rule for inpatient admission. However, certain circumstances may justify inpatient admission even if the patient does not meet the two-midnight rule.</p> <p>Nathan Graber stated that the policies for NYS PCMH enhanced payments, eConsult enhanced payments, and inpatient admissions for observation were available on the eMedNY website.</p>

	<p>Nathan Graber said NYSDOH had received approval from CMS to allow for continuous enrollment in Medicaid and CHIP for children up to the age of 6. Continuous enrollment ensures children have consistent access to health insurance, promotes health equity and access to a stable medical home.</p> <p>Trisha Schell-Guy discussed changes to the Consumer Directed Personal Assistance Program (CDPAP). CDPAP is for individuals who need home care services and are capable of directing their care by choosing their aide and setting hours. To improve fiscal oversight, the NYSDOH has moved to replace many regional and local fiscal intermediaries who pay CDPAP service providers with a single, statewide intermediary; the transition was to take place April 1, 2025 but legal challenges arose. Trisha Schell-Guy announced that NYSDOH had reached a settlement in the legal challenges that allowed more time for some consumers to make the transition to a statewide fiscal intermediary for CDPAP.</p> <p>Elisabeth Benjamin said that the Community Service Society of New York had received calls about the CDPAP transition from beneficiaries with dual Medicare and Medicaid coverage.</p> <p>Nathan Graber reported that the NYSDOH was still working on developing a coverage policy for collagen cross-linking for keratoconus. The policy is currently under review and updates will be provided at future meetings.</p> <p>Trisha Schell-Guy said that she was not able to provide a NYSDOH budget update at this time, but the Department would bring a budget update to the next meeting.</p>
<p>Action Items /Decisions</p>	<p>Trisha Schell-Guy and Elisabeth Benjamin agreed to follow-up to discuss how the CDPAP transition to a statewide fiscal intermediary affects individuals with Medicaid and other insurance coverage.</p>
<p>Prevalence of Stimulant Use Disorder in New York</p>	
<p>Discussion</p>	<p>Nathan Graber reported that NYSDOH staff had prepared information about the prevalence of stimulant use disorder in New York state as context for the report presentation. In 2020, an estimated 364,000 people age 18 and over had self-reported cocaine use and approximately 83,000 individuals self-reported methamphetamine use.</p>



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	<p>In 2024, overdose deaths involving stimulants were estimated to be 3.3 deaths per 10,000 residents. It was noted that multiple substances were often involved in overdose deaths, so these fatalities may involve substances in addition to stimulants.</p> <p>A review of Medicaid claims data looked at the presence of ICD-10 diagnosis codes to see if stimulant use was listed as a primary or secondary diagnosis. The Department estimated that approximately 1% of enrolled Medicaid members had such a diagnosis code which is approximately 90,000 members.</p> <p>Nathan Graber noted that highest numbers of stimulant use are found in the highest population areas, but that the highest rates of use are found on the New York-Pennsylvania border, also known as the southern tier of New York State.</p>
Action Items /Decisions	None
Public Comment/Presentations (if available)	
Discussion	<p>Jared Weiss, a board-certified addiction psychiatrist and medical director at an outpatient, dual-diagnosis addiction treatment clinic, presented public testimony recommending NYSDOH cover contingency management (CM) for stimulant use disorder.</p> <p>Committee discussion points included:</p> <ul style="list-style-type: none"> • What clinics would need to implement CM in their practice • Whether CM would be a time-limited or life-long treatment • Whether CM could exacerbate gambling disorders • Whether the desired outcome from a CM intervention could include reduced substance use as well as abstinence from substance use • Whether CM would be offered to individuals with problems with substances other than stimulants (e.g., opioid use disorder, alcohol use disorder) • The presence of stigma against CM in certain treatment communities despite the evidence base in its favor
Action Items /Decisions	None

