



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

APR 26 2016

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #16-0041

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #16-0041 to the Title XIX (Medicaid) State Plan effective April 1, 2016 (Appendix I).

Enclosed for your information is a summary of the plan amendment (Appendix II); copies of pertinent sections of State regulations (Appendix III); and a copy of the public notice of this plan amendment, which was given in the New York State Register on March 25, 2015 (Appendix IV).


This SPA is being submitted in response to questions posed in the Companion Review for SPA 10-0038 dated March 9, 2011. CMS, OMH and DOH staffs have been working together to revise State Plan language to comprehensively describe the reimbursement methodology for Personalized Recovery Oriented Support (PROS), which this SPA is a result of.

If you or your staff have any questions or need any assistance, please contact the State Plan Amendment Unit at (518) 486-7164.

Sincerely,

Jason A. Heigerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0041	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (<i>in thousands</i>) a. FFY 04/01/16-09/30/16 \$ 0 b. FFY 10/01/16-09/30/17 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Pages 3b-2, 3b-3, 3b-4, 3b-5, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12 Attachment 3.1-B Supplement: Pages 3b-2, 3b-3, 3b-4, 3b-5, 3b-6, 3b-7, 3b-8, 3b-9, 3b-10, 3b-11, 3b-12 Attachment 4.19-B: Pages 3L-1, 3L-2, 3L-3, 3L-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Supplement: Pages 3b-2, 3b-3 Attachment 3.1-B Supplement: Pages 3b-2, 3b-3 Attachment 4.19-B: Pages 3L-1	
10. SUBJECT OF AMENDMENT: Personalized Recovery Oriented Services (PROS) (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Heigerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: APR 26 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2016 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

New York
3b-2

13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS)

A comprehensive Personalized Recovery Oriented Services (PROS) program [will] provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). Comprehensive programs may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to enrollees of PROS. A [“]limited license[” will be made available for] PROS program is a free-standing Intensive Rehabilitation and Ongoing Rehabilitation and Support program[s that are operated by a provider that does not have the capability to offer Community Rehabilitation and Support]. PROS programs offer a comprehensive menu of services, customized for each individual through the development of an individualized recovery plan.

Practitioner qualifications:

A minimum of one full-time Licensed Practitioner of the Healing Arts (LPHA), employed by the agency, which includes:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Registered Professional Nurse;
- Licensed Clinical Social Worker (LCSW); and
- Licensed Master Social Worker (LMSW) if supervised by an LCSW, licensed psychologist, or psychiatrist employed by the agency.

Each program must have a minimum of 40% full-time equivalents of professional staff which includes:

- *Creative Arts Therapist* - an individual who is currently licensed as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department, and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- *Credentialed Alcoholism and Substance Abuse Counselor* - an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of this Title;
- *Marriage and Family Therapist* - an individual who is currently licensed as a marriage and family therapist by the New York State Education Department;

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**13d. Rehabilitative Services
PROS (continued)**

- Mental Health Counselor - an individual who is currently licensed as a mental health counselor by the New York State Education Department;
- Nurse Practitioner - an individual who is currently certified as a nurse practitioner by the New York State Education Department;
- Nurse Practitioner in Psychiatry - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;
- Occupational Therapist - an individual who is currently licensed as an occupational therapist by the New York State Education Department;
- Pastoral Counselor - an individual who has a master's degree or equivalent in pastoral counseling or is a Fellow of the American Association of Pastoral Counselors;
- Physician - an individual who is currently licensed as a physician by the New York State Education Department;
- Physician Assistant - an individual who is currently registered as a physician assistant or a specialist's assistant by the New York State Education Department;
- Psychiatrist - an individual who is currently licensed as a physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;
- Psychoanalyst - an individual who is currently licensed as a psychoanalyst by the New York State Education Department;
- Psychologist - an individual who is currently licensed as a psychologist by the New York State Education Department. Individuals with at least a master's degree in psychology who do not meet this definition may not be considered licensed practitioners of the healing arts, and may not be assigned supervisory responsibility. However, individuals who have obtained at least a master's degree in psychology may be considered professional staff for the purposes of calculating professional staff and full time equivalent professional staff;
- Registered Professional Nurse - an individual who is currently licensed as a registered professional nurse by the New York State Education Department;

