

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **21-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 12, 2022

Brett Friedman  
Acting State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1432  
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 21-0015

Dear Director Friedman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-21-0015. This SPA proposes to revise and enhance Assertive Community Treatment (ACT) services under the rehabilitative services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 21-0015 was approved on April 11, 2022, with an effective date of April 1, 2021.

If you have any questions, please contact LCDR Frankeena McGuire via email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,

A redacted signature consisting of a solid black rectangular block.

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Regina Deyette, NYDOH

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 5

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

April 01, 2021

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 04/01/21-09/30/21 \$ 0.00  
b. FFY 10/01/21-09/30/22 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1-A Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3~~

~~Attachment 3.1-B Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3~~

~~Attachment 4.19-B Pages: 3M, 3M.1~~

Attachment 3.1-A Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3, 3b-1.4, 3b-1.5, 3b-1.6  
Attachment 3.1-B Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3, 3b-1.4, 3b-1.5, 3b-1.6  
Attachment 4.19-B Pages: 3M, 3M.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A Supplemental Pages: 3b-1  
Attachment 3.1-B Supplemental Pages: 3b-1  
Attachment 4.19-B Page: 3M

10. SUBJECT OF AMENDMENT

Assertive Community Treatment Update  
(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

[Redacted Signature]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 29, 2021

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

June 29, 2021

18. DATE APPROVED

04/11/2022

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 01, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Ruth A Hughes

22. TITLE

Acting Director, Division of Program Operations

23. REMARKS

On March 4, 2022, the State authorizes the following pen and ink changes to the 179:  
Box 8. Page Number of the Plan Page Section or Attachment  
Attachment 3.1-A Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3, 3b-1.4, 3b-1.5, 3b-1.6  
Attachment 3.1-B Supplemental Pages: 3b-1, 3b-1.1, 3b-1.2, 3b-1.3, 3b-1.4, 3b-1.5, 3b-1.6  
Attachment 4.19-B Pages: 3M, 3M.1

New York  
3b-1

**13.d. Rehabilitative Services**

**Assertive Community Treatment (ACT)**

**Definition:**

Assertive Community Treatment is an evidence-based practice model recognized by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for the treatment of individuals diagnosed with serious mental illness and who suffer from serious functional impairment whose needs have not been met by traditional service delivery approaches. ACT Services are intended to benefit individuals with serious behavioral health challenges and a treatment history that includes psychiatric hospitalization and emergency room visits, involvement with the criminal justice system, alcohol or substance abuse, homelessness, at risk of, or history of institutional level of care or residential placement, or lack of engagement in traditional outpatient services. ACT services are provided to both adults and children.

ACT is a community-based, multidisciplinary, mobile team intervention and uses assertive community outreach as the main methodology, as well as psychotherapy, medication therapy, verbal therapy, crisis intervention, rehabilitative counseling, psychoeducation, skills training, and peer support services. ACT services support individual recovery through an assertive, person-centered approach that assists individuals to cope with the symptoms of their mental illness or serious emotional disturbance and reacquire the skills necessary to function and remain integrated in the community. ACT teams also provide rehabilitative care management, community integration services and 24-hour coverage for crisis services.

New York  
3b-1.1

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) (Continued)**

**Provider Qualifications:**

ACT Services are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. Licensed practitioners of the healing arts include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker (LMSW) if supervised by an LCSW, licensed psychologist, or psychiatrist employed by the agency licensed to provide ACT services;
- Licensed Creative Arts Therapist
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

ACT Services are provided by professional, paraprofessional staff under the supervision of professional staff, and certified or credentialed peers under the supervision of competent mental health professionals, who are defined as Professional staff below.

