NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

SEP 3 0 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 #16-0004
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #16-0004 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2016 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on March 5, 2014, September 21, 2016, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: **16-0004**	2. STATE **New York**
	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 **July 1, 2016**	

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: **(in thousands)** **a. FFY 07/01/16-09/30/16 $ 1,446.68** **b. FFY 10/01/16-09/30/17 $ 5,960.34**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 3.1-A Supplement: Pages 3(c), 3(c.1), 3(c.2), 3(c.3), 3(c.4), 3(c.5), 3(c.6), 3(c.7), 3(c.8), 3(c.9), 3(c.10), 3(c.11), 3(c.12), 3(c.13), 3(c.14), 3(c.15), 3(c.16), 3(c.17)** **Attachment 3.1-B Supplement: Pages 3(c), 3(c.1), 3(c.2), 3(c.3), 3(c.4), 3(c.5), 3(c.6), 3(c.7), 3(c.8), 3(c.9), 3(c.10), 3(c.11), 3(c.12), 3(c.13), 3(c.14), 3(c.15), 3(c.16), 3(c.17)** **Attachment 4.19-B: Page 10(a.1)**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Attachment 3.1-A Supplement: Page 3(c)** **Attachment 3.1-B Supplement: Page 3(c)**

10. SUBJECT OF AMENDMENT:
OASAS Movement of Ambulatory Services to Rehab and OASAS Residential Addiction Services (FMAP = 50%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: **New York State Department of Health** **Division of Finance and Rate Setting** **99 Washington Ave – One Commerce Plaza** **Suite 1460** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: SEP 3 0 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:

FORM HCFA-179 (07-92)

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

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Rehabilitative Services (cont.)

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Rehabilitative Services Description

The rehabilitative service (or services) described below is a Program (encompasses several rehabilitative services) Outpatient Addiction Services, Residential Addiction Services.

Addiction Rehabilitative Services Program

- **Outpatient Services:**
  Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with substance use disorders. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services for individuals with a moderate to severe dependence condition or for whom there is substantial risk of relapse. Outpatient rehabilitation services may be warranted when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically

appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Service Components

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy
- Group Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support
- Crisis Intervention
- Provider Qualifications and Service Limitations

Provider Qualifications:

- Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved program guidelines and certifications. All outpatient Addiction programs are licensed or certified under state law.

Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or be under the supervision of a qualified health professional (QHP).

State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate and non-credentialed counselors by a QHP, meeting the supervisory standards established by OASAS. A QHP includes the following professionals who are currently licensed by the New York State Department of Education or credentialed by OASAS: Credentialed Alcoholism and Substance Abuse Counselor (CASAC); LMSW; LCSW; NP; occupational therapist (OT); physician; physician assistants; RN; psychologist; rehabilitation counselor certified by the Commission of

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Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting or an equivalent combination of advanced training, specialized therapeutic recreation education and experience, or is a recreational therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; licensed marriage and family therapists (LMFTs); a licensed mental health counselor licensed by the New York State Education Department (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated above requirements for certified and credentialed practitioners are overseen and/or coordinated by OASAS.

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. In addition a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 clock hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan* and

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of

the time to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 clock hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified program.
- To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the New York Certification Board/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, collateral contacts, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State

Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); medical doctors (MD and DO) and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

A unit of service is defined according to the Healthcare Common Procedure Coding System approved code set per the national correct coding initiative unless otherwise specified.

Assurances

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

a. educational, vocational and job training services;
b. room and board;
c. habilitation services;
d. services to inmates in public institutions as defined in 42 CFR §435.1010;
e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
f. recreational and social activities; and
g. services that must be covered elsewhere in the state Medicaid plan.

Additional Benefit Information

Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.

Mental Health and Substance Abuse Services List

- **Assessment**

  The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

  Practitioner Qualifications:

  – Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Diagnosis and

recommendation of therapy requires the credentials outlined within New York scope of practice for licensed practitioners. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs); licensed clinical social workers (LCSWs); licensed mental health counselors (LMHCs); licensed marriage and family therapists (LMFTs); licensed creative arts therapists; physician assistants (PAs); licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

- **Service Planning**
  Clinical treatment plan development –The treatment plan for Medicaid Addiction or mental health services must be patient-centered and developed in collaboration with the patient and patients family/collaterals, where appropriate.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Individual Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

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- **Family Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Group Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

Limitation: no more than six weeks of Intensive Outpatient Services may be billed without prior authorization and documentation of medical necessity.

- **Medication Management**
  Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication. Limitation: No more than one medication management may be billed per day.

  Practitioner Qualifications:
  - MDs and DOs, Psychiatrists, Nurse practitioners, physician assistants, and Registered Nurses as permitted under state law with any supervision as required. All programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

- **Care Coordination**
  Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Collateral Contacts Focusing on the Individual's Treatment Needs**
  Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Peer/Family Peer Support**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use

disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Certified Recovery Peer Advocate (CRPA), as defined in the NYS OASAS APG guidelines/regulations, is an individual who is supervised by a credentialed or licensed clinical staff member and provides peer services which are identified and consistent with the patient's treatment/recovery plan. All services must occur under the direction of a certified program. To be eligible for the CRPA, the applicant must: Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the International Certification & Reciprocity Consortium's (IC&RC) Peer Recovery Job Task Analysis Report, hold a minimum of a high school diploma or jurisdictionally certified high school equivalency, complete 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility, complete 500 hours of volunteer or paid work experience and 25 hours of supervision specific to the domains (Supervision must be provided by an organization's documented and qualified supervisory staff per current job description), pass the IC&RC Peer Recovery Examination and complete 20 hours of continuing education earned every two years, including six hours in Ethics.

- **Crisis Intervention**

  Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

  Practitioner Qualifications:

  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

Addiction Rehabilitative Services Program

- **Residential Services**

  Residential services include individual centered residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of

treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their substance use disorder behaviors.

- **Services Provided in Residential Facilities**
  The program or specific rehabilitative service is provided in a residential facility(ies). The facilities specialize in providing psychiatric/psychological care and treatment.

- **Assurances**
  The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

  The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

  a. educational, vocational and job training services;
  b. room and board;
  c. habilitation services;
  d. services to inmates in public institutions as defined in 42 CFR §435.1010;
  e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
  f. recreational and social activities; and
  g. services that must be covered elsewhere in the state Medicaid plan.

- **Additional Benefit Information**
  Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.

  Service Components
  - Assessment
  - Service Planning
  - Individual Counseling/Therapy
  - Family Counseling/Therapy Group
  - Group Counseling/Therapy
  - Medication Management
  - Care Coordination
  - Collateral Contacts focusing on the individual's treatment needs
  - Peer/Family Support
  - Crisis Intervention

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Provider Qualifications:

- Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. All residential programs are certified under state law. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

  A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS).

  Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. In addition a CASAC must:

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(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 clock hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 clock hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS is:

- An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

treatment/recovery plan which occur on the premises of a certified program." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

- To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Completed 500 hours of volunteer or paid work experience specific to the PR domains.
  - Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the NYCB/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, collateral contacts, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); medical doctors (MD and DO) and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

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A unit of service is defined according to the Healthcare Common Procedure Coding System approved code set per the national correct coding initiative unless otherwise specified.

Mental Health and Substance Abuse Services List

- **Assessment**
  The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
  Practitioner Qualifications:
  - Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Diagnosis and recommendation of therapy requires the credentials outlined within New York scope of practice for licensed practitioners. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed creative arts therapists, physician assistants (PAs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

- **Service Planning**
  Clinical treatment plan development –The treatment plan for Medicaid Addiction or mental health services must be patient-centered and developed in collaboration with the patient.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Individual Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded:

financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Family Counseling/Therapy**

  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

  Practitioner Qualifications:

  - Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Group Counseling/Therapy**

  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

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Practitioner Qualifications:

- Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Limitation: no more than six weeks of Intensive Outpatient Services may be billed without prior authorization and documentation of medical necessity.

