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State/Territory Name: New York

State Plan Amendment (SPA) #: 19-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

December 16, 2019

Donna Frescatore State Medicaid Director New York State Department of Health Office of Health Insurance Programs One Commerce Plaza, Suite 1211 Albany, NY 12237

Dear Ms. Frescatore:

The Centers for Medicare & Medicaid Services (CMS) has approved your request to adopt New York's State Plan Amendment (SPA) #19-0014, Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), into the State Medicaid Plan with an effective date of January 1, 2019. This SPA applies changes to the state's rehabilitation benefit by implementing targeted services for individuals with intellectual and/or developmental disabilities who have significant behavioral or mental health needs. CSIDD are described to be delivered by multi-disciplinary teams who provide personalized and intensive time-limited therapeutic clinical coordination of Medicaid services for individuals age 6 and older.

We would like to express our gratitude for the effort and cooperation provided by your staff during our review of the amendment request. If you have any questions on this matter, please contact Christopher Semidey at (212) 616-2328 or at Christopher.Semidey@cms.hhs.gov.

Ricardo Holligan Acting Deputy Director Division of Medicaid Field Operations East

cc:

Nicole McKnight Christopher Semidey Deborah Steinbach Vijai Hiralall Regina Deyette Jennifer Yungandreas

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	TO THE SOCIAL		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2019		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 01/01/19-09/30/19 \$ 5,447.48		
§1915(g) of the Social Security Act	a. FFY 01/01/19-09/30/19 \$ 5,447.48 b. FFY 10/01/19-09/30/20 \$ 7,263.31		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Attachment: 3.1-A Supp. Pages: 3B-38, 3B-38(i), 3B-38(ii), 3B-38(iii), 3B-38(ii) Attachment: 3.1-B Supp. Pages: 3B-38, 3B-38(i), 3B-38(ii), 3B-38(iii), 3B-38(ii) Attachment: 4.19-B Page: 3(h.14), 5(a)(ii)	Attachment: 4.19-B Page: 3(h.14), 5(a)(ii)		
10. SUBJECT OF AMENDMENT CSIDD (FMAP=50%)			
11. 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		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
A. Or application	New York State Department of Health Division of Finance and Rate Setting		
13. TYPED NAME	99 Washington Ave – One Commerce Plaza		
Donna Frescatore	Suite 1432		
14. TITLE Medicaid Director, Department of Health	Albany, NY 12210		
15. DATE SUBMITTED March 29, 2019			
	OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED DECEMBER 16, 2019		
	DNE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 01, 2019	20. SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME RICARDO HOLLIGAN	22. TITLE ACTING DEPUTY DIRECTOR DIVISION OF MEDICAID FIELD OPERATIONS EAST		
23. REMARKS			

New York 3b-38

13d. Rehabilitative Services

<u>Crisis Services for Individuals with Intellectual and/or Developmental Disabilities</u> (CSIDD)

Office for People With Developmental Disabilities (OPWDD)

The services described below are: CSIDD Clinical Team Services

Assurances

The State assures that all Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) services are provided to, or directed exclusively toward the treatment of, Medicaid eligible individuals in accordance with Section 1902(a)(10)(A)(i) of the Act.

The State assures that CSIDD services do not include and FFP is not available for any of the following.

- A. educational, vocational and job training services;
- B. room and board except when furnished as part of respite care services;
- 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 § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the Medicaid State Plan.

Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) are rehabilitative short-term targeted services for individuals with intellectual and/or developmental disabilities (I/DD) who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams that provide personalized and intensive, time-limited services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Services will be provided to all individuals who meet medical necessity criteria for this service. Teams provide clinical consultation and treatment and will maintain 24/7 service accessibility throughout the course of treatment for those individuals enrolled in CSIDD. CSIDD is a short-term tertiary care service designed to help stabilize individuals with MI/DD within their existing care networks using specially trained behavior support professionals to build skills and de-escalate the individual from the team's caseload.

All services provided are for the direct benefit of the individual in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery.

TN	#19-0014	Approval Date	12/16/2019	
Sup	ersedes TN NEW	Effective Date	01/01/2019	

New York 3b-38(i)

The CSIDD must be recommended by one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed professional (MD, DO or APRN) or licensed psychologist (Clinical Director).