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New York
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13d. Rehabilitative Services
PROS (continued)

- Rehabilitation Counselor - an individual who has either a master's degree in rehabilitation counseling from a program approved by the New York State Education Department or current certification by the Commission on Rehabilitation Counselor Certification;
- Social Worker - an individual who is currently licensed as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts. However, social workers who have obtained at least a master's degree in social work from a program approved by the New York State Education Department may be considered professional staff for the purposes of calculating professional staff and full-time equivalent professional staff;
- Therapeutic Recreation Specialist - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or registration as a therapeutic recreation specialist by the National Therapeutic Recreation Society; and

A PROS program with Clinical Treatment Services must have a minimum of .125 FTE psychiatrist and .125 FTE registered professional nurse for every 40 individuals receiving clinical treatment services. Additional psychiatry staff must be added, as necessary, to meet the volume and clinical needs of participants receiving clinical treatment services.

Community Rehabilitation and Support (CRS)

Community Rehabilitation and Support (CRS) [is] services are designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community.

Service Components:

• **Assessment**

A service designed to review and determine an individual's level of functioning, the past benefits of participating in mental health services, and his or her ability to function in specific life roles. In addition, the assessment service identifies the individual's strengths as well as challenges and barriers encountered as a result of his or her psychiatric condition.

Practitioner qualifications: PROS Program staff

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New York
3b-9

13d. Rehabilitative Services
PROS (continued)

• **Health Assessment**

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.

Practitioner qualifications: Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist or registered professional nurse.

• **Medication Management**

A service designed to prescribe or administer medication with the highest efficacy and lowest toxicity in treating the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. Medication itself is reimbursable under separate State Plan authority.

Practitioner qualifications: Psychiatrist and/or psychiatric nurse practitioner.

• **Psychiatric Assessment**

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

Practitioner qualifications: Psychiatrist or psychiatric nurse practitioner.

• **Symptom Monitoring**

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to

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New York
3b-11

**13d. Rehabilitative Services
PROS (continued)**

symptoms or permit the individual to continue to work towards their recovery in the presence of the symptomatology.

Practitioner qualifications: PROS program staff

• Integrated Treatment for Dual Disorders

An evidence-based practice using an integrated care model involving motivational, cognitive-behavioral and harm reduction techniques which are designed to restore functionality and promote recovery for persons with both mental health and substance use disorders.

Practitioner qualifications: PROS program staff who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

• Family Psychoeducation/Intensive Family Support

A service designed to provide information, clinical guidance and support to collaterals and PROS participants when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to facilitate an individual's recovery.

Practitioner qualifications: PROS program staff

Ongoing Rehabilitation and Support (ORS)

Ongoing Rehabilitation and Support (ORS) [will provide interventions designed to assist in managing symptoms in an integrated workplace setting] are services provided for the purpose of reducing disability from those mental health related issues which interfere with the individual sustaining competitive employment. The service is customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in the rehabilitation plan. ORS may include ongoing counseling, mentoring, advocacy and support to sustain functioning. ORS does not include task-specific job training. It is not the purpose of this service to help individuals acquire a specific job skill.

Practitioner qualifications: PROS program staff.

[PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service

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**13d. Rehabilitative Services
PROS (continued)**

provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom Programs may, at their option, provide clinical treatment services designed to stabilize ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.]

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13d. Rehabilitative Services

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**13d. Rehabilitative Services
PROS (continued)**

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New York
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13d. Rehabilitative Services
PROS (continued)

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Community Rehabilitation and Support (CRS) [is] services designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community.

Service Components:

• **Assessment**

A service designed to review and determine an individual's level of functioning, the past benefits of participating in mental health services, and his or her ability to function in specific life roles. In addition, the assessment service identifies the individual's strengths as well as challenges and barriers encountered as a result of his or her psychiatric condition.