- **Medication Management**
  Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.
  Practitioner Qualifications:
  - MDs and Dos, Psychiatrists, Nurse practitioners, physician assistants, and Registered Nurses as permitted under state law with any supervision as required. All programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

- **Care Coordination**
  Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Collateral Contacts focusing on the individual's treatment needs**
  Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Peer/Family Peer Support**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues

that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Certified Recovery Peer Advocate (CRPA), as defined in the NYS OASAS APG guidelines/regulations, is an individual who is supervised by a credentialed or licensed clinical staff member and provides peer services which are identified and consistent with the patient's treatment/recovery plan. All services must occur under the direction of a certified program. To be eligible for the CRPA, the applicant must: Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the International Certification & Reciprocity Consortium's (IC&RC) Peer Recovery Job Task Analysis Report, hold a minimum of a high school diploma or jurisdictionally certified high school equivalency, complete 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility, complete 500 hours of volunteer or paid work experience and 25 hours of supervision specific to the domains (Supervision must be provided by an organization's documented and qualified supervisory staff per current job description), pass the IC&RC Peer Recovery Examination and complete 20 hours of continuing education earned every two years, including six hours in Ethics.

- **Crisis Intervention**

  Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

  Practitioner Qualifications:

  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

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17. Lactation consultant services:

Effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by nurse-midwives. Nurse-midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

18. Limitations on Hospice Services:

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.[, personal care aid, housekeeper/homemaker, pastoral care coordinator, social workers, nutritionist, audiologist, and respiratory therapist.]

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

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Rehabilitative Services (cont.)

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Rehabilitative Services Description

The rehabilitative service (or services) described below is a Program (encompasses several rehabilitative services) Outpatient Addiction Services, Residential Addiction Services.

Addiction Rehabilitative Services Program

- **Outpatient Services:**
  Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with substance use disorders. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services for individuals with a moderate to severe dependence condition or for whom there is substantial risk of relapse. Outpatient rehabilitation services may be warranted when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically

appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

Service Components

- Assessment
- Service Planning
- Individual Counseling/Therapy
- Family Counseling/Therapy
- Group Counseling/Therapy
- Medication Management
- Care Coordination
- Collateral Contacts focusing on the individual's treatment needs
- Peer/Family Support
- Crisis Intervention
- Provider Qualifications and Service Limitations

Provider Qualifications:

- Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved program guidelines and certifications. All outpatient Addiction programs are licensed or certified under state law.

Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed creative arts therapists, physician assistants (PAs), licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a credentialed alcoholism and substance abuse counselor (CASAC); a credentialed alcoholism and substance abuse counselor – trainee (CASAC-T); Certified Recovery Peer Advocate (CRPA); or be under the supervision of a qualified health professional (QHP).

State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate and non-credentialed counselors by a QHP, meeting the supervisory standards established by OASAS. A QHP includes the following professionals who are currently licensed by the New York State Department of Education or credentialed by OASAS: Credentialed Alcoholism and Substance Abuse Counselor (CASAC); LMSW; LCSW; NP; occupational therapist (OT); physician; physician assistants; RN; psychologist; rehabilitation counselor certified by the Commission of

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Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting or an equivalent combination of advanced training, specialized therapeutic recreation education and experience, or is a recreational therapist certified by the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; licensed marriage and family therapists (LMFTs); a licensed mental health counselor licensed by the New York State Education Department (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated above requirements for certified and credentialed practitioners are overseen and/or coordinated by OASAS.

CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. In addition a CASAC must:

(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 clock hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience* ***OR*** *education and training, but not both. Work experience claimed may* ***not*** *include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan* and

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of

the time to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 clock hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified program.
- To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
  - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the New York Certification Board/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, collateral contacts, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State

Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); medical doctors (MD and DO) and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

A unit of service is defined according to the Healthcare Common Procedure Coding System approved code set per the national correct coding initiative unless otherwise specified.

Assurances

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

a. educational, vocational and job training services;
b. room and board;
c. habilitation services;
d. services to inmates in public institutions as defined in 42 CFR §435.1010;
e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
f. recreational and social activities; and
g. services that must be covered elsewhere in the state Medicaid plan.

Additional Benefit Information

Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.

Mental Health and Substance Abuse Services List

- **Assessment**

  The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

  Practitioner Qualifications:

  – Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Diagnosis and

recommendation of therapy requires the credentials outlined within New York scope of practice for licensed practitioners. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs); licensed clinical social workers (LCSWs); licensed mental health counselors (LMHCs); licensed marriage and family therapists (LMFTs); licensed creative arts therapists; physician assistants (PAs); licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

- **Service Planning**
  Clinical treatment plan development –The treatment plan for Medicaid Addiction or mental health services must be patient-centered and developed in collaboration with the patient and patients family/collaterals, where appropriate.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Individual Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction, such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

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- **Family Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Group Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
  Practitioner Qualifications:
  - Any provider, except for peer specialists, under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

Limitation: no more than six weeks of Intensive Outpatient Services may be billed without prior authorization and documentation of medical necessity.

- **Medication Management**
  Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication. Limitation: No more than one medication management may be billed per day.

  Practitioner Qualifications:
  - MDs and DOs, Psychiatrists, Nurse practitioners, physician assistants, and Registered Nurses as permitted under state law with any supervision as required. All programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

- **Care Coordination**
  Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Collateral Contacts Focusing on the Individual's Treatment Needs**
  Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Peer/Family Peer Support**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use

disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Certified Recovery Peer Advocate (CRPA), as defined in the NYS OASAS APG guidelines/regulations, is an individual who is supervised by a credentialed or licensed clinical staff member and provides peer services which are identified and consistent with the patient's treatment/recovery plan. All services must occur under the direction of a certified program. To be eligible for the CRPA, the applicant must: Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the International Certification & Reciprocity Consortium's (IC&RC) Peer Recovery Job Task Analysis Report, hold a minimum of a high school diploma or jurisdictionally certified high school equivalency, complete 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility, complete 500 hours of volunteer or paid work experience and 25 hours of supervision specific to the domains (Supervision must be provided by an organization's documented and qualified supervisory staff per current job description), pass the IC&RC Peer Recovery Examination and complete 20 hours of continuing education earned every two years, including six hours in Ethics.

- **Crisis Intervention**

  Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

  Practitioner Qualifications:

  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

Addiction Rehabilitative Services Program

- **Residential Services**

  Residential services include individual centered residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of

treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their substance use disorder behaviors.

- **Services Provided in Residential Facilities**
  The program or specific rehabilitative service is provided in a residential facility(ies). The facilities specialize in providing psychiatric/psychological care and treatment.

- **Assurances**
  The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

  The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

  a. educational, vocational and job training services;
  b. room and board;
  c. habilitation services;
  d. services to inmates in public institutions as defined in 42 CFR §435.1010;
  e. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
  f. recreational and social activities; and
  g. services that must be covered elsewhere in the state Medicaid plan.

- **Additional Benefit Information**
  Benefits or Services are provided with limitations on amount, scope or duration or with authorization requirements.

  Service Components
  - Assessment
  - Service Planning
  - Individual Counseling/Therapy
  - Family Counseling/Therapy Group
  - Group Counseling/Therapy
  - Medication Management
  - Care Coordination
  - Collateral Contacts focusing on the individual's treatment needs
  - Peer/Family Support
  - Crisis Intervention

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Provider Qualifications:

- Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. All residential programs are certified under state law. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

  A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS).

  Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. In addition a CASAC must:

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(1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;

(2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;

(3) meet minimum education and training requirements including a minimum of 350 clock hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And

(4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the time to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 clock hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested.