Topic: Contingency Management for Stimulant Use Disorder

Discussion	<p>Elizabeth Brown presented an overview of the evidence for CM as a treatment for stimulant use disorder, and a review of clinical practice guidelines and coverage policies from state Medicaid programs. For full details see the report available on the EBBRAC website. The Committee was tasked with determining whether (a) there was sufficient high-quality evidence demonstrating the effectiveness of CM for stimulant use disorder and (b) whether the evidence supported coverage of the treatment.</p> <p>Committee discussion points included:</p> <ul style="list-style-type: none"> • Whether point of care urine drug testing (UDT) was required to implement CM and whether point of care UDT testing was available in all areas of the state • Whether abstinence from stimulant use was the only goal of treatment or whether reduction in use could also be a goal of treatment • Whether the studies showed a long-term impact of the intervention or whether it was only effective when individuals were in the program • Whether the studies included in the evidence review were generalizable to the Medicaid population • Questions about how NY Medicaid could cover the intervention; currently, other state Medicaid programs cover CM as part of their 1115 substance use disorder (SUD) Waivers. Trisha Schell-Guy stated that NYSDOH could apply to include CM in the state’s 1115 waiver but that would likely not happen until 2027 when the waiver is up for renewal • Acknowledgment that there are no medications shown to be effective at treating stimulant use disorder and CM is the only intervention shown to be effective for individuals with stimulant use disorder • Concerns about limiting CM to individuals with stimulant use disorder when they are treated in the same clinics as individuals with other SUDs, and may have co-occurring SUDs • Concerns about Medicaid members ability to access transportation to treatment appointments; Trisha Schell-Guy noted that Article 32 and Article 31 outpatient SUD treatment clinics are effective at using the non-emergency medical transportation (NEMT) benefit for their patients • Concerns about whether receipt of CM rewards would affect a member’s income calculations for Medicaid eligibility; Elizabeth Brown
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	<p>said that approved CMS waivers explicitly say that CM payments would not count towards Medicaid eligibility determinations</p> <ul style="list-style-type: none"> • Acknowledgment that guidelines recommend CM as an addition to other treatments offered in outpatient settings such as cognitive behavioral therapy and other psychosocial interventions • The importance of designing a model that incorporates elements shown to be effective such as use of UDT or choosing an evidence-based contingency (e.g., abstinence, attendance); Nathan Graber and Trish Schell-Guy noted that if the Committee recommended moving forward with coverage of CM, NYSDOH and the Office of Addiction Services and Supports (OASAS) would be charged with working together to design the details of the program. They would consider the Committee’s comments and report back with developments to the EBBRAC <p>NYSDOH put forward a recommendation for the committee’s consideration that “the Evidence Based Benefits Review Advisory Commission (EBBRAC) recommends that the Department of Health pursue contingency management therapy for treatment of stimulant use disorder in adults 18 and older.”</p> <p>Elisabeth Benjamin said she was concerned about the age restriction given the abuse of Adderall and other stimulants by young people. She and Douglas Delong recommended removing the age restriction. The committee unanimously agreed to remove the age restriction.</p> <p>Emily Leish asked for clarification on the word “pursue.” Nathan Graber stated that NYSDOH used the language “to pursue coverage.” Nathan Graber suggested adding language to say the Department would “pursue coverage of CM.” The committee unanimously agreed to add the language.</p> <p>Ronald Braithwaite noted that the evidence showed CM was effective when given with other treatments and when used with UDT to determine abstinence and said the recommendation should include specific language about those elements of the treatment. Nathan Graber, Douglas Delong, and Joseph Truglio stated they thought adding those provisions would be too detailed and that decisions about those factors should be left up to NYSDOH and OASAS. A majority of the committee agreed to keep the recommendation simple.</p> <p>The updated recommendation read: “The Evidence Based Benefits Review Advisory Committee (EBBRAC) recommends that the Department of Health</p>
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	<p>pursue coverage of contingency management therapy for the treatment of stimulant use disorder.”</p> <p>Douglas DeLong moved to approve the amended recommendation. Kate Breslin seconded the motion.</p>
Action Items /Decisions	The Committee voted to approve the motion (17 yeas, 1 nay, 0 abstentions)
Final Comments:	
Discussion	<p>Nathan Graber thanked the Committee members for the discussion. He announced that the next EBBRAC meeting will be July 24, 2025 in Albany, NY and will address 2 topics:</p> <ul style="list-style-type: none"> • Applied behavioral analysis therapy provided via telehealth • Opioid use disorder treatment delivered via telehealth <p>Doug Fish thanked the committee members for their thoughtful deliberations in the meeting.</p>
Action Items /Decisions	Nathan Graber adjourned the meeting.