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 31, 2018

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 #19-0003
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #19-0003 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective January 1, 2019 (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 State regulations are enclosed for your information (Appendix III). Copies of the public notices of this plan amendment, which were given in the New York State Register on June 14, 2017, and November 7, 2018, are 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 Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

[redacted]

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19 — 0003

2. STATE: New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT
a. FFY 01/01/19-09/30/19 $ 11,503.00
b. FFY 10/01/19-09/30/20 $ 29,602.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35

Attachment 3.1B: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35

Attachment 4.19-B: Page 1(a)(i), 1(a)(ii), 1(a)(iii)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 3.1A: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35

Attachment 3.1B: 2(xv)(1), 3, 3b-13, 3b-20, 3b-21, 3b-22, 3b-23, 3b-24, 3b-25, 3b-26, 3b-31, 3b-32, 3b-33, 3b-34, 3b-35

Attachment 4.19-B: Page 1(a)(i), 1(a)(ii), 1(a)(iii)

10. SUBJECT OF AMENDMENT

EPSDT Expansion for Behavioral Health Kids-OLP and 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
[redacted]

13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
December 31, 2018

16. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

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
2018 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

New York
3

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

[X] Provided: [ ] No limitations [X] With limitations *

c. Chiropractors' services. (EPSDT only.)

[X] Provided: [ ] No limitations [X] With limitations *

[ ] Not Provided.

d. Other practitioners' services.

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

e. Other Licensed Practitioner services. (EPSDT only.)

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: [ ] No limitations [X] With limitations *

b. Home health aide services provided by a home health agency.

Provided: [ ] No limitations [X] With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: [ ] No limitations [X] With limitations *

* Description provided on attachment.

New York
3b-13

[Reserved]

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:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- 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.

New York
3b-20
[Reserved]

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, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, 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 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. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

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 may 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.

New York
3b-21

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)
Practitioner Qualifications (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, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, 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.

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.

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.

New York
3b-22

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Program Name: 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. Counseling helps restore 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.

New York
3b-23

[Reserved]

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

Individual, family and Group 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 and 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.

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 amaster'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 and 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 goals and to sustain the identified community goals.

Practitioner qualifications: 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.

New York
3b-24

[Reserved]

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

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family 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.

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.

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation
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 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, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

New York
3b-25

[Reserved]

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

New York
3b-26

[Reserved]

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

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a 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. 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.

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 8 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.

New York
3b-31

[Reserved]

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

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.]

New York
3b-32

[Reserved]

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.

New York
3b-33
[Reserved]

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.

New York
3b-34
[Reserved]

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.

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 12 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.

New York
3b-35

[Reserved]

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

Limitations:

- 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
2(xv)(1)

[Reserved]

6e. **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) 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.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
Non-physician licensed behavioral health practitioners (NP-LBHPs)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. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. 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.

Assurances:
The State assures that all NP-LBHP 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 NP-LBHP services do not include and FFP is not available for any of the following.

A. educational, vocational and job training services;
B. room and board;
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 describe in 42 CFR § 435.1009;
F. recreational and social activities; and
G. services that must be covered elsewhere in the state Medicaid plan.

New York
3

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

[X] Provided: [ ] No limitations [X] With limitations *

c. Chiropractors' services. (EPSDT only.)

[X] Provided: [ ] No limitations [X] With limitations *

[ ] Not Provided.

d. Other practitioners' services.

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

e. Other Licensed Practitioner services. (EPSDT only.)

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: [ ] No limitations [X] With limitations *

b. Home health aide services provided by a home health agency.

Provided: [ ] No limitations [X] With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: [ ] No limitations [X] With limitations *

* Description provided on attachment.

New York
3b-13

[Reserved]

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:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- 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.

New York
3b-20
[Reserved]

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, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, 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 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. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

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 may 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.

New York
3b-21

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)
Practitioner Qualifications (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, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, 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.

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.

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.

New York
3b-22

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Program Name: 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. Counseling helps restore 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.

New York
3b-23

[Reserved]

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

Individual, family and Group 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 and 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.

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 amaster'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 and 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 goals and to sustain the identified community goals.

Practitioner qualifications: 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.

[Reserved]

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

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family 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.

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.

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation
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 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, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

New York
3b-25

[Reserved]

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

[Reserved]

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

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a 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. 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.

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 8 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.

New York
3b-31

[Reserved]

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

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.]

New York
3b-32

[Reserved]

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.

New York
3b-33
[Reserved]

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.

New York
3b-34
[Reserved]

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.

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 12 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.

New York
3b-35

[Reserved]

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

Limitations:

- 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
2(xv)(1)

[Reserved]

6e. **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) 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.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
Non-physician licensed behavioral health practitioners (NP-LBHPs)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. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. 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.

Assurances:
The State assures that all NP-LBHP 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 NP-LBHP services do not include and FFP is not available for any of the following.

A. educational, vocational and job training services;
B. room and board;
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 describe in 42 CFR § 435.1009;
F. recreational and social activities; and
G. services that must be covered elsewhere in the state Medicaid plan.

[Reserved]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

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

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d per Attachment 3.1-A, 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. The agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_and_family_treatment_support_services_rate_summary.pdf

Page 1(a)(ii)

[Reserved]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York

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

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only - cont.)

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.

Page 1(a)(iii)

[Reserved]

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 in item 13.d per Attachment 3.1-A, 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. The agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_and_family_treatment_support_services_rate_summary.pdf

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.

Appendix II
2018 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #19-0003

This State Plan Amendment proposes to revise provisions of Early & Periodic Screening, Diagnostic & Treatment Services (EPSDT) related to the expansion of behavioral health services provided to individuals under age 21 on and after January 1, 2019 by adding the following services:

- Other Licensed Practitioner
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Family Peer Support

Appendix III
2018 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

PART 511

EARLY AND PERIODIC SCREENING, DIAGNOSTIC 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] 505.38)

Section:

§ 511.1 Background and Intent

(a) Federal law requires state Medicaid programs to offer Early and Periodic Screening, Diagnostic and Treatment to all Medicaid-eligible children under age 21. Commonly referred to as "EPSDT," these services are designed to support childhood growth and development to ensure that children in low income families receive the comprehensive and preventive health and behavioral health services they need. EPSDT services include appropriate preventive, dental, health, behavioral health, developmental and specialty services.

(b) Within the scope of EPSDT benefits under the federal Medicaid law, states are required to cover any service that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening" and which are recommended by a Licensed Practitioner of the Healing Arts. Thus, EPSDT requires states not only to screen and diagnose health and mental health illnesses or conditions in low income children, but they must ensure children are provided treatment as well.

(c) New York State has obtained an amendment to its Medicaid State Plan that authorizes the provision of six new children's behavioral health and health services under the EPSDT benefit. When recommended by a Licensed Practitioner of the Healing Arts, these six services will be made available to any child eligible for Medicaid who meets relevant medical necessity criteria, and include:

(1) *Crisis Intervention Services*: services designed to interrupt and/or ameliorate a behavioral health crisis through the provision of support to an individual who may be experiencing a mental health crisis, and subsequently connecting such individual to appropriate resources. For purposes of this Part, provision of this services does not connote examination, diagnosis, care, treatment, rehabilitation, or training of a person with mental illness and thus does not constitute a nonresidential service requiring licensure under Mental Hygiene Law Section 31.02.