Professional staff include: Physicians; Psychiatrists; Physician's Assistants; Nurse Practitioners; Psychiatric Nurse Practitioners; Registered Professional Nurses; Licensed Practical Nurses; Licensed Psychologists; Psychologists with Master's degree under the supervision of a Licensed Psychologist; Licensed Clinical Social Workers; Licensed Master Social Workers or Social Workers who have attained a Master's Degree in Social Work, who are each supervised by a Licensed Clinical Social Worker, Licensed Psychologist, or Psychiatrist; Licensed Mental Health Counselors; Mental Health Counselors who have attained a Master's Degree required for licensure as a Mental Health Counselor and are supervised by a Licensed Psychologist, Clinical Social Worker, Master Social Worker, or Mental Health Counselor; Licensed Marriage and Family Therapists; Licensed Psychoanalysts; Licensed Creative Arts Therapists; and Licensed Occupational Therapists. Professional staff also include Credentialed Alcoholism and Substance Abuse Counselors; Pastoral Counselors who have a master's degree or equivalent in pastoral counseling or are registered Pastoral Care Specialists by the American Association of Pastoral Counselors.

TN #21-0015

Approval Date 04/11/2022

Supersedes TN #NEW

Effective Date April 01, 2021

New York  
3b-1.2

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) (Continued)**

**Provider Qualifications (continued):**

Psychiatric Rehabilitation Practitioners certified by the Certification Commission of the Psychiatric Rehabilitation Association; Rehabilitation Counselors who have a master's degree in rehabilitation counseling or are certified by the Commission on Rehabilitation Counselor Certification; and Therapeutic Recreation Specialists who have a master's degree in therapeutic recreation or are certified by the National Council for Therapeutic Recreation Certification. Other practitioners licensed or permitted by New York State Department of Education who have specified training or experience in the treatment of individuals diagnosed with mental illness may be included as professional staff.

Paraprofessional staff must have attained a bachelor's degree or have attained at least 18 years of age, a high-school diploma or equivalent, and at least six months of direct care experience with individuals with Serious Mental Illness or Serious Emotional Disturbance.

ACT Services providers also include certified or provisionally certified peer specialists, who are individuals who have themselves experienced mental illness, substance use, or trauma conditions, are certified and have received specialized training and continuing education related to the delivery of peer services.

Youth ACT Service providers also include credentialed or provisionally credentialed family peer advocates who are parents or caregivers who are raising or have raised a child with serious mental health concerns and are personally familiar with the associated challenges and available community resources for children and families. Family peer advocates are credentialed and have received specialized training and continuing education related to the delivery of peer services.

Youth ACT Service providers may also include credentialed or provisionally credentialed youth peer advocates who are individuals, aged 18 to 30, who self-identify as a person with first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges. At a minimum, a youth peer advocate must be credentialed and have received specialized training and continuing education related to the delivery of peer services. Peer Specialist certifications and Family Peer and Youth Peer Advocate credentials are conferred by a New York State non-profit organization under contract with the State.

**Staff Supervision and Training Requirements**

Professional staff supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally, through regular organizational and service planning meetings, which are a hallmark of the ACT evidence-based practice model. All ACT Services providers, including professionals, paraprofessionals, and peers are required to complete an ACT core training curriculum for Adult or Youth ACT teams.

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Approval Date   04/11/2022    
Effective Date   April 01, 2021

New York  
3b-1.3

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Services:

ACT Services will be provided based upon the assessment of an individual's mental, physical and behavioral condition and history, which will be the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary ACT Services will be documented in a Person-Centered Service Plan ("Service Plan"). Collateral contacts with the recipient's family or others significant in their life, are provided for the direct benefit to the recipient and are conducted in accordance with, and for the purpose of advancing the recipient's Service Plan, and for coordination of services with other community mental health and medical providers.