Practitioner qualifications: PROS Program staff

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13d. Rehabilitative Services
PROS (continued)

- **Basic Living Skills**
 A service designed to improve an individual's ability to perform the basic skills necessary to achieve maximum independence and acceptable community behaviors that are critical to his or her recovery. This service focuses on the reacquisition of capabilities and skills, as well as strategies for appropriate use of skills.
Practitioner qualifications: PROS Program staff

- **Benefits and Financial Management**
 A service which assists individuals in reacquiring skills and capabilities that were lost as a result of the onset of mental illness and that are necessary to manage their own finances. Designed to support an individual's functioning in the community through understanding, and skill in handling, his or her own financial resources.
Practitioner qualifications: PROS Program staff

- **Cognitive Remediation**
 A set of techniques and interventions, such as drills, activities and exercises, designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health. To be considered and approved to offer Cognitive Remediation, the provider agency must demonstrate specific training has been completed.
Practitioner qualifications: PROS Program staff who have had training approved by the Office of Mental Health.

- **Community Living Exploration**
 A service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation and regain the skills necessary to overcome barriers to participation in those roles. Community living exploration services can also be used to help motivate individuals who are not yet exhibiting active interest in more integrated community life roles or have lost underlying functional skills and capabilities, by increasing their knowledge of opportunities available in the community and how to take advantage of them.
Practitioner qualifications: PROS Program staff

**New York
3b-9**

**13d. Rehabilitative Services
PROS (continued)**

• **Health Assessment**

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.

Practitioner qualifications: Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist or registered professional nurse.

• **Medication Management**

A service designed to prescribe or administer medication with the highest efficacy and lowest toxicity in treating the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. Medication itself is reimbursable under separate State Plan authority.

Practitioner qualifications: Psychiatrist and/or psychiatric nurse practitioner.

• **Psychiatric Assessment**

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

Practitioner qualifications: Psychiatrist or psychiatric nurse practitioner.

• **Symptom Monitoring**

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to

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3b-10**

**13d. Rehabilitative Services
PROS (continued)**

treatment, within the context of other support and rehabilitation services.

Practitioner qualifications: PROS program staff - symptoms observed during this service must be reported to the PROS medical staff (psychiatrist or psychiatric nurse practitioner).

Intensive Rehabilitation (IR)

Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely [assist an individual in attaining specific life goals such as successful completion of] rehabilitate functional deficits which present barriers to the individual living successfully in the community and engaging in such integrated activities as successfully completing school, [attainment of stable and independent housing[being able to live independently, and being able to obtain and maintain gainful employment. [Intensive Rehabilitation] IR services may also be used to provide targeted interventions to [reduce] assist the individual in dealing with a recurrence or worsening of symptoms or functional loss that would increase the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms.

Service Components:

- **Intensive Rehabilitation Goal Acquisition**

A restorative service specifically related to identified rehabilitative goals as documented in the rehabilitation plan. It is designed to assist an individual identifying, attaining and retaining personally meaningful goals that will help the person to resume normal functioning in adult life roles. The individual is assisted in identifying intermediate and long term rehabilitative goals that entail regaining abilities and skills and overcoming deficits and obstacles in order to maximize the individual's potential and be integrated into the community to the maximum extent possible.

Practitioner qualifications: PROS program staff

- **Intensive Relapse Prevention**

A service designed to address an exacerbation of acute symptoms, or manage existing symptoms that are not responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize the

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3b-11**

**13d. Rehabilitative Services
PROS (continued)**

symptoms or permit the individual to continue to work towards their recovery in the presence of the symptomatology.

Practitioner qualifications: PROS program staff

• **Integrated Treatment for Dual Disorders**

An evidence-based practice using an integrated care model involving motivational, cognitive-behavioral and harm reduction techniques which are designed to restore functionality and promote recovery for persons with both mental health and substance use disorders.

Practitioner qualifications: PROS program staff who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

• **Family Psychoeducation/Intensive Family Support**

A service designed to provide information, clinical guidance and support to collaterals and PROS participants when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to facilitate an individual's recovery.

Practitioner qualifications: PROS program staff

Ongoing Rehabilitation and Support (ORS)

Ongoing Rehabilitation and Support (ORS) [will provide interventions designed to assist in managing symptoms in an integrated workplace setting] are services provided for the purpose of reducing disability from those mental health related issues which interfere with the individual sustaining competitive employment. The service is customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in the rehabilitation plan. ORS may include ongoing counseling, mentoring, advocacy and support to sustain functioning. ORS does not include task-specific job training. It is not the purpose of this service to help individuals acquire a specific job skill.