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS is:

- An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

treatment/recovery plan which occur on the premises of a certified program." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

- To be eligible for the CRPA, the applicant must:
  - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
  - Hold a high school diploma or jurisdictionally certified high school equivalency.
  - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
  - Completed 500 hours of volunteer or paid work experience specific to the PR domains.
  - Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
  - Pass the NYCB/IC&RC Peer Advocate Exam.
  - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, collateral contacts, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); medical doctors (MD and DO) and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

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A unit of service is defined according to the Healthcare Common Procedure Coding System approved code set per the national correct coding initiative unless otherwise specified.

Mental Health and Substance Abuse Services List

- **Assessment**
  The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
  Practitioner Qualifications:
  - Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Diagnosis and recommendation of therapy requires the credentials outlined within New York scope of practice for licensed practitioners. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), licensed creative arts therapists, physician assistants (PAs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists.

- **Service Planning**
  Clinical treatment plan development –The treatment plan for Medicaid Addiction or mental health services must be patient-centered and developed in collaboration with the patient.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Individual Counseling/Therapy**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded:

financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Family Counseling/Therapy**

  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

  Practitioner Qualifications:

  - Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Group Counseling/Therapy**

  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

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Practitioner Qualifications:

- Any provider, except for peer specialists, under outpatient Addiction services who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law. Limitation: no more than six weeks of Intensive Outpatient Services may be billed without prior authorization and documentation of medical necessity.

- **Medication Management**
  Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.
  Practitioner Qualifications:
  - MDs and Dos, Psychiatrists, Nurse practitioners, physician assistants, and Registered Nurses as permitted under state law with any supervision as required. All programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

- **Care Coordination**
  Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Collateral Contacts focusing on the individual's treatment needs**
  Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.
  Practitioner Qualifications:
  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

- **Peer/Family Peer Support**
  Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues

that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with substance use disorders (Addiction) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

Practitioner Qualifications:

- Certified Recovery Peer Advocate (CRPA), as defined in the NYS OASAS APG guidelines/regulations, is an individual who is supervised by a credentialed or licensed clinical staff member and provides peer services which are identified and consistent with the patient's treatment/recovery plan. All services must occur under the direction of a certified program. To be eligible for the CRPA, the applicant must: Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the International Certification & Reciprocity Consortium's (IC&RC) Peer Recovery Job Task Analysis Report, hold a minimum of a high school diploma or jurisdictionally certified high school equivalency, complete 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility, complete 500 hours of volunteer or paid work experience and 25 hours of supervision specific to the domains (Supervision must be provided by an organization's documented and qualified supervisory staff per current job description), pass the IC&RC Peer Recovery Examination and complete 20 hours of continuing education earned every two years, including six hours in Ethics.

- **Crisis Intervention**

  Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

  Practitioner Qualifications:

  - Any provider under outpatient Addiction services, who is least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. Unlicensed and/or uncredentialed individuals may only practice under supervision within the scope of practice as outlined in New York law.

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17. Lactation consultant services:

Effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by nurse-midwives. Nurse-midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

18. Limitations on Hospice Services:

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.[, personal care aid, housekeeper/homemaker, pastoral care coordinator, social workers, nutritionist, audiologist, and respiratory therapist.]

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

Rehabilitative Services – Addiction Services

Addiction Residential Services

The New York State of Alcoholism and Substance Abuse Services establishes rates of reimbursement for the provision of rehabilitative services to persons in freestanding residential addiction facilities under part 818. Allowable base year costs are determined by application of principles developed for determining reasonable cost payments under the Medicare program. To be allowable, costs must be reasonable and relate to patient care. Allowable costs may not include costs for services, which have not been approved by the Commissioner. Total allowable costs are classified as either treatment related costs or room and board related costs. Utilizing only allowable treatment related costs; a provider-specific Medicaid treatment rate shall be established. The treatment rate shall consist of an operating and a capital component.

Reimbursement for all other freestanding residential addiction facilities are paid based upon a Medicaid fee schedule established by the State of New York. Except as otherwise noted in the State Plan, the State developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the New York Register of Administrative Rules and Regualtions. The agency's fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date. All rates are published on the State website at http:www.oasas.ny.gov/admin/hcf/FFS.

Where Medicare fees do not exist for a covered code, the fee development methodology will build residential fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Appendix II
2016 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #16-0004

This State Plan Amendment proposes to remove substance use disorder clinics from the Medicaid clinic option and cover the services provided by those facilities under rehabilitative services. This will allow Medicaid to reimburse outpatient services when provided in a clinic, community setting or in the individuals' place of residence when permitted under State practice laws. The State will also add residential substance use disorder and addiction treatment in residential settings of 16 beds or less and provide such under rehabilitative services.

Rehabilitative services are defined as "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level." The broad general language in this regulatory definition has afforded States considerable flexibility under their State plans to meet the needs of their State's Medicaid population.

Rehabilitative services are specialized services of a medical or remedial nature delivered by uniquely qualified practitioners designed to treat or rehabilitate persons for maximum reduction of physical or mental disability and restoration to his/her best possible functional level. These services will be provided to recipients on the basis of medical necessity.

The NYS Medical Assistance Program covers rehabilitative services provided to eligible Medicaid recipients by eligible providers.

This proposed change targets service delivery, specifically, substance use disorder and addiction treatment and is designed to ensure that quality rehabilitative services are provided in a coordinated manner that is in the best interest of the individuals, are limited to rehabilitative purposes and, are furnished by qualified providers.

The proposed change would also provide guidance to ensure that services claimed under the optional Medicaid rehabilitative benefit are rehabilitative individual-centered out-patient and residential services, are furnished by qualified providers, and are provided to Medicaid eligible individuals according to a goal-oriented, recovery focused rehabilitation plan.

Under this methodology, the State will add residential substance use disorder and addiction treatment in residential settings of 16 beds or less and provide such under rehabilitative services. This will allow the State to provide Medicaid eligible individuals recovery-oriented treatment designed to achieve changes in their substance use disorder behaviors.

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

PART 820

RESIDENTIAL SERVICES

(Statutory Authority: Mental Hygiene Law Sections 19.07(e), 19.09(b), 19.40, 32.01, 32.07(a))

Section:

820.1 Legal base

(a) Section 19.07(e) of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services to adopt standards including necessary rules and regulations pertaining to chemical dependence services.

(b) Section 19.09(b) of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.

(c) Section 19.40 of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services to issue operating certificates for the provision of chemical dependence services.

(d) Section 32.01 of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services to adopt any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by Article 32 of the Mental Hygiene Law.

(e) Section 32.07(a) of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services to adopt regulations to effectuate the provisions and purposes of Article 32 of the Mental Hygiene Law

820.2 Applicability

(a) This Part applies to any program certified by the Office pursuant to this Part to provide residential services. These services are designed to help persons who lack a safe and supportive residential option in the community to achieve changes in their substance use disorder ("SUD") behaviors within a safe and supportive setting. Such services may focus treatment on one or more of the following treatment/recovery elements: stabilization, rehabilitation, or community reintegration in congregate or scatter-site settings and may be provided directly on program site or through cooperative relationships with other service providers. Clinical services in residential programs are delivered on an individual or group basis in a variety of settings.

(b) Residential substance use disorder (SUD) services include medically necessary care and supportive services both on and off-site according to assessed needs including: (1) assessment and clinical treatment/recovery plan development; (2) skill development for coping with and managing symptoms and behaviors associated with SUDs; (3) counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems; and (4) medication assisted treatment when medically necessary.

820.3 Definitions

Unless otherwise indicated, the following terms shall be applicable to all programs certified pursuant to this Part.