Medically necessary ACT Services include:

- a. Assessment: A multi-disciplinary, continuous process of identifying an individual's behavioral strengths, 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. Assessment services are provided by professional staff and paraprofessional staff under the supervision of professional staff.
- b. Person Centered Planning: A continuous process that engages each individual as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and accomplishing the individual's rehabilitation goals. Person Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- c. Crisis Intervention Services: Remedial activities and interventions, such as medication or verbal counseling/therapy, which specifically address acute distress and associated behaviors when the individual's condition requires immediate attention or could lead to hospitalization. Crisis Intervention Services are provided by professional staff or paraprofessional staff under the supervision of professional staff. Medication therapy services delivered in a crisis visit are provided by a Physician, Psychiatrist, Physician Assistant, Nurse Practitioner, or a Registered Professional Nurse.
- d. Community Integration and Re-integration: A rehabilitative service that engages and assists individuals in the restoration of social, interpersonal, and basic living skills impacted by or lost as a result of mental illness which hinder an individual's ability to live in an integrated community setting. It is an active process that includes coordination of services and supports, assisting in transition from a hospital setting, identification or modification of supports, to promote community tenure and manage behavioral and physical health needs. Community Integration services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-1.4

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services (Continued):

- e. Health Services: Services include the gathering of data concerning the individual's physical health history and any current signs and symptoms, and the assessment of the information to determine the individual's physical health status and need for referral to appropriate medical services, as well as continued measuring of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, checking lab work, taking vitals, and recording weight, waist circumference, and body mass index. Health Services are provided by a Physician, Psychiatrist, Physician Assistant, Nurse Practitioner, or Registered Professional Nurse.
- f. Medication Management: Services include a full range of medication services including prescribing and administering medication, reviewing the appropriateness of the individual's existing medication regimen, medication education, monitoring the effects of medication on the individual's mental and physical health, in addition to rehabilitative counseling and skill-development to restore an individual's functionality to obtain and self-administer medications which has been lost due to the onset of mental illness and recognize and cope with the side-effects of the individual's medications. Medication evaluation, prescription, administration, and education services are provided by a Physician or a Nurse Practitioner. Medication administration and education services are also provided by a Physician Assistant, Registered Professional Nurse, or Licensed Practical Nurse. Rehabilitative counseling and skill development regarding medications are provided by professional or paraprofessional staff under the supervision of professional staff.
- g. Psychoeducation: A psychosocial education service to assist individuals and their families or supportive collaterals recognize the onset of psychiatric symptoms and prevent, manage, or reduce such symptoms. Psychoeducation services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-1.5

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services (Continued):

- h. Integrated Dual Disorder Treatment: A counseling service and evidence-based practice using an integrated care model, and providing motivational interviewing, stage-wise interventions, cognitive-behavioral, harm reduction techniques, and linkage to community support groups, to restore functionality and promote recovery for individuals with dual recovery substance use disorder and mental illness. Integrated Dual Disorder Treatment services are provided by professional staff.
- i. Individual, Group, and Family Counseling/Therapy: Problem-specific and goal-oriented behavior therapy using evidence-based practices, such as cognitive-behavioral therapy, as appropriate. Therapy emphasizes social/interpersonal competence, addresses self-defeating beliefs, expectations, and behaviors that disrupt the recovery process, and considers an individual's strengths, needs, and cultural values. Individual, Group and/or Family Counseling/Therapy Services are provided by professional staff.
- j. Wellness Self-management: Psychosocial rehabilitation and rehabilitative skills training services to restore and maximize an individual's independence in personal health care and wellness by increasing the individual's awareness of the individual's physical and mental health status and the resources required to maintain physical health and effectively manage serious mental health conditions, including coping skills training, disability education and relapse prevention training. Wellness Self-management services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- k. Psychosocial Rehabilitation: Psychosocial Rehabilitation services develop and enhance an individual's psychiatric stability and promote capacity for and functionality for basic living, including activities of daily living, communication, social, and financial management skills, and maintaining housing status and familial or educational relationships for children/youth. Psychosocial Rehabilitation Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- l. Vocational/Educational Support Services: Psychosocial rehabilitation services to assist individuals manage the disabling symptoms of mental illness in school or workplace settings, develop strategies to resolve issues in such settings, and maintain functional skills necessary to maintain employment or attain educational goals. Services do not include vocational or educational placement or job training services. Vocational/Educational Support services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

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New York  
3b-1.6

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services (Continued):

- m. Peer and Family Peer Support Services: Peer Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional. Peer Support Services are provided by certified or credentialed peers, including provisionally certified or credentialed peers.

