



## Department of Health

**ANDREW M. CUOMO**  
Governor

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

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

November 5, 2020

Ms. Nicole McKnight  
Acting 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 #20-0070  
Non-Institutional Services

Dear Ms. McKnight:

The State requests approval of the enclosed amendment #20-0070 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 2, 2020 (Appendix I). This amendment is being submitted based upon a technical correction.

Previously submitted and approved, NY SPA 20-0036 Amendment proposed to continue additional 11% enhanced transition rate to the following Children and Family Treatment and Support Services (CFTSS). There were no errors within the SPA package and the approved package is still correct. When we posted the rates for this approved SPA submission, we made a typographical error. One of the rates, specifically rate code 7911 for services 4/1/22 and forward for upstate, was incorrectly posted to our website as \$224.43 and should have been posted as \$22.43. We discovered the error and reached out to CMS for guidance. This amendment is being submitted as a technical correction to amend that rate posted to our website.

A copy of pertinent SPA documents as well as all backup information is enclosed for your information.

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,



Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: 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

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

7. FEDERAL BUDGET IMPACT

- a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED  
November 5, 2020

**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

Current CFTSS Rate Summary

**New York State Children's Medicaid System Transformation**

Children and Family Treatment Support Services Rate Summary effective 4/2/2020

Rate Code	Description	Billing Unit	1/1/19-6/30/19 Upstate	1/1/19-6/30/19 Downstate	7/1/19-12/31/19 Upstate	7/1/19-12/31/19 Downstate	1/1/20-3/31/20 Upstate	1/1/20-3/31/20 Downstate	4/1/20-3/31/22 Upstate	4/1/20-3/31/22 Downstate	4/1/22-Ongoing Upstate	4/1/22-Ongoing Downstate
<b>Other Licensed Professional</b>												
7900	Other Licensed Practitioners Licensed Evaluation	15 minutes	\$ 57.72	\$ 64.73	\$ 51.25	\$ 57.48	\$ 46.17	\$ 51.78	\$ 51.25	\$ 57.48	\$ 46.17	\$ 51.78
7901	Other Licensed Practitioners Counseling Individual	15 minutes	\$ 44.19	\$ 49.55	\$ 39.24	\$ 44.00	\$ 35.35	\$ 39.64	\$ 39.24	\$ 44.00	\$ 35.35	\$ 39.64
7902	Other Licensed Practitioners Crisis	15 minutes	\$ 69.43	\$ 77.87	\$ 61.66	\$ 69.15	\$ 55.55	\$ 62.30	\$ 61.66	\$ 69.15	\$ 55.55	\$ 62.30
7903	Other Licensed Practitioners Crisis Triage	15 minutes	\$ 48.60	\$ 54.51	\$ 43.16	\$ 48.41	\$ 38.88	\$ 43.61	\$ 43.16	\$ 48.41	\$ 38.88	\$ 43.61
7904	Other Licensed Practitioners Crisis Complex Care	5 minutes	\$ 16.23	\$ 18.20	\$ 14.41	\$ 16.16	\$ 12.98	\$ 14.56	\$ 14.41	\$ 16.16	\$ 12.98	\$ 14.56
7905	Other Licensed Practitioners Group	15 minutes	\$ 21.36	\$ 23.95	\$ 18.97	\$ 21.27	\$ 17.09	\$ 19.16	\$ 18.97	\$ 21.27	\$ 17.09	\$ 19.16
7920	Offsite Other Licensed Practitioners Individual	15 minutes	\$ 11.05	\$ 12.39	\$ 9.81	\$ 11.00	\$ 8.84	\$ 9.91	\$ 9.81	\$ 11.00	\$ 8.84	\$ 9.91
7927	Offsite Other Licensed Practitioners Group	15 minutes	\$ 5.34	\$ 5.99	\$ 4.74	\$ 5.32	\$ 4.27	\$ 4.79	\$ 4.74	\$ 5.32	\$ 4.27	\$ 4.79
<b>Community Psychiatric Supports and Treatment</b>												
7911	Community Psychiatric Supportive Treatment Service Professional	15 minutes	\$ 28.04	\$ 31.45	\$ 24.90	\$ 27.93	\$ 22.43	\$ 25.16	\$ 24.90	\$ 27.93	\$ 224.43	\$ 25.16
7912	Community Psychiatric Supportive Treatment Service Professional Group	15 minutes	\$ 12.93	\$ 14.50	\$ 11.48	\$ 12.87	\$ 10.34	\$ 11.60	\$ 11.48	\$ 12.88	\$ 10.34	\$ 11.60
7921	Offsite Community Psychiatric Supportive Treatment	15 minutes	\$ 4.95	\$ 5.55	\$ 4.40	\$ 4.93	\$ 3.96	\$ 4.44	\$ 4.40	\$ 4.93	\$ 3.96	\$ 4.44
7928	Offsite Community Psychiatric Supportive Treatment Group	15 minutes	\$ 2.39	\$ 2.68	\$ 2.12	\$ 2.38	\$ 1.91	\$ 2.15	\$ 2.12	\$ 2.39	\$ 1.69	\$ 2.15
<b>Psychosocial Rehabilitation Services</b>												
7913	Psychosocial Rehab Service Professional	15 minutes	\$ 18.70	\$ 20.97	\$ 16.60	\$ 18.62	\$ 14.96	\$ 16.77	\$ 16.61	\$ 18.61	\$ 14.96	\$ 16.77
7914	Psychosocial Rehab Service Professional Group	15 minutes	\$ 9.04	\$ 10.14	\$ 8.02	\$ 9.00	\$ 7.23	\$ 8.11	\$ 8.03	\$ 9.00	\$ 7.23	\$ 8.11
7922	Offsite Psychosocial Rehab	15 minutes	\$ 3.30	\$ 3.70	\$ 2.93	\$ 3.29	\$ 2.64	\$ 2.96	\$ 2.93	\$ 3.29	\$ 2.64	\$ 2.96
7929	Offsite Psychosocial Rehab Group	15 minutes	\$ 1.60	\$ 1.79	\$ 1.42	\$ 1.59	\$ 1.28	\$ 1.43	\$ 1.42	\$ 1.59	\$ 1.28	\$ 1.43

