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

December 30, 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 #17-0004
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #17-0004 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2017 (Appendix I). This amendment is being submitted based on State regulations. 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 regulations 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 April 29, 2015, 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: **17-0004**	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 **October 1, 2017**	

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: **Section 1905(r)(5) of the Social Security Act and 42 CFR 447**	7. FEDERAL BUDGET IMPACT: **(in thousands)** **a. FFY 10/01/17-09/30/18 $14,877.27** **b. FFY 10/01/18-09/30/19 $24,248.74**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 3.1A: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35; 3b-36; 3b-37; 3b-38; 3b-39** **Attachment 3.1B: 3b-13; 3b-14; 3b-15; 3b-16; 3b-17; 3b-18; 3b-19; 3b-20; 3b-21; 3b-22; 3b-23; 3b-24; 3b-25; 3b-26; 3b-27; 3b-27; 3b-28; 3b-29; 3b-30; 3b-31; 3b-32; 3b-33; 3b-34;3b-35; 3b-36; 3b-37; 3b-38; 3b-39** **Attachment 4.19-B: Page 1(a)(iii)**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

10. SUBJECT OF AMENDMENT:
EPSDT Expansion for Behavioral Health Kids: Rehabilitation 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 1432** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: December 30, 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

Appendix I
2017 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined per Attachment 3.1-A, Item 13.d, page 3-13 are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates is the same for both governmental and private providers and the rates and any annual/periodic adjustments to the rates are published on the agency's website. The agency's rates were set as of January 1, 2017 and are effective for services provided on or after that date. All rates are published on the

Department of Health website at:https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm.

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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

Item 4.b, EPSDT services - **Rehabilitative Services: 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:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

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.

Program Name - Crisis Intervention:
Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be represented by a family member or other collateral contact who has knowledge of the child/youth's capabilities and functioning. The determination of the potential crisis is defined by the behavioral health professional. A behavioral health professional will do an assessment of

Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Description (Continued):

risk, and mental status, in order to determine whether or not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically sensitive and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. CI is a face-to-face intervention and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

Practitioner Qualifications: Services should be provided by a culturally competent, trauma-informed, and linguistically responsive multidisciplinary team (of at least two professionals unless noted below), for programmatic or safety purposes. One member of a two-person crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage only one team member is needed to respond to a psychiatric crisis, that team member must be a behavioral health professional and have experience with crisis intervention. If determined through triage only one team member is needed to respond to a substance use disorder (SUD) crisis, the team member may be a CASAC and a licensed practitioner must be available via phone. A peer support specialist may not respond alone. Behavioral health professionals are practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with experience/background treatment mental health and/or substance use disorders OR one practitioner from the above list and one practitioner from the following who is not considered a behavioral health professional: Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate- Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):

Practitioner Qualifications (Continued):

If one member of the crisis intervention team is a Peer support specialist, the Peer support provider must have a credential/certification as either:

1) An OMH established Family Peer Advocate credential, or
2) An OASAS established Certified Recovery Peer Advocate - Family.

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates training or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA credential every two years.

An FPA may obtain a provisional credential and complete all other requirements of the professional family peer advocate credential that will allow services they provide to be billed if the applicant has:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Family Peer Support (Continued):

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must (Continued):

•Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA).

An FPA with a provisional credential must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA OR Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

To be certified as CRPA-Family, the individual must be at least 18 years of age and have the following:

•Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
•Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
•Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
•Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
•Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendation.
•Demonstrated a minimum of 16 hours in the area of Family Support.
•Completed 20 hours of continuing education earned every two years, including six hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: 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.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Crisis Intervention Team Training: The Crisis Intervention team is required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), crisis plan development.

Supervisor Qualifications: The supervisor must provide regularly scheduled supervision and have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. For example, if a psychiatric nurse practitioner is on the team with fewer than 3,600 hours of experience, a psychiatrist must be on the team and supervise him/her. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.

Limits to Service: The beneficiary's chart must reflect resolution of the crisis which marks the end of the current episode. All beneficiaries who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g., collateral, provider, community member) to effectively resolve it are eligible. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. The CI services should follow any established crisis plan already developed for the beneficiary, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives.

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

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Crisis Intervention Components:

Mental Health and Substance Abuse Services:
Assessment:
Description: Assessment of risk and mental status and the need for further evaluation and/or other health/behavioral health services.

Practitioner Qualifications: Assessments may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Service Planning:
Description: Development of a safety plan, which addresses the immediate circumstances and the prevention of future crises, and signing of appropriate releases.

Practitioner Qualifications: Service Planning may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Individual Counseling/Therapy:
Describe: Crisis resolution and debriefing with the identified Medicaid eligible child, the child's family/caregiver and treatment provider.

Practitioner Qualifications: Individual Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Family Counseling/Therapy:
Describe: Crisis resolution and debriefing with the child's family/caregiver and the treatment provider.

Practitioner Qualifications: Family Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Care Coordination:
Description: Care coordination includes:
1) Consultation with a physician or other licensed practitioner of the healing arts to assist with the child's specific crisis and planning for future service access.
2.) It is the expectation that there will be documented follow-up.
3.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of the developed crisis plan. The entity that the child is referred to conducts an evaluation/assessment for additional longer term services.

Practitioner Qualifications: Care Coordination may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Collateral Contacts focusing on the individual's treatment needs:
Description: Includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically sensitive, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Collateral Contacts focusing on the individual's treatment needs (Continued):

Practitioner Qualifications: Collateral Contacts may be made by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Peer/Family Peer Support:
Describe: Crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider.

Practitioner Qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA) or a Certified Recovery Peer Advocate-Family.

New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the state if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA certification every two years.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

An FPA may obtain a provisional credential that will allow services they provide to be billed if the applicant has:

- •Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- •Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the state if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- •Completed Level One and Level Two of the Parent Empowerment Program (PEP) training or approved comparable training.
- •Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). An FPA with a provisional credential must complete all other requirements of the full certification within 18 months of employment as an FPA.

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- •Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- •Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- •Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
- •Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
- •Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- •Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- •Submitted two letters of recommendation.
- •Demonstrated a minimum of 16 hours in the area of Family Support.
- •Completed 20 hours of continuing education earned every two years, including six hours of Ethics.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Crisis Intervention Team Training: The Crisis Intervention team, including the peer, is required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), crisis plan development.

Supervisor Qualifications: The supervisor must provide regularly scheduled supervision and have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.

Crisis Intervention:
Description: All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of diverting an emergency room visit and/or inpatient admission, when appropriate. Service is available with 24/7 availability and capacity to respond within one hour of call.

Practitioner Qualifications: Services may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued):

Program Name - Community Psychiatric Support and Treatment (CPST)
Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home.

Practitioner Qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

13d. Rehabilitative Services: EPSDT only (Continued):
Community Psychiatric Support and Treatment (CPST) (Continued):

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

Limits to service:
The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

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

Service Planning (Strengths-based treatment planning):
Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):
Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):
Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):
Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning including improving life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner Qualifications:
Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

13d. Rehabilitative Services: EPSDT only (Continued):
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual Counseling/Therapy (Rehabilitative Supports) (Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Family Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner Qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Group Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Group Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's employment, housing and education goals, and to sustain the identified community goals.