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New York  
3b-1

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New York  
3b-1.1

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) (Continued)**

**Provider Qualifications:**

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- Physician Assistant;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker (LMSW) if supervised by an LCSW, licensed psychologist, or psychiatrist employed by the agency licensed to provide ACT services;
- Licensed Creative Arts Therapist
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

ACT Services are provided by professional, paraprofessional staff under the supervision of professional staff, and certified or credentialed peers under the supervision of competent mental health professionals, who are defined as Professional staff below.

Professional staff include: Physicians; Psychiatrists; Physician's Assistants; Nurse Practitioners; Psychiatric Nurse Practitioners; Registered Professional Nurses; Licensed Practical Nurses; Licensed Psychologists; Psychologists with Master's degree under the supervision of a Licensed Psychologist; Licensed Clinical Social Workers; Licensed Master Social Workers or Social Workers who have attained a Master's Degree in Social Work, who are each supervised by a Licensed Clinical Social Worker, Licensed Psychologist, or Psychiatrist; Licensed Mental Health Counselors; Mental Health Counselors who have attained a Master's Degree required for licensure as a Mental Health Counselor and are supervised by a Licensed Psychologist, Clinical Social Worker, Master Social Worker, or Mental Health Counselor; Licensed Marriage and Family Therapists; Licensed Psychoanalysts; Licensed Creative Arts Therapists; and Licensed Occupational Therapists. Professional staff also include Credentialed Alcoholism and Substance Abuse Counselors; Pastoral Counselors who have a master's degree or equivalent in pastoral counseling or are registered Pastoral Care Specialists by the American Association of Pastoral Counselors.

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New York  
3b-1.2

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) (Continued)**

**Provider Qualifications (continued):**

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**Staff Supervision and Training Requirements**

Professional staff supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally, through regular organizational and service planning meetings, which are a hallmark of the ACT evidence-based practice model. All ACT Services providers, including professionals, paraprofessionals, and peers are required to complete an ACT core training curriculum for Adult or Youth ACT teams.

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New York  
3b-1.3

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Services:

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Medically necessary ACT Services include:

- a. Assessment: A multi-disciplinary, continuous process of identifying an individual's behavioral strengths, 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. Assessment services are provided by professional staff and paraprofessional staff under the supervision of professional staff.
- b. Person Centered Planning: A continuous process that engages each individual as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and accomplishing the individual's rehabilitation goals. Person Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- c. Crisis Intervention Services: Remedial activities and interventions, such as medication or verbal counseling/therapy, which specifically address acute distress and associated behaviors when the individual's condition requires immediate attention or could lead to hospitalization. Crisis Intervention Services are provided by professional staff or paraprofessional staff under the supervision of professional staff. Medication therapy services delivered in a crisis visit are provided by a Physician, Psychiatrist, Physician Assistant, Nurse Practitioner, or a Registered Professional Nurse.
- d. Community Integration and Re-integration: A rehabilitative service that engages and assists individuals in the restoration of social, interpersonal, and basic living skills impacted by or lost as a result of mental illness which hinder an individual's ability to live in an integrated community setting. It is an active process that includes coordination of services and supports, assisting in transition from a hospital setting, identification or modification of supports, to promote community tenure and manage behavioral and physical health needs. Community Integration services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

New York  
3b-1.4

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services (Continued):