(2) *Community Psychiatric Supports & Treatment*: interventions intended to achieve identified goals or objectives as set forth in a treatment/recovery plan;

(3) *Family Peer Support Services*: formal and informal services provided to families of a child experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community;

(4) *Youth Peer Support and Training*: formal and informal services and supports to ensure engagement and active participation of youth in the treatment planning and implementation process;

(5) *Other Licensed Practitioners*: service provided by a non-physician behavioral health practitioner operating within a licensed children's mental health agency, who is licensed in New York and is operating within a scope of practice defined in New York State law in any setting permissible under such law, including community based settings; and

(6) *Psychosocial Rehabilitation Services:* task-oriented services designed to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with behavioral health needs.

(d) This Part is intended to establish standards applicable to providers of mental health services licensed or operated by the Office of Mental Health that wish to be designated, or have been designated, as a provider of EPSDT [Crisis Intervention Services], Other Licensed Practitioners, and Community Psychiatric Supports and Treatment Services.

(e) This Part also establishes standards applicable to non-licensed providers of mental health services that receive funding or have a contract from the Office that wish to be designated, or have been designated, as a

provider of any of the following EPSDT services: Crisis Intervention Services, Family Peer Support Services, or Youth Peer Support and Training and Psychosocial Rehabilitation 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, 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) 42 U.S.C. § 1396d(r)(5) requires States to provide all medically necessary services that could be 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] 505.38 establishes standards for the designation of qualified providers by the Department of Health to deliver EPSDT services under the New York State Medicaid program.

§ 511.3 Applicability

(a) The provisions of this Part are applicable to all providers of mental health services licensed or operated by the Office of Mental Health that are seeking or have obtained designation from the Office to offer EPSDT [Crisis Intervention Services], Other Licensed Practitioner, and Community Psychiatric Supports & Treatment Services.

(b) This Part applies to non-licensed providers of mental health services that received funding or have a contract from the Office that are seeking or have obtained designation from the Office to offer EPSDT Crisis

Intervention Services, Family Peer Support Services, Youth Peer Support and Training, and Psychosocial Rehabilitation Services.

§ 511.4 Definitions. For purposes of this Part:

(a) *Child* means a person no more than 21 years of age.

(b) *Crisis Event* means an acute psychological/emotional change a child or family member is experiencing which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g., provider, family member) to effectively resolve it.

(c) *Cultural and linguistic competence* means the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by a patient to a health care or behavioral health care encounter.

(d) *EPSDT* means the Federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which is a primary component of New York State's Medicaid program for children and adolescents. It affords a comprehensive array of preventive health care and treatments for Medicaid recipients from birth up until age 21 years.

(e) *Family* means a child's primary caregiving unit, and is inclusive of a wide diversity of primary caregiving units such as birth, foster, adoptive, grandparents, siblings, other kinship caregivers, or a self-created unit of people with significant attachment to one another.

(f) *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.

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

(h) *State Agencies* means and includes the New York State Office of Mental Health, the New York State Department of Health, the New York State Office of Children and Family Services, and the New York State Office of Alcoholism and Substance Abuse Services.

§ 511.5 Designation Process

(a) Providers of mental health services must receive prior approval by written designation of the Office to provide any or all of the following EPSDT services:

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

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

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

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

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

(2) *Community Psychiatric Support and Treatment* services, which include interventions intended to achieve identified goals or objectives as set forth in a treatment/recovery plan.

(3) *Family Peer Support* services, which include formal and informal services to families of a child experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community.

(4) *Other Licensed Practitioner* services, which include services provided by the following professionals, operating within a licensed children's mental health agency, if currently licensed by 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:

(i) Licensed Psychoanalyst;

(ii) Licensed Clinical Social Worker;

(iii) Licensed Marriage & Family Therapist;

(iv) Licensed Mental Health Counselor; or

(v) 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, which are task-oriented services designed to restore, compensate for, or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with behavioral health needs.

(6) *Youth Peer Support and Training* services are formal and informal services and supports to ensure engagement and active participation of youth in the treatment planning and implementation process.

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

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

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

(2) have a demonstrated history of compliance with applicable federal and state laws and regulations governing the provision of mental health services; and

(3) satisfy requisite criteria identified in the New York State Plan Amendment Designation Application and the standards of care identified in the *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual.*

(d) The Office shall provide its designation in writing, which shall identify the services such designation authorizes the provider to deliver. 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) Failure to adhere to the requirements set forth in this Part, or any other applicable laws or regulations relevant to the provision of health or behavioral health services, may be grounds for revocation of designation. In the event that the Office 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 EPSDT 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 14 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 provider whose designation has been revoked pursuant to this Section may be considered again for designation at the discretion of the Office, in consultation with the State Agencies.

§ 511.6 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.

§ 511.7 Incorporation by reference.

The provisions of the *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual* which have been incorporated by reference in this Part, have been filed in the Office of the Secretary of State of the State of New York, the publication so filed being the document entitled: *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual*, published in March, 2016, and any subsequent updates. This document incorporated by reference may be examined at the Office of the Department of State, 99 Washington Ave, Albany, NY 12231 or obtained from the Office of Mental Health Records Access Officer, 44 Holland Avenue; Albany, NY 12229.

Section 505.38 - Children's Behavioral Health and Health Services.

505.38 Children's Behavioral Health and Health Services.

(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 licensed, certified or approved providers to deliver specifically defined services under the Medicaid program.

(b) *Services*: The following services shall be available to children and youth who are eligible for Medicaid, when provided in accordance with the provisions of this section.

(1) *Crisis Intervention (CI) - CI* services are provided to a child/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) Develop a crisis plan

(2) *Other Licensed Practitioner*:

(i) A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed and acting within his or her lawful scope of practice under Title VIII of the Education Law and in any setting permissible under State law.

(ii) Individual Staff Qualifications

(a) NP-LBHPs include the following practitioners; each is permitted to practice independently within his or her scope of practice:

(1) licensed psychoanalysts;

(2) licensed clinical social workers (LCSWs);

(3) licensed marriage and family therapists; and

(4) licensed mental health counselors.

(b) NP-LBHPs also include licensed master social workers (LMSWs) under the supervision of licensed clinical social workers (LCSWs), licensed psychologists, or psychiatrists.

(3) *Community Psychiatric Support and Treatment (CPST)*: CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's/youth's individualized treatment plan. CPST is designed to provide community-based services to children or youth and their families or caregivers 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/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. This includes the implementation of Evidence Based Practices with approval by the State Agencies.

(4) *Psychosocial Rehabilitation (PSR)*: PSR services are provided to children or youth and their families or caregivers to implement interventions outlined in the individualized 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 (FPS): FPS* services are an array of formal and informal services and supports provided to families caring for/raising a child/youth who is experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPS services 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 section 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):* 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 section 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. YPST activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. YPST services delivered are based on the individualized treatment plan developed by the licensed practitioner working with the youth.

(c) *Provider Qualifications*:

(1) Any child serving agency or agency with children's behavioral health and health experience

must have the necessary licensure, certification, designation, or approval from DOH, OMH, OASAS, or OCFS to provide the services authorized by this section.

(2) Any licensed practitioner providing behavioral health or health services authorized under this section must work in a child serving agency or agency with children's behavioral health and health experience, as described in paragraph (1) of this subdivision.

(3) Crisis Intervention practitioners must work in a child serving agency, or agency with children's behavioral health and health experience, that obtains or possesses a current license or authorization to provide crisis and/or crisis treatment services, consistent with the requirements of paragraph (1) of this subdivision.

(4) Any organization seeking to provide any service authorized by this regulation and to serve the general population needing mental health services must be licensed or authorized to do so by OMH in addition to obtaining the licensure, certification, designation, or approval described in paragraph (1) of this subdivision.

(5) Any organization seeking to provide any service authorized by this regulation and to serve the general population needing substance use disorder services must be certified, designated or authorized to do so by OASAS in addition to obtaining the licensure, certification, designation, or approval described in paragraph (1) of this subdivision.