Practitioner Qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Collateral Contacts focusing on the individual's treatment needs:
Description: CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner Qualifications: Collateral Contacts may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to families following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management) (Continued):

Practitioner Qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

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

Rehabilitative Services: EPSDT only:
Program Name - Psychosocial Rehabilitation (PSR):
Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (PSR) (Continued):
Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.

2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes coaching to develop constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.

3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.

13d. Rehabilitative Services: EPSDT only (Continued):
Psychosocial Rehabilitation (PSR) (Continued):

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. . The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

Limitations:
The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 4 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:
Peer Support:
Description: Youth support and training services are formal and informal services and supports provided to youth, ages 14-21 years old, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):
Peer Support (Continued):

Description (Continued):

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner, operating within the scope of their practice with the youth, family/caregiver or other collateral supports. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. Coaching to enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner Qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Completed Level One (online) and Level Two (online and in person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a YPA including one from YPAs supervisor.
- Agree to practice according to the Youth Peer Advocate Code of Ethics.
- Documented 600 hours of experience providing Youth Peer Support services.
- Completed 20 hours of continuing education every 2 years.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Be supervised by a credentialed YPA OR a credentialed Family Peer Advocate, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner Qualifications (Continued):

A YPA may obtain a provisional credential that will allow services they provide to be billed if the applicant:

- Is an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational credential can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Has completed Level One of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Submits two letters of reference attesting to proficiency in and suitability for the role of an YPA.
- Be supervised by a credentialed YPA OR a credentialed FPA, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595. Refer to Supervisor Qualifications for specificity.
- Agree to practice according to the YPA Code of Ethics.

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:

- Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS).
- Completed a minimum of 46 hours content specific training, covering topics of advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of relative work experience or document at least 500 hours of related work experience if they:
    - Have a Bachelor's Degree, is certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30 hour Recovery Coach Academy training.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):
Practitioner Qualifications (Continued):

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has (Continued):

•Provided evidence of at least 25 hours of supervision specific to the to the performance domains of advocacy, mentoring/education, recovery/wellness and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendations.
•Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
•Completed 20 hours of continuing education earned every two years, including 6 hours of ethics.

Supervisor Qualifications: YPAs will be supervised by:

1) A credentialed YPA with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
2) A credentialed FPA with 4 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

•The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
•Supervision of these activities may be delivered in person or by distance communication methods.
•It is required that one hour of supervision be delivered for every 40 hours of Peer Support and Training duties performed.
•There may be an administrative supervisor who signs the youth peer specialist's timesheet and is the primary contact on other related human resource management issues.
•Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications:
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

Limitations: The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 4 members. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

13d. Rehabilitative Services: EPSDT only (Continued):

Program Name - Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes, Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Practitioner Qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

FPA Credential- To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA certification every two years.

A provisional FPA credential:

- Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: 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.

Supervisor Qualifications: FPAs will be supervised by:
1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
2) A "qualified mental health staff person" with a) training in FPSS and the role of FPAs b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications (Continued):
The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

Limitations:
The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 4 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Limitation (Continued):

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

New York
3b-13

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

Item 4.b, EPSDT services - **Rehabilitative Services: 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:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

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.

Program Name - Crisis Intervention:
Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be represented by a family member or other collateral contact who has knowledge of the child/youth's capabilities and functioning. The determination of the potential crisis is defined by the behavioral health professional. A behavioral health professional will do an assessment of

Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Description (Continued):

risk, and mental status, in order to determine whether or not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically sensitive and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home. The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. CI is a face-to-face intervention and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

Practitioner Qualifications: Services should be provided by a culturally competent, trauma-informed, and linguistically responsive multidisciplinary team (of at least two professionals unless noted below), for programmatic or safety purposes. One member of a two-person crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage only one team member is needed to respond to a psychiatric crisis, that team member must be a behavioral health professional and have experience with crisis intervention. If determined through triage only one team member is needed to respond to a substance use disorder (SUD) crisis, the team member may be a CASAC and a licensed practitioner must be available via phone. A peer support specialist may not respond alone. Behavioral health professionals are practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, or Nurse Practitioner with experience/background treatment mental health and/or substance use disorders OR one practitioner from the above list and one practitioner from the following who is not considered a behavioral health professional: Certified alcoholism and substance abuse counselor, Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate- Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):

Practitioner Qualifications (Continued):

If one member of the crisis intervention team is a Peer support specialist, the Peer support provider must have a credential/certification as either:

1) An OMH established Family Peer Advocate credential, or
2) An OASAS established Certified Recovery Peer Advocate - Family.

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates training or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA credential every two years.

An FPA may obtain a provisional credential and complete all other requirements of the professional family peer advocate credential that will allow services they provide to be billed if the applicant has:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.

New York
3b-16

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Family Peer Support (Continued):

Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must (Continued):

•Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA).

An FPA with a provisional credential must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA OR Family Peer Support will be delivered by a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

To be certified as CRPA-Family, the individual must be at least 18 years of age and have the following:

•Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
•Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
•Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
•Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
•Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendation.
•Demonstrated a minimum of 16 hours in the area of Family Support.
•Completed 20 hours of continuing education earned every two years, including six hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: 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.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Crisis Intervention Team Training: The Crisis Intervention team is required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), crisis plan development.

Supervisor Qualifications: The supervisor must provide regularly scheduled supervision and have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. For example, if a psychiatric nurse practitioner is on the team with fewer than 3,600 hours of experience, a psychiatrist must be on the team and supervise him/her. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.

Limits to Service: The beneficiary's chart must reflect resolution of the crisis which marks the end of the current episode. All beneficiaries who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g., collateral, provider, community member) to effectively resolve it are eligible. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. The CI services should follow any established crisis plan already developed for the beneficiary, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives.

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

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):

Crisis Intervention Components:

Mental Health and Substance Abuse Services:
Assessment:
Description: Assessment of risk and mental status and the need for further evaluation and/or other health/behavioral health services.

Practitioner Qualifications: Assessments may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Service Planning:
Description: Development of a safety plan, which addresses the immediate circumstances and the prevention of future crises, and signing of appropriate releases.

Practitioner Qualifications: Service Planning may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Individual Counseling/Therapy:
Describe: Crisis resolution and debriefing with the identified Medicaid eligible child, the child's family/caregiver and treatment provider.

Practitioner Qualifications: Individual Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Family Counseling/Therapy:
Describe: Crisis resolution and debriefing with the child's family/caregiver and the treatment provider.

Practitioner Qualifications: Family Counseling/Therapy may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Care Coordination:
Description: Care coordination includes:
1) Consultation with a physician or other licensed practitioner of the healing arts to assist with the child's specific crisis and planning for future service access.
2.) It is the expectation that there will be documented follow-up.
3.) Follow-up with the child and family/caregiver within 24 hours of initial contact/response, including informing existing supports/providers of the developed crisis plan. The entity that the child is referred to conducts an evaluation/assessment for additional longer term services.

Practitioner Qualifications: Care Coordination may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team except for a peer including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Certified rehabilitation counselor, or a Registered Professional Nurse.