(a) "Residential services" are 24/7 structured treatment/recovery services in a residential setting provided by Office certified programs to persons recovering from substance use disorder. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, staffing patterns, degree of dysfunction of the individual served in each setting, and patient readiness to transition to a less restrictive program or element of treatment/recovery. Certified residential programs may provide residential services corresponding to one or more of the following elements of the treatment/recovery process:

(1) stabilization;

(2) rehabilitation ;

(3) reintegration in congregate or scatter-site settings.

(b) "Stabilization" provides a safe environment in which a person may stabilize withdrawal symptoms, severe cravings, psychiatric and medical symptoms before referral or transition to another program or element of structured treatment/recovery. Stabilization requires the supervision of a physician and clinical monitoring.

(c) "Rehabilitation" provides a structured environment for persons whose potential for independent living is seriously limited due significant functional impairment including social, employment, cognitive and ability to follow social norms that requires restructuring social supports and behaviors in order to develop sufficient skills; these persons require a course of rehabilitative services in a structured environment with staffing to provide monitoring and support and case management.

(d) "Reintegration" provides a community living experience in either congregate or scatter-site settings with limited supervision and/or case management; persons appropriate for these services are transitioning to long term recovery from substance use disorder and independent living in the community.

820.4 Assignment of Services

(a) Programs will be certified for a maximum number of beds for a certified capacity. The level of care is attributed to the patient based on a patient-centered assessment and the OASAS level of care for alcohol and drug treatment referral protocol based on individual risk and resources. Programs will be certified pursuant to Part 810 of this Title for residential services and will have noted on the operating certificate each of the services (stabilization, rehabilitative and/or reintegration) approved for delivery at the certified residential site.

(b) Bed distribution will be determined by patient population demand. At any given time the bed type is defined by the element of care to which the patient has been assigned. Distribution of bed types will not be fixed; however, the program must meet OASAS reporting requirements for transitions from one element of care to the next.

(c) All programs must submit an application with specific staffing structure, treatment approach, and other policies and procedures as requested by the Office for each element of

residential services the program intends to provide. Upon approval of the application the service to be provided will be approved and designated on the residential program's operating certificate.

820.5 General program standards

(a) Policies and procedures. The program sponsor must approve written policies, procedures, and methods governing the provision of services in compliance with Office regulations including a description of each service provided. These policies, procedures, and methods must address, at a minimum:

(1) Admission and discharge, including transfer and referral procedures;

(2) treatment/recovery plans, including service plans where appropriate;

(3) staffing including, but not limited to, training and use of student interns, peers and volunteers, and compliance with Part 805 of this Title;

(4) screening and referral procedures for associated physical or psychiatric conditions;

(5) a schedule of fees for services rendered;

(6) infection control procedures;

(7) cooperative agreements with other chemical dependence service providers and other providers of services a resident may need;

(8) compliance with other requirements of state and federal laws, regulations and OASAS guidance documents including HIV/AIDS education, testing and counseling and the use of alcohol and other drug screening and toxicology tests, and medication and the use of medication supported recovery;

(9) the use of alcohol and other drug screening tests, such as breath testing, urine screening;

(10) procedures for the ordering, procuring, and disposing of medication, as well as the self-administration of medication;

(11) quality improvement and utilization review;

(12)) procedures for emergencies;

(13) incident reporting and review in accordance with Part 836 of this Title;

(14) record keeping;

(15) procedures whereby required educational services are provided for school age children who are in residence as either an individual who is receiving treatment or as part of a family unit;

(16) procurement, storage, preparation of food and nutritional planning;

(17) Records retention. Case records must be retained for six years after the date of discharge or last contact, or three years after the patient reaches the age of eighteen, whichever time period is longer.

(b) Emergency medical kit. All programs must maintain an emergency medical kit at each certified location; such kit must include basic first aid and at least one Narcan emergency overdose prevention kit the use of which is subject to applicable laws and regulations. Programs must develop and implement a plan to have staff and residents, where appropriate, trained in the prescribed use of a Narcan kit such that it is available, to the maximum extent possible, for use during all program hours of operation.

(1) All staff and residents should be notified of the existence of the Narcan overdose prevention kit and the authorized administering staff.

(2) Nothing in this regulation shall preclude residents from becoming authorized in the administration of the Narcan emergency overdose prevention kit, provided however, the Program Director must be notified of the availability of any additional authorized users.

(c) Utilization review and quality improvement. All programs must have a utilization review process, a quality improvement committee, and a written plan that identifies key performance measures for that particular program.

(d) Medication assisted treatment. A provider of residential services may provide residential services to an individual who is on methadone or other approved opiate maintenance, or is being detoxified from methadone. Opiate maintenance or detoxification services may be provided through a written agreement with an appropriately certified methadone/opiate provider in accordance with applicable federal and state requirements including, but not limited to, regulations of the federal Center for Substance Abuse Treatment, the United States Drug Enforcement Administration, the New York State Department of Health, and the Office, including but not limited to Part 822 of this Title.

(e) Services. All residential programs shall make available, either directly or through referral to appropriate agencies, the following services as clinically and programmatically indicated:

(1) Supportive services: availability of a range of support services appropriate to resident needs including legal, mental health, and social services, vocational assessment and counseling.

(2) Educational and child care services: availability of required educational and childcare services in each program which provides services to school-age children.

(3) Structured activity and recreation: opportunities for residents and family members, where appropriate, to participate in activities designed to foster effective use of leisure time, to improve social skills, develop self-esteem and encourage personal responsibility.

(4) Orientation to community services: orientation for each resident including advice and instruction in identifying and obtaining needed community services such as housing and other necessary case management services.

(f) Certified capacity. The certified bed capacity of each residential program may not be exceeded at any time except: (1) in cases of emergency and unexpected surges in demand where no alternative options are available; and

(2) failure to temporarily accept individuals into the program would jeopardize their immediate health and safety; and

(3) where the excess of capacity would be time limited.

(g) Recordkeeping and reporting. (1) All residential services must maintain individual case records for each resident served. These records must, at a minimum, include the information required in this Part, as well as the source of referral, documentation of any case conferences or case reviews, reports of other evaluations and case consultations, medical orders, if applicable, and consent forms.

(2) Statistical information shall be reported to the Office as required and on the prescribed forms therefore.

820.6 Staffing

(a) Any residential program of 10 beds or more shall have a full-time Program Director who is a qualified health professional as defined in Part 800 of this Title. The Program Director shall have at least five years of full-time work experience in SUD, or related treatment field, prior to appointment as Program Director. A residential program with fewer than 10 beds shall have a similarly qualified Program Director who shall serve on at least a part-time basis.

(b) General and clinical staffing. (1) General and clinical staffing shall be on-site or on-call sufficient to meet the emergent needs of the resident population receiving services in a particular treatment element. Staff may be either specifically assigned to the residential service or may be part of the staff of the facility or program within which the residential service is located. However, if the staff is part of the general facility or program staff, they must have specific training and experience in the treatment of chemical use, abuse and dependence specific to the services provided.

(2) Applicable only to stabilization and rehabilitation services, staff "sufficient to meet the emergent needs of the resident population" shall include:

(i) Registered nurse and weekend nursing staff sufficient to resident need, on-site daily and to supervise Licensed Practical Nurse (LPN);

(ii) LPN available on-site daily for support to residents and for oversight and documentation of self-medication;

(iii) Physician, nurse practitioner and or physician assistants to meet the medical assessment and treatment needs of each resident. Each service shall have identified a Medical Director whose qualifications and responsibilities are defined in Part 800 of this Title.

(iv) Psychiatrist and/or psychiatric nurse practitioner to evaluate all residents who have a history of mental health disorder or who are exhibiting symptoms of a mental health disorder.

