

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) # 20-0005**

The file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

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October 21, 2020

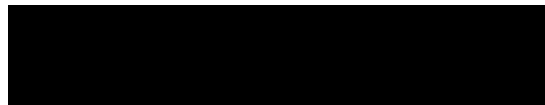
Ms. Donna Frescatore  
State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1432  
Albany, NY 12210

Dear Ms. Frescatore:

This letter is to inform you that New York State Plan Amendment (SPA) #20-0005 was approved for adoption into the State Medicaid Plan with an effective date of November 1, 2020. The amendment proposes to add housing support services under the rehabilitative services benefit, including psychosocial rehabilitation, counseling, and other services to help beneficiaries maintain housing in the community. The SPA is accompanied by a 1915(b)(4) waiver for selective contracting.

Enclosed is a copy of the approved State Plan Amendment. If you have any questions or wish to discuss this further, please contact Michael Kahnowitz at 212-616-2327.

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Nicole Mcknight, CMS, New York Regional Operations Group Administrator  
Michael Kahnowitz, CMS, New York Regional Operations Group  
Angela Jones, CMS, Division of Managed Care Policy  
Regina Deyette, State Plan Coordinator, Division of Finance and Rate Setting  
Michelle Levesque, State Division of Finance and Rate Setting

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 0 - 0 0 0 5</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**November 1, 2020**

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 2021 11/1/20-9/30/21	\$14,887,500
b. FFY 2022 10/1/21-9/30/2022	\$35,730,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: Page 3b-44, 3b-45, 3b-46 , 3b-47 & 3b-48

Attachment 3.1-B Supplement: Page 3b-44, 3b-45, 3b-46 , 3b-47 & 3b-48

Attachment 4.19-B: Page 1(a)(iii)(4) 4.19B, Page 1(a)(iii)(5)

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

All Pages Are New Pages


10. SUBJECT OF AMENDMENT  
Rehabilitative Housing Tenancy  
(FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
Donna Frescatore

14. TITLE  
Medicaid Director, Department of Health

15. DATE SUBMITTED  
March 27, 2020

16. 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 REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED      **03/27/2020**      18. DATE APPROVED      **10/16/2020**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**11/01/2020**

21. TYPED NAME  
**James G. Scott**

20. SIGNATURE OF REGIONAL OFFICIAL  
  
Digitally signed by James G. Scott  
-S  
Date: 2020.10.21 11:36:21 -0500

22. TITLE  
**Director, Division of Program Operations**

23. REMARKS

**PEN & INK AUTHORIZATIONS**

**Block #4** - remove April 1, 2020; **add: November 1, 2020.**

**Block #7** - remove all original data ; **add: FFY 2021 - 11/1/20-9/30/21 Actual Dollars \$14,887,500**  
**add: FFY 2022 - 10/1/2021 - 9/30/2022 Actual Dollars \$35,730,000**

Block #8 **add: 3.1-A Supplement 3b-47 & 3b48; 3.1B Supplement 3b-47 & 3b-48; 4.19B, Page 1(a)(iii)(5)**

Block #9 **add: ALL PAGES ARE NEW PAGES**

New York  
3b-44

**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Community Integration and Tenancy Stabilization Services**

The State provides coverage for Community Integration and Tenancy Stabilization services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward, the treatment of Medicaid eligible individuals in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures rehabilitative services do not include and Federal Financial Participation 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.

Community Integration and Tenancy Stabilization Services consist broadly of those which are furnished to assist individuals in transitioning from institutional settings or nonpermanent housing (including in an emergency) be integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist individuals to remain in the community; and providing skill-building services to promote community tenure.

Community Integration and Tenancy Stabilization services focus on reducing the disabling symptoms of mental illness or substance use disorder and managing behaviors resulting from other medical or developmental conditions that jeopardize the individual's ability to live in the community. Services are face to face individualized interventions for the individual or collateral contacts for the benefit of the individual and include skill-building to develop skills promoting community tenure.

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3b-45

**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Community Integration and Stabilization Services (continued)**

**Components**

**1. Community Integration Skill-building Services**

Services provide direct training to assist eligible individuals with community integration, including one or more of the following components:

- :** **Needs Assessment:** Conducting an individual needs assessment to identify the individual's preferences and barriers related to maintaining community integration.
- :** **Community Resources Coordination:** Providing assistance to individuals with establishing a household, becoming acquainted with the local community; providing linkages to Medicaid services including health home care coordination or to community resources, including primary care, substance use treatment, mental health, medical, vision, nutritional and dental providers, and crisis services; parenting resources; end of life planning; and other natural supports.

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**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Community Integration and Stabilization Services (continued)**

- : **Treatment Planning:** Developing an individualized service plan based upon the Community Integration needs assessment that addresses identified barriers, includes short and long-term measurable goals, establishes the participant’s approach to meeting the goal, and identifies when other providers or services may be required to meet a goal.
- : **Rehabilitative Independent Living Skills Training:** Rehabilitative skills training to assist applying for and locate community integration opportunities, identify and secure resources, ensure that their environment is safe and facilitate transition readiness.