Collateral Contacts focusing on the individual's treatment needs:
Description: Includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically sensitive, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Collateral Contacts focusing on the individual's treatment needs (Continued):

Practitioner Qualifications: Collateral Contacts may be made by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

Peer/Family Peer Support:
Describe: Crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider.

Practitioner Qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA) or a Certified Recovery Peer Advocate-Family.

New York State Credentialed Family Peer Advocate (FPA). To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the state if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA certification every two years.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

An FPA may obtain a provisional credential that will allow services they provide to be billed if the applicant has:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the state if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One and Level Two of the Parent Empowerment Program (PEP) training or approved comparable training.
- Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). An FPA with a provisional credential must complete all other requirements of the full certification within 18 months of employment as an FPA.

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support, medication assisted treatment and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: have a bachelor's degree; are credentialed by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or completed the 30-Hour Recovery Coach Academy training.
- Provided evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Passed the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including six hours of Ethics.

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Crisis Intervention Components (Continued):

Crisis Intervention Team Training: The Crisis Intervention team, including the peer, is required to have training in first aid, CPR, Mandated Reporting, Crisis De-escalation, Resolution and Debriefing, Suicide Prevention (e.g. SAFETALK), crisis plan development.

Supervisor Qualifications: The supervisor must provide regularly scheduled supervision and have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: CI practitioners must work within agencies that possess a current license to provide crisis and/or crisis treatment services or any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide comparable and appropriate crisis services referenced in the definition.

Crisis Intervention:
Description: All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of diverting an emergency room visit and/or inpatient admission, when appropriate. Service is available with 24/7 availability and capacity to respond within one hour of call.

Practitioner Qualifications: Services may be provided by any member of a culturally competent, trauma-informed, and linguistically responsive multidisciplinary crisis intervention team including: Psychiatrist, Physician, Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Mental Health Counselor (LMHC), Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Nurse Practitioner with experience/background treatment mental health and/or substance use, Certified alcoholism and substance abuse counselor (CASAC), Credentialed family peer advocate with lived experience as a family member, Certified Recovery Peer Advocate-Family, Certified rehabilitation counselor, or a Registered Professional Nurse.

13d. Rehabilitative Services: EPSDT only (Continued):

Program Name - Community Psychiatric Support and Treatment (CPST)
Description: Community Psychiatric Support and Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child (ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home.

Practitioner Qualifications: CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

13d. Rehabilitative Services: EPSDT only (Continued):
Community Psychiatric Support and Treatment (CPST) (Continued):

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a professional meeting the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

Limits to service:
The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

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

Service Planning (Strengths-based treatment planning):
Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):
Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):
Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):
Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning including improving life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner Qualifications:
Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

13d. Rehabilitative Services: EPSDT only (Continued):
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual Counseling/Therapy (Rehabilitative Supports) (Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Family Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Family Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner Qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Group Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Group Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's employment, housing and education goals, and to sustain the identified community goals.

Practitioner Qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Collateral Contacts focusing on the individual's treatment needs:
Description: CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Practitioner Qualifications: Collateral Contacts may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to families following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management) (Continued):

Practitioner Qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services plus one year of applicable experience OR who has been certified in an Evidenced Based Practice.

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

Rehabilitative Services: EPSDT only:
Program Name - Psychosocial Rehabilitation (PSR):
Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (PSR) (Continued):
Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.

2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes coaching to develop constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.

3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care.

13d. Rehabilitative Services: EPSDT only (Continued):
Psychosocial Rehabilitation (PSR) (Continued):

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. . The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

Limitations:
The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 4 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:
Peer Support:
Description: Youth support and training services are formal and informal services and supports provided to youth, ages 14-21 years old, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):
Peer Support (Continued):

Description (Continued):

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist (LMFT), Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner, operating within the scope of their practice with the youth, family/caregiver or other collateral supports. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. Coaching to enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner Qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- •Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- •Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- •Completed Level One (online) and Level Two (online and in person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.
- •Submitted three letters of reference attesting to proficiency in and suitability for the role of a YPA including one from YPAs supervisor.
- •Agree to practice according to the Youth Peer Advocate Code of Ethics.
- •Documented 600 hours of experience providing Youth Peer Support services.
- •Completed 20 hours of continuing education every 2 years.
- •Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- •Is able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- •Be supervised by a credentialed YPA OR a credentialed Family Peer Advocate, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner Qualifications (Continued):

A YPA may obtain a provisional credential that will allow services they provide to be billed if the applicant:

- Is an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational credential can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Has completed Level One of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs.
- Demonstrates qualities of leadership, including: Knowledge of advocacy and group development and/or facilitation of peer-to-peer groups or activities.
- Is able to use lived experience with a mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness.
- Submits two letters of reference attesting to proficiency in and suitability for the role of an YPA.
- Be supervised by a credentialed YPA OR a credentialed FPA, both with four years direct service experience OR an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595. Refer to Supervisor Qualifications for specificity.
- Agree to practice according to the YPA Code of Ethics.

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has:

- Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
- Has a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS).
- Completed a minimum of 46 hours content specific training, covering topics of advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of relative work experience or document at least 500 hours of related work experience if they:

    - Have a Bachelor's Degree, is certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30 hour Recovery Coach Academy training.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):
Practitioner Qualifications (Continued):

A YPA with a provisional credential must complete all other requirements of the professional credential within 18 months of employment as an YPA *OR* a Certified Recovery Peer Advocate – Youth who is an individual 18 to 30 years of age and has (Continued):

•Provided evidence of at least 25 hours of supervision specific to the to the performance domains of advocacy, mentoring/education, recovery/wellness and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
•Passed the NYCB/IC & RC Peer Advocate exam or other exam by an OASAS designated certifying body.
•Submitted two letters of recommendations.
•Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
•Completed 20 hours of continuing education earned every two years, including 6 hours of ethics.

Supervisor Qualifications: YPAs will be supervised by:

1) A credentialed YPA with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
2) A credentialed FPA with 4 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

•The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
•Supervision of these activities may be delivered in person or by distance communication methods.
•It is required that one hour of supervision be delivered for every 40 hours of Peer Support and Training duties performed.
•There may be an administrative supervisor who signs the youth peer specialist's timesheet and is the primary contact on other related human resource management issues.
•Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications:
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

Limitations: The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 4 members. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

13d. Rehabilitative Services: EPSDT only (Continued):

Program Name - Family Peer Support:

Description: Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. FPSS is a face-to-face intervention, a group face-to-face intervention. A group is a composition of members should share common characteristics, such as related experiences, developmental age, chronological age, challenges or treatment goals. The Service is directed to the child, and includes contacts necessary for treatment with the family/caregiver or other collateral supports. FPSS is recommended by a licensed practitioner of the healing arts including: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner, operating within the scope of their practice. FPSS can be provided through individual and group face-to-face work and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes, Components of FPSS include:

- Engagement, Bridging and Transition Support: Provide a bridge between families and service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Parent Skill Development: Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being.
- Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Practitioner Qualifications: Family Peer Support will be delivered by a New York State Credentialed Family Peer Advocate (FPA); FPA with a provisional credential; or a Certified Recovery Peer Advocate (CRPA) with a Family Specialty.