(v) LMSW/LCSW/LMHC or Family therapist in sufficient numbers to provide psychotherapy to all residents who are in need of such services in a frequency sufficient to meet the assessed need;

(vi) Clinical staff in sufficient numbers to serve as the primary counselors. Each resident shall be assigned a clinical staff member as his/her primary counselor to provide individual counseling and treatment/recovery plan preparation, monitoring and review;

(vii) CASACs, CASAC-T and other clinical and milieu staff in sufficient numbers to facilitate activities of daily living, community meetings, engagement, carry out of treatment planning in milieu; at least one CASAC available at all times to intervene to help provide therapeutic interactions to foster residents' social, cognitive and behavioral skill development. CASAC staff will provide supervision of milieu staff;

(viii) Milieu staff all shifts in sufficient numbers available within the community to model and provide pro-social behavioral interventions at all times. Milieu staff are included in

the treatment planning process and are aware of the treatment goals of each resident; they will carry out activities that will support goal attainment through the natural interactions within the milieu.

(ix) At least two staff per overnight shift, one of which must be a clinical staff member;

(x) Vocational Counselor;

(xi) Case manager to develop the treatment/recovery plan and to meet regularly to identify needs and progress.

(3) All residential services shall have sufficient clinical staff that have been trained in, and are designated by the Clinical Supervisor to perform, the following tasks:

(i) evaluation of resident needs, development and implementation of individualized treatment/recovery plans for each resident, including individual, group and family counseling;

(ii) participation with staff and, as necessary, other services and agencies to assure the development, management and implementation of comprehensive services for each resident, reflecting both chemical dependence issues and other habilitation or rehabilitation needs; and

(iii) preparation and maintenance of case records for each individual resident.

(4) There shall be sufficient staff available to ensure that the space and equipment of the service is clean and maintained in working order to minimize the need for treatment staff to perform non-treatment functions and to optimize operational efficiency.

(c) Clinical supervision. (1) Each residential program must provide clinical supervision and ensure and document a plan for staff training based on individual employee needs. Subject areas appropriate for training shall be identified by the Office.

(2) All residential services shall identify a Clinical Supervisor who shall be responsible for the day-to-day clinical operation of each residence and provide routine supervision for the staff. The Clinical Supervisor shall be a qualified health professional as defined in Part 800 of this Title with at least three years of clinical experience in chemical dependence treatment.

(3) Clinical staff members who are not qualified health professionals shall have qualifications appropriate to their assigned responsibilities as set forth in the service's personnel policies and shall be subject to appropriate professional staff supervision and continuing education and training.

(d) Health coordinator. Each residential service shall have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all residents\regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases and other communicable diseases.

(e) Volunteers, peers, students or trainees. A residential service may utilize volunteers, peers, students or trainees, on a salaried or non-salaried basis if such volunteers, peers, students or trainees are provided close professional staff supervision and necessary didactic education from both internal and external sources, and comply with the requirements of Part 805 where appropriate.

820.7 Admission, screening and assessment

(a) Admission procedures. (1) Initial determination. An individual seeking residential services shall have an initial determination based upon face-to-face contact plus any other available records and made by a qualified health professional or other clinical staff under the supervision of a qualified health professional; such determination shall document in writing that:

(i) the individual appears to be in need of chemical dependence services; and

(ii) the individual appears to be free of serious communicable disease which can be transmitted through ordinary contact; and

(iii) the individual appears to not need acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with residential services or would prevent him/her from appropriate participation in a residential service.

(2) Level of care determination. If the initial determination indicates the person is appropriate for residential services, a level of care determination shall be made by a clinical staff member supervised by a qualified health professional no later than 24 hours after the resident's first on-site contact with the program. The level of care report generated by the level of care protocol must be documented in the resident case record. To be admitted for residential services at the appropriate level of care the individual must meet the level of care protocol criteria for the residential services and must be provided the services which match the resident's need for either stabilization, rehabilitative, or reintegration services.

(3) No individual may be denied admission to a program based solely on the individual's:

(i) prior treatment history;

(ii) referral source;

(iii) pregnancy;

(iv) history of contact with the criminal justice system;

(v) HIV and AIDS status;

(vi) physical or mental disability;

(vii) lack of cooperation by significant others in the treatment/recovery process; or

(viii) medication supported recovery for opioid dependence prescribed and monitored by a physician, physician's assistant or nurse practitioner.

(4) Decision to admit; notice to residents. (i) If determined appropriate for the residential service, the individual shall be admitted. The decision to admit shall be included in the resident case record, dated and signed by a staff member who is a qualified health professional authorized by program policies to admit individuals; and

(ii) there must be a notation in the resident case record that the resident received a copy of the residential service's rules and regulations, including resident rights, a summary of federal confidentiality requirements, and a statement that such rules were discussed with the resident and the resident indicated that he/she understood them; and

(iii) all residents shall be informed that admission is on a voluntary basis and that a resident is free to discharge him or herself from the service at any time.

(iv) If the presenting individual is determined to be inappropriate for admission to the residential service, a referral to a more appropriate service must be made, unless the individual is already receiving substance use disorder services from another provider. Individuals deemed ineligible for admission must be informed of the reason.

(v) The admission assessment or decision to admit must contain a statement documenting the individual is appropriate for this level of care, identify the assignment of a named clinical staff member with the responsibility to provide orientation to the individual, and include a preliminary schedule of activities, therapies and interventions.

(c) Assessment. (1) Prior to admission, all programs must:

(i) conduct a communicable disease risk assessment (HIV/AIDS, tuberculosis, hepatitis, or other communicable diseases);

(ii) conduct a toxicology screen as clinically appropriate or required by federal law.

(2) If clinically indicated, as soon as possible after admission, all programs must:

(i) recommend HCV testing; testing may be done on site or by referral;

(ii) conduct an intradermal skin or blood based Tuberculosis test; testing may be done on site or by referral with results as soon as possible after admission but no later than finalization of the treatment recovery plan;

(iii) recommend HIV testing; testing may not be conducted without patient written informed consent except in situations specifically authorized by law. HIV testing may be done on site or by referral;

(iv) explain any blood and skin test results to the patient within 3 weeks of the test.

(v) provide or recommend any other tests the examining physician or other medical staff member deems to be necessary, including, but not limited to, an EKG, a chest X-ray, or a pregnancy test.

(3) Any significant medical issues identified prior to or after admission must be addressed in the treatment/recovery plan and documented in the patient case record.

(d) Medical history. (1) If the patient has a medical history available and has had a physical examination performed within 12 months prior to admission, or if the resident is being admitted directly to the residential service from another Office certified SUD program, the existing medical history and physical examination documentation may be used to comply with the requirements of this subdivision, provided that such documentation has been reviewed and determined to be current and accurate; such determination shall be dated and recorded in the resident record.

(2) Stabilization services. (i) Within 24 hours after admission, programs providing stabilization services must complete an assessment which identifies immediate problem areas, substantiates appropriate resident placement and is signed by a qualified professional. If withdrawal symptoms or other potentially life threatening behavior or conditions are present the patient must be assessed immediately for safety by a medical staff person who is working within their scope of practice. A physician must be available by phone at all times to respond to immediate crises.

(ii) Within 7 days after admission programs providing stabilization services must conclude a medical assessment and, if necessary, a full physical no later than 45 days after admission. All residents shall receive a physical exam by a physician, physician's assistant or nurse practitioner if they do not have available a medical history and no physical examination

has been performed within the prior 12 months. Residents who have a medical history shall receive an evaluation within 21 days.

(2) Rehabilitation services. Within 7 days after admission, programs providing rehabilitation services must conclude a medical assessment and, if necessary, a full physical no later than 45 days after admission. All residents shall receive a physical exam by a physician, physician's assistant or a nurse practitioner if they do not have available a medical history and no physical examination has been performed within the prior 12 months. Residents who have a medical history shall receive an evaluation within 21 days.