(d) *Designation of Providers*:

(1) As a prerequisite to providing any of the services authorized by this section, a provider must receive a designation from DOH, OMH, OASAS, or OCFS. Being designated to provide services authorized by this section is not a substitute for possessing any required State licensure, certification, authorization or credential, and any such designation may be conditioned upon obtaining or modifying a required licensure, certification, authorization or credential.

(2) To be eligible for designation, a provider must submit an application on a form required by the State agencies and must:

(i) Be enrolled in the Medicaid program prior to commencing service delivery;

(ii) Be a qualified provider as described in subdivision (c) of this section and maintain its license, certification or approval with that state agency;

(iii) Be in good standing according to the standards of each agency by which it is licensed, certified or approved;

(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; and

(vi) Adhere to the Standards of Care described in the *Children's Health and Behavioral Health*

Services Transformation Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Testing (EPSDT) Services which have been incorporated by reference in this Part and have been filed in the Office of the Secretary of State of the State of New York, the publication so filed being the document entitled: *Children's Health and Behavioral Health Services Transformation Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Testing (EPSDT) Services*, published in December, 2016, and any subsequent updates. This document incorporated by reference may be examined at the Office of the Department of State, 99 Washington Ave, Albany, NY 12231 or obtained from the Department of Health, 99 Washington Ave, Albany, NY 12231.

(3) A provider designated to provide services authorized by this section will be assigned a lead State agency (DOH, OASAS, OCFS or OMH), based on the primary population served, location, and indicated line of business on the provider application, which will be responsible, in collaboration with the other State agencies, for monitoring and oversight of the provider.

(4) If a provider is designated to provide Community Support and Treatment services, it may seek approval of the lead State agency and DOH to utilize, in the provision of services, specified evidence-based techniques drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions.

(5) Nothing contained herein shall authorize a provider to provide medical services, except as otherwise authorized by law.

(e) Rescinding a designation.

(1) A provider who fails to comply with laws, regulations and policies may have its designation rescinded by the lead State agency, which will consult with the other State agencies before taking such action. The provider has 14 business days to appeal the action to the lead State agency. The lead State agency shall respond with a final decision within 14 business days of appeal.

(2) A provider whose designation was rescinded may apply for redesignation pursuant to subdivision (d) of this section. The provider must show that it corrected the problems that led to the rescission. An on-site and/or desk evaluation may be conducted by the lead State agency prior to approving the redesignation request.

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

Effective Date:
Wednesday, January 3, 2018
Statutory Authority:
Public Health Law, Section 201 and Social Services Law, Sections 363-a and 365-a

Office of Alcoholism and Substance Abuse Services

PART 823

OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR YOUTH PROGRAMS AND SERVICES

[Statutory Authority: Mental Hygiene Law Sections 19.09, 19.15]

Notice: The following regulations are provided for informational purposes only. The Office of Alcoholism and Substance Abuse Services makes no assurance of reliability. For assured reliability, readers are referred to the *Official Compilation of Rules and Regulations*.

Sec.

Section 823.1 Background and intent.

(a) These regulations set forth minimum standards for clinic services discretely certified as outpatient chemical dependency for youth programs. Such programs provide treatment to:

(1) chemically dependent youth in a treatment setting supporting abstinence from alcohol and/or substances, except when a substance is used in accordance with a lawful prescription; and

(2) youth who demonstrate impairment because of alcohol and/or substance abuse by a family member or significant other.

(b) It is the intent of these regulations that outpatient chemical dependency programs for youth shall provide a range in intensity of clinic services appropriate and necessary to each individual through individualized treatment planning, but shall be distinct from intensive rehabilitation services as described elsewhere in this Title.

(c) It is the intent that all outpatient chemical dependency programs for youth shall extend services to significant others of chemically dependent persons, in recognition of alcoholism and substance abuse as family diseases. This Part provides for the treatment of significant others, including family members of all ages, for the adverse effects of close relationships with a person suffering from a chemical dependency.

823.2 Legal base.

Mental Hygiene Law, sections 19.09(b) and 19.15(e).

823.3 Applicability.

These regulations apply to any person or entity organized in accordance with Part 372 of this Title, operating pursuant to the provisions of this Title and certified by the Office of Alcoholism and Substance Abuse Services to operate an outpatient chemical dependency program for youth.

823.4 Definitions.

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

(a) Chemical dependency or chemically dependent means the use of alcohol or substances, or both, to the extent that there is evidence of physical or psychological dependence and/or impairment of normal adolescent development in one or more of the major life areas (social, emotional, family, educational, vocational, physical).

(b) Outpatient chemical dependency program for youth (OCDY) means an alcohol and drug-free setting supporting abstinence from alcohol and/or other substances of abuse that provides active treatment to individuals who meet the admission criteria as provided in section 823.6 of this Part through multi-disciplinary clinical services designed to achieve and maintain an abstinent lifestyle or to provide treatment to youth whose normal adolescent development in one or more major life areas has been impaired as a result of the use of alcohol and/or other substances by a family member or significant other.

(c) Youth means a person who is less than 18 years of age on or before the date of admission to the OCDY program.

(d) Minor means a person who is under 18 years of age but does not include a person who is the parent of a child or has married or is emancipated.

(e) Qualified health professional means a person who meets the criteria set forth in section 372.3(h) of this Title, or is a substance abuse counselor who has been issued a credential by the office pursuant to Part 872 of this Title.

(f) Governing authority means the person or group of persons having full legal authority and responsibility for the overall operation of a facility.

(g) The following units of service are defined:

(1) brief visit means a period of direct patient evaluation, therapy or counseling extending at least 15 minutes but less than 30 minutes;

(2) regular visit means a period of direct patient evaluation, therapy, or counseling extending at least 30 minutes; and

(3) collateral visit means a period of direct evaluation, therapy, or counseling extending at least 30 minutes.

(h) Social services means the use of social work methods for the identification, prevention, assessment and management of a person's affairs of daily living associated with his or her alcohol and/or substance abuse.

(i) Office means the Office of Alcoholism and Substance Abuse Services.

(j) Commissioner means the Commissioner of the Office of Alcoholism and Substance Abuse Services.

823.5 Program services.

(a) An OCDY shall operate at least five days per week providing structured treatment and rehabilitation services in accord with individual treatment plans. Evening and weekend hours shall be available for patients, their families and significant others on an as needed basis.

(b) Each OCDY program must directly provide:

(1) group and individual counseling supervised by a qualified health professional;

(2) education about, orientation to, and opportunity for participation in, available and relevant self-help groups;

(3) education about alcohol and drugs;

(4) AIDS education, including notice to patients that confidential HIV testing and counseling will be made available upon request by a patient;

(5) family services and/or counseling for family members and significant others, supervised by a qualified health professional;

(6) comprehensive evaluations as defined in section 823.10 of this Part; and

(7) individualized treatment planning as defined in section 823.11 of this Part.

(c) Each program must make the following support services available, either direct or through formal written agreements with other appropriately licensed providers:

(1) medical/surgical treatment, including but not limited to prenatal, perinatal services, and pediatric services;

(2) emergency services seven days per week, 24 hours per day, including but not limited to detoxification and acute psychiatric services;

(3) residential services;

(4) for youth over age 16 who are not appropriate for high school programs, vocational assessment and referral services to vocational and other appropriate programs aimed toward development of independent living skills;

(5) academic, remedial, physical and vocational education, as appropriate, and as required by law;

(6) routine medical and nursing services, as appropriate, including diagnostic X-ray, laboratory and other diagnostic services;

(7) HIV testing, if requested by the patient, in compliance with Part 309 or 1072 of this Title;

(8) parenting skills training;

(9) conflict resolution and dispute mediation;

(10) active and quiet recreation; and

(11) social services.