FPA Credential- To be eligible for the FPA Credential, the individual must:

- Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
- Completed Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates approved comparable training.
- Submitted three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
- Documented 1000 hours of experience providing Family Peer Support services.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.
- Completed 20 hours of continuing education and renew their FPA certification every two years.

A provisional FPA credential:

- Demonstrated 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- A high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Completed Level One of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
- Submitted two letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA). The provisional FPA must complete all other requirements of the Professional Family Peer Advocate Credential within 18 months of commencing employment as an FPA.
- Agreed to practice according to the Family Peer Advocate Code of Ethics.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Certified Recovery Peer Advocate (CRPA) with a Family Specialty:

To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:

- Have 'lived experience' as a family member impacted by youth substance use disorders. The CRPA – Family may be in recovery themselves.
- Have a high school diploma or a State Education Commencement Credential or General Equivalency Degree (GED).
- Completed a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility.
- Documented 1,000 hours of related work experience, or document at least 500 hours of related work experience if they: Have a Bachelor's Degree; Are certified by OASAS as a CASAC, CASAC Trainee, or Prevention Professional; or Completed the 30-Hour Recovery Coach Academy training.
- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness support, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the NYCB/IC & RC Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Demonstrated a minimum of 16 hours in the area of Family Support.
- Completed 20 hours of continuing education earned every two years, including 6 hours of Ethics.

Certified Recovery Peer Advocate with a Family Specialty as defined in the NYS OASAS: 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.

Supervisor Qualifications: FPAs will be supervised by:
1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least 1 year of which is as a credentialed FPA with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
2) A "qualified mental health staff person" with a) training in FPSS and the role of FPAs b) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by experienced credentialed FPA within the organization OR
3) From a competent behavioral health professional meeting the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
4) A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications (Continued):
The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

Limitations:
The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 4 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Limitation (Continued):

- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

Appendix II
2017 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #17-0004

This State Plan Amendment proposes to revise provisions of Early & Periodic Screening, Diagnostic & Treatment Services (EPSDT) services related to the expansion of behavioral health services provided to individuals under age 21 on or after October 1, 2017 by adding the following new services:

- Crisis Intervention;
- Community Psychiatric Supports & Treatment;
- Psychosocial Rehabilitation Services;
- Family Peer Support Services; and
- Youth Peer Support and Training

The State is submitting this State Plan Amendment in order to implement the recommendations adopted by the Children's Medicaid Redesign Team (MRT) Behavioral Health Subcommittee, to develop a children's managed care model that improves clinical and recovery outcomes for children and youth with Behavioral Health (BH) and Home and Community Based Services (HCBS) needs (e.g., medically fragile children, children with BH needs, and children with developmental disabilities in Foster Care).

This State Plan Amendment package is part of a package of children's reform and redesign initiatives developed in collaboration with the MRT Subcommittee and stakeholder engagement. The State Plan Amendment as well as State Plan Amendment 17-0001 – EPSDT Expansion for BH Kids – OLP, and accompanying Demonstration Amendment to the 1115 (HCBS) are interdependent and will be concurrently submitted. A seventh State Plan service will be submitted at a later date which is also related. The timely approval of the State Plans and the 1115 Demonstration amendment is necessary to ensure that all children in New York State receive comparable services under the redesign. Because these services permit delivery of community evidence-based practices consistent with CMS guidance[1], the approval of the State Plan Amendments is linked to the approval of the Demonstration Amendment and ensuring that comprehensive coordination of physical health and behavioral health within Health Homes as well as appropriate utilization review over these new services within FFS and managed care occurs.

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[1] CMCS-IB dated March 27, 2013, "Prevention and Early Identification of Mental Health and Substance Use Conditions"; Joint CMCS and SAMHSA Informational Bulletin dated May 7, 2013, "Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions"; State Medicaid Director Letter, July 11, 2013, "Trauma Informed care for Children": Joint CMCS and SAMHSA Informational Bulletin dated January 26, 2015, "Coverage of Behavioral Health Services for Youth with Substance Use Disorders".

Appendix III
2017 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

PART 511

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES FOR CHILDREN

(Statutory authority: Mental Hygiene Law §§7.07, 7.09; 42 U.S.C. §1396d(r)(5); 18 NYCRR 507.6)

Section:

§ 511.1 Background and Intent

This regulation contains requirements applicable to rehabilitative health and behavioral health services available to children up to age twenty-one (21) and their families through the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program in New York. The services defined herein focus on preventing the need for more restrictive placements settings and higher intensity services, by increasing culturally and linguistically appropriate, trauma-informed services provided in the most integrated setting possible. Providers must be designated to provide such services when medically necessary and services must be recommended by licensed practitioner of the healing arts. This Part is intended to establish standards applicable to all providers operated, licensed, or otherwise authorized by the Office of Mental Health (OMH) that wish to be designated to offer EPSDT health and behavioral health services.

§ 511.2 Legal base

(a) Section 7.07(a) of the Mental Hygiene Law charges the Commissioner of Mental Health with the responsibility for assuring the development of comprehensive plans, programs, and services in areas of research, prevention, and care, treatment, rehabilitation, education, and training of persons with mental illness.
(b) Section 7.07 (c) of the Mental Hygiene Law gives the Commissioner of Mental Health the responsibility for seeing that persons with mental illness are provided with care and treatment, and that such care, treatment, and rehabilitation is of high quality and effectiveness.
(c) Section 7.09 of the Mental Hygiene Law grants the Commissioner of Mental Health the power and responsibility to adopt regulations that are necessary and proper to implement matters under his or her jurisdiction.
(d) Section 31.02 of the Mental Hygiene Law authorize the Commissioner of Mental Health to set standards of quality and adequacy of facilities, equipment, personnel, services, records and programs for the rendition of services for persons diagnosed with mental illness., (e) 42 U.S.C. § 1396d(r)(5) defines EPSDT services available under Medicaid to correct or ameliorate physical and mental illnesses and conditions that are detected in Medicaid-eligible children.
(e) 18 NYCRR 507.6. This section promotes the expansion of health and behavioral health services for children. The New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and the New York State Office of Children and Family Services (OCFS) (the "State Agencies") shall designate qualified providers to deliver these EPSTD services under the Medical Assistance Program.

§ 511.3 Applicability

(a) The designation of providers pursuant to this regulation is not a substitute for possessing any required State licensure, certification, authorization or credential.

(b) If a provider applies for designation to provide any of these EPSDT services referenced in this regulation and wishes to serve the general population needing mental health services; the organization will need to be licensed or authorized by the Office of Mental Health in addition to obtaining the State interagency designation. Guidance on this process is provided in the *Children's Health and Behavioral Health Services Transformation, Medicaid State Plan Provider Manual.*

(c) The provisions of this Part are applicable to all providers of mental health services licensed or otherwise authorized by the Office of Mental Health that are seeking or have obtained designation from the Office to offer EPSDT behavioral health and health services.