Practitioner qualifications: PROS program staff.

[PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service

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**13d. Rehabilitative Services
PROS (continued)**

provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom Programs may, at their option, provide clinical treatment services designed to stabilize ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.]

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3L-1**

[Type of Service]**Personalized Recovery Oriented Services (PROS)****Community Rehabilitation and Support (CRS)**

[Providers will be reimbursed through a regionally based, tiered monthly case payment, based on the number of hours of service provided to the individual and his/her collaterals. PROS programs that offer Clinical Treatment as part of the service package will be reimbursed at a higher rate than programs which do not. Programs which do not provide clinical treatment will be expected to provide clinical linkages. PROS clients will be given free choice as to whether they wish to receive clinical treatment through the PROS. PROS providers will need to abide by certain program and billing restrictions if they currently operate a clinic and/or choose to offer optional clinical treatment services within the PROS.] A Comprehensive PROS program provides, and may seek reimbursement for, Community Rehabilitation and Support Services (CRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS). The program may also provide, and seek reimbursement for Clinical Treatment Services to enrollees of the PROS program.

A Limited Licensed PROS program provides, and may seek reimbursement for Intensive Rehabilitation and Ongoing Rehabilitation and Support only.

Base rate: Programs will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and his/her collaterals.

Daily services provided during the calendar month determine the monthly base rate tier as follows:

- Tier 1: 2 -12 units;
- Tier 2: 13 – 27 units;
- Tier 3: 28 – 43 units;
- Tier 4: 44 – 60 units; and
- Tier 5: 61 or more units per month.

A minimum of two units must be provided during a calendar month for CRS monthly base rate reimbursement. Units are determined by a combination of the number of medically necessary PROS services delivered to an individual or collateral during the course of a program day and the duration of program participation. Program participation is measured in 15 minute increments. Increments of less than 15 minutes are rounded down to the nearest quarter hour to determine the program participation for the day.

For services to be reimbursable on any day, a PROS program must deliver a minimum of one medically necessary PROS service to an individual or collateral during the course of that day. Services provided to an individual must be at least 15 continuous minutes in duration. Services provided in a group format must be at least 30 continuous minutes in duration.

If one medically necessary PROS service is delivered, units of service will be equal to the duration of program participation, rounded down to the nearest quarter hour, or two units, whichever is less. If two medically necessary PROS services are delivered, units of service will be equal to the duration of program participation, rounded down to the nearest quarter hour, or four units, whichever is less.

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If three or more medically necessary PROS services are delivered, units of service will be equal to the duration of program participation, rounded down to the nearest quarter hour, or five units, whichever is less.

Capital add-on to the CRS base rate: For PROS programs operated by hospital-based providers licensed pursuant to Article 28 of the Public Health Law, there is an allowance added to the CRS monthly base rate for the cost of capital, which is determined by the application of the principles of cost-finding for the Medicare program. The capital payment per service month for a hospital-based provider's PROS licensed outpatient mental health programs is determined by dividing all allowable capital costs of the provider's PROS programs, after deducting any exclusions, by the annual number of service months for all enrollees of the PROS program. Both factors are extracted from the Institutional Cost Report (ICR) submitted annually by hospitals to the New York State Department of Health. The capital payment is updated on a two year rate cycle. The Commissioner of the New York State Office of Mental Health may impose a cap on the revenues generated from this rate add-on. All Medicaid reimbursement for all PROS services (CRS including any capital add-on as applicable, Clinical Treatment, IR and ORS) are paid to the PROS provider agency.

Clinical Treatment: PROS programs that offer clinical treatment may receive additional reimbursement for PROS enrollees who choose to receive clinical treatment services from the PROS program. Programs will be reimbursed regional monthly case payment for the clinical treatment component. In order to receive reimbursement, a minimum of one clinical treatment service must be provided during the month. Additionally, individuals enrolled in PROS clinical treatment must have, at a minimum, one face-to-face contact with a psychiatrist or nurse practitioner in psychiatry every three months, or more frequently as clinically appropriate. The clinical treatment component may only be reimbursed in conjunction with the CRS monthly base rate.