823.6 Admission and retention criteria.

No youth or family member or significant other shall be admitted until a clinical staff member has documented the criteria listed under subdivision (a) of this section. No youth shall be retained in treatment until a clinical staff member has documented a diagnosis in accordance with criteria listed under subdivision (b) of this section.

(a) Admission. A youth, family member or significant other, shall be admitted to an OCDY, and a comprehensive evaluation shall be undertaken, if a qualified health professional determines, after face-to-face contact with the individual, that:

(1) the youth is less than 18 years of age, except that admission of individuals up to age 21 is allowed in an OCDY if the individual's development indicates that treatment in an OCDY is clinically appropriate;

(2) the youth, family member or significant other, needs outpatient chemical dependency for youth services;

(3) there is a reasonable expectation that the application of OCDY treatment services will result in an improvement in the individual's current level of functioning;

(4) the OCDY program is capable of providing the chemical dependency services the individual may require; and

(5) the youth, family member or significant other does not need acute hospital or psychiatric care, residential treatment or emergency services.

(b) Retention in treatment. A youth, family member or significant other shall be retained in treatment if, based upon the comprehensive evaluation, described in section 823.10 of this Part, a qualified health professional determines that the following criteria have been met, and a program director or designee approves the qualified health professional's determination:

(1) the individual has a diagnosis of a psychoactive substance use disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) of the American Psychiatric Association, or any subsequent revision thereof or amendment thereto; and/or

(2) the individual has a diagnosis supported by documented evidence referenced by the use of the Severity of Psychological Stressors Scale: Children and Adolescents contained in the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) of the American Psychiatric Association, or any subsequent revision thereof or amendment thereto, that shows impairment of normal adolescent development in one or more major life areas (social, emotional, family, educational, vocational, physical) due to a relationship with a family member or significant other who has abused or is abusing alcohol and/or other substances.

823.7 Prohibition on discrimination.

(a) No individual shall be discriminated against in admission or treatment on the basis of sponsorship, race, creed, sexual orientation, color, national origin, gender, disability, marital status, HIV status, pregnancy, or the lack of family or significant other willing to participate in the treatment process.

(b) Past criminal or delinquent behavior or the presence of a co-existing psychiatric disorder shall not be the sole basis for denying admission. Admission procedures shall provide for an assessment of a youth's prior involvement in behavior which was dangerous to self or others and the ability of the program to provide services to such youth.

(c) The reasons for denial of any admission must be documented in a written record kept by the OCDY program for a period of 10 years.

823.8 Treatment of minors.

(a) In treating a minor the important role of the parents or guardians of the minor shall be recognized. Steps shall be taken to involve the parents or guardians in the course of treatment, and consent from such persons for minors shall be required, except as otherwise provided by law or subdivision (b) of this section.

(b) If in the judgment of a physician, parental or guardian involvement and consent would have a detrimental effect on the course of treatment of a minor who is voluntarily seeking treatment, or if a parent or guardian refuses to consent to such treatment, and the physician believes that such treatment is necessary for the best interests of the child, such treatment may be provided to the minor by a licensed physician, or persons operating under their supervision, without the consent or involvement of the parent or guardian. The minor shall be required to sign a form indicating that the treatment is being voluntarily sought. The signed form shall be included in the minor's clinical record. Such physician shall fully document the reasons why the requirements of this section regarding parental or guardian consent were dispensed with in the minor's clinical record.

823.9 Intake and admission procedures.

(a) By no later than the second visit, determination as to admission based on criteria listed in section 823.6 of this Part must be made. If a youth requires services other than those an OCDY program can provide, referral to appropriate services shall be made.

(b) By no later than the second visit, a staff member who is a qualified health professional shall be assigned to the patient, and shall be responsible for the comprehensive evaluation described in section 823.10 of this Part and for developing the individual treatment plan described in section 823.11 of this Part.

(c) Within 30 days of admission, the following shall be accomplished:

(1) the comprehensive evaluation must be completed;

(2) a primary counselor must be assigned to the youth; and

(3) the individual treatment plan must be prepared.

(d) During this 30-day period, at least four face-to-face visits with the youth must be scheduled. Such visits may include group counseling sessions.

(e) Initial treatment. While gathering information necessary for the comprehensive evaluation and to engage the youth during this 30-day period, the OCDY program should involve the youth in orientation, education, and therapeutic recreational activities, some combination of

individual and/or group counseling, and/or other clinical services, based upon problems and needs identified in the admission assessment.

(f) Referral. If the comprehensive evaluation indicates that a youth needs services beyond the capacity of the OCDY program to provide, either alone or in conjunction with another program, referral to appropriate services shall be made. Identification of and justification for such referrals shall be documented in the patient record.

(g) Persons not in need of treatment. A youth found not to be in need of chemical dependency services, either upon completion of a comprehensive evaluation or earlier, should be given information about self-help groups and other appropriate services and programs that are available in the community as well as any information about the risks of alcohol and substance abuse for everyone, but especially for children of alcoholic and substance abusing persons and others at high risk of alcohol/substance abuse problems.

(h) Education to those family members or significant others who do not need treatment. An OCDY may provide alcohol/substance abuse education and collateral services to family members or significant others of a youth in treatment without admitting such family members or significant others as patients, under the following conditions:

(1) such family members or significant others are found not to need individualized evaluation and treatment services;

(2) no such individualized services are provided; and

(3) no third party is billed for the educational services provided.

823.10 Comprehensive evaluation.

(a) The goal of the comprehensive evaluation shall be to identify and assess the characteristics and condition of the youth necessary to enable the program to accomplish the following:

(1) ascertain the appropriate care that will meet the youth's needs with the least disruption to the youth's life;

(2) formulate an individual treatment plan; and

(3) formulate a family treatment plan that establishes goals for the family unit when individuals are being served as members of a family.

(b) Performance.

(1) Each evaluation shall be coordinated by the primary counselor who is a qualified health professional under the supervision of the program director or designated clinical supervisor, and the program physician. Persons other than qualified health professionals may conduct examinations and interviews as part of evaluations under the supervision of such professionals and may participate in the formulation of conclusions to the evaluation.

(2) A written report, as described in subdivision (c) of this section, containing specific conclusions shall be prepared for each evaluation. The report shall bear the names of the staff members who participated in evaluating the youth and must be signed by the primary counselor responsible for the evaluation.

(3) Each evaluation shall be completed within 30 days of admission.

(4) Each evaluation shall be based in part on clinical interviews with the patient.

(5) An evaluation shall also include interviews with family members or significant others, if possible and appropriate.

(6) In performing evaluations, staff members shall make every reasonable effort to be sensitive to the socio/cultural background and gender of the youth.

(c) Content. Each evaluation shall be comprehensive and shall include a written report of findings and conclusions addressing each of the following areas:

(1) alcohol and/or drug use and history;

(2) history of previous attempts to abstain from alcohol and/or drugs and previous treatment experiences;

(3) mental status examination; and

(4) comprehensive psychosocial history, including but not limited to:

(i) legal involvements;

(ii) education and literacy, and employment when applicable;

(iii) relationships with family members, peers and significant others;

(iv) history of the use of alcohol and other drugs by family members, significant others and by peer group; and

(v) the impact of chemical dependency on the family and/or significant others; and

(5) a complete physical examination, on site where the OCDY program has capacity to do so, or by referral, which shall include but not be limited to:

(i) biochemical screen for drugs of abuse;

(ii) assessment of prescribed medication;

(iii) review of vaccination status;

(iv) assessment for trauma; and

(v) screening for sexually transmitted diseases, hepatitis B, and tuberculosis;

(6) if a patient has had a complete physical examination within the last 60 days, results of that physical may be used if available; provided, however, that if the prior physical did not include all required information, or is unavailable, the missing information must be obtained.