§511.4 Standards of Care Standards of Care are essential for access to and quality of care for persons served by programs authorized to provide behavioral health services. Such Standards of Care must be incorporated into the policies of these programs and be applied consistently throughout the State.

b)Qualified providers shall provide services in compliance with the Standards of Care as found in the *Childrens' Health and Behavioral Health Services Transformation, Medicaid State Plan Provider Manual* and consistent with their scope of practice and approved designation. These Standards of Care are approved by the Commissioner of Mental Health in consultation with the State Agencies.

(c)Each applicant for designation must agree to operate in compliance with the Standards of Care, applicable regulations, and the *Childrens' Health and Behavioral Health Services Transformation, Medicaid State Plan Provider Manual.*

(d)Treatment plans shall address the Standards of Care which shall supplement any requirements of treatment plans and case records found in 14 NYCRR 599.

§ 511.5 Definitions.

For purposes of this Part:

(a) *Child* means a person under the age of twenty-one.

*(b) Childrens' Behavioral Health and Health Services Transformation, Medicaid State Plan Provider Manual (Manual)*means the guide describing six children's health and behavioral health benefits approved pursuant to the Medicaid State Plan.

(c) *Children's services* means health and behavioral health services as defined in 18 NYCRR Part 507 and authorized by the New York State Department of Health (DOH) to be provided by designated treatment providers pursuant to rules and regulations of this Office

(d) *Early Periodic Screening and Diagnostic Treatment (EPSDT)* means the provision of comprehensive and preventive health and behavioral health services for children under age twenty-one (21) enrolled in Medicaid. EPSTD is intended to ensure that children receive appropriate preventive, dental, health, behavioral health, developmental and specialty services.

(e) *Evidenced based practice (EBP)* means an intervention for which there is rigorous scientific evidence demonstrating their effectiveness or efficacy in improving child outcomes.

(f) *Family* means the primary caregiving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and child(ren performing duties of parenthood/caregiving even if the individual is living outside the home.

(g) Licensed Practitioner of the Healing Arts (LPHA) means the following professional staff:

(1) Marriage and Family Therapist, which means an individual who is currently licensed as a Marriage and Family Therapist by the New York State Education Department;

(2) Mental Health Counselor, which means an individual who is currently licensed as a Mental Health Counselor by the New York State Education Department;

(3) Nurse Practitioner, which means an individual who is currently certified as a Nurse Practitioner by the New York State Education Department;

(4) Nurse Practitioner in psychiatry, which means an individual who is currently certified as a Psychiatric Nurse Practitioner by the New York State Education Department. For purposes of this Part, nurse practitioner in psychiatry shall have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

(5) Physician, which means an individual who is currently licensed as a Physician by the New York State Education Department or possesses a permit from the New York State Education Department;

(6) Physician's Assistant, which means an individual who is currently registered as a Physician Assistant or a Specialist's Assistant by the New York State Education Department;

(7) Psychiatrist, which means an individual who is currently licensed as a Physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;

(8) Psychoanalyst, which means an individual who is currently licensed as a Psychoanalyst by the New York State Education Department;

(9) Psychologist, which means an individual who is currently licensed as a Psychologist by the New York State Education Department;.

(10) Registered Professional Nurse, which means an individual who is currently licensed as a Registered Professional Nurse by the New York State Education Department; and

(11) Social Worker, which means an individual who is currently licensed as a Master Social Worker or Clinical Social Worker by the New York State Education Department.

(h) *Office* means the Office of Mental Health.

(i) *State Agencies* means the New York State Department of Health (DOH), the Office of Mental Health (OMH), the New York State Office of Children and Families (OCFS), the New York State Office of Alcoholism and Substance Abuse Services (OASAS) (the State Agencies), for purposes of this Part.

§ 511.5 Authorized Services

(a) The following services shall be available to children who are Medicaid eligible and who meet medical necessity criteria. Providers of these services must receive prior approval by written designation of the Office to provide any or all of the following childrens' services:

(1) *Crisis Intervention* services are available to a child and a member of his/her family who is experiencing a behavioral health crisis, and are designed to:

(i) interrupt and/or ameliorate the crisis experience;

(2) include an assessment that is culturally and linguistically competent;

(3) result in immediate crisis resolution and de-escalation; and

(4) result in the development of a crisis plan.

(2) *Community Psychiatric Support and Treatment (CPST)* services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. CPST is designed

to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

(3) Family Peer Support Services (FPSS), an array of formal and informal activities and supports provided to families who are caring for/raising a child who is experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provides a structured, strength based relationship between a credentialed Family Peer with relevant lived experience as determined appropriate by the Office and the parent/family member/caregiver for the benefit of the child/youth. Activities must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(4) *Other Licensed Practitioner (OLP)* services**,** which include services provided by the following professionals if currently licensed by the State of New York to prescribe, diagnose, and/or treat individuals with a physical, mental illness, substance use disorder, or functional limitations at issue, provided such professionals are operating within their respective scope of practice and in a setting permitted under New York State law, including community settings:

(1). Licensed Psychoanalyst;

(2). Licensed Clinical Social Worker;

(3). Licensed Marriage & Family Therapist;

(4). Licensed Mental Health Counselor; or

(5). Licensed Master Social Worker under the supervision or direction of a Licensed Clinical Social Worker, a Licensed Psychologist, or a Psychiatrist.

(5) *Psychosocial Rehabilitation Services (PRS),* are designed to work with children and their families to implement interventions outlined in the treatment plan to compensate for or eliminate functional deficits

and interpersonal and/or environmental barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as much as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(6) *Youth Peer Support and Training Services (YPST)* services are formal and informal services and supports provided to youth who are experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary by a credentialed youth peer with relevant lived experience as determined appropriate by the Office to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment processes are the focus of this service. Youth peer support and training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The Youth Peer Support and Training services are based on the individualized treatment plan developed by the licensed practitioner working with the child/youth.

(b) Approved Modality and Setting.

(1) Modality. Unless otherwise authorized, services should include face-to-face interaction with the child and their family as appropriate. Any such interactions, or the reasons such interaction could not be completed, shall be documented in the treatment plan and case record.

(2) Setting. Services may be provided in a variety of settings including a health or behavioral health clinic or other community location where the child lives, attends school, works or engages in social activities. Services should be offered in the best setting suited for the desired outcomes as referenced in the Manual.

511.7 Designation Process

(a)Requests for designation to provide EPSDT childrens' services shall be made in a form and format established by the Office

(b) To be eligible for designation, the applicant must:

(1) be enrolled in the Medicaid program prior to commencing service delivery;

(3) satisfy requisite criteria identified in the Childrens' Provider Designation Application, the Standards of Care, applicable regulations, and the *Children's Health and Behavioral Health Services Transformation, Medicaid State Plan Provider Manual,* available at (need to identify where these documents can be found).

(c) The Office shall provide its designation in writing. The provider of services must retain a copy of the designation letter and shall make it available for inspection upon request of the Office.

(d) Failure to adhere to the requirements set forth in this Part, may be grounds for revocation of designation. In the event that the Office, after consulting with the State Agencies, determines that designation must be revoked, it will notify the provider of its decision in writing. The provider may request an informal administrative review of such decision.