(3) Reintegration services. (i) Residents admitted to reintegration services should have an identified primary care physician (PCP) in the community and have a physical exam if one has not been completed within the prior 12 months, or, if the resident is admitted to an outpatient SUD clinic (CD-OP) or opioid treatment program (OTP), then within 30 days the reintegration program shall obtain the medical history, physical and treatment plan from the outpatient provider.

(ii) The physical examination shall include review of any physical and/or mental limitations or disabilities which may require special services or attention during treatment.

820.8 Treatment / recovery plan

(a) Programs providing residential services for any or all elements of care must: (1) as soon as possible after admission, develop a patient-centered, interdisciplinary treatment/recovery plan, which includes problem formulation and short-term, measurable treatment/recovery goals and activities designed to achieve those goals. This plan should be developed in collaboration with the resident; and

(2) review the treatment/recovery plan in collaboration with the individual monthly after admission and document accordingly.

(b) Treatment/recovery plan. (1) Each resident must have a written patient-centered treatment/recovery plan, or a service plan where appropriate, developed by the responsible clinical staff member and resident as soon as possible after admission. Standards for developing a treatment/recovery plan include, but are not limited to:

(i) For residents moving directly from one program to another, or being readmitted to the same program within 60 days of discharge, the existing treatment/recovery plan may be used if

there is documentation that it has been reviewed and, if necessary, updated within 14 days of transfer.

(ii) If the resident is a minor, the treatment/recovery plan must also be developed in consultation with his/her parent or guardian unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11.

(2) The treatment/recovery plan must:

(i) include each diagnosis for which the resident is being treated;

(ii) address resident identified problem areas specified in the admission assessment and concerns which may have been identified subsequent to admission, and identify methods and treatment approaches that will be utilized to achieve the goals developed by the resident and primary counselor;

(iii) identify a single member of the clinical staff responsible for coordinating and managing the resident's treatment who shall approve and sign (physical or electronic signature) such plan; and

(iv) be reviewed and approved by the supervisor of the responsible clinical staff member within 10 days after the finalization of the treatment/recovery or service plan. If the supervisor of the responsible clinical staff member is not a qualified health professional (QHP), another QHP must be designated to sign (physical or electronic signature) the plan.

(v) include schedules for the provision of all services prescribed; where a service is to be provided by any other service or facility off site, the treatment/recovery plan must contain a description of the nature of the service, a record that referral for such service has been made, the results of the referral, and procedures for care coordination and discharge planning.

(c) Treatment according to the treatment/recovery plan. (1) The responsible clinical staff member shall ensure that the treatment/recovery plan is included in the resident record and that all treatment and services are provided in accordance with the treatment/recovery plan.

(2) Progress notes. (i) Progress notes shall be written, signed and dated by the responsible clinical staff member no less often than once every two weeks and must include all clinical and milieu services delivered and the response of the resident to treatment. All individual and medical contacts for the purpose of assessing, diagnosing or treating the resident shall be documented in the resident record by the staff member delivering the service(s).

(ii) Progress notes shall provide a chronology of the resident's progress related to the goals established in the treatment/recovery plan and be sufficient to delineate the course and results of treatment/recovery.

(iii) The progress notes shall indicate the resident's participation in all significant services provided.

820.9 Discharge

(a) Discharge planning. (1) Discharge planning shall begin as soon as the resident is admitted. Individuals entering treatment should progress by meeting treatment milestones including: stabilization; engagement; goal setting; remission of substance use disorder; and attainment of goals supporting recovery. Individuals should be considered for discharge once they have stabilized, met remission criteria for substance use disorder, and attained the support necessary to support long term remission.

(2) An individual discharged from a program must be discharged for a documented reason. Individuals discharged involuntarily must be discharged consistent with Part 815 of this Title.

(b) Discharge criteria. A resident shall be appropriate for discharge from the residential service and shall be discharged when he or she meets one or more of the following criteria:

(1) the resident has accomplished the goals and objectives identified in the comprehensive treatment/recovery plan;

(2) the resident refuses further care;

(3) the resident has been referred to other appropriate treatment which cannot be provided in conjunction with the residential service;

(4) the resident has been removed from the service by the criminal justice system or other legal process;

(5) the resident has received maximum benefit from the service; and/or

(6) the resident is disruptive to the service and/or fails to comply with the reasonably applied written behavioral standards of the facility.

(c) Discharge plan. (1) A discharge plan must be developed in collaboration with the resident and any collateral person(s) the resident chooses to involve. The discharge plan shall

specify needed referrals with appointment dates and times, all known medications (including frequency and dosage) and recommendations for continued care.

(2) If the resident is a minor, the discharge plan must also be developed in consultation with his or her parent or guardian, unless the minor is being treated without parental consent as authorized by Mental Hygiene Law section 22.11.

(3) No resident may be discharged without a discharge plan which has been reviewed and approved by the responsible clinical staff member and the clinical supervisor prior to the discharge. This requirement does not apply to residents who stop attending, refuse continuing care planning, or otherwise fail to cooperate. That portion of the discharge plan which includes referrals for continuing care must be given to the resident upon discharge.

(4) Residents should be discharged to the level of care indicated by the level of care protocol and may be moved between services within the residential program as long as the program is approved to provide the service and the resident meets the level of care for that service. Clinical staff should utilize the level of care protocol whenever a change in level of care is considered.

(5) No later than 30 days after discharge, a discharge summary must be finalized and included in each resident's record. The discharge summary must address and measure progress toward attainment of treatment goals.

820.10 Additional requirements for stabilization in a residential setting

(a) Stabilization services are appropriate for residents who present with mild withdrawal or expected withdrawal and psychiatric symptoms that cause acute impairment; medical conditions, emotional or cognitive impairment that can be managed in a residential setting where medical staff are available on an on-call basis. Stabilization services may be provided by any certified provider of residential services designated by the Office to provide stabilization services.

(1) Residential providers will be required to have medication management protocols, approved by the OASAS Medical Director, to qualify to provide stabilization services.

(2) All programs offering stabilization services shall have ancillary withdrawal and addiction medication management available as clinically indicated.

(b) Staffing. (1) In addition to staffing required of all residential services pursuant to section 820.6 of this Part, stabilization services approved by the Office must provide medical

staff, as defined in Part 800 of this Title, on site or on-call, and staff available sufficient to meet the emergent needs of the resident population including any or all of the staff identified in 820.6(b)(2) of this Part. The percentage of time that each shared staff is assigned to the residential service must be documented.

(c) Services. In addition to the required services for all residential programs, stabilization services must include: (1) Medical assessment of the SUD symptoms and medical treatment of mild to moderate withdrawal symptoms, urges and cravings using a protocol approved by the OASAS Medical Director.

(2) Medical assessment of physical and mental health conditions and medical treatment to stabilize these conditions.

(3) Psychiatric assessment and medication management of co-occurring psychiatric conditions which can be managed within the residential setting.

(4) Psych-social interventions which teach skills for coping with urges, craving, impulsive behavior and cognitive distortions in thinking, motivational interviewing techniques to engage the resident in treatment.

820.11 Additional requirements for rehabilitation services in a residential setting

(a) Rehabilitation services are appropriate for individuals who do not have significant withdrawal symptoms, are free of severe cravings to use substances and, if present, psychiatric and medical conditions are stable. Individuals have functional impairment in cognitive, emotional regulation, social and role functioning.

(b) Staffing. In addition to staffing required of all residential services pursuant to section 820.6 of this Part, rehabilitation services approved by the Office must provide medical staff, as defined in Part 800 of this Title, on site or on-call, and staff available sufficient to meet the emergent needs of the resident population including any or all of the staff identified in 820.6(b)(2) of this Part. The percentage of time that each shared staff is assigned to the residential service must be documented.

(c) Services. In addition to the services required of all residential programs, rehabilitation services must provide:

(1) individual, group and family counseling as appropriate to resident needs; provided by clinical staff as clinical staff are defined in Part 800 of this Title.