Corrected CFTSS Rate Summary

**New York State Children's Medicaid System Transformation**

Children and Family Treatment Support Services Rate Summary effective 4/2/2020

Rate Code	Description	Billing Unit	1/1/19-6/30/19 Upstate	1/1/19-6/30/19 Downstate	7/1/19-12/31/19 Upstate	7/1/19-12/31/19 Downstate	1/1/20-3/31/20 Upstate	1/1/20-3/31/20 Downstate	4/1/20-3/31/22 Upstate	4/1/20-3/31/22 Downstate	4/1/22-Ongoing Upstate	4/1/22-Ongoing Downstate
<b>Other Licensed Professional</b>												
7900	Other Licensed Practitioners Licensed Evaluation	15 minutes	\$ 57.72	\$ 64.73	\$ 51.25	\$ 57.48	\$ 46.17	\$ 51.78	\$ 51.25	\$ 57.48	\$ 46.17	\$ 51.78
7901	Other Licensed Practitioners Counseling Individual	15 minutes	\$ 44.19	\$ 49.55	\$ 39.24	\$ 44.00	\$ 35.35	\$ 39.64	\$ 39.24	\$ 44.00	\$ 35.35	\$ 39.64
7902	Other Licensed Practitioners Crisis	15 minutes	\$ 69.43	\$ 77.87	\$ 61.66	\$ 69.15	\$ 55.55	\$ 62.30	\$ 61.66	\$ 69.15	\$ 55.55	\$ 62.30
7903	Other Licensed Practitioners Crisis Triage	15 minutes	\$ 48.60	\$ 54.51	\$ 43.16	\$ 48.41	\$ 38.88	\$ 43.61	\$ 43.16	\$ 48.41	\$ 38.88	\$ 43.61
7904	Other Licensed Practitioners Crisis Complex Care	5 minutes	\$ 16.23	\$ 18.20	\$ 14.41	\$ 16.16	\$ 12.98	\$ 14.56	\$ 14.41	\$ 16.16	\$ 12.98	\$ 14.56
7905	Other Licensed Practitioners Group	15 minutes	\$ 21.36	\$ 23.95	\$ 18.97	\$ 21.27	\$ 17.09	\$ 19.16	\$ 18.97	\$ 21.27	\$ 17.09	\$ 19.16
7920	Offsite Other Licensed Practitioners Individual	15 minutes	\$ 11.05	\$ 12.39	\$ 9.81	\$ 11.00	\$ 8.84	\$ 9.91	\$ 9.81	\$ 11.00	\$ 8.84	\$ 9.91
7927	Offsite Other Licensed Practitioners Group	15 minutes	\$ 5.34	\$ 5.99	\$ 4.74	\$ 5.32	\$ 4.27	\$ 4.79	\$ 4.74	\$ 5.32	\$ 4.27	\$ 4.79
<b>Community Psychiatric Supports and Treatment</b>												
7911	Community Psychiatric Supportive Treatment Service Professional	15 minutes	\$ 28.04	\$ 31.45	\$ 24.90	\$ 27.93	\$ 22.43	\$ 25.16	\$ 24.90	\$ 27.93	\$ 22.43	\$ 25.16
7912	Community Psychiatric Supportive Treatment Service Professional Group	15 minutes	\$ 12.93	\$ 14.50	\$ 11.48	\$ 12.87	\$ 10.34	\$ 11.60	\$ 11.48	\$ 12.88	\$ 10.34	\$ 11.60
7921	Offsite Community Psychiatric Supportive Treatment	15 minutes	\$ 4.95	\$ 5.55	\$ 4.40	\$ 4.93	\$ 3.96	\$ 4.44	\$ 4.40	\$ 4.93	\$ 3.96	\$ 4.44
7928	Offsite Community Psychiatric Supportive Treatment Group	15 minutes	\$ 2.39	\$ 2.68	\$ 2.12	\$ 2.38	\$ 1.91	\$ 2.15	\$ 2.12	\$ 2.39	\$ 1.69	\$ 2.15
<b>Psychosocial Rehabilitation Services</b>												
7913	Psychosocial Rehab Service Professional	15 minutes	\$ 18.70	\$ 20.97	\$ 16.60	\$ 18.62	\$ 14.96	\$ 16.77	\$ 16.61	\$ 18.61	\$ 14.96	\$ 16.77
7914	Psychosocial Rehab Service Professional Group	15 minutes	\$ 9.04	\$ 10.14	\$ 8.02	\$ 9.00	\$ 7.23	\$ 8.11	\$ 8.03	\$ 9.00	\$ 7.23	\$ 8.11