(1) The provider must request such review in writing within 14 days of the date it receives notice of revocation of designation to provide these childrens' services to the Commissioner or designee. The request shall state specific reasons why the provider considers the revocation of approval incorrect and shall be accompanied by any supporting evidence or arguments.

(2) The Commissioner or designee shall notify the provider, in writing, of the results of the informal administrative review within 20 days of receipt of the request for review. Failure of the Commissioner or designee to respond within that time shall be considered confirmation of the revocation.

(3) The Commissioner's determination after informal administrative review shall be final and not subject to further administrative review.

(4) A de-designated provider agency may apply for re-designation after it has been determined by the State Agencies that the provider agency has thoroughly corrected the problem which arose during the evaluation process. An on-site and/or desk evaluation may be conducted prior to approving a re-designation request.

§511. 8 Standards Pertaining to Medicaid reimbursement

Reimbursement for children's health and behavioral health services must be in accordance with the rates and fees established by the State Agencies and approved by the Director of Budget.

§ 511.9 Guidelines

The Office shall develop guidelines to assist providers in complying with the provisions of this Part and in delivering EPSDT services. The Office shall post such guidelines on its public website.

TITLE 18

Pursuant to the authority vested in the Commissioner of Health by section 206 of the Public Health Law, section 507.6, Part 507 of title 18 of the Official Compilation of Codes, Rules, and Regulations of the state of New York is amended, to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

Section 507.6 is added to read as follows:

***(a) Purpose*:** This section promotes the expansion of health and behavioral health services for children/youth under 21 years of age. The New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and the New York State Office of Children and Family Services (OCFS) (the "State Agencies") shall designate qualified organizations to deliver the following services under the Medical Assistance (MA) program.

***(b) Services*:** The following services shall hereafter be available to children, youth and transitional age youth who are eligible for Medicaid who meet medically necessity criteria.

(1) *Crisis Intervention - (CI)* services are provided to children/youth under age 21, and his/her family/caregiver, who is experiencing a psychiatric or substance use (behavioral health) crisis, and are designed to:

i. Interrupt and/or ameliorate the crisis experience

ii. Include an assessment that is culturally and linguistically sensitive

iii. Result in immediate crisis resolution and de-escalation

iv. Development of a crisis plan

(2) *Other Licensed Practitioner*:

i. A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed in the State of New York, operating within the scope of practice defined in State law and in any setting permissible under State practice law. This service allows for the delivery of services in the community in order to effectively engage children and youth. Services delivered in the community are to be within appropriate parameters.

ii. Individual Staff Qualifications: NP-LBHPs include individuals licensed and able to practice independently as a:

A. Licensed Psychoanalyst

B. Licensed Clinical Social Worker (LCSW)

C. Licensed Marriage & Family Therapist

D. Licensed Mental Health Counselor

E. Licensed Master Social Worker (LMSW) under the supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist.

(3) *Community Psychiatric Support and Treatment*: CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set

forth in the child's treatment plan. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. This includes the implementation of Evidence Based Practices with approved by the State Agencies.

(4) *Psychosocial Rehabilitation*: Psychosocial Rehabilitation Services (PSR) are designed to work with children and their families to implement interventions outlined in the treatment plan to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as much as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(5) *Family Peer Support - (FPSS*) are an array of formal and informal services and supports provided to families caring for/raising a child who is experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a credentialed Family Peer with relevant lived experience as determined

appropriate by the State Agencies as defined in subdivision (a) of this subsection and the parent/family member/caregiver for the benefit of the child/youth. Activities must be task oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

(6) *Youth Peer Support and Training: (YPST)* services are youth formal and informal services and supports provided to youth who are experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary by a credentialed youth peer with relevant lived experience as determined appropriate by the State Agencies as defined in subdivision (a) of this subsection to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment processes are the focus of this service. Youth peer support and training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The Youth Peer Support and Training services delivered are based on the individualized treatment plan developed by the licensed practitioner working with the child/youth.

(c) *Provider Agency Qualification*:

(1) Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, or designated by DOH, OMH, or OASAS, or in the case of voluntary foster care agencies licensed or approved by OCFS to provide comparable and appropriate services as referenced in the *Children's Behavioral Health and Health Services Transformation, Medicaid State Plan Provider Manual*.

(2) Any practitioner providing behavioral health or health services must operate within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, or designated by DOH, OMH, or OASAS, or in the case of voluntary foster care agencies licensed or approved by OCFS

(3) CI practitioners must work within agencies that possess a current license or authorization to provide crisis and/or crisis treatment services, or any child serving agency with children's behavioral health and health experience that is licensed, certified, or designated by DOH, OMH, OASAS or in the case of voluntary foster care agencies licensed or approved by OCFS to provide comparable and appropriate crisis services as referenced in the *Children's Behavioral Health and Health Services Transformation, Medicaid State Plan Provider Manual*.

(4) If an organization applies for designation to provide any SPA service referenced in this regulation and wishes to serve the general population needing mental health services; the organization will need to be licensed or authorized by the NYS Office of Mental Health in addition to obtaining the State interagency designation. Guidance on this process is provided in the *Children's Behavioral Health and Health Services Transformation, Medicaid State Plan Provider Manual*.

(5) If an organization applies for designation to provide any SPA service referenced in this regulation and wishes to serve the general population needing substance use disorder services; the organization will need to be certified, designated or authorized by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) in addition to obtaining the State interagency designation. Guidance on this process is provided in the *Children's Behavioral Health and Health Services Transformation, Medicaid State Plan Provider Manual*.

(d) ***Designation of Providers*:**

(1) Providers must be designated to provide any of the services authorized under this regulations. The designation of providers pursuant to this regulation is not a substitute for possessing any required State licensure, certification, authorization or credential.

(2) To be eligible for designation, the applicant must:

i. Be a Medicaid enrolled provider prior to commencing service delivery

ii. Be a qualified provider as described in subsection (c) of this section.

iii. Be in good standing as determined by DOH, OMH, OASAS, or in the case of voluntary foster care agencies licensed or approved by OCFS and maintain license, certification, and designation or approval with that agency.

iv. Be a fiscally viable agency.

v. Meet developed criteria as outlined in the Provider Designation Application guidance and form, including adequate explanation of how the provider meets such criteria.

vi. Adhere to the Standards of Care described in the Children's Behavioral Health and Health Transformation, Medicaid State Plan Provider Manual and as set forth in regulations.

vii. For Evidenced Based Practices (EBP), once the agency has received designation by the State Agencies to be a provider of Community Psychiatric Support and Treatment (CPST), it may seek designation as an approved EBP provider as per State guidance.

(3) Once an agency is designated as a SPA provider, delegation of the lead State agency (either DOH, OASAS, OCFS or OMH) will be based on the primary population served, location, and indicated line of business on provider application. Once designated, a provider may be required to modify the appropriate license/certificate/authorization for the respective State agency or to apply for licensure/certification/authorization as necessary and determined by the lead State Agency. The respective State Agency and other partner agencies will take on overall collaborative responsibilities relating to monitoring and oversight.

(4) Providers who fail to comply with laws, regulations and policies shall have designation withdrawn by the lead agency, who will consult with the State Agencies before making such determination. The provider has 14 business days to appeal the decision to the lead agency. The lead agency shall respond with a final decision within 14 business days of appeal.