Qualification of Providers

The CSIDD designated provider(s) are State providers or not-for-profit agency(ies) that meet all qualifications and program standards as outlined by OPWDD. Each provider must be qualified to participate in the Medicaid program, certified by OPWDD to operate CSIDD services, have sufficient professional staffing to operate in the region, and the ability to coordinate a network of providers to ensure coordination of services for CSIDD recipients.

The CSIDD provider must be certified by New York State for the provision of CSIDD services in at least one OPWDD service region. The following disciplines with expertise in the behavioral health aspects of I/DD are required team members.

CSIDD Team Membership

The CSIDD Team will be staffed by a CSIDD Team Leader and support staff and an interdisciplinary team as outlined below. Team membership must represent an array of clinical behavioral health disciplines likely to be required in providing multidisciplinary assessment and treatment. The CSIDD services are delivered by Clinical Team Leaders and Clinical Team Coordinators under the supervision of the Clinical and/or Medical Director. All CSIDD staff must have at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities. The following disciplines are required to participate as core constituents of the interdisciplinary treatment team:

- Clinical Director (Ph.D. in Psychology and licensed by the State's Psychology Board). The Clinical Director is licensed by the State of New York and operates within the scope of the practice of their State license. The Clinical Director consults with the Medical Director, and also reviews CSIDD Treatment Plans and recommends services.
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 CSIDD Treatment Plans and recommends services.
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- Clinical Team Coordinators (Doctorate or Master's Degree in Social Work, Psychology, Counseling or other human service field). This position is not required to be licensed and operates under the supervision of the Clinical and/or Medical Director.

TN #19-0014			Approval Date	12/16/2019	
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New York 3b-38(ii)

Service Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) is a high intensity service recommended for individuals with significant behavioral or Mental Health (MH) needs who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Teams include licensed professionals from appropriate behavioral health disciplines who provide clinical consultation and initial assessment within 2 hours of referral from OPWDD. All elements of the service are conducted by clinical professionals and are under the supervision of licensed Clinical and/or Medical Directors. Teams will maintain 24/7 service accessibility throughout the course of treatment.

Assessment

The Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director will clinically assess the individual prior to developing a treatment plan, any time the individual experiences a significant change (improvement or decompensation) in his or her behavioral and/or Mental Health symptom presentation or is discharged from CSIDD services. The clinical assessment will include the Aberrant Behavior Checklist, the Matson Evaluation for Medication Side Effects (MEDS), and other standardized clinical questionnaires required by the State. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

Treatment Planning

Based on clinical assessments, the Clinical Team Leader or Clinical Team Coordinator, under the supervision of the Clinical and/or Medical Director, will develop an individualized clinical crisis plan and treatment plan. The CSIDD Clinical Team Coordinator consults with the team to identify which CSIDD services the enrolled individual should receive. These services are listed on the CSIDD treatment plan. The ultimate responsibility for the content of the treatment plan is the Clinical Director or Medical Director, who may designate a different team member to develop a crisis plan or treatment plan for particular individual cases. The treatment services must be part of a treatment plan including goals and activities necessary to reduce the symptoms associated with behavioral health conditions discovered during the assessments and restore the individual to his or her best possible function level. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

Stabilization

Stabilization includes: skill building and restoration, medication monitoring, and counseling to assist the individual and family/caregiver with effectively responding to identified precursors or triggers that would risk their ability to remain in a natural community location. Stabilization also includes assisting the individual and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; and seeking other supports to restore stability and functioning. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

TN <u>#19-0014</u> Approval Date	12/16/2019
	01/01/2019

New York 3b-38(iii)

Monitoring

CSIDD Team Members will monitor the efficacy of the Treatment Plan in supporting the beneficiary's stabilization in preparation for discharge from CSIDD services. Monitoring may also include service referral as needed. The team reviews the CSIDD treatment plan at least monthly to assess the needs of the individual and to ensure services are provided in a timely manner. Qualifications: Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director. All CSIDD staff must have, at least one year of relevant experience with the behavioral health aspects of I/DD. CSIDD staff must complete training in the mental health aspects of individuals with developmental disabilities.

CSIDD Treatment Plan

The CSIDD treatment plan:

- 1. <u>Identifies the intensity of the needs of the person enrolled in services as well as the person's system of support. It is geared towards preventing the occurrence of similar events in the future.</u>
- Provides clear, concrete, and realistic set of treatment and supportive interventions that prevents, de-escalates, and protects an individual from experiencing a behavioral health crisis.