- e. Health Services: Services include the gathering of data concerning the individual's physical health history and any current signs and symptoms, and the assessment of the information to determine the individual's physical health status and need for referral to appropriate medical services, as well as continued measuring of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, checking lab work, taking vitals, and recording weight, waist circumference, and body mass index. Health Services are provided by a Physician, Psychiatrist, Physician Assistant, Nurse Practitioner, or Registered Professional Nurse.
- f. Medication Management: Services include a full range of medication services including prescribing and administering medication, reviewing the appropriateness of the individual's existing medication regimen, medication education, monitoring the effects of medication on the individual's mental and physical health, in addition to rehabilitative counseling and skill-development to restore an individual's functionality to obtain and self-administer medications which has been lost due to the onset of mental illness and recognize and cope with the side-effects of the individual's medications. Medication evaluation, prescription, administration, and education services are provided by a Physician or a Nurse Practitioner. Medication administration and education services are also provided by a Physician Assistant, Registered Professional Nurse, or Licensed Practical Nurse. Rehabilitative counseling and skill development regarding medications are provided by professional or paraprofessional staff under the supervision of professional staff.
- g. Psychoeducation: A psychosocial education service to assist individuals and their families or supportive collaterals recognize the onset of psychiatric symptoms and prevent, manage, or reduce such symptoms. Psychoeducation services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

TN #21-0015

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New York  
3b-1.5

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) (Continued)**

**Medically necessary ACT Services (Continued):**

- h. Integrated Dual Disorder Treatment: A counseling service and evidence-based practice using an integrated care model, and providing motivational interviewing, stage-wise interventions, cognitive-behavioral, harm reduction techniques, and linkage to community support groups, to restore functionality and promote recovery for individuals with dual recovery substance use disorder and mental illness. Integrated Dual Disorder Treatment services are provided by professional staff.
- i. Individual, Group, and Family Counseling/Therapy: Problem-specific and goal-oriented behavior therapy using evidence-based practices, such as cognitive-behavioral therapy, as appropriate. Therapy emphasizes social/interpersonal competence, addresses self-defeating beliefs, expectations, and behaviors that disrupt the recovery process, and considers an individual's strengths, needs, and cultural values. Individual, Group and/or Family Counseling/Therapy Services are provided by professional staff.
- j. Wellness Self-management: Psychosocial rehabilitation and rehabilitative skills training services to restore and maximize an individual's independence in personal health care and wellness by increasing the individual's awareness of the individual's physical and mental health status and the resources required to maintain physical health and effectively manage serious mental health conditions, including coping skills training, disability education and relapse prevention training. Wellness Self-management services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- k. Psychosocial Rehabilitation: Psychosocial Rehabilitation services develop and enhance an individual's psychiatric stability and promote capacity for and functionality for basic living, including activities of daily living, communication, social, and financial management skills, and maintaining housing status and familial or educational relationships for children/youth. Psychosocial Rehabilitation Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.
- l. Vocational/Educational Support Services: Psychosocial rehabilitation services to assist individuals manage the disabling symptoms of mental illness in school or workplace settings, develop strategies to resolve issues in such settings, and maintain functional skills necessary to maintain employment or attain educational goals. Services do not include vocational or educational placement or job training services. Vocational/Educational Support services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

TN   #21-0015  

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New York  
3b-1.6

13d. Rehabilitative Services

Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services (Continued):

- m. Peer and Family Peer Support Services: Peer Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional. Peer Support Services are provided by certified or credentialed peers, including provisionally certified or credentialed peers.

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

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) Reimbursement**

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. Up-to-date ACT service reimbursement rates can be found at the following link:

[https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/act.xlsx](https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx)

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

ACT services are reimbursed either the full or partial/stepdown fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided during a month. Providers may not bill more than one monthly fee for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. ACT services are also reimbursed the partial/stepdown fee for a maximum of five months for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full fee may be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided while the individual was in the hospital. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge.

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

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) Reimbursement (Continued)**

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.

ACT 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 Youth ACT 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 ACT services to ensure that beneficiaries receive the types, quantity and intensity services required to meet their needs through services and provider monitoring tools including the ACT Team Profile, the Child and Adult Integrated Reporting System (CAIRS), and provider licensing activities to monitor for compliance with State-developed ACT Standards of Care. Providers of ACT services are required to perform patient-specific reporting to the State at routine intervals through the ACT Team Profile and CAIRS as a condition of licensure.

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