(5) A de-designated provider agency may apply for re-designation after it has been determined that the provider agency has thoroughly corrected the problems which arose during the evaluation process of the lead agency. An on-site and/or desk evaluation may be conducted prior to approving the re-designation request.

(6) Providers designated to provide such services under the Medical Assistance program shall do so when such services are medically necessary and recommended by a licensed practitioner of the healing arts.

(7) Nothing contained herein shall authorize a provider agency as described in subdivision (c) to provide medical services, except as otherwise required by law or regulation.

(e) ***Reimbursement***: Reimbursement for children's behavioral health and health services must be in accordance with the rates established by the Department of Health and approved by the Director of the Budget.

Part 823 is ADDED to read as follows:

14 NYCRR Part 823
Children's services

(Statutory authority: Mental Hygiene Law §§ 19.07(e), 19.09(b), 32.01; 42 U.S.C. § 1396d(r)(5); 18 NYCRR 507)

Section:

§823.1 Background and intent

This regulation contains requirements applicable to rehabilitative health and behavioral health services available to children/youth, up to age twenty-one (21) and their families through the federal Early Periodic Screening, Diagnostic and Treatment (EPSDT) program in New York. The services defined herein focus on preventing the need for more restrictive placement settings and higher intensity services, by increasing culturally and linguistically appropriate, trauma-informed services provided in the most integrated setting possible. Providers must be designated to provide such services when medically necessary and recommended by a practitioner of the healing arts.

§823.2 Applicability

The designation of providers pursuant to this Part is not a substitute for possessing any required state license, certification, authorization or credential. The provisions of this Part are applicable to all programs and providers funded or certified by the Office who seek designation by the Office to offer rehabilitative health and behavioral health services for children/youth as such services are defined in this Part.

§823.3 Legal base

(a) Section 19.07(e) of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services (Commissioner) 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 to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.

(c) Section 32.01 of the Mental Hygiene Law authorizes the Commissioner 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.

(d) 42 U.S.C. § 1396d(r)(5) defines EPSDT services available under Medicaid to correct or ameliorate physical and mental illnesses and conditions that are detected in Medicaid-eligible children/youth.

(e) 18 NYCRR 507 promotes the expansion of children's health and behavioral health services.

§823.4 Definitions

For purposes of this Part, the following terms are defined:

(a) "Certified Recovery Peer Advocate - Family Peer Advocate" (CRPA-FPA) means a parent or caregiver with lived experience who is authorized by the Office.

(b) "Certified Recovery Peer Advocate - Youth Peer Advocate" (CRPA-YPA) means a self-identified consumer recipient of behavioral health services, aged 18-28, who is authorized by the Office.

(c) "Child/youth" or "children/youth" means a person or persons aged twenty-one (21) and under for purposes of the services as defined in this Part.

(d) *"Children's Behavioral Health and Health Services Transformation Medicaid State Plan Provider Manual"* (*Manual*) means the guide describing six children's health and behavioral

health benefits approved pursuant to the Medicaid State Plan (the *Manual* is incorporated by reference pursuant to Part 800 of this Title).

(e) "Children's services" means health and behavioral health services as defined in 18 NYCRR Part 507 and authorized by the NYS Department of Health to be provided by certified treatment providers pursuant to rules and regulations of the Office.

(f) "Crisis plan" means a plan developed in consultation with the child/youth, their family and their crisis intervention provider; it may also be shared with other providers with the family's consent. The crisis plan is developed to reduce or manage crisis related symptoms, promote healthy behavior, address safety concerns, and prevent or reduce the risk of harm or diffusion of dangerous situations.

(g) "Early Periodic Screening and Diagnostic Treatment" (EPSDT) means the provision of comprehensive and preventive health and behavioral health services for children/youth under age twenty-one (21) enrolled in Medicaid. EPSDT is intended to ensure that such children/youth receive appropriate preventive, dental, health, behavioral health, developmental and specialty services.

(h) "Evidence based practice" (EBP) means an intervention for which there is rigorous scientific evidence demonstrating their effectiveness or efficacy in improving child/youth outcomes.

(i) "Family" means the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units such as birth, foster and adoptive parents or a self-created unit of people with significant attachment to one another.

(j) "Licensed practitioner of the healing arts" (LPHA) means an individual who is licensed and practicing within the scope of their state license and may recommend rehabilitative services.

A Licensed practitioner of the healing arts includes:

(1) A Registered Professional Nurse;

(2) Nurse Practitioner;

(3) Psychiatrist;

(4) Licensed Psychologist;

(5) Licensed Clinical Social Worker (LCSW);

(6) Mental Health Practitioner including: a licensed mental health counselor (LMHC), a marriage and family therapist (LMFT), a creative arts therapist (LCAT), and licensed psychoanalyst; and any mental health practitioner with a Limited Permit, acting under the supervision of a licensed practitioner.

(7) Physician.

(8) A Clinical Nurse Specialist, Licensed Master Social Worker and Physician Assistant who are licensed and practicing within the scope of their state license may recommend rehabilitation services only where noted in the *Manual.*

(k) "State Agencies" means the New York State Department of Health (DOH), the Office of Mental Health (OMH), the Office of Children and Family Services (OCFS) and this Office, for purposes of this part.

823.5 Authorized services

(a) *Authorized services.* Authorized services as further defined in 18 NYCRR 517 and/or the *Manual* include:

(1) Crisis intervention (CI): CI services are provided to a child/youth and his/her family, who is experiencing a behavioral health (psychiatric or substance use) crisis and are designed to:

(i) Interrupt and/or ameliorate the crisis;

(ii) Include a culturally and linguistically appropriate assessment;

(iii) Result in immediate crisis resolution and de-escalation;

(iv) Develop a crisis plan.

(2) Other licensed practitioner (OLP): OLP is a non-physician licensed behavioral health practitioner (NP-LBHP) licensed to practice in New York State and operating within their scope of practice in a setting permissible by state law. A NP-LBHP includes an individual licensed and able to practice independently as:

(i) a Licensed Mental Health Practitioner including a licensed mental health counselor (LMHC), a marriage and family therapist (LMFT), a creative arts therapist (LCAT), and licensed

psychoanalyst; and any mental health practitioner with a Limited Permit acting under the supervision of a licensed practitioner;

(ii) Licensed Clinical Social Worker (LCSW)

(iii) Licensed Master Social Worker (LMSW), when practicing under the supervision or direction of a LCSW, Licensed Psychologist or Psychiatrist.

(3) Community Psychiatric Support and Treatment (CPST): CPST are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in a treatment/recovery plan. CPST is designed to provide community-based services to children/youth and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. This includes the implementation of EBP with prior authorization from the State Agencies.

(4) Psychosocial Rehabilitation (PSR): PSR services are task-oriented interventions, outlined in the treatment/recovery plan, designed to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as much as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions.

(5) Family Peer Support Services (FPSS): FPSS includes formal and informal services and supports provided to families of children/youth experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a CRPA-FPA and the family for the benefit of the child/youth. Activities included must be task-oriented and intended to achieve the identified goals or objectives as set forth in the child/youth's treatment/recovery plan.