(i) A group therapy session shall contain no more than 15 persons;

(ii) Family counseling services include services to significant others;

(iii) Peer support may occur in a peer group setting where the group is facilitated by residents who have greater experience or seniority within the service. Such counseling must be directly supervised by a clinical staff member in attendance;

(iv) Multi-family group counseling and psycho-education.

(2) Medical assessment of physical and mental health conditions and medical treatment to enable the resident to manage chronic health and mental health conditions including treatment of physical health conditions that are routine:

(i) Psychiatric assessment and medication management of co-occurring psychiatric conditions which can be managed within the residential setting;

(ii) Psycho-social interventions which teach skills for coping with urges, craving, impulsive behavior and cognitive distortions in thinking, motivational interviewing techniques to engage the resident in treatment;

(iii) Planned interactions with residents within the milieu intended to build social, emotional, and behavioral functioning including: increased empathy, successful social interactions, increase in self-efficacy, confidence, control over impulses, managing of urges and cravings to use and the skill in use of social supports available within the community.

820.12 Additional requirements for community reintegration services in a residential setting

(a) Resident profile. Reintegration services are provided in a supervised congregate or scattered site setting to persons making the transition to sustained remission from SUD in the community. Persons appropriate for this service are stable in SUD, psychiatric and medical conditions and have adequate functioning in cognitive, emotional regulation, social and role functioning.

(b) Admission criteria. In addition to the admission criteria applicable to residential services generally, an individual admitted to a reintegration residential service must meet the following criteria: (1) The individual must be homeless or must have a living environment not conducive to recovery; and

(2) The individual must be determined to need outpatient treatment services and/or other support services such as vocational or educational services; and

(c) Services. (1) In addition to services required of all residential services, reintegration residential services are specifically required to provide a structured therapeutic environment designed to facilitate the individual's progress toward recovery from SUD and maintain a focus on the development and improvement of the skills necessary for recovery.

(2) Services to be provided shall include the following:

(i) Each reintegration residential service shall ensure that its residents have access to individual, group and family counseling services as needed and appropriate.

(ii) Each reintegration residential service shall have written referral agreements with one or more SUD outpatient services to provide outpatient treatment services, as necessary.

(iii) The reintegration residential service shall ensure that such services are integrated with the activities and services provided by the residence and incorporated in the individual's comprehensive service plan.

(iv) Each reintegration residential service shall ensure that a comprehensive and appropriate range of services are available to each resident. Such services include but are not limited to:

(A) vocational services such as vocational assessment;

(B) job skills training, and employment readiness training;

(C) educational remediation; and

(D) life, parenting and social skills training.

(4) Services may be provided directly by the service or by referral.

(5) Services shall be identified in the resident's service plan.

(6) Personal, social, and community skills training and development. Residents shall receive training in community living skills, personal hygiene and personal care skills as needed by each resident. Such skill development shall include, but is not limited to, a program of social interaction and leisure activities.

(d) Service plan review. Each service plan, once established, must be thoroughly reviewed and updated by the responsible clinical staff member in consultation with the resident whenever a change in services requires; all updates must be reviewed and signed by the supervisor.

(e) Staffing. (1) Each reintegration residential service shall have a full time Manager responsible for the day-to-day operation of the service.

(2) For community reintegration services in a congregate setting, there shall be staff on site twenty-four hours per day, seven days per week.

(3) All reintegration residential services shall have sufficient staff to insure that supportive services are available and responsive to the needs of each resident.

(4) For community reintegration services in a scattered site setting, there shall be sufficient clinical staff members to ensure at least one visit to each resident per week, in order to assure the proper maintenance of the living site and that residents are maintaining an environment and schedule appropriate to and supportive of recovery and independent living.

820.13 Standards pertaining to Medicaid reimbursement

(a) Services must be delivered in accordance with signed treatment/recovery plan.

(1) Treatment/recovery plans should be signed by the responsible clinical staff member and the resident. Activities included in the service plan must be intended to achieve identified treatment/recovery plan goals or objectives and identify the following:

(i) medical or remedial services intended to reduce the condition;

(ii) anticipated outcomes for the resident;

(iii) frequency, amount and duration of the services.

(2) Treatment/recovery plans shall specify a timeline for plan reevaluation at least annually and be reevaluated at any time clinically necessary.

(b) Non-covered services. (1) Components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary, are not eligible for Medicaid reimbursement.

(2) Services provided at a work site must not be job task oriented and must be directly related to treatment of a resident's treatment needs.

(3) No more than one per diem rate may be billed a day for residential SUD programs, however bills may be submitted for allowable medical procedures in accordance with CPT approved coder set per the national correct coding initiative.

(c) Court ordered services. (1) Assessments and testing for individuals who are Medicaid eligible, including any laboratory tests and urine tests.

(2) Drug court diversion treatment programs are eligible for Medicaid funding.

(3) Laboratory procedures which the practitioner refers to an outside laboratory must be billed by the laboratory.

(d) Service reimbursement. Reimbursements for services are based upon a Medicaid fee schedule established by the State of New York. OASAS reimbursement rates and information may be found on the OASAS website and in Part 841 of this Title.

820.14 Severability.

If any provision of this Part or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Part which can be given effect without the invalid provisions or applications, and to this end the provisions of this Part are declared to be severable.

Appendix IV
2016 Title XIX State Plan
Third Quarter Amendment
Public Notice

outreach consultant at (888) 772-6400 or email outreach@ingroupinc.com no later than three (3) days before the hearing for which the services are being requested.

All public hearing dates, times and locations are subject to change due to inclement weather conditions. Information regarding any change in the hearing schedule will be posted at the above mentioned website at least two hours before the scheduled start time of the hearing.

For more information about New York's Storm Recovery efforts or to download a copy of this current Amendment No. 6, the State's Action Plan and related amendments, please visit http://stormrecovery.ny.gov.

PUBLIC NOTICE

Office of Alcoholism and Substance Abuse
and
Department of Health

Pursuant to 42 CFR Section 447.205, the New York State (NYS) Office of Alcoholism and Substance Abuse Services and the NYS Department of Health hereby give public notice of the following:

The State proposes to amend the Title XIX (Medicaid) State Plan regarding its methods and standards for coverage and reimbursement of Medicaid rehabilitative services. The following changes are proposed:

Effective simultaneous with the approval of CMS of the New York section 1115 demonstration amendment to enable qualified managed care organizations to meet the needs of participants with behavioral health needs, expected to occur on or after January 1, 2015, the coverage and reimbursement methodology regarding rehabilitative services will remove substance use disorder clinics from the Medicaid clinic option and cover the services provided by those facilities under rehabilitative services. This will allow Medicaid to reimburse outpatient services when provided in a site-based clinic, community setting or in the individual's place or residence when permitted under State practice laws. These services may be provided on-site or on a mobile basis as defined by the State certifying agency.

Rehabilitative services are defined as "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level." The broad general language in this regulatory definition has afforded States considerable flexibility under their State plans to meet the needs of their State's Medicaid population.

Rehabilitative services are specialized services of a medical or remedial nature delivered by uniquely qualified practitioners designed to treat or rehabilitate persons for maximum reduction of physical or mental disability and restoration to his/her best possible functional level. These services will be provided to recipients on the basis of medical necessity.

The NYS Medical Assistance Program covers rehabilitative services provided to eligible Medicaid recipients by eligible providers.

This proposed change targets service delivery, specifically, substance use disorder and addiction treatment and is designed to ensure that quality rehabilitative services are provided in a coordinated manner that is in the best interest of the individuals, are limited to rehabilitative purposes and, are furnished by qualified providers.

The proposed change would also provide guidance to ensure that services claimed under the optional Medicaid rehabilitative benefit are rehabilitative individual-centered out-patient and residential services, are furnished by qualified providers, and are provided to Medicaid eligible individuals according to a goal-oriented, recovery focused rehabilitation plan.