PROS and the Balancing Incentive Program (BIP): Using funds available through the Balancing Incentive Program (BIP), PROS programs will be able to receive increased reimbursement for the provision of specific enhanced services designed to assist people with disabilities to successfully transition from congregate or institutional residential settings to community-based residential settings. Individuals eligible for services associated with this initiative are identified as members of the *target population*, and must meet the following eligibility criteria:

- Meet all eligibility criteria for PROS admission;
- Have lived in an adult home longer than six consecutive months; or
- Have lived in a nursing home longer than six consecutive months; or
- Have lived in a state operated community residence longer than six consecutive months;
or
- Have lived in a state psychiatric center longer than six consecutive months; and
- Have been discharged into the community.

For the purposes of PROS and use of BIP funds, community settings that determine eligibility cannot include Congregate Treatment settings, Community Residences and Family Care.

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The target population will allow all individuals who meet eligibility criteria to be able to access enhanced PROS services following PROS admission, and for up to 12 consecutive months following discharge from one of the identified settings.

The development of the skills necessary to navigate community settings comfortably is integral to a person’s health and his/her ability to achieve a life role. BIP rates have therefore been developed for specific CRS services delivered to individuals in the target population within a community setting. CRS services eligible for the enhanced payment are Basic Living Skills; Benefits and Financial Management; Community Living Exploration; Information and Education regarding Self-Help; and Wellness Self-Management.

To receive the BIP payment, PROS program staff must provide one or more of the identified CRS services at a community site (other than the PROS site) such as a laundromat, grocery store, bank, etc., so that individuals can regain functional skills and learn to manage mental health barriers. These services can be delivered on a one-to-one basis or in groups. When services are delivered to a group, the group size cannot exceed 12 participants on a routine and regular basis. Staffing and documentation requirements related to the delivery of these CRS services must comply with the PROS regulations. Medical necessity for the PROS service must be established and documented as part of the individual’s Individualized Recovery Plan (IRP). Documentation for the delivery of service must include duration and location of contact and must be available for auditing purposes. PROS programs that provide one or more of the identified CRS services to an individual in a minimum of two or four (or more) 30-minute or greater, face-to-face, contacts, which must be delivered on separate days, are eligible for the BIP-enhanced payment. This enhanced payment is in addition to the base rate and any applicable add-on services delivered during the same calendar month.

Intensive Rehabilitation (IR)

[If the client receives Intensive Rehabilitation from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, an Intensive Rehabilitation case payment will be paid.] Programs will be reimbursed a regional monthly case payment, in addition to the CRS base rate (and Clinical Treatment, if applicable) for an individual receiving at least six PROS units during the month, including at least one IR service.

In instances where a comprehensive PROS program provides IR services to an individual, but CRS services are provided by another provider of service, or no CRS services are provided in the month, the minimum six PROS units required will be limited to the provision of IR services and only the IR rate will be reimbursed. The maximum annual number of IR monthly claim payments to a PROS provider is limited to 50 percent of that provider’s total number of monthly CRS base rate claims reimbursed in that same calendar year.

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Individuals in the target population are eligible to participate in IR Services when the need has been identified and documented in the individual’s IRP.

Because it is anticipated that members of the *target population* may have an increased need for IR Services, a separate IR rate code has been established for this population for claiming and audit purposes. Claims related to this IR rate code will not be counted toward the 50 percent reimbursement limitation.

Ongoing Rehabilitation and Support (ORS)

[If the client receives Ongoing Rehabilitation and Support from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, the Ongoing Rehabilitation and Support case payment will be paid. A program which bills for Intensive Rehabilitation cannot also bill for Ongoing Rehabilitation and Support.] ORS reimbursement is for individuals who work in an integrated competitive job and are scheduled to work a minimum of 10 hours per week and have worked at least one week within the month for 10 hours.

Programs will be reimbursed a regional monthly case payment for an individual receiving a minimum of two face-to-face contacts which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month will be with the individual only.

