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State/Territory Name: New York

State Plan Amendment (SPA) #: 21-0067

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

April 28, 2023

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Room 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) NY-21-0067

Dear Medicaid Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NY-21-0067. This amendment proposes to allow the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

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 21-0067 was approved on April 28, 2023, with an effective date of May 12, 2023. Enclosed are copies of the CMS-179 summary form and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at Melvina.harrison@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures
cc: Regina Deyette, NYDOH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 1 — 0 0 6 7</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 01, 2021 May 12, 2023
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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 §1915(g) of the Social Security Act 1905(a)(13): Rehabilitative Services	7. FEDERAL BUDGET IMPACT a. FFY 11/01/21-09/30/22 \$ 0.00 5/12/23-09/30/23 b. FFY 10/01/22-09/30/23 \$ 0.00 10/01/23-09/30/24
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 B Page: 3(h.14) Attachment 3.1 A Supplemental Page: 3b-38 Attachment 3.1 B Supplemental Page: 3b-38	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19 B Page: 3(h.14) Attachment 3.1 A Supplemental Page: 3b-38 Attachment 3.1 B Supplemental Page: 3b-38
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10. SUBJECT OF AMENDMENT
CSIDD
(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 	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
13. TYPED NAME Brett R. Friedman	
14. TITLE Acting Medicaid Director, Department of Health	
15. DATE SUBMITTED December 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 30, 2021	18. DATE APPROVED April 28, 2023
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS *The State authorizes the following pen and ink changes to the 179:*

Box 4. Proposed Effective Date
May 12, 2023
Box 6. Federal Statute/ Regulation Citation
1905(a)(13) Rehabilitative Services
Box 7- Federal Budget Impact
a. FFY. 05/12/23-09/30/23 \$0.00
b. FFY. 10/01/23-09/30/24 \$0.00

New York
3b-38

1905(a)(13) Rehabilitative Services

13d. Rehabilitative Services

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (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's behaviors. Once the individual is stabilized, the CSIDD team will discharge the individual from the team's caseload.

The state will allow the remote delivery of CSIDD through telephone or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

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 #: 21-0067
Superseding TN #: 19-0014

Approval Date: April 28, 2023
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New York
3b-38

1905(a)(13) Rehabilitative Services

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**New York
Page 3(h.14)**

1905(a)(13) Rehabilitative Services**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	\$431.77	Monthly
Moderate	3	\$405.29	\$466.31	Monthly
Intensive	4	\$799.33	\$919.65	Monthly

- i. Payment Levels
- a. Stable – periodic (quarterly) intervention - At least one month in each quarter requires the delivery of a service.
 - b. Mild – monthly intervention - Provider will bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
 - c. Moderate – multiple outreaches per month - Provider will bill the monthly unit of service when CSIDD services are rendered and more than one service is delivered per month.
 - d. Intensive – weekly or more outreach - Provider will bill the monthly unit of service when CSIDD services are rendered, and services are provided on a weekly basis.
- The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth.
- ii. Reporting requirements
- a. Providers will be required to complete cost reports on an annual basis.

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