(6) Youth Peer Support and Training (YPST): YPST services are formal and informal services and supports provided to children/youth experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement and/or community. These services provide the training and support necessary by the CRPA-YPA to ensure engagement and active participation in the treatment/recovery planning and implementation process and to reinforce skills learned throughout the treatment process. Youth

peer support and training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the treatment/recovery plan.

(b) *Approved Modality and Setting.* (1) Modality. Unless otherwise authorized, services should include face-to-face interaction with the child/youth and their family, as appropriate. Any such interactions, or the reason(s) such interaction could not be completed, should be documented in the patient treatment/recovery plan and case record.

(2) Setting. Services may be provided in a variety of settings, including an emergency room, health or behavioral health clinic setting, or other community location where the child/youth lives, attends school, works or engages in social activities. Services should be offered in the best setting suited for the desired outcomes and as referenced in the *Manual*.

823.6 Designation Process

(a) Requests for designation to provide EPSDT services shall be made in a form and format established by the Office.

(b) Providers must be designated by the Office to provide any of the services authorized under this Part.

(c) To be eligible for designation, the provider must:

(1) Be a Medicaid enrolled provider prior to commencing service delivery;

(2) Satisfy requisite criteria identified in the New York State Plan Amendment Designation Application and the Standards of Care, applicable regulations and the *Manual*.

(d) The Office shall provide its designation in writing. The provider of services must retain a copy of the approval document and shall make it available for inspection upon request of the Office.

(e) Providers who fail to comply with laws, regulations and policies may have designation withdrawn by the Office, which will consult with the State Agencies before making such determination. The Office will inform the provider of the action on behalf of the State Agencies. For purposes of this subdivision:

(1) The provider has fourteen (14) days to appeal the decision to the Commissioner or designee of the Office. The appeal must state specific reasons why the provider considers

revocation of approval incorrect and shall be accompanied by any supporting evidence or arguments.

(2) The Commissioner or designee shall notify the provider, in writing, of the results of the appeal within twenty (20) days of receipt of the request for review. Failure of the Commissioner or designee to respond within that time shall be considered confirmation of the revocation.

(3) The Commissioner's determination after administrative review shall be final and not subject to further administrative review.

(4) A de-designated provider agency may apply for re-designation after it has been determined by the State Agencies that the provider agency has thoroughly corrected the problem which arose during the evaluation process. An on-site and/or desk evaluation may be conducted prior to approving a re-designation request.

823.7 Standards of Care

(a) Standards of Care are essential for access to and quality of care for persons served by programs authorized to provide behavioral health services. Such Standards of Care must be incorporated into the policies of these programs and be applied consistently throughout the State.

(b) Qualified providers shall provide services in compliance with the Standards of Care as found in the *Manual* and consistent with their scope of practice and approved designation. These Standards of Care are approved by the Commissioner in consultation with the State Agencies.

(c) Each applicant for designation must agree to operate in compliance with the Standards of Care, applicable regulations, and the *Manual.*

(d)Treatment plans shall address the Standards of Care which shall supplement any requirements of treatment plans and case records found in this Title.

823.8 Standards pertaining to Medicaid reimbursement

Reimbursement for children's health and behavioral health services must be in accordance with the rates and fees established by the State Agencies and approved by the Director of the Budget.

823.9 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 that 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
2017 Title XIX State Plan
First Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Office of Children and Family Services

The Office of Children and Family Services (OCFS) Bureau of Waiver Management (BWM) will soon submit an application to the Federal Centers for Medicare and Medicaid Services (CMS) to renew the three Home and Community Based Services (HCBS) Bridges to Health (B2H) Medicaid Waiver Programs for children and adolescents with Serious Emotional Disturbance (SED), Developmental Disabilities (DD) or who are Medically Fragile (MedF). The OCFS B2H Waiver Programs have been in operation since 2008 serving children and adolescents who are or have been in the NYS Child Welfare System. They are extremely important components in the spectrum of services for New York State's children with serious emotional disturbance, developmental disabilities, and who are medically fragile, by providing necessary support for these children and adolescents to remain in the community in the most integrated setting as an alternative to institutionalization.

There is one proposed change to the B2H Waiver Programs. Currently, the DD slots and the MedF slots are allocated to each of the 6 NYS Regions and managed by Home Office BWM B2H staff. The proposed change would pool together the DD and MedF slots currently allocated to the 5 Upstate Regions. Those pooled slots would then be managed by Home Office BWM B2H staff. This change does not affect the number of slots. Additionally, there would be no change to slots allocated to Region 6 – New York City.

We want to advise you of this opportunity to comment because feedback from the community is essential in our renewal process. The current B2H SED, DD and MedF waivers are available for viewing on the OCFS website at http: ocfs.ny.gov main b2h . Comments may be forwarded within the next thirty days as we work toward the renewal of this important waiver program. Please direct all comments to:

Mimi Weber, Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

Kimberly Jefferson, Assistant Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

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 May 2015 will be conducted on May 12 and May 13 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 Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology on or after July 1, 2015. The following changes are proposed.

The Ambulatory Patient Group (APG) reimbursement methodology is revised to mitigate fiscal disincentives for rendering multiple service visits at integrated service clinics certified pursuant to Part 404 Subchapter A of Chapter V of 10 NYCRR. Multiple minor changes to the APG reimbursement methodology will be implemented for these clinics which include eliminating multiple behavioral health service discounting and multiple Evaluation and Management (E&M) service consolidation so that the second E&M pays at a discounted rate rather than consolidating.

The estimated annual impact of these changes will be nominal since less than one percent of claims will be affected.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under age 21 years on or after May 1, 2015 by adding the following new services:

- Crisis Intervention;
- Other Licensed Practitioner;
- Community Psychiatric Supports & Treatment;
- Psychosocial Rehabilitation Services;
- Family Peer Support Services; and
- Youth Peer Support and Training.

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Federally Qualified Health Center (FQHC) reimbursement methodology. The following changes are proposed:

Effective on May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index (MEI) for FQHC providers only. Also, the reimbursement methodology for out-of-state FQHCs will be that the Department may use the currently approved FQHC rate of the provider's home state. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015-2016 is $2,417.

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), or e-mail: spa__inquiries@health.state.ny.us

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to Title 9, Article 54 of the Environmental Conservation Law, the New York State Office of Parks, Recreation and Historic Preservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, that the State of New York acting by and through the New York State Office of Parks, Recreation and Historic Preservation intends to acquire a Conservation Easement from the following: Finger Lakes Land Trust, Inc. in Town of Spafford, Onondaga County, New York; D&H Canal Historical Society, Inc. in Town of Marbletown, Ulster County, New York; County of Erie in City of Buffalo, New York.

For further information, contact: Beatrice Gamache, Regional

Appendix V
2017 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #17-0004

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 general 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: The services we are proposing are for EPSDT only; they are not hospital or clinic services and not calculated for the UPL. This question does not apply.

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: No. Governmental providers will receive payments based on a uniform fee schedule which is the same for both governmental and private providers. These payments will not exceed their costs to provide these services.

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.