The ORS rate can be claimed singly or in addition to the CRS base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Pre-admission Program Participation: Programs will be reimbursed a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If pre-admission program participation occurs during the month of admission, the CRS base rate is calculated using the entire month but Clinical Treatment, IR or ORS cannot be claimed.

Reimbursement for individuals who are in continuous pre-admission status is limited to two consecutive months. Reimbursement for services to target population members who are continuous pre-admission status is limited to four consecutive months.

PROS Rates of Payment: PROS rates of payment are available on the OMH website at: <http://www.omh.ny.gov/omhweb/pros/finance/finance.pdf>

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Appendix II
2016 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #16-0041

This State Plan Amendment proposes to comprehensively describe the reimbursement methodology for Personalized Recover Oriented Services (PROS), which is in response to questions posed in the Companion Review Letter for SPA 10-0038.

Appendix III
2016 Title XIX State Plan
Second Quarter Amendment
Authorizing Provisions

New York Codes, Rules and Regulations (NYCRR)
TITLE 14. DEPARTMENT OF MENTAL HYGIENE
CHAPTER XIII. OFFICE OF MENTAL HEALTH
PART 512. PERSONALIZED RECOVERY ORIENTED SERVICES

512.2 Legal base.

(a) Sections 7.09(b) and 31.04(a) of the Mental Hygiene Law give the commissioner the power and responsibility to plan, establish and evaluate programs and services for the benefit of individuals with mental illness, and to adopt regulations that are necessary and proper to implement matters under his or her jurisdiction.

(b) Section 41.05 of the Mental Hygiene Law provides that a local governmental unit shall direct and administer a local comprehensive planning process for its geographic area in which all providers of service shall participate and cooperate through the development of integrated systems of care and treatment for people with mental illness.

(c) Subdivision (a) of section 43.02 of the Mental Hygiene Law provides that payments under the Medical Assistance Program for programs approved by the Office of Mental Health shall be at rates certified by the Commissioner of Mental Health and approved by the Director of the Division of the Budget.

(d) Subdivision (b) of section 43.02 of the Mental Hygiene Law gives the commissioner authority to request from operators of facilities certified by the Office of Mental Health such financial, statistical and program information as the commissioner may determine to be necessary.

(e) Subdivision (c) of section 43.02 of the Mental Hygiene Law gives the Commissioner of Mental Health the authority to adopt rules and regulations relating to methodologies used in establishment of schedules of rates for payment.

(f) Sections 364(3) and 364-a(1) of the Social Services Law give the Office of Mental Health responsibility for establishing and maintaining standards for medical care and services in facilities under its jurisdiction, in accordance with cooperative arrangements with the Department of Health.

(g) Section 365-m of the Social Services Law authorizes the Commissioner of the Office of Mental Health and the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with the Department of Health, to contract with regional behavioral health organizations to provide administrative and management services for the provision of behavioral health services.

**Appendix IV
2016 Title XIX State Plan
Second Quarter Amendment
Public Notice**

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Brighton Fire District

The Brighton Fire District is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of Brighton Fire District. They must meet the requirements of section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Brighton Fire District, Attn: Lawrence M. Howk, Treasurer, 3100 East Ave., Rochester, NY 14610, (585) 389-1551

All proposals must be received no later than 30 days from the date of publication in the *New York State Register*.

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

Effective on or after April 1, 2015, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan by revising both the reimbursement and coverage sections of the Plan as part of a corrective action to address policy requirements identified in the Plan related to comprehensiveness as a requirement of section 1902 of the Social Security Act. The following services will be included, but not limited to:

- Home health services;
- Private duty nursing services;
- Therapies;
- Rehabilitative services;
- Case management services; and
- Payment rate methodologies.

As part of such corrective action plan, the State will: revise units of

service for reimbursement rates; provide more complete descriptions of the reimbursement of such services, remove any services/methodologies related to managed care arrangements; amend payment methodologies so that they are for, and correspond to, a recognized 1905(a) service; and provide a comprehensive description of the services and the payment rates and methodologies for such services.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

Institutional Services

- For the state fiscal year beginning April 1, 2015 through March 31, 2016, continues specialty hospital adjustments for hospital