(d) All information obtained during the comprehensive evaluation must be reviewed by a multi-disciplinary team composed of the primary counselor, clinical supervisor, program director or designee, program physician and other appropriate staff.

(e) If requested by the patient, HIV related testing and counseling shall be provided, pursuant to Part 309 or 1072 of this Title.

823.11 Individual treatment plan.

(a) A written individual treatment plan shall be designed and shall take into account cultural and social factors as well as the particular characteristics, conditions and circumstances of each patient.

(b) Preparation.

(1) As required in section 823.9 of this Part, the plan must be developed within 30 days by the primary counselor.

(2) The plan must be developed in consultation with the patient and his/her parent or guardian or significant other, unless the patient is not a minor or is a minor being treated without parental consent pursuant to section 823.8 of this Part, in which case the plan must be developed in consultation with the patient and any significant other the patient chooses to involve.

(3) The plan must be reviewed by a multi-disciplinary team composed of the primary counselor, the clinical supervisor, the program director or designee, the program physician and any other appropriate staff.

(4) All clinical staff who participate in preparing or reviewing the plan shall have their names recorded on it. The primary counselor and the program physician who participate in reviewing the plan shall both sign the plan.

(c) Content. The individual treatment plan must specify at least the following:

(1) the long-term goals of the treatment to be provided;

(2) short-term goals and time-frames for achieving them, set out in detail to serve as benchmarks of the patient's progress toward long-term goals, including but not limited to:

(i) alcohol and/or substance abuse abstinence;

(ii) marital and/or family relations;

(iii) interpersonal relations and other social functioning;

(iv) educational, vocational, and/or employment goals;

(v) preventive HIV education;

(vi) health and nutrition; and

(vii) relapse prevention; and

(3) schedule of therapies, activities, and experiences, including individual and group counseling, related to stated goals;

(4) counseling of family or significant others, if appropriate; and

(5) discharge planning.

(d) Each plan must contain a schedule for reviewing the patient's attainment of treatment goals as required in section 823.13 of this Part.

(e) Each plan must contain a mechanism for ensuring coordination of treatment plans and services for all related patients, if more than one member of a family, or a patient and a significant other, have been admitted to treatment.

(f) Where a service is to be provided by any other program or facility off site the plan must contain a description of the nature of the service and a record that referral for such service has been made.

823.12 Discharge planning.

(a) The discharge plan to be included in every comprehensive individual treatment plan shall include:

(1) the youth's need for continued services for health or psychiatric problems, and/or other needs which have been identified in the comprehensive evaluation and over the course of treatment; and

(2) the family's need for continued services.

(b) In the event a youth is discharged from or chooses to leave treatment before completing the planned course of treatment, the discharge plan must include referrals or referral options for continued services.

(c) A discharge plan shall be prepared in consultation with the patient, his or her parent or guardian or significant other, unless the youth is not a minor or is a minor being treated without parental consent and in compliance with section 823.8 of this Part, and with any significant other the patient chooses to involve.

823.13 Review and revision of treatment plans.

(a) Schedule of reviews. A multi-disciplinary team composed of the primary counselor, clinical supervisor, program director or designee, program physician and any other relevant staff must review and, if necessary, revise each individual treatment plan as follows:

(1) no later than 90 days after the patient's admission, and every 90 days thereafter (i.e., on a quarterly basis) as long as the patient remains in treatment;

(2) every fourth such quarterly review shall be a comprehensive evaluation, as described in section 823.10 of this Part; and

(3) whenever an event occurs that, in the opinion of the primary counselor, will significantly affect the patient's treatment and recovery.

(b) Content of reviews. Each review shall address, at a minimum, the following:

(1) whether the patient is receiving the appropriate level of care or should be referred to a different agency or program for a different type or level of care; and

(2) what adjustments to the plan, if any, may be necessary in light of the patient's progress, changed circumstances, or lack of progress.

(c) The conclusion of each review and any revisions to the treatment plan shall be documented in writing. (d) To the extent possible, treatment plans of all members of a family shall be reviewed and revised, if necessary, by the same multi-disciplinary team at the same time.

823.14 Patient records.

(a) An OCDY shall maintain an individual record for each patient admitted to the program.

(b) Each record must include, at a minimum, the following:

(1) the patient's name or code, date of birth, sex, race, marital status and residence;

(2) notes and results of the initial admission evaluation, including documentation that:

(i) the patient meets the criteria for initial admission described in section 823.6 of this Part;

(ii) the patient was informed of the voluntary nature of treatment;

(iii) if the patient is a minor being treated without parental consent, that the provisions of section 823.8 of this Part have been met; and

(iv) the patient was given a copy of the program rules and regulations; and

(3) detailed documentation of the comprehensive evaluation, including results of the patient's physical examination;

(4) the individual treatment plan;

(5) the discharge plan;

(6) documentation that includes a progress note after each counseling session, noting the date, type, nature and length of the counseling session and progress or regression of the patient in relation to the patient's treatment plan;

(7) documentation of the quarterly review of the treatment plan, as required by section 823.13 of this Part;

(8) documentation of other reviews required by this Part and any determinations or treatment plan amendments made as a result of such reviews, stating the reasons therefore;

(9) documentation of recommendations, referrals and services provided for the patient's general health or for other special needs, including coordination with other agencies, as included in the treatment plan, and notes on the patient's progress with such other agencies, as well as other incoming and outgoing correspondence about the patient;

(10) results of any urine or breath testing performed;

(11) notes of any disclosure of HIV status, as required by Parts 309 and 1072 of this Title, as applicable;

(12) statement of the reasons for discharge or termination of treatment and whether or not such termination was against medical advice;

(13) documentation of contacts with a patient's family and/or significant other(s); and

(14) signed releases of information.

823.15 Confidentiality of records.

(a) All records that would identify a youth as a patient of an OCDY program either directly or indirectly, whether related to referral, diagnosis, treatment or HIV status, are confidential and may only be released in accordance with the requirements of Federal confidentiality regulations (42 CFR part 2) and Parts 309 and 1072, respectively, of this Title.

(b) Child abuse reporting.

(1) Any staff member of an OCDY program or unit who has reasonable cause to suspect that a child coming before him or her is an abused or maltreated child or where the parent, guardian, custodian or other person legally responsible for such child comes before him or her in his or her professional or program capacity and states from personal knowledge, facts, conditions or circumstances which, if correct, would render the child an abused or

maltreated child shall immediately report such suspected child abuse or maltreatment to the OCDY program or unit director or his or her designee. If the staff member is him or herself a mandated reporter, he or she must personally make a report as required by law.

(2) The OCDY program or unit director or designee shall immediately report by telephone the suspected child abuse or maltreatment to the Statewide Central Register of Child Abuse or Maltreatment unless the appropriate local plan for the provision of child protective services provides for oral reports to the local child protective service. The OCDY program or unit director or designee or staff member shall submit within 48 hours a written report to the local child protective service of the suspected child abuse or maltreatment on the forms established therefore.

(3) Such reports shall be submitted without regard to whether the patient who is alleged to have abused or maltreated or neglected a child consents to such reporting and without regard to whether such alleged abused or maltreated child who may be receiving services consents.

(4) Additional information beyond initial reports may only be disclosed with proper consent or an appropriate court order.

823.16 Personnel.

(a) The OCDY program shall employ an adequate number of appropriately qualified staff to address the needs of admitted patients.

(1) The program shall make affirmative efforts to assure that staff reflect and/or are sensitive to cultural, ethnic and language characteristics of the population served.