**Practitioner Qualifications:**

**Community Integration Skill-building** may be provided by licensed or unlicensed staff under supervision as provided in this section. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs); registered nurses (RNs); licensed practical nurses (LPNs); physician assistants, nurse practitioners (NPs); medical doctors (MDs and DOs) and licensed psychologists or psychiatrists. Unlicensed staff must at least be 18 years of age with a high school or equivalent diploma and may include those with a Master’s in Social Work (MSW); bachelor’s or master’s degree in social work or other health or human services field or work experience in a health or human services field.

**Supervisor Qualifications:**

Unlicensed staff must be supervised by licensed professionals or those with a Master’s in Social Work (MSW); bachelor’s or master’s degree in social work or other health or human services field, or individuals with a minimum of one year of experience providing direct services in medical, mental health, addiction, and/or developmental disability programs. Supervisory arrangements are in accordance with scopes of practice established in the New York State Education Law.

**Provider Agency qualifications:** Any agency or agency with behavioral health and health experience that is licensed, certified, designated and/or approved and contracted by the, Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Addiction Service and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD), the Department of Health (DOH) or its designee, to provide comparable services referenced in the definition.

**2. Stabilization Services**

Stabilization Services provide direct services to an individual who is residing in a community setting. Stabilization Services may include the following:

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- : **Tenancy Support Planning:** Individualized service planning with individuals to review, update and modify Community Integration plan to reflect current needs and address existing or recurring community tenure barriers.
- : **Rehabilitative Independent Living Skills Training:** Psychosocial rehabilitation and skills training to help beneficiaries successfully live in the community, including coaching and skill building to understand their rights and responsibilities, form relationships, access needed services, and negotiate any needed accommodations.
- : **Community Resources Coordination:** Advocacy and linkage with community resources to stabilize community integration when community tenure is, or may potentially become, jeopardized.
- : **Crisis planning:** Supporting Planning for individuals concerning community tenure issues before or after an emergency situation, such as hospitalization.
- : **Crisis Intervention:** Support for individuals to address community tenure-related issues that immediately jeopardize housing stability.

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Approval Date October 16, 2020  
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1905(a)(13); 42 CFR 440.130(d)

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1905(a)(13); 42 CFR 440.130(d)

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1905(a)(13); 42 CFR 440.130(d)

**Community Integration and Stabilization Services (continued)**

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**Page 1(a)(iii)(4)**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**STATE: New York**

**Home Rehabilitative Services**

**Definitions Applicable to this Section**

- i. DOH: The New York State Department of Health
- ii. Single Designated Entities (SDE): Department of Health (DOH), Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), Office for People with Developmental Disabilities (OPWDD), or Office of Temporary and Disability Assistance (OTDA), depending on the population served.
- iii. Providers: Entities contracted by SDEs responsible for the delivery of services.

Effective November 1, 2020 A fee schedule has been established for Home Rehabilitative Services. The service is a monthly unit of service. DOH will contract with Single Designated Entities (SDE). A fee schedule follows:

<u>Home Rehabilitative Services</u>	
<u>DOH Region</u>	<u>Monthly Fee</u>
<u>Upstate</u>	<u>\$402.31</u>
<u>Downstate</u>	<u>\$459.78</u>

On a monthly basis, SDEs will be required to report to DOH the number of individuals who received the services during the month. DOH will then bill CMS.

Providers will be required to maintain service records and produce such records upon request during audit by respective SDE or DOH.

**Reporting Requirements**

- iv. Provider will report costs and maintain financial and statistical records in accordance with the financial and audit requirements of 42 CFR §413.20(b) and all applicable cost reporting guidelines as set forth by Federal guidance as outlined in state instructions.
- v. Generally Accepted Accounting Principles (GAAP). The completion of the financial and statistical report forms is in accordance with generally accepted accounting principles as applied to the cost report unless the reporting instructions authorized specific variation in such principles. The State will identify qualifying costs and providers will submit cost data in accordance with GAAP.

**TN 20-0005**  
**Supersedes TN NEW**

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**Home Rehabilitative Services**

- vi. If a provider fails to file a cost report by the due date (including one 30-day extension, if granted by New York State – DOH or SDE in consultation w DOH), a penalty of 2% will be imposed on the provider’s Medicaid reimbursement. The State (DOH or the Single Designated Entity) may take into consideration circumstances beyond the provider’s control (such as a natural disaster) that prevented the provider from filing the cost report by the due date.
  
- vii. If a provider fails to file a complete a compliant CFR within 60 days following the imposition of the 2% penalty, the State will notify the delinquent provider and will not claim FFP for any Home Rehabilitative Services provided by the provider with a date of service after the 240 days after such notice.