Under this methodology, the State will add residential substance use disorder and addiction treatment in residential settings of 16 beds or less and provide such under rehabilitative services. This will allow the State to provide Medicaid eligible individuals recovery-oriented treatment designed to achieve changes in their substance use disorder behaviors.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendments.

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: Trisha Schell-Guy, Office of Alcoholism and Substance Abuse Services, 1450 Western Ave., Albany, NY 12203, (518) 485-2317, (518) 485-2335, e-mail: trisha.guy@oasas.ny.us

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for March 2014 will be conducted on March 18 and March 20 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Building 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Division of Criminal Justice Services
DNA Subcommittee

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the DNA Subcommittee to be held on:

DATE: March 7, 2014
TIME: 9:30 a.m.
PLACE: Empire State Development Corporation
(ESDC)
633 3rd Ave.
37th Fl.
New York, NY

Identification and sign-in are required at this location. *For further*

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
Department of Health

The New York State Department of Health is submitting a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend the Medicaid Redesign Team (MRT) Plan.

Beginning no earlier than July 1, 2017, New York is seeking approval with this demonstration amendment to:

• Incorporate Medicaid State Plan behavioral health services into the MMMC and HIV SNP contracts for enrolled children.

• Transition coverage under the five children's Section 1915(c) HCBS waivers to the 1115 demonstration:

o Office of Mental Health (OMH) Serious Emotional Disturbance (SED) waiver #NY.0296;

o Department of Health (DOH) Care At Home (CAH) I/II waiver #NY.4125;

o Office of Children and Families (OCFS) Bridges to Health (B2H) SED waiver #NY.0469, B2H Developmental Disability (DD) waiver #NY.0470, and B2H Medically Fragile waiver #NY.0471;

• Remove the exemption from mandatory enrollment into MMMC and HIV SNPS for children in the above HCBS waivers for receipt of HCBS by phasing in enrollment, unless the child is otherwise excluded from enrollment, i.e., available comprehensive Third Party Health Insurance and/or Medicare, or Medically Needy child who is provisionally eligible. Children receiving HCBS under the demonstration who have access to Comprehensive Third Party Health Insurance, Medicare, or are Medically Needy and provisionally eligible will remain in FFS Medicaid until these exclusions from MMMC and HIV SNP enrollment are removed.

• Include children in voluntary foster care agencies in MMMC or HIV SNPs.

• Streamline children's HCBS administration to have more consistent eligibility processes and benefits across all populations.

• Offer a single HCBS benefit package to all children meeting institutional level of care (LOC) functional criteria. This includes offering State Plan CFCO services to LOC children eligible for Medicaid solely because of receipt of HCBS services (i.e., Family-of-One children not eligible under the State Plan but who meet institutional admission criteria and receive HCBS services).

• Expand Medicaid services to offer an HCBS benefit package identical to the 1115 HCBS package (but not including State Plan CFCO services) to children meeting targeting criteria and having functional needs at-risk of institutional care under the Demonstration. These services will be called the at-risk HCBS Level of Need (LON) services throughout the amendment and will be added no earlier than July 1, 2018.

• Expand Medicaid eligibility for children meeting at-risk HCBS LON targeting and functional status to offer an HCBS benefit package identical to the HCBS package for other at-risk LON children under the Demonstration. LON Family-of-One children will be added no earlier than January 1, 2019.

• Transition from non-risk to risk-based reimbursement for HCBS in MMMC and HIV SNP over time but no earlier than July 1, 2020.

Additional information concerning the MRT Plan and any amendment requests can be obtained by writing to: Department of Health, Office of Health Insurance Programs, Corning Tower (OCP Suite 720), Attention: Waiver Management Unit, Albany, NY 12237 or by e-mail: 1115waivers@health.state.ny.us

Written comments concerning the amendment will be accepted at the above address for a period of thirty (30) days from the date of this notice.

MRT Plan information is also available to the public on-line at http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the NYS Office of Alcoholism and Substance Abuse Services hereby give public notice of the following clarification to the March 5, 2014 Public Notice:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for coverage and reimbursement of Medicaid rehabilitative services. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the March 5, 2014 noticed provision for rehabilitative services provided to Medicaid recipients by eligible providers on the basis of medical necessity. The coverage and reimbursement methodology regarding rehabilitative services will remove substance use disorder clinics from the Medicaid clinic option and cover the services provided by those facilities under rehabilitative services. This allows Medicaid to reimburse outpatient services when provided in a site-based clinic, community setting or in the individual's place or residence when permitted under State practice laws.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative for State fiscal year 2016/2017 is $7.4 million.

The public is invited to review and comment on this proposed State

Plan Amendment (SPA). Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011, are also available for viewing on this website.

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: Office of Alcoholism and Substance Abuse Services, Office of Counsel, Trisha R. Schell-Guy, Esq., 1450 Western Ave., Albany, NY 12203, (518) 485-2312, Trisha.schell-guy@oasas.ny.gov

PUBLIC NOTICE

Department of State
F-2016-0693
Date of Issuance – September 21, 2016

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2016-0693, the Village Creek Harbor Corp., Village Creek, Norwalk, CT; The applicant is proposing to perform maintenance dredging of approximately 24,900cy of material with subsequent open-water disposal of the dredged material at the Western Long Island Sound Disposal Site (WLDS).

The applicant's consistency certification and supporting information are also available at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2016-0693ConsistencyCertification.pdf

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, by October 6, 2016.

Comments should be addressed to the New York State Department of State, ATTN: Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail at: CR@dos.ny.gov.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2016-0703
Date of Issuance – September 21, 2016

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2016-0703, the Clinton Yacht Haven Dockominium Association, Inc., Clinton Harbor, Clinton, CT; The applicant is proposing to perform maintenance dredging of approximately 24,900cy of material with subsequent open-water disposal of the dredged material at the Central Long Island Sound Disposal Site (CLDS).

The applicant's consistency certification and supporting information are also available at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2016-0703_ConsistencyCertification.pdf

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, by October 6, 2016.

Comments should be addressed to the New York State Department of State, ATTN: Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000; Fax (518) 473-2464. Comments can also be submitted electronically via e-mail at: CR@dos.ny.gov.

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2016-0755
Date of Issuance – September 21, 2016

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2016-0755, the Indian Neck Yacht Club, Branford River, Branford, CT; The applicant is proposing to perform maintenance dredging of approximately 4,772cy of material with subsequent confined (needs capping material) open-water disposal of the dredged material at the Central Long Island Sound Disposal Site (CLDS).

The applicant's consistency certification and supporting information are also available at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2016-0755_ConsistencyCertification.pdf

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, by October 6, 2016.

Appendix V
2016 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #16-0004

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. **Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

   Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular A-87 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
   - **(i) a complete list of the names of entities transferring or certifying funds;**
   - **(ii) the operational nature of the entity (state, county, city, other);**
   - **(iii) the total amounts transferred or certified by each entity;**
   - **(iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
   - **(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

   Response: Payments made to service providers under the provisions of this SPA are funded through a budget appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Local Assistance Account under the General Fund/Aid to Localities.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

   Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated,**

non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: These services are covered as rehabilitation services and are, therefore, not held to UPL requirements.

5. **Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

   Response: The rate methodology included in the State Plan for SUD outpatient and residential services is a prospective methodology. We are unaware of any requirement under current federal law or regulation that limits individual provider's payments to their actual costs.

ACA Assurances:

1. **Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

   MOE Period.
   - **Begins on: March 10, 2010, and**
   - **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

   Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. **Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

   Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States'

expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. **Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

   Response: This State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

a) **Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
b) **Please include information about the frequency inclusiveness and process for seeking such advice.**
c) **Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 11-06, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.