7922	Offsite Psychosocial Rehab	15 minutes	\$ 3.30	\$ 3.70	\$ 2.93	\$ 3.29	\$ 2.64	\$ 2.96	\$ 2.93	\$ 3.29	\$ 2.64	\$ 2.96
7929	Offsite Psychosocial Rehab Group	15 minutes	\$ 1.60	\$ 1.79	\$ 1.42	\$ 1.59	\$ 1.28	\$ 1.43	\$ 1.42	\$ 1.59	\$ 1.28	\$ 1.43

**Appendix I**  
**2020 Title XIX State Plan**  
**Second Quarter Amendment**  
**Amended SPA Pages**

Page 1(a)(i)

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(i). 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 are the same for both governmental and private providers. The provider 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. Provider 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. Additionally, the agency’s rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. The agency’s fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date.

All rates are published on the Department of Health website:

Crisis Intervention Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/child-family\\_rate\\_summary.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child-family_rate_summary.htm)

Family Peer Supports Services and Youth Peer Supports Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/fpss\\_bh\\_kids\\_ffs\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/fpss_bh_kids_ffs_rates.htm)

Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/bh\\_kids\\_ffs\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/bh_kids_ffs_rates.htm)

TN # #20-0070

Approval Date \_\_\_\_\_

Supersedes TN # 20-0036

Effective Date April 2, 2020

## Page 1(a)(iii)

**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 are the same for both governmental and private providers. The provider 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.

Provider 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. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. The agency's fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date.

All rates are published on the Department of Health website:

Crisis Intervention Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/child-family\\_rate\\_summary.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child-family_rate_summary.htm)

Family Peer Supports Services and Youth Peer supports Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/fpss\\_bh\\_kids\\_ffs\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/fpss_bh_kids_ffs_rates.htm)

Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/bh\\_kids\\_ffs\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/bh_kids_ffs_rates.htm)

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

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

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

**TN #**   #20-0070  

**Approval Date** \_\_\_\_\_

**Supersedes TN #**   20-0036  

**Effective Date**   April 2, 2020