(2) When an OCDY program chooses to treat mental illness of patients in addition to their chemical dependency, the program shall continuously have qualified staff consistent with these additional service needs of patients.

(3) The OCDY program shall continuously employ administrative, maintenance and support staff in sufficient numbers to maintain the program in clean and working order, to minimize the need for treatment staff to perform nontreatment functions and to optimize operational efficiency.

(4) An OCDY program may utilize students and trainees, on a salaried or non-salaried basis, in addition to staff required by regulation, if such students or trainees are provided close professional staff supervision and necessary didactic education from both internal and external sources.

(b) All persons providing services to patients, family members, and/or significant others in the OCDY program shall be employed directly by the governing authority or by a contractor approved by the OASAS.

(c) All staff members providing services as members of professions, the practice of which is by law required to be licensed and registered, shall be licensed and registered and current documentation of same shall be retained on file by the OCDY program.

(d) Direct care staff who are not qualified health professionals shall have qualifications appropriate to their assigned responsibilities as set forth in the OCDY program's personnel policies and shall be subject to appropriate professional staff supervision and continuing education and training.

(e) All other staff shall have qualifications appropriate to their assigned responsibilities as set forth in the OCDY program's personnel policies and shall be subject to appropriate supervision.

(f) Direct care staff members who do not have one year of experience in the care and treatment of chemically dependent youth at the time of initial employment shall during their first year of employment receive documented training and supervision that at a minimum addresses all the areas of competency and knowledge listed in Parts 395 and 1015 of this Title.

(g) Each OCDY program shall develop and implement a plan for ongoing staff training, development and continuing education which shall apply to all staff providing direct care to patients. Such plan shall include, but not be limited to:

(1) chemical dependency specific intake, assessment, treatment planning, ethics, case supervision, family counseling, and relapse prevention;

(2) adolescent growth and development, including but not limited to social, emotional, family, educational, vocational, and physical;

(3) training and development concerns in case conferences;

(4) resolution of deficiencies noted in routine performance evaluations and quality assurance reviews;

(5) socio/cultural sensitivity;

(6) orientation, education and periodic re-education of all employees regarding acquired immune deficiency syndrome, HIV-related illness, and HIV infection and about universal precautions against exposure to significant risk of contracting or transmitting HIV infection, as required by Parts 309 and 1072 of this Title;

(7) overview of alcoholism and substance abuse; and

(8) foundations of prevention.

(h) The qualifications, training and experience of each employee shall be verified with previous employers, educational institutions and other sources at the time of initial employment and such verification shall be filed in the person's personnel file.

(i) Personnel in possession of licenses, registrations or other credentials which are subject to routine expiration shall be required to provide evidence of renewal, as appropriate, which shall be filed in personnel files.

(j) Facilities using volunteers shall have written policies and procedures governing the use of volunteers including policies and procedures for recruitment, orientation, training, assignment, supervision and evaluation. Such facilities shall also conform to the following:

(1) an appropriately qualified staff member shall be designated to coordinate and supervise volunteer services;

(2) an individual record shall be maintained for each volunteer that shall include at least the following:

(i) his or her application;

(ii) a record of orientation to the program and to pertinent policies and procedures, especially those concerning confidentiality of patient information;

(iii) documentation of ongoing and regularly scheduled training and supervision;

(iv) regular evaluations of performance and;

(v) a record of assignments and of hours worked; and

(3) volunteers may provide direct services to patients only if they meet all requirements applicable to paid staff or are in an established degree program or an alcoholism or substance abuse counselor credentialing training program; and

(4) all volunteers providing direct services to patients must be under the direct supervision of qualified staff.

823.17 Staffing.

(a) Staffing must be adequate to ensure the provision of comprehensive services by a multi-disciplinary team and clinical supervision of all direct care staff on a regular basis. Staffing and staff to patient ratios must be sufficient to provide the necessary intensity and frequency of services needed by patients, and must at a minimum, include:

(1) a full-time clinical program director who is a qualified health professional, with at least two years experience in the treatment of alcohol or substance abuse, one year in provision of services to adolescents and one year in program administration and/or supervision;

(2) one full-time credentialed alcoholism counselor and/or credentialed substance abuse counselor, trained and experienced in treating adolescents;

(3) one full-time equivalent qualified health professional direct care staff member who is qualified in a discipline other than alcohol and/or substance abuse counseling; and

(4) a physician licensed by New York State and board-eligible in psychiatry or other relevant specialty with experience or special training in the treatment of alcohol or substance abuse who is available on-site for at least one hour per week for each 10 patients seen once per week or more, in the OCDY program.

(b) Of the qualified health professionals staffing the OCDY, at least one must have at least one year of experience in family counseling.

(c) There must be at least one full-time equivalent paid direct care staff member for each 20 patients who are regularly provided treatment services.

(d) Qualified health professionals must provide at least 50 percent of all direct care staff hours; any such hours provided by other staff must be provided by persons in relevant training and under the supervision of a qualified health professional.

(e) Full-time paid staff of the OCDY program shall provide at least 50 percent of all direct care staff hours.

(f) There shall be at least one employee certified in first aid and cardiopulmonary resuscitation.

823.18 Utilization review.

(a) Each chemical dependency for youth program shall establish a utilization review plan in accordance with this section. The plan shall be reviewed and approved by the office. An independent professional may perform both utilization review and quality assurance review. If not, the OCDY program shall meet this requirement as follows:

(1) the program may perform its utilization review and quality assurance processes internally; or

(2) the program may enter into an agreement with a certified ambulatory care program(s) to complete its utilization review process. If any outside group has access to actual patient records, it must agree in writing that it is bound by the Federal confidentiality regulations, that it will maintain no information containing patient identifying data and that it will make no further disclosure of patient identifying information; and

(3) whether performed internally or through external agreement, at least one of the committee members must have a minimum of one year experience in treating adolescents.

(b) Required committee members. The committee responsible for utilization review must be composed of at least:

(1) one qualified health professional physician;

(2) one qualified health professional certified social worker or qualified health professional registered nurse; and

(3) one alcohol or substance abuse counselor, provided the counselor has adequate experience and knowledge about the diagnoses to be reviewed.

(c) Optional committee members. Additional members of professional staff may participate in the activities of the committee.

(d) No member shall participate in the committee's deliberations relative to any patient he or she is treating directly.

(e) An appropriate method of identifying patients and staff which appropriately maintains confidentiality in the records of the committee shall be maintained.

(f) Operation of review committee. Criteria for admission and continued stay in each program shall be as stated in this Part. Utilization review shall be conducted monthly in accordance with the following:

(1) a 100 percent sample of patients whose treatment has passed one year from initial admission during the previous month;

(2) a random sample to be drawn from all cases where a decision to retain in treatment as described in section 823.6(b) of this Part was made during the previous month, but in no event shall less than 25 percent of such cases be reviewed; and

(3) a random sample to be drawn from all cases which have not been subjected to utilization review over the previous three-month period, but in no event shall less than 25 percent of such cases be reviewed.

(g) If it appears, on initial review, that a patient does not meet applicable criteria, the primary counselor shall respond to the full committee with supporting medical record material within one working day of notification of such finding.

(h) If, after review of the additional information submitted pursuant to subdivision (g) of this section, the final determination by the entire committee is that the individual does not meet applicable criteria, an alternate care determination shall be made by the committee.

(1) Services shall be limited to three additional visits to perform final discharge planning and to accomplish appropriate referral when necessary.

(2) If the alternate level of care needed is unavailable, services may continue until appropriate alternate service is arranged. Any such patient's record shall be reviewed by the entire committee each succeeding month.

(i) The plan shall provide that if alternate care determinations exceed a rate of 10 percent of reviewed cases, the program shall implement 100 percent review of cases subject to the review process for that month. This may necessitate a retrospective review of some cases.