CSIDD recipients receive CSIDD Stabilization services commensurate with their identified level of need based on the Assessment, Service Planning and Reporting process. The level of involvement informs the level of CSIDD services intensity. Levels of intensity vary, depending on the needs identified in the initial CSIDD assessment and ongoing re-assessment. As a person responds to the service and gains clinical stability, the level of involvement from the CSIDD team is reduced. If the individual receives home and community-based services (HCBS), the CSIDD Team will coordinate with the person's HCBS Care Manager and ensure needed services are incorporated into the HCBS Life Plan to support the fading of CSIDD supports, as applicable.

Level of Involvement and Intensity: As a person responds to the service and gains clinical stability, the level of involvement from the clinical team is reduced. The levels of involvement and intensity are categorized as follows:

TN #19-0014	Approval Date	12/16/2019
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New York 3b-38 (iv)

Level of CSIDD Clinical Team Involvement:

- Stable: individual is clinically stable and only needs periodic clinical team outreach and plan review. Stabilization intervention and monitoring is provided at least quarterly.
- 2. Mild: individual is showing clear improvements in level of clinical stability and has Stabilization intervention and monitoring is provided once a month.
- 3. Moderate: individual is not yet stable and has clinical needs that require multiple monitoring contacts per month with active Stabilization interventions and reassessment of the plan, consultations, system engagement and linkages to other resources and or supports/services. Stabilization intervention and monitoring are provided multiple times per month.
- 4. **Intensive:** individual has acute clinical needs that require active crisis planning and system engagement with contact weekly or more often. Stabilization intervention and monitoring are provided weekly or more often.

The system of support for the individual, including his/her involved family member/caregiver(s) are active participants in all aspects of the CSIDD service while the person is enrolled. Active participation is the full engagement of the family member/caregiver(s) in ongoing person-centered planning, discussions and participation in the delivery of CSIDD services. All services provided are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery. As clinical improvement is demonstrated, based on the ongoing reassessment process, the individual and his/her involved family member/caregiver(s) are engaged in the process and trained in the revisions to the CSIDD treatment plan and movement to less intense levels of CSIDD Clinical team involvement. CSIDD staff also are also responsible for working with the individual's HCBS Care Manager, if applicable, to make appropriate referrals to other community integrated services.

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New York 3b-38 (iv)

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New York Page 3(h.14)

Rate Setting

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$56.29	\$64.77	Monthly
Mild	2	\$375.27	<u>\$431.77</u>	<u>Monthly</u>
<u>Moderate</u>	3	\$405.29	<u>\$466.31</u>	Monthly
Intensive	4	\$799.33	<u>\$919.65</u>	Monthly

i. Billing Standards

- <u>a.</u> Stable periodic (quarterly) intervention At least one month in each quarter requires the delivery and documentation of a face-to-face service.
- <u>b.</u> <u>Mild monthly intervention Provider may bill the monthly unit of service when CSIDD services are rendered and at a minimum one face-to-face service is delivered in the month.</u>
- c. Moderate multiple outreach per month Provider may bill the monthly unit of service when CSIDD services are rendered and documents more than one face-to per service per month.
- d. <u>Intensive weekly or more outreach Provider may bill the monthly unit of service when CSIDD services are rendered and face-to-face services are provided on a weekly basis.</u>

	D	
11.	Reporting	requirements
11.	I COOL CITIES	1 COUNT CITICITES

a. Providers will be required to complete cost reports on an annual basis.

ΓN #19	-0014	Approval Date	12/16/2019	
	0021		01/01/2019	-
Supersedes TN _	#18-0058	Effective Date		

New York 5(a)(ii)

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
 - (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
 - (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_o1_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018 [and forward]through December 31, 2018: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
 - (iv) IPSIDD fee schedule effective January 1, 2019 and forward:

 https://www.health.ny.gov/health-care/medicaid/rates/mental-hygiene/2019/2019 01 01 ip sidd.htm
 - (2) IPSIDD is available for the following services:
 - (i) Occupational Therapy;
 - (ii) Physical Therapy;
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN	#19-0014		_ Approval Date Effective Date	12/16/2019	
Supersedes TN		#16-0007		01/01/2019	