823.19 Quality assurance.

(a) Each OCDY program shall establish a quality assurance plan for such program in accordance with this section. The plan shall be reviewed and approved by OASAS. A professional standards review organization may perform both utilization review and quality assurance review. If not, the OCDY program shall meet this requirement as follows:

(1) the plan shall include a quality assurance review as part of the utilization review process. The quality assurance review shall, at a minimum, determine that the services being rendered are appropriate, and that additional services are not necessary;

(2) if a review indicates that services are inappropriate or insufficient, the utilization review committee and the responsible staff member shall modify that patient's treatment plan to the mutual satisfaction of both parties;

(3) the quality assurance review process shall be used to indicate trends which can be analyzed for corrective action, as follows:

(i) if deficiencies in quality are found in over 10 percent of the reviews completed, the utilization review committee shall make detailed recommendations for corrective action. The utilization review committee shall develop these recommendations with the director of the program within 30 days after a trend of deficiencies has been identified;

(ii) copies of any such recommendations shall be submitted to OASAS regional office;

(iii) the director of the program shall respond within 10 days to the utilization review committee detailing action he or she plans to take;

(iv) the utilization review committee shall monitor corrective actions to determine if the deficiency incidence has dropped below 10 percent; and

(v) multiple deficiencies related to an individual patient may indicate that an alternate level of care is more appropriate. This question should be considered separately by the utilization review committee; and

(4) the utilization review committee shall hold monthly meetings and shall keep minutes sufficiently detailed to show its decisions and the basis for them.

823.20 Physical plant and equipment.

(a) The design and furnishings of the physical environment shall provide for privacy, promote human dignity and further the effective operation of all programs.

(b) Each OCDY program shall have at least one main location for the performance of program functions which shall be adequately designed, furnished and maintained to conform to at least the following:

(1) The OCDY program shall maintain separate counseling spaces for chemical dependency-related functions to promote confidentiality and maintain privacy, except that this shall not require the separation of common areas from mental health service areas or

health service areas in facilities also certified by the Office of Mental Health, or the Department of Health, respectively.

(2) An adequately furnished waiting area shall be provided near the OCDY program entrance for the comfort and convenience of those waiting for services of the OCDY program, and this area shall include provision for direct staff supervision to control access to the program premises and to prevent entry by unauthorized persons.

(3) Separate individual counseling rooms which afford privacy for interviews between staff and patients shall be provided if staff offices are not suitable or sufficient for this use.

(4) OCDY program staff offices shall be together and distinct from staff offices of staff of other programs.

(5) Small group counseling rooms shall be available in sufficient number to accommodate the number of simultaneously conducted counseling groups required by program and service plans. Each small group counseling room shall:

(i) provide 15 square feet per person expected to participate, but no less than a total of 100 square feet;

(ii) be constructed to prevent sound transmission outside the room; and

(iii) be properly heated and ventilated.

(6) At the discretion of the OCDY program director, small group counseling rooms of the OCDY program may be used by other disability programs when not needed by the chemical dependency program.

(7) At least one large group room shall be available and accessible for purposes such as, but not limited to, chemical dependency education groups, staff meetings, community meetings, and relevant self-help meetings.

(8) Spaces of appropriate size, appropriately furnished and equipped, and near primary program spaces shall be provided as required by the program for medical, nursing, psychology, supervision of patients' children, activity therapy, therapeutic recreation, community competency services and other services with special needs for space, equipment and furnishings. Such spaces need not necessarily be devoted exclusively to OCDY program use.

(9) A separate area in the OCDY program sufficient in size and properly furnished and equipped shall be provided for storage and maintenance of individual patient records. Such space shall ensure confidentiality of records by means of locked file cabinets and doors when the area is not staffed and in use. A single record room for the OCDY program and other disability services may be maintained as long as OCDY program records are maintained separately from other records in conformity with applicable State and Federal law and regulation.

(10) There shall be sufficient numbers of properly cleaned, maintained and supplied restrooms appropriately located throughout the premises to accommodate staff and patients and other users of the building.

(11) There shall be sufficient exits to the exterior of the building to allow the safe evacuation of the OCDY program in the event of emergency.

(12) Spaces at each additional location shall conform to the foregoing to the extent applicable based on the services provided at each such location except that they need not be separate as long as privacy is maintained and a waiting room with supervision is available.

(c) The premises shall be selected, constructed, modified and/or maintained so that the OCDY program is accessible to persons with disabilities in compliance with the Federal Americans with Disabilities Act and applicable State and local laws and regulations.

(d) The premises shall comply with the New York State Uniform Building Construction and Fire Prevention Code (Title 9 NYCRR) sections applicable to occupancy group C1 business unless a more stringent code requirement is established in a locality.

(e) A written certificate of occupancy or equivalent from the local building inspection authority and any other required approvals by other local officials shall be obtained and retained in the records of the OCDY program and provided to the office upon request.

(f) Heat, light, ventilation and cleanliness shall be adequate for the comfort and wellbeing of patients and employees.

(g) Mobile premises and their use shall comply with all applicable laws, regulations and ordinances.

(h) The OCDY program or unit shall maintain at least one-eighth inch scale drawings of all space regularly available indicating the purpose of each interior space.

(1) If the building is shared with other users, building floor plans shall show at least the separation of the OCDY program or unit from other building users and the exit routes to the exterior.

(2) If space or specialized spaces, such as but not limited to, recreation areas and dining areas, are shared with other users, a schedule of their availability to the OCDY program or unit shall also be maintained.

(3) Plans and schedules shall be provided to the office upon request.

823.21 Additional locations.

(a) A certified or licensed provider of services may operate a chemical dependency program for youth at one or more additional locations with the approval of the office. Such approved additional location(s) shall be listed on the operating certificate or license of the provider of services.

(b) For purposes of this section, additional location means a satellite place for the provision of OCDY, under the supervision of the program staff of the main location of a certified or licensed provider of services and where no more than 2,500 units of service, as defined in

section 823.4(h) of this Part, are provided per year; such additional location must be subordinate to and dependent upon the main location of the provider of services for operation, administration and supervisory activities.

(c) Each such additional location shall be approved in circumstances where the provider **or*** services shows a clear need for the chemical dependency services for youth at the site proposed as well as a financial and programmatic ability to provide the services. The provider of services shall apply for approval to operate the additional location by completing an application prescribed by the office, clearly indicating the characteristics of the space, the program schedule, the staffing and other relevant information. The local governmental unit or local designated agency, as applicable, shall receive notice of the application and have an opportunity to make a recommendation within 14 days.

*** "or" probably sb "of"**

(d) Each additional location shall have adequate space to allow for the type and volume of services planned at the location. There shall be qualified staffing, to provide the planned type and volume of services during the hours the location is open. Procedures shall be established to insure that utilization review and case supervision shall be conducted by professional staff of the main location.

823.22 Standards pertaining to Medicaid reimbursement.

(a) Medicaid reimbursement will be available pursuant to regulations of the Department of Social Services governing clinic programs at 18 NYCRR Part 505.

(b) In order to qualify for reimbursement, each occasion of service must be documented in the patient's record as a covered medical service in accord with the following:

(1) in order to qualify for medical assistance reimbursement, each occasion of services must meet the standard established in this Part; and

(2) the service must be provided by program staff as required by this Part.

(c) The patient must be seen at least once by the program physician.

(d) Services to significant others.

(1) An OCDY may provide services to significant others of a person suffering from chemical dependency who are not themselves suffering from chemical dependency but who have been admitted as patients for one or more of the following purposes:

(i) to evaluate and assess the nature and extent of physiological, social or other problems resulting from close personal relationship to such a person;

(ii) for remediation of problems and conditions resulting from close relationship to such a person; and

(iii) to remedy negative influences of the home environment on the chemically dependent person, significant other or both.

(e) Noncovered services under the medical assistance program.

(1) Visits to the premises of an OCDY for the sole purpose of attending meetings of an alcoholics anonymous group or other self-help group are not reimbursable by the medical assistance program.

(2) Any visits which include only companionship, recreation, and/or social activity are not covered by the medical assistance program.

823.23 Waiver.

(a) The commissioner may grant a waiver of a requirement not specifically required by law, including but not limited to Federal and State Medicaid law, if such commissioner determines that:

(1) meeting the requirement would impose an unreasonable hardship;

(2) the health and safety of patients would not be diminished; and

(3) the best interests of the patients and the program would be served.

(b)

(1) In considering a request for a waiver, the commissioner will consider such factors as special needs of the populations to be served, geographic distances and transportation problems, staff availability, long range plans of the program, alternatives, and any other relevant information.

(2) A request for a waiver must be submitted in writing, must contain substantial documentation to support the need for the waiver and include such other information as the commissioner may require.

(c)

(1) Special limits or conditions may be established by the commissioner in granting a waiver.

(2) A waiver shall be in effect for no longer than the duration of the operating certificate or license held by the OCDY program for which such waiver is granted.

823.24 Implementation procedures for OASAS certified providers.

(a) Any provider of services with a current valid operating certificate from the office for an outpatient program for alcoholism and alcohol abuse or for an outpatient substance abuse

program on the effective date of this Part may be certified as an OCDY program if, prior to April 1, 1988, such provider of services makes a request to the office for such certification by:

(1) submitting a written request for such certification to the commissioner, indicating its intended client population; and

(2) describing how it complies with this Part, including but not limited to compliance with staffing requirements.

(b) The office shall verify that any such applicant has a current operating certificate in good standing and shall determine need, and that the program proposed will be operated in accordance with this Part. Upon such verification the office shall, within a reasonable time, issue an operating certificate to the applicant authorizing the operation of an OCDY.

Date of Last Change: 11/23/94

Appendix IV
2018 Title XIX State Plan
First Quarter Amendment
Public Notice

- ESG U.S. equity strategies using the Russell 3000, Russell 1000 or S&P 500 as their primary benchmark will be considered. Strategies with an extreme style bias, sector focus or small cap orientation will not be considered.

The RFP process for both the Opportunistic Growth and ESG options is open to evaluating mutual funds, CIT's, or other daily valued, daily liquid pooled vehicles that are funded and able to accept NYSDC participant assets. Separate accounts and unfunded commingled vehicles will not be considered for these RFPs.

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. The following changes are proposed:

The following clarification to the April 29, 2015, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after July 1, 2018.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports
- 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.

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, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, 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. The following changes are proposed:

Effective on or after October 1, 2017, the Commissioner of Health will amend the State Plan for Health Home services to reduce the per member per month (pmpm) "outreach" payment for members in the case finding group that have been assigned to a Health Home from $135 (pmpm) to a rate no less than $100. In addition, the billing cycles applicable to outreach will be modified, and may include limiting payments for outreach to two consecutive months and requiring a face-to-face meeting in the second month.

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.

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

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For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

The New York State Department of Health is submitting a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend New York State's Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver.

Beginning no earlier than January 1, 2018, New York is seeking approval with this demonstration amendment to:

- Expand the 1115 benefit package to include those OPWDD Medicaid services targeted for individuals with intellectual and developmental disabilities not previously included in the waiver benefit package.

- Transition coverage under the Office for People with Development Disabilities (OPWDD) 1915(c) Comprehensive Home and Community Based Services (HCBS) waiver to the 1115 demonstration.

- Remove the exemption from mandatory enrollment into Medicaid Managed Care (MMC) for Medicaid eligible persons who have an intellectual and/or developmental disability (IDD) as defined in Mental Hygiene Law 1.03, unless the individual is otherwise excluded from enrollment, i.e., available comprehensive Third Party Health Insurance and/or Medicare. Individuals who have an intellectual and/or

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 General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services herby gives notice to the following:

Notice is hereby given the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

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. The following changes are proposed:

The following clarification to the June 14, 2017, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after January 1, 2019.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports
- 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.

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

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2018-0034
Date of Issuance – November 7, 2018

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

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York, and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0034ForPN

In F-2018-0034, Carver Realty, LLC proposes to stabilize ~490 linear feet of Coeymans Creek shoreline using heavy armor stone and plantings. When complete the bank will have a 2:1 to 3:1 slope. A portion of the proposed work would be conducted below the Mean High Tide Line. The activity is proposed along the southern shoreline of Coeymans Creek near the creek's confluence with the Hudson River. The property is owned by the applicant and is operated as the Coeymans Landing Marina.

The stated purpose of the prosed activity is to provide bank stabilization along the bank of Coeymans Creek and reduce further erosion of the stream bank.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0736
Date of Issuance – November 7, 2018

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0736_Application.pdf

In F-2018-0736, Ciarletta Enterprises, LLC, is proposing waterfront enhancements in the Great South Bay at 32 Unqua Place, Village of Amityville, Nassau County. The applicant proposes to install a boat ramp, reconstruct a 119-linear foot vinyl bulkhead landward of the existing concrete rip-rap shoreline, replace the existing concrete debris seaward of the bulkhead with native stone/boulder, and install a fixed pier (30 feet by 4 feet), offshore deck (12 feet by 12 feet), and a ramp (15 feet by 3 feet) to a float (20 feet by 6 feet) in a similar location as a prior dock that was damaged by Hurricane Sandy. A boat lift and jet ski lift would be affixed to the proposed offshore deck. Access stairs to the water that were damaged by Hurricane Sandy would also be constructed.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or November 22, 2018.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2018-0757
Date of Issuance – November 7, 2018

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

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

In F-2018-0757, the applicant, Village of Kings Point, proposes to remove invasive vegetation at several locations immediately east of and along the East Shore Road (approximately 620 feet north of the intersection of Ravine Road and East Shore Road) in Kings Point, Nassau County. The project area borders the Manhasset Bay and all property is owned by the Village of Kings Point. Invasive species targeted include several invasive trees, shrubs, and vines as well as invasive common reed or Phragmites. Mechanical and chemical treatment with EPA approved herbicide glyphosate is proposed and long-term management of the various species will be employed as well as planting of the areas with native vegetation. Mechanical means will be employed to the maximum extent practicable. A 32+/- linear foot root barrier at the southern portion of the site will be installed to prevent further Phragmites spreading. Best management practices include use of coir matting and silt fencing as needed. Native trees and plants will be protected during the treatment of invasive target species. All work is to be completed in one phase.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

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

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

PUBLIC NOTICE

Department of State
F-2018-0777
Date of Issuance – November 7, 2018

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0777GosierCantileverSystem.pdf

In F-2018-0777, or the "Gosier Cantilever System", the applicant – Mary Gosier – proposes to construct a cantilever system at ground level. The proposed cantilever system includes a 300 square foot composite deck built on steel super structure. The project includes steel stairs from the steel structure to the water. The steel beam structure will be a total of 37 feet long by 11 feet-eight inches wide. The project is located at 20849 Hess Shore Drive in the Town of Hounsfield, Jefferson County, New York on Black River Bay. The application states purpose of the project is "to provide stairs for access to the water from the property. To also provide a deck and means to pull a boat out of the water."

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, December 7, 2018.

Appendix V
2018 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #19-0003

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 the state plan. 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 2 CFR 200 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 Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new provider taxes and no existing taxes have been modified.

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: The 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 17-0065, 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.